

# Explaining variations in enforcement strategy: A comparison of the Swedish health care, eldercare, and compulsory school sector

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## Abstract

This article analyzes whether, and if so, why, national inspectorates adopt different enforcement strategies when controlling the provision of welfare services, such as health care, eldercare, and the compulsory school. The findings show that the Swedish Schools Inspectorate uses a predominantly strict strategy, while the Health and Social Care Inspectorate relies on a more situational strategy. To explain this variation in enforcement strategy, the article tests four hypotheses derived from the literature on regulatory enforcement. The findings suggest that the variation between the agencies is not primarily the result of differences in resources or the authority to issue punitive decisions, as suggested by previous research. Instead, we find support for the hypothesis that the *definition of quality* can explain variation in adopted strategies, and partial support for the hypothesis that differences in *regulatory mission* can account for a variation in the agencies' formal enforcement strategies.

**Keywords:** deductive content analysis, enforcement strategy, reactive governance, regulatory enforcement, social welfare services.

## 1. INTRODUCTION

There is broad agreement in the literature that New Public Management reforms, such as marketization and decentralization of welfare services, have increased the state's need to ensure that providers of publicly funded services comply with laws and quality requirements (Gendron et al., 2007; Hood et al., 1998; Lapsley, 2008; Power, 1997). To achieve regulatory compliance and hold providers accountable for the services they deliver, policymakers in many countries have transformed the governance of welfare services, relying more on reactive governance tools, such as regulatory oversight and performance management (Clarke, 2015; Nutley et al., 2012; Sanger, 2013). A salient expression of this development has been enforced supervision and the establishment of national inspectorial agencies (Choiniere et al., 2016; Grek & Lindgren, 2015; Rönnerberg, 2012).

Despite the fact that many governments have increased their reliance on national inspections, few scholars within the field of public sector performance have studied inspections and how governments use this reactive steering tool to secure the quality of publicly funded welfare services. In the literature on regulatory enforcement, however, there is an ongoing debate regarding what types of enforcement strategies inspection agencies use and whether they should rely on a *stricter* or on a more *situational* strategy to bring about compliance. A strict strategy is based on the assumption that regulatory compliance is best enforced through standardized inspections

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Accepted for publication 8 September 2022.

and punitive decisions in case of non-compliance. In contrast, a situational strategy rests upon the assumption that compliance increases if regulatory agencies decide which aspects to inspect on a case-by-case basis and use recommendations and dialogue rather than punitive measures (Kagan, 1989; May & Burby, 1998; May & Wood, 2003). Whereas a stricter strategy has been shown to increase the regulated entities' knowledge about binding regulations and ensure that minimum quality standards are upheld, a more situational strategy is likely to increase the willingness of the inspected entities to cooperate with the inspection agency (May & Wood, 2003). Previous research further proposes that a situational enforcement strategy is more responsive to the experiences of those working in the inspected entities, for example, by taking into account their views on how to improve compliance (Gunningham, 2010; May, 2007). In the area of welfare, allowing professionals to adapt services to the needs of individual clients is seen as important to achieve an efficient provision of high-quality services (Scott, 1997). In this context, it could thus be argued that a situational strategy is best suited to reconcile the goals of providing efficient services in line with the law and at the same time allowing professionals discretion, which enables them to be responsive to the individual citizens' needs. On the other hand, individuals who are in need of welfare services are typically in a vulnerable position, suggesting that stricter inspections may be necessary to secure a minimum standard of quality and protect individuals.

Previous research about what enforcement strategy regulatory agencies use has mainly focused on cross-country comparisons and the enforcement of environmental, health and safety regulations among private companies (Makofske, 2019; May & Winter, 1999; Vogel, 1986). While the empirical evidence is inconclusive, it has been suggested that differences in enforcement strategies can be explained by differences in the regulatory agencies' resources and statutory mandate (Gormley, 1998; Kagan, 1989). However, despite the ever-increasing reliance on regulatory enforcement also in the welfare sector, few studies have investigated whether inspectorates that monitor welfare providers rely on a stricter or a more situational strategy, or what factors explain the differences in the strategies. This lack of empirical studies is especially surprising given the suggested tension between policy makers' wish to ensure service quality through external auditing and detailed regulation while at the same time upholding the professional discretion of welfare workers (Evetts, 2009; Sehested, 2006; Taylor, 2007).

To address these gaps in previous research, this article offers a novel contribution to the existing literature on public sector performance and regulatory enforcement by providing a systematic analysis of what enforcement strategy national inspectorates have adopted in the area of welfare services, and how variations in this regard can be explained. First, the article explores what types of formal enforcement strategies are used by the two Swedish inspection agencies in the area of welfare services, the Swedish Schools Inspectorate (SSI) and the Health and Social Care Inspectorate (HSCI), which inspect educational providers, and health care and eldercare providers, respectively. The findings show that the inspectorates' enforcement strategies largely differ; the SSI has adopted a stricter strategy, while the HSCI relies on a more situational strategy. Second, the article develops hypotheses based on the regulatory enforcement literature to analyze how these identified differences in strategy can be explained. The findings show that the variation in enforcement strategy between the SSI and the HSCI is not primarily the result of differences in resources or the agencies' authority to issue punitive action, as suggested by previous research. Instead, we find support for the hypothesis that the *definition of quality* can explain the variation in adopted strategies between SSI and HSCI, and partial support for the hypothesis that differences in *regulatory mission* can account for a variation in the agencies' enforcement strategies. In the discussion, we theorize about the connection between these two factors and propose that a variation in how clearly quality is defined in different sectors shapes the regulatory mission of inspectorates.

The article proceeds as follows: First, we present the previous research on enforcement strategies, and the factors that might explain which strategy regulatory agencies choose to rely on. Next, we describe the organization of social welfare inspections in Sweden, outline our research methods, and present the theoretical framework of our analysis. Thereafter, we report the empirical findings, draw conclusions, discuss our empirical results, and outline their implications for practice and future research.

## 2. NATIONAL INSPECTIONS AND ENFORCEMENT STRATEGIES

Inspections are a reactive form of governance that can be used by specific government agencies, referred to as inspectorates or inspection agencies, in order to monitor and enforce compliance with laws and binding regulations (Lehmann Nielsen, 2015). The inspectorates act as independent overseers and hold official mandate to

scrutinize the behavior of the regulated entity and can, if needed, seek to change it (Hood et al., 2000; Sparrow, 2000).

Following May and Burby (1998), this article makes the case that it is important to analytically separate between actions taken by inspection agencies (enforcement strategy) and the behavior of individual inspectors (enforcement style) when studying inspections. Thus, by analyzing differences in “enforcement strategies,” this article focuses on the formal actions and tactical choices made by the agencies to bring about compliance, rather than the behavior of individual inspectors when interacting with regulated entities (May & Burby, 1998). According to this definition, agencies’ enforcement strategy comprises the combination of manifested practices pursued to enhance their effectiveness in bringing about compliance. These practices are observable and relate to how agencies choose to target and systematize inspections, and the measures through which they aim to enforce compliance (May & Winter, 2011; Scholz, 1994).

Depending on the combination of the practices, an agency’s enforcement strategy is typically placed on a continuum between two ideal types: the *strict* and the *situational* enforcement strategy (Hutter, 1989; Kagan, 1989). The strict strategy rests on the assumption that compliance increases if inspections are standardized, and if the inspectorate uses punitive measures to enforce compliance, such as injunctions and economic sanctions. In contrast, the situational strategy, occasionally referred to as facilitative, or creative, implies that compliance is more effectively achieved if the inspectorate can decide which aspects to inspect on a case-by-case basis, and if it is able to use educational and advisory, rather than punitive, measures to modify the behavior of the inspected entity (Hutter, 1989; Kagan, 1989; May & Burby, 1998; May & Winter, 2011). Following this classification, this article proposes that a fruitful approach to capturing the differences in *inspectorates’* enforcement strategy is to focus on two distinct aspects of the inspection process: (1) how an agency considers compliance to be most efficiently assessed and (2) what kind of decisions an agency finds most effective in enforcing compliance.

With regard to the first aspect, the difference between the strict and situational strategy regards the extent to which inspectorates *assess compliance* in a standardized manner. A standardized assessment of compliance means that the agency has adopted a “one size fits all” way of assessing compliance. For example, the same standardized checklists or assessment protocols are used during all inspections. In contrast, if the agency emphasizes that it should decide which aspects to inspect and how to assess them based on the character of the case at hand, then its assessment of compliance is standardized to a low degree and matches that of a situational strategy (Bardach & Kagan, 1982; Kagan, 1989; May & Burby, 1998).

With regard to the second aspect, *decisions*, the difference between the strict and situational strategy concerns the extent to which inspectorates take a punitive approach to non-compliance. If the inspection agency finds that service providers display shortcomings and do not comply with laws and regulations, a punitive approach entails that the inspectorate finds it most effective to enforce compliance through punitive measures, such as reprimands or injunctions, and that injunctions often are supplemented by economic sanctions. Such punitive measures are thus understood as being part of a stricter form of inspection strategy (Bardach & Kagan, 1982; May & Burby, 1998). By relying on non-punitive measures, on the other hand, inspection agencies believe compliance to be more effectively enforced through an informative approach, relying on measures, such as education, recommendations, and dialogue rather than reprimands, injunctions, and economic sanctions (Kagan, 1989). It is, thus, important to note that there is a difference between not taking any measures at all and enforcing compliance through an informative approach, as emphasized by the situational strategy (see the distinction between accommodative and creative strategy made by May & Burby, 1998). In Table 1, we summarize our description of how the strict and situational enforcement strategy relate to the two aspects of the inspection process.

As mentioned above, the strict and situational enforcement strategies should be understood as ideal types against which smaller or larger divergences occur, rather than a dichotomy. The following examples illustrate this continuum. Agencies that as a general rule rely on recommendations but under certain conditions, such as recurrent non-compliance, issue injunctions are considered to come fairly close to the situational enforcement strategy with regard to the decisions to impose compliance. An example of a strategy that comes closer to the strict endpoint regarding the assessment of compliance is when inspectorates always employ the same standardized checklist to assess compliance, but allow for minor adjustments of this checklist based on the character of the inspected entity. Theoretically, one can also imagine various combinations of strategies pertaining to the two aspects. For instance, an inspection agency may have a highly standardized procedure regarding the assessment

**TABLE 1** Characteristics of strict and situational enforcement strategies

Aspect of inspection	Strict enforcement strategy	Situational enforcement strategy
Assessment	Standardized to a high degree <i>The inspectorate uses predetermined assessment protocols for how to assess compliance</i>	Standardized to a low degree <i>The inspectorate adopts assessment criteria on a case-by-case basis</i>
Decision	Punitive to a high degree <i>The inspectorate relies on reprimands, injunctions, and economic sanctions to enforce compliance.</i>	Punitive to a low degree <i>The inspectorate relies on recommendations and educational measures to enforce compliance.</i>

of compliance and rely on recommendations when it identifies noncompliance. Our understanding of such a mix is that none of the two aspects takes over. Instead, we would characterize such a strategy as stricter with regard to the first aspect and more situational with regard to the second aspect. To understand why agencies adopt such combinations of enforcement strategies and, in general, why enforcement strategies may differ, we turn to the explanatory factors offered by previous research.

### 3. WHY DOES ENFORCEMENT STRATEGY VARY?

Previous research on *why* inspections are carried out in different ways within the same country have identified various explanatory factors at different levels of analysis and have foremost focused on two aspects: variations between individual inspectors and variations between inspection agencies. Scholars that have focused on the behavior of individual inspectors emphasize their role as street-level bureaucrats (Lipsky, 1980) with considerable discretion to influence how inspections are carried out (de Boer, 2019; May & Wood, 2003; Winter & May, 2015). According to this literature, inspectors' behavior can, for example, be explained by individual factors such as age and educational background (Gormley, 1998) as well as the inspector's relationship with the regulated entities (Davis et al., 2001; Hutter, 1989; Six, 2013).

The factors explaining why inspection agencies within the same country rely on a stricter or more situational enforcement strategy are less established, especially with regard to variations between welfare inspectorates. Although this question has not been subject to structured empirical investigation, previous research offer three overarching explanations as to why agencies adopt either a strict or situational enforcement strategy. First, it has been argued that an agency's strategy is shaped by its *structural resources*, such as the number of staff and budgetary resources (Gormley, 1998; McAllister, 2010). Following this argument, it has been hypothesized that inspections based on pre-established checklists and assessment protocols are less time- and resource-consuming than situational inspections. For instance, instead of spending time on developing and revising protocols on a case-by-case basis, the agency only has to create one checklist. This suggests that agencies with lesser resources are more likely to use a standardized procedure for assessing compliance, and thus adopt a more strict strategy than agencies with more resources (Hutter, 1989).

Second, it has been argued that an agency's *statutory mandate* influences its choice of enforcement strategy. The statutory mandate comprises two parts, the tools with which an agency can enforce compliance, and the regulatory mission it has been assigned by the government. This has given rise to two hypotheses on how an agency's statutory mandate can affect its enforcement strategy. First, with regard to tools, it has been suggested that agencies that, in addition to dialogue and recommendations, have the legal authority to issue injunctions and economic sanctions are more likely to adopt a strict strategy by issuing punitive decisions (Gormley, 1998; Kagan, 1989). This hypothesis thus suggests that an agency that has the formal authority to issue punitive decisions will also use this power in practice. Second, it has been argued that an agency's regulatory mission shapes its enforcement strategy. According to this hypothesis, an agency is more likely to adopt a strict strategy if it has been made clear in laws and other regulations that the government expects standardized assessments and punitive decisions (Gormley, 1998; Kagan, 1989; McAllister, 2010).

In addition to structural resources and statutory mandate, it has been suggested that agencies' enforcement strategy is shaped by the *specificity with which the law prescribes quality standards and requirements* (Kagan, 1989). The underlying rationale of this argument is that if laws or other binding requirements present a clear definition of the quality standards to which the regulated entities should adhere, it becomes easier for the regulatory agency to decide in advance which criteria to assess and, whether the inspected entities are in compliance. Thus, it has been hypothesized that clearly defined quality standards enable agencies to perform stricter inspections based on pre-established checklists and assessment protocols (Kagan, 1989).

In sum, the literature suggest that the following hypotheses can explain why agencies rely on a strict or a situational enforcement strategy:

Hypothesis 1. *Agencies with lesser structural resources are more likely to use a standardized procedure for assessing compliance (aspect 1), and thus adopt a stricter strategy than agencies with more resources.*

Hypothesis 2a. *Agencies with the legal authority to issue punitive decisions are more likely to adopt a stricter strategy by issuing punitive decisions (aspect 2).*

Hypothesis 2b. *Agencies are more likely to adopt a strict strategy by using a standardized procedure for assessing compliance (aspect 1) and issuing punitive decisions (aspect 2) if it has been made clear in laws and other regulations that the government expects the agencies to do so.*

Hypothesis 3. *Agencies are more likely to use a standardized procedure for assessing compliance (aspect 1), and thus adopt a strict strategy if the law or other binding requirements present a clear definition of the quality standards in the inspected sector.*

#### 4. THE ORGANIZATION AND AUDITING OF SOCIAL SERVICES IN SWEDEN

To provide the first systematic analysis of the enforcement strategies of national inspectorates in the welfare sector, this study focuses on the Swedish context. In Sweden, social services such as primary and secondary education, health care, and eldercare are publicly organized and governed at both the national and local/regional levels of government. The national government steers the sectors through national laws, binding regulations, recommendations, and state grants. The provision of services, however, is the responsibility of the 290 municipalities (eldercare and education) and the 21 regions (health care), which also fund the predominant part of the services through local income tax. In all three sectors, service provision can be delegated to private providers, which then receive public funding on the same conditions as public providers.

Auditing in Swedish social services is a shared responsibility between the national and the regional and local levels of government. Local and regional auditing vary substantially, but at the national level, there has been an increased reliance on state inspections during the last decades (Moberg et al., 2018; Rönnerberg, 2012). For the compulsory school sector, the increased reliance on inspection can be attributed to two reforms from 1992: (i) the decentralization of political responsibility from the national to the local governments and (ii) the opportunity for private schools to establish in the local school market (Government Bill, 2008). Similarly, it was the decentralized structure of the eldercare and health care sectors, as well as the increase in private providers during the 1990s and 2000s, which prompted the need for more state control (Government Bill, 2009, 2012).

To strengthen state inspections of these three main welfare services, the SSI and the HSCI were established in 2008 and 2013, respectively. The main objective with the establishment of the SSI and the HSCI was to create more uniform and stricter inspections throughout the country, and to refine the responsibility for inspections to a specific agency that solely focuses on inspections in each sector (Government Bill, 2008, 2009, 2012). Previously, it was the expert agencies, the Swedish National Agency for Education (SNAE) and the National Board for Health and Welfare (NBHW), who inspected the compulsory school and the health care sector. Between 2010 and 2013, the NBHW was also responsible for eldercare inspections, which previously had been part of the inspection mission of the 21 County Administrative Boards (*Länsstyrelserna*).

The role of the SSI is to ensure that organizations providing education in preschools, compulsory schools, and upper secondary schools do so in compliance with national regulations and laws, primarily the Education Act (SFS, 2010:800). Similarly, it is the task of the HSCI to inspect that providers of eldercare and health care

services comply with national regulations, as well as the Social Service Act (SFS, 2001:453) and the Patient Safety Act (SFS, 2010:659), respectively. In addition to eldercare and health care, the HSCI also inspects providers of other care services, such as care for the disabled and dental care (SFS, 2013:176). Taken together, this means that both the SSI and HSCI inspect the performance of both public and private providers, and how well the municipalities and the regions organize the provision of health care, eldercare, and education. With a few exceptions (HSCI inspects blood centrals and services that handle tissues or cells on a biannual basis), both agencies target their inspection efforts to the entities with the highest risk of being noncompliant and quality deficiencies.

Both the SSI and the HSCI are independent agencies under the Swedish Government. They have the same organizational structure, with a national head office, and five to six regional offices that are responsible for carrying out inspections. In addition to inspections, the agencies also investigate complaints from the public and incident reports from service providers. They also assess and authorize private providers that want to establish themselves in the local and regional service markets. This article, however, focuses on the strategies used when the agencies *carry out inspections* in the compulsory school sector (i.e., primary and lower secondary education), health care, and eldercare.

## 5. METHOD, MATERIAL, AND FRAMEWORK FOR ANALYSIS

This study analyzes the formal enforcement strategies of two Swedish inspectorates, the SSI and the HSCI. Together, these agencies inspect the provision of all social services in the Swedish welfare state, which makes them important inspectorates in this context and suitable for empirically exploring the question of whether, or the extent to which, welfare inspectorates' in the same country have adopted similar or divergent enforcement strategies. Theoretically, the two inspectorates can be seen as critical cases (Gerring, 2007). On the one hand, it can be expected that they both would adopt stricter enforcement strategies given that the government's explicit intention behind the establishment of the two inspectorates was to ensure stricter and more unified national inspections throughout the country (Commission of Inquiry, 2004). From this perspective, the SSI and HSCI can be seen as most likely to have adopted a strict strategy. On the other hand, if inspectorates use a stricter strategy they may undermine the discretion professionals working in primary and secondary education, health care and social care need to adapt the services to the circumstances of individuals. Thus, a strict strategy may counteract professional discretion, which is commonly considered a precondition for the provision of high-quality welfare services. Based on this starting point, the inspectorates are least likely to rely on a strict strategy. Instead, both SSI and HSCI can be expected to rely on a more situational strategy since it would constitute a better fit with the character of the sectors.

The research method used in this study is deductive and comparative content analysis, that is, a systematic examination of texts and documents structured around a number of pre-identified analytical dimensions (Potter & Levine-Donnerstein, 1999). The study's main empirical material comes from the years 2019 and 2020, which, at the time of the data collection, were the most recent material available. To investigate whether the SSI and the HSCI have adopted different enforcement strategies when controlling the provision of health care, eldercare, and the compulsory school sector, an analytical framework was constructed based on the two aspects of the inspection process developed above: the assessment of compliance and the decisions made by the inspectorate to enforce compliance (see Table 2).

The *assessment of compliance* is analyzed through official agency documents and the actual inspection protocols used by the two agencies. These protocols contain various indicators and are used during inspections to assess whether national laws and regulations are adhered to. The assessment process is understood as predominantly strict if the protocols are nationwide and contain standardized and predetermined indicators. If the agencies do not employ standardized protocols, but in their official documents state that their strategy is to develop these on a case-by-case basis, the assessment process is interpreted as corresponding more closely to the situational enforcement strategy.

The *decisions to impose compliance* are analyzed through official agency documents, the SSI and the HSCI's annual reports, and through their public agency statistics. The official agency documents are used to determine if the agencies explicitly state whether they find punitive or informative measures to be most effective in enforcing compliance. Moreover, the annual reports contain a summary of the agencies' observations and decisions carried

**TABLE 2** Analytical framework

Aspects of inspection	Empirical indicators	Empirical material
Assessment of compliance	Does the agency use standardized protocols for assessing compliance or is assessment criteria decided on a case-by-case basis?	Inspection protocols Official agency documents
Decisions to impose compliance	Does the agency frequently issue injunctions and economic sanctions, or does it rather rely on recommendations and guidelines?	Annual reports Agency statistics
Explanatory factors	Empirical indicators	Empirical material
Structural resources	Number of staff, yearly budget, and number of entities to regulate?	Annual reports Public statistics
Statutory mandate	<i>Tools for enforcement</i> Can the agency issue injunctions and economic sanctions, or does it only have the authority to issue recommendations?	National laws
	<i>Regulatory mission</i> Does the national government expect the agency to adopt a strict or situational enforcement strategy?	National laws Government bills
Specification of quality	Are quality standards and requirements expressed in a vague or precise manner?	National laws and regulations Government bills

out during the last year of inspections. If the agencies foremost issue reprimands, injunctions, or economic sanctions upon identifying shortcomings, the decisions are interpreted as punitive and more in line with a strict enforcement strategy. If the agencies rather seek to correct shortcomings through dialogue and recommendations, the decisions are interpreted as leading toward a situational strategy.

To answer the second question as to why enforcement strategies vary among the analyzed welfare sectors, we test the hypotheses connected to the three explanatory factors presented above, that is, the inspectorates' *structural resources*, the inspectorates' *statutory mandate*, and the *specification of quality* in rules and regulations. To test the first hypothesis (H1), namely that agencies with lesser *resources* are more likely to use a standardized procedure for assessing compliance, and thus adopt a more strict strategy than agencies with more resources, we assess and compare the agencies' annual budgetary and human resources per entity-to-inspect, that is, the number of providers that operate within the agency's jurisdiction. Information about the inspectorates' structural resources is obtained from the agencies' annual reports and public statistics.

To investigate whether an agency's enforcement strategy is determined by its *statutory mandate*, two hypotheses are tested. The first hypothesis suggests that agencies with the legal authority to issue punitive decisions are also more likely to adopt a strict strategy, at least with regard to the kind of decisions that result from their inspections (H2a). In addition, the second hypothesis proposes that agencies are more likely to adopt a strict strategy by using a standardized procedure for assessing compliance and issuing punitive decisions if it has been made clear in laws and other regulations that the government expects such action (H2b). To test hypothesis (H2a), we compare the national laws that regulate the SSI and HSCI, that is, the Social Service Act, the Patient Safety Act, and the Education Act. These laws regulate the mission of the SSI and the HSCI and specify the tools through which they can enforce compliance. To test the second hypothesis (H2b), the government bills preceding the establishment of SSI and HSCI are analyzed.

To test the third hypothesis (H3), namely that an agency is more likely to adopt a strict enforcement strategy if the law or other binding requirements present a clear definition of the *quality standards* in the inspected sector, we analyze how the concept of quality is specified in the legislation and national regulations (*föreskrifter*) in each sector. The national regulations are issued by the national expert agencies, the SNAE and the NBHW, and are the main regulatory documents in Sweden that, aside from legislation, set the standards for health care, eldercare, and the compulsory school sector. To enable a more in-depth understanding of the meaning of quality, the government bills introducing the framework legislations, that is, the Education Act (SFS, 2010:800), the Social Service

Act (SFS, 2001:453), and the Health and Medical Service Act (SFS, 2017:30), will also be included in the analysis. If these documents define and express the meaning of quality in a clear and measurable manner, it is interpreted as a precise specification of quality. If such a definition is lacking or if the meaning of quality is generically phrased, it is interpreted as a vague specification of quality, hampering the usage of a strict enforcement strategy. A summary of the indicators and the empirical material through which the hypotheses will be tested is presented in Table 2.

## 6. CLEAR DIFFERENCES IN THE ENFORCEMENT STRATEGY ACROSS THE SECTORS

### 6.1. Assessment of compliance

The SSI's core task is to perform regular inspections (*regelbunden tillsyn*) of educational providers (SFS, 2011:556). Annually, the SSI selects which schools to supervise more closely based on a risk assessment. The agency ranks the schools and inspects the 5% of those in which the risk that pupils are not receiving the education they are entitled to is the highest (SSI, 2019a). When the SSI carries out these inspections, the agency has decided to employ a standardized procedure and focus on six predefined assessment areas, such as “teaching and learning” and “special education support services” (SSI, 2019b). To assess whether schools fulfill the statutory requirements in each area, SSI has developed a detailed and nationwide assessment protocol, including so called “critical indicators.” Within the area of “teaching and learning,” for example, the protocols specify that SSI should assess if *the teaching is structured on and includes, the goals specified in the curriculum (1.1)* and that *the education takes into consideration that pupils have different needs (1.6)* (SSI, 2019b). The SSI makes these assessments based on reports from the schools, results from national tests and surveys, and from interviews with teachers and pupils, as well as actual observations in classrooms (SSI, 2019a).

Similar to the SSI, the HSCI also initiates inspections based on an internal risk assessment (HSCI, 2018a). However, in contrast to the SSI, the HSCI does not use standardized and nationwide protocols to assess whether inspected providers of eldercare or health care comply with national laws and regulations. Instead, the agency explicitly states that it utilizes an approach where the focus of inspections and the aspects to be assessed are decided when new inspections are initiated, which is intended to provide the HSCI more leeway to adjust their inspections in relation to the entities and the service aspects under scrutiny (HSCI, 2018b, 2019a). Similar to the SSI, the HSCI uses various sources of information to assess the inspected providers, such as document analysis, observations, and interviews with operational managers, users, and staff (HSCI, 2019b).

In sum, based on the SSI's use of uniform and nationwide protocols, it appears that the agency has adopted a highly standardized procedure to assess compliance, suggesting that the SSI's enforcement strategy is rather strict in this regard. Moreover, the SSI's method for assessment is considerably stricter than the approach used by HSCI. Specifically, the HSCI's explicit strategy is not to use uniform protocols. Instead, the HSCI develops assessment criteria on a case-by-case basis, which corresponds to a more situational strategy.

### 6.2. Decisions to impose compliance

The data show that the SSI completed 467 inspections cases in the compulsory school sector during one calendar year (SSI, 2019c). Shortcomings were identified in a majority (255) of the inspected cases and in 89% (226) of those cases, the SSI decided on injunctions. Injunctions combined with economic sanctions were issued in 10% of the cases with shortcomings. In the remaining 1% of the cases, the SSI decided that the shortcomings were minor and that a reprimand was sufficient.

In 2019, HSCI completed 582 inspection cases in health care and 225 in eldercare (HSCI, 2020a). With regard to health care inspections, HSCI identified shortcomings in approximately 40% of these cases (HSCI, 2020a). In contrast to the SSI, the vast majority of the cases in which HSCI identified shortcomings (88%) did not lead to injunctions or reprimands. Instead, the agency stated that it relied on informative measures, such as providing recommendations and initiating further dialogue. In the remaining 12%, the HSCI assessed that reprimands were needed to alter the behavior of the health care providers (HSCI, 2020a, 2020b).

With regard to eldercare inspections, it is not possible to detect how often the HSCI identified shortcomings. However, for the entire social care sector, which includes eldercare, the agency identified shortcomings in approximately 54% of the inspection cases (HSCI, 2020a). In 1.3% of these cases, the HSCI decided on injunctions. In



absolute terms, this corresponds to nine decisions, of which six were combined with economic sanctions. Moreover, in 17.7% of the cases with identified shortcomings, the HSCI assessed that reprimands would be sufficient to alter the behavior of the social care providers. In total, this means that in 81% of the inspection cases that identified shortcomings in the social care sector, the HSCI decided to rely on more informative measures, such as recommendations and dialogue (HSCI, 2020a, 2020c).

Taken together, the HSCI's decisions stand in stark contrast to the actions taken by SSI. For example, in none of the inspection cases with shortcomings did the SSI decide to refrain from intervening through reprimands or injunctions (SSI, 2019a, p. 36). The HSCI, on the other hand, avoided such punitive measures in 81%–88% of the cases, depending on the sector. Instead, the inspectorate stated that they used informative measures, such as recommendations. It is thus clear that the formal enforcement strategy of the SSI closely corresponds to the strict ideal type, since the inspectorates' decisions are punitive to a high degree. Regarding the HSCI's actions, the findings are slightly more ambiguous. Although recommendations constitute the vast majority of the HSCI's decisions to enforce compliance, the agency occasionally takes punitive action by issuing reprimands and sometimes even injunctions. However, the share of punitive decisions issued by HSCI is fairly low. We, therefore, conclude that the HSCI's strategy in this regard still comes closer to the situational enforcement strategy than the strict one.

## 7. VARIATIONS IN ENFORCEMENT STRATEGY AS A RESULT OF DIFFERENCES IN THE SPECIFICATION OF QUALITY AND REGULATORY MISSION

Summarizing the two aspects of inspections for the SSI and the HSCI, the findings show a clear difference in enforcement strategies. The formal enforcement strategy of the SSI closely corresponds to the strict ideal type, with a highly standardized assessment of compliance (one size fits all) and decisions being punitive to a high degree. In contrast, the HSCI has adopted a strategy that mainly resembles the situational enforcement type since the inspectorate develops assessment criteria on a case-by-case basis, and it mainly relies on soft, non-punitive measures such as recommendations. In the following section, we explore whether these differences can be explained by the explanatory factors derived from the literature on regulatory enforcement: (i) structural resources, (ii) statutory mandate, and (iii) the specification of quality in the laws and requirements of the policy sector.

With regard to *structural resources*, it has been argued that it is less time- and resource consuming for an inspectorate to use a strict strategy and assess compliance through standardized checklists or protocols. Hypothesis 1 therefore states that inspection agencies with lesser resources per entity-to-inspect are more likely than agencies with greater resources to adopt a strict enforcement strategy (Hutter, 1989). If this hypothesis explains why the SSI has adopted a more strict strategy compared to the HSCI, we expect to find that the SSI has lesser resources at its disposal than the HSCI. The results show that the SSI has fewer employees compared to the HSCI (450 compared to 700) and a smaller budget for inspections. In total, the SSI spends approximately 124 million SEK on compulsory school inspections, compared to the approximately 200 million SEK that the HSCI spends on health care and eldercare inspections annually (HSCI, 2019c; SSI, 2019a). However, these numbers need to be put into context. The total number of health- and eldercare units that the HSCI supervises exceeds the number of compulsory schools in Sweden. Sweden has 4834 primary and lower secondary schools, compared to the 5228 health care units (including hospitals, specialist clinics, and primary health care centers), and 4106 eldercare units (including home-care providers and residential homes) supervised by the HSCI (NBHW, 2020; SSI, 2020; Vården i siffror, 2020). Thus, while the HSCI has more budgetary resources and personnel in absolute terms than the SSI, the agency also has a greater number of service providers to inspect. In addition, the work carried out at different health- and eldercare units is arguably more diverse than the work at different primary and lower secondary schools, suggesting that the inspections carried out by HSCI will be more time- and resource-consuming compared to those performed by the SSI. Taking the ratio between resources and the number of units to inspect into account, it is fair to say that the SSI has about the same resources at their disposal as the HSCI. This finding does not support the hypothesis. Hence, we conclude that variations in structural resources do not explain why the SSI, and not the HSCI, has adopted a standardized process for assessing compliance as part of a stricter enforcement strategy.

With regard to the inspection agencies' *statutory mandate*, previous research suggests that it can affect the choice of enforcement strategy in two ways. First, and according to Hypothesis 2a, agencies that have the legal authority to not only use soft tools, such as recommendations but also to issue injunctions and penalties to enforce compliance are more likely to adopt a strict strategy with respect to the decisions to impose compliance. Given that the SSI has adopted a stricter strategy than the HSCI, this hypothesis leads us to expect that the SSI has a greater mandate to issue injunctions and penalties than the HSCI. However, the results show that there are no clear differences between the SSI and HSCI pertaining to their respective statutory mandates. Both agencies have the authority to critique the actions of inspected entities and decide on injunctions that specify what the entity has to rectify. If the providers fail to rectify the shortcomings, both agencies can complement their injunctions with economic sanctions. If the identified shortcomings pose a serious and direct threat to the safety of service users, the SSI and HSCI ultimately have the authority to close down facilities (SFS, 2001:453, 13 chap. 8–9§§; SFS, 2010:800, 26 chap. 11–18§§; SFS, 2010:659, 7 chap. 23–28§§). Taken together, we do not find support for the hypothesis that variations in the agencies' statutory mandate can explain their choice of enforcement strategy. Instead, the results show that although both inspectorates have tools at their disposals that enable them to adopt a stricter strategy, the SSI has done so to a much higher degree than the HSCI.

Second, it has also been theorized that the statutory mandate affects an agency's enforcement strategy through its regulatory mission. The suggestion is that inspectorates tend to adopt a strategy that is consistent with the government's expectations (Kagan, 1989; McAllister, 2010). Hypothesis 2b states that if the regulatory mission of the agency emphasizes the need for a standardized procedure for assessing compliance or the use of punitive decisions, then the agency is likely to adopt a stricter strategy. If this hypothesis is able to explain the variation in the enforcement strategy between the inspectorates, we expect to find that the regulatory mission of the SSI emphasizes a strict strategy, while the mission of the HSCI has a situational orientation.

At first glance, the findings suggest that Hypothesis 2b is not supported since the regulatory missions of the SSI and the HSCI appear to be quite similar. Regarding the establishment and task description of both agencies, the government argued that uniform and strict inspections throughout the country were needed, not least with regard to assessment of compliance and the decisions through which the agencies aimed to enforce compliance (Government Bill, 2008, 2009, 2010, 2012). However, while there clearly was a political ambition to establish two inspection agencies with a strict regulatory mission, the government also acknowledged that a strict strategy might be less suitable for the health care and eldercare sectors. According to the government, the provision of health care and eldercare services must be adapted to the individual needs of patients and users (Government Bill, 2009), and it is not always possible to formalize routines for treatments and interventions in health care and eldercare (Government Bill, 2012). These findings suggest that the government recognized the importance of professional discretion of health care and eldercare staff to meet the needs of individual patients and clients. Based on these conditions, the government argued that health care and eldercare inspections should not be too standardized and that inspections must be based on a professional model and take contextual factors into account (Government Bill, 2009, 2012). In contrast, the regulatory mission of the SSI has remained strict, and it has even become stricter over time. For instance, since 2015, the SSI must combine its injunctions with economic sanctions if education providers display serious shortcomings (SFS, 2010:800, 26 chap. 27§).

Taken together, these findings partly support Hypothesis 2b. As expected, the regulatory mission of the SSI is strict. With regard to the HSCI, the theoretical expectation was that the inspectorate's mission emphasized a situational approach. However, the result shows that the regulatory mission of the HSCI has both a strict and a situational dimension. The idea underpinning the establishment of the HSCI was to create uniform and strict inspections, a type of regulatory mission that contradicts the theoretical expectations. With regard to the inspectorate's assessment of compliance, however, the findings support the hypothesis, since the government opens up for a more situational strategy by emphasizing the need for professional discretion to assess and treat individual needs in health care and eldercare. Thus, differences in regulatory mission can, in part, account for the variation in the two inspectorates' enforcement strategy. Moreover, these findings suggest that the predominantly situational enforcement strategy employed by the HSCI only partially corresponds to its regulatory mission. While the government opens up for a more situational assessment strategy, the HSCI has not only applied a situational enforcement strategy regarding the assessment of compliance but also with regard to the decisions to impose compliance. Although the HSCI sometimes takes punitive action, as shown in the previous section, it mainly uses

informative measures, such as recommendations and dialogue, to enforce compliance. Thus, the mainly situational enforcement strategy employed by the HSCI is partly in line with its regulatory mission.

Finally, it has been suggested that an agency's enforcement strategy is shaped by *the specification of quality in laws and requirements*. Hypothesis 3, therefore, states that if quality standards are clearly defined and possible to operationalize, then inspection agencies are more likely to adopt a stricter strategy with regard to the assessment of compliance. If this hypothesis is able to explain the variation in enforcement strategy between the SSI and the HSCI, we expect to find that the specification of quality is clearer in the school sector than in the health care and eldercare sectors.

The findings show that there is indeed a substantial difference regarding the specification of quality between the sectors. Turning first to the school sector, the Education Act (SFS, 2010:800) defines quality as the fulfillment of the national educational goals stipulated in the national curriculum for the compulsory school sector (SNAE, 2018). This curriculum constitutes a binding regulation issued by the SNAE, and it specifies eight overarching quality domains: (i) norms and values; (ii) knowledge; (iii) pupils' responsibilities and influence; (iv) the school and the home; (v) collaboration with other educational actors; (vi) the school and the outside world; (vii) assessment and grading; and (viii) the principal's responsibility. For each quality domain, the curriculum identifies a series of specific goals that the compulsory schools should reach. For instance, that *teaching in different subject areas is coordinated such that the pupils are provided with opportunities to understand larger domains of knowledge as a whole* and that *each pupil can use mathematical reasoning for further studies and in everyday life* (SNAE, 2018). In addition to these overarching quality domains, the curriculum also defines what specific knowledge, often referred to as core content, all pupils should acquire in the various subjects. On a general level, for instance, compulsory schools should cover core content such as democratic values, and how conflicts can be handled in a constructive manner. The curriculums further specify the core content for each individual subject, for instance, the history-subject in classes 4 to 7 should cover "the Reformation and its consequences on Sweden and the rest of Europe." Since quality in the compulsory school sector is defined as the fulfillment of the national goals stipulated in the curriculum, quality is intimately connected to the pupils' performance and the schools' goal fulfillment. As such, the definition of quality within the educational system is rather distinct and possible to measure during the SSI's inspections.

With regard to health care and eldercare, the quality requirements are regulated in the Health and Medical Services Act (SFS, 2017:30, 3 chap. 1§) and in the Social Service Act (SFS, 2001:453, 3 chap. 3§), respectively. Both stress that all health care and all eldercare services in Sweden should be of good quality. What good quality actually means, however, is not clearly expressed in either of the two legislations. With regard to health care, the Health and Medical Services Act stipulates that health care shall be provided so that the requirements for "good care" (*god vård*) are met. This means that the services should be of *good quality* with a good hygienic standard; meet the patient's need for security, continuity, and safety; build on respect for the patient's autonomy and integrity; promote good contacts between the patient and the health care professional; and be easily accessible (SFS, 2017:30, 5 chap. 1§). The concept of good quality is not defined in the Health and Medical Service Act or in the government bill preceding it, and the government stresses that it is a complex concept, which both health care managers and clinicians are responsible for realizing. Moreover, the government stresses that the aspects of good care listed in the Medical Service Act shall not be seen as exhaustive, and that the requirements for good care are complex and may be found in other regulations and guidelines as well (Government Bill, 2016). For instance, the Patient Safety Act (SFS, 2010:659) further specifies the meaning of patient safety by stipulating that health care providers must take measures necessary to prevent patients from suffering injuries or harm. With regard to eldercare, the same imprecise meaning of quality is found in the Social Service Act and the government bill preceding it, which stress that eldercare quality is difficult to define and that different stakeholders, such as users, staff, managers, and citizens can interpret the concept differently (Government Bill, 1997). Important, however, is that eldercare users are treated with respect and that services are adapted to users' individual needs and preferences. To achieve this, staff with appropriate training and committed leadership is seen as essential (Government Bill, 1997).

To further specify the meaning of legislated goals and requirements in health care and eldercare, the NBHW has issued national regulations and so-called General Advice (*allmänna råd*). The most important national regulation concerning the meaning of health care and eldercare quality is the "*Management system for systematic*

quality work” (SOSFS, 2011). According to this regulation, all regions, municipalities, and private providers must adopt a formal quality management system in which they specify the working procedures, activities, and routines through which the quality of the service is ensured. What constitutes “quality” in health care and eldercare, however, is not specified, as the regulation also applies to various forms of social services, such as dental care and care for the disabled. Therefore, the wording of the regulation is generic, defining quality as the fulfillment of requirements and goals in laws and regulations (SOSFS, 2011). Moreover, it stipulates that providers should “ensure that there is a formal quality management system which should be used to systematically and continuously develop and ensure service quality” (SOSFS, 2011, p. 5). In addition to the “*Management system for systematic quality work*”, NBHW also publishes General Advice-recommendations, in which the agency presents more detailed suggestions for how quality in health care and eldercare could be achieved, for instance, by presenting benefits and risks of specific treatments and suggesting what competences are important when working in eldercare services. The General Advice-recommendations, however, are not legally binding and cannot be enforced by the HSCI during inspections. Taken together, this suggests that the laws and regulations governing Swedish health care and eldercare do not clearly specify the meaning of quality. Rather, it is emphasized that quality is foremost created in the encounter between staff and individual patients/users, and that the responsibility for quality assurance lies primarily with the health care and eldercare providers through their self-control.

This review of how quality standards are defined in the laws and regulations supports the hypothesis that inspection agencies are more likely to adopt a strict enforcement strategy, at least with regard to the assessment of compliance, if the specification of quality is clear. The meaning of quality in the legal acts that govern the compulsory school sector, focusing on how well the school and the pupils meet the goals stipulated in the national curriculums, is clearly defined. In eldercare and health care, however, the meaning of quality is generic and vaguely worded. This suggests that whereas the SSI can inspect compliance by scrutinizing how well education providers fulfill national goals stipulated in the curriculums, it might be more difficult for the HSCI to operationalize the meaning of quality in eldercare and health care into standards and protocols. These findings are interesting for several reasons. In all sectors under study, the professionals (teachers, health care workers and eldercare workers) arguably must have enough discretion to be able to adapt the provisions of services to the needs of each individual pupil, patient or eldercare recipient (Scott, 1997), suggesting a tension between having a detailed specification of quality in the law and allowing professionals to be responsive to individual circumstances. As this study shows, however, quality standards are more clearly defined in the compulsory school sector compared to the eldercare and health care sectors, indicating that the tension between detailed quality regulation and professional discretion is more salient in the school sector. Why we find a difference in specification of quality between the sectors will be further discussed in the next section.

## 8. DISCUSSION

This first systematic analysis of the inspectorates’ enforcement strategies focused on the agencies’ (i) assessment of compliance and (ii) decisions through which they aim to enforce compliance. While we found theoretical arguments suggesting that the inspectorates could either be understood as least likely or most likely to have adopted a stricter enforcement strategy, the empirical analysis show that the strategies employed by SSI and HSCI differ quite substantively. The findings show that the SSI has adopted an enforcement strategy that comes very close to the strict ideal type. In contrast, the HSCI’s strategy for the assessment of compliance is strikingly situational and with regard to the decisions, the strategy at least comes closer to the situational rather than the strict ideal type. First, the SSI’s model for assessing compliance follows a standardized structure, since the agency uses pre-defined and nationwide protocols to assess whether schools comply with statutory requirements. Such protocols are not used by the HSCI, either with regard to health care or eldercare. Instead, the HSCI develops inspection criteria on a case-by case-basis, implying that it has adopted a much less standardized assessment procedure compared to the SSI. Second, the SSI relies, to a high degree, on punitive decisions. In fact, the findings show that the SSI never refrained from issuing reprimands or injunctions after having identified shortcomings. Although the HSCI sometimes takes punitive action, informative measures such as recommendations and dialogue are by far the most common type of decisions.

Based on these findings, the article analyzed whether the identified differences in the enforcement strategy between the HSCI and the SSI could be explained by variations in the agencies' structural resources (Hypothesis 1), their statutory mandate (Hypothesis 2a and 2b), or the specificity with which laws and binding regulations define quality levels and requirements (Hypothesis 3). We found no clear differences between the SSI and the HSCI with regard to their budgetary and human resources. Moreover, the SSI and the HSCI have the same legal authority to make punitive decisions, such as injunctions and economic sanctions. Thus, this study found no support for Hypotheses 1 and 2a. Rather, the findings suggest that the SSI uses a more strict strategy than the HSCI for two reasons. First, the regulatory mission (Hypothesis 2b) of SSI and HSCI differs with regard to how strongly the government advocates a strict enforcement strategy. Although the basic idea underpinning the establishment of both the SSI and the HSCI was to create uniform and strict inspections, the regulatory mission of the SSI has remained and has even become stricter over time. In contrast, the regulatory mission of the HSCI allows for a more situational strategy, with the government recognizing that the agency needs to take into account the individual needs of patients and eldercare users when carrying out its inspections, and that it is not always possible to formalize routines for treatments and interventions in health care and eldercare. This finding further suggests that the government acknowledges that a too strict enforcement strategy may undermine the discretion professionals, such as physicians and nurses, must have to be able to adapt the services to the needs of individual patients.

Second, the difference in enforcement strategy can also be explained by how quality is defined in laws and national regulations (Hypothesis 3). In the compulsory school sector, quality is defined by how well the quality objectives in the national curriculum are met. A high-quality school is thus a school that meets the goals and knowledge requirements stipulated in the national curriculum, making it possible for SSI to assess quality by operationalizing these into national standards and assessment protocols. In eldercare and health care, however, it is arguably more difficult to formulate standardized protocols and criteria since the definition of quality in national laws and regulations is vaguely worded and foremost seen as created in the encounter between the patient/user and the health care and eldercare staff, suggesting that it cannot be measured or assessed through standardized protocols. In addition, the HSCI may have concluded that these vague quality standards should not be enforced strictly since doing so could undermine professional discretion of health- and eldercare workers and, by extension, counteract the overarching goal that is to provide high quality welfare services.

These findings provide additional insight regarding how the explanatory factors, that is, the regulatory mission and the specificity of quality, are connected to the two aspects of the inspection process. In line with the expectations derived from previous research, the results of this study suggest that an agency's regulatory mission can influence both how the agencies assess compliance, as well as the decisions through which they aim to enforce compliance. Regarding the specification of quality, however, the proposition in the literature is that it mainly influences one of these aspects, namely how an agency assesses the compliance of the inspected entities (Kagan, 1989) while it remains under-theorized as to whether it affects what decisions are made by inspectorates. Drawing upon the findings of this article, we shed new light on this issue by theorizing that specification of quality is also likely to influence the decisions that inspectorates make to enforce compliance. This proposition builds on the logic that an inspection agency, which faces well-defined quality standards that are easy to operationalize into assessment protocols, also finds it easy to specify under what circumstances the inspected entities have failed to comply. This, in turn, facilitates the agency's work of identifying shortcomings during the inspections. As a result, an agency that perceives the shortcomings of the service provider as fairly tangible and easy to identify is assumed to have a lower threshold for using punitive decisions compared to other agencies. The reason being that when the occurrence of shortcomings is measurable, the agency can confidently argue that these need to be rectified by the service provider.

Moreover, the findings of this study highlight how the relationship between the two explanatory variables, regulatory mission and the specificity of quality definitions, may be understood. We propose that an agency's regulatory mission is likely to be the consequence of how quality is defined in laws and national regulations, suggesting that a clear definition of quality also makes it more likely that the government demand the use of punitive decisions when providers violate these standards. Despite the difficulty in disentangling the causal relationship between these two factors, it is reasonable to believe that how the lawmakers historically have understood the concept of "good quality" influences how an agency's regulatory mission is formulated. This raises the

question *why* Swedish policy makers have chosen to rely on more precise quality standards in the compulsory school sector than in the eldercare and health care sector. While it falls beyond the scope of this article to empirically explore this question, one possible explanation is that in welfare sectors in which the professions are expected to exercise professional judgment to ensure quality in service provision, detailed quality standards are less common (Haller, 2010). Viewing the findings in light of this proposition, it may explain why the specification of quality is lower in the health care sector compared to the school sector. In the Swedish context, medical staff such as physicians, arguably enjoy higher professional status than teachers do, and thus they are trusted to uphold service quality without detailed regulation. However, differences in professional status cannot account for the lack of specific quality standards in the eldercare sector and the presence of such standards in the compulsory school sector. In the eldercare sector in Sweden, the main occupations (care workers and nursing assistants) are less professionalized than teachers. Future studies should thus engage with the hypothesized relationships between an agency's regulatory mission and the specification of quality in the sector, and explore why some welfare sectors are attributed with well-defined quality standards and how this relates to the presence of high-status professionals within the inspected sector.

## 9. CONCLUSIONS

This article has provided a systematic empirical analysis of what types of formal enforcement strategies inspectorates within the same country have adopted in the area of social welfare services. In addition, it proposed an explanation for the observed differences in enforcement strategies. By comparing two main inspection agencies in the Swedish welfare sector, the SSI and the HSCI, the study showed that welfare inspectorates in the same country can rely on largely different enforcement strategies. Moreover, the results suggest that an agency's choice of adopting a stricter or more situational strategy can be explained by how strongly the government advocates one strategy over the other and how well defined and specified the meaning of quality is in the laws and regulations.

By applying theoretical insights from the literature on regulatory enforcement to the area of social welfare services, this study has shed new light on how inspections are used to steer the performance of publicly funded services. Knowledge about the work of national inspection agencies within the social welfare sector, however, is still rather limited. Thus, there is a need for research on how inspections relate to other steering tools through which governments aim to secure the quality of welfare services, as well as how inspectorates' enforcement strategy affects the regulated providers and the staff working there.

Moreover, while the strict and situational dimensions are useful starting points for analyzing enforcement strategies, we acknowledge that an important avenue for future research is to develop the conceptualization of these strategies in a way that variations within them can be detected. For instance, an important contribution would be to develop theoretical and empirical distinctions within the situational strategy. How ambitious are agencies that rely on the situational strategy when they develop their case-by-case protocols, and how do they carry out their informative measures to enforce compliance within the inspected provider? Such studies could draw upon May and Burby (1998) and adapt their concepts of the *creative strategy* (enforcing compliance through educational measures) and the *accommodative strategy* (in which inspectorates do not use punitive measures because they want to avoid making hard choices) to inspectorates in the welfare sector.

While this study found support for two of the main explanatory hypotheses in the literature on regulatory enforcement, regulatory mission, and specification of quality, we emphasize that more studies are needed to assess whether these findings hold when controlling for other factors that may influence the inspectorates' strategies in the social service sector. For example, although the SSI and HSCI are the only national inspectorates in the Swedish welfare sector, they work closely with other public agencies, such as the SNAE (Skolverket) and the National Board of Health and Welfare (Socialstyrelsen). It can be theorized that the inspectorate's relationship with such agencies regarding the division of labor and the (informal) hierarchy between them may also shape its enforcement strategy. Moreover, a study on inspections in the building industry has suggested that strong interest groups (May & Burby, 1998: 169) may result in the adoption of stricter enforcement strategies. Another aspect that should be explored is how the explanatory factors supported in this study, that is, an agency's regulatory mission and the specificity of quality standards, relate to the broader context of domestic and international systems for audit and quality assessment. Findings by Grek *et al.* (2013) suggest that the SSI engages with the Standing

International Conference of Inspectorates (SICI) but also focuses on developing its own regulative form of governing, which may create tension in relation to historically embedded national practices. Further studies are thus needed to understand the relationship between national enforcement strategies and international quality assessments, such as the Program for International Student Assessment used in primary and secondary education, and the OECD's cross-national assessment of health care quality and outcomes.

## ACKNOWLEDGMENT

We gratefully acknowledge support for this study from The Swedish Research Council for Health, Working Life and Welfare (2017-02164).

## DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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