



Case Study Briefing

PERSONALISED PLANS IN SARDINIA



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1. Overview

Using personalisation as social investment policies

Social investment rest on policies that prepare, activate and promote human flourishing. Personalisation is one of these key factors: new social services are shaped and include users capacitation through service personalisation. Personalising means tailoring, planning, financing, allocating and assessing welfare services, customized on the specific needs and preferences of each and every individual.

2. Key policy implications

The case of Sardinia

Since 2000, the Sardinia Region has developed a set of coordinated interventions for both people with severe disabilities and their carers: the measures adopted are aimed at strengthening the public support for long-term care, promoting and maintaining independent living, and enabling and enhancing caring networks and home assistance. Personalised plans are the Sardinian implementation of National Law 162/1998. The service user goes through a process of person-centred planning together with her family members and social workers. In this process, the service user makes personalised plans for the kinds of services she wants to use in daily life. The personalised plans are discussed and collectively assessed. Once the plan is accepted by local authorities, the user starts to arrange the services according to this individual plan by using her personal budget. Between 2004 and 2012, the Sardinia Region dramatically increased its investment in disability policies. Per capita spending increased from 101.3 euro in 2004 to 229.9 euro in 2012

- In first years (2000-2009), the care system changed in so many ways. The funding strategy moved from a mutual public-private arrangement to direct reimbursements to families according to eligible costs of personalised plans. The subject of social policies has changed as well, from standard treatments based on experts' knowledge to care services chosen and controlled by users. Above all, open and pluralistic – though not entirely accomplished – social policy governance has emerged.

- An opposite trend was taking place in following years: personalised plans were perceived as discretionary, arbitrary, serving too many disparate users and exposed to moral hazard. An opposite trend was taking place in following years: personalised plans were perceived as discretionary, arbitrary, serving too many disparate users and exposed to moral hazard.

- The on-going experimentation is bringing back to the very idea that social policy can be implemented only on the basis of a explicit and detailed legal procedure. The bureaucratic logic of decision is re-introduced and personalised plans are now at risk of restricting themselves as individualised and standardised services.

3. Context

Needs Assessment

The target population of personalised plans in Sardinia consists at least in 106.345 persons: 20.000 between 6 and 64 years; 15.000 in the group 65-74 and 69.000 persons over 75 years. In Sardinia, in-kind services are less developed than cash transfer: education and labour market participation for disabled people are under the Italian average; instead, pensions and invalidity allowances covered a high number of beneficiaries. Sardinia has changed its process towards the promotion of Independent Living: it has moved from residential care and institutionalisation to home care and free choice of disabled persons.

Scope and scale

Personalised plans are a best practice policy of the Sardinia Region, based on the idea of Independent Living Movements. The innovative processes aiming at the promotion of Independent Living are focusing on the transition from the support models of large residential institutions, where people used to live and still do, especially if they have mental disabilities, to home care interventions. Sardinia is the only Italian Region to develop a complete projects for Independent Living.

Policy theme

We chose personalised plans as a social investment policy. As underlined in Innosi WP3, «If we consider the core theme of social investment policies, we can observe a clear shift toward preparation, activation and promotion of human flourishing. These shifts displays the dramatic orientation of social policies towards the “individuals” – especially women, young people, not occupied, etc. – in order to capacitate and to endow them with human, social and economic capital» (Prandini et al. 2016, 9).

After a research on social expenditure at regional level, we can observe a huge investment of the Sardinia Region on disability policies. This was the pre-condition for our selection.

Substantial social innovation elements

The experience of the Sardinia Region is highly innovative regarding the personalisation of activities, collaborative planning, and progressiveness. The plans are designed as relational services, integrated projects testing procedures and collaboration between families, associations, public and third sector. The project can be "co-produced" between families, local social services and personal assistants. The contract becomes a new way to connect different actors, each with their own skills and responsibilities. Another element of social innovation is the logic of "personalization" of the service: the plan may be "tailored" to the specific needs of the recipient and her family.

4. Sources of evidence

By analysing Sardinian personalised plans, the research aims at identifying social mechanisms that lead to the personalisation of care services. Most popular explanations mainly focus on external factors, such as high social expenditure, professional skills and autonomy, presence of an inclusive society, etc. These explanations focus on services input, rather than on their governance or street-level functioning. On the contrary, our research deals specifically with these factors, hypothesizing two personalising social mechanisms.

The first hypothesis concerns the relationship between social policies governance and care services personalisation. We assume that 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.

The second hypothesis deals with the street-level functioning of services, i.e. how actually interactions between users, social workers and assistants take place, namely the frontline units of the service. We assume that, 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 (involving their networks, as well) .

In order to verify our hypothesis, we have chosen a case study methodology.

A literature review has been undertaken, covering research studies relating to such services. We provided an overview of the development of personalisation policy, drawing on local and national political debate including political speeches or party manifestos, local or national government consultation documents, and draft legislation. The legislative framework has been described, including recent and already planned changes.

40 personalised action plans have been analysed, and 15 key informant interviews selected from politicians, medical staff, social enterprises managers and social workers.

5. Main findings

Interviews have highlighted several areas of best practices:

- on the one side, users and their family members can “make their voices heard”;
- on the other side, operators “give heed” to and recognise the competencies of users and families.

These are basic preconditions for the development of a collaborative design, involving users, families, professionals and personal assistants. This co-production gives users the power and autonomy for decision-making, legitimating them as co-managers.

Nonetheless, our research revealed that personalisation actually implies two different and intertwined social mechanisms, which seem apparently contradictory.

The first mechanism shows that social workers – after having co-designed the personalised plan together with users and family members – leave room for independent action to users and families. Social workers suspend their monitoring and evaluative tasks, typical of their bureaucratic and institutional role, reporting and accounting only with respect to the economic dimension of plans. In a sense, they leave families alone, neither interfering nor supporting them, to produce services.

Co-production is really suspended at an administrative level and activated only through daily interactions between users, families and assistants. It is here that we can observe a second social mechanism. It involves users, their families and (street level) workers. At this level, real innovations are observable but only produced by informal actors sustained by personal assistants. In that sense, we cannot talk about a full-fledged co-production because the institutional level is almost absent.

6. Impact & Implications

Our research aimed to understand whether, why and how Sardinia Regional care services could be conceived as “personalised”. The basic idea of the research is that service personalisation can recognise, shape and address specific needs (and their equivalent rights to care) that remained unmet within standardised services.

But, we cannot talk about a full-fledged co-production because the institutional level is almost absent. It is apparent that this specific configuration leads to huge problems: since evaluation processes are left to field experimentation, without any co-production protocol implemented between public authority and users. The risk should be the creation of a system based on marketization, re-familisation and de-qualification. Families should have to do with a quasi-market of social services that they don't know (i.e. information asymmetry); paradoxically, a P/A model should reappear, where families are the Principal and assistants are the Agent (i.e. re-familisation); finally, the system should be based on paper compliance, without a real process of monitoring and evaluation (i.e. de-qualification).


7. Further information

To access the full report, please go to:

INSERT LINK TO FULL CASE STUDY

For further information on InnoSI: Innovation in Social Investment: approaches to social investment from the scientific perspective, visit our website at <http://innosi.eu/>

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