

The Risks of Taming Street Level Bureaucracy: Process Evaluation and Policy Design Improvement.

First evidences and lessons learned from the design and implementation of a national social care programme in Italy

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Paper prepared for ICCP4 Montreal – First Draft

Key Words: street level bureaucracies; multi-level programmes; stakeholders' engagement; social policies

Abstract: This paper aims to contribute to the literature on the processes of public policy implementation. More specifically it addresses the problem of how to engage the target beneficiaries, overcoming the barriers to involvement and compliance. The paper argues that, especially when policy interventions are articulated on multi-level setting and aim to reach a target population with a better precision level, the role of street level bureaucracy is crucial to effectiveness, although it might be somewhat inefficient. In this light, the capacity to manage collaborative arrangements should contrast the orientations of central government's organizations to disintermediate and centralize the relations with potential and actual recipients.

1. Introduction

Policy effectiveness, especially when large-scale multi-level programmes are considered, is a very multi-faceted problem, and not only because goals might be blurred or changing over time, but mostly due to the pitfalls of the implementation process that always presents several intermediate outcomes to deliver, which are often crucial for the overall impact of the programme on the target population.

One of these intermediate outcomes is represented by a reasonable level of *engagement* (Weaver 2014, 2015; Pawson 2013), understood – firstly – as the degree to which the target population potentially interested to the delivery of a given public service will comply with the programme. Besides, in programmes carried out by several public, private or third sector organizations, the issue of engagement concerns also the implementers whose compliance is not to be taken for granted or easily assured by command-and-control instruments. More in general, *engagement* is defined by the collaborative governance literature (Agranoff and McGuire 2003; Ansell and Gash 2008; Emerson and Nabatchi 2015) as the capacity of a programme to involve the expected stakeholders (recipients, implementers of different jurisdictions, partners, etc.). Compliance alone, of course, might not tell much about the overall effectiveness of a programme, intended as the desired impact on the target population. It does not reveal whether poor people will be better off after being involved in an empowerment programme, or whether firms of a given sector or region will be more competitive once they applied for aids aimed at their internationalisation. Nonetheless, in several programmes the very fact that a certain number of recipients are involved can be seen as a precondition of policy success, conversely the lack of adequate reaction represents *per se* a clear indicator of implementation failure. This factor is particularly relevant in times of scarcity of resources for the public sector, that claims for ‘precision policies’, i.e. policies designed with a strong effort in the definition of the potential recipients on the basis of their levels of need and income. The capacity to locate the territorial distribution and the needed services requires a robust collaboration between central public bodies, from one side, and local managers, street level bureaucracies, third sector/private actors, from the other side, because the latter have the information and knowledge resources regarding the amount and characteristics of potential recipients.

This paper focuses specifically on the role of street-level bureaucracy (SLB) on the engagement of target population of a multi-level programme. Empirically the paper is based on a single case study concerning the implementation of a social policy programme designed and founded by the *Italian National Agency for Pensions and Welfare* (INPS) over its three editions (2010-11, 2014, 2017). The programme covers a time span of eight years and involves local governments (LGs) as key implementors. Nonetheless, over the years the national policy makers re-designed the programme with attention at reducing the importance and autonomy of LGs in the actual implementation, basically due to efficiency reasons. Adopting a ‘programme theory’ perspective (Chen 2012 and 2015; Weiss 1997; Rogers 2008), the paper evaluates the contribute of the programme to the problem of engagement with specific attention to the role played by LGs.

The paper is structured as follow. The next section provides a review of the literature on the issue of engagement, its relations with administrative and governance features and more specifically the role of SLB. Section three describes *Home care premium* (HCP), the social service programme designed by INPS in 2010, focusing on its main goals, the target population and the actors involved in its implementation. Section four analyses the HCP’s programme theory with a special focus on how national policy makers re-shaped the role of local implementers due to the feedbacks of the first two editions of the programmes and organizational changes occurred within the organisation. Building on descriptive statistics of the engagement and in-depth interviews with local and national implementers, section 5 evaluates the effects of changing HCP’s programme theory on engagement in the 2017 edition. Section six provides conclusive remarks.

2. Street Level Bureaucracy and the problem of *engagement*.

For large-scale public programmes reaching an adequate level of engagement of the target population is not an easy task and can be considered a policy goal in itself. Studies conducted by Weaver (2014, 2015) have recently provided a comprehensive framework in which the barriers to effective engagement are classified. Engagement can be affected by the nature and characteristics of the target population such as its autonomy in joining the programme, or its perception or misperception of the usefulness of being part of it. Another set of barriers can be linked to the design of the programme, such as the incentives for the involved actors or the existence of an effective monitoring and enforcement structure (2015, 807 and 810); . The two latter features are closely related, especially in programmes involving several organizations. In fact, the policy designers, who are supposedly interested in reaching the final outcomes and thus responsible for monitoring activity, might rely for programme's implementation on administrative units or organizations not fully under their control. Unlikely to other barriers, those related to enforcement issues (increase monitoring of frontline workers and incentives and/or resources to enforce; see Weaver 2015, p. 809) received poor attention in terms of strategies to counteract their negative impact on engagement. Moreover, the model on the determinants of target compliance elaborated by Weaver (2014, p. 254) does not consider the potential direct influence of bureaucratic capacity on the autonomy of target population. Yet, looking at a programme from a dynamic perspective, as a cycle of iterative planning activities aimed at re-design it towards better performance, target population autonomy is at least partially dependent on SLB's capacity.

Conversely, the literature on SLB (Lipsky 2010; Hupe and Hill 2007; Evans 2016) has shed light on some structural characteristics of several policy domains (education, social works, policing and so on), with important implications for a deeper understanding of compliance barriers related to administrative features. Although very different in nature, these domains share some common features: a) mass-delivery of public goods/status; b) individualized application of general prescriptions; c) front line bureaucrats have considerable amount of discretion over policy implementation: they are *de facto* policy makers; d) higher level bureaucrats (i.e. managers) can reduce, but not nullify discretion at street-level. The sources of bureaucrats' discretion, that are mainly professionals, are threefold: i) they depend on the very nature of these policy domains, that are too complicated to be reduced in programmatic guidelines; ii) there are difficulties to enforcing strict controls over policy delivery, due the need to provide responses to the subjective dimensions of recipients; iii) and the fact that for street level bureaucrats' discretionary powers constitutes a way to foster their legitimacy among the target population they have to cope with on a daily basis (Lipsky 2010, p. 15 and *passim*).

In Lipsky's work, the problem of programme *enforcement* is framed as follows. In all the policy domains relying on SLB top-level policy makers face a dilemma concerning the best way to steer policy implementation. One option is to try to reduce bureaucrats' discretion at the minimum with hard power tools (hierarchy, technology, economic incentives); the alternative strategy could be instead represented by the valorisation of 'professionalism', thus relying on mechanisms which emphasize the commonalities of goals of SLBs and the organizations they belong to (sense making, attribution of opportunity, etc.). A third one is to re-design programmes providing more autonomy to the social services clients (Lipsky 2010, pp. 193ss; Evans 2016, chapter 4).

What of the alternative strategies is to be chosen depends of course from several factors, some of them are related to the divergence of interest between SLBs and managers (Lipsky 2010: 18-19). If, on one hand, reducing opportunistic behaviours is a crucial task for policy designers in order to foster accountability (ivi: p. 221), the way in which SLB' discretion is handled should minimize possible negative side-effects on the capacity of policy programmes to reach their objectives. In fact, as far as in a given programme bureaucratic capacity has influence on other determinants of compliance, policy designers have to be aware that any attempt on coping SLB discretion might undermine other pillars of the compliance regime such as recipients' autonomy.

The following sections of the paper address the impact of STB on target engagement. Empirical evidences are taken from a case study concerning the design and implementation of HCP, a social care programme promoted and financed by INPS.¹

In light of the importance of agency and processes, an interesting angle to look at the problem of SLB and its relation with programme's effectiveness is to focus on the role attributed to SLB by high level policy makers in their programme theory, understood as "a set of implicit or explicit assumptions of how the programme should be organized and why the programme is expected to work" (Chen 2012, p. 17; Chen 2015, ch. 4); more specifically to the "implementation theory", i.e. that part of the PT concerning the administrative architecture of the programme (Weiss 1997) and that, with reference to the Weaver model, corresponds to "bureaucratic capacity" issues. The case is particularly telling because it covers three editions of the programme in which the role of SLB has been intentionally streamlined and restricted, and thus it allows an evaluation of the risks of taming SLB's discretion. More in general, such a longitudinal perspective of a single programme constitutes a sound approach to evaluate the effectiveness of a programme rationale when it has to cope with complicated or even complex social issues (Eoyang et al 1998; Rogers 2008).

3. The case of INPS' Home Care Premium

Home Care Premium (HCP) is a social service programme launched in 2010 and still working. It was first designed by the *Welfare Authority for public sector employees* (INPDAP), funded by a share of employees' social insurance contributions. The programme provides home care services to public employees or their immediate relatives (wife/husbands, parents or sons) suffering of diseases affecting their self-sufficiency (physical or cognitive), on the basis of their needs and graduated according to their income. In 2012, INPDAP has been absorbed by INPS, and HCP has been held under the responsibility of the *Directorate General Credit and Welfare*. The new leadership carried out two more editions of the programme, one in 2014 and the latter one in 2017, currently in its implementation phase. This section describes HCP's programme theory focusing on the main building blocks which are common to all the three editions of the programmes. Conversely, the next section will trace the variation of the programme theory over the three editions of the programme, with a particular focus on the implementation theory.

Inputs of the programme are:

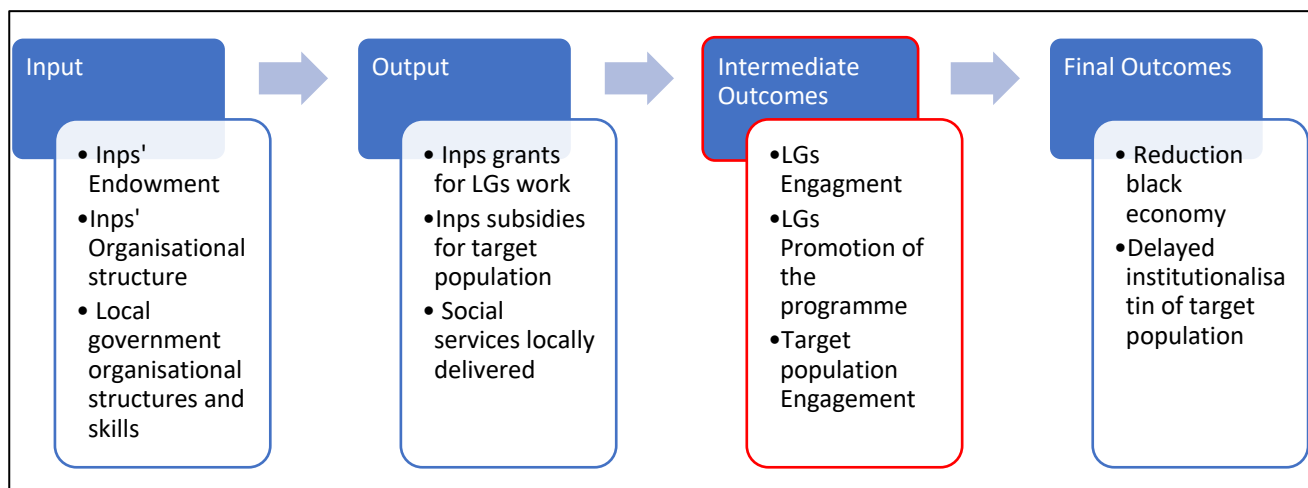
- the financial resources provided by a specific fund managed by INPS;
- the staff of the INPS - DG Credit and Welfare at the central level;
- the 20 INPS - regional branches (with 1 to 3 persons dedicated in each territorial organizations);
- local municipalities, mainly aggregate in consortia called *Ambiti Territoriali Sociali 'ATS' (Local Social Districts)*, that traditionally deliver welfare services to their population and that are involved in the HCP programme editions on the basis of a specific voluntary contract with INPS (to simplify, we will use during the text the acronym LGs – Local Governments).

As said, the target population is composed by public employees or their more proximate relatives (wife/husband, sons, parents). The main outputs consist in two measures. The first, called 'main service' (*prestazione prevalente*), is a monthly subsidy directly paid by INPS to each eligible beneficiary and conditioned to the activation of a job contract with a caregiver. The second measure, called 'integrative services' (*prestazioni integrative*) is composed by a set of instruments delivered locally by LGs. Such services vary from transportation, housekeeping, the supply of medical devices, professional services such as physiotherapy or speech therapy, non-residential facilities for the elderly and so on. LGs' social workers

¹ The paper is based on a research financed by INPS and elaborated by a team of the Politecnico di Milano coordinated by Costanzo Ranci and Giancarlo Vecchi.

should visit each beneficiary and develop an individual plan with a mix of services according to the her/his needs. Integrative services are then delivered by third sector or private organisations and professionals, which would receive compensation by the LGs once the service delivery has been verified by a joint commission formed by each LGs and INPS regional offices. The main expected outcomes of this programme are the delayed hospitalization of the target population and the reduction of the black economy based on the care-givers' work without formal contracts and related payments. To reach these aims two intermediate outcomes emerged in the programme theory: the first is the engagement of LGs in the programme (Fig. 1). In fact, being the cooperation of LGs dependent on their volition to cooperate and comply with the programme, this can be considered as an intermediate outcome and can be measured in terms of the number of LGs involved and their variation over time. The second intermediate outcome is the capacity of the programme to take up eligible subjects. This aim has emerged over the years as an important one in part because in line with the INPS strategic shift towards social services and care, and in part because the resources available exceeded the target effectively reached in the 2010 and 2014 planning phases.

Figure 1. HCP Programme theory.



This paper will focus on the intermediate outcomes of the programme, which represent crucial elements for the overall implementation and thus conditions for achieving the HCP goals. More generally, focusing on engagement of both implementers and the target population contribute to the broader debate in policy and administrative literature concerning this very feature (Weaver 2014, 2015), to which the case of HCP brings value added, because in the last three editions INPS has deliberately shrunk the role and the autonomy of municipalities (and more specifically their social services units). In particular, the paper aims to evaluate how the change of the programme theory affected the intermediate outcomes. Next section will thus trace the process of theory revision undertaken by INPS over the years and the following section tries to highlight if and to what extent this change contributed to the engagement.

4. The role of SLB over three editions of HCP (2011-2017).

HCP is a programme in which the implementation depends on the cooperation of LGs. Since the first edition, in fact, LGs have been invited to take part to HCP in reason of their expertise in the field of social care services (Ranci and Pavolini 2013). In 2010, involving LGs was a natural choice for former INPDAP managers, after a decade of punctual experimental project in partnership with a little number of municipalities. At that time in fact, INPDAP had almost no expertise in the sector and the same can be said for INPS when the agency took over the project. In the meanwhile, INPS top management has progressively extended its institutional mission beyond its core business, which rely on social insurances schemes, and is explicitly entering in new fields of interventions in the welfare area (Costa 2013). Thus, with regard to social services, LGs were seen as actors

having the appropriate knowledge of the needs of the population HCP was aimed to reach, and the direct contact with professionals occupied in their offices, in the third sector or in the private local care market. Nonetheless, since the programme has been overtaken by INPS management the evaluation of LGs activities raised critical appraisals and their role has been deeply downsized in the 2017 edition of the programme.

4.1. The implementation theory of 2010 and 2014 editions.

The first edition of the programme gave extreme importance of LGs, whose role had been institutionalised in HCP administrative processes, where they played a gatekeeping position. In fact, their voluntary adhesion to the programme constituted a precondition for a target population to apply and thus receive both the main and the integrative services. In other words, a potential recipient could apply only if resident in a LG taking part to HCP. Moreover, LGs had great discretion on case management in 2010-11 edition. This was also due to the low number of participating LGs, which allowed a more 'qualitative approach to the task', as several interviewees putted it (Interviews 5/A, 5/B; 3/B). The 2014 edition of the programme was the first designed by INPS top management. The new leadership prompted to foster the nationwide diffusion of the programme, that has been initially pursued trying to convince more LGs to get involved. This edition was essentially in continuity with the former, but the increased scope of the programme (with an enlarged amount of financial resources programmed, near EUR 220 million) induced some changes in the programme theory. The relations between INPS and LGs, formerly directly managed by the central DG became increasingly mediated by INPS regional branches. Moreover, an ICT platform has been created to manage recipients' applications: potential users could now either directly submit their application or go to LGs offices. Another important implication of the increased scope of the programme is about the definition of the target population: due to its experimental nature, the 2010 edition allowed each LG to take up at least 50 recipients and no maximum was fixed. On the contrary, the 2014 edition fixed a maximum of 120 recipients for each LG and introduced an income-based criterion to establish priority in the access to the two measures, becoming the first national programme to join the two criteria (income and needs).

Table 1. Main changes in programme theory of HCP's 2011-2017.

Edition	LGs	Accessibility of user	Coordination mechanisms
<i>HCP 2010-11</i>	<ul style="list-style-type: none"> • Few • High grants received for administrative work • High discretion over case management 	<ul style="list-style-type: none"> • Conditional to LGs participation • Submissions managed by LGs • Target number for each LG (minimum 50 users, no maximum). 	<ul style="list-style-type: none"> • Meetings INPDAP/INPS and LGs and coordination of INPS regional branches
<i>HCP 2014</i>	<ul style="list-style-type: none"> • Many • High grants received for administrative work • Significant discretion over case management 	<ul style="list-style-type: none"> • Conditional to LGs participation • Submissions managed by LGs or directly by potential recipients • Target number for each LG (maximum 120 users) 	<ul style="list-style-type: none"> • Mostly filtered by INPS regional branches
<i>HCP 2017</i>	<ul style="list-style-type: none"> • Many • Reduced grants for administrative work • Reduced discretion over case management 	<ul style="list-style-type: none"> • Independent from LGs participation • Only on-line individual submissions by potential recipients allowed • Target number nationally defined depending on resource availability 	<ul style="list-style-type: none"> • Mostly based on ICT platform

Source: Table filled in by the authors with information based on HCP official documents and interviews.

4.2. The programme theory of the 2017 edition.

The 2017 edition of the programme significantly revised HCP implementation plan significantly limiting the role played by LGs. Such a change was primarily aimed at reducing the administrative expenses that INPS had granted to LGs to implement the programme, which were considered expensive. In this sense, the average cost per users granted by INPS to LGs has been halved. Moreover, the new edition deconstructed the gatekeeping role of LGs for the access to the programme. Accordingly, the on-line form on the HCP platform became the only way for users to apply; in addition, applications can now come from everywhere in the Country, since the residence in a HCP-affiliated LG ceased to be an eligibility condition, granting in this way a more equal treatment to all the potential beneficiaries. Closely related to this latter point, another relevant change is the removal of the target number at local level: applications are accepted on the basis of a national ranking based on recipients' income and the handicap degree. This latter is *ex ante* certified by INPS medical commissions. These stricter eligibility criteria further downsized LGs opportunistic behaviours in case assessment, eroding their discretion in the evaluation of the degree of need, but imply for potential recipients an additional bureaucratic step in order to correctly submit the application. In fact, on the basis of the feedback coming from the implementation of the 2014 edition, INPS national decision makers perceived LGs actual decision making as too naïve and inconsistent across the country with a high variance of scores attributed by social workers². On the output side, such reforms implied that the main service is now accessible for a much wider number of persons, while integrative services would be available only for a recipient resident in LGs which decided to affiliate to HCP; conversely, all the other beneficiaries will have a subsidy increased by 10% useful to looking for homecare services into the private local market. Differently from the past editions, applications can be submitted also once the delivery of the programme already started: those applicants not immediately accepted constitute a national waiting list. Also, this innovation is supposed by policy designers to boost submissions.

Another important aspect concerns the governance of the programme, which has been strongly centralised and streamlined through the developing of a new ICT platform which has been designed both to store data concerning the beneficiaries, and also to manage some inter-organizational processes concerning case management that in the previous editions of the programme were performed by the regional commissions involving INPS personnel and LGs. Moreover, access to the platform by LGs has been deeply revised: in the former edition in fact LGs could benefit from administrative staff hired with the contributions that INPS granted for administrative work that have been drastically reduced. Now the access is granted only for social workers, who are expected to report all the monthly advancements of each case he or she is responsible for, the possible changes in the individual programmes, and the accountancy information. In due course, each beneficiary is expected to validate social worker's imputation in a restricted time window (7 days). The correct up-loading of such data is conditional for LGs to receive transfers to pay service providers. As far as the main service is concern, the platform is the unique contact point between INPS and beneficiaries. Finally, INPS operates to decrease the discretion of social workers in the needs' evaluation of the beneficiaries eligible for local homecare services; it defined a new assessment check-list that restricted the opportunity for social workers to know the influence of the single item evaluation onto the final result.

Regardless of what LGs would decide to do – participating or not to the 2017 edition of the Programme – INPS decision makers expected to further expand the target population engaged in the programme, while the engagement of LGs, while expected, does not represent anymore a necessary condition for the HCP implementation and its territorial extension.

² It must be said that within INPS governance structure doctors do have relevant influence and this could have represented a bias in the redesign of the programme.

5. Evidences from the implementation of the 2017 Edition

This section presents some preliminary evidences from the implementation of the 2017 edition of HCP and more specifically it focuses on the engagement of LGs and the target population that represents two important intermediate outcomes of the programme. First of all, descriptive statistics of the implementation will be presented³. Then, these evidences will be discussed in light of a panel of semi-structured interviews conducted among LGs implementors in the summer of 2016 (concerning the implementation of the 2014 programme) and in the spring of 2018, with regard to the on-going edition. In line with realist approach in evaluation (Pawson and Tilley 1996; Pawson 2013) these interviews looked at uncovering the conditions and mechanisms that can account for the outcome under investigations.

5.1. Evidences on Programme engagement

The new architecture of the programme, with the downsizing of the LGs role in HCP implementation, could be associated with a decrease in LGs engagement, due to decreasing incentives and managerial autonomy. All in all, Table 1 shows how the LGs coverage across the two last editions of the programme is invariant for northern and southern regions, while it increased in central Italy. The most relevant issue here is the stable low engagement (on average) of northern LGs since almost 60% of them do not participate to the programme. Yet, very different levels of engagement emerge once the single regions are considered: for instance, while very few LGs of Lombardy, Trentino and Friuli Venezia Giulia got involved, in Veneto Region the participation has been very high. These data seem to tell that LGs active in the 2014, although with less incentives, continue to support the programme. When it comes to the engagement of the target population some unexpected and negative outcomes seem to emerge. First, the overall number of applications is slightly decreased (52.283 in 2017 against the 54.437 submitted in 2014⁴), where the end of the gatekeeping role of LGs and the possibility to apply in any moment were supposed to boost the engagement. Moreover, the territorial breakdown of applications reveals that these significantly dropped in northern regions, while they slightly increased in the south. Another critical insight about target population engagement is represented by the rate of beneficiaries that had been already involved in the 2014 edition: this subset of beneficiaries reached the 40% of the total after seven months since the beginning of the 2017 edition. This rate is to be considerable particularly high in reason of the high mortality rate of the people involved and thus it can represent a signal of a scarce capacity of the programme to be known among potential recipients.

With reference to the programme theory and its last revision, it is worth trying to establish a relation between LGs and target population engagement. To put it in another way: Does LGs involvement positively contribute to the engagement of the target population or are they unnecessarily to reach this goal?

The first evidences collected tell that the two phenomena are closely related since the large majority of the applications to the 2017 edition of the programme come from territories where LGs took part to HCP in 2014 and are taking part in the ongoing edition. In the Northern regions, where LGs engagement is particularly low on average, applications coming from non-HCP LGs represent nonetheless only the 27% of the total⁵. They reach the 6 and 19% in Central and Southern regions respectively (Tab. 2). In general, while data presented in table 1 seems to exclude that variation in LGs' engagement is somehow related to variations in applications. Nonetheless, some patterns within each macro-area seem to emerge: in Northern regions

³ The data provided by INPS concerning the two editions of the programme are not entirely homogeneous for two reasons. First, LGs administrative geography changed over the two years and this not allows at the moment a fine grained statistical analysis disaggregated at LG level. Second, the 2017 is not concluded yet, this only allows to look at recipients response to the new edition. Third, HCP 2017 has different eligibility criteria and application rules.

⁴ It must be noted that in the 2017 edition applications can come after the beginning of the programme.

⁵ Since the great part of the national population lives in these regions, this element is potentially one of great relevance because it signals that the number of potential recipients are not intercepted by the programme is very high.

where LGs' engagement is particularly low such as Lombardy, Trentino and Friuli Venezia Giulia, also show the lowest application compared to other region of the area (to have a comparable measure the percentage of inhabitants that applied to HCP has been calculated). At the same time, in regions of the South, where the LGs engagement is higher on average, the same pattern seems to emerge since Puglia and Basilicata have lower LGs engagement and lower application rate compared to other Southern regions where both these indicators are overall higher. Data at this level of aggregation and the changed application rules does not allow any definitive conclusion, nonetheless a positive relation between LGs engagement and the number of applicants seems to be plausible. The following subsection uses evidences collected through field research to make sense of the pitfalls emerged in the implementation of the 2017 edition of the programme.

Table 2. LGs and target population engagement

Regions	% of LGs engaged 2014	% of LGs engaged 2017	Target population engagement 2014		Target population engagement 2017	
			Applications (counts)	Applications/Inhabitants %	Applications (counts)	Applications/Inhabitants %
Valle d'Aosta	25,0	0,0	220	0,17	96	0,08
Piedmont	100,0	93,0	2566	0,06	1993	0,05
Liguria	38,9	44,4	930	0,06	904	0,06
Lombardy	11,2	11,2	1724	0,02	1695	0,02
Trentino-Alto Adige	9,1	18,2	222	0,02	121	0,01
Veneto	90,5	85,7	2723	0,06	2334	0,05
Friuli-Venezia Giulia	5,3	5,3	125	0,01	192	0,02
Emilia-Romagna	73,7	76,3	3843	0,09	2346	0,05
Tuscany	55,9	76,5	3051	0,08	2985	0,08
Marche	78,3	91,3	3407	0,22	3184	0,21
Umbria	83,3	91,7	1136	0,13	1726	0,19
Lazio	68,6	76,0	4833	0,08	3791	0,06
Abruzzo	77,1	69,0	2455	0,19	2282	0,17
Molise	85,7	100,0	983	0,32	844	0,27
Campania	79,7	84,0	6928	0,12	7189	0,12
Puglia	33,3	47,0	1758	0,04	1874	0,05
Basilicata	40,0	67,0	419	0,07	504	0,09
Calabria	76,5	88,2	4224	0,21	3794	0,19
Sicily	64,5	45,2	6979	0,14	7832	0,15
Sardinia	92,0	96,0	5911	0,36	6597	0,40
Italy	57,4	58,0	54437	0,09	52283	0,09
<i>Northern regions</i>	<i>39,6</i>	<i>40,0</i>	<i>12353</i>	<i>0,04</i>	<i>9681</i>	<i>0,03</i>
<i>Central regions</i>	<i>68,3</i>	<i>81,0</i>	<i>12427</i>	<i>0,10</i>	<i>11686</i>	<i>0,10</i>
<i>Southern regions</i>	<i>68,8</i>	<i>68,0</i>	<i>29657</i>	<i>0,14</i>	<i>30916</i>	<i>0,15</i>

Source: Data provided by INPS to Politecnico di Milano.

Table 3. Engagement of new users in non-engaged LGs

	% non-engaged LGs	% new recipients resident in non-engaged LGs
Northern regions	60	27
Central regions	19	7
Southern regions	32	14

Source: Data provided by INPS to Politecnico di Milano.

5.2. SLB as a resource in lowering engagement barriers for target population.

The data presented suggest that, while LGs engagement is fundamentally stable in respect to the 2014 edition and this stands out as a critical result, considering the national coverage of the programme. Shortcomings emerged in engaging the target population, as far as applications was intended to increase due to the more open structure of opportunity granted by the end of the gatekeeping role LGs and the related higher accessibility to the programme. The two-round interviews conducted in ten LGS in 2016 and 2018 provided insights on the implementation of HCP and allow to uncover some of the contextual conditions and mechanisms that account for effectiveness in achieving programme’s intermediate outcomes.

The group of LGs involved in the on-field interviews is not representative of the whole population, because of the limited number of cases selected; they has been chosen in 2016 looking mainly at the geographical coverage and at the diversities between metropolitan areas and other contexts. For the 2017 edition little changes occurred in the panel mostly due to the re-organization of Rome’s 15 municipalities. In 2014, these in fact took part to the programme separately due to the fact that social services in the City are decentralised but also in order to maximise the number of applications.

All the interviewed social workers and employees responsible for HCP expressed a high level of commitment to the programme, and most of them were involved since its first and experimental edition. With one exception that will be discussed later, all the LGs had no doubt to take part to HCP in the 2017, for three basic reason: a. the attitude to catch all the funding opportunities available to increase the scope of their offices; b. the will to give treatment continuity to beneficiaries of the 2014 edition; c. the “quality” of the services LGs can deliver with HCP, include professional services such as physiotherapy or speech therapy that in Italy are normally included in the National Health Service or completely private, thus enlarging the scope of LGs services. These reasons seem to account for the stability of LGs engagement, which were expected to decrease due to the cuts in administrative expenditure and increased monitoring on SLB.

Nonetheless, the 2017 edition of the programme raised several complaints regarding its implementation and in particular that can be linked to many taken-for granted mechanisms that the new theory of the programme assumed but that are not taking place, or not completely. The LGs disaffection about the implementation strategy revealed the importance of their role in engaging the target population.

First, the new implementation theory assumed LGs role as unnecessarily: beneficiaries can apply even if resident in non-HCP LGs and, in this case, they would have received an increased subsidy instead of integrative services. Though, once the programme started people – both 2014 users and first-time applicants – addressed LGs social care offices to have help in submitting the application. Many interviewees have not disapproved with the idea of simplify the application procedures, this nonetheless does not mean that recipients are on average capable to cope with the internet; even in the case some relatives can help them,

the bureaucratic procedures connected to the acquisition of the certifications needed to fulfil the new eligibility criteria, and thus presenting the application in a correct way, are far from being smooth: “people come here sometimes to get directions, others to effectively apply” (Interviews 1/B, 2/B, 3/B, 5/B, 6/B, 8/B).

Moreover, recipients’ autonomy has been overstated even with reference to other operational functions of the HCP information system that, as said, does not represent only a data-warehouse but a coordination mechanism through which the great majority of interdependences between INPS, LGs and recipients take place. It is vital for instance that each recipient validate on a monthly basis the services received by LGs contracted out professionals; conversely, INPS is not authorised to transfer money to LGs and these, in turn, pay off third sector and private professionals. This operation nonetheless must be made in a fixed time window of seven days each month, and in case of non-compliance the system automatically assumes that LGs do not correctly deliver integrative services, with the possibility to receive fines. Such a situation, far from being residual, led social workers to constantly be in touch with beneficiaries to avoid they forget the duty (Interview 1/B, 2/B, 3/B, 5/B). In addition, the ICT platform does not provide for LGs basic databased management functions such as the possibility to create up-dated reports, or even to research a specific recipient, which is particularly important in LGs with hundreds of applicants such as Rome or Neaple (Interview 5/B and 6/B).

The flip side of the scarce capacity of recipients to cope with the platforms means ‘unrecognized’ and hidden administrative burden for LGs: the new programme theory assumed in fact that this would have been residual, in part because transferred to recipients, and in part because delivered by each social worker through individualized access to the platform for the case management of integrative services. Accordingly, the new programme design crossed out the expenses covering the administrative costs that in many cases have been utilised to hire HCP dedicated staff through fixed-term jobs. Not all LGs used INPS funds to acquire new external resources to dedicate to the programme, because locally often social workers use to manage front line and/or back offices administrative functions, nonetheless LGs were social workers are only focused on case evaluation and monitoring faced hurdles to correctly implement the new programme. For instance, the Municipality of Reggio Emilia, where the HCP dedicated staff “played a crucial role in coordinating social workers work and solving problems related with the accountancy of the programme” (Interview 3/B), experienced severe difficulties in managing cases from the administrative point of view because social workers did not used to in the past and no coordination personnel was initially authorized by the programme to access the platform to handle bureaucratic procedures.

Most of the interviewees admitted that their administrative burden has increased instead of being reduced as supposed by the programme (Interview 2/B, 3/B and 5B in particular). This critical appraisal led one of the ten LGs to reconsider their engagement in the programme for a possible new edition since the “efforts that must be carried out exceed the benefits brought by the programme” (Interview 3/B). Also, the other interviewees, even if they did not question LGs engagement, raised strong critics toward the new implementation architecture of HCP, complaining about the scarce or absent communication with INPS DG and the little help granted by the platform manager, which has been externalized to the firm which developed the system. Some of them pay attention to the fact that HCP’s original focus was particularly tailored on LGs best practices and professionalism, while this inspiration has been completely lost over the years (In particular Interview 5/A and 5/B).

This last remark has implications for the start-up phase of the programme, i.e. the period including the launch of the programme (February 28, 2017), the deadline for the first lot of applications (April 20) and the effective start of the services (July). In fact, the schedule has been considered too optimistic in reason of the bureaucratic processes of Italian LGs and in particular major cities such as Rome or Neaples. “Delivering integrative service had been impossible because the platform was not ready at that moment: The case management should have been delivered by June 15, but cases are assigned to each social worker by the platform so, despite our willingness we could not start. In any case even if the platform was working we could

not deliver as well, due to our administrative procedures for contracting out services that need more time” (Interview 5/A and 5/B). Few – as in the case of the Prato health district – continued to visit public administrations to notice human resources offices of the opportunities of the HCP programme, which “is still mostly unknown by potential recipients” (Interview 2/B). More generally, most of the interviewed persons admitted that, due to their reduced role and financial transfer granted by INPS, they gave up activities related to the dissemination of the programme, which seems to emerge as a critical point.

6. Discussion and directions.

The paper presented preliminary evidences on the critical effects of reducing the discretion of SLB in a national social services programme involving several organizations. The implementation of a programme in which SLB had a drastically reduced importance and discretion. The evidence collected show that the programme had a decline in applications, whereas these were expected to be higher. In section 5.1 we advanced the hypothesis that LGs engagement could be a factor positively related to the engagement of the target population on the basis of some evidences collected at a regional level of aggregation, according to which regions with less LGs involved raised on average less applications and these largely come from territories where LGs were already engaged in the previous edition of the programme. In the previous sections, we reported some of the implementation pitfalls emerged in the 2017 edition of the programme. These proved that LGs role, although underestimated by the programme theory, is nonetheless fundamental for the delivery of the services and, more importantly, for the engagement of the target population; in fact, many barriers obstruct the capacity of potential recipients to participate, as Weaver underlines. Interviews collected and reported in section 5.2 clearly highlights how SLB is crucial in empowering potential recipients with scarce autonomy due to illness, illiteracy, digital divide, social stigma ad so forth; factors that could be considered evidences to sustain collaborative governance arrangements instead of pure disintermediation strategies.

So far, the supposed LGs role in enhancing target population has not been properly tested. To do so, two complementary directions will be considered. The first one implies the refinement of the database in order to obtain variables disaggregated at LGs levels. This could be easily done excluding all the LGs that have undergone variations in their administrative geography. Secondly, in depth qualitative case studies of a sample of LGs similar in most of the possible characteristics except that for engagement in the 2014 edition. More experienced LGs are supposed to perform better in the 2017 edition rather than those joining the programme only in the last edition.

7. References

- Agranoff R. and McGuire, M. (2003). *Collaborative Public Management. New Strategies for Local Governments*. Georgetown University Press.
- Ansell and Gash 2008; “Collaborative Governance in Practice.” *Journal of Public Administration Research and Theory*, 18,4, pp.543-571.
- Emerson K. and Nabatchi T. (2015). *Collaborative Governance Regimes*. Georgetown University Press.
- Chen H.-T. (2012). “Theory-Driven Evaluation: Conceptual Framework, Application and Advancement.” In R. Strobl, O. Lobermeier und W. Heitmeyer (hrsg), *Evaluation von Programmen und Projekten für eine demokratische Kultur*. Wiesbaden, Springer, pp. 17-40.

- Chen H.-T. (2015). *Practical Program Evaluation. Theory-Driven Evaluation and the Integrated Evaluation Perspective*. Sage.
- Costa G. (2012). "Long-Term Care Italian Policies: A Case of Inertial Institutional Change." In C. Ranci and E. Pavolini (eds). *Reforms in Long-Term Care Policies in Europe. Investigating Institutional Change and Social Impacts*, Springer, pp. 221-242.
- Eoyang G. H. & Berkas T. (1998). „Evaluation in a complex adaptive system. Managing complexity in organizations.", in M. Lissack and H. Gunz (eds), *Managing Complexity in Organizations*. Westport, CT: Quorum Books, pp. 313-335.
- Evans T. (2016). *Professional discretion in welfare services: Beyond street-level bureaucracy*. Routledge.
- Hupe P. & Hill M. (2007). "Street-Level bureaucracy and public accountability." *Public Administration*, 85, 2, 279-299.
- Lipsky M. (2010). *Street-level bureaucracy, 30th ann. Ed.: dilemmas of the individual in public service*. Russell Sage Foundation.
- Pawson R. (2013). *The Science of Evaluation*. Sage.
- Pawson R. & Tilley N. (1997). *Realistic evaluation*. Sage.
- Ranci C. and Pavolini E. (eds). *Reforms in Long-Term Care Policies in Europe. Investigating Institutional Change and Social Impacts*, New York: Springer.
- Rogers P. J. (2008). "Using programme theory to evaluate complicated and complex aspects of interventions.", *Evaluation*, 14, 1, 29-48.
- Weaver R. K. (2014). "Compliance regimes and barriers to behavioral change." *Governance*, 27, 2, 243-265.
- Weaver R. K. (2015). "Getting people to behave: Research lessons for policy makers." *Public Administration Review*, 75, 6, 806-816.
- Weiss C. H. (1997). "Theory-based evaluation: Past, present, and future." *New Directions for Evaluation*, 1997, 76, 41-55.

List of interviews*

Code	LG	Persons and roles	dd/mm/yyyy
Interview 1/A	Novara social district	<ul style="list-style-type: none"> • Claudia Frascoia, Director social care office, Municipality of Borgomanero • Roberta Fontana, staff • Stefania Rossello, case manager • HCP responsible for Inps DG Region Piemonte 	13/9/2016
Interview 1/B	Novara social district	<ul style="list-style-type: none"> • Roberta Fontana, head of disability area, Municipality of Borgomanero • Manuela Manni, Case manager 	9/5/2018
Interview 2/A	Reggio Emilia social district	<ul style="list-style-type: none"> • Federica Toschi, HCP project manager • Germana Sarati, staff • Rita Borghi, staff responsible for project coordination 	21/7/2016
		<ul style="list-style-type: none"> • Elena M. Davoli, Head of Welfare Planning 	30/8/2016
		<ul style="list-style-type: none"> • Adele Caputo, INPS regional DG Emilia Romagna 	26/8/2016
Interview 2/B	Reggio Emilia	<ul style="list-style-type: none"> • Rita Borghi, staff responsible for project coordination • Alfredo Galeotti – case manager • Lorella Venturi – staff • Germana Salati – staff 	31/5/2018
Interview 3/A	Prato	<ul style="list-style-type: none"> • Vania Mariotti, HCP project manager 	25/7/2016
		<ul style="list-style-type: none"> • Gian Piero Luchi, INPS regional DG Toscana 	22/7/2016
Interview 3/B	Prato	<ul style="list-style-type: none"> • Vania Mariotti, HCP project manager • Irene Nardini, Case manager 	
Interview 4/A	Ancona	<ul style="list-style-type: none"> • Marco Buzzelli - INPS regional DG Marche • Dott.ssa Barbara Di Costanzo - INPS regional DG Marche 	30/8/2016
		<ul style="list-style-type: none"> • Gloria Berti , Case manager • Federica Raggetta, Staff • Dott.ssa Anna Maria Manca - HCP project manager 	23/8/2016
Interview 4/B	Ancona	<ul style="list-style-type: none"> • Federica Raggetta, staff • Dott.ssa Anna Maria Manca - HCP project manager • Maria Elisa Gigli, Case manager 	26/4/2018
Interview 5/A	Roma	<ul style="list-style-type: none"> • Laura Battistoni - HCP project manager, Municipio VII • Daniela Segatori, case manager Municipio VII 	11/8/2016
		<ul style="list-style-type: none"> • Luana De Leo, HCP project manager, Municipio IX • Dott. Angelo Pomponio, Staff Municipio IX 	10/8/2016
		<ul style="list-style-type: none"> • Antonella Sonni, INPS regional DG Lazio 	12/10/2016
Interview 5/B	Roma	<ul style="list-style-type: none"> • Alessandra Casagrande, Head of Social policy area Metropolitan City of Rome and HCP project manager (Municipi IV-XV), • Ida Benevento, staff • Lorena Ludo, staff • Alessia Sassano, staff • Luana De Leo, case manager Municipio IX • Manuel d'Ippolito, Case manager Municipio Roma I • Daniela Iammolo, Case manager Municipio Roma I 	21/5/2018
Interview 6/A	Napoli	<ul style="list-style-type: none"> • Dott.ssa Giulietta Chieffo, Head of Welfare and social policy area City of Naples, HCP project manager 	1/9/2016

		<ul style="list-style-type: none"> • Giovanna Comite, Staff • Marianna Tito, Case Manager 	
		<ul style="list-style-type: none"> • Maria Rosaria Maggio, INPS regional DG Campania 	4/8/2016
Interview 6/B	Napoli	<ul style="list-style-type: none"> • Giuletta Chieffo, Head of Welfare and social policy area City of Naples • Stefano Matto, HCP project manager 	27/4/2018
		<ul style="list-style-type: none"> • Marianna Tito, Case Manager HCP 	1/9/2018
Interview 7/A	Nardò	<ul style="list-style-type: none"> • Antonietta Vantaggiato, HCP project manager Nardò social district • Dott.ssa Antonella Maggiore, HCP project manager Municipality of Galatone, 	31/8/2016
		<ul style="list-style-type: none"> • Enza Musca, case manager Municipality of Leverano, 	30/8/2016
		<ul style="list-style-type: none"> • Angela Maria Guarino, INPS regional Puglia, responsabile di team. 	1/9/2016
Interview 7/B	Nardò	<ul style="list-style-type: none"> • Angela Maria Guarino, INPS regional DG Puglia 	12/7/2018
		<ul style="list-style-type: none"> • 	
Interview 8/A	Cosenza	<ul style="list-style-type: none"> • Giuliana Misasi, HCP project manager • Daniela Miceli, case manager • Annarita Greco, case manager • Assunta Giudice, staff 	27/9/2016
		<ul style="list-style-type: none"> • Antonio Rapisardi (responsabile di team) e Annarita Mancuso, Direzione regionale INPS Calabria (Catanzaro) 	28/9/2016
Interview 8/B	Cosenza	<ul style="list-style-type: none"> • Daniela Miceli, case manager • Annarita Greco, HCP project manager and case manager • Franco Cuconato, staff 	18/4/2018
Interview 9/A	Catania	<ul style="list-style-type: none"> • Giuseppa Delfa, HCP project manager 	26/9/2016
		<ul style="list-style-type: none"> • Ignazio Cicirello, INPS regional DG Sicilia 	27/9/2016
Interview 9/B	Catania	<ul style="list-style-type: none"> • Giuseppa Delfa, HCP project manager 	14/5/2018
		<ul style="list-style-type: none"> • Dott. Ignazio Cicirello, INPS regional DG Sicilia 	4/7/2018

Each Interview is conducted to one or more persons of a given LG. A and B indicate the first and second round respectively.