

Is it really necessary to distinguish between error and fraud? A conceptual reflection inspired by researcher-practitioner experience in social security

Faut-il vraiment distinguer l'erreur de la fraude ? Réflexion conceptuelle inspirée par une expérience de chercheur-acteur en prévoyance sociale.

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Abstract

Error and fraud lie at the heart of operational risk in social security. Both phenomena lead to financial losses, administrative inefficiencies and an erosion of public trust. Traditionally, the distinction between error and fraud is based on intent: error is unintentional, whereas fraud is deliberate. However, this distinction is difficult to establish in practice. Drawing on the researcher-actor's experience and the existing literature, this article offers a theoretical reflection on the relevance of this distinction outside a punitive framework. The control mechanisms used to prevent, detect and correct errors and fraud are largely similar: audits, data analysis, automated controls and organisational arrangements. Thus, an integrated approach appears more relevant from a managerial perspective, focusing on processes rather than individual intentions. The study therefore proposes moving beyond the traditional dichotomy by considering fraud as a specific form of error. It highlights the importance of strengthening control systems, improving processes and promoting an ethical organisational culture in order to limit such malfunctions.

Keywords : Error, fraud, control, conceptual reflection, managerial implications

Résumé

L'erreur et la fraude sont au cœur du risque opérationnel en prévoyance sociale. Ces deux phénomènes entraînent des pertes financières, des inefficacités administratives et une érosion de la confiance publique. Traditionnellement, la distinction entre erreur et fraude repose sur l'intention : l'erreur est involontaire, tandis que la fraude est délibérée. Toutefois, cette différenciation est difficile à établir en pratique. S'inspirant de l'expérience du chercheur-acteur et s'appuyant sur la littérature, cet article propose une réflexion théorique sur la pertinence de cette distinction hors d'un cadre de sanction. Les mécanismes de contrôle utilisés pour prévenir, détecter et corriger erreurs et fraudes sont largement similaires : audits, analyses de données, contrôles automatisés et dispositifs organisationnels. Ainsi, une approche intégrée apparaît plus pertinente du point de vue managérial, en se concentrant sur les processus plutôt que sur les intentions individuelles. L'étude propose donc de dépasser la dichotomie classique en considérant la fraude comme une forme spécifique d'erreur. Elle souligne l'importance de renforcer les systèmes de contrôle, d'améliorer les processus et de promouvoir une culture organisationnelle éthique afin de limiter ces dysfonctionnements.

Mots clés : Erreur, fraude, contrôle, réflexion conceptuelle, managerial implications

Introduction

Error and fraud are major contributors to operational risk. Whether they take the form of incorrect benefit payments, embezzlement or miscalculations, they pose major financial and reputational risks to organisations. Their occurrence leads to overpayments, rework and inflates administrative costs (Ghani & Kumar, 2011). This is particularly true in social security, where information asymmetry and moral hazard contribute to their occurrence. (Laffort & Dufour, 2020). Indeed, error and fraud affect financial sustainability, data reliability, the equitable distribution of benefits and public trust (Diard & Dufour, 2025; Derrig, 2002; Viaene, et al., 2002).

These phenomena highlight the need to put in place control mechanisms designed to ensure the integrity of resources and compliance with legal and regulatory requirements (Laffort & Cargnello-Charles, 2014). The practical challenges in this regard are manifold: (1) implementation of pre-payment controls, alert systems, data analysis and audits (Ghani & Kumar, 2011; Mishra, 2022); (2) implementation of monitoring, sanctioning and communication mechanisms (Laffort & Dufour, 2021); (3) coordination of the flow of physical files to digitized systems (Liu, et al., 2022); and (4) development of appropriate, ethical and accountable governance to mitigate psychosocial biases (Bernard, et al., 2008; Dufour & Laffort, 2016).

Nevertheless, one of the major challenges, both conceptually and in practice, lies in the difficulty of defining and distinguishing between error and fraud (Laffort & Dufour, 2021). Intent serves as the key distinguishing criterion (Brinkmann, 2005; Derrig, 2002). The relevant literature argues that this difference in intent should guide the response. On the one hand, errors are addressed through training, education and process improvement (Horvath, et al., 2022; Keith & Frese, 2005; Stolk & Tesliuc, 2010). On the other hand, while fraud involves audits, risk models and, essentially, the imposition of sanctions (Murti & Kurniawan, 2020; Derrig, 2002). However, many of these tools are used indiscriminately to deal with both errors and fraud. The real distinction, which can be justified by the perpetrator's intent, lies in the sanction applied.

From this perspective, we believe that in the absence of the prospect of sanctions, the relevance of identifying or demonstrating the perpetrator's intent may be called into question. We therefore seek, through this article, to provide some answers to the following question: To what extent does the distinction between error and fraud remain relevant when considered outside the context of sanctions?

This article forms part of the studies on internal control as framed by the academic and professional literature relating to social security. It should be noted at this stage that the concept of social security is considered here in its broadest sense, in relation to the Bismarckian model based on contribution-based funding. Thus, the analysis of error and fraud mechanisms draws on various studies concerning social security and social protection, two concepts often used interchangeably. Research conducted in the field of insurance has also been useful to us.

In this literature, the distinction between error and fraud is traditionally based on the criterion of intent, which in particular shapes investigative and sanctioning activities. Although this distinction is central from a legal perspective, it appears more limited from the perspective of organisational control and risk management, where the operational mechanisms employed bear strong similarities. This tension calls for shifting the analysis towards processing procedures rather than individual intentions. In this sense, this essay contributes to the literature on internal control and risk management by proposing to move beyond a strictly intentional approach to the error/fraud distinction, in favour of an analysis centered on control mechanisms and their implementation.

This article does not aim to present empirical findings. Rather, it offers a conceptual reflection. It adopts an abductive and reflexive approach, consistent with the role of the researcher-actor. The methodological elements are detailed in Box 1 for this purpose.

The structure of the article is as follows. Firstly, we review the definitions of error and fraud found in the literature. We then present the existing taxonomies of errors and fraud in the literature. In light of these definitions and typologies, we offer a reflection on the relevance of the error/fraud distinction outside the context of sanctions.

Box 1: Methodological considerations

Epistemological stance

The proposed analysis adopts a constructivist approach. It is based on a process of conceptual abstraction informed by an intervention-based research experience (David, 2000; Hammouch, et al., 2021). This approach involves the researcher acting as a participant, understood as the researcher's involvement in the situations under study, accompanied by reflective work on this involvement (Schon, 1983).

Analysis method

The reasoning employed is of an abductive/inductive nature. Through interaction with the actors and participant observation, it appears that, despite a discursive distinction between error and fraud, the control mechanisms deployed—both for prevention and deterrence—tend to be similar in both cases. Furthermore, with regard to investigations, which remain an activity exclusive to cases of fraud, it has been observed how the difficulty of proving the fraudster's intent and the legal framework that limits the application of deterrent sanctions diminish the effectiveness of this ex-post control, thereby restoring the importance of preventive controls.

Nature of the material used

The material drawn upon does not correspond to systematised empirical data, but rather to professional experience gained from intervention research conducted within a social security organisation. This experience is used as a basis for conceptual reflection, enabling us to question the 'obvious' theoretical assimilation of the categories of "fraud" and "error". The absence of empirical systematisation is consistent with the article's objective, which is aimed at conceptualisation rather than empirical validation.

1. Fraud and error in the field of social security: concepts with blurred boundaries

In this first section, we will examine the various definitions of errors and fraud as identified in academic and professional literature.

1.1. Error definition

In management, an error is a potentially avoidable and unintentional deviation from the expected outcome, which hinders the achievement of an objective or compliance with a rule or standard (Frese & Keith, 2015; Goodman, et al., 2011; Reason, 1995; Zapf, et al., 1992).

For some scholars, error is conceptualized as an imperfect interaction between a human actor and a constrained environment, with consequences ranging from negligible impact to significant harm. (Hansen, 2007). Thus, error is not merely perceived as an individual act attributable to negligence or inattention, but as a symptom of a breakdown in the mechanisms of communication, coordination or cooperation within a socio-technical system (Stanton & Harvey, 2016).

Smaili et al. (2009) reviewed the main regulatory frameworks in auditing and accounting, which agree that an error is an unintentional deviation from established rules. According to the authors, an error may result from incorrect calculations, the misapplication of accounting principles, a lack of knowledge or a misinterpretation of relevant facts, or from incorrect processing, an oversight, or, in some cases, fraud.

In the field of social security, according to the International Social Security Association (ISSA) guidelines on error, evasion and fraud in social security systems, published in 2019, 'error' refers to any unintentional inaccuracy in the application of rules relating to benefits or contributions. These errors may result from failures in data transmission or processing, or from administrative anomalies. This refers to unintentional errors resulting from failures in the information system when processing payments and benefits, or attributable to human factors, whether arising from staff or from contributing and beneficiary users (Goveia & Sosa, 2017).

In the insurance sector, an error is defined as any misestimation in the information contained in a claim or in its processing (Ghani & Kumar, 2011). Such errors stem from a departure from established business rules or standard practice and necessitate the reprocessing of the claim to ensure accurate payment (Kumar, et al., 2011). An error refers to unintentional mistakes, which can occur among both claimants and the administrative staff responsible for processing their claims, particularly when they are faced with complex procedures or technical processes (Stolk & Tesliuc, 2010). In fact, the complexity of the applicable rules and a lack of adequate communication often contribute to these situations (ISSA, 2019). As an illustration in the field of health insurance, Leap (2011) notes that errors in medical billing, coding, or prescribing processes are generally attributable to misunderstandings, administrative mistakes, or simple negligence. These errors occur without any intention to cause harm or to obtain an unfair advantage. Errors thus manifest themselves through coding errors, incomplete documentation or a lack of understanding of insurance rules (Mishra, 2023).

1.2. Fraud definition

Fraud is a complex concept that encompasses a variety of situations, actions and schemes designed to deceive others in order to gain an unfair advantage (French Institute of Internal Audit and Control (IFACI), 2010). Fraud is defined as any intentional act or omission resulting in a loss to the victim and/or a gain for the perpetrator (Committee of Sponsoring Organizations of the Treadway Commission (COSO) & Association of Certified Fraud Examiners (ACFE), 2016, 2023). Similarly, the International Standards for the Professional Practice of Internal Auditing of the Institute of Internal Auditors (IIA) (2024) define fraud as any deliberate act characterized by deception, concealment, dishonesty, misappropriation of assets or information, falsification, or breach of trust, perpetrated by individuals or organizations with the intent to obtain an unlawful or illegitimate benefit for themselves or their entity.

Deception is the primary method used in fraud, employed to obtain unlawful gains (Otiso, 2021). While some authors argue that illegality is necessary to define fraud (Le Maux, et al., 2013), others define fraud as an intentional act which, although not always illegal, is considered highly unethical (Murphy & Dacin, 2011; Murti & Kurniawan, 2020). Indeed, fraud is a form of dishonesty (Brinkmann, 2005). In the same vein, Pimenta and Afonso (2014) consider fraud to be an act deliberately committed by an individual or a group, contrary to the law or good social practice. Similarly, Leap (2011) regards fraud as deliberate deception to gain illegal or unfair benefits.

Fraud is defined as the deliberate violation of a rule with the aim of obtaining an unjustified benefit (Vian, 2020). Whereas Derrig and Krauss (1994) limit fraud to deliberate and demonstrable acts that contravene the law (cited by Derrig, 2002), according to Pimenta and Afonso (2014), the harm caused by fraudulent behaviour may be potential or actual. The authors associate fraud with the intent to deceive, without making this deception contingent on the existence of actual consequences. Thornton et al. (2013) adopt the definition of the US Department of Health and Human Services, according to which fraud is an intentional act of deception or misrepresentation likely to result, with full knowledge of the facts, in an unauthorised benefit.

In consumer insurance fraud, numerous definitions have been proposed ranging from legal and formal approaches to more operational concepts tailored to the sector's specific practices (Lesch & Byars, 2008). Insurance fraud involves concealing circumstances or distorting the truth with a view to obtaining financial gain from the contract between the insurer and the

insured (Guillen & Ayuso, 2014). It is predominantly characterized by the creation of false information and fraudulent supporting documents aimed at inducing the insurer to disburse compensation (Dufour & Laffort, 2018). Principle 21 of the Basic Insurance Principles published by the IAIS in 2024 defines insurance fraud as a deceptive act or omission meant to secure an advantage for the fraudster or other parties. According to the ISSA guidelines on error, evasion and fraud in social security systems, published in 2019, fraud encompasses:

“...intentional acts that breach rules committed by a beneficiary, a contributor or a service provider, to obtain, for themselves or for a third-party, undue benefits from social security systems... This includes false declarations where the deliberate nature of these can be demonstrated... An act of evasion may be recast as fraud when its intentional and illegal nature can be demonstrated.”

This definition makes the classification of fraud contingent upon demonstrating that the act was deliberate. Any act that contravenes rules and standards, where the deliberate nature of the act cannot be demonstrated, is classified as an error or an evasion. From a criminal law perspective, Derrig (2002) considers only those acts to be fraudulent which simultaneously exhibit the following elements: 1) clear and deliberate behaviour; 2) illegal; 3) resulting in financial gain; and 4) based on a false statement. In the absence of any one of these elements, the act is considered an abuse.

Fraud is a deliberate illegal act directed against the social security system, which may be committed by employers, insured persons, beneficiaries, their relatives, social security officials, healthcare professionals, or even criminal networks (Goveia & Sosa, 2017). It involves claiming entitlements to which one is not entitled, either with the complicity of a service provider, or with that of a genuine insured person, or by falsifying the document serving as proof of entitlement (Letourmy, 2006).

2. Classifications of Errors and Fraud

2.1. Classification of errors

Several classifications of errors have been developed in the literature. These classifications will be outlined below in order to provide a clearer understanding of the concept of error:

2.1.1. Depending on the stage of the operational process

Ghani and Kumar (2011) classify errors according to the process to which they relate. They distinguish between errors relating to claim information—detected when the claim is

submitted or during its processing—and errors relating to the payment of the claim. Documentation errors can take the form of, for example, omissions, typographical errors, incomplete information or incorrect codes, which result in the application being rejected or corrected at the start of the process. Errors detected during processing, on the other hand, relate to non-compliance with the rules. Finally, payment errors are due to incorrect calculations.

2.1.2. Depending on the technical nature of the error

Bernard et al. (2008) classify risks into three categories based on their origin: natural hazards; errors or malicious acts. While fraud is classified as a risk arising from malicious intent, the authors propose a typology of risks arising from error, namely: (1) data entry errors (incorrect entry, omissions, etc.); (2) transmission errors (post, telecoms, etc.); (3) errors in the application of regulations; (4) handling errors.

2.1.3. depending on the source of the error

Consumer-related errors are caused by unintentional mistakes in the provision of information, which may be made by a beneficiary with no intention to commit fraud. Staff-related errors “official errors” are errors arising from the processing of a claim that result in payment errors for which the consumer is not responsible, and which they cannot automatically detect at the time of payment (Department for Work and Pensions, 2015; National Audit Office, 2006).

2.1.4. Depending on the organisational dimension

An individual error results from a mistake made by a single person, whereas a shared error involves the joint contribution of several individuals (Frese & Keith, 2015). Organisational conditions influence both individual errors and those of an organisational nature (Goodman, et al., 2011).

2.1.5. Depending on cognitive and behavioural factors

Knowledge- and rule-based errors occur when rules are not applied or are applied incorrectly, or when reasoning is flawed in the absence of a pre-established rule (Anselmann & Mulder, 2018; Reason, 1995).

Action errors, or ‘slips and lapses’, refer to lapses in execution or errors of omission or inattention in routine work, which occur as a result of environmental distractions (Anselmann & Mulder, 2018; Reason, 1995).

2.1.6. Depending on the visibility of the error

Active errors are visible human errors that have an immediate effect on the system, such as forgetting to carry out a check, while latent errors are hidden errors caused by organisational conditions that encourage errors (procedures, culture, etc.), such as poor information system design or understaffing (Frese & Fisher, 2015; Reason, 1995).

2.2. Classification of frauds

Types of benefit fraud in the social security sector, particularly in Bismarckian systems, drawing on established typologies from the insurance sector. A review of the existing literature has enabled us to identify the following main types:

2.2.1. Internal/External fraud

External fraud refers to fraud committed by parties outside the organisation, such as policyholders or third parties, with the aim of wrongfully obtaining benefits (Bernard, et al., 2008; Guillen & Ayuso, 2014; IAIS, 2011). This includes, amongst other things, false claims. It also covers situations where service providers bill the insurer for non-existent or unjustified services, provide false information about the services rendered, or bill for the same services multiple times (Viaene & Dedene, 2004).

Internal fraud is committed by individuals within the organisation (Bernard, et al., 2008; IAIS, 2011), who may obstruct investigations or collude with policyholders in fraudulent activities (Guillen & Ayuso, 2014; Viaene & Dedene, 2004).

2.2.2. Individual/collectif fraud

Fraudulent acts can range from simple incidents involving a single individual to complex operations involving multiple parties, whether internal or external to the organisation (IAIS, 2011).

2.2.3. Subscription fraud / claims fraud

The literature on insurance fraud distinguishes (Derrig, 2002; Dwibhashi, 2021; Viaene & Dedene, 2004): (1) underwriting fraud, which occurs at the time of taking out or renewing an insurance policy by providing false information or concealing other details; (2) claims that are deliberately exaggerated, misleading or fictitious, falling under the category of “claim fraud”. Fraud occurring at the time of benefit payment is most closely associated with the concept of insurance fraud (Viaene & Dedene, 2004). It constitutes a breach of the law, with the aim of

obtaining an advantage through false statements (Derrig & Krauss, 1994 cited by Derrig, 2002).

2.2.4. Opportunistic fraud / Planned fraud

Some authors classify fraud by examining the reality of the claim: when compensation is claimed for a non-existent loss, this constitutes planned fraud, whether it is a one-off incident or a recurring pattern (Guillen & Ayuso, 2014; Lesch & Byars, 2008; Weisberg & Derrig, 1991). Such frauds are often part of organised schemes involving professional fraudsters acting in a methodical and repeated manner, making their detection both complex and costly (Dwibhashi, 2021). For a fraudster, fraud constitutes a normal source of income (IAIS 2011). They persistently reiterates his actions and undertakes considerable efforts to conceal them (Dorminey, et al., 2012). Fraud is classified as ‘hard’ fraud when it is criminal and premeditated, and when sufficient evidence exists to warrant prosecution (Guillen & Ayuso, 2014). This particularly involves evidence of a material, clear, and deliberate misrepresentation in breach of the law and intended to secure a financial advantage (Tennyson, 2008). The involvement of such actors facilitates the prolonged concealment of illicit acts and, in many cases, the funds obtained are used to fuel other criminal activities, thereby amplifying the risks to society (Dwibhashi, 2021; IAIS, 2011).

Fraud is described as opportunistic when the insured person, either alone or with the help of service providers, seeks to impose excessive costs on the insurance system following a genuine claim (Tennyson, 2008). It is widely accepted that this type of fraud is the most common (Lesch & Byars, 2008). The opportunistic fraudster is generally regarded as an honest person who identifies a one-off opportunity to commit fraud (Dorminey, et al., 2012; IAIS, 2011). Dwibhashi (2021) explains how the fraudster rationalises their fraudulent behaviour by claiming that their action will not harm an insurance system which, in their view, has abundant resources. Thus, according to the same author, this type of fraud is also referred to as “soft fraud”. It falls within a grey area, characterised by unethical behaviour, although such behaviour is not always formally illegal (Tennyson, 2008). Such behaviour is accepted, or even downplayed, by the perpetrator of the fraud (Viaene & Dedene, 2004).

By adopting a broader definition of fraud, Dufour and Laffort (2016) explain how, in addition to proven fraudulent acts, certain behaviours—even if they do not violate an explicit norm—remain immoral acts. These include numerous unnecessary, unwanted and opportunistic

manipulations of the system that do not essentially constitute criminal behaviour (Derrig, 2002).

3. The relative usefulness of the distinction between error and fraud in the absence of penalties

From the perspective of internal control and risk management adopted in this article, the distinction between error and fraud may be re-examined in terms of its operational usefulness in control activities. This approach shifts the focus of analysis away from the criterion of intent and towards the methods used to handle such situations.

3.1. The limitations of the error/fraud distinction

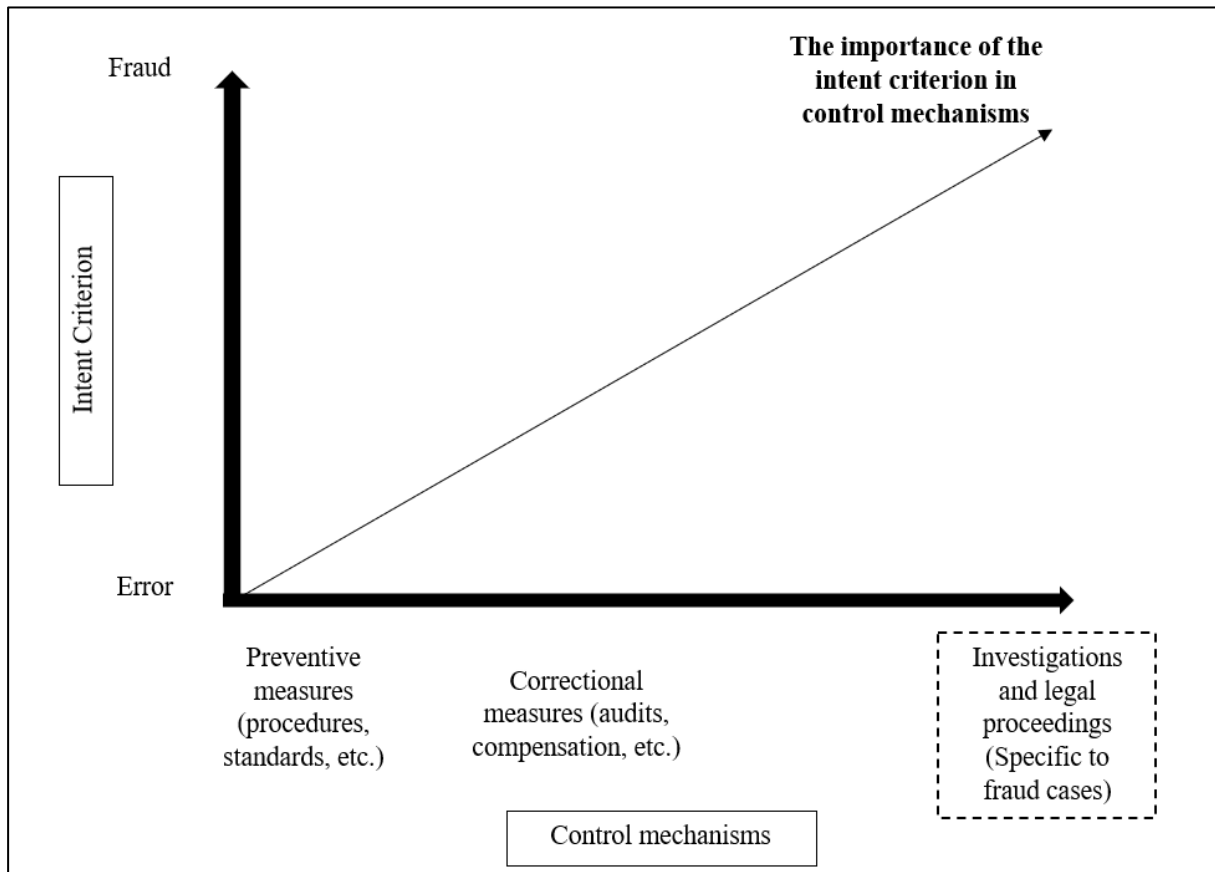
Although the key factor in distinguishing fraud from error lies in the perpetrator's intent and the efforts made to conceal their actions (Bolton & Hand, 2002), the boundaries of the concept of fraud are often unclear and it is frequently conflated with other concepts such as error, amongst others (Rashidan, et al., 2012). One challenge lies in discerning the personal motivation behind suspected cases of error or fraud. In the accounting and financial field, whether an act is intentional or unintentional is decisive in defining non-compliant practices, although determining this distinction is often complex. As a result, the literature tends to favour a consequences-based approach, distinguishing two main categories: error corrections and enforcement procedures initiated by the stock market regulator (Smaili et al., 2009).

Applying the same logic to the field of social security, different consequences might apply to each of these phenomena. Unlike error, fraud entails legal action if there is sufficient evidence (Viaene & Dedene, 2004). However, offenders generally manage to prove their innocence or minimise their degree of culpability (Leap, 2008). Thus, as a criminal conviction does not guarantee the recovery of losses, insurers resort to out-of-court settlements, which are more cost-effective and less time-consuming than protracted legal proceedings (Furlan & Bajec, 2008).

It can therefore reasonably be inferred that, while legal logic implies a distinction between error and fraud, preventive managerial logic favours addressing both errors and fraud within an integrated framework. From a managerial perspective, human error and deliberate fraud are phenomena that are often taken into account when designing control mechanisms (Bernard, et al., 2008; Zakaria, et al., 2016). The operational aspect calls for the development of technical solutions that can put an end to the harm caused by these phenomena. Figure 1 summarises this redefinition of the distinction between error and fraud by highlighting the

discrepancy between a criterion of intent, which is fundamental at a conceptual level, and control mechanisms that are largely uniform at an operational level, excluding investigative activities.

Figure 1 Reconfiguration of the error–fraud distinction in control systems



Source : Author’s elaboration.

3.2. Towards an alternative managerial approach: Addressing error and fraud within an integrated framework

Regardless of the perpetrator’s motivation and intention, errors and fraud lead to incorrect payments. They represent deviations from objectives and standards (Goveia & Sosa, 2017). On the one hand, unintentional errors, although not malicious, result in financial losses, a loss of administrative efficiency, processing delays and tensions within the system (Mishra, 2023). On the other hand, fraud, although intentional, can expose systems to high-risk environments that encourage unintentional errors, and their interaction can lead to disasters (Frese & Keith, 2015).

Moreover, it is important to emphasize that fraud prevention constitutes only one dimension of the broader control framework. This framework encompasses a wide range of checks conducted during both benefit disbursement and contribution collection, with the objective of ensuring an equitable determination of entitlements and levies (HCFPS, 2024). As fraud is a deliberate error, combating it amounts to preventing errors (Bernard, et al., 2008). Thus, the prevention of errors and fraud constitutes a major challenge for any social security institution (ISSA, 2019).

In a similar vein, several professional bodies address errors and fraud within an integrated framework. The International Social Security Association (ISSA), the leading international organisation for institutions, ministries and public agencies responsible for social security, provides guidelines (2019) to combat simultaneously: error, evasion and fraud in social security systems. It proposes a range of measures and tools of a legal, economic, social and psychological nature to counter and limit these acts and practices.

Another example can be drawn from the French Court of Auditors' report on social security, published in 2023, which addresses errors and fraud within an integrated framework. According to this report, discrepancies in compliance with legal requirements have been identified in the benefits paid out by social security funds. These discrepancies may result from internal errors or from incorrect information provided by beneficiaries. Intentional errors constitute fraud, although it is often difficult to prove this. Furthermore, the spirit of IIA standards encourages auditors to take into account both material errors and proven fraud, from both a detective and a preventive perspective, as part of a risk-based approach.

The integration proposed in this article does not refer to a conceptual merging of the notions of error and fraud, but to a harmonisation of the processing mechanisms employed outside the scope of investigative and sanctioning activities. This perspective is primarily analytical and operational, and does not aim to redefine the categories in legal terms. It allows for the consideration of grey areas where intent is difficult to establish, even as organisational control mechanisms tend to converge in their methods of handling such cases.

This perspective can be illustrated by several findings from the literature. Zakaria et al. (2016) demonstrate, using the COSO framework, how internal control mechanisms can address organisational weaknesses and reduce both errors and opportunities for fraud. The separation of functions also remains a classic mechanism designed to prevent both errors and fraud simultaneously (Ebondo & Pigé, 2002; Imoniana & Da Silva, 2019). In the insurance sector, several tools illustrate this convergence of processes: identity verification, electronic invoice

processing, coding and billing control systems, claims processing edits, as well as random audits (Kumar et al., 2011; Leap, 2011; Thornton, et al., 2013). Finally, the literature also highlights the role of cultural and organisational factors, notably the promotion of a culture of integrity that reduces both fraud and errors, encourages vigilance against risky behaviour (Kassem & Higson, 2012; Murti & Kurniawan, 2020), and establishes mechanisms to protect and recognise whistleblowers (Hennequin 2020; Wang & Zhan, 2022).

In this regard, the integrated approach involves a shift in the level of analysis: the focus moves from an approach centred on the intentions of the actors to one based on organisational control processes. Within this framework, the criterion of intention retains a structuring role, but only for a limited subset of control practices, and not for the system as a whole.

Conclusion

This article examines the relevance of the distinction between error and fraud in the field of social security, particularly when viewed outside the context of sanctions. It contributes to control theory through highlighting that, although based on the criterion of intent, the distinction between error and fraud has limited practical significance from a managerial perspective. Indeed, the mechanisms deployed to prevent, detect and correct these phenomena rely on largely common levers, regardless of whether the behaviour is intentional.

From this perspective, the centrality of intent appears to be particularly decisive within the legal and punitive framework, whereas risk management approaches favour an integrated treatment of deviations from standards. Viewing fraud as a specific form of error thus makes it possible to move beyond a conceptual dichotomy whose operational utility remains limited. These findings lead to several managerial implications. Firstly, organisations would benefit from designing unified control mechanisms geared towards reducing deviations, rather than classifying them a priori. Secondly, the focus should be on improving processes, the reliability of information systems and strengthening organisational capabilities, regardless of the actors' intent. Thirdly, particular attention must be paid to organisational and psychosocial factors that may, when combined, contribute to the emergence of errors and opportunistic behaviour. Finally, this conceptual paper relays on internal consistency rather than on exhaustive data or statistical generalisations. It opens up avenues for empirical research aimed at examining the conditions for implementation and the effects of an integrated approach to the management of errors and fraud in various organisational contexts.

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