The politics and management of eldercare in flux – the case of Sweden

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Introduction

Challenges resulting from an ageing population are prominent in many countries, including Sweden. Sweden has been defined as a typical social democratic welfare regime (Esping-Andersen, 1990), which among other things means that taking care of old people is considered a public matter. Notwithstanding an increasing proportion of private providers and informal (family) care, the ultimate responsibility for funding, regulating and providing eldercare remains municipal. Simultaneously, municipalities are facing substantial financial challenges, implying that welfare institutions have to deal with growing needs with a limited and uncertain resource flow. Several old and new values are being balanced at municipal level: cost-efficiency, equal distribution, quality, free choice of providers and individual rights (Trydegård and Thorslund, 2010).

For the central and local governments, a way to cope with this value balance has been to introduce administrative reforms and changes, especially since the 1990s. The aim of this paper is to take a closer look at what kinds of administrative reforms and changes have taken place in the policy field of eldercare in Sweden. Theoretically, the elaboration of administrative reforms and changes is framed within the contemporary discussion concerning the relation between new public management (NPM) and post-NPM. It has been argued that there has been a somewhat similar movement in several other countries, with a shift from an emphasis on disaggregation, managerialism, agencification, competition, privatisation and efficiency towards emphasis on central coordination, network management, 'joined-up government', collaboration, 're-municipalisation', 'whole-of-government' and effectiveness (Christensen and Lægreid, 2007; Hood, 1990; Liff and Andersson, 2013; Wollmann, 2016). However, when elaborating what is actually happening, there is often an impression of layering, hybridisation and rhetorical change rather than substantial change (Goldfinch and

Wallis, 2010; Anttiroiko and Valkama, 2016). New rules, practices and narratives are added rather than implemented to replace others (Christensen, 2012).

The aim of the present paper is to provide an overall analysis of the development of administrative reforms and changes in eldercare. First, two interrelated streams are discussed (the marketisation stream and the performance control stream). Then some outcomes of these streams are analysed and the most important driving forces behind the development identified. Finally, more recent change towards a post NPM-inspired reform is discussed.

It is argued that perceived pathological effects of the intensification of NPM-inspired changes along with tensions between values of national equality and values of competition and choice systems have turned management issues into political issues. Central control has increased alongside the development of NPM-inspired reforms, which can be conceptualised as post-NPM. More recently, a more fundamental post-NPM narrative of 'trust-based steering' in public administration has been put forward by the central government. However, it is too early to say whether a paradigm shift is taking place.

Empirically, the paper is based on a research project about changes in values and practices among local officials conducted 2013–2015.[i]

Before getting into the main subject, an overview of the institutional setting is provided.

Institutional setting

The political and administrative system in Sweden is characterised by substantial local self-governance in combination with equally prominent central state monitoring and control. It is thus easy to imagine that there are latent central-local government tensions that become manifest during critical periods. In the decades since the first municipal reforms in the 1950s,

there has been a pendulum movement between decentralisation and centralisation (Author, 2016).

The combination of a strong state and strong municipalities is noticeable when it comes to the developments in eldercare, both in terms of introduction of NPM and in what can be considered post-NPM. Actually, as will be elaborated below, NPM and post-NPM have developed simultaneously since the eve of the new millennium.

Providing eldercare is ultimately a municipal responsibility. Municipal eldercare has historically evolved from the public responsibility for arranging homes for old and poor people in the 17th century. Modern eldercare dates back to the 1950s when municipal home care was introduced. Eldercare services in Sweden are universally provided, i.e. comprehensive, publicly financed and high-quality services should be available to all citizens according to needs rather than ability to pay. Approximately 85 per cent of the eldercare funding comes from municipal/county taxes, and another 10 per cent comes from national taxes. Users pay only 5–6 per cent of the costs out of pocket (Erlandsson et al., 2013).

The official policy focuses on home-based care and services, especially since the 1980s. The policy is that residential care (nursing home) should only be considered when no other options are available, and it should be as home-like as possible (Rostgaard and Szebehely, 2012). As a result of budget cuts and changes in municipal and central government policy, residential care has declined sharply, while the amount of informal eldercare provided by family members is increasing (Katzin, 2014).

Eldercare is subject to national legislation and regulations, in particular the Social Services Act (*Socialtjänslagen,* Law 2001:453) and the Medical Services Act (*Hälso- och sjukvårdslagen*, Law 1982:763). The Social Services Act states that the care of old people should allow them to live their lives with 'dignity and a sense of well-being', which is

referred to as a national ‘fundamental value’ (*värdegrund*). It also states that they must be able to live and lead an independent life in safe conditions and have an active and meaningful existence in the company of others. Furthermore, it provides that the municipality should provide special accommodation for old people in need of special support and that old people shall, as far as possible, choose when and how home services shall be provided. The Social Services Act is a framework legislation and the general goals are ‘filled in’ with regulations and recommendations formed by the Swedish National Board of Health and Welfare (NBHW). Two other state authorities are important in guiding and controlling municipal eldercare. The Inspectorate of Health and Social Care (IHSC) scrutinises the quality of care and the compliance with laws and regulations and the Agency for Health and Care Services Analysis (AHCSA) monitors and analyses health care and social services (including eldercare) from the point of view of patients, users and the general public.

The basic idea of putting municipalities in charge of various social services, such as eldercare, is local democratic control and proximity between the service provision and those who are politically responsible for designing the provision according to local needs. This means that municipalities are entitled to design care services for old people that are adapted to local conditions. However, since the late 1990s, two interrelated changes have taken place: marketization and increased state control. These two tendencies can be considered NPM inspired, but increased state control in terms of intensified performance scrutiny and control can also be interpreted as a reaction to the fragmentation pushed forward by the marketization. In what follows, the development of administrative reforms and changes related to eldercare will be presented and elaborated. First, the development will be described as two interrelated streams: marketization and performance control. Then outcomes of the development and driving forces behind the changes are discussed. Finally, a question is raised about whether a new administrative reform is emerging.

The marketization stream

From the 1970s to the 1990s, municipal eldercare was considered an exclusively public (municipal) matter, and this responsibility included public funding, provision and control. However, from 2000 to 2010, private provision (home and nursing home services) increased. The most extensive change has taken place since 2006. The share of all old people who are in a privately provided nursing home was 14 per cent in 2007 and 20 per cent in 2015. As for hours of home help services provided in the country, the share supplied by private providers increased from 13 to 24 per cent in the same period (National Board of Health and Welfare 2016).

Marketization of eldercare in Sweden represents a shift in policy from non-profit municipal organisations towards for-profit global venture companies (Stolt et al., 2011). Two types of legislations are relevant when a municipality chooses to contract out provision of eldercare: public procurement and system of choice. When a municipality decides to invite private providers, they often follow the rules of public procurement (Public Procurement Act, Law 2007:1091), which means that there has to be competitive tendering. This is usually the case when private providers of nursing home services are contracted. The Swedish eldercare market is dominated by a few large for-profit companies. Due to difficulties specifying any exact quality criteria, the pricing of the services becomes a decisive factor and, thus, it becomes hard for smaller companies and non-profits to compete with the large ones.

To make it easier for municipalities and counties to introduce customer choice instead of outsourcing, a new legislation referred to as a choice model was introduced in 2009 (Law 2008:962; Swedish Competition Authority, undated). The argument was that the new legislation would encourage smaller and non-profit providers to enter the eldercare market. The system of choice entitles the individual to choose eldercare provider as long as it has a

contract with a proper contracting authority (municipality and/or county council) (Erlandsson et al., 2013). There are no restrictions on the number of providers that can be contracted and, accordingly, a provider cannot be guaranteed customers. The legislation is voluntary for municipalities. Approximately 160 of the total number of 290 municipalities had introduced this system in 2016. In addition, since 2007, it has been possible to get a tax reduction of 50 per cent of the labour cost for cleaning, property maintenance work and in-home laundry service (called the 'RUT tax reduction'). Hence, private eldercare providers can supply complementary services to a subsidised market price to 'top up' the municipal eldercare, which municipal providers are not allowed to do (Szebehely and Trydegård, 2012).

The Swedish social security system is generally regarded as stable, and the recent 'privatisation' of social services is thought to have had only marginal impacts on the system. However, there are alternative views as well. The increased proportion of private for-profit providers and the RUT tax reduction have been interpreted as components of a rather dramatic change in Sweden since the 1980s (Streeck, 2016: 138–140).

Not all municipalities have followed the trend of marketization in eldercare. Although not entirely a matter of party politics, marketization is more common in municipalities with right-wing majority (Stolt and Winblad, 2009). Private alternatives in eldercare were initially a unique metropolitan phenomenon but have gradually spread to adjacent suburbs and larger municipalities and then further to smaller municipalities around the country.

When eldercare (as well as other municipal services and education) opened up for competition, it also opened up for private profit making without any formal restrictions. At least until 2016, provision of eldercare was a minor goldmine for private investors compared with other sectors in the service economy (Government Commission Report, 2016). But this development also made the whole policy area more complex, and at times of general criticism

concerning the quality of care and services for old people, the need for intensified performance control has always been put forward.

The performance control stream: From benchmarking in networks towards national standards

In the 1990s, individual municipalities started to develop horizontal benchmarking activities with support from the Swedish Association of Local Authorities and Regions (SALAR). For instance, in the late 1990s, about 20 municipalities formed a 'comparing quality network'. This network grew to involve some 50 municipalities in 2001 and later became a national project including almost 30 different local networks and nearly 200 municipalities. Together, these networks developed 13 indicators/questions concerning eldercare performance. The national project was formally ended in 2010, and several results and measures were collected into a national database. This was just one example of horizontal networking aiming to develop eldercare and, according to comparative studies, this Swedish way of developing performance measurements and benchmarking was more voluntary and horizontal than in other countries (Kuhlmann, 2010; Kuhlmann and Jäkel, 2013).

The horizontal benchmarking continued and was also turned into a national top-down performance measuring system. Based on experiences of the horizontal networking, and of prevailing national quality registers developed within health care by the medical profession, in 2006 SALAR began to develop a national monitoring system for "open comparisons" (*öppna jämförelser*) of eldercare services. The results of the first national open comparisons for eldercare were presented in 2007. In 2009, the centre-right Alliance government commissioned NBHW to develop a strategy with SALAR for open comparisons in all fields of social care, including eldercare. Despite the fact that cpen comparisons are voluntary, lack formal sanctions and was developed for the purposes of learing and quality improvement, its 40 or so performance indicators appear to have become a national standard for eldercare

quality (Hanberger and Lindgren, manuscript; Lindgren, 2016). With this system in place, there are fewer incentives for networking and horizontal benchmarking. Instead municipalities use the annual open comparison data and compare themselves with average values.

Increased scrutiny by state agencies

At the same time as municipalities were networking in order to compare quality, the central government became increasingly oriented towards performance control of Swedish eldercare – a tendency of re-centralisation that can be seen both in other policy areas and in other countries (Klenk and Pavolini eds., 2015). In accordance with the principle of local self-government state agency monitoring and control and was mainly soft, but in 1995 county authorities were made responsible for inspections of social services, including eldercare. After a few years, this arrangement was deemed inefficient and it was found that inspections were conducted in many different ways. In 2010, the responsibility for inspections was centralised to NBHW and a special inspection department was established. One intention was for the new department to make strategic decisions regarding what to take a closer look at, referred to as 'self-initiated risk analysis'. However, due to specific central government demands and reports of bad conditions, the inspection department requested more resources and soon the coordinated inspection activities were found to be inefficient (Statskontoret, 2012). The central government then decided to set up a completely new inspection authority: the Inspectorate of Health and Social Care (IHSC). After one year, IHSC voiced the same argument as NBHW had earlier, namely that they had neither the time nor the resources to carry out self-initiated risk analyses. Instead, IHSC had to prioritise response to external supervision demands from central government (Statskontoret, 2014).

In the 1980s, 5–10 inspections of municipal social services were performed annually. Comparatively, in just three years (2010–2012), NBHW conducted annual inspections of eldercare in all Swedish municipalities on request by the central government. Each year, a special focus was chosen (Socialstyrelsen, 2012). Another more recent indicator of the increased focus on inspections is that about 200 NBHW employees engaged primarily in inspections in 2010 (Statskontoret, 2012), whereas in 2013 the new agency (IHSC) had 623 employees performing this task (Statskontoret, 2014).

Private actor involvement in quality control

Along with the increase of private providers in eldercare, their trade association has become highly involved in trying to define quality of eldercare and supporting performance scrutiny, which can be seen as an illustration of how well-resourced private actors increasingly are becoming important policy actors (Svallfors, 2015). For instance, the Association of Private Care Providers (APCP) are represented in a reference group connected to NBHW and SALAR.

The Association of Private Care Providers (founded in 1976) is an employer and a trade organisation for private providers of health and other care services (www.vardforetagarna.se). One of the organisation's main objectives is to strive for freedom of choice and demonstrate the importance of variety in care provision to the public. The association makes frequent contributions to discussions concerning quality and quality measures in health and human care. For example, APCP has provided a model for follow-up and reporting of quality in eldercare (Vårdföretagarna, 2013). Along with the increase of private eldercare providers, the main Swedish business federation, i.e. the Confederation of Swedish Enterprise (CSE) (www.svensktnaringsliv.se), also has become highly involved in trying to frame the quality of eldercare. For instance, CSE appointed an independent expert group and tasked it to provide

‘guidelines for increased quality’ in health care, education and social care (including eldercare) (Svenskt Näringsliv, undated). A third private organisation that should be mentioned is the Swedish Standards Institute (SIS), which is a member organisation for standard setting in various sectors. In 2012, SIS was commissioned to develop Swedish quality standards for elderly care (nursing homes and home care), which was launched in 2015 (www.sis.se).

These organisations are not directly involved in performance measurements but are important as providers of norms and standards concerning quality measures. One important reason for the participation of these organisations in elaborating standardisation of quality in eldercare is the striving to define a competitive neutral standard that everyone can refer to. If such a standard is defined, it can be used as an argument against those who are critical of the unregulated profitmaking in the social service sector.

Increased internal local control

Increased national control is reflected at local government level, and managers at different levels in a municipality have to manage such as different control systems, external pressure and individual needs (Wällstedt, 2015). Managers of municipal eldercare (including private providers) increasingly have to handle external performance scrutiny. In addition, most municipalities have introduced various models of management by results (MbR), which means that performance documenting and control have become prominent activities among middle managers. A personnel and quality manager in municipal social care puts this bluntly:

[W]e control quite enormously now … the truths I lived with have been that people perform best when they are given a goal and letting them find the way by themselves … (N)ow we completely have thrown this (idea) in the waste bin and we say that everyone has to do it the same way … Everyone is entitled to equivalent service no matter who is providing it.

In addition to performance control systems emanating from state authorities and internal MbR systems, several other external actors are acting as watchdogs. Mass media and relatives are prime examples. Mass media often criticise eldercare based on individual cases. Users and relatives often express their individual needs and wants through mass media or directly to elderly care managers. For example, in one municipality, a national television programme focusing on investigative journalism, *Uppdrag granskning* (literally: *Mission: Investigation*), had two shows dedicated to what was regarded as bad conditions for the eldercare clients. Besides these types of more spectacular events, municipal social services are frequently examined in local newspapers and. There are specialised municipal officers who are involved in media relations, such as communication strategists writing press releases, but in most cases ordinary managers and middle managers have to answer questions from journalists. In addition, managers face increasing demands from the immediate family of nursing home and home care clients. Municipal officers with decades of experience in the eldercare make clear that the communication with users and their immediate families has strongly increased. A unit manager who fits this description said 'earlier generations did not express any demands or criticism, but now this has become very common'.

In order to provide a legitimate handling of this external pressure, managers turn to values of traditional administration such as impartiality and rule by law. They have to be correct in their answers and try to convince users and immediate family what is best for all. As an effect of the increased mediatisation of municipal services, managers take courses in media relations. In order to give appropriate answers to questions journalists ask (not say too little or too much), they have also increased their legal competence.

Outcomes

There are several outcomes of the marketization and performance control of eldercare in Sweden, but they do not seem to be in line with the policy aims. After some years of user choice, researchers found that there was a lack of knowledge regarding the effects of increased competition (Hartman, 2011). More recent studies have shown that it is hard to find any evidence that private providers in any sense are better than their public counterparts (Salas, 2015). In a comparative analysis of municipally and privately provided nursing home services in all Swedish municipalities based on official quality indicators, Stolt et al. (2011) found no significant differences between public and private provision. In addition, an analysis of actual user choice of home-based eldercare suggests that relevant information about quality is often lacking and that the information provided is difficult to use in order to compare providers (Moberg et al., 2016).

When it comes to outcomes of performance control, the picture is more complex. In accordance with the introductory chapter and also with policy aims, it is relevant to reflect on whether performance control has had any impacts on learning and service quality. Both SALAR and IHSC strongly emphasise the learning perspective in their approach to performance assessment and supervision, respectively. According to IHSC, the idea is to provide 'supervision feedback' in order to support 'systematic learning' and by this 'avoid repeating shortfalls' (translated from ivo.se). According to SALAR (2012), open comparisons '… lead to analysis of why there are differences and why some municipalities … are better than others'.

Several case studies on local reactions to open comparisons and inspections in eldercare indicate that 'learning' is more about how to make the organisation 'auditable' when there are inspections (Ek, 2012) than letting oneself be inspected in order to receive learning lessons.

This kind of auditability is a well-known phenomenon within public administration (Power, 2003). Also, open comparisons are often used in a way that generates rather limited learning outcomes (Lindgren, 2016; Hanberger and Lindgren, forthcoming). First, although open comparison includes several quality indicators, they are all limited to what is quantitatively measurable. Thus, they do not provide a full picture of the co-production by staff and users within eldercare and the validity of data is often questioned by local eldercare professionals. Second, the result of open comparisons is often interpreted as standards that should be reached, which also is a long-term goal of the continuous measuring of quality. However, the perceived standards only refer to certain (though important) aspects of the eldercare and leave other more process-oriented aspects aside. Results of annual open comparisons are usually reported to responsible municipal politicians who do not have any direct insight into what actually happens in the eldercare organisation, which means that what is measured become the 'truth'. Finally, in accordance with the open comparison as competitive instrument, the outcomes of quality for nursing homes and home care are ranked by using three colours: green (good), yellow (ok) and red (bad). It is assumed that this system encourages actors to reach the green label, yet this is not always true. In some cases, there are 'negotiations' concerning if a certain outcome should be labelled as green, yellow or red. In other cases, politicians argue that due to resource limitations, 'good enough' is sufficient, implying an ambition to provide services of only average quality. All in all, empirical research suggests that open comparison so far has limited impact on the development of quality. In addition, there are strong reasons to believe that increased performance measuring has not increased people's trust in eldercare. Instead, intensified performance measuring may in fact have fostered distrust (Johansson and Author, 2014).

Although not empirically verified, it has been argued that the choice model combined with tax-subsidised home services (the RUT tax reduction) in the long run favours those who can

afford this private ‘topping up’ of services, which leaves those with less resources with municipally provided services as their only option. In the long run, this might lead to reduced resources for municipal (in house) home care, which in turn may lead to reduced quality of public home care (Szebehely and Trydegård, 2012).

Driving forces

In line with a general view of policy change as a response to defined policy problems, it can be argued that marketization and in particular increased performance scrutiny are responses to substantial problems in eldercare. In the 1990s, several problems in eldercare received attention in national media and government commissions as well as by the National Board of Health and Welfare (NBHW). The problems concerned quality deficiencies, insufficient treatment and lack of coordination between municipalities and county councils. In 1997, an employee, Sarah Wägnert (who worked in a nursing home), drew public attention to significant weaknesses at a specific nursing home. Her report became so important that new legislation in 2001 on the right and obligation of staff to report bad conditions was named after her (Lex Sarah; Feltenius, 2010). The revealed bad conditions in municipal (public) eldercare certainly paved the way for letting private providers enter the scene. The main argument was that competition would foster increased quality. However, in the years that followed, and especially in 2011, the media reported a number of scandals of mismanagement, which intensified the demand for tougher scrutiny and more control. This time mainly private providers were accused of mismanagement. Hence, according to the mass media there is a concurrently revealing of mismanagement in eldercare, which triggers increased control and, as described above, puts continuous pressure on municipal eldercare managers.

Although these and other problem-related factors, such as changing political majorities and the EU membership, are important driving forces (Blomqvist, 2004; Stolt and Winblad, 2009; Author et al, forthcoming), it can be argued that the marketization and increased performance control are occurring as part of an overall ideological shift that started in the late 1980s and that concerns the classical balance between equality and freedom. According to national legislation (the Social Service Act and the Health and Medical Service Act), high-quality services should be available to all citizens according to their needs, which refers to the value of national equality in terms of service content.

It has been argued that freedom of choice is an important value and that competition is the most relevant instrument for reaching this objective and to improve quality. The Swedish Competition Authority (*Konkurrensverket*) is a central government authority monitoring compliance with EU competition rules and national competition legislation. National equivalence is an important value in the context of freedom of choice as well, not in relation to the content of services but in relation to the formal rules of competition. This means e.g. that municipalities must act as independent private companies when competing for eldercare paid for by the very same municipality. In municipalities that have introduced a competitive regime, the 'in house' eldercare providers are obliged to act as for-profit companies in the public procurement process, which means that they too need to make profit calculations similar to their private counterparts.

Hence, two legal steering systems can be distinguished. One system focuses on the *content* of services and should ensure national equality in terms of equal access and quality. This system is based mainly on social-democratic values gradually established since the 1930s and is clearly connected to idea of the state-integrated municipality. The other system focuses on the *forms* of service delivery, i.e. freedom of choice for individuals and competition among

service providers. This system is based on market (neo-) liberal values. Accordingly, there is one complex of integrating forces and another of disintegrating forces.

According to all political parties in the Swedish parliament and various interest organisations, Sweden is still considered a universal welfare state and equality in social services remains an important value. As a result, today the tension between the two systems and their respective fundamental values is rarely acknowledged in the public debate.

When the disintegrating forces become too obvious, there is a cry for integrating mechanisms. A joint concept in this context is *quality*. As a value, quality is similar to democracy, which means that it is something that no one can actually be opposed to. Several public authorities, interest organisations and organisations representing private service providers are intensively involved in finding objective and neutral quality indicators and measures that can be developed into a national standard for all providers. A generally accepted conceptualisation and operationalisation of quality in eldercare is thus assumed to be used both as an instrument for supporting values of equivalence and to legitimise private profitmaking.

The search for neutral indicators of quality and the on-going institutionalisation of various systems of benchmarking, evaluation, inspection, ranking and other types of scrutiny models should be placed in this area of tension between a social democratic and a market liberal value system. Sweden is simultaneously described as being at the forefront of introducing NPM in terms of de-regulation within the social security system by e.g. opening up for public funding of private profit making in social services and education, and remaining a universal welfare state based on equality. The expanding 'scrutinising society' can thus be seen as a logical outcome of trying to handle the tensions between opposing value systems.

New administrative performance goals

So far, this paper has described how NPM-inspired administrative reforms have been introduced and institutionalised in Swedish eldercare. The focus on performance management and control can be interpreted as NPM path following, but also as a reaction to NPM based on national equality values that were established long before the introduction of NPM. Recently, the marketisation and performance control in the eldercare sector has been questioned and public administration policy has turned into a political issue. For the first time in Swedish modern history, the Social Democratic Party put public administration policy high on the agenda in the election campaign in 2014.

There are several possible explanations behind this politicisation, but a special event has triggered the process. In autumn 2013 when a nationally well-known journalist highlighted perverse effects of mechanisms related to the NPM philosophy, an intense public debate started around what was labelled the 'scrutinising society'. This was followed up by current Prime Minister and the chairman of the Social Democratic Party Stefan Löfvén arguing that the social security system needs more resources but also a new framework for regulation and control. Instead of central control, quality should be guided by local knowledge, experiences and work ethics: 'the welfare professionals should be allowed to be professionals' (Löfven, 2013). This indicates that a new performance goal is in the making: instead of focusing on processes and quantitative targets, professionals in the public sector should be allowed greater freedom in selecting means to ends. However, the statement supporting the empowerment of professionals has been questioned. In the discussion, it has been pointed out that 'empowering professionals' might lead to a situation similar to one that was criticised before NPM was introduced.

A great number of researchers, politicians, union representatives and other opinion makers have argued that the present distrust-based steering and control measures ought to be replaced with trust-based ones. In 2015, the Minister of Public Administration introduced a new narrative for how national and local public administration should be governed. The reform agenda was named ‘after NPM’ and included policy imperatives/catchphrases such as ‘strengthen the occupational professionalism’ and ‘better balance between control and trust in the governance of public administration’.

In June 2016, an expert group (the so-called ‘trust delegation’) was appointed in order to contribute to finding an administrative policy beyond NPM (Government Office, 2016). The group was commissioned to within about two years (by the end of 2018) suggest models of ‘trust based’ steering and control. This is supposed to be done on the basis of different projects at municipal level and on the basis of analysis of state agency performance control of municipal education, care and social services. Hence, it is too early to say whether an administrative policy paradigm shift will occur. So far, the expert group has clearly stated that the current national model for controlling municipal services, management by results (MbR), shall not be dismissed. In addition, it can be argued that the established performance management and control systems tend to be reinforced and thus hard to replace with ‘softer’ steering. Both of these factors indicate that a paradigm shift might not be on the radar, at least not in a couple of years.

Summary and concluding remarks

In the last two decades, it has been widely assumed that eldercare, as well as other parts of the social service system, can uphold all prioritised values through various administrative reforms and changes. In the 1990s NPM-inspired reforms were introduced and then there was a further focus on national and municipal performance management and control. The

expectation has been that this will support all desired values: cost-efficiency, quality, equality, freedom of choice and individual rights. There has always been a tension between local self-government and national equality policies, but when the number of private providers started to increase, fragmentation tendencies became obvious, which in turn became an argument for intensified state control of performance. Administrative performance goals did not formally change during this period, but in practice managers at local government level became increasingly occupied with various activities related to performance management and control. In 2013, various desired effects of this development within several policy areas became acknowledged at the national level. After the 2014 election, the red-green minority government promoted an idea of a new administrative policy implying more trust in professionals and in local governments. However, it has been argued that the performance measure regime is to be seen as a hungry monster impossible to feed enough (Lindgren, 2015).

Performance management and control have been institutionalised and have fostered organisational professional competence. Resources have been invested and performance measuring has become an essential part of the administration. Results from inspections, evaluations and other forms of performance-scrutinising activities have increased the demand for procedural rules and guiding principles in order to make local government sectors perform in certain ways. In addition, citizen complaint does not seem to be decreasing and mass media are helping citizens in bringing attention to mismanaged eldercare. Although this can be seen as an integral part of a healthy democracy and as important in order to improve quality but, at the same time we are feeding the monster. In conclusion, the most probable scenario for the time being is that rules and practices related to the post-NPM trust-based narrative of public administration in Sweden will add to rather than replace the institutionalised NPM reforms.

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