

The origins of NPM can be traced to the new managerial fashions in the private business sector that developed in the 1960s and -70s and the general shift in political outlook in, particularly, the American and British business communities that took place during this time (Newman and Clarke 1994). Its intellectual roots, thus, are the same as those of neo-liberalism and public choice theory, i.e., a conviction that the interventionist, postwar state is inefficient and harmful to economy and society and that its role should be reduced, particularly in the sphere of production (see, for instance, Friedman 1962). Distinctive of NPM is, however, that it is concerned with increasing the *efficiency* of the public sector (or what is left of it), rather than dismantling it. In this light, it seems simply to offer a means to use scarce public funds in a more efficient manner. Therefore, it is not surprising that it has appealed broadly to policy makers all over the world, regardless of political conviction (Pollitt 2004).

From a more critical perspective, the practices advocated by NPM have also been interpreted as a way of dismantling the organizational structures which preserve the bureaucratic and professional powers that support the postwar welfare state (Self 1990, Newman & Clarke 1994). In this interpretation, the attempt to restructure the state through “managerial”, means is, at least in its origins, clearly a *political* project, linked to the over-riding neo-liberal project of dismantling the welfare state. One example of when NPM and contracting practices seem to have been introduced with this stated purpose in mind is during the British Thatcher government in the 1980s. As argued by Janet Newman and John Clarke:

“The economic and social objectives of the Conservative attack on welfare...have been structured by the political logic of dismantling the welfare state as a site of power. It is this logic which is the core of managerialization. Management represents the means by which the relations of power within the state might be unlocked and transformed.” (Newman & Clarke 1994, p. 22).

In the following, I present a brief list of what can be considered some of the most common elements of NPM reforms as they were undertaken in range of Western countries during the 1980s and 1990s:

- **Contracting.** As noted in the introduction of the paper, contracting refers to a practice where public agencies delegate the task of providing public services to private organizations in exchange for financial reward. The organizations can be non-profit or for profit. Since contracting involves transferring activities that have previously been carried

out by the state itself to the private sector, it can be seen as a form of privatization, even though the tasks of funding and regulating the service provision remain with the state. “Contracting” is sometimes also used to describe contract-like agreements between different agencies *within* the state, but in such cases contracts are not legally binding and refer, rather, to the realm of new managerial practices within the public sector (see below).

- **Competition.** According to the principles of NPM, all contracting practices should ideally be exposed to free market competition, which means that any service provider can compete for public contracts on an equal basis, i.e., price and quality. Competition is heralded as a key value in NPM, as it is seen as the foremost means to ensure that public tasks are carried out in an efficient manner and at the lowest possible cost. Competition can also be enhanced if the users of services are provided with a free choice of service providers and the payments to service providers on the part of the state are linked to their choices. In this case, providers, whether public or private, compete for consumers on the basis of quality (since user fees are typically standardized). If competition between a mixture of public and private actors is regularized within a given policy area, such arrangements are sometimes referred to as “quasi” or “internal” markets. They differ, of course, from real markets in that the state, usually in the form of local authorities, is the only ‘customer’ or purchaser of the services.
- **Consumer choice.** Consumer choice refers to practices when service users are provided with a free choice between different service alternatives, even though these are all offered within the framework of a publicly regulated and financed system. Consumer choice is seen by advocates of NPM as an important means to empower the users of public services. If, as noted above, the choices of services users are linked to the allocation of resources between providers, a competitive, market-like environment where service users act as consumers is created within the framework of a public, solidaristic system of service provision. Consumer choice has been common foremost within the educational sector, where parents have been offered a fictive ‘voucher’ to use when choosing a school – private or public- for their children. A fixed sum per student is thereafter allocated to the schools, which means that these are financed on the basis of how many students they attract. Consumer choice has also been employed within health and social care sectors, then usually in combination with contracting practices and some form of quasi market arrangements.

- **Employment of market-based management techniques within the public sector.** The central principle here is to replace formerly hierarchical and rule-bound modes of governance with decentralized, market-like practices which encourage cost-efficiency, transparency and personal accountability. Examples of such practices include: introduction of purchaser/provider split; creation of independent units within the public sector; devolution of managerial powers; freedom of managers to manage –also in relation to previously more autonomous professions; more transparent lines of accountability; increased recruitment of public managers from the private sector; employment of performance targets, performance-related salaries, shift in professional and bureaucratic culture and discourse where users of services are seen more as ‘clients’; increased usage of quasi ‘contracts’ to regulate relations between different public performance units.

As should be evident from the policy components listed above, NPM is not a coherent policy model but a rather loose set of principles and tools with the over-riding aim of market-orienting governance within the public sector and opening it to private enterprise. Its origins can be found in neo-classical economic thought, which heralds the free markets and sees economic incentives on part of individuals as the prime force underpinning social and economic development (Self 1990). It is probably no exaggeration to say that the ideas of NPM has influenced thoughts and practice with regards to public administration in most countries in the world during the last two decades, albeit to varying degrees.

NPM-reforms in the areas of health, primary care and social services in Sweden in the 1980s and 1990s

The reformation of the social service sector in Sweden was preceded by a period of heightened political conflict. In the early 1980s, the Conservative Party and the main employers’ organization, the SAF (*Svenska arbetsgivareföreningen*) became openly critical of the existing welfare system and demanded its thorough reformation. A main target of the political attacks was the provision of social services. Echoing the neo-liberal ideas that were influential in particularly the US and UK at the time, the public welfare service sector was described as wasteful, overly bureaucratic, and, above all, depriving the Swedish people of their right to chose freely between various kinds of services (Mellbourn 1986). By the mid 1980s, the two centrist parties, the People’s Party and the Center Party had joined the Conservatives in their campaign for privatization and consumer choice, creating, for the first

time in Swedish post-war history, a joint opposition against Social Democratic welfare policies.

The critical public debate about the organization of the welfare services sector during the 1980s also reflected the growing problems of local governments in delivering services as their own financial situations deteriorated. As a result of local attempts to ration services and reduce costs, waiting lists for health care and other social services (particularly child care) grew, resulting in public discontent. A media debate about the deficiencies of the system followed, giving right-wing critics of the system further opportunity to develop their arguments about the negative effects of the public monopoly. Whether popular discontent with the system was actually growing at this point, as argued by its critics, remains unclear. On the one hand, opinion polls have consistently shown a high level of support for the welfare system, including the service sector (Svallfors 1992, 1999). On the other, the debate during the early 1980s did seem to reflect a general public frustration, not just with the waiting lists but also with the inflexibility of this extensively regulated system, where regard for the working conditions of the staff sometimes seemed to be given higher priority than the needs of users (von Otter and Saltman 1990).

The 1985 elections became a public referendum on the future of the welfare system, vigorously defended by the social democratic party. When the question is formulated in terms of for/against the welfare state in Swedish politics, the 'for' side usually wins, and 1985 was no exception. More important than these election results, however, it was after the mid-1980s that a change of attitude towards the role of the public sector became visible within the social democratic party itself. Kjell-Olof Feldt, Minister of Finance between 1982 and 1990, became one of the most prominent advocates for public sector reform. In contrast to other social democrats, Feldt's prime concern was not the lack of democracy and consumer orientation within the public sector, but its size and productivity. During the following years, virtually all publications from the Minister of Finance advocated the introduction of various NPM measures within the social services sector, including decentralization of managerial authority, performance related payments, contracting and public/private competition (Antman 1995). Another prominent feature of the models discussed by the Ministry and other experts was free choice of provider on the part of service users; an element of particular attraction in a system like the Swedish one with its relative lack of consumer influence hitherto. In the late 1980s, so-called quasi-

markets as a means to renew the welfare services sector were openly advocated by the Social Democratic government (Antman 1994).

In 1991, when the new, market-orienting policies of the Social Democrats had barely begun to be introduced, they were replaced in power by a Conservative-led coalition government. Promising a 'choice revolution' in the welfare services area, the former opposition parties sped up the reforms and encouraged private provision more forcefully than the Social Democrats had, but basically continued along the same reform track. Similarly, when the Social Democrats were returned to office in 1994, the movement towards privatization continued. Developments within the welfare services sector during the 1990s were also marked by the strained financial situation of the municipalities and county councils, which resulted in regular cutbacks within this area. This trend was reversed after 1997, when Swedish public finances improved.

Broadly, three main phases can be identified in policy developments within the welfare services sector during the late 1980s and 1990s. First, during the years 1986 -1990, decentralization and de-regulation measures were undertaken whereby much of the administrative and regulatory controls of the central state agencies within the education, health care and social services sectors were dismantled. The second phase, 1990-1994, was characterized by a general euphoria over the market-enhancing mechanisms advocated by NPM, which was introduced in experimental ways within the social services sector foremost by local politicians who believed this to be a way to reduce costs as well as make service users more content. This phase was also characterized by national reforms to increase user choice and pave the way for regular privatization by the then-conservative-led government. In the last phase, which has lasted since the social democratic party returned to power in 1994, local governments have found more stable patterns of contracting out service provision while the share of private actors has continued to grow and choice rights have been further expanded, particularly within the health care sector.

Reforms within the health care sector: quasi markets

Reforms within the health care sector during the 1990s started with the decentralization of regulatory power to the county councils, which made it legally possible for them to experiment with new organizational forms of service provision and to contract out regular health services to non-public actors. Many county councils responded quickly to the reforms

by introducing various forms of quasi-market arrangements, which meant that the counties themselves acted as purchasers of services and, instead of administratively organizing service provision themselves, negotiated the costs and quantity of services to be offered to the public through contracts. For public service providers, this meant that they were made organizationally independent and funded on the basis of performance, rather than budgets. This reorganization, which was inspired by the principles of NPM and their application in the British national health service (NHS), represented a completely new way of thinking about health care for most actors within the Swedish system. By 1995, a majority of the 21 counties had left the previous administrative system and gone over to a purchaser/provider arrangement. This had the added effect of opening up the system to private actors, who could now be invited to compete with public providers for purchaser contracts. The extent to which the county councils have used this possibility to privatize service provision varies. In 2000, 85% of the counties had private providers and this group accounted for over 25% of all patient visits in the primary care sector. Within institution-based care, the share of private bed amounted to about 10% (National Board of Health and Social Welfare 2002)¹. The greatest proportion of private providers is to be found in the bigger cities, where their share of total provision is about 15%. Almost all of the increase in private care provision during the 1990s was accounted for by for-profit care providers (Trydegård 2001).

The establishment of private providers within the primary care sector was furthered by the so-called Primary Doctor Reform in 1992, which gave private primary care physicians the right to establish themselves and receive funding (on the basis of the number of listed patients) on the same conditions as public primary care physicians. The reform also gave patients the right to freely choose their 'own', personal, primary care physician (public or private). Within secondary care as well, patient choice rights widened significantly during the 1990s. Since the competing care providers are now often financially rewarded for attracting patients, stronger incentives towards catering to patient needs have been created within the system. Surveys testify to there being strong public support for the right to choose a health care provider (Anell and Rosén 1995). In 2002, patient choice rights were extended further, as they now came to include providers (public or private) anywhere in the country.

When patient choice was introduced, some feared that it would undermine the principle that only medical need should determine access to care, because the well-educated would

¹ IN Swedish public statistics, "private" institution-based care includes hospitals that have been transformed to public share-holder companies, where the local governments retain the majority of shares.

otherwise make 'better' choices and seek care more actively. Some studies indicate that the highly educated have proved more likely to use their right to choose care providers, and to seek private, rather than public, care, than the less well educated. It has also been noted that private health clinics and independently practicing physicians have tended to establish themselves foremost in residential areas inhabited by high-income groups (Blomqvist and Rothstein 2000:198). However, as of yet, there is no evidence to suggest that private care providers offer a better quality of medical services.

Reforms within primary education: school vouchers

Reforms within the school system during the 1990s were at least as far-reaching as those within the health care sector. In similar fashion, the school system has been opened up to non-public actors, thereby offering users more choice and putting increased pressure on public schools to compete for students. In 1988, the system was decentralized, as regulatory powers were transferred from the central state to the municipalities and the schools themselves. This reform signaled a shift in Social Democratic educational policy, which became more open to diversity and local initiative. The key reform within the school sector during this period, however, was the introduction of a voucher system in 1992 (*skolpeng*). This reform, which was based directly on American ideas about educational vouchers (see, in particular, Chubb and Moe 1990 and Friedman 1962) established a system whereby privately operated schools could compete for students with public schools on an equal financial basis. It entitled all private schools approved by the National Agency of Education, including the confessional and commercially operated, to full public funding to be calculated on the basis of the number of enlisted students. The size of the per-student grants corresponded to average student costs in the public schools. The voucher reform, which was introduced by the Conservative-led government but later endorsed by the social democratic party, also provided all Swedish parents with the legal right to free choice of school. In effect, it transformed the Swedish school system from a virtually all-public, bureaucratically operated system with very little room for parental choice, to one of the world's most liberal public education systems.

The introduction of educational vouchers drastically improved conditions for private schools in Sweden and resulted in a rapid expansion of the non-public school sector. In 1991, there were a little over 60 non-public schools in the country; by 2000 their numbers had reached 475 and were steadily increasing (National Board of Education 2001). In 2004, the share of students who attended private schools had grown from virtually nil (see above) to 7% in

primary schools and 12% in secondary schools (Swedish Association for Local Authorities 2004). Most private schools are located in the bigger city regions. In some municipalities their student population makes up 20-30% of all students. As in the health care sector, private providers tend to be over-represented in high-income areas. In the late 1990s, the fastest growing type of private school was the for-profit-based (Blomqvist and Rothstein 2000: p.172).

It is important to note that, although the most obvious result of the school voucher reform was that it opened the Swedish educational system to private actors, the reform also affected conditions for public schools. The competition for funds, in conjunction with free parental choice, has led to a process of stratification within the public education sector in many municipalities, whereby popular schools have experienced a sharp increase in applications whereas less popular schools have lost students (and thereby also part of their funding). The most important dynamic behind the pattern of educational stratification, where some schools become elitist in character and others develop an increasingly bad reputation, is the choices of parents. Data confirm that children of parents with high incomes and more education are over-represented among those who transfer to private schools and public schools of better reputation. Ethnical segregation, likewise, is furthered both by the establishment of privately operated (but publicly funded) schools catering to immigrants (on the basis of religion or language) as well as the observed tendency of parents of Swedish origin living in ethnically mixed areas to prefer schools with a low percentage of immigrant children (Blomqvist and Rothstein 2000).

Reforms within Elderly Care: Contracting and Increased Commercialization

The elderly care sector underwent far-reaching organizational changes during the 1990s, as a majority of the municipalities left the previous system of direct administrative control over service provision and introduced a purchaser/provider system. This implies that, while decisions about eligibility and the amount of care granted remain with the local authorities, actual services are provided by independent organizations (which can be public or private) on the basis of contractual agreements. In many municipalities, price-based competition for purchaser contracts has been introduced. In 2002, 92 of the municipalities used private contractors, most of them large, for-profit firms. The entrance of private firms into elderly care provision, has, together with the impact of NPM, contributed to transforming the policy culture of this part of the welfare system. This is evident not least in the new 'economistic'

discourse now employed by the local authorities, where care services are referred to as 'products' and the elderly as 'consumers' (Szebehely 2000). The share of private contracting as part of total elderly care costs quadrupled in the first half of the 1990s alone, and has continued to rise steadily ever since. In 2001, 12% of the elderly received institution-based care from private contractors and 8% received privately provided home-based services (Swedish Association for Local Authorities 2002). The share of privately employed workers in this sector grew from 2% in 1993 to 13% in 2000, and most of the increase was within the for-profit sector (Trydegård 2001).

Developments Within the Child Care Sector: Parental choice and a Larger Share of Private Providers

The universal right to public child care in Sweden was further strengthened by the Social Democratic government during the 1990s, as the municipalities were placed under a legal obligation to provide this service for all parents, including the unemployed.² As a result, the system continued to expand during this period, even if most of the expansion took place within the private sector. Between 1990 and 1999, the share of children in private (although publicly funded) care facilities rose from 5% to about 15% (National Board of Education 2000). This development, just like changes within the elderly care sector, was prompted by parliamentary legislation which made it possible for the municipalities to provide public funding for private child care providers. Prior to this, the child care sector had already been deregulated and municipalities given wider discretion to organize service provision as they saw fit. In 1984, the Social Democratic government had made this possible for certain types of non-profit providers such as parental co-operatives, and in 1992 the Conservative-led government extended this freedom on the part of municipalities to arrangements with for-profit child care providers. The extent to which it has been used varies significantly, however, as the share of private providers ranges from 1% to 47% between the municipalities. As with private providers in the other welfare sectors, their share tends to be higher in urban areas, particularly in municipalities inhabited by high-income earners (Trydegård 2001).

Privatization tendencies within the child care sector during the 1990s were also reflected in the increased role of private financing, as user fees went from covering 10% of total costs in 1990 to 18% of total costs for child care in 2000. To halt this tendency - which was having a

² In 1999, 75% of all Swedish children between 1-5 years were enrolled in the public child care system (National Agency of Education 2000).

negative effect on the financial situation of many families, despite the fact that fees are usually income-related - the government introduced a (national) maximum fee for child care services in 2002, regardless of provider. In 1999, most of the non-public child care providers were parental co-operatives, but the fastest growing group was the for-profit companies. Children of the highly educated were clearly over-represented within the non-public sector, whereas children of immigrant families were underrepresented (Expert Commission A Balance Sheet for Welfare of the 1990s 2001). Taken together, patterns of parental choice, as well as that of the regional establishment of private child care providers, point here also to a socially segregating dynamic (Bergqvist and Nyberg 2001).

The Liberalization of the Swedish Welfare State and the Political Role played by NPM

The brief account above of the reforms that have been introduced in the social service sector in Sweden during the 1990s shows that policy developments within this part of the welfare system have not been merely a matter of modest spending cutbacks. Much more important has been the return of private actors to this area for the first time since the 1940s, the introduction of market-like modes of organization and the increasingly stratified consumption patterns prompted by the introduction of consumer choice. It is important to recognize, however, that the transformation of the ways in which services are provided have not yet challenged the universalist character of the system, which ensures access to high-quality services on the basis of need, rather than on ability to pay. Neither have private providers been allowed to charge higher user fees than public ones, which are set by the government (in some instances, local government). The market-orientation of service provision in the Swedish welfare state is thus not predominately a case of retrenchment (spending within most service sectors has actually increased in recent years), but of policy change of a more qualitative nature. The policy changes undertaken concern, rather, the underlying goals and values of the system and the conditions for allocating social goods to the citizens through it.

As demonstrated in the first section of this paper, the public system of social services provision that was constructed after the Second World War was based on a distinct political preference for shielding this sector against market forces, in order to further the goals of egalitarianism and social de-stratification. These values are much weaker in Swedish social policy making today. They have, at least in part, given way to values of quite a different origin, which emphasize, instead, consumerism, individual rights, economic efficiency and private initiative. This represents a significant policy re-orientation. In the 1990s, the public

sector came to be seen by Swedish policy makers foremost as a *service producer*, whose main task was to satisfy citizen demands. Accordingly, its performance is increasingly evaluated on the basis of its ability to do so at the lowest possible cost. This is a far cry from the traditional, social democratic view of the public sector as *an instrument of social transformation*, the basic value of which lay in its democratic nature and ability to provide citizens with a refuge from the stratifying effects of capitalist society. This change implies an intriguing development, which will affect how the welfare system exerts influence within society and (re-) shapes relations between social groups. This kind of qualitative policy development, which falls outside of simple understandings of welfare systems as more or less costly, or more or less re-distributive in purely financial terms, but concerns, rather, social perceptions of justice and identity, needs to be taken into consideration as well when adjustments in welfare systems are reviewed.

How, then, can the ideas represented by the NPM movement be said to have contributed to this political development? At least three possible ways in which NPM ideas could be said to have affected Swedish politics during the 1980s and 1990s can be identified, each of which will be treated briefly here. The first is that the NPM ideas, which first became known among policy makers and experts during the 1980s, strengthened the conservatives and the main employer organization (SAF) in their critique of the welfare system and enabled them to express it in a way which appealed to both their own supporters and the public at large. If so, the main effect of NPM was to empower the right-wing critics of the welfare state in Sweden and to strengthen the legitimacy of their attacks upon the otherwise popular system. Another possible role played by the same ideas during this period was to influence foremost policy makers on the left, who were becoming aware of the bureaucratic nature of the system and what appeared to be an increasing frustration with it among the public, but still rejected outright neo-liberal solutions like privatization. NPM offered what to leftist policy makers must have been perceived as a 'third way', namely to preserve the public nature of the system and its universalistic character, but to reform it so that resources could be used in a more cost-efficient manner and service users be given more influence in relation to providers. It should be noted, moreover, that NPM practices initially discussed within the Swedish left, such as 'quasi markets' and consumer choice, were perceived as organizational devices to be used within the public sector only and thus did not involve any element of privatization. In this light, NPM can be seen as something of a Trojan horse for the left, where seemingly 'neutral' and pragmatic policy solutions to improve the functioning of the public sector turned out to bear the seeds of a policy shift entailing elements of both privatization and commercialization.

The third possible role played by NPM in Swedish politics after 1980, which builds upon, rather than rules out, the two routes of impact identified above, is that its ideas and the new policy discourse that these entailed provided a platform, or common language, which enabled left and right-wing policy makers to re-negotiate the character and value basis of this part of the welfare system. Such negotiations were, to be sure, never formalized, at least not in the parliament, but it is striking, nevertheless, that some sort of common understanding about the direction of the reforms undertaken within various social services sectors was established during the 1990s, after a decade of unusually confrontational politics. The social democratic party, which refused to even consider opening up the social service sector to private actors as late as 1985 was, only a few years later, willing to contribute to such a development, even to the point of letting for-profit firms run schools and day care centers for children. The conservative and liberal parties, on the other hand, were quite careful when they introduced reforms aimed at increasing the scope of privatization within the welfare system during their governing period (1991-1994) as they stated that the prime reasons for doing so were to increase the efficiency of the system and widen the rights to free choice on the part of service users. Thus, at least in terms of rhetoric, NPM provided the conservative-led government with a policy agenda that seemed more concerned with improving the welfare system than dismantling it. It is likely, moreover, that the discursive framework provided by NPM helped the quite ideologically disparate four-party coalition to stake out a common direction for the welfare reforms that they, on the basis of partly separate value grounds, had promised their voters to undertake.

Regardless of the exact nature of the causal mechanisms through which NPM influenced Swedish welfare politics during this transformative period, it seems clear that its contents inspired policy makers on both left and right and led them to introduce far-reaching changes into the system of welfare service provision. In this way, NPM exerted an independent influence on policy developments, even though, obviously, other factors played a role too, like the motifs of political actors, the distribution of power between them and the on-going transformation of the Swedish economy, which prompted policy makers to search for cost-reducing policy measures. This conclusion has wider implications for our understanding of Swedish welfare politics as well as welfare policy change in general. It suggests, above all, that we need to add the role of ideas to the list of possible causal influences when welfare policy change is to be explained.

Conclusion

In this paper I have sought to demonstrate that the Swedish social service sector has undergone substantive reformation in recent decades and that these reforms have oriented at least this part of the Swedish welfare system in a more liberal direction. I have argued, moreover, that an important factor behind this policy shift was the influence of ideas known under the label New Public Management in Swedish politics during the same period. Arguably, NPM and the ideas associated with this movement provided policy makers on both left and right with a new policy discourse, through which the re-orientation of the system for welfare service provision demanded by right wing critics in the 1980s could be negotiated. The compromise eventually reached –although this is by no means a stable equilibrium– entailed a partial privatization of the provision of services while their financing and regulation remained in the hands of the state. It secured, moreover, the universalistic character of the system while at the same time reforming it so that new social and political demands for cultural diversity and individual freedom could be accommodated.

As has been noted above, the altered view of the public sector – i.e., of the state – as described here, is no means an exclusively Swedish phenomenon. The NPM movement, in its different versions, swept across the world in the 1980s and 1990s and resulted in the adoption of more market-like managerial practices in the public bureaucracies of most industrial countries. The point, however, is that this ideological movement affected the Swedish Social Democratic welfare state *as well* and helped - together with shifts in the domestic political power structure - to transform it in what is arguably a more liberal direction. It could be argued, moreover, that with its new 'mix' of public and private service producers and increasingly stratified service consumption patterns, this part of the Swedish welfare state is assuming a less traditionally "social democratic" character and becoming more akin to the continental European welfare states.

A central argument in the paper has been, finally, that in order to fully understand the workings of welfare politics and the conditions for policy change, one must acknowledge policy transformations that have take place in welfare systems considered highly "stable", like social democratic ones. Particularly, the often predominant focus on income protection programs must be broadened to include also the provision of welfare *services*, where, arguably, the greatest policy changes have taken place in recent years. In addition, it is

suggested that conceptualizations of “change” must be broadened to include also policy developments not measurable solely in quantitative terms like replacement or spending levels, but of a more qualitative nature, like shifts in organizational modes and relations between private and public actors. If this is done, it will become more readily apparent that all changes that have taken place in welfare systems during the last two decades are not about dismantling, or cutting back on, welfare programs. As the Swedish case demonstrates, social policy change can also entail a shift in the underlying goals and values of such programs, which, in turn, might have consequences for their societal impact and ability to “de-commodify” labor.

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2 The extent to which this is an ethnically stratifying parental choice pattern in Sweden is yet somewhat unclear. A study from the National Board of Education referred in Blomqvist and Rothstein 2000 gave some indication of

such tendencies, but further research is needed to establish whether this phenomenon is, in fact, common and if the end result really is increased ethnic segregation within the system.

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の 編集者名	書籍名	出版社名	出版地	出版年	ページ
宮本太郎	ソーシャル・ガバナンス その概念と展開	山口二郎・宮本太郎・坪郷實	ポスト福祉国家とソーシャル・ガバナンス	ミネルヴァ書房	京都	平成17年	1-23
宮本太郎	「第三の道」以後の福祉政治 社会的包摂をめぐる三つの対立軸	山口二郎・宮本太郎・小川有美	市民社会民主主義への挑戦	日本経済評論社	東京	平成17年	81-107
宮本太郎	未完の自由選択社会 G・レーンとスウェーデンモデル	古城利明	世界システムとヨーロッパ	中央大学出版部	東京	平成17年	97-121
宮本太郎	福祉国家の転換と公共サービス	今村都南雄	公共サービスの揺らぎ	公人社	東京	平成17年	1-26

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
宮本太郎	ポスト福祉国家のガバナンス 新しい政治対抗	思想	第983号	27-47	平成18年
宮本太郎	新しい社会的リスクと人生前半・中盤の社会保障	NIRA政策研究	第19巻第2号	12-17	平成18年

宮本太郎	機会の平等という 夢 アメリカの市 場主義と対抗モデ ル	環	第24号	128-133	平成18年
宮本太郎	ソーシャル・アクテ イベーション 自立困難な時代の 福祉転換	NIRA政策 研究	第18巻 第4号	14-22	平成17年
芝田文男	ソーシャル・インク ルージョンへの政 策的取組みの現状 と将来 EU、スウ ェーデン、ドイツ、 イギリスの取組み と日本の政策への 含意	北大法学論集	第57巻 第1号 (予定)		平成18年 (4月予定)
芝田文男	日本におけるソー シャル・インクル ージョンの政策の必 要性と可能性 一 格差論・相対的貧困 層の動向と若者・公 的扶助受給者の自 立支援	北大法学論集	第57巻 第2号 (予定)		平成18年 (7月予定)

刊行成果一覧	成果番号 (実績報告書での言及)	ページ数
宮本太郎「未完の自由選択社会」(古城利明編『公共サービスの揺らぎ』中央大学出版部) 2005年 97-121頁	1	(1)
宮本太郎「ソーシャル・アクティベーション」(『NIRA政策研究』第18巻第4号) 2005年 14-22頁	2	(27)
宮本太郎「ソーシャル・ガバナンス」(山口・宮本・坪郷編『ポスト福祉国家とソーシャル・ガバナンス』ミネルヴァ書房) 2005年 1-23頁	3	(37)
宮本太郎「新しい社会的リスクと人生前半・中盤の社会保障」(『NIRA政策研究』第19巻第2号) 2006年 12-17頁	4	(61)
宮本太郎「ポスト福祉国家のガバナンス」(『思想』第983巻) 2006年 27-47頁	5	(87)
宮本太郎「福祉国家の転換と公共サービス」(今村都南雄編『公共サービスの揺らぎ』公人社) 2005年 1-16頁	6	(115)
宮本太郎「機会の平等という夢」(『環』第24号) 2006年 128-133頁	7	(121)
宮本太郎「「第三の道」以後の福祉政治」(山口・宮本・小川編『市民社会民主主義への挑戦』日本経済評論社) 2005年 81-107頁	8	(149)

以下はまだ正式に刊行されていないが実績報告書での言及のため成果番号を付す

芝田文男「ソーシャル・インクルージョンへの政策的取組みの現状と将来」(『北大法学論集』 9

芝田文男「日本におけるソーシャル・インクルージョンの政策の必要性と可能性」(『北大法学論集』 10