Varieties of Personalised Social Services and the Problem of their Governance. A Case Study from Italy

Manchester, 23rd June 2017

Matteo Orlandini
Department of Sociology and Business Law
University of Bologna
1. Sociological issues
The story of LUCA:
✓ "facilitated communication"
✓ actively partaking in the classroom learning processes.
✓ dream of “tità” (i.e. “University”).
✓ personalised plan
“The help from the City was almost zero [...] we talk about co-design to enhance the municipal assistance. All projects, however, pass through the will of the family, in my experience. In fact, over the last 10 years there is no longer co-design. There is only the communication: "It has been extended the plan for other 6 months, for other 5 months." […] They have to manage 2 400 personalised plans with only two social workers. Everyone complains that they would not be able to design a plan.”

(Interview with Luca’s dad)
Varieties of personalisation

1 - Different actors:

• Personalisation has been conceived as a very ambivalent reflexive narrative (Needham 2011; Needham and Glasby 2014) or as a “powerful hybridation” (Ferguson 2012).

• Personalisation is understood differently by different actors and service users at different times, so that it can be accepted as an actual option by the political system.
Varieties of personalisation

2 - Different countries:
England vs Norway (Christensen and Pilling 2014)
• a discourse of democracy and citizen rights around individualized care funding in Norway, compared to a consumer-oriented market model in England

England vs Australia (Needham and Dickinson 2017)
• the focus in Australia on an insurance mechanism with pooled risk that is applicable to the entire population, rather than an issue of choice and control for a small proportion of the population as we find in the English example
Questions

1 – FACTUAL DIMENSION
Do we use only the narrative category to speak about personalisation?

2 – TIME DIMENSION
What was the situation ten years ago in Sardinia? And before?

3 – SOCIAL DIMENSION
Does personalisation pertain only to individual choice and control? Is personalisation only a will of the family?
Our aim is to show how morphogenetic cycle (time) of social policies (factual) impinge upon varieties of personalisation (sociality)
How we define personalisation

- Individualised social services:
  - top-down policy making;
  - standardized and specified provision of services;
  - a package ready to be delivered;
  - a client not a co-producer;
- Personalised social services:
  - collaborative designing of services;
  - recognise and activate people’s potentialities;
  - users “make their voice heard”;
  - to catch social opportunities;
Social innovation or retrenchment?

• Personalisation agenda (HM 2007).
• Personalisation as a reflexive narrative (Needham 2011).
• Dual ideological matrix (Ferguson 2012).
• Critics: need assessment (Slasberg and Beresford 2015); Resource Allocation System (Series 2014); support planning (Williams 2014): role of carers (Larkin and Mitchel 2016).

• Literature shortcomings:
  – link between personalisation and co-production;
  – social mechanisms;
  – governance of social policies;
  – bottom-up approach.
3. Research project
## Research outline

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Hypothesis

1. The more social policies governance is structurally pluralistic and culturally participatory, the more care services can generate a social environment for the development of personalisation.
   – structurally pluralistic: open to the largest possible number of actors;
   – culturally participatory: involvement of users and a subsidiary support planners in the service design.

2. The second hypothesis deals with the street-level functioning of services: in cases where care services are actually “co-produced”, personalisation does not turn out to be a mere standardised individualisation, thus leading to a flourishing of users.
Realism

Figure X – The Coleman diagram combined with morphogenetic sequence

Source: Elaboration by Ylikoski (2016) and Archer (1995)
Methodology

- Case study dealing with an Italian best practice relating to disability policies (Sardinian personalised plans).
- Literature review, political debate, legislative framework.
- Interviews: 41 personalisation stories, 16 key informants as politicians, medical staff, social enterprises managers, social workers.
- Users and family members: focus on their life stories and on how the plan was designed and implemented.
- Key informant interviews concern personalisation process, development and evaluation.
3. The case study
Italian Welfare State

- Southern European welfare model (Ferrera 1996)
- Passive subsidiarity: cash benefits + families responsibility (Kazepov 2010)
- Territorial differentiation: North vs South (Arlotti 2015)
- Disability policies: underdeveloped with respect to activation and integration dimensions.
- The National Law (162/1998) seeks to “guarantee the right to independent living for people with learning disability”
Sardinian Personalised Plans

Three main reason:

1. From a regional social expenditure analysis, Sardinia is the third main “spender” in disability.

2. Promotion of Independent Living: from institutionalisation to home care.

3. Personalisation is growing: more than 36,000 people use personalisation in 2016.
5 steps

Social card
Health card

Needs assessment → Personal Budget → Co-Planning → Organise the Plan → Living Life

Stages

Direct management
Indirect management

Instruments

Steps

Physicians

Social assistants → Providers → ULO

Social workers

Users & Families

Actors
4. Empirical analysis
First cycle (’90s-2000)

A. Standard services (one size fits all)
   1. The Law 162/98 creates the opportunity to change disability (experimental funds)

B. Social workers (institutionalizing procedures) vs Users-led-organizations (home care)
   2. The agents capturing the change promote a strategy for the utilization of experimental funds

C. Region open to the experiment
   3. Creating a public space for dialogue between institutions and civil society

D. Personalised plans
A. Personalised services
   1. The Sardinian enforcement of Law 162/98 leave room for new relationships in social services.

B. Region (plans as a communication tool) together Users (choose and check care services).
   2. The agents capturing the change promote co-production.

C. Users and their families “make their voice heard”; collaborative design.
   3. Creating a plural and participatory governance

D. Co-produced personalisation
Policy Governance Outlook (2007)
Third cycle (2007-2010)

A. Co-produced personalisation
   1. Opportunity for new actors and users to enter the system
B. Unions (coalition for elderly) with non-self-sufficient-users (“badantato”)
   2. The agents expanding the system suspend the co-production
C. Region: austerity; Social workers: overworked
   3. Creating a political defensive coalition
D. Personalisation via (administrative) suspension
Fourth cycle (2010-2016)

A. Personalisation via (administrative) suspension
   1. Safeguard of the status quo

B. Region (critical review) vs ULO and Unions (defence of social expenditure)
   2. The agents struggle for and against the cuts

C. Region: Principal; Municipalities: Agents
   3. Creating a command&control governance

D. Technical individualisation (?)
Policy Governance Outlook
(second phase)

Rules → Region → Advisory Commission

Plans → Territorial Assessment Unit → Users & Families

Services → Providers & Personal Assistants

Advocacy → Users Led Organisations & Unions
About first hypothesis: from «new opportunity» to bureaucratic governance
About second hypothesis: the paradoxical outcome of halfway co-production
Suspension of co-production

• A *creative misunderstanding* emerged by the interactions between social workers, users and families.

• The process of co-production is creatively “misunderstood” because care services become dependent on family ability to operate on their own.

• Users, their families and the chosen staff are included in the care system because they are necessary for the daily workability of the system.

• Plans design and its implementation are fully delegated to users and families. Social workers and public officers simply limit their role and action to validate autonomized personalised plans.
Street-level co-pro

- Interactions users/families – assistants/professionals.
- Three steps:

1) Users and their families can “make their voices heard”.
   - Families: discover how the disabled communicates or can create new channels for communication (e.g. using a computer, his/her eyes, moving his/her hands, etc.).
   - Users: start to make themself understood by gestures: they start to recognise their unmet needs and how to articulate them in a creative way.
   - Personal assistants: become their interpreters
2) “Giving heed” and dignity back to users and families:
   Professionals and assistants acquire coaching, facilitating and mentoring skills.

3) Collaborative designing of personalised plans, involving users, professionals and personal assistants
   - daily routine activities decided with users and families;
   - educational activities (e.g. schools attendance, home-works and learning experiences);
   - working activities like work inclusion, training and apprenticeship;
   - community life (e.g. partaking some workshops with other disabled people, sport activities, attending same-age groups, volunteering, etc.)
5. Conclusions
Research outcomes

• From: logic of opportunity.
  – pluralisation of actors and co-produced services design resulted in a multiplicity of social and institutional innovations.

• To: “selective” logic.
  – it tends to eliminate the previous plurality of actor, bringing back the governance to P/A model.

• A half-way co-production: two social mechanisms
  – co-pro is suspended at an administration level: social workers leave users and families room for independent action;
  – co-pro is reactivated at the level of daily interaction between users and street-level operators.
Scenario

2. Privatization: all transferred to users & families.
3. Impact evaluation: a step forward to monitor, evaluate and govern the policy.
Thank you for your kind attention
Matteo Orlandini
Department of Sociology and Business Law
matteo.orlandini@unibo.it

www.unibo.it