

**Explaining collaborative performance success: The case of multiple constituencies’
coordination bodies for frail older persons in Sweden**

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FIRST DRAFT

ABSTRACT

Politics of public sector coordination is increasingly carried out in horizontally managed multi-level, multi-issue, and multi-actor coordination bodies for flexible, but sustainable quality coordination of performance. In Sweden, the coordination of public services to frail elderly persons is made by such coordination bodies that include politicians and administrators representing the multiple constituencies of local government’s social services and regional government’s health care, as well as both public and private service providers, and sometimes also representatives of local-regional associations and civic organizations. The research question is: Why do some multiple constituencies’ coordination bodies succeed and others fail? This paper tests hypotheses about how and why the governance through such complex coordination of performance is perceived as successful. The explanatory hypotheses are developed from (1) endogenous theories, seeking to explain success or failure in terms of internal characteristics, processes, and accountability checks made by the body and its members internally, and (2) ecological theories, which emphasize the environment and external accountability checks. The data comes from a survey sent in 2015 to all members in 73 coordination bodies across Sweden (response rate of 63 percent, N=545). The findings show that almost half of the variance in the perception of performance through collaborate quality coordination can be explained by accountability mechanisms stemming from the surrounding internal political and administrative institutions of the coordination body.

Keywords: Collaborative Performance, Governance, Multiple Constituencies’ Coordination Bodies, Accountability

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1. THE THEORETICAL QUESTION: WHY IS COORDINATION OF MULTIPLE CONSTITUENCIES' PERFORMANCE SUCCESSFUL?

Politics of public sector coordination is increasingly carried out in horizontally managed multi-level, multi-issue, and multi-actor coordination bodies for flexible, but sustainable quality coordination of performance. However, while the attempt to create such governance is not new, knowledge and evidence about its collaborative performance success – by linking accountability mechanisms to performance that meet the objectives of multiple constituencies and institutions – is new. The research question is: Why do some multiple constituencies' coordination bodies succeed and others fail? The paper tests hypotheses about how and why the governance through such complex coordination of performance is perceived as successful, seeking to explain success or failure both in terms of internal accountability mechanisms governed by the body and its organizations themselves, and in relation to external accountability mechanisms.

The specific case to be examined is the performance and accountability of coordination for public services to frail elderly persons, made by such horizontally managed and self-governed coordination bodies in Sweden. These coordination bodies include politicians and administrators representing the multiple constituencies of local government's social services and regional government's health care, as well as both public and private service providers, and representatives of local-regional associations, and sometimes also civic organizations. Although this coordination body has no power to make actual decisions on its own, it typically has the purpose of strategically coordinate the frail elderly policy comprehensively and efficiently by pursuing horizontal management of networks and collaboration that satisfies multiple constituencies (for an updated description of elder policy in Sweden and the Nordic Countries, see for example, Meagher & Szebehely, 2013; Szücs, 2018).

The roots of this Scandinavian model of public sector coordination was first detected and defined almost five decades ago, and mainly explained in the case of Sweden by its egalitarian elite political and bureaucratic culture (Anton, 1980; Meier, 1969). Further research on political and administrative elites at the local government level by the author (Szücs 1993; 1995; 1998, Szücs & Strömberg 2006, 2009) quite early on indicated a significant shift towards a deliberate and accommodative model of horizontal politics:

“One of the most powerful elite groups in the Swedish welfare state, the local political and administrative elite, has changed its value priorities in a more horizontal direction. Thus the reorganization of the Swedish welfare state has legitimacy among those leaders most concerned, but their relation to different democratic values has not changed judging from data from 1984 and 1991. The community as a whole – the local government, civic organizations, and the people themselves – was given more responsibility to manage public functions on their own. Less emphasis was placed on the state level and the county for primary responsibility. (Szücs, 1995, p. 117)

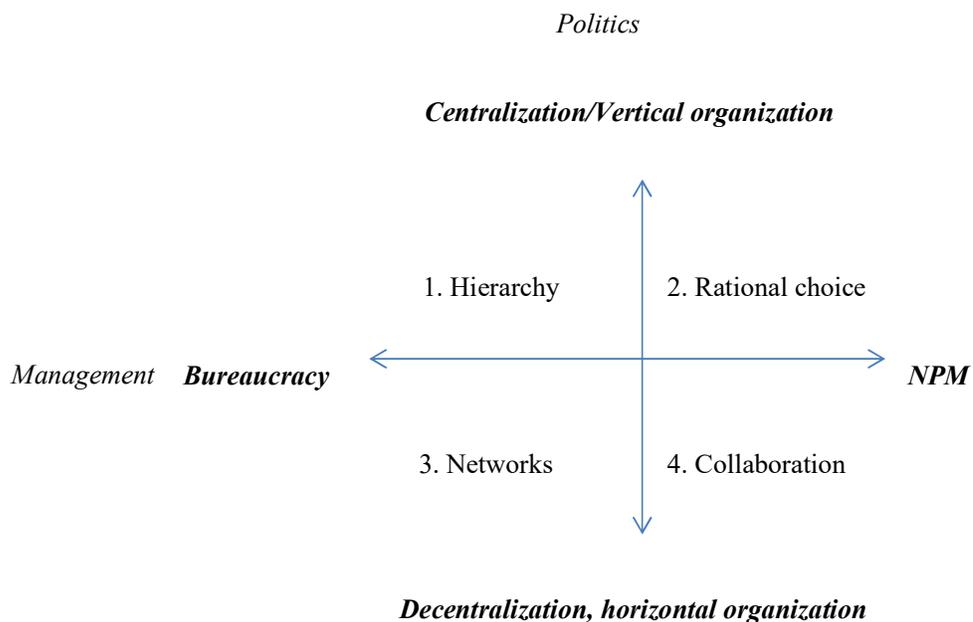
This turn during the late 1980s toward increasing normative preferences of pursuing horizontal management among the Swedish local political-administrative elite, gives an early empirical example of change in Swedish politics of public sector coordination for improving performance and accountability by decentralizing primary responsibility. This normative change toward horizontal politics was most clearly implemented in the Swedish social policy domain – and within elder care in particular – as primary responsibility was later during the 1990s, decentralized to the local government level, while the health care for frail elderly persons remained a primary responsibility for the regional county government. But here I will pay less attention to these specific aspects of the case, and instead focus on the broader, theoretical question of who is to be held accountable in cases of public sector coordination.

B Guy Peters' (2015) seminal work on the politics of public sector coordination rests on the theoretical framework through which he unfolds four dominant theoretical approaches – hierarchy, markets, networks, and collaboration. Peters makes an important distinction between public sector coordination that is vertically or horizontally organized. Vertical ways of coordination mainly include instruments of centralization through hierarchy, but also the enforcement of markets to function equally across the nation in the implementation of rational choice dominated public policies. One example here is the implementation of laws for the creation of markets in which, for example, elderly and their relatives may choose among several competing service providers whose performance is monitored and evaluated nationally by ranking from several different performance indicators. When pursuing horizontal management on the other hand, coordination is mainly based on decentralized strategies for integration which mainly, according to Peters, include the use of networks and instruments of collaboration in particular.

However, there is still a void in putting together Peters' conceptual pieces of the puzzle together into a comprehensive theoretical framework by which it can be determined how framing and reframing of a public policy relates to various forms of politics of public sector coordination. By such a framework, it will also be possible to visualize how and why different families of public policy coordination are related and positioned within a multi-dimensional grid. In trying to do this, in Figure 1, first I assume that the politics of public policy coordination can either be centralized by vertical organization or decentralized by horizontal organization, and that such coordination of management for these policies can either be based on traditional bureaucracy (or so-called New Weberianism) or NPM (New Public Management). Within this grid, the state is dependent on coordination by hierarchy in order to function (model 1 in Figure 1).

However, when management by Weberian hierarchical forms of bureaucracy was challenged some thirty years ago, it was claimed that the state would work more effectively under the banner of New Public Management (Figure 1, model 2), mainly carried out through centralized competition within the state (Hood 1995), paired with rational choice strategies for its professional coordination of performance (Ahlbäck Öberg & Bringselius, 2015).

Figure 1. Four Approaches to Politics and Management of Public Sector Coordination



The theoretical alternative facilitates a decentralized mode of coordination based on cooperation between policy actors that either rests on the *networks* of formal or informal structures sharing collective goals of the state (Marsh & Rhodes 1992, Peters 2015:57), or is founded on coordination through *collaboration*, based on horizontal values and bargaining chips in pursuing horizontal management (Peters, 2015), previously labelled as *horizontalism* (Szücs 1995:113), for politics of horizontal public sector coordination (model 4 in Figure 1).

In studying the success of such coordinated institutional performance in relation to responsibility and accountability, two broad theoretical perspectives may be distinguished: Endogenous and ecological theories. But, because previous research on institutional performance has focused a lot on ecological theories (see, for example, Putnam *et al.* 1983, Putnam 1993), in this paper I will focus more on endogenous theories (Provan & Milward, 1995; 2010; Schillemans & van Twist, M 2016). By doing this, I will seek to find out how the work of the coordination body for health care and social services are held in account for, and how such various forms of accountability is related to collaborate performance success, as viewed by the members themselves in the coordination body.

Johan P. Olsen (2015) distinguishes between accountability regimes within an established government system based on stable power relations and role expectations, and accountability described as “restructuring processes in less institutionalized contexts,” for example when performance is dependent on public sector coordination and coordination bodies. But how then can the members of such coordination bodies be held accountable internally? According to Mark Bovens (2010), there are two main types of accountability, namely accountability as a virtue and as a mechanism. In the latter case, the concept is elaborated as a descriptive concept by Bovens (p. 946): “It is seen as an institutional relation or arrangement in which an actor can be held to account by a forum. Here, the locus of accountability studies is not on the behavior of public agents, but the way in which these institutional arrangements operate.”

According to Bovens (p. 953), in studying accountability as a mechanism, one needs to first always to answer the question: “*to whom* is the account to be rendered? This will yield a classification based on the type of forum to which the actor is required to render account. In the case of political forums, one can speak of *political* accountability.”

Thus, my first hypothesis is that the perception of collaborate performance success, will be greater among members in a coordination body who have experienced greater monitor and review of its work from its own *political* institutions of the multiple constituencies during the electoral period of mandate between 2010-2014.

A second logical question for pinpointing internal accountability mechanisms is according to Bovens (2010, p. 953): “*who* should render account? Who is the actor required to appear before the forum?” This is called corporate or organizational accountability by Bovens. However, within the public sector most often it is the administrative institutions set to implement political decisions and policy that can be held as accountable within the multiple system of constituencies. Therefore, this kind of mechanism for recognizing primary responsibility is defined multiple administrative accountability.

Thus, my second hypothesis is that the perception of collaborate performance success, will be greater among members in a coordination body who have experienced greater monitor and review of its work from its own *administrative* institutions during the period of mandate 2010-2014.

The third and final question on accountability mechanisms posed by Boven (2010, p. 953) is: “*why* the actor feels compelled to render account.” Here, as well, I depart a little from Boven by arguing for that the answer does not necessary lead to classifications based on the nature of the obligation, but because there is some sort of *external mechanism* (based on obligations of moral, ethical or legal nature). Thus, my third and final hypothesis is that the perception of collaborate performance success, will be greater among members in a coordination body who have experienced greater monitor and review of its work from *external* institutions during the period of mandate 2010-2014.

2. MEASURING COORDINATION BODY PERFORMANCE: SURVEY DATA, VARIABLES AND METHODS

Information about local-regional coordination bodies for strategic policy-making of frail elderly in need of both social services and health care in Sweden was gathered in two steps. First, in 2014 an initial survey directed to local government social service managers responsible for elder care was selected from a randomized stratified sample, which covered one third of the 290 Swedish local governments at municipal level (Szücs *et al.* 2014). From this first survey, we got information from about 60 local governments' social service/elder care managers about their work and representation in such bodies, as well as information about the other members in the body. Based on this information, in a second step, we selected 73 multi-level coordination bodies dealing with both health care and elder care for frail elderly for a new survey carried out in 2015, directed to all members in each sampled coordination body (Szücs *et. al* 2017a, 2017b).

The empirical analysis was based on this second full survey performed in 2015, directed to all politicians, administrators, and other representatives in the 73 coordination bodies. The survey contained batteries of questions about representation, performance and accountability, as well as the responsibility of the coordination body. The sample of relevant representatives from these bodies in the survey came to include 870 persons, with a response rate of 63 percent (n=545), with participation from all 73 sampled coordination bodies for frail elderly people. The number sampled members in these bodies vary in between one and 34 persons, with a response rate of these that ranges between 29 and 100 percent. In total, 56 percent (309) of the respondents represent local government authorities of 163 municipalities, and 39 percent (215) represent regional government authorities from 17 counties, while 2 percent (12) represents both local and regional government through the local-regional associations of

government, and 3 percent (13) represent private health and care establishments for frail elderly. The sample of respondents within these 73 multi-level organizational bodies contains 31 percent men and 69 percent women. Two percent are under age 35, 11 percent are between 35-45 years, 29 percent are between 46-55 years, 52 percent are between 56-65 years, and 7 percent are 66 years of age or older. They have in average held current position in their local government/municipality, regional government/county, or other organizations for organization for in average 6 years, and he or she has been involved in a policy coordination body for in average 4 years, i.e. approximately from the 2010 elections and onwards.

Among the sample of respondents, 23 percent (127) are politicians, 65 percent (355) are administrators (mostly civil servants but also from the private sector), and 12 percent (62) are health and care professionals. Among the politicians 56 percent (71) are local government politicians, and 44 percent (56) are regional, county level politicians. Among the managers/administrators, 54 percent (193) come from local government, 41 percent represent (146) regional government, while 2 percent (6) work in local-regional government associations, and 3 percent (10) come from private health and care business. Among professionals, 68 percent (42) work in local government elder care services, 27 percent in (17) in regional government health care services, and 5 percent (3) in private health and care services for elderly people. All findings are based on non-weighted frequency, correlation, factor and regression analysis performed in SPSS. OLS multiple regression analysis will be used to test additional explanatory hypotheses with control variable, about the impact of internal and external mechanisms of accountability on performance.

The assessment of relative collaborative performance success across the 73 coordination bodies with primary responsibility to align social services and health care to frail elderly people for their constituencies at the local and regional level is based on seven diverse metrics from the questionnaire as shown in Table 1.

Table 1. Correlations among Seven Measures of Collaborative Performance of the Coordination Body (Pearson Correlation)

	Clear purpose	Well-defined target group	Good communication	Consensus on work performance	Well apt leadership	Trust of implementation	Quality gains by participation
	1	2	3	4	5	6	7
2	.67						
3	.46	.42					
4	.46	.43	.55				
5	.39	.35	.38	.46			
6	.39	.34	.52	.46	.39		
7	.39	.34	.36	.39	.27	.29	
Summary Collaborative Performance index Scale*	.76	.72	.76	.77	.64	.69	.59

* Coefficients form the one-factor principal-components factor analysis

Comment: All correlations significant at the 0.01 level (2-tailed), Cronbach’s Alpha: 0.83. The variance explained by being a member in a coordination body is 33 percent (Eta Squared = 0.326).

Multiple constituencies’ collaborative performance success – according to the respondents – takes place in a coordination body that has (1) a clear purpose and (2) a well-defined target group for coordination, characterized by (3) good communication, (4) consensus of how the work should be performed, and (5) well apt leadership, where it can be (6) trusted that the decisions and agreements of the body are implemented, with (7) quality gains recognized through the respondent’s participation in the body (frequencies in Appendix, Table A1). All bivariate correlations are about 0.30 or higher, and the factor analysis shows strong coefficients. The Cronbach’s Alpha reliability test of these institutional performance measures for the Collaborative Performance Scale is high at .83, with one third of the variance explained by being a member in a coordination body. This means in turn, that a great deal of the respondents’ performance perception can be explained by other internal regime factors, such as hypothesized the degree and form of accountability mechanisms involved.

Multiple regression analysis is used to test the explanatory hypotheses and controls about the impact from internal and ecological variables, including the degree to which both latent internal administrative and political – as well as external – accountability mechanisms are associated with perceived performance from collaborative quality coordination.

Two main competing concepts of democratic accountability are often defined in the literature: internal and external check (Friedrich 1940, Finer 1941). However, when it comes to multi-level, multi-actor and multi-issue coordination bodies it gets more complex (for a separate study based on the very same data, see Johansson *et al.* 2017). Thus, when responsibility is multi-level, as in the case of the coordination bodies studied here, accountability mechanisms are divided into two types of internal administrative and political accountability, and one type of latent external accountability mechanisms (Szücs *et al.* 2017a, b).

The following question was used in the questionnaire: “To what degree do the following operators monitor and review work in the collaboration body?” The group that the largest proportion of the respondents says working “To a very high degree” with accountability are Top local social welfare administration (27 percent), followed by Regional/County administration (13 percent), Local government board members (for example social welfare board), Local County level health care administration (10 percent), and Regional/County government politicians (8 percent). Nevertheless, the factor analysis reveals a more simplified pattern. That is, accountability is either performed externally by media, relatives, revision, inspection authorities, and pensioner/non-profit organizations, *or* performed internally by the political and administrative institutions separately. Thus, the accountability mechanisms are formed in multi-level dimensions of representation for internal political or administrative, and external accountability institutions (see Appendix, Table A2 for frequencies, A3 for factor analysis, and A4—A6 for correlations of each latent variable).

3. EXPLAINING COLLABORATIVE PERFORMANCE

That some coordination bodies are more successful than others in providing social services and health care from multiple constituencies of local and regional governments has been used as an argument for centralizing the policy by Swedish national authorities. The policy change between 2008 and 2018 has been characterized by the introduction of coordination by imposing more hierarchy and market solutions, along with a recent effort to reorganize the system local-regional coordination bodies, making them bigger and more controllable from the central state and national interest organizations (Szücs, 2018).

Descriptively, the evidence presented in this study support the national authorities' assumptions of significant differences in collaborative performance between different coordination bodies. As shown, the variance in the measure of collaborative performance success is explained by 33 percent by linking the respondent to his or her coordination body. But what is it about these coordination bodies that make them more or less successful: to what degree is collaborative performance success explained by various forms of accountability mechanisms? The explanatory hypotheses were developed from (1) endogenous theories, seeking to explain success or failure in terms of internal characteristics, processes, and accountability checks made by the body and its members internally, and (2) ecological theories, which emphasize the environment and external accountability checks.

The analysis will start with testing these assumptions in section 3.1 by testing how such an association between the perception of accountability and performance stands still, when controlled for typical coordination body characteristics (number of members, member experience, and whether the member represents local government, regional government or is a non-government representative), and individual member characteristics (being a politician, administrator, or professional). Verified hypotheses are then further checked in 3.2 and 3.3.

3.1 The importance of collaboration body size and accountability hypotheses

Table 2 contains a multiple regression analysis covering all 545 members in the 73 sampled coordination bodies, surveyed in 2014-2015. It shows that among the coordination body characteristics tested and controlled for (Model 1), it is only the size of the coordination body that shows a statistically significant relationship. Neither member experience (the number of years the respondent has been a member of the body), nor institutional mandate (being a representative of a local or regional government or a non-government institution), is significantly related to collaborative performance success.

Table 2. Regression Analysis to Explain Collaborative Performance Success (Standardized Coefficients)

	<i>Correlations</i>	<i>Model 1</i>	<i>Model 2</i>	<i>Model 3</i>
Variable and statistics				
Coordination body characteristics				
<i>Coordination body</i>				
Size (number of members)	-.20***	-.16**	-.16**	-.16**
Member experience (number of years)	.08	.05	.06	.04
<i>Type of mandate / representation</i>				
Local government representative	-.07	-.12	-.10	-.04
Regional government representative	.08	-.05	-.06	-.03
Non-government private/civic representative	-.03	-.03	-.03	.04
Local-regional association representative (reference)	.01			
Individual member characteristics				
Politician	.01		.01	-.05
Administrator	-.06		-.11	-.15
Professional (reference)	.07			
Gender (female=1, male=0)	0.6		.11	.18**
Accountability:				
Monitor and review of the coordination body				
External	.23***			.06
Internal Administrative (multiple authorities)	.34***			.20**
Internal Political (multiple constituencies)	.32***			.21**
Variance explained (Adj. R ²)		.01	.02	.15
Model significance (Anova)		.137	.104	.000

Comment: Weighted analysis (all coordination bodies are given equal weight in proportion of respondents) **will be added later.**

Note. * $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

The association between size of the body (number of members in the body) and performance is negative, with a correlation coefficient of -0.20 , and a regression coefficient estimate of -0.16 , indicating that the smaller the coordination body, the more successful its performance is, as perceived by its members. Adding individual member characteristics into the analysis (Model 2), such as being a politician, administrator or a professional do not change this finding. Being female does not change the association to performance (non-significant correlation), although the regression coefficient estimate is higher, probably because of multicollinearity (therefore, all correlations with the dependent variable are displayed as well in Table 1).

Instead, and along with the hypotheses advanced in this paper, robust and statistically significant associations are found between collaborative performance success and two of the three various forms of accountability, as suggested and defined in this paper. In particular, strong associations are found between having experienced monitor and review from multiple administrative authorities, *or* multiple political constituencies, and a stronger perception of collaborative performance success. The correlations are 0.32 and 0.34 respectively, with statistically significant regression estimates. Thus, in explaining collaborative performance success in the case of multiple constituencies' coordination bodies for frail elderly persons in Sweden – apart from the fact that the smaller the body is the greater its performance – regardless of member size, internal accountability mechanisms seem to be quite important.

Nonetheless, size seems to matter in another way. When looking at size in terms of the number of members in a coordination body that participated in the study, large coordination bodies (with ten or more respondents), show much stronger correlations between having experienced a great deal of these multiple administrative and/or administrative accountability mechanisms and a greater perception of collaborate performance success (Table 3).

Table 3. Correlations between Indicators of Accountability in the Multilevel Body of the Respondent with Control for Coordination Body Size (Pearson Correlation)

	Collaborative quality coordination	External accountability	Administrative accountability	Political accountability
Collaborative quality coordination	1			
External accountability		1		
All bodies	0.16			
Large bodies (10 participants)	0.32			
Middle sized (5-9 participants)	0.24			
Small (Less than 5 participants)	-0.14			
Administrative accountability			1	
All bodies	0.47**	0.26*		
Large bodies (10 participants)	0.65**	0.50*		
Middle sized (5-9 participants)	0.47**	0.16		
Small (Less than 5 participants)	0.45	0.31		
Political accountability				1
All bodies	0.22	0.50**	0.34**	
Large bodies (10 participants)	0.65**	0.38	0.47*	
Middle sized (5-9 participants)	0.37*	0.49*	0.19	
Small (Less than 5 participants)	-0.05	0.67**	0.40	

Comment: All bodies (N=66-73), Large bodies (10 or more participants, N=23), Middle sized (5-9 participants, N=30), Small (Less than 5 participants, N=13-20)

The correlation coefficients for the association between Collaborative quality coordination and accountability (both Administrative and Political) are high at 0.65 respectively. In middle sized bodies (5-9 respondents in the body), the correlation is somewhat weaker, but still statistically significant at 0.47 (Administrative) and 0.37 (Political) respectively. However, among small bodies, with less than 5 respondents, there are no significant relationship between perceived accountability mechanisms and collaborative performance. As shown in Table 2, this is most probably explained by that the smaller the body, the better the perceived performance, *without* any internal accountability mechanisms involved.

The important thing here is that the strong correlation between administrative and/or political accountability mechanisms is found among those large coordination bodies with ten or more respondents, which indicate the importance of participation and interest in the matters of the coordination body. When looking at this correlation among large coordination bodies in terms of their member size according to the sample (instead of participation as a respondent), these strong correlations between internal accountability mechanisms (administrative or political) are less evident. Thus, it is among large coordination bodies *in terms of interest and participation in these matters of its members* that the association between performance and administrative or political accountability is strong in Table 3.

That the correlation among large coordination bodies is less strong between administrative and political accountability measures (0.47), further indicates that some coordination bodies perceive collaborative quality coordination because administrative accountability mechanisms within its system, while other bodies experience mainly political accountability mechanisms. But it also indicates that for some coordination bodies, both types of internal accountability mechanisms are important for its coordination system to be perceived as delivering a higher degree of performance (collaborative quality coordination).

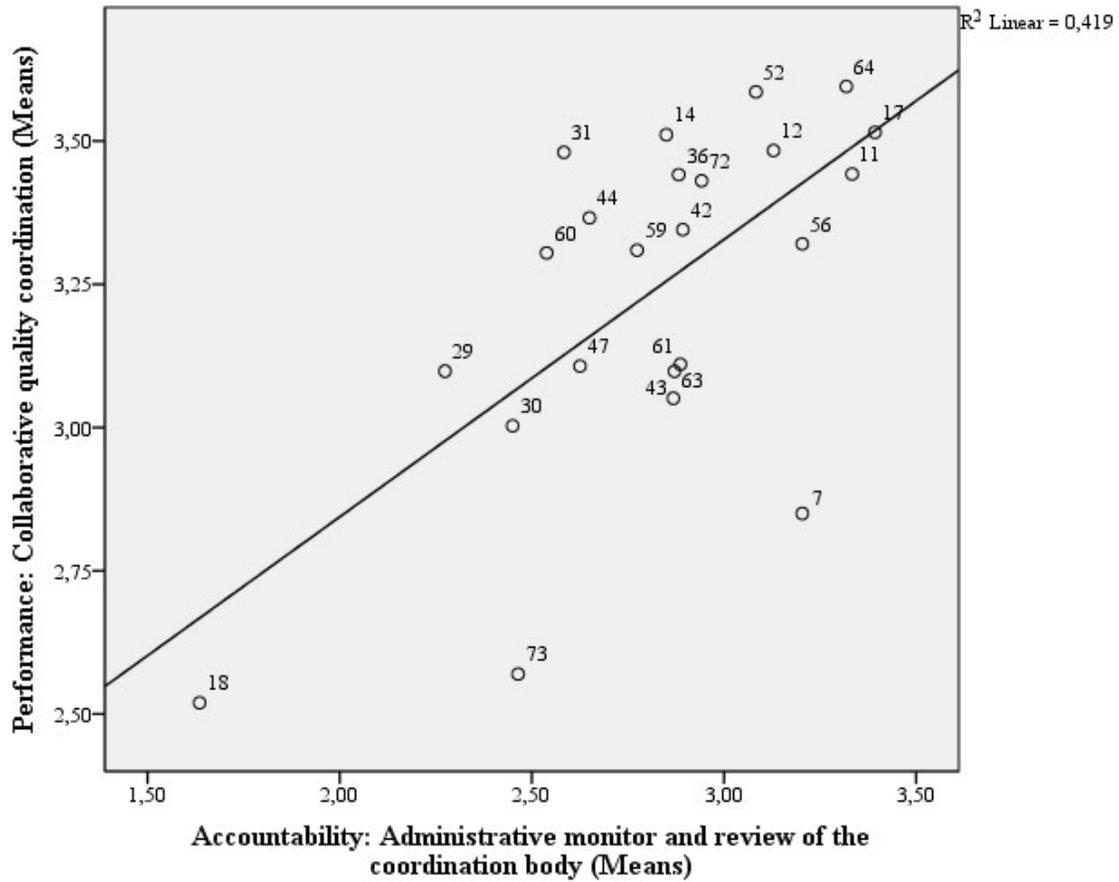
To conclude, just like human relations were important – and not lighting conditions – in the famous Hawthorne study (Mayo 1933), here it seems to be the very interest in participation within large coordination bodies that identifies how accountability measures are related to the performance of quality coordination. This counts for both low performing coordination bodies with less internal accountability mechanisms, and more high performing coordination bodies associated with higher levels of accountability mechanisms. Hence, in the final part of the analysis, it is now time to look deeper into how and why internal accountability mechanisms (administrative and political) are so strongly linearly related to performance through quality coordination within these larger coordination bodies.

3.2 Internal accountability mechanisms and performance in large coordination bodies

The first hypothesis was that collaborative performance success, as perceived by the members of the coordination body, would be correlated with endogenous administrative accountability mechanisms. In Table 2, it was verified that with control for both coordination body and individual member characteristics, there was an association between the level of perception of monitor and review through administrative mechanisms (from Local County level health care administration, Top local social welfare administration, Regional/County Specialist health care administration, and Regional County administration). Thus, the stronger the coordination body member had experienced accountability mechanisms between 2010 and 2014, the more successful the performance through collaborative quality coordination of the body was perceived (clear purpose, and a well-defined target group, good communication, consensus of how the work should be performed, trust that the decisions and agreements are implemented, and quality gains recognized through the respondent's participation).

This association was even more strongly verified in Table 3, within coordination bodies with many participating members. In Figure 2, in which I have plotted this correlation between administrative accountability mechanisms and performance with a scatter plot, it is possible pinpoint in a single graph, each of the 23 larger coordination bodies of the study. Each point in this graph represents the mean value from all the participating members in each of the coordination bodies. As shown, there is a solid main cluster of coordination bodies in which the level of performance through perceived collaborative quality coordination is parallel with the level of reported accountability administrative mechanisms. Thus, the more the members of the body has reported monitor and review from administrative organs within its system, the stronger the perceived success of its collaborative performance (1="not at all"/"to a very low degree"; 2="to a somewhat low degree", 3="a somewhat high degree", 4="to a very high degree").

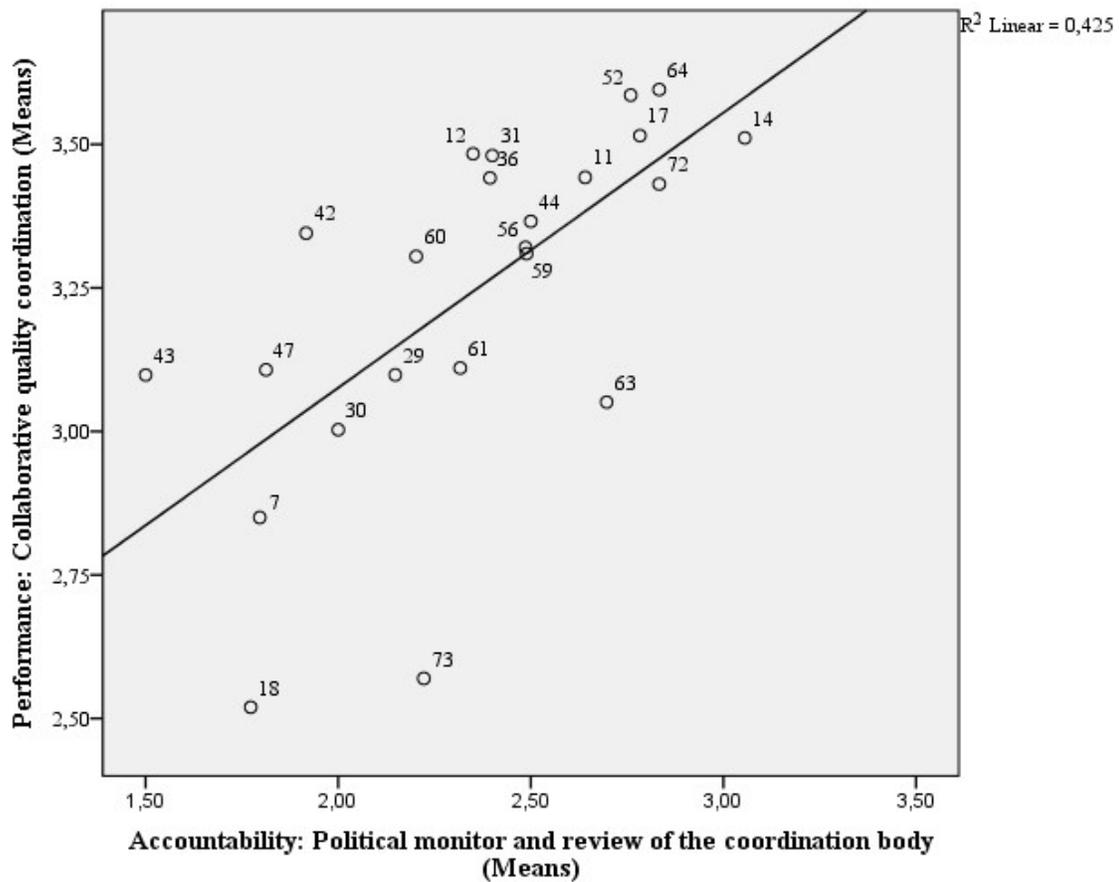
Figure 2. Perception of Administrative Accountability Mechanisms and Performance within Large Coordination Bodies (10 or more member respondents, Pearson correlation)



The variance explained by administrative accountability on performance is 42 percent ($R^2 = 0.419$). However, the cluster is not uniform as there are some outliers (number 18, 73, and 7). By an additional analysis without these three outliers, the correlation remain strong, with a variance explained of administrative accountability on performance by 36 percent ($R^2=0.355$). By an additional analysis it is also possible to present answers on open-ended questions, in order to further explain more exactly how the best performing coordination bodies (according to their own evaluation, for example case 64 or 17), did perform their particular administrative accountability mechanisms.

The second hypothesis was that collaborative performance success as perceived by the members of the coordination body would be correlated with endogenous political accountability mechanisms. As shown in Figure 3, the linear relationship is equally strong, with a variance explained of 42.5 percent. Thus, almost half of the variance in the perception of performance through collaborate quality coordination can be explained by accountability mechanisms stemming from the surrounding internal political institutions of the coordination body. As was verified in Table 1, overall association to accountability mechanisms from political institutions are somewhat higher, and with less outliers. In comparing Figure 2 and Figure 3, it is also evident that some coordination bodies, and most clearly no. 64, have the very highest scores for both political and administrative accountability.

Figure 3. Perception of Political Accountability Mechanisms and Performance within Large Coordination Bodies (10 or more Member Respondents, Pearson Correlation)



4. CONCLUSION AND DISCUSSION

Politics of public sector coordination is increasingly carried out in horizontally managed multi-level, multi-issue, and multi-actor coordination bodies for flexible, but sustainable quality coordination of performance. In Sweden, the coordination of public services to frail elderly persons is made by such coordination bodies that include politicians and administrators representing the multiple constituencies of local government's social services and regional government's health care, as well as both public and private service providers, and sometimes also representatives of local-regional associations and civic organizations. The research question was: Why do some multiple constituencies' coordination bodies succeed and others fail? This paper tests hypotheses about how and why the governance through such complex coordination of performance is perceived as successful. The explanatory hypotheses were developed from (1) endogenous theories, seeking to explain success or failure in terms of internal characteristics, processes, and accountability checks made by the body and its members internally, and (2) ecological theories, which emphasize the environment and external accountability checks. The data came from a survey sent in 2015 to all members in 73 coordination bodies across Sweden with a response rate of 63 percent (N=545). The findings showed that almost half of the variance in the perception of performance through collaborate quality coordination can be explained by accountability mechanisms stemming from the surrounding internal political and/or administrative institutions of the multiple constituencies' coordination body, but mostly so only among the larger coordination bodies, containing many and motivated participating members. This finding supports the importance accountability based on both *interpersonal internal check* and *system internal check* for successful, sustainable quality coordination that includes perceived higher performance. Therefore, the new centralized public policy that imposes more hierarchy and external check of this working system of horizontal politics (Szücs, 2018) might be highly questionable.

REFERENCES

- Ahlbäck Öberg, S. & Bringselius, L. (2015). Professionalism and organizational performance in the wake of new managerialism. *European Political Science Review*, 7(4) 499–523
- Anton, T. J. (1980). *Administrative Politics: Elite Political Culture in Sweden*. Boston: Martinus Nijhof.
- Bovens, M. (2010). Two Concepts of Accountability: Accountability as a Virtue and as a Mechanism. *West European Politics*, 33(5), 946-967.
- Friedrich, C. J. 1940. Public Policy and and the Nature of Administrative Responsibility. *Public Policy*, 1 (1): 3–24.
- Finer, H. (1941). Administrative Responsibility in Democratic Government. *Public Administration Review*, 1(4): 335–350.
- Hood, C. (1995). The ‘New Public Management’ in the 1980s: Variations on the Theme. *Accounting Organizations and Society*, 20, 93–109.
- Johansson, S., Szücs, S., & Liljegren, A. (2017). Power and democratic accountability in strategic coordination bodies – An investigation from Swedish eldercare. Paper presented at the *XVIII Nordic Political Science Association NOPSA*, Section: Collaboration and power, Odense, August 8-11.
- Marsh, D. & Rhodes, R A W. (1992). *Policy Networks in British Government*. Oxford: Claredon Press.
- Mayo, E. (1933). *The Human Problems of an Industrial Civilization*. New York: Macmillan.

- Meagher, G. & Szebehely, M. (Eds.) (2013). Marketisation in Nordic eldercare: a research report on legislation, oversight, extent and consequences. *Stockholm Studies in Social Work*, no. 30. Stockholm: US-AB.
- Meier, H. (1969). Bureaucracy and policy formulation in Sweden. *Scandinavian Political Studies*, 4, 102—116.
- Olsen, J. P. (2015). Democratic Order, Autonomy, and Accountability. *Governance*, 28 (4), 425—440).
- Peters, Guy, B. (2015). *The Pursuit of Horizontal Management. The Politics of Public Sector Coordination*. Lawrence: University Press of Kansas.
- Provan, K. G., & Milward, B. H. (1995). A preliminary theory of interorganizational network effectiveness: A comparative study of four community mental health systems. *Administrative Science Quarterly*, 40(1), 1—33.
- Provan, K. G., & Milward, B. H. (2010). A preliminary theory of interorganizational network effectiveness: A comparative study of four community mental health systems. In Y. Hasenfeldt (ed.), *Human services as complex organizations*. Los Angeles: Sage.
- Putnam, R. D., Leonardi, R., Nanetti, R. Y. & Pavoncello, F. (1983). Explaining Institutional Success: The Case of Italian Regional Government. *The American Political Science Review*, 77(1), 55—74.
- Putnam, R.D. (1993). *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton: Princeton University Press.
- Schillemans, T. & van Twist, M. (2016). Coping with Complexity: Internal Audit and Complex Governance. *Public Performance & Management Review*, 40(2) 257—280.

Szücs, S. (1993). *Images of the Swedish Welfare State in Transition: Changing Values among Swedish Local Political and Administrative Leaders between 1984 and 1991* (Licentiate Dissertation). Göteborg: Department of Political Science, University of Gothenburg.

Szücs, S. (1995). Democratization and the Reorganization of the Welfare State. *The Annals of the American Academy of Political and Social Science*, 540 (July 1995): 105-117.

Szücs, S. (1998) *Democracy in the Head. A Comparative Analysis of Democratic Leadership Orientations among Local Elites in Three Phases of Democratization* (Doctoral Dissertation). Kungälv: Livréna.

Szücs, S., Liljegren, A. & Johansson, S. (2014). Strategisk samverkan kring äldre människor med sammansatta behov av vård och omsorg – en enkätundersökning om organisering i svenska kommuner. Paper presented at NOPSA (Nordic Political Science Association) XVII Congress, Section: Nordic health governance, Göteborg, 12–15 August.

Szücs, S. & Strömberg, L. (Eds.) (2006). *Local Elites, Political Capital and Democratic Development: Governing Leaders in Seven European Countries*. Wiesbaden: VS Verlag für Sozialwissenschaften, Springer.

Szücs, S. & Strömberg, L. (2009). The More Things Change, the More They Stay the Same: The Swedish Local Government Elite between 1985 and 2005. *Local Government Studies*, 35(2), 251—270.

Szücs, S., Johansson, S. & Liljegren, A. (2017a). Multi-level Coordination Bodies of Democratic Networked Governance for Frail Elderly in Sweden. Paper presented at NOPSA (Nordic Political Science Association) XVIII Congress, Section: Public Management Reforms for Transboundary Policy Changes: Coordination for Integration, Crisis Organizing and Beyond, University of Southern Denmark, Odense, 8–11 August.

Szücs, S., Johansson, S. & Liljegren, A. (2017b). Multi-level Coordination Bodies of Democratic Nexus Governance for Frail and Elderly in Sweden. Paper presented at ECPR (European Consortium for Political Research) General Conference 2017, Section: Behind Closed Doors Re-Visited: Exploring the Transparency-Accountability-Representation Nexus, University of Oslo, 6–9 September.

Szücs, S. (2018) Politics of horizontal public sector coordination – The case frail elderly policy in Sweden 2008-18. *ECPR General Conference 2018 at University of Hamburg*, Section S31: Governance in Close Proximity to the People? Contemporary Local Government and Politics, Panel P281: New Challenges in the Social Policy Domain, P281, August 22–25.

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APPENDIX

Table A1. Performance: Items of the Collaboration Quality Coordination Scale (Percent)

Question: “Please consider the following statements about coordination body that you attend:”						
Questionnaire items of the question (here numbered in order of the index, presented in Table 1)	Agree (4)	Some-what Agree (3)	Some-what Disagree (2)	Disagree (1)	Don't Know (Missing Data)	Total (n)
1. The body has a clear purpose for cooperation	59	31	8	1	1	100 (535)
2. The body has a well-defined target group for cooperation	53	38	7	1	1	100 (535)
3. Work in the body is characterized by good communication	44	46	7	2	1	100 (535)
4. There is a good consensus in the body how the work with elderly people with complex needs should be performed	28	55	11	3	3	100 (533)
5. Leadership of the body is well adapted to the task	29	47	13	5	6	100 (532)
6. I can trust that the decisions and agreements of the body are implemented	25	56	13	3	3	100 (533)
7. There are significant quality gains to participate in this collaborative body for the elderly with complex needs	62	29	6	1	2	100 (534)

Comment: More items were used in the questionnaire.

Source: Szücs *et al.* 2017a, 2017b.

Table A2. Accountability: Items of the External and Internal Administrative and Political Accountability Mechanisms Scales (Percent)

Question: “To what degree do the following operators monitor and review work in the collaboration body?”	To a very high degree	Some-what high degree	Somewhat low degree	Very low degree/ not at all	Don’t know	Total (n)
Top local government politicians (Council and Executive board)	5	17	24	22	32	100 (527)
Local government board members (for example social welfare board)	10	29	21	13	27	100 (529)
Top local social welfare administration	27	39	11	5	18	100 (525)
Regional/County government politicians	8	26	17	10	39	100 (529)
Regional/County administration	13	27	15	9	36	100 (529)
Regional/County specialist health care administration	2	8	22	37	31	100 (523)
Local County level health care administration	10	30	17	8	35	100 (525)
Pensioner / non-profit organisations	1	7	18	25	49	100 (521)
Media	2	8	22	37	31	100 (527)
Revision	3	12	21	21	43	100 (528)
Inspection authorities	3	10	17	25	45	100 (525)
Relatives	1	4	12	32	51	100 (500)
Other	0	2	2	16	80	100 (102)

Comment: That quite many don’t know is a finding of its own.

Note: The high percentages who don’t know

Source: Szücs *et al.* 2017a, 2017b.

Table A3. Latent forms of democratic accountability of the coordination body (Orthogonal Rotation, SPSS Varimax)

<i>Accountability actors</i>	<i>Accountability</i>		
	<i>External</i>	<i>Administrative</i>	<i>Political</i>
Relatives	0.89	0.18	0.14
Inspection authorities	0.85	0.08	0.19
Media	0.83	0.06	0.08
Revision	0.82	0.07	0.26
Pensioner / non-profit organisations	0.71	0.18	0.32
Local County level health care administration	0.20	0.83	-0.04
Top local social welfare administration	0.03	0.83	0.25
Regional/County specialist health care administration	0.14	0.83	0.10
Regional/County administration	0.06	0.64	0.41
Regional/County government politicians	0.21	0.20	0.88
Local government board members (for example social welfare board)	0.22	0.27	0.84
Top local government politicians (Council and Executive board)	0.30	0.04	0.78
<i>Variance explained (%)</i>	<i>45</i>	<i>18</i>	<i>12</i>

Comment: Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO): 0.82. Variance explained = 74 percent. Equal to or above .50 in bold type

Note: Cronbach's Alpha: 0.91 (External), 0.84 (Administrative), 0.88 (Political).

Source: Szücs *et al.* 2017a, 2017b.

Table A4. Correlations between the institutional indicators of the Internal Administrative Accountability Mechanisms Scale (Pearson correlation)

	Local County level health care administration	Top local social welfare administration	Regional/County Specialist health care administration	Regional County adm
Local County level health care adm.	1			
Top local social welfare administration	0.61**	1		
Regional/County specialist health care administration	0.67**	0.63**	1	
Regional/County administration	0.49**	0.57**	0.52**	1

Cronbach's Alpha: 0.84

Table A5. Correlations between the institutional indicators of the Internal Political Accountability Mechanisms Scale (Pearson correlation)

	Regional/County government politicians	Local government board members (for example social welfare board)	Top local government politicians (Council and Executive board)
Regional/County government politicians	1		
Local government board members (for example social welfare board)	0.86**	1	
Top local government politicians (Council and Executive board)	0.66**	0.62**	1

Cronbach's Alpha: 0.88

** Correlation significant at the 0.01 level (2-tailed)

* Correlation significant at the 0.05 level (2-tailed)

Table A6. Correlations between the institutional indicators of the External Administrative Accountability Mechanisms Scale (Pearson correlation)

	Relatives	Inspection authorities	Media	Revision	Pensioner/ non-profit organisations
Relatives	1				
Inspection authorities	0.73**	1			
Media	0.67**	0.62**	1		
Revision	0.63**	0.78**	0.62**	1	
Pensioner / non-profit organisations	0.66**	0.51**	0.51**	0.53**	1

Cronbach's Alpha: 0.91