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What Rocked the Welfare Boat?

A Qualitative Case Study of Implementation Process of Dementia Policy in Sweden

Abstract

This research has tried to resolve the ongoing debate among the Swedish elites and politicians regarding why the adopted policy has failed to address the needs of patients with dementia in Sweden. It is argued that the origin of the debate lies between the policy formulation and how it is being implemented. Therefore, there is much concern about lack of coordination and stakeholder's involvement during policy formulation, as policies made without the inputs of these stakeholders have shown to be difficult to be implemented due to lack of policy goals awareness by implementers. Seeing that street-level bureaucrats have much tendency to deviate from the policy makers' objective once they experience interpretative gap, this study therefore follows a qualitative approach by using process tracing to analyze various documents gathered through reliable websites and other media platforms in order to unearth these factors. The findings of the research show that policy without public engagement, political factors and lack of collaboration among the implementing agencies are factors instigating policy failures.

Keywords: Sweden, dementia patients, social democracy, policy implementation, actors, street-level bureaucrats, conflict ambiguity, policy failure.

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<div style="text-align: right;">Student: Nnacheta Marius Madu</div>

TABLE OF CONTENTS:

LIST OF ABBREVIATIONS:

SveDem   The Swedish Dementia Registry.

BPSD   Behavior and Psychological Symptoms of Dementia.

1.0 Introduction

"A general assumption is often made by scholars who analyze policies and build models of the policy processes that once a policy has been made, the policy will be implemented. This assumption, in the large part, accounts for the neglect of the policy implementation" (Smith, 1973, p.1).

Implementation cannot be taken for granted as implementation problems undermine the elected politician's capacity to govern society (Ansell et al., 2017). The failure to turn public policies into practice and deliver the intended output and outcomes is common (ibid). And this might account for one of the reasons dementia patients in Sweden are finding it difficult to get health care help within municipalities (Radio Sweden). Health care help also varies among municipalities (Radio Sweden). As such, family members would need to bear the burden alone and many ends up mentally and physically exhausted with the stress of financial difficulties (Bartosh, 2018). This is believed to create inequality among people with dementia. It should be noted that all these flows of ideas were greatly strengthened by amplification through the means of mass media (Pollitt & Bouckaert, 2011, p.40). Since political systems have become more and more closely attuned to and bound in with the mass media (ibid, p.40), it is believed that if a reform idea can achieve high exposure in the newspaper or any mainstream media, it will virtually attract some serious political attention (ibid, p.40). "Of course, the mantra of failure is reinforced by media coverage of the supposed overall failure of response by the government" (Birkland & Waterman, 2008, p.1). This pressure from the service user movement was growing and political concerns on the need to respond to this opened a new area of interest (MacKian, 2013). In other words, swings of national mood and vagaries of public opinion may have contributed to such a powerful effect (Kingdon, 2014). This is because the vast number of people interested in the issue would make it popular for vote seeking politicians (ibid), as this has proved to be difficult, even more explosive issues for politicians to handle (O'Neill, 2009). Scholars believe that the electoral rewards are dependent on the electoral system, and that there is central ideological tendency among voters on political and policy related matters (Pennings, 1999). As the publics are now more vigilant against reductions in popular and welfare state services (Pollitt & Bouckaert, 2011, p.163), political goals in the health care are often defined as "good health to all" together with goal of equity (Kruse & Stahlberg, 2013, p.139). According to Korpi Walter & Palme Joakim (1998), this unexpected public outcry could be predicted as a result of the type of political coalitions that different welfare states tend to generate, regarding that their traditional orientation or benchmark is not only equality, but also empowerment (Andersen, 2005). It could also be argued that the inability to address this issue has contributed to one of the reasons Sweden is said to have higher cases of dementia patients (Radio Sweden).

1.1 Problem Area

The issue of health care help for people with dementia in Sweden; is prioritized in policy report like other health related issues, where the issue of patients' rights forms an important policy field, as in many other countries (Calltorp,1999). In national guideline for dementia care, this is established as a major priority (Orulv,2012). These guidelines are based on explicit values, such as self-determination, integrity, accessibility, equity, rights and safety (Vingare et al.2020). Hence, an important part of policy initiatives regarding patients' rights in Sweden has been the introduction of maximum waiting period of 3 months guarantee in 1992 (Calltorp,1999). However, there were changes made to the principal organization dementia care in Sweden, of which the reform has transferred health related activities to municipalities (ibid). Thereby, leveraging some county councils and municipalities to develop their own models for priority settings (ibid). Whereby, local implementation is said to vary greatly (ibid). Regarding that after a few years, waiting lists began to increase (Calltorp,1999). Owing to pressures and inadequate organization of health care system (Verbeek et al.2009). Making the situation of dementia care to become dynamic (Wimo et al.2016). In terms of amount of services delivered and care provided (Chiatti et al.2018). Which keeps the people with dementia in the periphery of any benefits that can be derived from policies that support people with long-term conditions (Orulv,2012). This was informed by demographic prognoses which forecasts a rapid increase in the number of people who are affected (3-5) (Wimo et al.2016). Also, it is argued that people with dementia and their carers are not receiving services of the type and quality that they need, and they are experiencing much difficulty in accessing community-based help (Broda et al.2017). Previous research has shown that these frail individuals are now resorting to informal care instead of formal. Making informal caregivers to bear the burden alone (Wimo et al.2016). Also, based on the numbers of minor studies conducted for people with dementia living at home, the proportion of informal care vs formal care in Sweden could be estimated at about 5-10. Which is the in support of the view that conditions for informal caregivers are unsatisfactory. The criticism is valid in relation to Swedish conditions (Orulv,2012). Regarding the lack of support and patients' needs […]. Since the gap between policy and practice was evident within the context (Vingare et al.2020).

   Therefore, this trend is said to be unhealthy for a country that is believed to be a leading figure as a generous welfare state, in terms of socialist attributes (Ferragina & Seeleib-Kaiser, 2011) and has become a role model in extending humanitarian help to other crises ridden countries in actualizing well-being and whose role has been commended by other EU countries (Scarpa & Schierup, 2018). Thus, this is seen as a society in which class stratification would not exist and the means to achieving this end is a welfare state structure that should be uniform all over the country (Feltenius, 2007).

1.2 Conceptualizing Swedish Welfare State Model

Esping-Andersen who offers the most influential attempt to provide a welfare state typology uses the concept of welfare state regime to show or describe the complex relationship among the state, the labour market and the family (Korpi & Palme, 1998). By describing the multidimensional nature of variations in welfare state, his three clusters of welfare states are distinguished according to the main ideological currents assumed to underlie them. These are

conservatives, liberal and social democracy. His typology is based on a broad set of indicators referring to both institutions and outcomes (ibid).

On that note, Arts and Gelissen (2002) in their *"Three Worlds of Welfare Capitalism or More"* listed Sweden as belonging to social democratic type. One thing that distinguishes it from the other types is her ability to achieve high degree of decommodification. In this sense, decommodification occurs when a service is rendered as a right, when rights are not given strictly based on performance, and when a person can maintain a livelihood without reliance on the market (Morissens & Sainsbury, 2005). Social democracy socio-economic composition or policy making is geared towards keeping or restoring the balance between state and market (Pennings, 1999). Economists believe that pareto improvement is a change that makes some individuals better off without making anyone worse off (Stiglitz & Rosengard, 2015). It is in this sense that this paper uses decommodification to define the standard of living above the poverty line (Morissens & Sainsbury, 2005). The impact of such distinguishing factor has been justified by their positive effects on citizenship as they empower people by making them able -to provide for themselves (Andersen, 2005).

The fact that stimulating citizenship is what the generous welfare state arrangement does, as well as providing them with the necessary resources to participate in the society, the conservative welfare state is typified by moderate level of decommodification (Arts & Gelissen, 2002), of which the direct influence of the state is restricted to the provision of income maintenance benefits that relates to occupational status (ibid). This makes people to be more dependent on family resources (ibid). They emphasize more on bread winner model while women are not encouraged to participate in the labor market (ibid). While the liberal type of welfare capitalism embodies individualism and primacy of the market, the operations of the market are highly encouraged by the state, leading to division in the population into a minority of low-income state dependents, and on the other hand, people who can afford private social insurance plan (ibid). In this regard, women are encouraged to participate in the labor market.

Researchers argue that liberal regimes make use of means tested benefits which are targeted at a limited clientele of the needy (Morissens & Sainsbury, 2005). They believe that the economy should be controlled by an invisible hand, as it will lead an individual to promote an end which was not part of his intentions (Stiglitz & Rosengard, 2015). In this view, no government intervention is needed; goods can only be produced if it meets the market tastes, that is, if what an individual want exceeds the cost of production (ibid). On that note economists supports the claim that pareto efficiency principle is individualistic in two senses: (1) It is concerned with only individuals' welfare, not with the relative well-being of different individuals; (2) It is not concerned explicitly with how to lessen inequality (ibid). This makes the liberal economies to belong to less coordinated economies (LMEs) of which the deregulation aspect is believed to give advantage at producing low unemployment than the regulated one (Soskice, 1999). But the coordinated market economies (CMEs) where Sweden is listed to be among have the advantage of producing Diversified Quality Products (DQP).

1.3 Research Aim and Questions

Implementation research has become a significantly contested issue during the last years due to its importance to organizations, and especially in reaching their desired goals and objectives. Therefore, the focus of this study is to highlight recent policy failures that have gained significant attention in recent years. It is of good benefit to consider how the structures and processes of public policy and management complicated this issue (Head & Alford, 2015). Thus, the analysis will attempt to unfold those factors that have led to implementation gaps thereby culminating to the cause outcome. This could be achieved using the policy objectives and contrasting it with the implementation processes. The societal relevance of this is arguable as Sweden faces challenges due to the emerging need for coordination. This is because the inability to address the situation has brought up a core argument whether social democracy can transform the equality efficiency trade-off into a positive sum game (Esping-Andersen & Kersbergen, 1992). A population which was increasing in size, living longer, and demanding more complex care solutions, is now putting pressure on visions of universal positions and has become questionable (MacKian, 2013). This has brought the belief and conviction that something should be done (Kingdon, 2014). These multiple contributions need to be shared to identify and define problems to consider appropriate responses to them (Head & Alford, 2015). Therefore, as the number of varieties of actors, groups and organizational units involved in this complex issue increases, the need for high quality management and leadership process becomes more crucial. This is because many problems are manifested as a result of deep-rooted disagreement about the nature and significance of the problems. Therefore, the aim of this research is to lead to a better understanding of policy implementation failures for people with dementia within the Swedish context. Henceforth, this study proposes to qualitatively assess the documents by using process tracing to analyze document as to ascertain the implementation gaps which made it difficult for dementia patients in Sweden to not get adequate health care help.

However, the debate is of two sides: some scholars are of the view that the state should embark on centralization of health care help for people with dementia; others support decentralization. The possibility of such changes creates conundrum regarding power and control in organizations (Bloomfield & Coombs, 1992). Some see decentralization as a means of promoting both democratic and development objectives (Hutchcroft, 2001). But it should be noted that the more distant and less accessible representative government is to the citizenry, the less it is democratic. Decentralization involves an intra-organizational transfer of functions and workloads from the central government to its regional or local authorities. On this premise, many argue that decentralization would amount to withering away of the state, while measures of centralization may in certain cases lead to preferable outcome, seeing that decentralization may exacerbate such major problems as authoritarian enclaves (ibid). The larger political systems often possess relatively greater capacity to accomplish tasks beyond the capacity of smaller systems (Dahl, 1994), judging from the fact that it might require an unprecedented level of state intervention in people's lives which can be best attained with centralization approach (MacKian, 2013).

Unfortunately, scholars have failed to agree or reach consensus on the way of classifying these important differences (Pollitt & Bouckaert, 2011). Therefore, lack of consensus reflects

differences in choices and values; appeals to scientific expertise will seldom resolve the debate (Head & Alford, 2015). Consequently, the implementation of health care services for people with dementia has resulted to policy failure within the public sector in Swedish context. Even though such policy failure exists in wide public management literature, the process by which it has occurred have often been neglected. During such a time when decentralization and creation of free market are gaining momentum in the public administration research, the challenge is to identify those factors which have undermined the policy intention by leading to the cause outcome, and how lack of coordination among the politicians and implementers have undermined the whole policy intention.

Guided by the research aim and problems as described above, the research aim is narrowed by the theoretical framework and the method as the following.

Why does dementia patients in Sweden experience difficulties in getting health care help?

1.4 Delimitation

The study is only concerned with the failure of the implementation policy of dementia patients in Sweden. It could have been interesting to research on why getting help among municipalities varies as mentioned above. It was my initial intention to do so, but unfortunately it is now becoming more difficult to collect data from municipalities because of the recent global pandemic of COVID-19. This is because it would require interviewing both politicians, managers of care homes, and street level bureaucrats at the municipal level. Also studying more would have reduced the level of the analysis.

1.5 Disposition

The first chapter introduces the motivation and choice of research area and defines the problem and puzzle. The subsequent theoretical framework introduces the extensive research field of policy implementation and policy failure theories underlying the study and further discusses on how to apply the theories. The third chapter discusses the methodological consideration as chosen to address the research topic, while the fourth chapter consists of the analysis based on the gathered materials and followed by discussion and suggestions for further research interest. Also, this study will make use of policy implementation in order to add new knowledge to the research field.

1.6 Rational for the Study, Problem Area and Relevance to Welfare State

All my life, I have often engaged myself in addressing some social issues that affect those who are helpless or due to some health challenges may have been classified as incapacitated. This has fueled my passion to join the Federal Road Safety Corps of Nigeria where I offer help to emergency auto-crash victims. Therefore, the rationale to study this topic came out of the desire to address the problem of what people with dementia are facing in Sweden.

Health care solution on the other hand, is of immense interest to large segment of the population (Kingdon, 2014). Offering help to these categories of people will act as measures to stimulate workers towards returning to the labour market as soon as possible (Lundberg &

Åmark, 2001), and even relieve their caring family members who assist in informal care (Wimo & Winblad, 2001). However, increase in government services and an increase in the population attended to, will translate to an increase in productivity (Stiglitz & Rosengard, 2015). Researchers identifies five key outcomes that shape well-being and they includes being healthy, staying safe, enjoying and achieving, making a positive contribution, and achieving economic well-being (Hudson, 2006). However, reducing sickness and morbidity could enhance later productivity (Lindert, 2004). It is believed that within the rapidly increasing number of aged people, there are sizable minority of those who are ill and frail (Bartosh, 2018). This means that unless there is spectacular social intervention, the number of people suffering from dementia will continue to increase (ibid).

Scholars argue that Sweden as a welfare state with its high tax system should ensure that as many citizens as possible should partake in the new global world economy (Lundberg & Åmark , 2001), otherwise, a new scale of poverty will become burdensome to the social security system (ibid). The social security insurances provide compensatory income to many who could not support themselves through their own work (ibid). The higher the earnings threshold at which the benefits are withdrawn, the more the programme liquidates the government's budgets (Lindert, 2004). "Sweden has a comparatively high disability benefit rate for all ages as well as high public spending on sickness and disability" (Rafael & Jorgen, 2018, p.11). Citizens will be bulked by the tax levels required to sustain them and the budget deficit they may generate (Korpi & Palme, 1998). These forecasts have led to anxiety on how a shrinking labour force can support an increasing number of dependent individuals (Kruse & Stahlberg, 2013). In as much as the welfare institutions contribute to the pooling of risks and resources and to the formation of coalitions that include the middle class as well as the working class and the poor, they are likely to affect the redistribution budget (Korpi & Palme, 1998). In effect, the purchasing power of workers would be reduced, and distributional conflicts about wages will become intense (Fischer-Kowalski et al., 2012). This might plunge the nation into deep financial troubles and cause serious interference with the development of the system (Lindert, 2004). In such a case, economic losses could affect overall level of social welfare in the society (Gough & Meadowcroft, 2010). It is reported by Anglo-American press that whenever the Sweden's economy was falling behind, its welfare state was to blame (Lindert, 2004). Therefore, one of the remedies is to invest more in health care in order to improve the future support capacity of the working population (Lindh, 2012), of which planned reentry is one way to extend the work life of those who would have otherwise remained out of the labour force (Cahill et al., 2011), due to dementia. This indeed helps the citizens and improves their quality of life (Lars & Victor, 2014).

O'connor (2006) in his classical work, *"The Four Spheres Framework for Sustainability"* classified those attributes that make up human capital and prioritized health care. This means that preservation of human capital requires that people with disability would be given the best support to actualize their dreams. Because the return on investment in human capital is likely to be advantageous (Lindh, 2012, p.277), social reproduction broadens its definition to include those works of maintaining existing life and thereby reproducing the next generation (Laslett & Brenner, 1989). This thesis will help in bridging the knowledge gap that has been

neglected for a long time. Seeing that the future of social democracy in Sweden is dependent on its ability to control the dissent forces produced in the backyard of its different local municipalities (Lundberg & Åmark, 2001), by restoring this balance, the social democrats would assure their political survival in the long run (Pennings, 1999). Hence, the universal welfare state has established a political link between social democrats and the voters and forms the nexus which the party attempts to garner support (Klitgaard, 2007). Since welfare states are designed to protect human rights and promote egalitarian outcome (Folbre & Wolf, 2013), bureaucrats should have a little power over the citizens, while citizens' rights should be held at high esteem (Lundberg & Åmark, 2001). Being a citizen denotes being effectively a member of a society (Andersen, 2005).

Supported by previous research on persons leaving with dementia in Sweden, Balash (2016) highlighted that the upcoming strong increase in the number of persons leaving with dementia also impacts the global world economy. The World Alzheimer Report 2015 reports an upshot of the global cost of dementia rising from 604 billion US dollars in 2010 to 818 billion in 2015 (ibid). This cost has however increased in Sweden for elderly care services (ibid). The cost of elderly home has been on a slight increase rising from approximately 59,000,000 allocated to care homes in 2011 to approximately to 69,000,000 crowns in 2014 (ibid). This deserves to be taken seriously when everyone worries about government debts during the wake of the financial crisis (Lindh, 2012, p.262). Therefore, this research will help to reduce lapses among the conflicting agencies, of which a correct diagnosis is needed for adequate cost-effective treatment (Wimo et al., 2013), in these critical moments that the health and social care sectors are under increasing pressure to deliver more and more for less and less (MacKian, 2013).

It is argued that researcher's positionality matters a lot (Walt et al., 2008). Therefore, my identity as an outsider will raise my curiosity and increase my ability to ask taboo questions. Researchers argue that been an interested party may bring bias. Furthermore, these chapters are reliable and excellent because they provide the overview of recent policy development as well as commentary which the recent academic debates (Power,2007). There will be enough in them to stimulate the interest of good undergraduates or postgraduate's academia and practitioners looking for authoritative references (ibid).

2.0 Theoretical Framework

2.1 Conceptualizing Implementation

Policy makers have been thrown into tantrum on their bid to define implementation. This made the study of implementation emerge as a need for understanding the persistence of policy failure in the field of policy process. Implementation science was coming into effect out of the desire to address the challenges associated with the use of research to achieve more evidence-based practice (Nilsen, 2015). Hence, an implementation study is an effective means to arrive at a comprehensive understanding of a piece of legislation (Cohen et al., 2005). Therefore, the only thing that matters with regards to implementation of strategies and the success of changes are the result which they should achieve (Kolbusa, 2013). Whereas

some scholars describe it as the knowledge connecting the activities of government with desirable result (Pressman & Wildavsky, 1984), they equally went on to emphasize that the goal and the implementation action are intertwined and are part of a process of interaction (ibid). It is argued that implementation presupposes forging a causal chain from objectives to results (ibid). In line with this, Wolman (1981, p.3) describes implementation as a means of linking together a chain, train, combination or converging network of offices or workstations to assemble enough work operations in a requisite sequence for the cumulated or the final output desired.

2.2 Conceptualizing Policy Failure

The failure of policy to achieve their aim is recurring issue in the public policy field, regarding implementation and policy failure or success (Busenberg, 2004; Baumgartner et al., 2018; Pressman & Wildavsky, 1984;). Researchers argue that a policy that was considered a failure has some attributes of success (McConnell, 2015). The origin of policy failure dates to the period 1905 through 1911, when federal government proposed a policy for aggressive wildfire suppression and institutional arrangements necessary to implement the policy (Busenberg, 2004). But the policy failed due to non-incorporation of a complementary programme to reduce the gradual accumulation of flammable organic materials (fuels) that occurred in many ecosystems when fires were suppressed (Busenberg, 2004). Programme failure may result from irregularities and defects in the policy formulation and design or planning process as well as during the implementation (Pressman & Wildavsky, 1984; Wolman, 1981).

However, in order to avoid premature judgments concerning policy failure or success, authorities have advocated for a period of 10-15 years (Sabatier, 1986). Therefore, policy failures have been defined as cases where policies fail to achieve their central goal (Wolman,1981). This also may be conceived as evaluating policies in terms of their ability to produce benefits for political actors or groups (McConnell, 2010). For the rationalist, scientific perspective, policy outcome can be measured and assessed against the original goals, using varieties of techniques such as cost-benefit analysis, multi-attribute function or others (McConnell, 2015). These policy errors can originate from decisions that focus attention on only one facet of multifaceted policy problem (Busenberg, 2004), because the policy making generated may follow a conflict expansion model consistent with the punctuated equilibrium approach (Baumgartner et al.,2018).

As a result of new issue definitions during the critical period supporting institutional arrangement that endures in subsequent periods, and that shape the decision of the associated policy network (Busenberg,2004), the network of organizations and individuals in the policy domain might be due to opportunistic and episode of nearly most of policy making during crisis periods. Since policy is entirely event driven, decisions are made urgently and policies are adopted without considering their long-term influence on fundamental constitutional and institutional arrangements (Birkland & Waterman, 2008), especially when it takes place in an organizational field in which several organizations work with the same clients, but have different orientations, ethics, procedures, financial preconditions and professional

perspectives (Rafael & Jorgen, 2018). Regarding that if a system can be given a complete description in terms of its individual constituents despite a huge number of components, it is usually complicated (Uhl-Bien & Marion, 2009). These artificial barriers created by functionally departmentalized structures that clearly define responsibilities that are interdependent with other responsibilities in a sequential fashion are both descriptive and akin to be counterproductive, because such bureaucratic organizations are made up of both formal and informal systems (ibid).

Due to the localized partial designs cutting across one another, and any sensible scheme should bear in mind those factors (Pollitt & Bouckaert, 2011), researchers argue that increasing the number of agencies in a pooled relationship is likely to increase the chance of some implementation while decreasing the chances that the impacts on the common targets will be achieved (O'Toole & Montjoy, 1984). A related issue is when government are asked to address problems that cannot be neatly categorized into one niche or another, the so-called wicked problem (O'Toole, 2012). This may be necessitated by political pressures which might encourage the broadening involvement of additional parties. Seeing that many of these agendas are unappreciative of the sensible setting of the public sector or the public service ethos (Roman, 2015), this inter-organizational complexity and conflict are likely to overwhelm effort to make things happen (O'Toole, 2012). This is because as the number of such points required for implementation increases, there exists the likelihood for decline in action (ibid). Note: Even if the relevant organization pushes with overwhelming support, others may be reluctant to commit themselves wholeheartedly without knowing if others are doing so as well (ibid). Researchers suggest that policy makers working to implement policies in inter-organizational settings should develop the infrastructure of communication channels to help achieve the objective policy-oriented cooperation (ibid).

Scholars also argue that policy failure could occur due to bounded rationality, as decision made with selective rather than comprehensive attention may not have relevant information (Busenberg, 2004). In complex decisions, the processing of relevant information often creates significant costs of time and efforts (ibid). To minimize these costs, individuals making complex decisions always pursue a decision strategy in which they pay selective attention to relevant information (ibid), of which they often give disproportionate attention on information that supports their prevailing beliefs (ibid). This is also likely to occur when a new statute is assigned for implementation to an existing agency, which clearly shows that it will get a little priority amidst the totality of the agency's programme (Sabatier & Mazmanian, 1979). The new directives are likely to undergo considerable delay and be accorded low priority as they struggle for incorporation into the agency's operating procedures (ibid), of which the agency's personnel may be so preoccupied with the existing programmes that any new mandate tends to get lost in the shuffle (ibid). This lack of concern may be attributed to a common human characteristic, the limited capacity for attention beyond initial purposes (Pressman & Wildavsky, 1984). This will lead to an increased attention to key activities thereby downgrading other less important activities (Sundström & Holmberg, 2018). For this reason, policy makers advocates that understanding the nature of policy failure is crucial for upholding current policies and future ones (Busenberg, 2004). The

logic is that achieving policy success is attributable to good policy design, evaluating the ex-ante likely impact of proposed policies, rather than relying simply on ex-post evaluation to produce a stamp of success or failure (McConnell, 2010). This will help to determine what works and why, and what type of policy initiatives are likely to prove effective and will vastly improve the quality and sensitivity of complex and often constrained decisions that politicians face (Sanderson, 2002).

However, policy failure can occur where there is resistance or neglect as actual tasks are seen to meddle with central work obligation (Sundström & Holmberg, 2018). These primary tasks are defined as the overarching tasks that the group or organization has been designed to perform, which will become a carrier wave of salience and interest that acts to facilitate communication (ibid).These appeal to cases where normal planning efforts and managerial methods to push policies often falter, not because they are undesirable or classified unimportant for the organization, but because people view related tasks as somehow alien to the normal run of things (ibid). However, even though they are perceived as lacking in primary task salience, a breach may nevertheless jeopardize the efforts of the entire organization and its primary tasks (ibid). This is because to focus more on primary tasks means that other things will be peripheral in the visual field (ibid). Thereby, signal risk being overlooked when they are in the periphery constitutes a strategic risk (ibid). This is since such signals may be of vital importance as they are likely to relate to things that normally tend to be neglected by the organization (ibid). This neglect might be as a result of shielding itself from contextual buffeting, whereby the organization would seal off its technical procedures, thereby operating core through the standardization of work process (Frederickson et al., 2016).

Some researchers suggest that these informal dynamics should not be conceived as nuisance or as part of conflictive struggle (Uhl-Bien & Marion, 2009). Rather, it should be considered as something to be nurtured and enabled in the form of valuable force for effective change. Authorities suggest that in order to seek safety or improved effectiveness, an organization must accept a certain level of risk and tolerate at least some non-routine tasks (Frederickson et al., 2016). Since minimizing this form of non-routine task will increase the number of false positive, efforts to minimize risk, even in high reliability organization come at some cost (ibid). Others argue that policy failure could occur as a result of ignoring the ability of policy proponents in the structuring process (Winter, 2012), because policy formation process gives implementers important cues regarding the intensity of demands, and about the size, stability, and degree of consensus among those clamoring for change (Matland, 1995). This policy subsystem includes any individual regularly attempting to influence subsystem affairs (Hank et al., 2018), of which that it contains a large set of components that interact in nontrivial ways to produce output and for a given policy issue (ibid). Unfortunately, policy subsystem might not involve all the interested parties affected by policy decision (Hank et al., 2018). This is because of limited time and attention, as most people do not engage in any subsystem (ibid).

Most organizations tend to change during implementation through the institutional process like coercive, mimetic and normative isomorphism that does not necessarily follow a

technical rationality in order to maintain legitimacy vis-à-vis their environment (Sundström & Holmberg, 2018). This decoupling which allows the organization to follow a contradictory logic in order to be able to adapt to the changing demands in the institutional terrain while at the same time protecting their centrally oriented operations leads to pattern of limited implementation (ibid) and policy failure. Note: Changing capacities may lead to reinterpretations of institutions considering changed values or new resources for action (Jackson, 2005, p.236). Therefore, it is hard to conceptualize the complete understanding of the policy process unless we know how target groups respond to public policies (Winter, 2012). Therefore, researchers argue that most of the reason for policy failure lies in the implementation stage (Wolman, 1981). In the light of this, in order to avoid such shortcomings, researchers suggest that it is not necessary to neglect the single actors besides the advocacy coalitions (Jenkins-Smith et al., 2018, p.139). Advocacy coalition represents groups of policy advocates from differing organizations, both private and public individuals who share the same policy goals (Hank et al., 2018; Matland, 1995). This is in the belief that change in the world is driven by individuals and not organizations, because human behavior has the capacity to shape and form institutional arrangements (Schlager & Cox, 2018). According to Peters & Pierre (2012), citizens play an important role, not only on the effects of policy, but also in affecting the behaviors by implementers through citizen positive and negative actions in co-producing public services. The lack of public may provide a degree of flexibility than in the case of policy with publics by reducing the risk of implementation from being thwarted by the intermediaries (May,2012). It should be noted however that this dos does not apply when the inputs of such stakeholders are necessary for successful policy implementation. Successful implementation results can be achieved by an early agreement on basic understandings, which can promote harmony on later decisions, as decisions can be merged through crafting package deals (Peters & Pierre, 2012). Considering that some participants may be peripheral in terms of interest, expressing neither agreement nor disagreement in terms of policy goals, they can hold up implementation whenever they sense that their interests are being impinged upon (Pressman & Wildavsky, 1984).

Lastly, lack of capacity could undermine policy implementation when the agencies' activities are not directed at the targeted population (Schneider, 1982). Hence, public policies that are anchored on misunderstanding of the problem, insufficient knowledge of the context that needed solution, vague and contradictory goals, an incomplete strategy for execution and the lack of political and administrative support are prone to failure because they are ill-conceived (Ansell et al., 2017).

2.3 Synthesizing the Implementation Literature

During the last decades, there has been an extensive research about implementation. Growing out of evaluation research, implementation studies tries to settle the basic question of policy analysis as scholars have produced case studies of implementation success and failure in various policy sectors (O'Toole & Montjoy, 1984). It was against this background that Pressman and Wildavsky carried out their study implementation to the good intention expressed in Washington (Pressman & Wildavsky, 1984; Hill & Hupe, 2002). Thus, the essence of their argument is that the success of implementation depends upon the linkages

between different organizations and departments at the local level (Hill & Hupe, 2002). They argue that if action depends upon several links in an implementation chain, maximum degree of cooperation is required between the agencies to tighten this links very close, because organizational fragmentation may hinder the coordination that is necessary to successfully implement a complex policy especially one that requires the cooperation of many people (Makinde, 2005). However, both top-down and bottom-up implementation approaches have offered a valuable insight in the study of policy implementation (Hill & Hupe, 2002). But both lack parsimony (Frederickson et al., 2016, p.93), which has led to the development of one or more syntheses of the competing approaches (Sabatier, 1986). However, these two approaches have always been in conflict considering that the hard power resources had always been vested at the top while the soft power resources reside at the bottom with the implementers (Marquardt, 2017). Some scholars make use of power dependency framework to define local authorities' dependency upon the central department, to the extent that it needs the resources controlled by the department and can hardly obtain them elsewhere (ibid). On the other hand, no matter how powerful a central department might be, it still depends on the local authorities, because neglecting or overruling other actors might lead to policy failure due to local oppositions and lack of or weak awareness. Therefore, the distribution of resources would shape power struggles and conflicts. This accounts for why fragmented power affected policy implementation of distribution of power resources and renewable energy in Philippines (ibid). Fussy administrative boundaries, out of joint action undermined the process as powerful local elites grew up in the face of a weak central authority (ibid). One clear source of the failure emerged because political and bureaucratic aspects of the implementation process were left outside the consideration of government administrators and calculation of policy analysts (Deleon & Deleon, 2002).
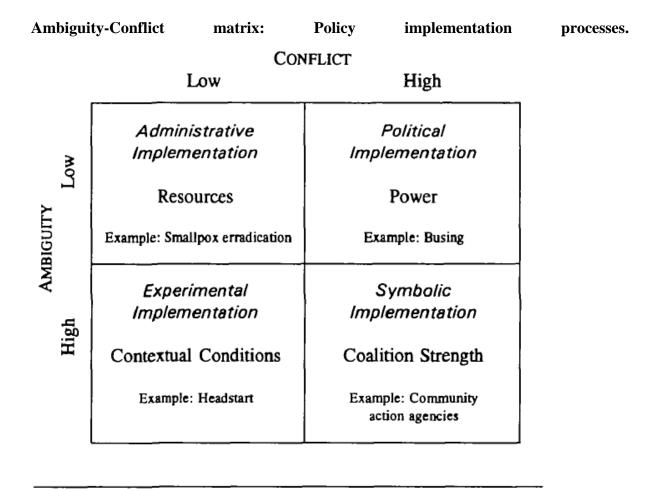
Consequently, in order to grasp through this complexity, researchers listed both the hard power resources and soft power as follows: (1) Hard power resources: Constitutional power, Regulatory power and political power (2). Soft power resources: Agenda setting and framing (Marquardt, 2017). Therefore, in this dependency framework; the potential for political interference worries many and has been believed to be something which fundamentally undermines the neutrality (Hudson, 2006) because massive partisan debates would emerge on the intended purpose of the programme (Grogan & Rigby, 2009), since federal politicians might shift the burden of making painful choices on to the states (ibid). In order to provide local actors with the space to make use of their resources to achieve a certain goal which might result to policy failure, state local actors will typically implement federal policy in alignment with their own preferences and interest rather than those of policy makers (Grogan & Rigby, 2009). Based on his own reading of this development, Hicks (2014) suggested that any reform that seeks to disconnect policy implementation from political matters may face a more difficult task than had been thought. This highlights a key role for political factors in predicting such resistance or explicit forms of opposition, as local actors might choose to deviate due to economic reasons of which will delay implementation (Rigby & Haselswerdt, 2013). Regarding that they are likely to adopt new public management (NPM) in order to increase frugality and efficiency (Pollitt & Bouckaert, 2011), these gains could be bought at the expense of fair dealing (ibid). Since this would create a wicked problem by generating

waves of consequences' that can be both political risk and administrative goal displacement (Sam,2009). Regarding its focus from inputs and processes to output and outcome (Kane & Patapan,2006). One of the problems of this approach is its performance indicator which does not consider the user perspectives (Tilley et al.2013). Hence, it has the tendency to limit the street-level bureaucrats from making a sound and rational decisions (Peters & Pierre,2000). Therefore, understanding these early implementation politics requires policy makers to include the perspectives of stakeholders during policy design (Rigby & Haselswerdt, 2013).

The third approach which we believe to be promising focuses its framework on the formulation of policy implementation. Head and Alford (2015) contend that solving major problems through an engineering approach is no longer feasible. As such, modern society is now pluralistic rather than homogeneous, and not amenable to top-down general solution. In other words, it will be gainful to tackle key challenges through nonstandard processes of adaptive management and networked governance as problems exhibit higher levels of uncertainty and stakeholder contestation. These difficulties may arise from intricate interdependences of processes and structures, uncertainties inherent in the dynamic nature of social issues and processes. In order to address these challenges of formal and informal dynamics and their integration, scholars have identified three functions of complexity in leadership in bureaucratic organizations: (1) administrative leadership (2) adaptive leadership and (3) enabling leadership. It is argued that enabling leadership is situated to foster conditions conducive to the complex interactive dynamics by acting in the interface between the other two and advancing novel solutions to addressing the adaptive needs of the system. This will give room for a type of response to be tailored to the types of wickedness the problems seem to exhibit (Head & Alford, 2015). Since some approaches are likely to prove better than others, combinations of approaches may be relatively effective for finding provisional solutions to some problems. This enabling leadership allows the organization to benefit from emergence produced by the adaptive function by integrating the outcome back into the formal administrative system in form of innovation and learning (Uhl-Bien & Marion, 2009). These situations offer usually good opportunities to connect that which have been in peripheral (Sundström & Holmberg, 2018). This means aligning those work activities which are perceived to have not been aligned with the organizations primary task through shared needs that are fueled by self-interest which will ensure genuine and more intensive engagement with others within the organization. Any attempt to artificially try to have an organization rally around a shared vision can be problematic as local self-interest would not be accompanied alongside in achieving result. But when the motivational force is coming from values and professional interest, and cooperation between institutional actors has its objectives, they will keep such informal activities prioritized over prolonged period and make sure that the initial plan does not wither away as a result of priorities given to primary task (Sundström & Holmberg, 2018). Authorities believe that collaboration will increase the sense of urgency to cooperate with other jurisdiction in an area where rules and authority do not exist (Frederickson et al., 2016). Finally, when interests are aligned through policy and organizational design, this may result in achievement of policy official goals (Meyers & Nielsen, 2012).

2.4 Ambiguity-Conflict Model

Reviewing implementation literature apparently reveal that many approaches as developed by scholars have been watered down due to lack of parsimony (Matland, 1995). In other to foster clarity and give direction to implementation research, Matland (1995) tried as much to develop a model that could infer when an approach is most appropriate. Since ambiguity plays a vital role in understanding how institutions may be reproduced in various ways, Matland (1995), Hill & Hupe (2002) try to use the ambiguity-conflict model to show condition under which a certain implementation approach would offer practical policy recommendation. This unveils an important issue in separating different kinds of implementation studies. They believe that this classification through the high or low levels of variables would help in treating ambiguity and conflict as intrinsic features of policy rather than as phenomenon that good policy designers should seek to avoid (Hill & Hupe, 2002).

- **Policy ambiguity:** "Policy ambiguity refers to the degree of clarity of a formulated policy" (Hill & Hupe, 2002, p.184). Matland (1995) started by classifying policy ambiguity into two categories: Ambiguity of goals and ambiguity of means. Goal ambiguity is seen as leading to misunderstanding and therefore is often culpable in implementation failure. However, Matland (1995) admitted that ambiguity is not limited to goals, it also affects policy means. Ambiguity of means appears in many aspects, most obviously in cases where the technology needed to reach a policy's goals does not exist (Matland, 1995). The needed technology often consists of a certain type of rules that structure discretion to ensure the preferred outcome (Matland, 1995).
- **Policy conflict:** Policy conflict is an indication of the degree of struggle that can be observed in the policy formation stage and can be expected to linger in the implementation stage (Hill & Hupe, 2002). This could occur when the involved organizations recognize a policy as directly relevant to their interest, and when they have incongruence view (Matland, 1995; Cohen et al., 2005).

Ambiguity-Conflict matrix: Policy implementation processes.

CONFLICT

	Low	High
Low AMBIGUITY	*Administrative Implementation* Resources Example: Smallpox erradication	*Political Implementation* Power Example: Busing
High	*Experimental Implementation* Contextual Conditions Example: Headstart	*Symbolic Implementation* Coalition Strength Example: Community action agencies

Matland (1995: 160).

2.4.1 Analytical Framework: Implementation, Conflict and Ambiguity

This paper has its focus on implementation study. The distinct model of policy implementation approach used here, synthesizes many of the findings of the prior literature on implementation studies, and retains a high relevance to current studies (Arnaboldi & Lapsley, 2009, p.3). It is believed that whichever approach taken will not be able the grasp through the potential factors that have led to the undesired outcome. Therefore, it is important to state that departing point is not to pinpoint whether the issue comes from a top-down or a bottom-up perspective by contrasting it with explicit theory. Since the researcher does not have prior knowledge of what led to the cause outcome because of lack of opportunity to conduct interview, the ambiguity-conflict model is particularly useful to this research, since it captures both the key dimensions and trajectories of implementation. The Matland model clarifies the degree of conflict surrounding the policy, the levels of ambiguity in policy formulation as the key factors which shape the implementation process. This model of policy implementation will be examined in closer details below. My rationale for this choice is also because of lack of opportunity to conduct interview, as I have mentioned earlier. Note: It is important to identify the limits of a theory's scope; therefore, the theory does not aim to test or falsify theory (George & Bennett, 2005). Rather, it aims at explaining the policy outcome, by analyzing the implementation process. This study will focus on formulation of the policy

to how it is being implemented, regarding that the study makes the gap between the government objectives and poor performance the central feature of its analysis (Pressman & Wildavsky, 1984).

3.0 Methodological Consideration: Process Tracing

This paper will make use of process tracing, a tool of qualitative method in order to trace the links between possible causes and observed outcomes (George & Bennett, 2005). But before going deep in order to explain the methodological starting points and provide the reader with the understanding of the starting point of the research structure, it is useful to shed light on the possibilities and limitations of this research. This method was chosen since it supports a single case analysis. A qualitative approach is considered for several reasons. In contrast from quantitative perspective, qualitative approach does not rely on numerical approaches to study a specific aspect of a phenomenon, but rather depends on small numbers of cases to research more in-depth (Collier, 2011). The gathered data offers opportunities for a rich description and explanation of the social phenomenon that triggers policy failure in the case of people with dementia within the Swedish context. An interview could have allowed the researcher to reach the high level of dynamism that will benefit this research, through the interaction of co-construction with the interviewee (Hyden, 2014). But the present condition has made it impossible. In other words, a quantitative approach could have been utilized in order to grasp the understanding of policy failure within the context, quantitative survey would have created room for more respondents, which could have been distributed to 290 municipalities in Sweden, to strengthen the generalizability of the result, thereby resulting in empirically interesting and theoretical research studies. But this will require the use of empirical data that is different from what has been used here, and it is also outside the scope and framework focus of this study.

Even though generalizability is not possible in a strict sense, it does not mean that the result lacks relevance to future research work, since the analysis represents a detailed expression of contemporary societal issue and relevant research. Also, the aim to gain a deeper understanding by using quantitative method will be difficult. Regarding epistemology, a qualitative study is anchored on interpretivism, which subscribes to the theoretical perspective of social constructivism. This implies that the researcher is attempting to grasp the social world and its meaning through interpretation (Hyden,2014). An inductive approach is used since data are collected on the possible reasons why it occurs and trends in the gathered martials are examined (Roulston, 2013), rather than confirming or falsifying the predictive statements about the relationship between the variables. Note: A theory will be developed from the gathered data to explain the possible social outcome. Hence, causal mechanism is defined as ultimately unobservable physical, social and psychological process through which actors with causal capacity interact (George & Bennett, 2005). The data will be analyzed in order to see how the policy is being formulated and implemented. To understand the trajectory surrounding the policy, by looking at the phenomena at each step to unearth the intervening variable which has led to the outcome, these intervening variables

will be connected in particular ways that allows process tracing to reduce the problem of indeterminacy. Note: The research objective of this paper will not focus much on outcomes of the dependent variables, but rather on the importance of an independent variable (ibid). The method is justified based on the view that implementation analysis is good for a single case study that will allow the complex issues surrounding implementation to be studied in detail and context (Peters & Pierre, 2012).

3.1 Study Design

This study is an inductive case study based solely on observation. This method was used due to its ability to contribute to the development of theories that can accommodate various forms of complex causality (George & Bennett, 2005). Case studies are superior at process tracing, which relates to causal mechanisms component of causal explanation of studied phenomenon. Process tracing can perform a heuristic function. This means that they can improve the readers understanding of the studied phenomena by generating a new knowledge. Therefore, the gathered material is studied through the interpretation of observable causality factors within this specific context, meaning that causal mechanism is heavily reliant on evidence drawn from the case study (Gerring, 2007). In a more complex form of causality, the outcome flows from the convergence of several conditions (George & Bennet, 2005). As a method, case study is precise to research a specific problem as a type of investigation of a specific event. Therefore, in studying the debated policy failure of not getting help among patients with dementia in Sweden, case studies are suitable based on the nature of the research. It is a methodological tool that can allow the researcher to give a detailed examination of an aspect.

The study is limited to capture the heterogeneous causal relations, which makes it unsuitable to use more than one case. Authorities argue that causal explanation requires case comparisons and that single case study is limited in such aspect. It also is argued that a case study with no variance in the dependent variable do not inherently constitute a bias problem. This is consistent with the broader shift in implementation research from studying outcomes to studying the behaviors of the implementers (May & Winter, 2009). Hence, the primary criterion for choosing a case study should be the relevance to research objective of the study (George & Bennet, 2005), as multiple case comparisons can increase the chances of selecting outlier cases. However, the researcher will not give a detailed narrative of what led to the outcome. But rather has chosen a more general explanation of process tracing method because an explanation couched at a higher level of generality and abstraction is preferred for the research objectives. Whereby the researcher constructs a general explanation rather than a detailed tracing of a causal process […]. This form of process tracing was preferred because of limited data for a detailed explanation […] therefore, the researcher will make use of various theories in order to explain the cause outcome. However, considering the methodological application, in analyzing the data, the studies will look for areas where there are disagreements during the policy implementation in order to identify different paths to the outcome. However, the table below in page 19 shows the result arrive at during the data analysis, of which was informed by my theories, Thereby form the study's basis of analysis.

3.2 Material

To answer the research question, the research makes use of secondary data which are mostly from the government websites, which are reputable and will increase the study's reliability. However, these multiple data from different sources came as a result of limited data which propelled the researcher to make use of other data in order to complement each other. Therefore, listed below are the data which will be analyzed in detail.

Documents	Roles
Annual and workshop reports	It gives the researcher insight into capturing the disagreements that was in existent among the interested actors like the politicians, social and health care sector, street-level bureaucrat.
Media contents like news article and speeches.	It serves as a compliment in order to add to a more balanced explanation on policy implementation failure of dementia strategy focusing on care.

The text analysis provides insights into understanding policy goals and policy implementation structure of giving treatments to dementia patients within Swedish context. It is imperative to state that the study did not include a specification of the data to be obtained from this case under study, because of lack of prior theoretical development. The documents will be analyzed to create a data out of a free text content. Actors are the focus of the study, since their actions reproduce the cause outcome. Thus, interpretations are important to arrive at the results. However, the researcher does not need to interact with the originator of the policy document, regarding that the author or speaker's ideas are sufficiently expressed in the text (Lacity & Janson, 1994). Expectedly, a researcher cannot boost of absolute truth from any method one adopts. However, in terms of validity, regarding what the research intends to measure, the study is less prone to measurement error because it will intensively assess a few variables along several qualitative dimension, rather than having to quantify variables across many cases (George & Bennett, 2005).

4.0 Result and Analysis

The three major factors which have contributed to this outcome are analyzed below. With the possibility that failure may manifest differently at multiple stages throughout the policy cycle, it is considered necessary to exclude at least some explanations and draw inferences that are useful for theory-building and explanations. These variables include the validity of the causal theory on which the policy is based. Therefore, these findings are based on the identification of a comprehensive set of factors that may affect the policy implementation

generally. Based on this, these are the factors applicable to this research and supported by previous research.

Policy without public	Political factors	Lack of interagency collaboration between the implementing agencies:
• Lack of policy proponents/stakeholder's involvement during policy formulation. • Implementation difficulties due to lack of adequate capacity.	• Implementation lapses as a result of fussy administrative boundaries. • Implementation failure due to partisan politics and economic considerations. .	• Implementation lapses due to inter-organizational complexity.

4.1 Lack of Policy Proponents/Stakeholder's Involvement during Policy Formation

The development of organizations and management in the Swedish health care can be categorized into five stages (Axelsson, 2000). Numerous directives have been designed by both the central government and local agencies in order to improve joint action and to emphasize its roles in effective service delivery (Charlesworth, 2013). But the reforms have failed to address the issue of people with dementia, as a result of ignoring the ability of policy proponents during policy formulation (Winter, 2012). Regarding that policy failure fundamentally can be kept alive by sufficient strong coalition support, which could have allowed for early dialogue and understanding among the stakeholders in order to gain respect across differences, it will serve best in giving all the stakeholders the opportunity to have their say. Scholars argue that the policy formulation stage will give both the policy formulators and the implementers the important cues concerning the size, context and intensity of demands (Matland, 1995). This could encourage agency's implementers to tailor policies to fit specific contexts of groups or communities, because they are able to find out what those contexts are and adjust policy actions to them (Mischen & Sinclair, 2007), and even align decisions to greater good (Fredrickson et al. 2016). Based on this, it is believed that policy design is more important than implementation in understanding outcome (Schneider & Ingram, 1988). This is because tracking performance is unlikely to be enough to ensure effective implementation, especially where the policy is complex and long term in nature (Hudson et al., 2019). Therefore, this neglect of stakeholder's participation has led to conflict within the society at large (Baur et al., 2010). In the case of dementia patients in Sweden, as the conflict in policy formulation have continued down the implementation process, the clients and implementers feel that they have no influence on policy issues, since the management team deals with the topics and set them out in the policy report (Baur et al., 2010).

"Ingemar Karlsson, who belongs to the National Association of the Rights of the Dementia, says that he was not told until many years into caring for his wife, who has dementia, that there was help available" (Radio Sweden).

"Staff also felt that it is important to know the person with dementia in order to find measures that work and that there is the opportunity to sit in groups and discuss different perspectives helping to find measures" (SveDem).

These frustrations reveal a context of distant relationship leading to implementation gap between those in charge and those receiving services, thereby making the overall pattern become highly complex which showing that some clients might not have been captured (O'Toole, 2012). Many patients complain about lack of service orientation among the healthcare personnel, and this makes it hard to make something happen primarily because policy makers would hardly mandate what happens, as they have ignored the politics of policy formulation and design (Winter, 2012). Since policies made at the highest levels are then carried out by street-level bureaucrats whose discretion is acutely limited, no common conceptualization of the problem was possible among the stakeholders (Wolman, 1981). Since the policy making takes place at the backwaters of political institutions, because politicians tend not to be held accountable for the outcome of their policy initiatives, the outcome of this is that they are so easily attracted to the prospect of short-term result (Hudson et al., 2019 p.5). This can result to pushing policies as quickly as possible, rather than getting involved in messy, protected and frustrating details of how things might work out in practice. Regarding that in a complex decision making, the processing of relevant information takes time and cost, cost can be minimized if policy makers opt to pursue a decision strategy in which they pay selective attention. This can lead to copying past policy elements and underlying policy logic because it was consistent with the prevailing fashion and experience which makes it harder to understand these heuristics as well as a more critical examination of the design elements that are exposed to be pinched. Whether this produces policy alternative that will be effective in addressing the problems faced by decision makers depends on the range of ideas by decision makers. The similarity of the context between the sources from which the ideas were drawn and the one at hand is drawn from the efficacy of the ideas once they are adapted into policy alternative. The issue here is that policy makers might get more credit for the legislation passed than the implementation problems avoided, since the input of these stakeholders are also considered necessary (May,2012). Consequently, it is problematic that what a policy dictates are what is done, of which from the decision maker's point of view, diversity of either actors or institutional locations poses widely similar kinds of difficulty (Head & Alford, 2015).

"Effective collaboration is essential. Otherwise, there is a risk that major problems can arise for individuals with dementia and their families. Ineffective collaboration between a municipality and a county council, for example, entails a risk that a woman or man who has just been diagnosed with dementia is not offered the support they need''(www.government.se).

From the above statement, it could be argued that such boundaries are even more blurred, regarding the ineffective, distanced, collusive or even abusive management which have developed (Copperman & Brown, 2013). Therefore, this might limit their capacity from meeting the specialized needs of the individuals who need help (Cohen et al., 2005). The problem is usually not that there is insufficient information, because usually several agencies have information on their records, but instead unless something like a referral or constellation of concerns propels that information into a multi-agency process, these pieces of information are hardly to be processed (Copperman & Brown, 2013). As there is high risk that any task assigned to each agency would undergo considerable delay and accorded low priority as they struggle to be incorporated into the agencies' operating procedures, implementation might become a battle to determine the correct reading of the mandate and its accurate execution (Deleon & Deleon, 2002). Since programmes are explicitly structured such that they must be carried out through joint action of two agencies, they are prone to implementation problem (Wolman, 1981). Hence, as it goes through a series of governmental agencies, there may be several planning and start up phases before the operational units begin to deliver services or performing task directed by the legislation (Schneider, 1982). This makes the difficulty compounded because the individuals cannot become knowledgeable about all possible policies and will therefore find it difficult even to comprehend one policy entirely (Schneider & Ingram, 1988). However, this development was particularly strong in the local governments and county councils, and as a result has a great negative effect on the health and social care system, thereby becoming a source of delay and diversion of objectives necessitating a change to the outcome (Tilley et al., 2013). Since performance will not likely match expectations, it is believed that where a major change is mandated and goal consensus is low, the possibility for effective implementation will be most doubtful (Van Meter & Van Horn, 1975).

In other words, based on the theoretical framework of this study, it could be argued that this conflict that surrounds implementation can be said to have emanated from policy formulation due to lack of incorporation of stakeholders' perspectives. As such, policy errors could have been incorporated into the fundamental issue definitions which support institutional arrangements that are established in a policy network that involves all the stakeholders during policy formulation (Busenberg, 2004). This is because the clearer the initial policy directive, the clearer the mandate and the more valuable the direction that is provided for street-level bureaucrats to follow (Deleon & Deleon, 2002). Based on this, Pressman & Wildavsky (1984) argue that the success of implementation can be achieved when the policy, the institutional settings and the target groups are considered, implying that both the intent of the policy makers and the behaviors of the local actors are very crucial. This is because participation by citizens is intrinsically better than less and building mechanisms into implementation that enhances participation strengthens policy success (Mischen & Sinclair, 2007). Regarding that it will make the policy to become more resilient to challenge during implementation, because it is situated in a political context structure and partisan context that strongly privileges the status quo, a target group's compliance and the cost involved in obtaining it may be wasted if not correctly linked to the desired end state (Sabatier & Mazmanian, 1979). Therefore, if the local implementers are not given the freedom to

participate in order to adapt the programme to local conditions, the exercise might fail. This is because it is the micro-level that the policy affects directly (Matland, 1995). This justifies the reason it is suggested that it is not necessary to neglect any single stakeholder during policy formulation, as change in the world is driven by individuals and not organization, because human behavior has the capacity to shape and form institutional arrangements. As implementation brings together the administrative state and citizens, it should be a location where deliberative discussions about policy action can occur, and acceptable and desirable policy action can be determined and carried out (Mischen & Sinclair, 2007).

4.2 Implementation Difficulties Due to Lack of Adequate Capacity

"In order to meet the increased interest in the register, we have training for those who meet the criteria for becoming certified educators. The people must help in units in geographical areas to support in the implementation" (SveDem).

Therefore, this may limit the availability of the needed knowledge to reach the policy goals. Regarding that when bureaucrats tell another to coordinate a policy, it should be cleared with all the participants who have some stakes in the matter, because telling another person to coordinate does not tell him what exactly to do. Such person may not know whether to coerce or bargain, to exert power or secure consent (Pressman & Wildavsky, 1973). Therefore, in situations of high controversy and mutual antagonism, the probability that these actions would be favorable or taken in a timely manner is quite low, of which the skills and qualities of these intermediaries in determining the outcome are likely to be limited because of their limited awareness of the surrounding environment. This will render the implementation ineffective or irrelevant because of change in the context of policy intervention (Nair & Howlett, 2017). This was one of the reasons researchers point to the need that those who work on the frontline, whether managerial or street-level bureaucrats know more about challenges of delivery than the national policy makers. This is very crucial because after formulating high principles, the federal authorities must depend on street-level bureaucrats for implementation (Pressman & Wildavsky, 1973). So, the more directly the policy aims are at its target, the fewer decisions in its ultimate realization and greater the likelihood that the policy objective would be achieved. When analyzing the policy documents, it is evident that these certified trainers who were trained with the aim of training staff and to give support during implementation were volunteers, as they were non-staff of both the organizations, and the volunteering nature of their job might lead them to unavoidable absent.

"They are financed by their own business and their assignment looks very different; some are responsible for some in one municipality and others for the entire county" (SveDem).

In line with this, it can be argued that when an important decision is needed mostly, they might not be available, whereas their roles require decisiveness and delegation of which they need to provide advice daily (Simons, 2013, p.245). Therefore, their non availability may imply that the street-level bureaucrats would not know whether their applied measures are in correspondence with the policy goal since they may lack the technical abilities. It is possible that the exercise of discretion by street-level bureaucrats will limit the client's access to care

of which they are entitled (Meyers & Nielsen, 2012). This boils down to lack of knowledge and basic philosophical principles of the statute and the magnitude of change that is required, emanating from poorly structured policy, as the original policy design was not transmitted well to the street-level bureaucrats (Khan, 2016).

"It happens that we, staff, overestimate and underestimate people's ability and that the environment and the treatment either become too demanding or poor in stimuli or both" (SveDem).

From the foregoing, it could be argued that all the stakeholders' perspectives are crucial during policy crafting and planning, rather than subsequent tracking of implementation through the setting up intermediaries in order to give support during implementation. Therefore, street-level bureaucrats should be viewed as the real policy makers, rather than a mere individual who stands in the gap between the policy makers and the citizenry (Khan, 2016). This is because even though many of the decisions of these street-level bureaucrats may seem small individually; in aggregate, they may radically reshape the intentions of the policy makers (Hudson et al., 2019), especially where they lack knowledge of the statute.

"For municipalities and county councils to be able to offer health and social care of high quality, ensuring that staff have the right skills is essential. In its supporting documents for the national dementia care strategy, the National Board of Health and Welfare points out that knowledge about dementia is lacking in all professional groups working in social services and health care" (www.government.se).

Referring to the theoretical framework of this study, it could be argued that the level of conflict that surrounds the implementation could be traced to formulation stage, due to lack of stakeholder's perspectives, as the government has often made use of intermediaries, in its bid to finding some way of bridging the understanding between the national and local narratives (Hudson et al., 2019).). Therefore, policy designers should accommodate the processes rather than replacing them with different structure (Schneider & Ingram,1988).

4.3 Implementation Lapses as a Result of Fussy Administrative Boundaries

Currently, Sweden runs a decentralized system of government whereby the municipalities are given much power to determine for themselves (Jansson, 2011). A government agency, the National Board of Health and Welfare, has the supervisory role of ensuring that the lower levels of the public sector abide by the guidelines (Kruse & Stahlberg, 2013). This arguably was intended to increase legitimacy since political participation is more within the municipalities (Elender & Montin, 1990), and local level initiatives will be crucial for the success of the programme (Feltenius, 2007), since the rural groups are taxpayers and play important roles in the political system and the parliament (Lundberg & Åmark, 2001). This was also undertaken based on the belief that the traditional hierarchical nature of public administration has not been conducive for grappling with the wicked issues (Head & Alford,

2015). Therefore, governance practices can be divided into management and negotiations (Jansson et al., 2011).

With the idea that the process of democratic political debate at the local level would serve as a robust testing ground for sifting the practical merits of options and for assessing support for policy choices, the dynamism of globalization which includes technological factors, demographic change and security of resources are also the key factors that prompted the government to embark on such reform (Kolbusa, 2013). Some researchers argue that this was embarked upon since political leaders were attempting to reduce the overloaded role of government and lower community expectation about the capacity of the government to address a wide range of major issues (Head & Alfor, 2015). Rather than further extend public regulation to solve problems, they advocated for allocation of greater responsibility for individuals and communities. However, this approach has less chances of becoming successful, regarding that the political system is characterized by a weak national government, retaining strong forms of informal policy making (Marquardt, 2017). This shows how implementing policies in this dispersed government will not yield much gain (Hudson et al., 2019). Because policies made at national level would face the challenge of ensuring some degree of consistency in delivery at sub-national level, the process is especially fraught where the subnational government has a bit of separate degree of political authority, leading to disagreement on the goals of the policy (Deleon & Deleon, 2002). This makes the implementation outcome to be decided by power, though it is believed that the federal policy makers may have overestimated the amount of support that the local implementers will bring to their cause (Pressman & Wildavsky, 1984). The degree of conflict of interest between national and sub-national actors which surrounds the implementation will make it hard for the availability of the needed technology to reach policy goals (Matland, 1995). This results to uncertainties about the roles various organizations are to play in the implementation process, and to know which tools to use, how to use them, and what the effects of their use will be. The flexibility and autonomy can only resonate well when the goal of the policy makers and the implementing agencies are in tandem, but as they differ greatly within this context, this flexibility and autonomy may lead to policies which might result to lower performance on the stipulated goals.

"The governments' initiatives, better life for the sick and elderly, are implemented in collaboration with the Swedish municipalities. The national coordinator has monitored 75 percent of the specialist clinics and found 6.5% incorrect registrations" (SveDem).

This statement demonstrates how issues of power and coordination in these complex multilevel governance systems continue to affect the policy implementation (Marquardt, 2017). Since, the political and bureaucratic aspects of the implementation are left outside the consideration of the participants of government and the calculation of the policy formulators, implementing the policy is largely dependent on the municipal authorities, despite them having little knowledge of the programme. Therefore, this complex political process helps to explain the country's struggle towards achieving its objectives. The national government only provides the overall guidelines, laws and national goals, such as equal access to health care based on need and not on income (Kruse & Stahlberg, 2013). This is laid down in law, but its

exact limits in relation to the duties of the central government are not clearly defined anywhere (Hall, 2013). The law also provides a strong framework for local government discretion and downward accountability, but faces barriers concerning its actual implementation due to subservience to hierarchy (Marquardt, 2017). As a result of patchwork of relationships between and among governments that combines features of cooperation in ways that are not yet well-established in-service delivery, operating at the higher levels cannot succeed without having some grasp of what happens on the frontline (Hudson et al., 2019). This leads to wide variation in how the same national policy is being implemented at the local level, since it makes monitoring ineffective and oversight virtually impossible (Van Meter & Van Horn, 1975). However, this weakness of collaborative policy making and the failure to establish a common ground for the public through a constructive management ground of differences remains one of the key reasons for subsequent implementation difficulties and policy failure, (Hudson et al., 2019). This is because collaboration during the implementation does not address all aspects of complexity challenges (Head & Alford, 2015). However, this turns out to be the graveyard of policies where the intentions of the designer of policies are undermined by a constellation of powerful forces of politics and administration in cooperation with the clients (Makinde, 2005). The implementing institution changed its mode of normal operation by trying to adapt through the institutional process like coercive, mimetic and normative isomorphism that does not follow a technical rationality in order to maintain legitimacy viz-a-viz their environment (Sundström & Holmberg, 2018).

"People who are diagnosed with dementia following a dementia investigation are registered at SveDem (initial registration) and then monitored once a year for the rest of their life. Initial registration is performed by outpatient and primary care clinics, but some inpatients and municipal health care and medical institutions also do initial registrations. Following up takes place primarily in specialized outpatient and primary care clinics and in municipal housing" (SveDem).

However, the failure to draw upon or be transparent about this issue (Hudson et al., 2019), has led to failure of decision makers to provide evidence to the political leaders that involves a genuinely worthwhile activities for improvement awareness (Tilley et al., 2013). The prospect for implementation problem emanated due to the introduction of new patterns of doing business (May,2012), which implies a different type of organizational structure that have different pockets of activities that are differently organized (Hester et al., 2013). When politicians signal their disagreement with national policy goals, the street level bureaucrats have greater opportunity to diverge from national goals (May & Winter, 2009). This discretionary role in delivering services or enforcing regulations positions the street-level bureaucrats as the essential actors in implementing public policies (Winter, 2012). Since the street-level bureaucrats are neither elected nor appointed by elected officials, they are largely immune to electoral accountability (Signé, 2017). However, there are wider implications, since if someone presses ahead in a role without the necessary judgmental capabilities, there is a danger that they will fail to execute the tasks competently (MacKian, 2013). The long-term plans are also made for other agencies to continue to define their role only on this initial assessment and or investigation (Copperman & Brown, 2013). This ambiguity plays an

important role in understanding how this institution might be reproduced in various ways (Jackson, 2005). The implication is an interpretative gap between situation and institution and this no doubt reveals in the following statements.

"Calculating the average rate in the Behavior and Psychological Symptoms of Dementia (BPSD) register is not easy as only half of people with dementia have diagnoses. This means we cannot know how many people with dementia live in a special housing" (SveDem).

Because of this roadmap, it is believed that the agencies measures would not be directed to meet the specialized needs of individuals (Cohen et al., 2005). "Since BPSD register serves as a structure for teamwork, the registration can also affect the team" (SveDem). Regarding that administrative discretion was used as a cover for arbitrary behavior that is unrelated to policy intentions; this measure was attributable to initiatives entirely outside the programmes' control.

"Dementia diagnosis is missing due to incorrect registration" (SveDem).

However, it could be argued that the effort to cope with limited time and other resources have made the street-level bureaucrats to experience a gap between demands bestowed on them by legislative mandates and managers and citizens on the other hand (Winter, 2012). Authorities argue that whenever street level bureaucrats experience an interpretative gap, they will resort to apply several coping mechanisms that systematically distort their work in achieving the intentions of the legislation. Therefore, they will ration services and make priorities between their task and clients. They would upgrade easy tasks and cases in which clients mount pressure to obtain a benefit or decision at the expense of complicated and non-programmed tasks and clients that do not press for a decision. They may apply few crude standard and classification for grouping clients and combine these by rules of thumb for the processing of categories rather than treating clients independently. In order to prove successful, they would apply creaming in favoring relatively resourceful clients in order to make case simpler to process. But this depends on how successful they are in developing such coping strategies; otherwise, the discretionary practices of the street-level bureaucrats will distort the delivery of service and realization of the overall policy objectives (Ansell et al., 2017). As the implementation shift which takes precedence has changed not only the goals of the policy and the kind of the instruments that can be used to address them, but also the very nature of the problems they are meant to be addressing, there is unsuccessful implementation where the policy is enacted but circumstances are such that the policy is not achieving its aims (McConnell, 2015). This is shown from the statement in the quality records.

"Nearly half of those people investigated in primary care are diagnosed with Dementia (without specification), which means that no specific diagnoses have been established. But the proportion is so large that there are deficiencies in primary care diagnosis. The fact that so many do not receive diagnoses may mean that they also do not receive the treatment interventions that would be needed" (SveDem).

In line with the theoretical framework of this study, it could be argued that the levels of ambiguity in the policy formation are the key factors which shape the implementation

process, due to lack of stakeholders' involvement during policy formulation. This makes it possible for local implementers to have a different view of the policy, as the motive behind the failure is lack of theoretical awareness by policy makers regarding the political nature of public administration (Roman, 2015). The consequence of even best planned and most promising policy initiatives depends finally on what happens as individuals throughout the policy system interpret and act on them (McLaughlin, 1987). Regarding that motivation may be influenced by factors largely beyond the reach of policy, competing centers of authorities and other aspects of social-political forces have influenced the local implementers' willingness to cooperate. These political dynamics that influence the policy implementation is influenced by the way in which the use of different tools affects stakeholders' interest (May,2012). This makes researchers to suggest that policy implementation should pay more attention to policy designs, because substantive and political flaws in the policy design often influence their implementation and the delivery of the expected result (Ansell et al., 2017).

4.4 Implementation Problem Due to Partisan Politics and Economic Considerations

Economic considerations and partisan politics have been considered as some of the factors that have contributed to the cause outcome. Since it can be argued that the municipalities control and prioritize how to make use of their resources, as there are many projects to be attended to, and the resources are not unlimited and often the object of competition for other needs (Birkland & Waterman, 2008). Considering the fact that they are always looking for ways to minimize cost with the excuse of soft budget constraint, analyzing the cost implication of dementia patients at the local level was more complex because it included and added costs at the specialist level and took negative aspects into consideration (Wimo et al., 2013). This makes the apparent solidarity of original aims and understanding to give way, as people, institutions and circumstances change (Pressman & Wildavsky, 1973).

"They consider that the effect of the recommendation on the basic and extended examination will be that the number of examinations will increase by about 7,000 per year at a cost of around SEK 41-59 million" (Alzheimer Europe).

It could be stated that the outset of the intentions of the federal policy makers was to create intentionally vague implementation language so that the local authorities could have flexibility and initiative in planning (Cohen et al., 2005). This leverage warrants that different conjectures may privilege certain types of partisan government to follow different directions (Garrett, 1993), regarding that it is a call to use political discretion (Leupold, 2016), thereby leveraging them in in controlling the policy agenda by giving false impression of tackling a problem and marginalizing critic (McConnell, 2010). Their attractiveness lies in the fact that if successful government may be able to win future elections by pursuing their preferred partisan policies, it is unrealistic to a large extent to separate politics out of management (Roman, 2015). This is because the reality is that the more devoid of political awareness a leader's technique is, the less likely that it will become effective or that it will possess a reasonable degree of staying in power. This shows how a simple programme turned out to become a very complex one, involving numerous participants, and a host of differing perspectives (Pressman & Wildavsky, 1973). This item is likely to be deprioritised from

gaining attention because of opposition of powerful interest or simply because they were assumed to be less pressing than other items in the competition for attention (Kingdon, 2014). Researchers argue that when a set of ideas eventually gains credibility over another, this will structure the policy priority in new ways and privilege some line of policy over others (Sommestad, 2012). These political interferences may undermine the neutrality and likely effectiveness of the agency's roles in achieving the outcome (Hudson, 2006). Since the policy problem was produced by socio-economic issues within the subsystems that are self-referential and internal dynamics that are almost impossible to control through the centralized political control, the local actors interpret the agreements in ways that conflict with the federal interpretations (Pressman & Wildavsky, 1973, p.92), when it comes to the utilization of funds. On that note, the government statement reveals this on such negative developments within the municipalities.

"The National Board of Health and Welfare has been tasked with the government to monitor developments within the municipalities and care for dementia patients with reduced decision-making ability" (SveDem).

Whatever the efforts that the central government is putting in place to possibly monitor the programme would not yield any gain as the initial policy design has been shifted by local authorities, as potentially antagonistic administrative relationship may have been built (Pressman & Wildavsky, 1973). Regarding that maintaining governance and other policy demands requires compromising the programme, it is confirmed that partisan politics have become so strong in determining the outcome at the local level, accounting to why the fundamental issues having to relate to economic structure of medical care and social service for this category of persons was deprioritized (Kruse & Stahlberg, 2013). As tax base is believed to shrink making demands for care and worthy of life for these individuals to become harder to actualize (Lindh, 2012). This gives the local politicians opportunities to leverage on a contradictory logic rather than the logic of appropriateness, thereby privileging the need to legitimize their actions in considerations of cost effectiveness (Lowndes & Roberts, 2013). This brings about frequent discontinuity in fund disbursement to support the programme.

"The BPSD register received extra funds in 2015 to increase the use of output and this work has started very well but needs to continue for at least another year to have lasting effect. It is a small fund that is required" (SveDem).

As shown from the above statement, there have been series of interruption of fund disbursement in some period. This is believed to hamper the advancement of the programme directly towards achieving its goals (Pressman & Wildavsky, 1973), as the state stimulus funds and the investments in quality registers cease'' (SveDem). The complexity and ambiguity of politics from these local politicians have created serious problems, because the municipalities are dependent on the decisions and priorities set by the municipalities in their local settings (Jansson et al., 2011). These are related to competing laws and policies, making the availability of financial resources to implementing agencies to become a much-contested issue (Lester & Bowman, 1989). This policy conflict is due to occur, regarding that the

central governments that formulates and sets the guidelines for the implementation of the policy goals do not have the resources at their disposal, thereby reducing their limits on what they could do in terms of usurpation of state and local functions (Birkland & Waterman, 2008). At the same time, these local actors' priorities are not always in alignment with the policy formulators goals (Marquardt, 2017). For this reason, the high nature of economic considerations would push the local actors to follow different trajectories, of which they believe would boost their local revenue. As policy politicization entails normal political competition by alternative views on the policy issue (Leupold, 2016), the politicization of the polity would make the local authorities to question the overall legitimacy of the guideline as mapped by the central government. Because political institutions are objects of ongoing skirmishing as actors try to achieve advantage by interpreting and redirecting institutions in pursuit of their goals by subverting or circumventing rules that does not conform with their interest (Streeck & Thelen, 2005, p.19), this new development will only but lead to changing the initial design of the policy formulators. Hence, it is mediated by actors who might be operating with different assumptive belief from those formulating the policy (Hill & Hupe, 2002). This is because the basic problem with public policy is its inherently political process which involves multiple actors with multiple interests and objectives (Frederickson et al., 2016). This makes it more difficult to actualize success, as the practice guide needs to be implemented and to be given priority among many other competing priorities (Simons, 2013). But as the latent conflict ensues, the original agreements must be renegotiated, and a possible more antagonistic situation emerges (Pressman & Wildavsky, 1973). Thereby, the emphasis was shifted to improving services through greater efficiency and cost-effectiveness (Tilley et al., 2013), by local actors, in order to boost their external legitimacy (Hall, 2013), and accommodate other programmes. This is because when faced with deepening public expenditure the prime goal of any governments will be to control the public finances (Hill & Hupe, 2002). It is believed that when actors are confronted with such situation, they will resort to these strategies (Deeg, 2005), as these would be used by local authorities to influence the slope of that playing field (Hill & Hupe, 2002), which comes to the fore in times of budget constraints.

Marketisation which is without doubt the best-known reforming ambition in the political and public debate is turning the public sector into a clear-cut marketplace through various types of privatization or quasi-private arrangements within the public sector. This has the tendency to garner widespread support based on the idea of efficiency and cost cut. This only serves to confirm the shift from input focused to output focuses. But delegating conflicts and management problems does not mean that the problem is solved. This might be due to deteriorating quality of service as a result of cost reductions (Kruse & Stahlberg, 2013). Also, new public management can destroy the positive aspect of professionalism (Gander, 2013), as highly professionalized and knowledge intensive organization which focuses on innovation tends to be very difficult to control. This approach has even shown to be counterproductive for innovation (Sundström & Holmberg, 2018). Researchers argue that when the ethical behavior in running of public services in health and social care diminishes, the quality of experience is absent for service users and it can undermine any efficiency previously gained (Gander, 2013). The fact that the ability to do high-quality work and provide at the same time

provide individualized services for service users will become rear makes it more difficult to measure performance, due to programmes breadth and far reaching nature of its goals (Van Meter & Van Horn, 1975). When an unsatisfactory interaction between an agency representative and a citizen leads any of them to conclude that there needs to be a better way to generate a solution to the problem, more often than not, that idea will be lost because there are no mechanisms for capturing such (Mischen & Sinclair, 2007). This is because an invalid technical component would have both direct and indirect effects on non-achievement of policy goals (Sabatier & Mazmanian, 1979).

However, another problem with the performance indicators is that they may not capture information that is crucial to the experience of service users (Tilley et al., 2013). This is because a definition that portrays success in objective form will fail to capture the subjective dimension of outcome (McConnell, 2010). When services are paid based on their results, it means how well they meet the performance indicators (Tilley et al., 2013), as mentioned in the quality register.

"The indicator must be relevant and highlight an area that is important for the business to improve and that reflects some dimensions of quality and/or efficiency in the outcome. Indicators are needed to be able to measure and follow up activities" (SveDem).

In view of the above statement, the danger is that the street-level bureaucrats are likely to channel most of their efforts on the aspects of the service that are being measured by the indicators (Tilley et al., 2013). As a result, those aspects that cannot be measured by the performance so easily would be deprioritized. This might result to poor implementation, as it gets less than it bargained for in terms of outcomes (McConnell, 2010). Also, by blocking opportunities for service providers, who were closer to the coal face to provide feedback to the management about the operational problems and about service users concerns that might serve as indicators for the underlying problems, this has even undermined the cooperation among those who might collectively have significant information or insights relating to wicked problems. Furthermore, imposing redundant capacities on them (Crouch & Keune, 2005), because people's interaction with health and social care services are not always this straightforward (Tilley et al., 2013, p.471), it should not be static but respond to the needs of the people who use them. Based on this, the care givers lament on how this goal measurement has limited their ability to understanding the needs of the patients.

"The need for help and guidance is namely very large and I work as personal pilot in the care bureaucracy and the organizations cumbersome labyrinths and routines" (SveDem).

Therefore, considering the theoretical framework, it can be argued that the ambiguity during policy formulation was the major factor which shapes the implementation process due to non-inclusiveness of stakeholders' perspective during policy formulation. Regarding that measuring outcomes requires the involvement of stakeholders including the service users, in deciding what is important (Tilley et al., 2013), this could have been achieved if all participants had been engaged collectively in advance during policy formulation, with all future differences resolved at the outset (Pressman & Wildavsky, 1973). This initial

understanding can be helped with an explanation and understanding, that will give a clear focus on the potential result (Charlesworth, 2013). Instead, they have failed to care how often the objectives are likely to be altered or the means of obtaining them might change (Pressman Wildavsky, 1973). Failure is bound up with issues of politics and power, including contested view about how to implement the policy (McConnell, 2015). This is because low level of political support or a lack of authority over relevant policy tools renders the idea political unviable, which hinders successful implementation and causes policy drift (Walsh, 2006). Seeing that when the conflict about a policy becomes public, public resistance is due to emerge, resources can become scarce, and the current policy conflict can trigger other related conflicts, producing instability surrounding the entire issue (Cohen et al., 2005). As various participant each with their own resources may become involved (Kingdon, 2014), a choice opportunity would become the ''garbage can'' into which various kinds of issues raised and solutions are dumped by the participants as they are generated. In other words, the outcome would become a function of the mix of garbage (problem, solutions, participants and the participants' resources) in the can and how it is processed. The chances may be narrowed to who is invited to or who shows up during the meeting, as it is believed that decision makers may have used their executive powers to steer the policy decisions taken towards achieving their personal goals (McConnell, 2010). To this extent, actors would buffer themselves from political conflict by crafting policy designs to be passed onto implementing agencies that are vague, ambiguous and internally contradictory (Meyers & Nielson, 2012). This means that the policy decision taken might not serve the best interest of all the stakeholders, by aligning the policy decision to a greater good. Because policy agendas usually reflect the mobilization of political demands rather than a rational process of evaluating needs, objectives and people's values (Wolman, 1981), politicians fill the key policy making positions with people who are receptive to their conception of the agenda (Kingdon, 2014). Anytime he discovers that his appointees are not responsive concerning items of major importance to him, they don't usually last in the job, since they are accustomed to enjoying authority and responsibility and have no reservation in sharing it with their subordinates (Ansell et al., 2017). This means that they tend to see themselves as decision makers who have been given a mandate to rule on behalf of the people rather than the people.

However, this shows that success at the process stage will not guarantee a success at the implementation stage (McConnell, 2010). Therefore, the frequent call for coordination through the means of bringing stakeholders perspective during policy formulation reflects the inability of the machinery of implementation to move fast enough to capture the agreement while they last (Pressman & Wildavsky, 1973). Regarding that the target populations referenced in the policy document reflect political and bureaucratic agenda that are divorced from achieving substantive policy goals (Schneider & Ingram, 1988), the policy designers did not put measures in place in order to avoid the programme being captured by politicians. As policy making without checks and balances is prone to producing flawed policies because goals and instruments have not been refined in order to produce workable policies through the means of incremental bargaining (McConnell,2010), it is believed that politics can affect the design of the policies by creating different challenges for policy success (May,2012).

4.5 Implementation Lapses Due to Inter-organizational Complexity

It became a turf dispute about ways in which agencies will reach the stipulated goal objectives because of inter-organizational joint action (Cohen et al., 2005). This is because the involved organizations recognized the policy as directly relevant to their interest, but also have incongruent view on how to reach those stipulated goals as stated in my theoretical section. This policy ambiguity has created uncertainties about the roles of the agencies (Cohen et al., 2005). Stemming from the fact that translating policy intention requires that those charged with the execution cooperate toward the achievement of policy (O'Toole & Montjoy, 1984), this was difficult as assessment of sickness takes place in an organizational field in which several organizations work with the same clients but have different orientation and perspective (Rafael & Jorgen, 2018), of which their tasks touch on several arenas and considerations (OToole, 2012). It can be argued that both organizations are working, but the interconnectivity between them is flawed or non-existent, as they work in parallel rather than in tandem (Sundström & Holmberg, 2018). This makes the workplace to be in constant flux with workers rather than been stable simply because they may be displeased with the new directions (Birkland &Waterman, 2008).

"After an assignment agreement has been signed between the representatives of the register and the unit (this to ensure confidentiality), an appropriate time for monitoring is agreed. The person responsible for the registration and a person who has access to the patient's record (usually a nurse) should be present at the monitoring. It is also desirable for the Head of Unit to participate. The person responsible for the registrations at the unit logs into the register and the nurse responsible logs into the medical record system. The person who is to monitor has a checklist for all variables that are in the register and thus has no direct contact with the journal system" (SveDem).

The above statements shows that the policy goals in this context will often depend on the extent to which a policy is supported by an array of stakeholders, which in turn depends on underlying values and what is considered the best means of achieving them (McConnell, 2015). But it will not be particularly surprising to find patterns of implementation tensions surrounding them, because they seem to be less prepared to respond effectively to non-routine and nonstandard service challenges (Head & Alford, 2015). This is because it is believed that when people embark on cross-boundary collaboration without a clear idea of what they want to achieve, and who they are working with, the exercise is fashioned to end in futility (Charlesworth, 2013). This is hinged on the premise that successful joint working does not happen overnight, because collaboration is a painstaking process even under ideal situations.

"The difficulty that exists about monitoring in this way is above all, the time required and the logistics (that those who will be involved in the monitoring are really in service). Another difficulty is that all the information entered in the register cannot be found in the journal. This applies mainly to soft values such as daily positive coexistence, or that some medical parameters are not updated (heart rate, blood pressure etc.). In some cases, there is no documentation on patients' diagnoses" (SveDem).

Although, a goal for each agency is to provide these individuals with care assistance (Cohen et al., 2005), lack of collaboration has made them to focus on their primary task, meaning that other things will be peripheral in the visual field (Sundström & Holmberg, 2018). As a result of these barriers, there is no objective roadmap for actualizing successful interagency collaboration (Cohen et al., 2005). Due to the fact that these organizations have structured their job routine around their individual primary task that the group or organization has been designed to perform (Sundström & Holmberg, 2018), it makes it impossible for them to give attention to other issues at the periphery, as the primary task has the power to add emotional salience to certain issues to the detriment of others. This leads to the point where signals are overlooked when they are in the periphery. These difficulties are likely to often arise from these intricate interdependencies of such processes and structure (Head & Alford, 2015). Since people increasingly have complex needs that do not fit neatly into the categories or organizational boundary within which it is convenient to provide services for clients (Charlesworth, 2013). Increasing the number of agencies in a pooled relationship is likely to decrease the chances that impact on common target will be achieved, as the differences between sectors have had an impact on the partnership working. This suggests lack of understanding, why they are expected to work with staff from other organizations. At the middle of the partnership, something within their job becomes a bigger priority of which the partnership works they are working on would be downgraded and they start to disappear. Therefore, it is believed that in inter-organizational settings, the level of success will depend on how the implementers see the policies as affecting their organisation and individual interest (Makinde, 2005), as most attempt made by each group to satisfy their own goals have resulted to an implementation that is inconsistent and incomplete (Meyers & Nielsen, 2012). Therefore, this failure occurs when this interaction is disrupted or biased towards the machinery of one or the other (Linder & Peters, 1987). This means that it may be unrealistic to expect a strong commitment from health care professionals during implementation (Nilsen et al., 2019).

"When important people quit, you lose momentum for a long time. Whenever there are new things you need to learn, it has taken a little more time" (SveDem).

This policy conflict on how to reach the stipulated goals by street-level bureaucrats during implementation could be described with the framework of analysis, by arguing that ambiguity during policy formulation was the factors which shape the implementation process, as all the stakeholders are not involved during policy formulation. This makes the front-line bureaucrats to become detached from their external environment and resistant to new policy initiatives as a result of interagency activities (Meyers & Nielsen, 2012, p.6). These difficulties could have been resolved by early agreement, where the definition of the problem and the likely solution are reached among stakeholders (Head & Alford, 2015). As it is known that any attempt to have an organisation rally around a shared vision can be problematic as local interest would not be automatically stirred or aligned as a result (Sundström & Holmberg, 2018), it is likely that when organizations finds themselves in such a complex web, they would choose to seal off its rational technicality in order to avoid contextual buffeting by changes in social circumstances that have no bearing upon the

assumption which the institutions were predicated (Lowndes & Roberts, 2013). This logic denies them the opportunity to be flexible in order to adapt to unanticipated task that the organizations are to execute with another agency. This leads to ongoing conflicts over policy legitimacy and organizational mission (Hudson et al., 2019). Therefore, the resulting impact upon the common target may be something less than ideal that would result from poorly coordinated effort (O'Toole & Montjoy, 1984), since it will take a long time before majority of actors agree on the diagnosis of the problem (Palier,2005).

"A summary of the monitoring protocol shows, among other things, that there exists conflicting information about dementia diagnosis and that the list of medicines is not always updated at each registration" (SveDem).

This shows that when the policy's means are ambiguous, agencies would become uncertain of their actual roles and responsibilities (Cohen et al.2005). This entails that the separation of policy design from implementation would prove counterproductive (Pressman & Wildavsky, 1973). This is even as the relative absence of stakeholders has created implementation challenges, which reverberates over time in shaping the ability and willingness of different groups to work together (May,2012). When perspectives differ, measures of success decline (Pressman & Wildavsky, 1973). And even if relevant organization pushes with overwhelming support, others might reluctant to commit themselves wholeheartedly without knowing if others are doing same to complement their efforts.

"Due to the fact that there may be unmet needs, communication problems and difficulties in interpreting or orienting oneself in the surrounding environment, as many as 19.8 % still do not have dementia diagnosis in the register" (SveDem).

Therefore, the statement highlights how a lack of vertical participation in the implementation of policies within this context has posed as an obstacle (Signé, 2017). One of the problems that surround the programme was that of prosaic and everyday character, as agreements are not being maintained after they are reached (Pressman & Wildavsky, 1973). Due to lack of communication, or because there may be many potential sources of power imbalance in partnership working (Charlesworth, 2013), numerous approval and clearances needed to be obtained from variety of stakeholders (Pressman & Wildavsky, n1973). In other words, it is unlikely for all the participants to agree on the stipulated goals all the time. As such, when a programme is characterized by numerous contradictory criteria, antagonistic relationships among participants, and a high level of uncertainty, the possibility of success is likely to be watered down. The implication is that the activities that are supposed to be carried out are not executed due to inordinate delays, as implementers would try to bargain with staff from other agencies over peripheral aspect of the programme. However, the bargaining process does not lead to an agreement on goals; instead, it focuses entirely on reaching agreement on actions (Signé, 2017). This suggests that lack of implementation should not be conceived as failure to get going but the inability to reach the stipulated goals (Pressman & Wildavsky, 1973). These points suggest the challenge of generating inter-organizational cooperation towards success (O'Toole, 2012). As it is expected that one organization needs to deliver an output to another, which may continue to more organizations who are involved, till down the

implementation chain, any breach within this implementation chain will hamper the efforts of others. This entails that these organizations needed to work together closely, as output of each is serving as inputs for others on a regular basis. The programme failure, as a result of inadequate implementation has its roots in the formulating process rather than in the carrying out process (Wolman, 1981). Due to the fact that such perspective requires implementers to have a great degree of information which is lacking, particularly given to a lack of institutionalization, participants who agree about a programme's goals may never disagree about which people or organizations units should oversee the programme (Pressman & Wildavsky, 1973). Thereby, taking account of each other's limitations by designing programmes geared towards good implementation outcome.

"It is a challenge to get everyone involved in the work and get them on the train; it also requires constant work and enterprising and committed people, a new way of working and clearer individual measures" (SveDem).

The above comment shows that collaboration requires a shared sense of urgency and a willingness to cooperate with others in other jurisdiction in most areas where rules and authority are currently not in existence. Thereby, ensuring that the interface between health and social care does not become a battle ground (MacKian et al, 2013). But unfortunately, it is impossible to achieve a good collaboration, because the organisation lacks the needed leadership. Since managers have often relied on fads which their power lies in their ability to command acceptance even when their tenets go against organizational realities, it prevents them from supplementing what they know about managing within an organisation with additional perspectives and options (O'Toole, 2012). Therefore, researchers suggest that enabling leadership is needed most to enhance the entanglement by balancing the administrative and adaptive functions (Sundström & Holmberg, 2018). Regarding that leadership relates to the capacity of the organizations to generate and harness creativity. This is done by providing a platform, where all the staff will sit and share information and gain advice (Kalev et al., 2006). Consequently, a more general realization is that sharing information with outgroup members may reduce conflict and bias. This will help the organizations to align those work schedules which have been in the peripheral to primary task, by focusing on the informal domain of the organizations (Sundström & Holmberg, 2018). Also, it will signal the need for both interagency collaboration and staff to work as a team. This is a policy space where the only means of dealing with such issues successfully is through the means of collaboration between organizations (Charlesworth, 2013, p.195).

"We need to make everyone, including managers, to understand this importance and become even better at analyzing their data. It is at the unit level that the development must take place so that it can directly benefit the patients" (SveDem).

Therefore, the emphasis is geared towards designing a policy in a way that connects actors vertically and horizontally in a process of collaboration and joint deliberation (Hudson et al., 2019). The implementation of policy design within this context requires a continued collaboration that ensures flexible adaptation of policy strategies through processes of mutual learning and practical experimentation that will spur the development of innovative policy

solution that can break policy deadlock and build joint ownership for the realization of policy goals. This will eliminate ignorance and passive resistance on the part of street-level bureaucrats and explore the possibilities for transforming the logics of the societal subsystems in order to support the realization of shared policy objectives.

5.0 Discussion and Conclusion

5.1 Discussion and Previous Research: What Rocked the Welfare Boat?

It can be argued that Swedish government faces the heavy task of crafting policy with high levels of stakeholder's support and participation. Otherwise they will risk making a policy which might get minimal support by few stakeholders during policy formulation and get flawed during implementation. This entails the need for coordination by bringing across all the stakeholders with differing opinions in order to have a common goal. This approach is bounded by and anchored on the belief that jurisdictional boundaries are less meaningful to the practical necessities of effective policy implementation (Frederickson et al.,2016). Therefore, it is democratic in the sense that it invites participants to engage in discussions that could lead to a better policy outcome and does so at the level where their interactions may be genuine (Mischen & Sinclair, 2007).

"We need to involve everyone (care staff, managers, politicians) in the process" (SveDem).

It is argued that when policy decision is taken without the inputs of stakeholders, the street-level bureaucrats are likely to experience gap between the demands made on them and their limited resources (Winter, 2012). This is worse when the policy makers do not provide adequate resources for the coordination function of which will produce no action or uncoordinated action (O'Toole & Montjoy, 1984). Therefore, this ambiguous stated objective may imply that those responsible for carrying it out must select or develop from the broad range of possibilities implied in the stated objectives which can guide programme implementation (Wolman, 1981). This makes it impossible as often thought by the policy makers that once a policy has been enacted by a government, the policy will be implemented and the desired results of the policy will be near those expected by the policy makers (Van Meter & Van Horn, 1975). However, it is believed that formulation of policy without the public might increase the degree of flexibility by reducing the intermediaries that can thwart the policy goals. But this is unlikely to be successful, regarding that the public participation during policy implementation poses great danger. Therefore, it is needful to balance top-down accountability with bottom-up responsiveness with the optimal balance being context dependent (Mischen & Sinclair, 2007).

In other words, it is believed that lack of public participation during policy formulation has made it difficult for the Swedish government to actualize their objectives. Neglecting and overruling other actors have led to implementation failure due to local oppositions and lack or weak awareness. Considering that some participants may be peripheral in terms of interest, expressing neither agreement nor disagreement in terms of policy goals, but whenever they

sense that their interest is being impinged upon, they often acted negatively. This requires weighing the pros and cons of different choices before taking a decision (McConnell, 2010). Therefore, it is misleading to assume that because it is written in law, it will be carried out as presumed, but that is not how it works in practice (Earle, 2013).

However, policy makers often neglect the politics of administration when enacting policies, because it is seen as a distraction from rational form of policy analysis (McConnell, 2010). Yet it is believed that in order to grasp the multi-dimensional aspect of policy and what government do, the programme has political repercussions, especially where the decision makers would have to depend on all the resources at their disposal, which they must seek the compliance of other actors in actualizing their policy goals. Regarding that local actors' opportunity to act and implement national mandate within their own organization is hampered by surrounding structures like political parties (partisan) composition of the municipalities and its administrative organizations (Jansson et al., 2011), the main argument of this paper is that policy design provides the blueprint for carrying out policies and serves as the most important tool to shore up or undermine policy implementation (May, 2012). This shows that collaborative policy design and adaptive policy implementation will help policy makers in ensuring successful policy execution (Ansell et al., 2017).

Also, because wicked problems are incomprehensive and resistant to solution within this context among the street-level bureaucrats who have been mandated to deliver services in health and social care sector, it is useful to engage all the various stakeholders during policy formulation. Regarding that collaboration will increase the likelihood that provisional solutions to the problem can be found and agreed upon, in its early stage, this could be best achieved through the means of enabling leadership, which can bring entanglement. This approach is in conformity with the argument raised in previous research, which believes that the only means to address this wicked problem is by adopting a more holistic approach to problem solving with its focus on a comprehensive consideration by tackling the linkages in the system, in order to avoid implementation failure. Also, previous research on implementation of national policy for improving health and social care for older people shows that it was derived from an agreement between the Swedish National government and Swedish association of Local Authorities and Regions (SALAR). This shows that local conditions are effective and could shape municipal actors' perception of the policy. Therefore, this research will contribute in bridging the knowledge gap in policy implementation of dementia patients in Sweden. Regarding that the previous research did not limit the scope of its study to implementation problems only, but as well tries to measure other aspects pertaining to other policy areas, this study will assist the Swedish government in addressing policy implementation problem in health and social care sector, as there is limited research in this policy area.

5.2 Conclusion: The Reasons the Policy Failed within the Swedish Context

This study has provided the three major factors that have been analyzed to provide understanding to policy failure regarding the case of dementia patients in Sweden. This research has made use of a single empirical material to unearth those factors limiting the

policy success. To understand why the policy failed, the policy implementation approach has proven to be essential as the study looks at how the policy is being formulated to its implementation stage. The study utilized Matland's Ambiguity-Conflict model in order to observe the cause outcome. Therefore, the study concluded that Sweden lacks a national framework with high level of coordination that brings together clients, street-level bureaucrats and politicians together during policy formulation. Regarding that implementation is deceptive since it does not appear to involve any great issues during policy formulation (Van Meter & Van Horn, 1975), most of the crucial policy issues are often thought to have been resolved in the prior decisions of the executives and legislators. This makes it imperative that these groups of individuals are likely to diverge from the agreed policy goals whenever they are limited by interpretative gap. This is because the impact of higher-level regulation or influence is mediated by the strength of local institutional commitments (Lowndes & Roberts, 2013), as seen in this study. Regarding that the problem of implementation is so profound (Van Meter & Van Horn,1975), the program failure is due to lack of theoretical sophistication, since the performance of a policy depends much on the guidance available to implementers (Khan, 2016).

6. General Remarks and Suggestions for Future Research

The study of policy failure in the implementation of health care for dementia patients in Sweden shows that many issues would be suitable for future research. I recommend that future research work should try to investigate why Swedish municipalities differ in getting health care help by comparing two or three municipalities. By exploring the contingent conditions under which similarity or variance in the independent variable leads to different outcome, other future research should try to investigate why Sweden is below her Scandinavian counterpart in delivering health care help to dementia patients. They can do this by comparing Sweden and any other country like Denmark.

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