

The Prerequisites and Practices of Auditing Residential Care

On the Licensing and Inspection of Residential Homes for Children in Sweden

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Abstract

The aim of this dissertation is to describe and analyse the prerequisites and practices of auditing Swedish residential care for children. Residential care is a complex intervention provided to children in vulnerable life situations. The care is extensively delivered by private providers and shows difficulties in demonstrating clearly positive treatment effects. Licensing and inspections are policy instruments to address alleged quality problems in decentralised and marketised welfare services. However, in research there are mixed opinions on the ability of audits to generate improved service quality.

The dissertation consists of four papers exploring central facets of the audit system. The empirical material is based on interviews (n=50) with inspectors and residential staff, documentation (n=286) in terms of guidelines and license/inspection decisions and observations (n=12) at inspection-related events. Each paper includes a unique set of data.

Paper I analyses the controls that private residential homes undergo prior to their entry into the market. The results show that a majority of applicants are granted a license and that the controls do not reduce the need for ex post control. There is limited guidance on care content and research evidence is weakly incorporated in the controls. Overall, the state exerts limited influence over the composition and professional development of the care market.

Paper II explores the operationalisation process of care quality in inspections. The results show that the standards display a marked variation and there is no differentiation between different residential homes. In general, the standards focus on reducing malpractice and not maximising care quality. In practice, the inspections are often discussion-based and standards relating to work with children are often indistinct.

Paper III analyses how inspections are perceived by representatives from residential homes. The results show that inspections induce reflection and to some extent shape the administrative parts of care, but also that it is difficult to discern the actual impact of the inspections on the work. The inspections appear to bring a degree of stability and legitimacy to the work, but there are sometimes tensions between standards and professional judgment.

Paper IV studies the influence the inspection process grants children in care. The results suggest that different inspectorial rationales (regulative, supportive and protective) may influence the agency children exert and that it is difficult to allow children's views to have a substantial impact on the process. Overall, there tends to be a gap between what the children find important and what the audits can address in concrete terms.

The theoretical ideas used to analyse the results are derived from institutional organisational theory and the thesis on the audit society. The overall analysis shows that 1) making certain core care aspects auditable and ensuring their impact is difficult (e.g., children-staff relationships, children's views and use of research knowledge), 2) the system has a restrained character and is in many senses associated with inconclusive formative effects, 3) the use of uniform goals does not necessarily equal a more suitable care provision and 4) the audits signify strong symbolic values. Despite the limitations, the audits may help to discipline care providers, secure a minimum level relative to the audited care aspects and induce reflection among auditees.

Keywords: *Child welfare, Out-of-home care, Residential care for children and adolescents, Audit, Licensing, Inspection, Quality Indicators.*

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I dedicate my dissertation to the person I am lucky to share so much of my time and life with - my beloved daughter Nike.

Stockholm, February 2018

David Pålsson

List of papers

The dissertation is based on the following papers referred to in the text by their respective Roman numerals.

- I. Pålsson, D. (2017). Entering the Market – On the Licensing of Residential Homes for Children and Youth in Sweden, *The British Journal of Social Work*, doi: 10.1093/bjsw/bcx063.
- II. Pålsson, D. *Securing the Floor but Not Raising the Ceiling? Operationalizing Care Quality in the Inspection of Residential Homes for Children in Sweden*. (Submitted).
- III. Pålsson, D. (2016). Adjusting to Standards: Reflections from ‘Auditees’ at Residential Homes for Children in Sweden, *Nordic Social Work Research*, 6(3), 222-233.
- IV. Pålsson, D. (2017). Conditioned Agency? The Role of Children in the Audit of Residential Care for Children in Sweden. *Child & Family Social Work*, 22, 33-42.

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Introduction

In the last few decades and across several countries, mandates for audit bodies of welfare services have become stronger and various external quality controls more common (Power 1997; Johansson & Lindgren 2013). This dissertation explores some central facets of the audit system (licensing and inspection) of Swedish residential care for children, a service that in a historical and comparative perspective has been subject to intensive public control in recent years. Residential care is provided to children in vulnerable life situations who often belong to a stratum of the population that is disadvantaged socially and economically. It is generally regarded as the most intrusive intervention in the child welfare system and placements can be coerced, i.e. contrary to the will of the child and his/her guardians. The care is extensively delivered in a 'quasi-market' (cf. Le Grand & Bartlett 1993) where autonomous local social services outsource the care to private companies. As in many other countries, current research shows that often positive treatment effects of care cannot be clearly demonstrated. Also, society is acting 'in loco parentis' during a placement, and thus safeguarding the decency of the care may be regarded as a moral imperative. How the state fulfils this commitment has been debated in the last decade as historical failures to protect children from malpractice whilst in care have been uncovered in inquiries and truth commissions in several countries, including Sweden (Government Bill 2009:99; Sköld 2013).

Inspections and other audit activities enjoy an almost taken-for-granted status as important organising principles in contemporary societies (Power 1997; Dahler-Larsen 2012). In many Western countries, external controls are main policy solutions to address alleged quality problems in decentralised and privatised welfare services. In principle, audits could contribute to the detection of unreliable care providers, secure a basic level of care, strengthen the position of children in the care system and promote service quality. However, there might also be challenges for audits to lead to actual improvements in complex services. First, residential care is an intervention that takes place in an interaction between children and residential staff. This implies that gaining an insight into this particular service during the course of inspection visits might be challenging and there are 'information asymmetries', i.e. the staff at residential homes and clients know more about the service than the inspectors. Second, the values central to residential care are often manifold and ambiguous, and the needs of the children often warrant individual solutions. At the same time, an increase in the number of audits

entails a transfer of power from professionals to inspectors where the latter are authorised to draw up indicators for service quality (Power 1997). In this respect, it is debatable whether the values are operationalized in a reasonable way and whether they suit the variation of situations that may arise (Lindgren 2014). Third, although it may be less complicated to agree on situations involving clear malpractice (e.g., maltreatment), there is less consensus on the definition of good residential care. For example, although there has been an upsurge in research on care aspects of considerable importance for service users, the knowledge base is contestable and there are disagreements regarding the critical ingredients of the service (cf. Munro 2004; James 2017).

To sum up, audits are frequently performed, but there are rival and mixed opinions on the ability of such measures to generate better service quality. In addition, audits of residential care are an empirically under-researched phenomenon. This calls for further analysis regarding the prerequisites for audits to steer markets, prevent inferior care and achieve good quality care vis-à-vis a service like residential care.

The inspection policy on Swedish residential care

The main empirical object of the dissertation is the Swedish audit system (licensing and inspections) of residential care for children and adolescents. Audits are carried out by a public authority, the IVO (The Inspectorate of Health and Social Care). A reinforced inspection policy came into effect in 2010 when the responsibility for the controls was transferred from the regional County Administrative Boards. During an interim period, the administration was managed by the NBHW (the National Board of Health and Welfare), but in 2013 the responsibility was transferred to the newly established IVO.

The reform mainly concerned the outer format of the control. For example, it involved a greater centralisation in that licensing was located to one national unit, whereas the units managing inspections were spread over six regional offices whose work became coordinated in many respects. The most conspicuous change was the introduction of statutory on-site inspection visits (Social Services Ordinance 2001:937, Ch. 3, paragraph 19). Each residential home was visited twice a year until 1 January 2016 when this was changed to a minimum of once a year. It is the Inspectorate that decides whether the inspection visits should be announced or unannounced. Further, the reform entailed that children who consent should be interviewed during inspections (Social Services Ordinance 2001:937, Ch. 3, paragraph 19), which can be viewed as a more pronounced children's rights perspective. Licensing and inspections check whether the residential homes comply with the statutes and may take enforcement measures. Ultimately, the Inspectorate may impose sanctions such as a fine or a revocation of a license. Each inspection and licensing decision is made publicly available on the IVO website. Further

details on the policy and organisation of the IVO will be presented later in the text.

Aims and research questions

The overall aim of the dissertation is to describe and analyse the prerequisites and practices of auditing Swedish residential care for children. The aim is addressed through four self-contained papers analysing central facets of the system; the licensing controls on entry to the market, the operationalisation of care quality during inspections, how the inspections are received by residential staff and how the audits relate to children's views. The papers have distinct data sets that to a varying extent build on data collected from interviews, documents and observations. The research questions of the papers are:

- What are the regulatory conditions for and output of licensing in the market of residential care for children? (Paper I)
- How is care quality operationalized within inspections? (Paper II)
- How are inspections perceived from the point of view of representatives of residential homes? (Paper III)
- What influence does the Inspectorate grant children in care and how do children's views influence the inspection process? (Paper IV)

Some concepts and definitions

In the literature, there is a conceptual lack of clarity regarding how to denominate the control activities carried out by the state. Several concepts are used that sometimes overlap, are sometimes differentiated between, for example, audits, inspections, supervision, monitoring, control etc. Consistent with an established research discourse, I use the term *audit* as an abstract concept that brings together analytical features of various external controls (such as inspections, performance measurement systems, evaluations, accreditations) (cf. Power 1997; Johansson & Lindgren 2013). *Licensing* and *inspections* are used as more practical and narrow terms when it is considered appropriate to underscore the distinctive attributes of these types of control. *Licensing* is a sort of ex ante control consisting of an evaluation in advance on whether a (private) care provider complies with the regulatory requirements necessary for providing the service. *An inspection* is an ex post control consisting of a review of whether a residential home complies with the regulative standards in practice. The public servants that perform licensing and inspections are referred to as *inspectors* or *auditors*.

There are also several terms for the demands that audit systems impose on auditees. In the text, *quality criteria*, *indicators* and *standards* are used synonymously to denote the requirements that are placed on auditees.

I most frequently apply the term *residential care* to describe the service audited (other terms used internationally are, for example, institutional care, children's homes). Residential care is an umbrella term encapsulating all practices that provide professional, group-based services that take place outside the home environment of the child. In Sweden, the legislation comprises three forms of residential care. The state provides *secure units*¹ (intended for compulsory care in particular and authorised to impose restrictions, for example, locking up children), *residential homes*² (aimed at providing care, assessment and/or treatment for children), and – since January 2016 – *supported housing*³ (intended for children without treatment needs). In practice, these forms of care may in part overlap as regards the characteristics of the children they accommodate. In the dissertation, an analytical distinction is made between *traditional/therapeutic residential homes* (typically residential care units intended for children with treatment needs) and *residential homes for unaccompanied minors* (either residential care units or supported housing intended for children without treatment needs). In the text, I will regularly refer to staff at residential homes as *auditees* when I want to emphasise their status as those that are subject to audit activities.

Children, *youth* and *adolescents* are employed interchangeably to refer to the service users of residential care. Swedish residential care is mainly for teenagers. However, there is no formal lower age limit and occasionally younger children are placed in such homes (usually together with their families). Adolescents can be placed in care until the age of 21.

Delineations

The dissertation analyses the state control of residential care. It is important to bear in mind that there are other public control activities targeting residential care. The Social Services Act (SSA 2001:453) stipulates that the local social services have a responsibility to secure the quality of residential care (SSA 2001:453, Ch. 6, paragraph 1) by procuring and contracting (private) residential homes. For this task, they have a great deal of freedom to select their own evaluation criteria. The social services are also obliged to follow up their individual placements and visit the care environments to an appropriate extent (SSA 2001:453, Ch. 6, paragraph 7c). The recommended

¹ In Swedish *Särskilda ungdomshem (SiS)*.

² In Swedish *Hem för vård eller boende (HVB)*.

³ In Swedish *Stödboende*.

number of visits is four times per year (National Swedish Board of Health and Welfare Regulation 2012:11, Ch. 7, paragraph 3).

Additionally, it should be noted that only private residential homes have to undergo licensing. For new public residential homes it suffices to register their establishment with the IVO. Hence, the paper on licensing only concerns private residential care providers. Private and public residential homes are after licensing or registration subject to the same inspection controls.

The dissertation analyses the generic audits of different categories of residential homes (see definitions above). The state-run secure units are subject to the same audits as other residential homes with the difference that the audits also control the authority these units have to restrict children. In the dissertation, I do not analyse this deviation from the generic audits in particular.

Disposition

Thus far, I have described the aim of the dissertation and made some conceptual clarifications and delineations. The next section reviews the literature on the subject. Since the dissertation explores the activities of and interactions between the auditors and the auditees, the section accounts for research on audits of welfare services and residential care for children. Thereafter, I outline the theoretical perspective which is based on institutional organisational theory and the thesis on the audit society. This is followed by a description of the empirical material of the papers, a discussion on methodological considerations and on the trustworthiness of the research. Subsequently, the empirical papers that compose the dissertation are summarised. In the final section, I discuss the empirical findings of the dissertation as a whole.

Research on audits and residential care

This section gives a research review and is divided into two parts. The first part summarises research relevant to audits and inspections. It begins with a brief historical outline of the organisation of the public control of Swedish residential care, which is followed by a description of the contemporary organisation of the IVO. Thereafter, I discuss the trend of increased audits in a wider societal context and review knowledge about the organisation, effects and functions of audits.

The second part describes research on the auditees of the dissertation, namely residential care for children. I begin by outlining the regulations governing Swedish residential care. Thereafter, I present characteristics of Swedish residential care and the adolescents placed in care. This is followed by a description of the composition of care providers and the trend of marketisation. I continue by describing what we know about the residential care content and the care effects, and discuss how quality in residential care can be comprehended. The section ends with the conclusions that I draw from the research reviewed.

Audit procedures and inspections

Public control over residential care – an historical outline

The public responsibility to control residential care has been pronounced since the first modern child welfare law in 1902 (Government Bill 2011:9). Thereafter, the task to control care has been divided into two levels of governance: local and national/regional. At the *local level*, the municipalities have persistently been liable to provide residential care and to follow up the individual children that they place in care. In Sweden, the social services are delegated to the local level and municipalities have a great deal of discretion to independently interpret the national legislation. Consequently, how the local controls have been carried out is difficult to conclude, but presumably, they have varied considerably. It is conceivable that in a certain sense they have followed the general development of child welfare, i.e. from being conducted by laypersons to involving more professional and bureaucratic elements (Lundström 1993; Bergman 2011).

At the *national/regional level*, the state in various guises has been responsible for supervising the care. The responsibility has alternated between different departments and bodies. Supervision has, for example, been the responsibility of one authority (e.g., the NBHW, the IVO) and/or been spread out at numerous bodies (the regional County Administrative Boards). Just as with the local controls, there is limited knowledge on how national controls have been conducted in practice. However, during the interwar and postwar periods there were officials at the regional County Boards that had established contact with the local social services (Sköld & Söderlind 2014). These public servants trained and informed the local social services about the legislation and sometimes followed up placements. During the 1930s, national inspectors travelled around Sweden to control private orphanages, which led to the closure of a number of such facilities (ibid.).

During the growth and consolidation of the welfare state, the responsibility to control care remained, but there seems to have been less emphasis on the importance of conducting inspections. At the beginning of the 2000s, a review by the National Audit Office criticised the County Administrative Boards – which at that time were responsible for licensing and inspections – for rarely visiting individual residential homes and rarely imposing sanctions (SNAO 2002). In retrospect, both the local and national controls have been described as highly insufficient (Government Bill 2011:9).

The organisation of the Inspectorate of Health and Social care

The IVO is a public authority that issues licenses and conducts inspections of healthcare, social care and services for people with disabilities. The policy of the IVO states that the inspections should bring about “safe care of good quality” and target care aspects that are relevant for the service users (IVO 2015). The policy also stipulates that the work of the Inspectorate should be characterised by values such as equal treatment, predictability, independency and professionalism (i.e. be knowledge-based) (ibid.). Inspections are usually initiated in response to complaints from service users or their relatives or by the IVO itself deciding to conduct an inspection. In addition, the authority is responsible for investigating complaints under the regulations of *lex Sarah*⁴ and *lex Maria*. There are, however, services where the frequency of inspections is specified in statutes. As has been mentioned, this is the case for residential homes for children which must be inspected annually. This indicates that the service is considered especially vulnerable. In addition to direct inspection activities, the IVO summarises its observations in an annual

⁴ ‘Lex Sarah’ is a regulation prescribing that providers of social care are required to investigate and remedy irregularities or the risk of irregularities. If there are serious irregularities, they must report them to the IVO. ‘Lex Maria’ is an analogous regulation applicable to healthcare.

report and sometimes publishes other reports based on its observations (see e.g., IVO 2013, 2014).

The IVO is a regional body and the inspections are carried out by six units: North (Umeå), Central (Örebro), East (Stockholm), Southeast (Jönköping), Southwest (Gothenburg) and South (Malmö). Licensing is effectuated by an independent unit in Region East. The IVO has about 630 employees working with inspections and the licensing of health and social care. The inspectors of social care are in general trained social workers with a professional background in the social services, around 80 % are women and they are on average 50 years old.⁵ Some of the employees have legal expertise.

To recapitulate, the inspection reform of residential care put in place in 2010 consists of in essence two parts. First, it involves the statutory inspection of all residential homes at least once a year. The Inspectorate can choose whether visits should be announced or unannounced. In 2016, the Inspectorate carried out 1,936⁶ on-site inspections of residential homes (of which 60 % were announced) (IVO 2017). Second, the reform involves mandatory interviews with adolescents in care (provided that consent is obtained). In 2016, the IVO carried out 4,203⁷ interviews with children in care during inspection visits (IVO 2017).

The main purpose of the inspections is, as has been underlined, to ensure that residential homes comply with the regulations (details on the regulations are presented later in this section). The IVO has chosen to organise the statutory inspections so that the care aspects they control vary annually. The inspection process involves two inspectors visiting a residential home. In order to assess compliance, they typically interview the manager, staff and children, review documents and inspect the facilities. Each inspection case eventually leads to a decision which is openly published on the IVO website (<http://registerplattform.ivo.se/>). If a residential home is deemed not to comply with the requirements, it is requested to supply an action plan that demonstrates the changes made in response to the criticism. If it is still not considered to comply with the regulations, the IVO is equipped with more powerful tools. As a first measure, they can issue an injunction, which was done in 22⁸ cases in 2016 (IVO 2017). If this does not suffice, fines can be issued which was done in 4⁹ cases in 2016 (ibid). As a final measure, private providers can be deprived of their license. During the period 2013-2017, 6

⁵ Personal communication with staff at the Human Resources Unit at the IVO on 24 November 2017.

⁶ This figure also includes residential homes for children with disabilities, a service governed by the Swedish Act Concerning Support and Service with Certain Functional Impairments (SFS 1993:387). In 2016 there were 225 such homes.

⁷ See footnote 6.

⁸ This figure concerns all social services. Information on the exact number of injunctions against residential homes could not be given by staff at the Statistical Unit at the IVO.

⁹ See footnote 8.

residential homes had their licenses revoked (5 traditional residential homes and 1 residential home for unaccompanied minors)¹⁰.

Driving forces for more auditing

Various audit activities (such as inspections, evaluations and performance measurement systems) are diffused practices in modern society (Bejerot & Hasselblad 2013; Johansson & Lindgren 2013). This means that the state apart from its legislative role is increasingly engaged in evaluating the output of services. Inspections and licensing are – compared to other audit activities such as evaluations and performance measures – traditional policy instruments. In Sweden, inspections have historical roots which date back to the 16th century, but it was not until the 1980s they became clearly defined activities (Johansson & Lindgren 2013). Licensing and inspections hold care providers accountable for regulations originally decided by the elected representatives, which means that they have some sort of democratic legitimacy.

As has been discussed above, licensing and inspections have certain traits that at least in theory make them particularly potent. Licensing, for example, forms the basis for the fundamental rules and is an institution that grants private care providers access to the market. Inspections entail the legal means to visit the care environments, to enforce requirements and issue sanctions if requirements are not met. At the same time, the fact that requirements must be linked to the regulations sets limit to the licensing process and inspections.

In Sweden, reinforced audit systems have been set up not only to cover the social services (Hämberg 2017) and care for the elderly (Choinière et al. 2016), but also in relation to schools (Grek & Lindgren 2014) and healthcare (Bejerot, Hasselblad & Gustafsson 2008). At its most general ideational level, the increased use of audits can be traced to rationalism and the belief in central planning (Vedung 2010), be regarded as a mechanism for society to cope with the side effects of human affairs (Beck 1992) and be viewed as nourished by distrust towards professionals (Power 1997). Some have diagnosed the increased use of audits as a shift from a trust-based steering to a mistrust-based ditto, taking us from a society that endows professionals a considerable degree of discretion to one in which they are continuously scrutinised (Evetts 2009; Montin 2015). Increasingly, professionals receive claims regarding their accountability for their actions and performance (Behn 2001; Hodge & Coghill 2007). This puts pressures on organisations to make their practice visible and transparent to outsiders.

A major driving force has come in the wake of New Public Management (NPM), which is a broad label for the managerial and marketisation reforms which have been introduced in the public sector in recent decades. The

¹⁰ Personal communication with staff at the Statistics Unit at the IVO on 15 November 2017.

outsourcing of services that were formerly core activities of the public sector (such as education and social services) has stimulated the reregulation and reasserting of central state control (e.g., Braithwaite 1999; Rönnerberg 2011). Put differently, to retain control of welfare services, the state adopts to a greater extent the role of the regulator and inspector of care (Christensen & Laegreid 2006). Here, audits can be viewed as a sort of ‘market mechanism’ requisite for the coordination of quasi-markets by providing information to customers and clients through evaluation and the ranking of services (Sahlin-Andersson 2006; Lindgren 2014). The ideological reference to market solutions integral to NPM also stresses quality controls as vital for driving performance and has placed customer satisfaction in the front seat (Hood 1991).

Audit systems and inspectors

The way audit systems are designed varies between national contexts according to several parameters. For instance, audits may hold organisations accountable for procedures (work execution) or performance (work results) (cf. Behn 2001; Poulsen 2009). They may target conformity with prescriptive and detailed rules or be system-based by focusing on the internal control systems of the auditees (May 2007). In general, inspections traditionally and predominantly refer to accountability for procedural rules, but in some contexts it has gradually coalesced with system-based and to some extent also performance-based models (Power 1997). Audit systems can to varying degrees perform direct on-site inspections or rely on complaints from the general public and on the self-monitoring of the auditees (Kotkas 2016).

Audit systems may also be more or less ‘soft’ (self-evaluation, mediation) or ‘hard’ (target-setting, performance management) (Grek & Lindgren 2014). In addition, the degree to which cooperation and advice or deterrence and sanctions are emphasised may vary. A middle way put forward in the influential theory of ‘responsive regulation’ is to begin with soft methods such as dialogue and gradually introduce more powerful tools (Ayres & Braithwaite 1992). The enlarged mandate for regulators often foments ‘juridification’ and ‘legalisation’, namely that domains that were formerly based on professional and ethical rationales become integrated in a legal logic (Power 2007, Brännström 2009). In Sweden, researchers have concluded that the centralisation of the supervision of the social services has made controlling activities more uniform than before (Hämberg 2017).

At the inspectorial level, various methods and strategies differ. These can be conveyed by the overall policy of inspectorates, but also depend on the personal characteristics of the inspectors. In principle, inspectors are required to enforce regulatory standards even if they doubt their importance during individual inspections (Johansson 2006). However, inspectors can be assigned to the analytical category ‘frontline bureaucrats’ (Johansson 2006; Lipsky

2010; May & Winter 2011). For such frontline workers, whose aim is to accomplish complex social objectives, an amount of discretion is inevitable and inspectors regularly make use of tools like communication and persuasion.

From the literature, it appears difficult to tie different auditing styles (such as training or enforcement) to different grades of compliance among auditees (May & Wood 2003). However, theories postulate that sharing professional background with the service audited and maintaining impartiality are likely to be important for the preconditions of audits to function well (Boyne et al. 2002; Gustavsson & Rothstein 2013; Ivarsson Westerberg & Jacobsson 2013). Making decisions in inspection cases is in reality a more inconsistent and soft practice than is generally recognised (Nutley et al. 2012). There are also studies showing that the fact that an inspection follows a regulatory logic and that there is pressure to ensure that decisions appear rational, tends to lead to a simplification regarding how complex problems should be solved (Rutz et al. 2013; see also Hämberg 2017).

Effects of auditing

Regardless of how audit systems are fashioned and the way inspectors perform their tasks, a pivotal question is whether the control actually improves the audited services. The underlying logic of audits is that controls prompt improved performance and are able to prevent inferior care (Leeuw & Furubo 2008; Lindgren 2014). The factual effects are difficult to disentangle empirically, since it requires rigorous studies that are able to adjust for a number of factors. In addition, both control systems and the nature of the services are often context dependent, which decreases the possibility to transfer knowledge generated in one specific context to another.

Theoretically, it has been argued that inspections can be productive for social work, provided that the standards target care aspects where there is sound evidence (Munro 2004; Tilbury 2007). However, researchers stress that many central aspects are difficult to operationalize and are tangible to a lesser extent (Greene 1999; Ashworth et al. 2002). In Sweden, a study on the supervision of Swedish care for the elderly showed that one of the most central aspects of care – genuine and personal care and the caretaker-caregiver relationship – was not affected by the inspections (Hanberger et al. 2017a).

Another central yardstick to evaluate residential care quality would be to measure client outcomes, but existing studies reveal that such criteria are virtually absent (Hood et al. 2016 for England; Hämberg 2017 for Sweden). Further, the fact that regulations often target compliance with rules has been regarded as unsuitable for complex services that require individual solutions (Munro 2011; Hanberger et al. 2017b). For example, research show that stricter rules on time lines of assessments in child welfare do not necessarily lead to better practices (Broadhurst et al. 2010; see also Courtney et al 2004).

By extension, increased audits may limit the room for professional judgment in a way that is not automatically positive (Svensson 2010; Nordstoga & Støkken 2011).

There is a substantial (mainly theoretical) strand of research underlining the potential dysfunctional effects of measuring the performance of public services (e.g., de Bruijn 2002; van Thiel & Leeuw 2002; Bevan & Hood 2006; de Wolf & Janssens 2007; for an overview see Lindgren 2014). This research is often based on an analysis of performance measurement systems, which are usually quantified indicators to follow up and control quality. Even though licensing and inspections are often process-oriented audits, the dysfunctions discussed in this field of research may have a bearing to some extent. For example, the effects may be unclear and short term. Moreover, too great a focus on readily measured care aspects may crowd out working with less measurable but equally important aspects, which can lead to what has been termed goal displacement. There are also concerns about threshold effects, which means that service providers are encouraged to not perform below an established norm, while at the same not necessarily being rewarded if they perform above the norm (Dahler-Larsen 2012; Pollitt 2013).

Summary

To sum up this section on research on audit procedures and effects, various forms of auditing have become increasingly institutionalised activities which are used to control marketised and decentralised welfare services. Licensing and inspections are specific types of audit instruments in that they hold professionals accountable for compliance with regulations. In practice, audit systems may be differently fashioned in terms of, for example, the nature of the requirements they impose and whether they include cooperative or deterrent elements. Inspectors are frontline bureaucrats with a certain amount of discretion. In general, it is difficult to state whether auditing leads to better care, but research indicates that it tends to be difficult to capture certain core care aspects and that there is a risk of dysfunctional effects such as restricted possibilities for professionals to adjust the care to the situations of individual clients. However, it should be stressed that there is a paucity of research on audit activities of residential care and it may be difficult to extrapolate findings from other welfare domains.

Residential care for children and youth

Regulations governing Swedish residential care

Licensing and inspections are audit activities controlling compliance with statutes. In Sweden, the regulatory power of the social services follows a hierarchy of rules composed of - in descending order - constitutional laws, acts, decrees, and instructions and general advice by agencies. Residential care is first and foremost regulated in the Social Services Act (SSA 2001:453). The law has a framework structure, which means that it largely declares goals and values that should permeate the social services. Some paragraphs expressly point out residential care. For example, the law states that the social services have the responsibility to provide residential services, to secure that residential services are of good quality and are conducted in cooperation with the home environments of the children (SSA 2001:453, ch. 6, paragraph 1) and the residential facilities (SSA 2001:453, ch. 6, paragraph 4). Further, a license to deliver residential care may be granted only if the care can guarantee “good quality and safety” (SSA 2001:453, ch. 7, paragraph 1-2).

At a lower hierarchical level, there are decrees and instructions that communicate a little more regarding the legislator’s ideas about residential care (Social Services Ordinance 2001:937; National Swedish Board of Health and Welfare Regulation 2016:55). These cover, for example, enrolment procedures for children, how the care should be provided in terms of collaboration, the fact that the methods should be based on research and a respect for personal integrity. They also give some guidance on the competence of managers and staff, staffing levels (e.g., that staff should always be present) and facilities. In other regulations, there are provisions on Lex Sarah (National Swedish Board of Health and Welfare Regulation 2011:5), management systems (National Swedish Board of Health and Welfare Regulation 2011:9), the control of staff records (SFS 2007:171) and documentation requirements (National Swedish Board of Health and Welfare Regulation 2014:5). At the supranational level, Sweden has ratified the UNCRC (the Convention on the Rights of the Child), which stipulates the rights of children. To give further guidance to the application of the law, the IVO can promulgate decisions of principle¹¹.

As the description above reveals, the regulations identify several areas as being significant. However, the regulations are in general indeterminate on substance. They primarily deal with form and not content which leaves room for local interpretations. The regulations dictate a number of issues, but they seldom specify how these should be realised in practice. What does, for example, residential care being based on the “best available knowledge”

¹¹ <https://www.ivo.se/publicerat-material/principiella-beslut/>.

actually mean (National Swedish Board of Health and Welfare Regulation 2016:55)? Precisely how can the care be built on “trust and cooperation with the individual” (Social Services Ordinance, Ch. 3, paragraph 3)? What does the staff competence should ensure “a safe and secure care” mean (National Swedish Board of Health and Welfare Regulation 2016:55)?

Swedish residential care in child welfare services

Residential care is sometimes described as an undesirable but indispensable service for certain groups of children (e.g., Boel-Studt & Tobia 2016). In Sweden, residential care holds a central place among services delivered in what has been characterised as an overall family-supportive child welfare system (Wiklund 2006; Gilbert et al. 2011). This means that services ideally should be provided in partnership with parents. According to policy documents, residential care is a sort of ‘last resort’ that should be considered after less intrusive measures have been taken, such as in-home care or foster care.

Placements in residential care have increased since the 1980s. In 2007, this increase became more radical. The recent increase is above all linked to an influx of unaccompanied minors to Sweden, a group for which the social services have been responsible since 2006. In November 2016, 6,522 children were placed in traditional residential homes, but this figure does not include asylum-seeking children which constitutes a substantial number of the children in care (National Swedish Board of Health and Welfare 2017). Thus, there are no reliable data on the number of children placed in residential care. Due to a stricter Swedish immigration policy, the number of children entering care can be expected to decline considerably in the next few years.

As in most countries, children in Swedish residential care exhibit a vast array of needs and problems. There are children whose main reason for placement is that they lack guardians (e.g., unaccompanied minors), but typically children are placed in care because of needs that are considered to necessitate treatment. Traditionally, the reasons for placement can be divided into two broad categories; the conduct of the adolescent (criminality, externalising behaviour, drug addiction) and/or the living conditions in the family (conflicts, neglect or abuse) (Sallnäs 2009). As in many other countries, placements in residential care are unequally distributed in the population. There is an overrepresentation of children from families that are socially and economically disadvantaged, for example, single households, families on social assistance, the unemployed, people on long-term sick leave, parents with criminal records and substance abuse issues etc. (Lundström & Sallnäs 2003; Egelund et al. 2009; National Swedish Board of Health and Welfare 2010; Simkiss et al. 2013; Bullock 2016).

The majority of placements are voluntary and decided with the consent of the adolescents and the parents themselves. However, there is legislation

allowing coercive care (Care of Young Persons (Special Provisions) Act 1990:52) in accordance with a court decision. According to the most recent available figures, coercive placements have increased slightly during the last decade (Sallnäs & Wiklund 2017). The length of placements has decreased in recent years, but consistent with other countries Swedish studies report a high prevalence of disruptions and re-entrance in the out of home care system (Sallnäs et al. 2004; Khoo et al. 2012).

A heterogenic and marketised service

The service providers consist of a heterogenic assembly of homes and the term residential care includes diversified practices. In November 2016, there were around 1,300 residential homes (of which approximately 450 were traditional residential homes) and 25 secure units (run by the state).¹² These figures probably include a certain number of dormant companies. Until some decades ago, the residential homes often portrayed themselves as ‘family-like’, which has been interpreted as a way to counterbalance the negative associations of residential care as large impersonal institutions (Sallnäs 2000). However, there are no formal provisions regarding size and there are signs that the homes have become bigger in recent years, at least homes that cater for unaccompanied minors.

In line with international counterparts, Swedish residential care has traditionally been ‘relationship-based’. In the last decade, however, the idea that the care should be ‘evidence-based’, that is informed by research evidence on what works, has gained some (at any rate rhetorical) ground (Lundström et al forthcoming). However, current surveys show that there is still a myriad of different methods based on different and even conflicting normative and theoretical ideas (IVO 2013). There is no professional group dominating the residential field and hence different professional ideas are arguably in circulation (cf. Böcker Jakobsen 2010), which has led researchers to designate residential care a ‘deprofessionalised field’ (Sallnäs 2009). The staff consists of various professional groups such as social pedagogues, social workers, psychologists and nurses, but nearly half of the workforce employed in residential care lack a formal education that is relevant for the service (IVO 2013).

At the beginning of the 1980s, the then enacted Social Services Act (SSA 2001:453) enabled private companies to provide residential care (secure units exempted). Today, a majority of the homes are private and mostly for-profit (Meagher et al. 2016). Divided into different types of residential homes, approximately 30 per cent of the residential homes for unaccompanied minors and 90 per cent of the traditional residential homes are private. Initially, the private providers consisted mainly of small companies, but are increasingly

¹² <https://www.ivo.se/om-ivo/statistik/frekvenstillsyn-av-boende-for-barn-och-unga/>

part of conglomerates owned by private equity firms (this applies to around 35 per cent of the traditional residential homes) (Lundström et al forthcoming). The public municipal homes were languishing until the mid-2000s, when they rose in number as a response to the strong demands for accommodation for unaccompanied minors.

The marketisation trend of residential care has spurred some research by Swedish scholars. For example, Forkby & Höjer (2010, 2011) have studied procurement processes and shown that it is often difficult to draw up general contracts due to the complexity and uniqueness of individual placements. Lindqvist (2014) has argued based on economic theory that there is a desire for more information on the performance of service providers to dampen the ‘information asymmetries’ that are often prevalent in such services. Meagher et al. (2016) have sought to explain why private companies have prospered, and have linked their success to the potentials of high profitability levels combined with a lack of state interference. However, the effects of marketisation on the care and the client outcomes are largely unknown, as are systematic and sound comparisons between public and private homes (Sallnäs & Wiklund 2018).

Contents and effects of residential care

In Sweden, the contents of residential care is in many respects an uncharted realm, but a survey revealed that most children appeared content with the services provided, although girls reported that they were less so (Lundström & Sallnäs 2013). In another study based on the same sample, children expressed that they did not meet siblings as often as they wished, in contrast to the family supportive policy of Swedish child welfare (Lundström & Sallnäs 2012). Further, cohort studies have distinguished school failures among children in care as a decisive risk factor for the social exclusion which often faces former child welfare clients (Berlin et al. 2011; Forsman et al. 2016). Other studies convey that children in residential care often have comparatively poor somatic health when entering care and questioned whether their health needs are satisfactorily met during care (Kling et al. 2016). Children in care also possess fewer welfare resources (e.g., financial and material resources, social support, school related support) compared to peers in foster care as well as in the majority population of children (Sallnäs et al. 2012; Lagerlöf 2016). Consistent with other countries, Swedish qualitative studies on leaving care processes have shown that care leavers may have difficulties settling down in adulthood without adequate support (Höjer & Sjöblom 2010, 2014; see also Stein 2006).

The heterogeneity of the service makes it difficult to identify representative aspects of care content, but there are certain elements that are indicative for residential care regardless of the context. For example, as residential care is group-based, it involves adolescents being grouped under the same roof

(Stockholm 2009). Studies highlight challenges for staff to maintain individual solutions (Egelund & Jakobsen 2009). Group care is also assumed to sometimes trigger ‘iatrogenic effects’ (such as deviance training) (Dishion et al. 1999; Colton 2002) and the residential environment has been pointed out as prone to, for example, bullying (Mazzone et al. 2017). However, negative views of group care have been defied and there is research stressing that children can support each other by means of sharing similar life conditions (Emond 2003). Another indicative element is that the adults in the care environments consist of the staff employed, which can limit the relationships that may be formed (McLean 2013). For example, staff can emphasise to a varying extent the importance of emotional investment in children or view themselves as professionals that manage practicalities (Böcker Jakobsen 2010). Last, there is research analysing residential homes as symbolic universes in their own right where underlying therapeutic ideas can shape the self-image of children (Dreyer Espersen 2010).

The Swedish residential care system is lacking in evaluations on client outcomes of care. However, cohort studies of children who were in care in the early 1990s, indicate that young adults who were placed as children run an increased risk of attaining a low level of education, being dependent on social assistance, prone to criminal behaviour, teenage pregnancy, psychiatric care and early death, etc. (Vinnerljung & Sallnäs 2008). Similar poor outcomes of residential care are found in many countries (e.g., Hair 2005; Knorth et al. 2008; Lee et al. 2010; Kääriälä & Hiilamo 2017). Plausible explanations are, for example, that the preventive family services fail, that the quality of out-of-home care is inferior, that there are problems with care disruptions and that leaving care services fall short (Kääriälä & Hiilamo 2017). It is important to note that there are selection mechanisms insofar as children who enter out-of-home care often have adverse early childhood experiences that may be difficult to reverse. Further, since cohort studies are not experimental, it is difficult to conclude what precisely accounts for the outcomes, i.e. the impact that can be attributed to residential care per se.

What is good residential care quality?

Audit activities aim at improving care quality, but it is not obvious what should be regarded as good quality or good performance in residential care. Essentially, and just like most public services, quality is a contestable and historically contingent concept that reflects dominant values in society (Tilbury 2004; Lee & McMillen 2008). The complexity of public services also implies that different stakeholders (social workers, treatment staff, children, parents, politicians, taxpayers) may have different conceptions of care quality that may sometimes even conflict with one another (cf. Holland 2009; Follesø & Mevik 2010). Dahler-Larsen (2008) has suggested that the notion of quality in public services appears in different guises and is part of different discourses,

such as adherence to established standards, such as the presence of organisational systems intended to secure quality, such as the achievement of certain service effects, such as the fulfilment of political goals or the service users' needs and wishes. Regulative standards can to varying degrees harbour all these quality definitions.

One way to define care quality in residential care could be to depart from the dual mission of residential care: on the one hand, to provide support and care for children, on the other, to promote long-term outcomes. Regarding the former – to provide care and support – it is arguably possible to identify values around which consensus could be reached. In Sweden, the legislator puts forward a number of values that should permeate care, for example, residential placements should be 'safe and secure', offer 'stability' and build on 'trust and cooperation' with the children. In extreme cases, it may be apparent when such values are absent (e.g., if there are instances of maltreatment in the care environment). However, the values are often difficult to operationalize, are of low reliability and can, in principle, be realised in manifold ways (cf. Böcker Jakobsen 2010).

Promoting outcomes of care, relates to an explicit purpose of many placements in residential care to achieve a reduction of a vast array of symptoms and reintegrate children into society. Here you also encounter certain measurability problems. First, children in care often have complex needs that may be difficult to specify. Second, in order to say whether the residential home has fulfilled its mission, you must define the acceptable and legitimate level of outcome. Third – and perhaps even more vexing – it must be possible to connect the outcome to the residential intervention. In this respect, it is generally acknowledged that in interventions dealing with complex problems, the association between service outputs (how the work is organised) and client outcomes (whether the treatment is successful and meets the needs of the child) is a moot point (Munro 2011).

Echoing the last line of the reasoning above, an influential definition of quality in the research community and among decision-makers is found in the pursuit of evidence-based social services to a higher degree. That is, to make the connection between research evidence on what works and practice stronger in order to promote the performance of the services provided (Axford & Morpeth, 2013; Whittaker et al. 2015). The idea of evidence-based practice can roughly be divided into two research discourses (James 2017). The first one – which is officially endorsed by the Swedish central authorities (cf. Bergmark et al. 2012; Björk 2016) – emphasises *theoretical elements specific* to different treatment methods. This means a focus on distinct methods that have been proved to be effective in experimental studies; preferably randomised controlled trials (RCTs). In residential care, there are some promising methods (James 2017), but results often vary between contexts and client groups, and hence the basis for selecting methods that irrefutably work are weak (SBU 2016).

The second discourse has been labelled the *common factors approach* (Barth et al. 2012, 2013). Here the success of treatments is not explained by specific components of methods, but by factors that transcend and unify various specific treatments. In the common factor approach, aspects such as the quality of the caregiver-caretaker relationship and client motivation are assigned significant importance, but also other factors that are regarded as important in experimental studies. If we replace dogmatic interpretations of evidence-based practice, we may add factors that in the cumulative empirical research have been proved to be important. This includes the work done to reduce disruptions, provide strong school and health support, provide good leaving care services, work with the family of origin, create an environment that breeds therapeutic relationships etc. (Knorth et al. 2008; Whittaker et al. 2015).

Summary

The research on residential care shows that the regulations governing Swedish residential care are often indeterminate on substance. Placements in residential care have increased in recent decades and the care providers are to a large extent private for-profit businesses. Residential care is a heterogenic service consisting of various professional groups and target groups. Residential care has been insufficiently evaluated, but current research points at difficulties for the service to clearly demonstrate positive treatment effects. Definitions of quality are contested and stakeholders may have various opinions, but empirical research has identified several care aspects of considerable importance for service users, for example, care stability, school and health support, leaving care services and cooperation with the family of origin.

By bringing together the research on audits and residential care reviewed in this section, it is possible to conclude the following: The role of inspections and licensing is to control compliance with often indeterminate regulations. How the standards employed suit a complex and heterogeneous service like residential care with a contested knowledge base, emerges as a significant area to analyse. Likewise, there is a need for a more careful analysis of the possibilities for audits to capture central care aspects such as the relationships and interactions in the care environments, the views of service users as well as the use of research knowledge in the audit process. In order to gain a more in-depth understanding of the prerequisites for the auditing of residential care, the next section outlines the theoretical perspective of the dissertation.

Theoretical perspective

This section outlines the theoretical perspective of the dissertation. The perspective is in many ways based on the thesis on the ‘audit society’. This thesis originates in a broad sense from theoretical ideas found in organisational institutional theory. The main analytical object of the dissertation is the auditors, but since the dissertation concerns different facets of the audit system, concepts that relate to the auditees and the effects of audits are also relevant.

The section begins with a description of some main features and concepts of institutional organisational theory. Thereafter, I carve out the central ideas advanced in the thesis of the audit society. Then, under two separate headings covering the auditors and the auditees, I elaborate on the theoretical ideas introduced. Thereby, a more detailed theoretical basis is laid on which to discuss the auditing of residential care.

Organisational institutionalism – some main features

The theoretical foundation of the thesis on the ‘audit society’ in a broad sense has its origins in organisational institutional theory. Organisational institutionalism is a theoretical tradition containing various concepts and offshoots (see, for example, Greenwood et al. 2017). Below I will sketch some of the main ideas and concepts relevant to gaining an understanding of why organisations like the Inspectorate and residential homes behave as they do and the impact auditing may have on residential homes. One proposition in institutionalism is that organisations (such as auditors and auditees) are intertwined with and in incessant interaction with their institutional environment. Very roughly, organisations are regarded as open systems receptive to influential ideas in their environment of how to organise their work and more or less pressured into aligning their work with prevalent cultural and normative expectations (Scott 2014). This implies that organisations do not undertake sovereign actions solely based on means-ends rationality. Rather, they tend to do what is considered normatively appropriate in a given situation (cf. March & Olsen 2009). In other words, to understand organisational behaviour it is fundamental to direct the analysis towards the wider environment in which organisations operate.

Individual organisations are analytically considered to be part of *organisational fields*, which can be defined as more or less discrete spheres of society consisting of organisations engaged in similar tasks and goals (DiMaggio & Powell 1983). Both the auditors and the auditees in the dissertation can be considered part of the organisational field of “residential care for children and adolescents”, although their position in the field differ in some important senses (which will be discussed more specifically later in this section). Organisational fields are often united by shared rationalised myths, i.e. a set of beliefs, ideas and systems of meaning explaining appropriate organisational conduct (Meyer & Rowan 1977).¹³ In institutional theory, an important observation is that organisations in the same organisational field tend to resemble each other. The process of homogenisation has been captured in the term *isomorphism* (Boxenbaum & Jonsson 2017). The origins of isomorphism can be mimetic (that organisations imitate purportedly successful organisations), normative (e.g., that education and training pave the way for similar norms of conduct) or coercive (e.g., enforced by binding regulations). Auditing in the form of licensing and inspections mainly propels homogenisation by coercive isomorphism.

In institutional theory, it is posited that the *legitimacy* of organisations is paramount to organisational survival and success (Scott 2014; Deephouse & Suchman 2017). Legitimacy originates from various sources, but usually by demonstrating that the organisations follow established and approved practices. Conversely, organisations are rendered illegitimate if they deviate extensively from established practices. In this context, auditing is an authoritative source of legitimacy from which sanctioned standards of good practice flow. Hence, there is reason to believe that it is important for organisations to at least appear to comply with the requirements. Fundamentally, legitimacy concerns abiding by normatively accepted practices, but it is important to remember that such abidance is not necessarily equal to actions that are rational or functional. Auditors do not primarily enjoy legitimacy when they improve the practice of the auditees, but rather if they conform to societal expectations of an appropriate audit system. Similarly, residential homes do not gain legitimacy from executing work in the most efficient way, but rather if they conform to established practices for residential homes.

The fact that institutional theory assumes that organisational behaviour can largely be explained by institutional pressures, does not mean that there is no room for change. In institutionalism there is a broad acceptance of the role *institutional entrepreneurs* play (DiMaggio 1988; Hardy & Maguire 2017), which can be organisations (e.g., audit bodies, residential homes, trade

¹³ Since residential care is a starkly heterogenic practice that over a long period of time had weak oversight mechanisms, the actual existence and pervasiveness of generalised rationalised myths can be debated.

organisations) or influential individuals in an organisational field. Such institutional entrepreneurs can impel incremental and fundamental changes of an institutional field by successfully broadcasting ideas.

Residential homes are examples of *hybrid organisations* (Thornton et al. 2012). This means that they ideally encompass several different institutional logics and thus may be subject to conflicting demands. First, residential care is in theory based on a *professional logic*, which means that professionals make situation-based decisions based on professional judgment, i.e. professional experience, research or client preferences. Second, as residential care consists of many for-profit providers, a *market logic* is widespread. This may, for example, entail making a profit, which in turn may influence decisions and orient actions. Third, organisations have to more or less follow a *bureaucratic logic*, namely binding standards and rules that concern the organisation and not the individual professional. Theoretically, the different logics may be compatible, but in some situations also incompatible. The increased use of licensing and inspections means an emphasis on the bureaucratic logic and the consequences of this is something which is analysed in this dissertation.

An important issue at the core of the dissertation is the actual impact of auditing on residential practices. According to institutional theory, it is incorrect to assume that organisations are oblivious and passive in relation to institutional pressures. First, many ideas of good practice are relatively fluid. As they diffuse between contexts and organisations they change and are subject to translations and local adjustments (Sahlin-Andersson & Wedlin 2017). For example, the auditors might make certain interpretations of how “child participation” should be realised in residential settings, which in turn can be translated and enacted differently by auditees in local settings. Second, the actual scope of impact of the ideas on practices is not predetermined. The strategies among auditees can be distributed on a continuum polarised by *colonisation* and *decoupling* (Power 1997). Colonisation means that the ideas have a pervasive impact on practice and that standards are more or less fully incorporated. Decoupling – which in institutionalism is often suggested to be the most probable strategy – means that compliance tends to be cosmetic and that core services are not affected in any profound sense (Meyer & Rowan 1977). In addition, the effects of audits can be less tangible and work at a discursive level by shaping notions of what should count as quality (Shore & Wright 2000; see also Rose & Miller 1992).

The audit society

Under the influence of institutional organisational theory, Power in his thesis on the ‘audit society’ (1997, 2003, 2007) analyses auditing as a culturally fashionable way of organising society that increasingly has attained a taken

for granted status. Auditing is regarded as a powerful idea of rational control that holds a strong rhetorical attraction and satisfies deeply felt needs for control and order (Pentland 1993; Power 1997). According to Power, the breeding ground for audits are distrust; professionals are not trustworthy and hence ought to be subject to monitoring. Auditing is instead built upon trust in the audit process itself; that it is feasible to construct meaningful standards and that organisations improve their quality by adapting to these. In general, auditing is viewed as a largely symbolic activity that generates a sense of comfort, regardless of evidence of its actual benefits. The promises of audits are positively laden and difficult to object to; efficiency, quality improvement, detection of malpractice and fraud, etc. This makes auditing somewhat immune to fundamentally alternative thinking. Perhaps you may criticise the way audits are performed – but it is more difficult to dismiss their entire existence. Over time, Power (2007) identifies that auditing has gradually shifted from more positive connotations to becoming more defensive by focusing on controlling the risk management of the auditees.

The thesis of the audit society is intentionally critical by proposing dysfunctional consequences of increased auditing (Power 1997). The thesis highlights three potential dysfunctions, which to a varying extent are discussed in the individual papers of the dissertation. First, an increase in auditing may influence organisations in trying to manage external controls, for example, by devoting time to documentation, the setting up of control systems and other activities concerned with representation. Hence, a lot of activities are performed which are not coupled to the core activities. Second, audits may have a degree of formative effects on the practice being audited, which means orienting auditees in a direction towards audit criteria. This might lead to goal displacement if the criteria do not capture meaningful aspects of the practice. In this respect, Powers' (1997) hypothesis is that goal displacement is more likely to occur in services with a weak knowledge base and contentious definitions of quality, which arguably is the case with residential care. Third, an increase in auditing may imply a transfer of power and mandate from professionals to auditors. This can lead to a sort of deprofessionalisation in the sense that professional discretion is diminished. Eventually, it might also involve professional work increasingly becoming more bureaucratised, legalistic and juridified, which may come into conflict with traditional social work. These themes will be further elaborated under the next two headings.

The auditors

In Papers I, II and IV, the auditors are specifically analysed based on how they operationalize care quality and the nature of the standards they use. To understand the actions of the auditors, it is important to acknowledge that they

possess a special position in the organisational field “residential care for children and adolescents”. On the one hand, the auditors are independent from the auditees and are per se a formative and isomorph mechanism which defines good care quality. The auditors are not completely sovereign in this position; for example, they are obligated to accomplish a certain amount of inspections each year and the requirements they impose must be linked to regulations and predefined standards. As the audit is performed by a public authority, there may also be certain field specific norms to which the inspectors need to conform, such as maintaining impartiality and equivalence (see background section on the policy of the IVO). Yet, since the regulations on residential care are often vague, auditors are endowed with a fair amount of formal discretion. Theoretically, there is thus room for them to be institutional entrepreneurs and to introduce proactive ideas of residential care quality. Also, at a lower analytical level, individual inspectors as frontline bureaucrats have a scope of discretion (cf. Lipsky 2010).

On the other hand, the auditors are embedded in the same organisational field as the residential homes and thus influenced by similar norms. This means that they are affected by similar institutional pressures when determining care aspects to audit and how to organise the audit procedure. Residential care is arguably prone to provoking strong moral and public opinions on appropriate organisational conduct, since placement in care means that the public has become a sort of corporate parent for children (cf. Bullock et al. 2006). In theory, this restricts their discretion and narrows possible actions. The institutional pressures often materialise in various *ideas* that define good practice (see e.g., Power 2007; Sahlin-Andersson & Wedlin 2017). These ideas can be temporary or – as is often the case with licensing and inspections – institutionalised to the extent that they have been codified into regulations. The ideas express what constitutes “good residential care”, which may, for example, be defined as “child participation”, “safety”, “risk management”, “evidence-based practice”, “quality management systems” etc. The fact that licensing and inspections are supported by regulations lends them a certain level of authority and indicates that the ideas have reached a certain degree of institutionalisation. However, it does not mean that such ideas on care quality are sacrosanct when it comes to their importance for practice. The ideas can to a varying extent be underpinned by empirical knowledge on their actual merits, which means that they can sometimes be regarded as visions and fictions of a kind of what is considered appropriate organisational conduct (Brunsson 2004). In this dissertation, the extent to which the ideas of care quality used in the audits are supported by research evidence is recurrently analysed.

More practically, for auditing to function, auditors have to operationalize the ideas into *auditable indicators* of service quality (Power 1997). An analytical distinction that has been worked out in the dissertation is the one

between *distinct* standards and *indistinct* standards.¹⁴ In this dissertation, this distinction is used for the purpose of discussing the formative effects of auditing. If a standard is distinct, there are distinguishable and clear-cut norms regarding what is required of the residential homes and what complying with a specific standard entails. This can, for example, be how care providers more precisely should provide school support. In such cases an audit leaves tangible traces on the practices, and theoretically such standards are formative in a rather direct way. However, that is not to say that they necessarily affect core services. For example, audits often undertake a ‘control of control’ (Power 1997), i.e. monitors whether internal control systems are installed within the audited area. If the presence of control systems, and the fact that auditees are able to give an account of them, really affects practices may vary from case to case. If a standard is indistinct, the precision of the operationalisation is low. The standard is more discussion-based, open for negotiation and assessing compliance largely depends on the qualitative judgment of inspectors. Similar more vague standards can be subject to the afore-mentioned translations and realised in countless ways (Sahlin-Andersson & Wedlin 2017). In these cases, it may be difficult to distinguish the substantial effects of the audits.

The auditees

In all the papers, I discuss the effects of auditing on residential practices. To understand how auditing may have a functional impact on residential care, it is necessary to understand more closely what type of service it is. Residential care can be analytically determined as a *Human Service Organisation* (HSO) (Hasenfeld 2010). Such organisations have certain attributes that make it cumbersome to define and measure service quality and in several respects, this is even more complicated in relation to residential care for children. First, residential care is a comprehensive living environment and the service takes place in interaction between staff and children. The service bears more or less traits of the ‘total institution’ (Goffman 1990), which entails, for instance, that it is a residence isolated from the wider community. This implies that it may be difficult to gain an insight into and to evaluate a residential home during an inspection visit. Second, the needs and the problems of children are often individual and complex as are the goals of the service. In theory, this heterogeneity makes it difficult to construct universal standards which are appropriate for the diverse situations that may arise (cf. Ponnert & Svensson 2016). Third, as has been discussed, residential care is a practice where there

¹⁴ In the individual papers, I use different – but largely similar – concepts, for example, stringent standards, clear standards etc. The dichotomy indistinct and distinct standards has been worked out over the course of the analysis of the empirical results as a whole in order to make the conceptual reasoning more precise and uniform.

is a lack of consensus regarding care quality and there is insufficient knowledge of the critical ingredients of the service (James 2017).

To understand the likelihood of auditees adjusting to audits, it is important to acknowledge that – consistent with the auditors – the legitimacy of auditees depends on their conformity with normative expectations. The audit system in this respect constitutes a coercive isomorph mechanism which the auditees are compelled to adjust or at least relate to on some level (Power 1997). In this respect, audits emerge as both an opportunity and a risk on a symbolic level (Power 2007). In theory, this is propelled by the fact that many residential homes compete with other care providers on a quasi-market. Passing an inspection may increase a residential facility’s legitimacy in the institutional environment. Similarly, audits may constitute a risk since a failure to meet requirements may jeopardise the reputation and legitimacy of a residential home. Not living up to the institutionally acceptable standards suggests that a residential home has failed to maintain the image of a modern and rational organisation. Such an image is underscored by the fact that inspection decisions are made publicly available and may induce “naming and shaming” processes (cf. Lindgren 2014).

More practically, the dissertation postulates that audits have a degree of *constitutive and formative effect* (Dahler-Larsen 2012; Power 1997). This means that the indicators shape practices because they draw ‘attention to, define discourse and orient actions in certain directions’ (Dahler-Larsen 2012, p. 976). The fact that audits are underpinned by regulations and that on-site inspections occur rather frequently, theoretically increases such formative ability. Audits encourage auditees to create an auditable and assessable image of their practices. For example, the fact that organisations are required to open up to scrutiny and make themselves transparent, implies that there is ‘inspection work’ done by auditees, by, for instance, establishing audit trails and reflecting on the requirements (see e.g., Ek 2012; Lindgren 2015). However, the actual formative effect on core activities is in the end an empirical question which will be recurrently analysed in this dissertation. Roughly, the effects may vary between the afore-mentioned strategies colonisation and decoupling (Power 1997). It is also relevant to discuss to what extent distinct and indistinct standards respectively affect the formative potential (see above).

Another perspective on the effects of audits which the dissertation deals with is the interplay between different institutional logics. To reiterate, residential homes are driven by certain logics; professional, market and bureaucratic. Auditing essentially embodies a *bureaucratic logic* and in the dissertation the degree to which this logic is compatible or incompatible with a *professional* and *market logic* is analysed. First, increased bureaucratic logic may bring about conflicts and tensions in relation to a professional logic (Evetts 2009; Svensson 2010). In this scenario, the ideas of quality mediated by auditors may appear extraneous for the ideas of the professionals and the

children as to what constitutes good quality care. Further, given the complexity and uniqueness of situations that may arise in residential care, distinct and universal standards may collide with solutions professionals consider appropriate. However, it is also possible to imagine a scenario where a consensus emerges between auditors and auditees. Thus, there is no clear gap between auditors and auditees regarding the opinions on the relevance of standards. Theoretically, this especially holds true if the regulative standards are harmonised with what is normatively acceptable. Second, a bureaucratic logic may stand in a tense relation to a *market logic*. For example, audits may function as market corrective if they effectively get rid of unreliable care providers and affect care aspects where private providers may have incentives that could be detrimental for to quality. For example, the general tendency among private providers to reduce the number of staff and to enrol children with needs that they may not have resources to manage (cf. Davidson 2009).

Summary

To sum up this section, the theoretical perspective is based on institutional organisational theory and especially the thesis of the audit society where such ideas are applied on auditing. In institutionalism, organisations – both auditors and auditees - are viewed as more or less compelled to align their work with normative expectations as they are dependent on external legitimacy for success and survival. Auditing is in this dissertation regarded as a coercive isomorph mechanism which defines good care quality. An assumption is that the functionality and potential goal displacement of an audit system depends on its ability to affect core care aspects (e.g., whether the standards are informed by research knowledge and relate to service users' views). The distinctness of standards is assumed to influence the formative power of the system. How a bureaucratic logic (theoretically reinforced through licensing and inspections) accords with a professional and market logic is also of analytical importance.

Methods

The methodological approach resembles in many aspects a case study design (Yin, 2014). The ‘case’ can be defined as the Swedish audit system of residential care for children and adolescents. Since the aim of the dissertation is to study central but different facets of the audit system, the study includes various empirical objects and a combination of methods for collecting data. The material is based on interviews (n=50) involving 82 inspectors and residential staff, documentation (n=286) in terms of guidelines and formal license/inspection decisions produced by the IVO, and field notes retrieved from observations (n=12) at inspection-related events. Each paper is underpinned by a distinct set of data that have been collected in separate contexts on separate occasions. In Table 1, a rudimentary sketch of the empirical material is delineated, divided into the four papers.

Table 1. Empirical material underpinning the dissertation divided into the four papers.

	Paper 1	Paper II	Paper III	Paper IV	Total
Interviews	n=8	n=11	n=23	n=8	n=50
<i>Informant</i>	Inspectors	Inspectors	Residential staff	Inspectors	
Documents	n=132	n=7	-	n=147	n=286
<i>Type</i>	Decisions	Guidelines		Decisions	
Observations	-	n=2	-	n=10	n=12
<i>Category</i>		Visits		Meetings	

At the beginning of this section, I give a short account of the research process and the methodological approach of each paper. Thereafter, I discuss in more generic terms the considerations made when collecting data with various methods, as well as the analytical approach. Issues concerning the trustworthiness of the research are also addressed. Lastly, ethical considerations are outlined.

The research process

The data collection took place in several rounds between 2012 and 2017. The research process began in October 2012 with fieldwork at one of the inspection units, and the research project enjoyed the support of the managerial level (the NBHW which was at that time responsible for the inspections). The purpose of the initial fieldwork was to get a sense of how the inspections were organised and to obtain ideas for the individual studies to be conducted. At this time, the data collection was relatively explorative.

I visited the inspection unit on twenty occasions during which I followed the everyday work and consequently had the opportunity to observe various situations. This involved observations of meetings where inspectors conferred about inspection cases and occasions where individual inspectors wrote inspection decisions. I also had informal conversations with inspectors about their work and read various documents such as guidelines and decisions. Further, I participated when inspectors from all regions gathered to discuss their experiences of conducting child interviews and attended a class where inspectors from different regions were trained in methods for carrying out inspections. I also participated at a meeting where inspectors gathered to determine which care aspects were going to be inspected nationwide and when they consulted a legal expert at the organisation to discuss the basis for imposing requirements. The final observation took place at the beginning of 2013, after which I withdrew in order to outline the individual studies to be conducted.

Parts of the field notes generated from the observations have been directly used as empirical material in one of the papers (Paper IV), while others helped me get acquainted with the inspection system and spurred the preparations of subsequent studies. The remaining data collection was more deliberate insofar as it departed from relatively well-defined research aims. The research ideas of the individual papers were drafted based on the fact that they as a whole could generate varied data covering central facets of the audit system of residential care. The papers have been finalised one by one, as the material was collected.

Data for *Paper I* was collected between October and December 2015 and addresses the licensing of private care providers. Research on licensing is scarce and it was considered important to generate empirical knowledge on the audits that are conducted prior to a private residential home being allowed to offer its services in the market. The study was based on two data sources. I began by contacting the manager at the centralised licensing unit who agreed to the study. Subsequently, I studied on site all license decisions (n=132) executed during one year (2014) in order to describe and analyse the nature of the standards used by the IVO and in particular the reasons for rejection. The questions posed in relation to the decisions were: (i) did the application result in an approval or rejection and (ii) if it resulted in a rejection, what were the

reasons for this? The data was boosted with interviews with inspectors (n=8) managing licenses on the licensing process.

Paper II centres on the operationalisation of care quality and the process whereby the Inspectorate operationalizes care quality. The data was collected between October 2016 and October 2017. Originally, the research idea was generated by observations during the initial field study when I attended a meeting where inspectors decided what aspects of care to inspect. The research aim was considered important given the central value prior research ascribes the validity of standards. I began by getting in touch with a contact person at the IVO who gave me details on inspectors with experience of deciding aspects of care to be inspected. Interviews (n=11) were subsequently conducted with relevant inspectors and managers. The study also included an analysis of internal guidelines (n=7) displaying care aspects inspected from the time the new inspection policy came into force in 2010 until 2017. To explore what occurs when the 'operationalisations' were used in practice, the data was complemented with observation data from inspection visits (n=2). I came into contact with residential homes that had pending inspections through the trade organisation of private care providers, 'Svenska Vård' (Swedish Care), who e-mailed their members about the research. The field notes captured events before, during and shortly after the inspection visits.

Paper III concerns how inspections are perceived from the perspective of residential staff. Data was collected between September and December 2014. The study addresses a knowledge gap as there is limited knowledge of the impact of the reinforced inspection policy on residential practices and the meaning residential staff assign to inspections. The material is based on interview data. I began by requesting registrars at the regional IVO offices to provide me with information on all the residential homes which had been subject to requirements from the Inspectorate in 2013. Among these, I randomly selected eighteen residential homes (three from each region). The final sample consisted of 13 residential homes (five homes were not contactable or were not willing to participate). These were located in different parts of Sweden and were visited on location. Interviews (n=12) were conducted with managers and group interviews (n=11) were held with residential staff. In total, 23 interviews were conducted involving 55 respondents.

Paper IV explores the impact of child interviews on the inspection process and data was collected between October 2012 and June 2013. The research question was considered important for several reasons. For example, 'children's participation' in public services is increasingly highlighted in national and international policy documents, such as the UNCRC (the Convention on the Rights of the Child), and a strengthened rights of the child perspective was a central part of the reformed inspection policy. However, there is a dearth of research on how children's participation is realised in practice. In addition, observations during the initial field study revealed that

inspectors performed a fairly large number of child interviews, whilst it appeared unclear how the information was to be utilised in the inspection decisions. The material was based on three data sources. Part of the material was derived from the observations made during the initial field study in the form of field notes from observations at gatherings of inspectors (n=10) during which child interviews were discussed. In order to deepen the observation data, I contacted each of the six regions to get in touch with inspectors willing to be interviewed on the trade-offs when interviewing children during an inspection. Each respective manager of the units asked inspectors to participate and subsequently interviews were conducted with inspectors (n=8) representing all regions. Further, to study the impact of child statements in inspection cases, registrars at the units handed me a list on all inspection decisions made during 2012. From this list, I randomised a sample (n=147) covering about ten per cent of all inspection decisions.

Methodological considerations

Interviews

In this dissertation, interviews constitute a central data source that recurs in all the papers. The interviews have been conducted in different settings and with different informants. Individual interviews with inspectors have been conducted in three of the papers (Papers I, II and IV). In one paper (Paper III), individual interviews with residential managers and group interviews with residential staff have been performed. Sampling has been purposive which means that respondents have been selected based on their position in relevant organisations and their experience of the objectives addressed in each respective paper.

All the interviews have been 'semi-structured' (cf. Kvale & Brinkman 2014). In a semi-structured interview, the researcher has a predefined set of themes to cover based on the research aim and prior research/theory (see Appendix for themes). However, the researcher is receptive to answers and reasoning given by the respondents and hence the themes addressed in the interviews open up for multiple and ample answers. The interviews have been carried out in the respondents' everyday environment, typically at the offices of the inspectors (apart from one which was conducted over the telephone and one which was conducted at a café according to the wish of the inspector) and at the residential homes. I had encountered several of the respondents during the initial fieldwork or at formal presentations at the IVO which I occasionally made during my research. My impression was that this facilitated contacts and helped to create relaxed interview situations. The interviews with the residential staff deviated somewhat from this schemata, since I did not know

the respondents in advance. However, I sensed that they were keen to discuss the research subjects.

All the interviews were recorded and I transcribed them verbatim myself. When transcribing interviews, I did not pay particular attention to emotions (if this was not obviously relevant), but the focus was rather on the contents of statements. Each interview lasted between one and three hours and the transcribed material amounted to 707 printed pages.

There are certain pitfalls to handle when utilising interview data in research. For example, it is generally acknowledged that “talking” about practice tends to represent something other than actual “practice” (Silverman 2006). Although I often sensed that the respondents talked frankly on the subjects, humans do often inherently strive to present their actions in an advantageous light or respond in a manner that is conceived as socially desirable. In the papers, interview themes such as how inspectors handle interviews with children and the residential staff’s perceptions of inspections, could be examples of themes that run such a risk. This prompts the researcher to not treat interview statements uncritically as valid descriptions of practice. During the interviews, I often repeatedly asked similar questions to validate the responses. During the analytical work, I interpreted interview statements in the light of other interviews and in pertinent studies compared them with document and observation data. It is important to note, however, that the main purpose of interviews is generally not to attain statements that correspond to facts, but to investigate motives and intentions (in my case of inspectors and residential staff) which are subsequently interpreted analytically (Kvale & Brinkman 2014).

The group interviews were different from individual interviews in that the group dynamics influenced the interviews; these can, on the one hand, fuel discussions, but opinions may, on the other, also be suppressed if some respondents are more voluble than others. During these interviews, I made an active effort to distribute speaking time fairly between the participants, but to a large extent the discussions were able to proceed without the need for me to interfere.

Documents

Another key data source has been two kinds of documents: formal license/inspection decisions/case files (Papers I and IV) and guidelines (Paper II). The license and inspection decisions are public documents, while the guidelines are for internal use (for inspectors). Regarding the formal decisions, the sampling was either a total sample covering one year (Paper I) or a randomised sample (Paper IV). Concerning the guidelines (Paper II), these were typically issued annually and all available guidelines from the introduction of the new inspection policy in 2010 to the end of the data collection in 2017 have been studied. The formal decisions were read on

location at the different units. While reading them, I studied the complete case files (including, for example, working notes of inspectors and appended documents). Structured and predetermined questions confined what I noted (see Appendix), even though some adaptations were made to adjust the questions to the structure of the decisions. The guidelines were e-mailed to me by the contact person at the IVO, and were analysed at my office. This collection was likewise guided by structured questions.

Document data are commonly used in social sciences. The obvious merits of document data are that they are in principle more insensitive to researcher bias than interviews and observations, at any rate at the data collection phase (Bowen 2009). Further, document data may – when they are subject to quantification as was the case with the analysis of formal decisions – yield rather hard data on outputs that may complement data that captures processes. However, just like all data sources, there are certain flaws to which the researcher needs to pay attention (*ibid.*). For example, documents are often corrected so as to represent a sort of idealised image, which is not least relevant for public decisions intended for the general public and written from the perspective of the authority (to result in, for instance, arguments for requirements or rejections). Internal guidelines express similar concerns, although they are arguably less corrected given that they are not intended for the general public. Further, a researcher analysing document data is restricted by the details actually present in the documents. For instance, in the formal decisions (Papers I and IV), the process and context of inspections and licensing were not always described at length.

Observations

Observation data has been used in two of the papers (Papers II and IV). The observations have been made to access data that were not possible to obtain through other sources and to corroborate and expand findings from interviews and documents. Hence, the observations should not be confused with the type of ethnographic fieldwork where the researcher is immersed in a field over a long and cohesive period of time (Hammersley & Atkinson 2007). The observations have mainly been made at events that were rather structured in time and space in terms of meetings between inspectors and between inspectors and residential staff. My general impression is that my presence did not disturb the proceedings to any great extent. During these events, I in general jotted down observations in a notebook (*cf.* Emerson et al. 2011). These were soon after developed into more detailed sections of text. Often, I wrote down most of what I observed, since I did not always know what would turn out to be analytically significant in advance. However, during some events I was especially vigilant regarding certain aspects (such as the conversations between inspectors and residential staff during inspection

visits). I primarily focused on talk, but during the inspection visits, I also considered the environment and ongoing events to be of value.

Observation data are generally described as possessing the merit of providing first-hand knowledge that is difficult to come across in interviews and documents (Hammersley & Atkinson 2007). For example, inspectors recurrently described how inspections were carried out, but to observe how the visits unfolded in practice was a method used to counterbalance problems that may plague interview data. However, observation data tend to be – as interviews – susceptible to biases, since they are rather dependent on the gaze of the individual researchers. Also, since observation data is typically not recorded, it is dependent on the memory and attention of the researcher. Moreover, only few cases have been observed, which makes it difficult to make generalisations and imperative to contextualise the cases.

On mixing qualitative methods

Since the aim of the dissertation could not be adequately answered by one single method, I have in all but one paper (Paper III) combined data collected from two or more methods. My impression is that this strategy was mainly productive and enabled me to analyse the same phenomenon from different viewpoints, which arguably strengthened the conclusions. By mixing methods, complex phenomenon can be more comprehensively analysed and findings can be complemented, since different methods are associated with different defects (Morse & Niehaus 2009). By combining interviews and observations with documents, it was, for example, possible to capture both processes and to some extent outcomes of inspections. An example was that the license/inspection decisions revealed few distinct standards, which could be more profoundly explored in interviews with inspectors. Further, when using interviews and observations as was done in two of the papers, gaps from either of the other data sources could be filled in.

However, mixing methods does not come without difficulties. In general, you should be careful not to fall for the temptation to regard it as an obvious way to generate more solid findings than sticking to one method. As always, the validity of findings boils down to methodological and analytical meticulousness. Further, combining methods involves the risk that you do not benefit as much as possible from the single data sources. In other words, what is gained in breadth can be lost in depth. The observation data, for example, were to some extent used strategically and perhaps sometimes parsimoniously. Moreover, it was sometimes challenging in practice to bring together material from different data sources and give them due weight when conclusions were drawn, especially since they sometimes focused on different aspects of the phenomenon (such as process and outputs of licensing).

Analysis

The analytical work of the dissertation can be divided into two steps: first, the analyses conducted in the individual papers and second, the overall analysis of the individual papers in the end discussion of the dissertation.

The analytical approach of the individual papers consisted of quantifications of document data (Papers I and IV) and text analysis of interviews and observations (Papers I, II, III and IV). The analysis of the simple quantitative measures has followed 'content analysis' (see e.g., Hsieh & Shannon 2005). This is a conventional method for analysing data in social sciences and meant that I based my analysis on the predefined questions posed in the texts (see Appendix) and from the patterns emerging from the empirical observations extracted analytical categories. Thereafter, the observations were counted and referred to each of these categories.

The analysis of interview and observation data was instigated early on in the data collection phase, but the systematic analytical work began when the material had been transcribed. The empirical material was read repeatedly and coded with reference to what the interviewees expressed. Gradually, I sifted out patterns that transcended the context of the single interviews and observations (cf. Braun & Clark 2006). This abstraction process was guided by the empirical material, but by degrees informed by such theoretical concepts that were considered appropriate to understand the material and address the research questions. Hence, the analytical approach was resembling that of 'abduction' (Alvesson & Sköldbberg 2009), i.e. that inferences were drawn in the interplay between empirical observations and the theoretical concepts used. In the papers, the theoretical concepts were not used as propositions settling the interpretations in a straightforward way; rather, they were used as 'sensitising concepts' (Blumer 1954). This means that they helped to elucidate certain aspects of the empirical material, while also being subject to ongoing refinement to avoid stifling the interpretations. For example, in Paper II the analytical conceptualisation of the Inspectorate as an open system was used to shed analytical light on certain aspects of the material. Regarding the level of analysis in the papers, the empirical material sometimes captures micro-processes (e.g., the interaction between inspectors and residential staff), but the theoretical ambition was primarily to conclude how the audits work at an organisational level. In the presentation of the empirical material in the papers, I have reduced the material and primarily exemplified the analytical patterns that were established.

Concerning the analysis of the empirical results presented in its entirety in the end discussion of the dissertation, I began by summarising the findings of the papers. Thereafter, I located general conclusions that had bearing on the results of all the papers, and these were linked to the theoretical perspective. The theoretical ideas that were used to develop the themes advanced in the discussion were about the possibilities to audit central care aspects of human

service organisations, the actual formative effects of the audits in practice, the appropriateness of universal standards for a practice like residential care and the symbolic functions of auditing. During this phase I also elaborated the dichotomy between indistinct and distinct standards (see theory section), which was considered fruitful as a method to discuss the formative power of the audit system.

The trustworthiness of the research

Irrespective of whether research is conducted in a quantitative or qualitative tradition, trustworthiness is essential to evaluate empirical findings. Of overall importance is that readers are able to appraise the findings and in this respect, a transparent and detailed description of the data collection procedure is of the utmost importance. Such information is given in the individual papers and in the current section on method. Apart from this, reliability (the degree to which findings are consistent if the study is replicated), validity (whether the research measures what it intends to measure) and generalisability (whether the findings can be applied elsewhere) constitute criteria on which research findings can be assessed (Yin 2014).¹⁵

Regarding reliability, it is generally admitted that findings in social sciences are provisional in the sense that they are to a certain degree dependent on the context of the data collected and the personal qualities of the researcher. This is particularly critical in the type of qualitative research conducted in the present dissertation, since the methods entail a low degree of standardisation. I have striven to strengthen reliability in the following ways. During the data collection phase, I have in general used strategic sample procedures, but the procedures have contained elements of randomisation when the material was vast. To minimise memory problems, interviews have been recorded and transcribed verbatim, and observations have been written down soon after the events. Inspectors and residential staff have been offered to read the transcriptions to correct any errors. This offer was taken up in four cases and in all cases the respondents approved the transcriptions. When analysing the material, the interpretations of data have been assayed with my supervisors to strengthen ‘inter-rater reliability’ (Silverman 2006). During the analysis, deliberate efforts were made to identify empirical observations that could rebut the interpretations so as not to reach skewed conclusions. This was, for example, relevant in Paper III where auditees sometimes had conflicting experiences and opinions on auditing. Raw data have, as far as possible, been included in the papers to enable readers to make their own interpretations.

¹⁵In qualitative research, similar criteria are sometimes labelled dependability (reliability), credibility (validity) and transferability (generalisability) (Guba 1981).

When it comes to validity, the overriding (and somewhat evasive) question can be formulated as whether the findings reflect the phenomenon being researched. The low level of standardisation that besets qualitative methods – and which tend to lower reliability – may improve validity. The methods have enabled closeness to the research objects, and the fact that the research process has taken place over a long period of time has contributed to making me familiar with the practice and the viewpoints of inspectors and residential staff. This has probably led to a gradually deeper understanding of the inspection practice, but cannot of course be taken as an inoculation against validity problems. The afore-mentioned methodological strategy to mix methods and data sources can in general be viewed as beneficial as regards validity. When it comes to the interviews, the principle of ‘saturation’ (Glaser & Strauss 1967) has been followed as far as possible, i.e. I continued to interview respondents until I sensed that the subject had been exhausted and the findings did not seem to overturn hitherto collected data. I have also presented findings on several occasions at the regional offices of the IVO, which can be regarded as a form of participant validation of the research. Even though this has not been done in a structured sense, the general impression was that the inspectors did not oppose the findings but rather endorsed them.

As to generalisability, findings generated from social research are produced in a specific time and context, which in the end limits the possibilities to transfer knowledge. Further, since the dissertation has a qualitative design, generalisability in a statistical sense to a certain population is of course not possible. Yet, the ambition of the dissertation has been to reach what in a qualitative tradition is labelled theoretical or analytical generalisation – namely that the analysis can be applied to other contexts that show similar empirical traits (Alvesson & Sköldberg 2009). The case ‘audit system of residential care for children in Sweden’ is a unique one, but it is possible to discuss whether this case can be extrapolated to cases in other domains and contexts which involve audits.

Ethical considerations

The research project was approved in advance by a regional ethical review board (2012/5:5 Regional Ethical Office). In general, it was not considered to be ethically controversial to study public documents and decisions as well as interviewing public servants and residential staff about their work. Conventional research ethics have been heeded in the following ways. During the data collection phase, I collected informed consent from respondents and participants. Before and after interviews, I explained how the material would be used and that it was possible to withdraw from participation in the research at any time. The observations warranted more thoughtful reflections on research ethics, since being subject to observation may make you feel rather

exposed. During observations, I was open with the fact that I took notes and continuously sought reassurance that all the stakeholders approved of my participation. The empirical material has been anonymised to guarantee that no information is revealed that could jeopardise the integrity of the participants. This was especially relevant in the study on licensing, since there is only one such unit. Therefore, I decided not to articulate whether it was the manager or staff that had expressed certain quotes.

Summary of the papers

In this section, the four papers composing the dissertation are summarised in terms of aims, data, findings and interpretations.

Paper I: Entering the Market – on the Licensing of Residential Homes for Children and Youth in Sweden

Aim, data and analysis

The paper analyses the license controls that private residential homes undergo prior to their entry into the market. The *aim* of the study is to describe and analyse the regulatory conditions for and output of licensing in the market of residential care for children in Sweden. The empirical material on which conclusions are drawn come from two sources: I) a content analysis of a total sample of licence applications (n=132) made during one year and II) interviews (n=8) with inspectors managing licenses on the licensing process. The primary analytical question is the extent licensing standards can be interpreted as bureaucratic or professional (i.e. linked to factors of care substantiated by research evidence).

Main findings

The analysis of the formal license decisions shows that a majority (2/3) of the applicants was granted a license in the year studied. The figures for approved applications were somewhat higher for residential homes for unaccompanied minors compared to traditional residential homes.

The licensing process involves applicants in summary form accounting for how they intend to deal with several care aspects. For example, they have to provide a plan of the facility and show how safety requirements and documentation will be handled. They also have to define their prospective target group and describe the qualifications of the manager employed and prospective staff. Further, they must give a description of the quality system to be used, the care content and how children's participation, educational needs and medical and dental health will be monitored. However, the analysis

shows that only a few of these care aspects are used as a basis for rejection and that the licensing consists of few stringent standards.

The most common reason for rejection is that the proposed manager does not possess the right qualifications. The latter is defined as having some sort of appropriate university diploma, work experience from child welfare and knowledge about the legislation. The second most common reason is that the target group is not properly defined. This means, for example, that the care is intended for the target group 'children with psychosocial problems', that the plan is to mix children with different problems or that the age interval is estimated to be too broad. Thereafter, some aspects of the care content could be reason for rejection. For example, if the description includes restrictions (e.g., mandatory drug tests) or if the care content is clearly inappropriate (e.g., presenting extensive treatment for unaccompanied minors). However, no assessments are made regarding the theoretical basis of the methods per se.

The analysis of the interviews on the licensing process is described under four themes. First, regarding the conditions for licensing, the fact that the controls are tightly linked to the regulations, restrict how penetrative the licensing can be. Second, the licensing takes place before the residential homes goes into business and is based on a review of written descriptions. This makes the licensing inherently precarious, particularly if you put that in relation to the fact that a (granted) license is valid permanently. Third, inspectors gather a lot of information that they have difficulties making use of and assessing. More thorough controls are made of those care aspects where there are stringent standards, i.e. the qualifications of the manager, the facilities, the setting of the target group and certain aspects of the care content. Fourth, reviewing the care content makes up an essential part of the controls, but the vague requirements lead to a low degree of actual steering. Assessing care content seems to be more about the inspectors considering the applicants reliable and screening potentially harmful practices. Further, the controls focused rather on specific treatments, and less on general quality standards generated from research.

Interpretations and implications

The results are discussed under three conclusions. First, the licensing primarily controls bureaucratic criteria. The professional elements can be regarded as weak, since the licensing is to a low extent influenced by research based knowledge on residential care. This partly depends on the fact that several such care aspects are not clearly regulated and theoretically appear rather inaccessible for an ex ante audit. However, they could be controlled more comprehensively and transformed into standards that are more precise.

Second, the few distinct standards imply that the licensing system cannot be viewed as solid. Certainly, it increases the possibility to identify unsuitable

providers at an early stage and set certain minimum standards, but it does not forcefully reduce the need for inspections and municipal follow up.

Third, applicants are allowed a great deal of leeway regarding how to organise the care content. This means that the state exerts rather limited influence over the composition and professional development of the care market.

Paper II: Securing the Floor but Not Raising the Ceiling? Operationalizing Care Quality in the Inspections of Residential Care for Children in Sweden

Aim, data and analysis

The study analyses how the Inspectorate operationalizes care quality, the process of selecting care aspects to inspect and gives examples of how the inspections are carried out in practice. The *aim* of the article is to describe and analyse the operationalization process of care quality. The empirical material consists of: I) an analysis of internal guidelines (n=7) displaying how the Inspectorate has operationalized care quality since the new inspection policy came into force, II) data from interviews (n=11) with inspectors with experience of operationalizing care aspects to inspect and III) observation data collected during inspection visits (n=2). The article is based on institutional organisational theory wherein inspectorates are viewed as an open system subject to institutional pressures and whose success hinges upon legitimacy from the environment.

Main findings

The results show that the standards that have been inspected since the policy came into effect display a marked variation. Broadly they can be categorised into six domains: Staffing, Internal controls/Documented procedures, Child participation, Collaboration, Premises and Treatment. They all concern work procedures, and not client outcomes. Some of the standards have reoccurred (e.g., staffing, internal control systems and the participation of children in care). The relevance of the standards is difficult to object to, but they do to a low extent overlap with good care quality as it is defined in research on what works. When the standards concern such care aspects, they are in general associated with indistinct standards.

The standards used by the Inspectorate change annually and are similar across different types of residential homes. The rationale behind having a delimited focus can be understood in several ways. For example, it makes the

inspections more feasible. Further, it is intended to mitigate large differences between regions and inspectors. Also, it means that the Inspectorate can aggregate its inspection results, which brings about a more cohesive image of its work.

The results further show that there are various driving forces influencing care aspects to control, for example, areas where new regulations have been adopted, the values and experiences of the inspectors themselves and external pressures. However, the possible auditability of the care aspect often imposes restrictions regarding what is selected. Several care areas – for example, whether treatment methods are appropriate or the care contributes to enhanced outcomes – seem difficult and time consuming to inspect. The distinct standards often target formal requirements.

In practice, the inspections exhibit a rather discussion-based and non-intrusive character, provided that there are no obvious signs of deficiencies in care. The auditees should account for their practices on the audited care aspects, but there are few precise prescriptions.

Interpretations and implications

The results are discussed based on three conclusions. First, the shifting standards reveal a plastic inspection system in which the definitions of care quality are far from fixed. This is perhaps a consequence of residential care as a service where a myriad of factors may be important, but also implies that the effects of inspections appear irregular. In addition, the fact that criteria are equal for all residential homes means that it is disputable whether the inspections take into account the specific logic and tasks of different categories of homes. In this respect, organisational ideas such as uniformity appear to be more important than other concerns.

Second, the analysis also shows that the inspections do not directly focus on aspects of care extracted from research on ‘what works’, but rather on reducing malpractice. This priority is understandable since protection and care are fundamental for this specific service, but also means that it is unlikely that the inspections contribute to maximising care quality.

Third, the fact that the inspections to a high degree lack distinct standards referring to how the work with the children is performed, means that the system evades the possible downsides with inspections, for example, an excessive focus on rule compliance. But it similarly means that the effects of inspections become rather vague in cases where care is not estimated to deviate strongly from the standards. A tentative but legitimate question is what the inspections actually achieve beyond making the residential homes reflect on their practices in relation to the at that point in time audited care indicator.

Paper III: Adjusting to Standards: Reflections from ‘Auditees’ at Residential Homes for Children in Sweden

Aim, data and analysis

The study analyses how residential representatives reflect on how inspections affect their work. The *aim* is to investigate how inspections are perceived from the point of view of staff at residential homes. The empirical material is based on 12 individual and 11 group interviews with managers and staff (in total 55 participants) at 13 residential homes that had been subject to requirements, i.e. had failed to live up to a specific standard. The analysis addresses four themes, derived in the interplay between theoretical points of departure and empirical data. The theoretical ideas used to analyse the results are that inspections entail a degree of formative effect, that there may be potential tensions between standards and professional judgment, and that residential homes are organisations dependent on external legitimacy.

Main findings

The results are organised in four themes. The first theme discusses the administrative and managerial focus of inspections. It shows that the inspections make the auditees attentive to the areas inspected, but they often have difficulties articulating what impact inspections actually have on their professional activity. The inspections mainly affect the management and accelerate the build-up of documented systems and procedures to guide the care, for example, the management of risks in care and an increase in the involvement of the children. This is often seen as helpful for the managers and as they have become more used to regular inspections, they are more easily dealt with.

The second theme shows that the inspections often provide a sort of comfort and stability in a fluctuating working environment. Rather than resisting the demands, they are considered important in order to prevent complacency, provide guidelines and help the auditees to anticipate criticism. To be subject to inspections and to be judged as to your compliance with regulatory standards brings about a framework to follow.

The third theme reveals that tensions do still sometimes arise between the professional judgment of employees and the content of stipulated standards. These tensions primarily arise in relation to precise standards regarding the work with children (such as deviations from licenses, how to arrange facilities), and not in relation to documented procedures. However, as the inspections may be open to negotiations, the auditees sometimes manage to keep their solutions in place.

The fourth theme shows that inspections appear to play an accreditation role for the residential homes. For example, the auditees may be informed that they perform satisfactorily and many of them speak about inspections in terms of ‘quality assurance’ or ‘proof’. This provides professional confidence, but is also regarded as important in the care market for competitive reasons.

Interpretations and implications

Three main conclusions are drawn. First, the audits lead to an increased attentiveness regarding standards which are not part of the quality discourse found in evidence-based practice (EBP). Acknowledging that inspections have a formative effect, this may induce goal displacement, at least in relation to EBP, in that complying with regulatory standards is prioritised over determining which elements lead to the best possible effects of care.

Second, the audits accelerate compliance with rules, which can be viewed as relevant to secure minimum standards in a privatised and weakly professionalised field. The downside with such a focus on compliance with regulatory standards is that the room for professional judgment is sometimes restricted and standard setting may in some cases decrease the possibility of adjusting care to an individual child.

Third, the auditees are often adaptive to the regulatory standards. Such adaptation is interpreted as meaning that residential care is a practice open to various quality definitions and that the standards target care aspects that are normatively accepted. Also, standards often seem quite feasible to live up to and bring guidance and management to a complex line of work. Further, living up to standards means that the auditees follow officially sanctioned practices that signal ‘good quality’ which may have an impact on the external legitimacy.

Paper IV: Conditioned Agency? The Role of Children in the Audit of Swedish Residential Care

Aim, data and analysis

The article analyses the use of child interviews in the inspection process. The *aim* of the study is to describe and analyse the influence the Inspectorate grants children in care and particularly how children’s views impact the inspection process. The material consists of data from three sources I) observations (n=10) from inspection-related meetings where inspectors discuss how child interviews are conducted, II) individual interviews (n=8) with inspectors representing all six regions and III) an analysis of randomly selected inspection cases representing about 10 per cent of all inspections performed

during one year. Concerning interviews and observations, three inspectorial rationales emerge with a special analytical focus on the extent to which the rationales enable children to exert agency. The case files are analysed in terms of how the comments by the children influence the inspections and whether there are in this respect any discernible differences between different categories of comments.

Main findings

The analysis of observations and interviews show that different rationales may guide inspectors, which in turn have an impact on the influence the children exert. In practice they can occur in mixed form and in different situations. The *regulatory rationale* means that the interviews with the children fulfil the function of providing information on whether the institution complies with regulatory standards or not. Provided that the standards engage the children, the rationale assigns them a strong position in the inspection process. If not, there is an imminent risk that the outcome of an inspection will differ from what children consider important.

The *supportive rationale* encourages the children to have an unconditional impact on the outcome of an inspection and departs from what the children find important, irrespective of whether their opinions can be linked to regulatory criteria or not. This rationale results in a strong agency, but may not rhyme well with what the Inspectorate can formally achieve.

The *protective rationale* entails that inspectors for various reasons hesitate to make use of information gained from the child interviews. Such rationale takes into account that sometimes there are tensions between advocating agency and securing protective needs. However, it assigns children a weak status as actors.

The analysis of the case files reveals that children's remarks can be divided into three broad categories. The first category – relationships, participation and support – brings together remarks made on interpersonal relationships at the residences. The second category – rules and constraints – is about general rules that are upheld at the residential homes. In the third category – residential resources – the remarks concern various form of material and economic resources.

The analysis reveals difficulties for inspections to allow children's views to have a substantial impact on the inspection process. In almost 30 per cent of the cases, the inspectors did not interview any children. In cases where children were interviewed, their remarks (n=397) were distributed in the following way. 33.5 per cent were only found in the working notes and hence not part of the formal decisions. 53.5 per cent were represented in the formal decisions, but their views rarely appeared in the assessment (10%) or generated concrete requirements (3%).

The children are thus granted a strong influence provided that their views pertain to regulatory standards, such as general restrictions, certain questions about the facilities, that staff should be present around the clock or violations. However, the children tend to mainly express views about other things, such as interpersonal relationships, ambiguous rules and the resources available in the care environment.

Interpretations and implications

The paper suggests that the impact children have on an audit is conditioned, depending on features coupled to inspection logic as well as different inspectorial rationales. The inspection practice has inherent limitations in that the quality criteria must be derived from the regulations, which can be difficult to reconcile with a policy for children's participation.

However, the inspectors have a degree of discretion regarding how to respond to information from the child interviews, which is demonstrated by different rationales and by the fact that they can verbally put pressure on residential homes. It seems possible that a supportive rationale can be expanded. However, such a rationale also has weaknesses, for example, it may promise more than inspections are in reality able to enforce.

The fact that children's views do not correspond to regulatory standards can be discussed in relation to the fact that inspections are a formative process. An interpretation is that there tends to be a gap between what the children consider important and what is formally monitored and possible to address. For example, some criteria that the Inspectorate focuses on (staffing, facilities) is only commented on to a small extent by the children, while other aspects of care which the children attach importance to (relationships with staff, resources) appear difficult for the Inspectorate to formally act on. The above underlines the difficulties in measuring and imposing standards that arise regarding certain values that may be important for service users.

Discussion

The aim of this dissertation has been to describe and analyse the prerequisites and practices of auditing residential care for children and adolescents in Sweden. The study has focused on some central facets of the audit system and addressed the following research questions: What are the regulatory conditions for and output of licensing in the market of residential care for children in Sweden (Research Question 1)? How is care quality operationalized in inspections (Research Question 2)? How are inspections perceived from the point of view of representatives from residential homes (Research Question 3)? What influence does the Inspectorate grant children in care and how do children's views influence the inspection process (Research Question 4)? The empirical foundation of the papers consists to a varying extent of interviews, documents and observations, and captures both processes and outputs of the audit system.

In short, the answer to the first research question is that a majority of applicants are granted a license and that the controls do not forcefully reduce the need for inspections and municipal follow-up. The licensing process consists of few distinct standards and research knowledge is used in the controls only to a small extent. Overall, the state at this initial stage exerts limited influence over the composition and professional development of the care market.

Concerning the second research question, the results show that the inspection standards display a marked variation and are not differentiated between different types of residential homes. In general, the standards focus on reducing malpractice and not maximising care quality. Possible auditability tends to impose restrictions on what is controlled and the distinct standards target formal requirements. In the practical accomplishment of inspections, the standards relating to the work with children are often indistinct.

As for the third research question, the result shows that the inspections induce reflections and to some extent shape the administrative parts of care, but that it is difficult to discern the substantial impact of the audits on the work. Further, the results reveal that there are sometimes tensions between inspection standards and professional judgment. Also, the occurrence of inspections appears to bring a degree of stability and legitimacy to the work.

The results addressing the fourth research question suggest that different inspectorial rationales (regulative, supportive and protective) may influence the agency children exert and that it is difficult to allow children's views to

have a substantial impact on the licensing process. Overall, there tends to be a sort of gap between what the children find important and what the audits are formally able to address.

In this concluding section, I advance four themes anchored in the empirical results and related to the theoretical perspective. The first theme concerns the difficulties for the auditors to make core aspects of residential care auditable. Next, I suggest that the audit system is restrained and in many senses associated with inconclusive formative effects and discuss the implications of this. Thereafter, the fact that audits encourage uniformity is discussed in relation to residential care as a heterogenic practice. Finally, the symbolic function of auditing is discussed. The section ends with a summary of the results and I point out some practical implications.

Difficulties in making core care aspects auditable

Auditing can be viewed as a mechanism intended to influence the auditees in order to improve care quality (cf. Power 1997; Lindgren 2014). However, the functionality depends on the ability of the audit to influence core care aspects (cf. Munro 2004). An overall conclusion of the dissertation is that it is difficult to make certain core aspects of care auditable (e.g., children-staff relationships, care aspects that children attach importance to and research knowledge). This implies that it is questionable whether the audits actually improve residential care quality.

Paper IV points at the fact that a majority of the comments made by the children – relationships with staff and other children, rules at the residential homes, relations with social services, resources in the care environment etc. – are difficult to incorporate within the framework of a regulative logic and rarely can lead to concrete formal actions from the auditors. Hence, the audit system shows a certain inability to directly address some of the central demands of the service users. Paper II discusses difficulties for auditors to elaborate standards referring to more intangible care aspects, such as the social support provided to children. However, the action of an individual inspector does matter when it comes to less auditable care aspects. Papers II and IV show that inspectors regularly use their discretion to take action outside the formal inspection process and that they attempt to influence residential homes through communication (cf. Johansson 2006). Further, Paper IV shows that individual inspectors are to some degree able to influence the impact of children's views in the inspection process – by executing inspections in line with a more supportive, protective or regulative rationale. Yet, the permanent effects of such inspectorial actions are difficult to assess.

The results also show that the use of research knowledge in the audit process – which is often discussed as essential in order for an audit to be really purposeful (Munro 2004; Tilbury 2007) – is virtually absent. This is the case

regardless of whether such integration consists of staff at residential homes adopting certain methods or – less orthodox – that they employ available research knowledge. Papers I and II demonstrate that auditors do not review or discriminate between different treatment methods or ideas, provided that they are not obviously inappropriate for the target group or involve elements that inflict on children’s freedom. In Paper III, the auditees state that the way they conduct treatment and form their direct work with children is largely not affected by audits. The paper further reveals a limited use of factors that are stressed in research, for example, reducing disruption in care, providing children with school and health support, working with the family of origin, having strong leaving care systems, etc. (see e.g., Whittaker et al. 2015). Papers I and II indicate that school and health support are occasionally audited, but are connected with indistinct standards.

The difficulty to directly address aspects relating to child-staff relationships and a majority of care aspects that children attach importance to, can be interpreted by the theoretical assumption that residential care is a human service organisation (Hasenfeld 2010). Human services essentially take place in close interaction between service users and professionals, and the work process is difficult to measure and standardise. Many of the concerns which children highlight appear less auditable during the course of an inspection and difficult to set distinct standards around (cf. Hanberger et al. 2017b). The ‘juridification’ of auditing, i.e. that it is subordinated a legal logic, reinforces this condition and pressures the auditors to focus on care aspects that can be linked to regulations (Hämberg 2017). In turn, these circumstances mark a limit to the agency that children can exert in the audit process.

The limited integration of research knowledge is perhaps more unexpected, since the government in other contexts endorses evidence-based interventions and since the policy of the IVO states that their work should be knowledge-based (IVO 2015). Even though there is a lack of treatment methods that are clearly more effective than others (SBU 2016; James 2017) and that there may be practical difficulties to transform research knowledge into standards, there are care aspects which cumulative research emphasises as important. In relation to institutional organisational theory, this lack of consideration can perhaps be understood in terms of weak institutional pressures in this respect (cf. Power 2007). Put differently, the legitimacy of auditors does not depend on their promotion of a strong connection between research and practice. Instead, other ideas of care quality appear more important, for example, the imposition of organisational procedures that are aimed at reducing the risk of malpractice.

A restrained system with inconclusive formative effects

Licensing and inspections are coercive isomorph pressures with a seemingly strong ability to shape the organisation of residential homes (cf. Power 1997; Lindgren 2014). However, a theoretical idea previously suggested is the dependency of formative power on the precision of standards, i.e. the formative potential increases when using distinct standards and decreases when using indistinct standards. If a standard is distinct, what is required from the residential homes is specified and there is guidance as to how to comply with a specific standard. If a standard is indistinct, the precision is low and the standard is discussion-based. The overall results show that the audits above all target the ‘control of control’ (Power 1997) of residential homes and that there are few distinct standards. As a consequence, the system can be defined as restrained and hence in many senses has inconclusive formative effects. Thus, there is space for decoupling strategies and translation of standards, and the residential homes are in practice given a rather lot of leeway to decide how to organise their client work (cf. Sahlin-Andersson & Wedlin 2017). In other words, it is often difficult to conclude what audits actually entail for children in care.

Paper I demonstrates that a majority of the applicants was granted a license and that the licensing process consists of few distinct standards. Paper II shows that care aspects that are audited show a marked variation as well as the fact that the distinct criteria often target the administration of care. Further, these were interpreted as having a tenuous link to client work. In practice, and given that the auditees do not clearly deviate from the standards, the inspections largely consist of indistinct standards. Hence, possible compliance is dependent on a qualitative assessment of inspectors (cf. Hämberg 2017). Paper III shows that the auditees often have difficulties in articulating what the inspections cause apart from drawing attention to the audited criteria and accelerating the administrative and managerial control of the residential homes. Inspectors sometimes give advice on how to organise care, but it is up to the residential homes to change their practices in accordance with the spirit of the law.

Inspections and licensing are proposed as main instruments to secure and drive service quality in a marketised welfare state (Government Bill 2017:38; Rönnberg 2011). But since the state in many respects does not stipulate care quality in a precise way, the ability of the audit system to function as a strong market corrective can be questioned. For example, there are no distinct standards on staff density, which is an area where private providers may have incentives to keep costs down (Davidson 2009). Certainly, the audits indicate whether the inspectors consider that a residential home lives up to the criteria and perhaps can provide a rough picture of the general reliability of a home, but the information cannot be used by the social services as a solid basis for evaluating the care quality. Further, the restrained character may preserve the

status quo, rather than profoundly reforming the organisational field and introducing more proactive definitions of quality (cf. Hardy & Maguire 2017). Here, you may add that the Inspectorate rarely employs its most powerful tool. Since the IVO was founded only six residential homes have been deprived of their licenses.

The above line of reasoning concerns the disadvantages of a restrained system, but it is questionable whether it would be desirable with a system consisting of multiple distinct standards. For example, you could argue that distinct standards are in principle inapt for complex services like residential care where it is difficult to establish universal solutions for the individual and unique situations that can arise (see e.g., Dahler-Larsen 2012; Ponnert & Svensson 2016; Hanberger et al. 2017a). The restrained character of the system implies that clear frictions are often avoided; since the standards in general are indistinct, they are in turn rather non-intrusive and do not invade professional logics. In this regard, the system tends to counteract such dysfunctional effects which are sometimes discussed in literature on audit systems (Munro 2004; Lindgren 2014). This general tendency does not mean that there are no problems of principle emerging when the audits confront practice.

Uniform goals for a heterogenic practice

The fact that the audit system overall seems to have a limited formative range, does not preclude that it to some extent affects the actions of the auditees (cf. Power 1997; Dahler-Larsen 2012). This is likely to be reinforced by the fact that the Swedish Inspectorate has become more centralised in the last decade (Hämberg 2017). An overall finding of the papers is that the audit system stimulates homogeneity and brings attention to the care aspects that are in focus (cf. DiMaggio & Powell 1983). Tentatively the effect can be interpreted as a mild discursive steering of aspects considered central in care (cf. Rose & Miller 1992; Shore & Wright 2000). However, as residential care is a heterogenic practice with a disputed knowledge base, the fact that the staff at residential homes' approach to uniform goals does not necessarily entail that the care becomes more effective.

The standards express values that are generally difficult to object to and the variation of inspection standards mirrors that the Inspectorate is an open system receptive to the different ideas of residential care quality (cf. Scott 2014). Paper I concludes that at the centre of this process you find the qualifications of the manager, the description of the target group and whether the care content does not involve any restrictions on children. Paper II shows that the inspection standards mainly centre around staffing, internal control systems (e.g., on the prevention of risks in care, enrolment procedures) and the participation of children. Paper III also reveals that there is no far-reaching

opposition or conflict among auditees against the relevance of the audit criteria. In line with institutional theory, this is not surprising, since the fact that an idea of care quality has been codified in regulations in general implies that it has attained a taken-for-granted status (cf. *ibid*).

But the fact that a standard appears normatively plausible should not be confused with the fact that it improves quality in general or is relevant for individual residential homes. In residential care, the connection between service outputs and client outcomes is a moot point (Munro 2011; James 2017). For example, the implementation of quality management systems – which are regularly audited – is an idea of care quality that may be productive for residential care performance, but there is a shortage of knowledge supporting this assumption. Hence, the audits can actually generate goal displacement in that other central values become deprioritised, such as efforts to improve client outcomes (cf. Lindgren 2014).

It is also relevant to discuss uniform standards and potential effects on deprofessionalisation (cf. Power 1997, 2003). Licensing and inspections are instruments submitted to a bureaucratic logic that identify certain care aspects as more or less unquestionably important to address and which maintain the idea that there are more or less universal solutions (cf. Johansson 2006; Thornton et al 2012). At the same time, residential care is a heterogenic practice where children placed in the same residential home usually have individual needs. In theory, this calls for differentiated indicators and the acknowledgement of professional logic. But Paper II shows that the quality criteria are equal across all residential homes, irrespective of target group. Paper III shows that tensions sometimes arise in individual residential homes especially between the distinct standards that prevail and the professional logics of residential staff. Thus, although the system mostly leaves room for manoeuvre for the auditees, the audit system has an inbuilt rigidity that can conflict with the sensible professional judgment of auditees.

The use of uniform goals can perhaps be understood by the fact that homogeneity represents a culturally desirable aim and that such homogenisation satisfies desires of control and order (cf. Pentland 1993; Power 1997). Further, which is postulated in institutional theory, the auditors are likely to gain legitimacy by maintaining virtues of proper public authorities, for example, treating auditees equally (cf. Deephouse & Suchman 2017). But to fulfil such aims is not automatically optimal for the residential care system. In the choice between allowing a ‘hundred flowers’ to bloom and stipulating certain care aspects as unquestionably important, it might be argued that the latter should be preferred given that residential child care is a sensitive service targeting children in vulnerable situations and where private providers might have incentives that can be adverse for quality. Yet, it is not evident that this will contribute to a residential care system that is better equipped to address the individual needs of specific children in care.

The symbolic functions of audits

To understand the functions of auditing in relation to the residential field, it appears simplistic to restrict the discussion to the quality indicators that are used. Auditing is an activity and an idea that carries a strong symbolic value and that has increasingly become an institutionalised way of organising society (cf Power 1997; Johansson & Lindgren 2013). The system signals decisiveness within an area where the public acts as corporate parent and where there are and have been concerns about poor care as well as examples of actual malpractice. An overall analysis is that the audits of residential care signify values that can be interpreted as symbolic to a significant extent (cf. Pentland 1993; Power 1997).

Licensing is an activity to which great hopes are pinned which is reflected in the fact that there are currently suggestions to extend licensing controls to include other private social services (Government Bill 2015:7). For example, recently companies which administer enhanced foster care have been subject to licensing requirements. The trust in the efficiency of licensing can be contrasted with the results of Paper I. Here, the licensing was interpreted as a process with indeterminate implications for the quality of care to come. In other words, licensing can to a certain degree be viewed as a comfort-producing activity; it shows that the state is active in controlling care providers before they enter the market, but the actual implications are uncertain (cf. Power 1997). The same line of reasoning can be applied to the inspection controls, as they have difficulties impacting core care aspects and rarely employ their most powerful tools. Hence, the work of the Inspectorate seems extensively to rely on symbolic deterrence and hopes that the mere existence of escalation possibilities will discipline the care providers.

Interviewing children while in care satisfies a consensual value in contemporary society. Because there is more of a rights of the child discourse and due to historical omissions of involving children in the controls (Government Bill 2011:9), there are strong institutional pressures to conduct interviews with children, which has been codified in regulations in the reinforced inspection policy. Paper IV shows that the inspectors conduct numerous child interviews, but have problems making use of the information they generate. Perhaps the actual purpose of the interviews is to indicate to children that they are legitimate stakeholders and to ensure that the general public has done its utmost to secure that no children are maltreated.

Also for auditees, the controls have a symbolic function. Paper III shows that to be subject to inspections is often considered as positive even if residential staff have difficulties articulating the impact of the inspections on practice. For example, auditing evokes reflections, brings some sort of guidance to the work and reassures the staff that they provide care in a way that is sanctioned by the state. Theoretically, this can be interpreted in terms

of audits providing auditees comfort when they conform to institutional norms (cf. Power 1997).

Further, since the inspection decisions are made publicly available, it is not unimportant to avoid criticism, and audits emerge as an opportunity for auditees to strengthen their credibility (cf. Power 2007). Hence, in some ways the audits symbolically reignite a market logic by functioning as a means to strengthen the trademark and reputation of residential homes. But to recapitulate, the fact that the audits concentrate on narrow and shifting standards with often vague links to core care aspects, means that the decisions are fundamentally insecure proxies for care quality.

Concluding comments and practical implications

In Sweden, as in many other countries, auditing (licensing and inspections) has emerged as the main instrument to control residential care. Residential care is provided to children and adolescents in vulnerable life situations and available research show that the service has difficulties to demonstrate clearly positive effects. The audit system is a colossus that each year conducts a vast number of direct inspections and interviews with numerous children in care. It fulfils a commitment to the general public and service users that there is a public agency in charge, despite the care being the responsibility of autonomous local social services which often outsource the execution to private care providers. The dissertation highlights certain inabilities and limitations of the audit system:

- There are problems directly affecting certain core care aspects;
- There are few distinct standards which in many senses makes the effects of audits inconclusive;
- Even though it can be difficult to object to the normative relevance of the audit criteria, it is in general unclear whether they induce improved care;
- The audit activities signify an important symbolic value which is not always matched with its actual impact on practice.

Despite these limitations, the logical consequence should not be read as a proposal to abandon the audit system. The system has, as has been discussed, an impact that can be considered important. For example, not all care providers are granted access to the market, the licensing controls set some important limitations (e.g., delineation of target groups which can counteract incentives to mix children with different problems), children are given increased possibilities to have their voices heard and it is reasonable to believe that the occurrence of regular inspections increases the possibilities to detect harmful care environments. A suggestion is that the audits to some extent help to discipline the behaviour of care providers, to secure a minimum level

relative to the audited care aspects and to induce constructive reflections among auditees.

To be more practical and forward-looking, you may discuss in what ways the functionality of the system can be enhanced. Some of its problems are supposedly inherent in a service like residential care, such as the difficulty to from the outside prescribe the relationships between children and staff, actually affect day-to-day practices and the fact that an increase in distinct standards may impel rigidities. However, there are areas where changes may be viable at least to some extent, such as making deliberate efforts to bridge the gap between the cumulative research that exists and practice, and to increasingly audit care aspects that are relevant to the views of children. Moreover, given that residential care is a complex human service intervention and that children often have highly individualised needs, you may discuss whether it would be more appropriate to audit the homes in a more holistic way (cf. Munro 2011). Instead of primarily basing the decisions on interviews and documents and employing similar criteria for all residential homes, it would perhaps make more sense for inspectors to observe the residential work over a longer period of time and use more differentiated approaches depending on the type of care that is audited.

In any event, the audit system is perhaps ultimately legitimised not due to whether it can effectively remove unreliable care providers, affect care aspects to which children attach importance or improve the outcomes of care – but by virtue of being an institution that *endeavours* to detect and redress inferior care environments.

Svensk sammanfattning

Avhandlingen behandlar centrala delar av den svenska statens granskning (tillståndsprovning och tillsyn) av institutionsvård för barn. Institutionsvård utgör en av den sociala barnvårdens mest ingripande interventioner och de barn som placeras tillhör en utsatt grupp i befolkningen. Vårdens utförs till stor del av privata vårdgivare och den samlade forskningen påvisar att insatsen har svårt att uppvisa tydliga behandlingsresultat. Det senaste decenniet har granskningen av institutionsvård för barn förstärkts, vilket kan ses som ett exempel på en internationell trend av ökad granskning av decentraliserade och konkurrensutsatta välfärdstjänster. Det tycks således finnas en utbredd förhoppning om att granskning är ett effektivt styrmedel, men samtidigt är inte forskningen entydig om dess faktiska möjligheter att påverka till exempel vårdkvalitet.

En ny tillsynspolicy trädde i kraft 2010 och förvaltas sedan 2013 av tillsynsmyndigheten IVO (Inspektionen för Vård och Omsorg). IVO:s arbete syftar till att säkerställa en vård av god kvalitet och säkerhet och att verksamheter lever upp till lagstiftning. Reformen innebar för det första en ökad centralisering av kontrollen. För det andra lagstodgades att institutioner för barn ska inspekteras årligen. För det tredje medförde reformen att inspektörer inom ramen för tillsynsbesöken ska samtala med placerade barn om hur de uppfattar vården.

Syftet med avhandlingen är att beskriva och analysera förutsättningar för och det praktiska utförandet av granskningen av institutionsvård för barn. I fyra fristående artiklar besvaras följande forskningsfrågor: Vilka är villkoren för och utfallet av provning av tillstånd för att starta HVB (Artikel I)? Hur operationaliseras vårdkvalitet inom ramen för IVO:s tillsyn (Artikel II)? Hur uppfattas tillsynen av personal och föreståndare vid HVB för barn (Artikel III)? Vilket inflytande ger tillsynen placerade barn och vilken påverkan har deras utsagor på tillsynsprocessen? (Artikel IV)

Avhandlingens teoretiska perspektiv grundar sig på institutionell organisationsteori och teoribildning kring granskningssamhället (audit society). Inom institutionell teori ses organisationer – både tillsynsmyndigheter och institutioner för barn – som starkt beroende av omvärldens legitimitet för att nå framgång. Granskning kan förstås som ett institutionellt tryck som granskade verksamheter har att förhålla sig till. Granskningens funktionalitet ses som avhängigt förmågan att kontrollera och påverka vårdens kärnvärden (t.ex. relationer mellan barn och personal, barns

synpunkter och vård- och behandlingsaspekter som forskning anger som angelägna). Granskningens formativa kraft antas även hänga samman med hur pass preciserade granskningskraven är. Av analytiskt intresse är dessutom hur en byråkratisk logik (som tenderar att förstärkas i och med tillsyn och tillståndsprövning) är förenlig med en professionell logik och en marknadslogik.

Avhandlingens metod består huvudsakligen av fallstudie-inspirerade undersökningar av statens tillståndsprövning och tillsyn av institutionsvård för barn. Empiriskt material har inhämtats från intervjuer (n=50) med IVO:s inspektörer och HVB-personal, dokument (n=286) i form av tillstånds- och tillsynsbeslut och riktlinjer samt observationer (n=12) vid tillsynsbesök och tillsynsrelaterade situationer. De artiklar som ingår i avhandlingen bygger på skilda empiriska material. Materialet analyseras till övervägande del kvalitativt, men till viss del även genom grundläggande deskriptiv, kvantitativ metod.

Artiklarnas resultat visar följande: Av artikel I framgår att en övervägande majoritet av dem som ansöker hos IVO om att starta HVB beviljas tillstånd, att prövningen innehåller få precisa krav, att nystartade HVB ges tämligen stort utrymme att besluta om vad vården ska innehålla samt att tillståndsprövningen i liten utsträckning införlivar forskningskunskap. En första slutsats är att granskningen i detta inledningsskede inte utnyttjar sin potential, eftersom kontrollen av vad som kan betecknas som professionella kriterier är begränsad. En andra slutsats är att granskningen inte på något kraftfullt sätt minskar behovet av efterhandskontroll (t.ex. statlig tillsyn och kommunal uppföljning). En tredje slutsats är att staten utövar begränsat inflytande över sammansättningen av marknadsaktörer och i förlängningen den innehållsmässiga och professionella utvecklingen av institutionsvård för barn.

Artikel II visar att en mängd vårdaspekter har granskats sedan tillsynsreformen trädde i kraft, att olika typer av verksamheter är underkastade likartade granskningskrav samt att kravens koppling till forskningskunskap är begränsad. Det framgår också att tillsynsmyndigheten väljer vårdaspekter att granska på basis av om ny reglering tillkommit, inspektörers egna värderingar och erfarenheter samt yttre tryck. Även granskningsbarhet, dvs. att en vårdaspekt bedöms kunna mätas på ett meningsfullt sätt, spelar in. I de allra flesta fallen är den praktiska tillsynen diskussionsbaserad och de krav som ställs inkräktar inte påfallande på institutionernas arbete med placerade barn. En första slutsats är att granskningens formativa effekter framstår som oregelbundna och att granskningen i liten utsträckning är differentierad med hänsyn till den variation av hem som finns. En andra slutsats är att granskningen framförallt fokuserar på att minimera risker i vården och inte på att maximera vårdens kvalitet. En tredje slutsats är att avsaknaden av preciserade granskningskrav medför att granskningens betydelse för det direkta arbetet med placerade barn tenderar att bli oklar.

Av artikel III framkommer att tillsyn leder till att personal ges tillfälle att reflektera kring de områden som kontrolleras och påskyndar uppbyggnad av nedskrivna rutiner, men att granskningens direkta påverkan på arbetet med placerade barn ofta är svår att urskilja. Resultatet visar vidare att regelbunden tillsyn kan ge stabilitet och vägledning till personal och chefer. Det framgår också att det emellanåt uppstår spänningar mellan tillsynens krav och personalens professionella bedömningar. Slutligen förefaller tillsynen för enskilda HVB-hem fylla en legitimerande funktion. En första slutsats är att det finns en risk att granskningen leder till målförskjutning, eftersom kraven ofta saknar koppling till forskningskunskap. En andra slutsats är att granskningen i vissa avseenden bidrar till ett slags avprofessionalisering på så vis att man kan diskutera om kraven alltid är anpassade till individuella barns situationer. En tredje slutsats är att föreståndare och personal generellt är mottagliga för tillsynens idéer om kvalitet, vilket inrymmer både möjligheter och hinder när det kommer till granskningens förmåga att förbättra vårdens kvalitet.

Artikel IV visar att inspektörer kan vägledas av olika rationaliteter (regulativa, stödjande och skyddande) i förhållande till de samtal som förs med placerade barn, vilket kan påverka den grad av inflytande som barnen ges. Resultaten visar vidare – i de fall barn intervjuas – att barnens synpunkter i liten utsträckning utmynnar i konkreta åtgärder. Barnens inflytande i tillsynsprocessen inskränks ofta till vårdaspekter som kan knytas till regleringar. Artikelns slutsats är att det tycks vara svårt att förena krav på barns inflytande med en granskningsform som tillsyn. Inspektörer kan i viss mån påverka i vilken utsträckning barnen ges inflytande, men övergripande förefaller det finnas en klyfta mellan det som tillsynen har möjlighet att kontrollera och det som barnen finner angeläget i vårdmiljöerna.

En sammantagen analys av avhandlingens resultat behandlar – för det första – granskningens svårigheter att komma åt och påverka kärnvården (t.ex. relationer mellan barn och personal, barns synpunkter samt vård- och behandlingsaspekter som forskning anger som angelägna). Det innebär att man kan ifrågasätta om granskningen verkligen leder till förbättrad vårdkvalitet. För det andra diskuteras att granskningen ställer få distinkta krav, vilket gör att den kan beskrivas som återhållsam. Det innebär å ena sidan att potentiellt oönskade effekter av en alltför byråkratisk granskning undviks, å andra sidan att det ofta är svårt att säga vad tillståndsprövning och tillsyn tillför vården. För det tredje förs resonemang om huruvida det är rimligt och ändamålsenligt att använda enhetliga krav vid granskning av en komplex och heterogen tjänst som institutionsvård. För det fjärde diskuteras granskningens starka symboliska funktion för både samhället och enskilda institutioner för barn.

Trots de begränsningar som vidlåder granskningen, visar avhandlingen att tillståndsprövning och tillsyn kan bidra till att i vissa avseenden disciplinera vårdaktörer, ge placerade barn ökade möjligheter att göra sina röster hörda,

säkra en miniminivå inom de granskade vårdområdena och framkalla reflektioner hos institutionspersonal. I sista hand vilar granskningens legitimitet sannolikt på att det är en inrättning som *strävar efter* att upptäcka och komma tillrätta med undermåliga vårdmiljöer – inte på att dess aktiviteter faktiskt leder till bättre vård.

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Appendix

Document guide (Paper I)

- Name of the residential home:
- Description of the target group:
- Description of the care content:
- Description of the anticipated staff:
- Description of the participation and influence of the children:
- Description of safety and security:
- Description of the management system:
- Description of the documentation:
- Description of the buildings and premises:
- Description of the funding:

Investigation

- Visit to the premises:
- Criminal records check:

Decision

- Rejection/Approval
 - Yes
 - No
 - If rejected, what were the reasons given?

Interview guide (Paper I)

Introduction

- What is your professional background and experience?
- How long have you been working with licensing?
- Has your previous work experience been of any use?
- Is your feeling that licensing has changed over time? If yes, how?

The licencing process

- Please describe the normal case management process.
- Are there any areas that you control with particular care?
- Do you think that the licensing process is adequate as regards quality assessments of the operations?

Assessments

- Please describe a straightforward case
- Please describe a tricky case
- Are you as an individual case officer able to make different types of decisions?

The requirements

- List aspects that are straightforward to assess
- List aspects that are difficult to assess
- Are there any requirements that you deem to be more important than others? How are these more important?
- Are there any requirements that you deem to be less important? In what way are these less important?
- In your experience, is it easy/difficult to obtain a licence? In what way?

End

- Is there anything that you would like to add regarding licensing?

Interview guide (Paper II)

Introduction

- Name
- Region
- Describe your professional background
- How long have you been working as an inspector?
- Have inspections changed at all since you started working here?

On inspections

- Please describe how inspections of residential care are structured
- What normally happens when you go on inspections?
- What do you normally look at during an on the spot inspection?
- Do you only look at the theme in focus for the inspection, or are there aspects of care that you always inspect?
- Do you inspect different types of residential homes (such as homes aimed at providing treatment, homes for unaccompanied minors etc.) in a similar way?
- What is your opinion about the fact that you conduct an inspection once a year?
- What is your view regarding unannounced/announced inspections?
- What do you think is important in the care provided?

Selection of inspection theme

- Describe the process where you select what is to be inspected.
- What normally lies behind the selection of a certain theme?
- Has the way you select themes changed over time?
- What influence do individual inspectors have when themes/areas to inspect are being selected?
- Is there anything you have to think of in particular when you select the theme (such as policies, the opinions of the management)?
- What about themes that you have inspected previous years - do you take them up again or do you regard them as done?

Operationalising themes

- What happens when you determine how the theme will be inspected in practice?
- Are there any differences with regard to the precision of the requirements between different areas of care? Give examples.
- Are there any areas of care where it is easier/more difficult to say how they should be audited?

Views on auditing and the requirements you can/cannot set

- The National Board of Health and Welfare advocates evidence-based practice and the use of research knowledge, is this something that is taken into consideration during your audits?
- To what extent is it possible to look at aspects that have been proved to be important in research, for example, schools, aftercare, breakdown of care?
- Do you think that audits on residential care are well structured? If yes, how? If not, what kind of system would you like to see?
- What parts of the care do you think you have the possibility to affect?
- Do you think the requirements for the care are set too high/low? Why?
- In your view, what can be achieved through audits? What effects do you think the audits have?

Interview guide (Paper III)

Perceptions of the IVO/inspectors

- What is your experience of the IVO's inspections?
- What are the pros and cons of audits?
- Please describe the normal audit process for you (preparations, during the inspection, post-inspection)
- What is your view of the interviews with the inspectors?
- Do you feel that the inspectors are acquainted with your work?
- What possibilities do you have of influencing the audit?

Understanding requirements

- Can you describe what the IVO normally looks at/asks about when they visit you?
- What is your view of the requirements?
- What is an important/less important requirement in your opinion?
- What do you think is central/important to your work?
- Do you think that audits cover aspects central to your work?

The importance of audits

- Have audits actually led to any consequences for your operations? Give examples.
- Do you feel that the inspections/requirements are supportive or a hindrance for your work?
- Do the inspections have any impact on your daily work?
- What does a negative/positive inspection decision entail?
- What happened when you received the decision on action to be taken?
- Is it important to have a positive inspection decision? Why?
- Do you feel that the inspection decision has any impact on your relationship with the social services/clients?

Open question

- How would you like to see an inspection structured?

Document guide (Paper IV)

- Name of the home:
 - Type of business:
 - Announced/Unannounced inspections:
 - Theme of the inspection:
 - Target group:
 - A description of the methods:
 - Number/gender/age of children registered:
 - Number/gender/age of children interviewed:
 - If no interviews with children have taken place, why:
-
- What do the working notes say about what the children have said?

Interview 1

Gender/Age:

Interview 2

Gender/Age:

Etc.

- What does the inspection decision say about what the children have said?
- Has the manager given feedback regarding anything that the children have said?
- Has what the children have said been included in the assessment in the decision? If yes, how?
 - If not, what is in the assessment in the decision?
- Has what the children have said lead to any requirements?
 - If not, has any other action been demanded?
 - If yes, has the manager at the residential home carried out the action?

Interview guide (Paper IV)

Questions concerning background

- Name
- Region
- How long have you been working with inspections?

Questions

- Please describe how you normally go about talking to children
- Have the interviews with the children changed since you started working as an inspector?
- What do the children normally ask questions about?
- What are your feelings about retrieving information from the children? Difficulties/possibilities?
- How do you normally use the information from the interviews with the children?
- What considerations do you normally take as regards using the information?
- Are there situations where you hesitate to include something the children have said? If so, for what reasons?
- What do you do when a child brings up negative aspects of his/her placement?
- What do you do if different children at a home articulate different views about their experiences?
- When does what the children say lead to requirements?
- When does what the children say lead to you speaking to the home about what the children have said?

Original papers I - IV