The territorialisation of local welfare: changes in governance’s organizational and planning models. The case of the Lombardy Region

Section: Governance in Close Proximity to the People. Contemporary Local Political and Government.

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EARLY PRELIMINARY DRAFT – PLEASE DO NOT QUOTE OR CITE WITHOUT PERMISSION!

Abstract

In 2015 the Lombardy Region (Regione Lombardia), the richest and most populous Italian region, licensed a systemic reform of its welfare state, which has substantially changed the governance of the social-healthcare system. This reform involved (directly and indirectly) also the organizational dimension of a peculiar form of governance arena that is the Area Social Plan (Piano di Zona, PdZ), which is a governance instrument that allows municipalities to plan in an associate dimension the production and the supply of social services. In 2017 the regional government addressed the new strategic indications for the social planning of the Area Social Plans with the aim to reform the local governance of the system. These governance changes are the organizational answers to the need to rationalize and improve the system’s efficiency and to strengthen the proximity between citizens/users and welfare services (the last is a strategic goal, as stated by the theoretical approach of the social investment in contemporary welfare systems). This path seems to institutionalize the emerging role of the so called welfare mix model, that entails a new governance pattern based on horizontal relationships between the actors (both public and private). In this paper we will analyse the ideas and the institutional/organizational provisions which characterized the Lombardy welfare until 2015, and the changes which have occurred after the 2015 structural reform. So, the paper aims is to inquire the connections between these systemic changes, how these changes influence the planning phase of the welfare provision and how the complexity of the territorial social needs imposes a move towards a more participatory model of local welfare; a model based on a new system of territorial authoritative devolution and a new governance model which shapes a decentralized welfare Regional system, built upon a nested and complex system of actors and governance interactions.

In order to accomplish this task, we have chosen to apply a qualitative methodology based on an in depth interviews with different actors. The selected actors are: the high rank officials of the Lombardy Region, the main stakeholders which act in the system (profit and non-profit associations which are part of the local welfare net, Municipalities and Area Social Plans (Piani di Zona)) and a group of socio-healthcare Directors of the newly created Regional territorial agencies (ATS and ASST). This kind of in depth interviews will allow us to reconstruct the organizational
framework which is at the base of the Lombardy system of welfare and to obtain a valuable interpretation of the systemic changes introduced by the 2015 reform and by the new addressing lines for social planning (DGR 7631/2017).

Introduction

The crisis started in 2008 has evidently shown how national and local welfare systems are coping with a variety of new social issues, bringing back at the centre of the stage concept like social cohesion (Jenson and Saint-Martin 2003, Andreotti et al. 2012), social vulnerability (Ranci 2010; Ranci et al. 2014) and social exclusion (Mingione and Oberti 2003). For these reasons several discussions have begun about the role of welfare state, how important it is in limiting the risks of economic and social exclusion and, in particular, how it can be reformed to cope with new challenges (Armigeon and Bonoli 2006).

In this paper we want to enlighten and examine the changing patterns in the structure of the welfare system in Regione Lombardia (Lombardy Region, RL), the richest and most populated Italian region. After almost twenty years of uninterrupted regional government led by Roberto Formigoni (1995-2013), a change occurred in the presidency in 2013 with the election of Roberto Maroni. Even if the governmental majority is the same - a centre right majority -, we are interested in inquiring if we are facing a change in the government pattern of the Regional local welfare. As the new Government has had various legislative initiatives in the welfare sector, we expect to find numerous changes in the ideational paradigm and in the institutional/organizational arrangement, with the shift towards a model of local welfare based on a changed system of territorial authoritative devolution and a new governance arrangement for the welfare system. So the paper analyses the reconfiguration that is occurring in the process of welfare territorialization in Lombardy, the biggest and richest italian region underlining: a) the way in which the regional government is trying to foster these changes, b) what are the new inter-institutional dynamics and c) which are the main aims of these reforms.

The Lombardy system is based on two pillars: the healthcare and the social systems (Gori 2011). In this paper the object of our analysis is the social pillar, but we will also take in consideration its relationship with the healthcare dimension due to the fact that for the Regional government the achievement of a satisfying level of integration between the two systems, is considered a strategic goal.

In order to do so, first of all we will define our theoretical framework which is based on the idea that a possible explanation of the social policy’s modifications may be found in the effort to enforce the territorialisation of welfare (move the planning and implementation phase of policymaking towards the lowest levels of the governance structure), with a partial redefinition of the neoliberal model which have shaped the Lombardy welfare during Formigoni’s era.

The relevant changes produced in the governance structure of the Lombardy welfare system is the product of the role of new ideas that have created the institutional conditions for shaping the functioning of the new system, as well as to detect the validity claims of the actors (Béland 2008; Béland 2016). The need to promote a new model of coordination among the various actors of the territorial net, the will to improve the effectiveness of the proximity between citizens and services and the new focus of the Regional government on innovation and fight against social exclusion after the damage produced by the economic crisis, are the ideational elements which can explain the institutional and governance changes. Taking in consideration the mix between ideas/values, institutional/organizational arrangements and social/political interests, means to give account of how the ideational process works, political institutions and values legacy interact in a self-influencing path in order to improve welfare state development (Béland 2008). By the means of this choice we think that it will be possible to provide answers to the following questions: which
have been the main motivations for the change? What new ideas and principles have been injected in the system? Which organizational instruments support these structural changes?

The aims of the paper are to inquire the connections between these systemic changes, how these changes influence the planning phase of the welfare’s provision and how the complexity of the territorial social needs imposes a move towards a more participatory model of local welfare; a model based on a new system of territorial authoritative devolution and a new governance model which shapes a decentralized welfare Regional system, built upon a nested and complex system of actors and governance interactions. In a nutshell the main research question is: how the governance of the Lombardy’s local welfare and the model of social policies production is changing?

Particularly relevant is the regional focus on the role of the Piano di Zona (Area Social Plan – PdZ) as the institutional epicentre of the governance evolution in Lombardy. This is due to the fact that welfare systems and social policies are relying more and more on complex nets of dynamic interactions, among public and non-public actors, connected by formal and informal ties. This dynamism is taking place at the local level, with territories that are now facing the necessity to reorganize their governance models in order to enforce these mechanisms in making them the core of a more flexible and effective system of local welfare. As stated before, our analysis will focus on the social sector but always keeping into account the strategic issue of the integration with the healthcare dimension.

We will observe through the analytical framework the ideational and institutional features of the RL’ social system and to do it in a fruitful way, we will The study of the context and the reasons behind the actors’ initiatives will be conducted by relying on the process tracing approach (Bennet and Checkel 2015), based on the analysis of written documents and semi-structured interviews with relevant actors of the system: high rank officials of the Lombardy Region, the main stakeholders which act in the system (profit and non-profit associations which are part of the local welfare net, Municipalities and Piani di Zona (Area Social Plans - PdZ) and a group of socio-healthcare Directors of the newly created Regional territorial agencies Agenzia per la Tutela della salute (Agency for the healthcare safeguard, ATS) and Azienda socio sanitaria Territoriale (Social Healthcare Territorial Company, ASST). This kind of in depth interviews will allow us to reconstruct the organizational framework which is at the base of the Lombardy system of welfare and to obtain a valuable interpretation of the systemic changes introduced by the 2015 reform and by the new addressing lines for social planning (DGR 7631/2017).

**Territorialization as an instrument for the redefinition of local welfare**

In the aftermath of the crisis it appeared indispensable for European government to continue the redefinition of the welfare state provisions in Europe, with the need to keep under control the expenditure for social policies, but at the same time guarantee a more performing welfare system, able to trigger major social – economic integration in order to keep under control the even growing risk of social exclusion. Our idea is that the framework to interpret part of the modifications that are occurring, maybe the product of the intersection of two structural changing paths: a new organization of the welfare governance (Andreotti and Mingione 2014) and the production of policies more oriented to the mobilization and activation of social resources than to the simple protection (Bifulco et al. 2008). This leads to the delineation of a long term phase of territorialisation of welfare as the instrument to enforce activation processes. With activation we are referring to that policy process which has as main aim the social inclusion through policies focused on labour, social assistance, fight against poverty and that relies on the principle of the empowerment of the individual and the community (Geldof 1999; Bifulco et al. 2008).

The first element which influences this change and the one on which this paper is focused on, is the process of reorganization of public authority with the decentralization of powers and competencies to the local dimension, as the administrative level in which foster policies. The governance model becomes a crucial element to understand the (eventual) changes in the
production of social policies (Previtali 2016). A fundamental element of the governance’s concept is the coordination and integration of actors and organizations and, as a derived consequence, the cooperation pathways among actors and the emergence of the arenas of governance (Bifulco 2005; Trigilia 2005; Salvati 2016) that are institutionalized spaces in which various actors (public, profit, non-profit, associations etc.) are called to influence and define part of social policies.

If we apply this framework to planning and production in local welfare, three elements assume an essential role (Bifulco 2014): a) the role performed by local administrations and governance networks in decision-making processes; b) the interdependence of factors conditioning well-being, such as housing, work, access to health services etc.; and, c) the idea that at the local scale integrated interventions in harmony with the needs/requests of a community are to be favoured. The new challenges to welfare systems, both at national and local level, oblige the involved actors – both in the public and the private sector – to rethink and modernize the welfare model and its characteristics, both in terms of services produced and in terms of social protection models, keeping as a target the answers to new social needs which are emerging at the local level with the specific configurations of local context (Andreotti et al. 2012).

All the institutions of the local governance are called to act in a more coordinated way, implementing nets of horizontal governance instead of vertical governance. These nets, as the Lombardy case underlines (Bifulco et al. 2008; Salvati 2016), are characterized by a high rate of cooperation and dynamism, which involves both the public institutions which act at the territorial level and the private actors. Under this provisions, as happened in Italy and as exemplified by the evolution of the Lombardy case, these relationships are putting more and more at their centre the role of municipalities, which are becoming the fulcrum of a rooted institutional network which has in charge the responsibility of social policies (Fedele e Moini 2006; Salvati 2016).

This process has been recently enforced in Italy by the strengthening of Regions’ powers in some relevant fields like energy, tourism, healthcare and social policies, with the last two competencies which have triggered the need to rethink the social protection model and push forward towards a major proximity between institutions (planning phase), providers (supply phase) and citizens.

The second element is the redefinition of the principles and the main goals of welfare, with the aim to move the system from a logic of curing and repairing to a logic of preparing and activating. The new knowledge based economy of the globalized world, the limits in the spending capacity of states and the emergence of new social risks and needs (single parenthood, need to reconcile work time and private life, precarious contracts etc.) request new dynamic forms of social protection. A new model based on policies that invest on human capital development, in childcare, in education, in support and requalification of unemployed, in a new safeguard and empowerment of families: all these are the factors that qualifies social policies as a strategic investment, defining a new policy logic called ‘social investment’ (Esping-Andersen et al. 2002; Jensons and Saint Martin 2003; Morel et al. 2012). The idea at the base of this conception partially emerges as a critique against the neoliberal approach, which has dominated from the beginning of the eighties and the welfare state expenditures is considered a weight that is an obstacle to the economic growth and a leverage which gives too much space for the direct intervention of the state. The main idea at the base of the social investment approach, is that we are facing a time of great changes in the economic and social order, and that we need more effective and flexible instruments to fight social exclusion (Morel et al. 2012): social exclusion has become the main enemy against which the welfare state is entailed. The new inspiring principle is that social policies should help in preventing the fall in the social/economic exclusion and minimise the intergenerational transfer of poverty.

The social investment theory seems to be the promotion of the capabilities of individuals as a strategic investment, and sharing the neoliberal paradigm idea that resources should be implied to activate individuals and families through positive incentives (re)collocating in the labour market or supporting them through social-health weaknesses, but refusing passive benefits or simple money transfer (Morel et al. 2012).

The proximity between services and users and the ambition to enforce the answers’ efficiency to social needs, are the ideational and political necessities at the core of this pattern of change, which
have imposed the process of territorialisation, fostering a radical change in social policies production and governance (Centemeri et al. 2006; Salvati 2016). If, according to Bifulco (2014), the territorialisation may produce a certain uncertainty in the policy making and the implementation process – but this, according to us, heavily depends on the different arrangements of local governance (Previtali 2016; Salvati 2016) -, it has the undeniable advantage of enforcing the participation process of citizens and associations, strengthening the involvement of private actors and triggering major transparency and inclusiveness. The improvement of the proximity between citizens and services and the boost of local welfare effectiveness, is strictly connected to the redefinition of the model of the services’ territorial governance.

In this perspective the state and the public actors turn out to have a positive role, because they have the opportunity to repair market failures which negatively affect economic and social outcomes. The state provides the framework and the tools to improve human capital and guarantee safeguards against social risks and in coordination with private actors, associations, Third Sector etc., can build a net in which efficiency, economic growth and social inclusion are reconciled (Morel at al. 2012).

The structure of the RL’s local welfare. Ideational bases, tasks and instruments of the law 3/2008

There are two main principles on which RL’s welfare system has been built and that are embodied in the law 3/2008, which organize the socio-healthcare system of the Region: 1) the reduction of the state’s role in providing welfare services, 2) the use of an organizational tool and instruments used by the private sector, according to the theories of the New Public Management (NPM).

For the first point, it has been fundamental the intellectual influence of the ecclesiastic movement *Comunione e Liberazione* (Communion and Liberation, CL), to which former President Formigoni was a member and a large group of politicians and advisors which were protagonists during the long Formigoni presidency. CL provided the intellectual and value tools to foster a new model of local welfare, based on a strong refusal of the public role in the welfare system. The state is considered oppressive and inefficient, unable to provide high quality services and an obstacle to promote the potentiality of the private sector (Gori 2011). According to this point of view, civil society is the only arena in which it is possible to produce and provide efficient social services, able to reach all the citizens that have real needs and to make a reliable use of private and public resources. The only role for the public sector is to guarantee a negative freedom, that is the removal of the obstacles to the free enterprise of individual, social groups and corporations.

The concept of subsidiarity lies at the core of this model. According to this idea no organization can control others that are weaker or are collocated at a lower level in the governance hierarchy (for example central state over local government) (Colombo 2012). In governance terms the central government should intervene only in case of impossibility by lower institutions to effectively perform their duties. This approach rewards the autonomy of individuals and curbs the state’s power towards regional and local governments (Colombo 2012). The subsidiarity concept can be split in two elements: vertical and horizontal subsidiarity. The first concerns the level of competencies among institutions and expects that the higher level defines standards and goals of action and supports the lowest when they are not able to guarantee their duties. Here the focus is on the type of relationship between different level of public governance. Horizontal subsidiarity stresses the sharing of competencies, resources, functions and services between public and private/societal actors, giving priority to the construction of nets of relationships between all the actors which operate in a given territory. Here the focus is on social interaction between different types of organizations.

Vertical subsidiarity has been for many years the element that regulated the functioning of the local welfare system in RL, all the level of governance involved are to give priority in guaranteeing and improving the freedom of choice of the individual. The institutional vertical subsidiarity has two faces: one passive, which means that the supra-ordered level of government (the Region) cannot fulfil tasks which are in charge at the local level (here are considered both public actors and private actors), but should intervene only in case of problems. The second is an active role regarding the
effort of the Regional institution to create the best condition according to which the local level can attend its functions in the best way.

The second element is strictly connected to the application of some features of the NPM’s approach to the Lombardy social policies. Beside the harsh criticism against the inefficiencies of the public administration, there is the idea that these inefficiencies may be overcome by the use of instruments used in the organization of the private sector, and by the use of management criteria applied to the governance of political and social processes (Girotti 2007; Fargion 2009). This point of view is strictly connected to the diffusion of the neoliberal approach to welfare state management and to public policies (Nikolai 2012); in particular in the experience of RL we have seen stressed two elements produced by this cultural and ideational milieu. The first is the empowerment of citizens through the implementation of mechanisms which enforce their freedom of choice, conceiving them more as consumers than citizens. The second is the harassment on the necessity to shape the welfare system around the principle of the competition between providers which are – at least partially - funded by public resources. This way the citizen/user is free to choose among the suppliers the one which better responds, according to him, to his needs.

Beside this two goals, it is possible to define one main task/principle from which all the others derive: the promotion of the citizens’ freedom of choice within the services’ net. From the various interviews and the consulted documents, stemmed the fact that this principle has been considered the one fundamental to respect the dignity of the individuals, but also the instrument through which it assures a fair and open access to the services’ net. The law constituted the normative ground to enforce this freedom by providing the instruments to create the space of the “quasi-market” of social and healthcare services (Salamon 2012). In the quasi market the State keeps per se the supervision of the sector’s functioning while devolves the production services to other independent organizations (private and/or public actors), which compete to gain clients. They are funded by the users or, more frequently, by public agencies (or semi-public) which buy the services and act as agent on behalf of the users (Le Grand 2007; 2011).

In this space the user choses not only from which supplier to buy the service but also which type of service he prefers; this opens up, at least theoretically, the opportunity for the user and his family to personally set up the pattern of care and define the quality of life during his presence within the services’ net. These features go along with the guarantee provided by the Region about the entitlement to have an open access to the net and the assurance to be taken in charge by the system. By the means of these legislative choices, the Region partially steps back from the function of unique services producer and tailored for itself the role of the system guarantor, entitled to supervise the functioning of the net, with the citizen/user becoming perfectly (at least theoretically) autonomous and fully responsible for his choices.

The instrument to concretize the free choice is, as previously said, the service’s quasi market. This market is composed by the public sector and the private profit and non-profit actors, with the last two in a prominent position due to the principle that the public should only regulate and supervise the net. For this reason the law explicitly talks about the planning functions, buying and supervision as the main responsibilities of the Region, function that can be accomplished through its territorial structure, the Azienda Sanitaria Locale (Local Healthcare Agency, ASL).

The task of the regional legislator was to make the quasi market the real engine of the system, and to effectively realize this goal has created a complex structure of incentives with the ambition to support the development of the services market by giving the opportunity to the users to freely chose the service provider. The Region has the duty to guarantee the respect of the rules and to provide quality standard, in particular through the accreditation system: this way it is possible to connect the incentives to the improvement of a system based on the competition between the different suppliers.

The voucher model is the instrument by which the quasi market is working. Thanks to this model of services purchase, the Region aimed to assure the user’s freedom of choice and to support the market competition: the goal was to enforce the relationship between efficiency, effectiveness, free choice and competition among providers.
The supply side is at the centre of the law 3/2008 law, more than the demands or the analysis of the social needs. The tasks to improve the freedom of choice and the will to promote a market competition, inevitably shed the light over the providers, which are the central actors of a system in which citizens/users have a direct relationship with them.

Under this point of view the support and the role recognized to the actors of the TS is particularly relevant, with the aim to enforce the role of the TS within the net as a service producer and provider, and to recognize its role during the policy planning phase. This function has been implemented by the formalisation of the TS’ participation to the permanent consultation forum opened up in RL and in particular with the involvement of the TS in the territorial planning through the PdZ. The PdZ is the institutional arena in which the non-profit sector can provide its contribution not only to the planning phase but also to the implementation phase (Salvati 2016). The Regional government strongly focused on the TS’ role due to the high level of flexibility that characterizes its actions, and has the ability to mobilize social resources which otherwise would be fragmented and unused. This choice has lead to the valorisation of the social capital of the region, promoting the role and the organization of a civil society (Kreuter and Lezin 2002) and avoiding that the user could be pressed within the mechanism of the impersonal bureaucratic system. A system funded on the prominent role of bureaucracy is a system based on a strong asymmetry of resources and information, a limit which may result decisive in the production of social-healthcare services and in particular for the users’ access to this net.

The first steps towards the increasing of local welfare territorialisation in RL

The territorialisation concept applied to policy making, concerns the tendency to adopt an integrated approach to a complex set of problems (social, economic, etc.) concerning the specific needs of a delimited area, taking the territory as the reference point for policies and interventions (Bifulco 2014; Salvati 2016). This principle, applied to social policy, affirms that welfare provisions should be constructed at the lowest possible level, which allow the most practical provision of effective social protection (Martelli 2006; Ranci 2006).

The crisis has had variable negative effects both in terms of the transformation of the demand for social protection and in terms of the supply of welfare supports (Hemerijck, 2012), and maybe too much hope has been placed in territorialisation as a means to generate innovations for citizenship (Andreotti and Mingione, 2014). Likewise, the results of partnership arrangements, central-to-local responsibility devolutions – or participatory processes – have produced mixed results in different countries.

In RL the enforcing of the territorialisation process intertwines with the necessity to enforce the integration level between the healthcare and the social dimension. This is because it is properly at the lowest level of the policy process governance that is possible to build up this kind of integration, in strict contact with citizens’ needs and operators’ actions. This integration is probably the main strategic goal pursued by the Regional government in the aftermath of the 3/2008 law, in order to overcome the structural fragmentation of services and actions that have characterized the regional policy making in the past twenty years.

According to the Regional government, the best way to achieve this goal was by the enforcement of the so called integrated access to the services, a path (theoretically) able to follow the user along all the services’ chain. In particular this goal would be reached by the strengthening of the Punto unico di accesso (Unified access point, PUA), which has the duty to take in charge the citizen and support him in its path within the net. This territorially based access points, which has to collect the data of the users, resulted quite ineffective because it was insufficient in order to recompose the fragmentation of information, knowledge and actions that affected the system due to the lack of integration with all the territorial services, the limits of the web infrastructure and the lack of personnel.
Despite this difficulty in effectively reaching a high level of integration, RL aims to institutionalize the path towards a stronger territorialisation through one element that flank the 3/2008 law: the guide lines for the planning of the PdZ.

About the first element, the creation of PdZ has been the central state answer to the extreme fragmentation that characterizes the Italian local governance (Battistella 2004; Bifulco and Centemeri 2008; Bifulco 2014; Salvati 2016). The fragmentation has a negative influence also over the social service system leading to a weak coordination among the various institutional levels involving different public responsibility, mainly regional and municipal, and producing huge differences between territories and disparity of rights (Bifulco, 2014; Martelli, 2006). From here, the perspective of integration set out by Law 328/2000, which defines a framework for the creation of an integrated system of social services and interventions closely linked to a model of local governance based on negotiation and participation. Under art. 19 of the law, Italian municipalities have to join in new inter-municipal groupings called PdZ (Battisella et al., 2004), which are the instruments for the associated planning of services and social interventions of municipalities able to match the resources, and respond to the needs, falling within a limited territorial area. According to law, the PdZ should fulfil tasks concerning social services which require a strong synergy between health and social services: minors, families, elderly, addictions, mental health, disability, immigration, poverty and social exclusion. That is why the PdZ are a strategic institutional tool to achieve the integration between the two sectors. In RL the constitution of the PdZ has found actuation in the Deliberazione di Giunta (Regional Resolution, dgr) VII/7069/2001 with the settlement of 98 district Areas. The PdZ acts according to the main principles defined by Lombardy Region, that are: the centrality of the individual, the support to families as the fundamental nucleus for the person’s care, the services flexibility and the free choice for citizens among the various structures of the social – health regional network.

The impact of the reform over RL’s welfare: ideational and organizational changes

As stated in the first part of the paper, the intertwine between the territorialisation of services and the change of paradigm in the ideational basis of local welfare, provides a useful framework to understand the changing patterns of local social policy. How this model fits with the experience of RL? Can we detect elements of discontinuity in the social model of the richest Italian region? To understand it, we have detected the main changes in the ideational basis of the social policies, showing how they are moving closer to the social investment model. After we have analysed the way in which the welfare territorialisation has been enforced by the reform and the kind of policies produced during this new legislature.

The law 23/2015 is the most important legislative action made by the Regional government since the approbation of the law 3/2008, can be considered a relevant turning point for the regional local welfare, because it is affecting two constitutive elements of the system: the ideational dimension/the principles – from which policy goals derive - and the organizational model – which defines how the system works and how it accomplishes its duties. Despite the fact that the political majority which leads the Region is always a centre right majority, the change of presidency has led to a partial change in the approach towards the local welfare, inserting in the neoliberal model fostered by Formigoni more communitarian elements, enforcing the governance role of the Regional government, supporting the strengthening of community welfare and providing a different approach towards the subsidiarity model. Law 23 has the goal to create a systemic framework by which systematize the RL normative production, which during the years has oscillated from the overregulation of the social sector (in the eighties till the first half of the nineties) to the reorganization of the healthcare management and the partial marginalization of the social sector (from the end of the nineties till the end of Formigoni’s government). The first assumption from which the new legislator in projecting the reform stared was the need to rethink an old normative and organizational model which was too much focused on the role of the hospital and explicitly healthcare centred: according to the new government, this approach was
not able to cope with the new challenges. The main ideational principle was the shift from the “cure” to the “take care of”, which means that the system should not be simply focused on curing health or social-health weaknesses, but has the duty to overcome the fragmentation of measures and actions, and move towards a more complex take in charge of multiple fragilities which affect vulnerable people.

The new paradigm is that social and economic exclusion, social vulnerability, the cure of illnesses, the support of single users and families affected by economic difficulties or unemployment, are different aspects of a single problem.

The new course has the goal to create an integrated, tailored and appropriate social-healthcare assistance plan, with the task to cope with the expression of new social-health fragilities, shifting the focus from the providing phase to the prevention phase, in order to manage the social and health disadvantage. According to the various actors which are involved in the actuation of the reform, The main issue is to avoid that a single need could become chronic and trigger the emergence of other different needs.

In order to fulfil these tasks some systemic actions which revolve around two critical points have been deployed: a global and multidimensional take in charge of the user and the strengthening of a welfare system based on two pillars; a) the supply provided by the accredited UdO and b) the group of integrated measures/actions governed by the voucher system, which are funded by the Found for the Family instituted with the dgr 116/2013.

The dgr 116 opened up the new legislature with the aim to support the family role and its actions (support to the family with fragile components and complex pathologies, support for non-autonomous people, support for users with chronical-degenerative pathologies who live in poverty) safeguarding the principle of subsidiarity but also enforcing the ties with the other actors that operate within the social services’ net (RL 116/2013). In this way there is a first recognition of the family as a main actor of the welfare system not only as a passive receiver or service user but also as welfare producer.

The attention posed on the support for innovative experimentation and the measures of the welfare second pillar, have as the main goal to open up the system to a new model able to provide appropriate and flexible answers to social needs who were not been taken in charge by the traditional services’ net. The main problem is so to improve the access to the net and make it more flexible in order to provide a set of differentiated answers.

Concerning the social services’ net, law 23 stresses the centrality of the so called Valutazione Multidimensionale del Bisogno (multidimensional evaluation of the need, VMD) – a model systematized by the dgr 1185/2013, which have defined the rules of the social-healthcare system for the year 2014 -, which is a scale that allows to evaluate the complete needs of an individual and/or a family, taking in consideration various aspects (social, economic, familiar, healthcare) and that allows to provide an integrated lecture of multiple needs, making easier the access to the services’ net and providing an overall support within it (RL 1185/2013). The VMD is the element which had the ambition to fix a structural deficit of the system, that is the extreme fragmentation of the actions, resources and knowledge that characterize the RL’s welfare system (RL 2941/2014).

The VMD – for which the ASL (now the ASST) and the municipalities are responsible for - may be considered as the tool by which concretely promotes the improvement of the integration on the territory, applying what is stated by law 23 about the strict relationship between the social and the healthcare systems as essential to promote the continuity of the assistance for citizens (RL 23/2015). By the interviews done with the Regional officials and the Region’s counsellors it has emerged that the fundamental for the evolution of the system is a more integrated work of the two sectors, an integration that should be pursued at the territorial level. Furthermore they stated that for the Regional government a successful integration passes through a renewed attention for social-economic vulnerability, reinforcing social inclusion and integration.

We think that the deep reform process in the Lombardy welfare and in its model of governance can be explained by the need: a) to keep under control the expenditures for social protection, b) to provide answers for the new social needs, in particular after the explosion of the economic crisis, c) to support social innovation and improve social cohesion (Ranci 2010; Previtali and Salvati
These elements can obviously be reconducted to the reforms of the welfare systems that are taking place in all the European countries (Kazepov and Barberis 2013).

The reform of the RL’s local welfare system is stressing some elements that were already present in the Lombardy system, but what was stressed in the five years of Roberto Maroni’s presidency was: the role of the nets with the new organization of the system’s governance and the importance of the plurality of actors involved in the planning and executive phase of the social actions (Brenner 2004). The consequence of the multiplication of actors is the great relevance of private actors, both profit and non-profit (in particular the Third Sector).

These changes have inevitably made a necessary redefinition in the processes of policy making and in the governance’s models because of the coordination of multiple actors, resources and policies is the main issue to tackle with (Kazepov and Barberis 2013). The territorialisation and decentralization of welfare and the redefinition of governance instruments can be interpreted as the Regional answer to the multiple inefficiency connected with a confused distribution of resources’ production and policy definition across multiple levels of government.

The rescaling process of welfare state production follows some general patterns that we have found also in the recent history of Lombardy local welfare (Kazepov and Barberis 2013):
- a whole reorganization of social policies based on the redefinition of responsibilities and authority structures, with the involvement of several new actors, a strengthening of the nets’ system (both formal and informal nets) and a general pattern of power redistribution between the regional and local levels (municipalities and districts),
- the externalization of several services both from the state and the local authorities, so enforcing the role of the private actors which are now more and more involved also in the planning phase of social policies,
- the attempt to define policies able to improve the autonomy of the single citizens affected by a condition of socio/economic/health vulnerability with the final aim to enforce social cohesion.

The main problem that is facing this process of rescaling/territorialisation at the regional and local level is linked to the fact that in Italy there is a sort of weak regionalism (Ranci 2005) characterized by a long tradition of a non-coordinate decentralization, with processes of authority and power devolution that are frequently confused and that instead of strengthen the service’s efficiency and its proximity to citizens, has produced a high level of segmentation in the entitlement of social rights and in delivery path of social services (Gambardella et al. 2013). This situation feeds a sort of resistance to the change, a path dependence process which is extremely difficult to modify: this makes the Lombardy experience quite interesting because the reforms represent a sort of critical juncture (Pierson 2000) in the path of the Lombardy welfare.

The challenge for the territorialisation of services – also in the Lombardy case – is to improve localization and integration among services at local level in a national framework quite segmented and contradictory (law 328/2000 Vs new Title V of the Constitution).

The guidelines for the new planning phase of the Area Social plans (2018-2020). Redesign territorialisation to improve the planning and management capabilities in local welfare

The deliberazione di giunta (Regional resolution, dgr) 7631/2017 has been approved by the Lombardy Regional government with the ambition to activate a process of redefinition of the PdZs’ borders, by implying a partial top down strategy based on a mechanism of monetary reward, in order to conclude the rebuilding strategy of the governance model of the regional welfare system. According to our interview with the General Director of the department, this new regional strategy:

“(...) is the product of a broader reflection about the future of our regional welfare system. A reflection boosted by the economic crisis and its effects and enforced by a renewed consciousness about the role of municipalities in the definition of social policies. This strategy mixes old elements
– the confirmation of some macro goals like the enforcement of the integration degree between social and healthcare dimensions – and innovative targets like the redefinition of the PdZs’ boarders plus a more evident role recognized to social innovation processes located at local level”.
(Interviews 1)

This new regional approach is unavoidably based on the assumption that the role of the PdZs has fundamentally changed over the last years. PdZs have broadened in their scopes and functions, moving from the simple role of “management” of basic social policies and the supplier (cash dispenser) of national and regional monetary resources, to the role of planner and (partial) policy maker with the responsibility to coordinate the various social actors that operate in the social system’s chain, plus the duty to screen the efficiency and effectiveness of social policies. This new role can be defined as the product of several structural innovations:

• the evolution of citizens’ needs (traceable both in the social and healthcare fields),
• the transfer of resources and responsibilities to municipalities and PdZs from superior levels of government (national, regional, European),
• the changes produced by the reform of the Lombardy social-healthcare system.

In the background of these changes we have a national framework that during the years has pushed more and more to locate the elaboration of the answer to social needs from the national to local level.

The perspective of integration set out by the national law 328/2000, which defines a framework for the possible creation of an integrated system of social services and interventions closely linked to a model of local governance based on negotiation and participation (Battisella et al. 2004), has remained partially unactuated during the last decade. The law 328’s aims was to create a unitary framework for social policies, in particular through the enforcement of important elements like the users’ access to social services, the effective entitlement of social rights, the strengthening of integration and a more participatory approach to policy making (Bifulco and Centemeri 2008). The law 328 inserted in the system the principle of the universalismo selettivo, selective universalism, through the creation of the standard levels of assistance (Livelli Essenziali di assistenza socio-assistenziale, LIVEAS), which should have the aim to set up national common standards for social services. Furthermore the law 328/2000, formalized a certain kind of division of tasks and authority among states, regions and municipalities for what concerns competences in the social sector, so framing a new relationship between centralized authority and local autonomies (Bifulco 2008). Unfortunately the things for social policies moved in the other way round, in particular for certain legislative choices that make the provisions stated in the law 328 extremely difficult to be implemented. The 2001 Constitutional reform and the change of the article V, moved in the opposite direction compared to the 328 which strongly enforces the Regions’ powers giving them the exclusive competence in the social sector, with the opportunity to assume policy provisions that can be extremely different by the approach provided by the law 328. The Constitutional reform had as an unintended consequence to severely undermine the effectiveness of law 328 by strengthening the traditional Italian fragmentation in the social policy field, an element which is exacerbated by the persisting absence of the national LIVEAS. This framework was characterized by a certain confusion and has given space to Italian Regions to actuate completely autonomous choices in the field of social policies, so inserting the Italian experience an elevated level of fragmentation and diversity in social policies provisions (Kazepov and Barberis 2013). These contradictions are exacerbated in RL by the high level of institutional fragmentation: a region with 10 million inhabitants that are divided in 1.516 municipalities (with an average of 6.600 inhabitant per municipalities) with 98 PdZs in charge to coordinate social policies.

At the heart of the Regional action there is so the ambition to stimulate a fragmentation reduction with a partial top down strategy, without infringing the autonomy of municipalities and PdZs. Under this point of view, the main goal is to strengthen the coordination among municipalities mainly based on the past experience of shared services and of cooperation in the services provision.
In order to reach this goal RL, for the first time in its legislative acts, has recognized the central role exerted by PDZ in planning and providing social services, so officially identifying the PDZ as the main governance player for local welfare functioning. By the means of this choice the regional government has stopped considering the PdZs' planning role as derived by the upper level of government, and has underlined their autonomy in defining the strategic choices for their territories. This aspect is particularly evident if we take in consideration the new competencies given to the PdZs by RL in a delicate field like social housing (law 116/2016, LR).

From our interviews it has emerged that to reach this goal the main instrument implied by the Regional government is the support given to a redefinition of the governance model in local welfare, a change

“able to strengthen the effectiveness (of local government) by reaching a new equilibrium in the model of welfare territorialisation. A step which have become unavoidable after the approbation of the law 23/2015 which has changed the governance system of the social-healthcare model with the birth of new regional agencies that operate on the territory” (Interview 1).

In fact the DGR 7631 has the first goal to translate and apply in the social field the governance changes produced with the new law 23, in particular for what concern the delineation of a new “optimal level” useful to define the administrative territorial borders for the supply of social services (dimensione ottimale d’ambito). The main criteria used to define the new borders of the PdZ is connected to the number of inhabitants within the administrative boarders: the law 23/2015 and the DGR 7631/2017 determined that no PdZ can have less than 80.000 inhabitants (or 25.000 inhabitants for the mountain zone of Lombardy). Actually 48 out of 98 PdZ do not respect this new threshold; a threshold that has the aim to definitely redefine the geography of social services in the region.

The necessity to overcome the high level of fragmentation has also emerged from a recognition of the ATS’ POAS (Strategic Organizational Plan, POAS), in which all the eight new agencies which have the governance of the social-healthcare system in the regional territory, provided a plan – in accordance with the PdZs - for a possible redefinition in the PdZs’ number and borders. These documents were mainly a possible scenario, but are interesting because they reveal that at local level it has also been perceived as urgent and not a postponable reform in the governance of the system.

In order to encourage territorial aggregations, the new addressing line is based on an innovative (at least for RL) mechanism of award: the constitution of a new Ambito territoriale (territorial area, AT) will be rewarded with a sum of 30.000 euros which must be dedicated to the enforcement of the administrative structure of the PdZ. These new aggregations should not be the product of a simple sum of municipalities, but should be the result of an aggregation among actors which have previously operated in strict coordination and that now are able to promote a brand new planning model for social policies in an enlarged territory. Furthermore the DGR explicitly required that the municipalities which compose the new PdZ “must transfer a congruous amount of resources (monetary, employee and work spaces) in order to definitely strengthen the PdZ as the nucleus for the planning of social policies at the territorial dimension”.

The access to the grant is articulated in different chronological steps (tab.1) in order to give the opportunity to all the territories to structure the aggregation path according to their own needs and peculiarities. The sum will be higher for those that will present the new PDZ in the first step because it means that they have built their planning phase in a shorter time and are still operating having as a reference point a different scale and model of governance.

Tab. 1. Steps for the access to the contribution
The definition of the new PDZ and of a new model of governance, gives the opportunity to gain a second level of contribution (30.000 euro) which is strictly connected to policy making and social innovation. The two levels are conceived as strictly connected because:

“(…) a new governance model, with PdZs build with a larger magnitude (in terms of inhabitants, ndr) and with a more efficient administrative structure, is fundamental to plan in a more effective way and is the prerequisite in order to introduce real innovative elements in the actions promoted at local level” (Interviews 1, Interviews 2).

This double but interconnected channel of action has been thought for the need of the public actor to stimulate in a more effective way a not easy change in the governance of local welfare: a change that, in the idea of RL’s government, should be approached with the lens of a more innovative and efficient idea of social services. A nested structure more capable of introducing new instruments useful to provide innovative answers to new social needs (RL, DGR 7631/2017).

By the means of the DGR 7631, RL also codified the role of its territorial agencies in the governance of social services supply. Recalling the law 23/2015, the guidelines give to ATS the function to: support PdZs in their planning and supply functions, b) improve the level of integration between the social and the healthcare systems.

This legislative choice means that ATS have the responsibility to reduce the fragmentation in the chain of welfare supply and to actively coordinate the different actors which operate in the system. RL has created the ATS with the goal to have an actor able to better institutionalize the relationships between the territorial actors, to coordinate their actions and to provide a useful “institutional instrument able to enforce the governance of local welfare, reducing the costs of coordination between actors and the dispersion of resources, knowledge and experiences” (Interviews 4, Interviews 5).

Summing up this aspect with the redrawing of the PdZs’ boarders, we can clearly detect the ambition of the regional government to follow up a redefinition of the regional welfare territorialisation model.

Furthermore the new strategic lines for the PdZs have the ambition to better institutionalize the role of the Third Sector within the planning and supply phases, so recognizing the PDZ as the “arena of governance” (Salvati 2016) within which the cooperation and coordination among the various actors of the net must take place. For this reason the DGR 7631 requests that the new PdZs institutionalize the presence of technical-political tables for the conjunct work between municipalities and social actors, in order to promote a more innovative model of answer to social needs.

The elements that make this guidelines strategic and innovative for the model of social services’ territorialisation in RL are:

- the focus on the administrative and governance strengthening of the ASP as the arena in which social services at local welfare can be planned and realized;
- the enforcing process of the PdZs means to reduce the high level of resource dispersion;
- the strengthening of the “net” by the redefinition of boarders: an equilibrium between PdZs’ dimension and closeness to citizens’ needs;
• the idea that a bigger and better organized PdZs means better ability to manage broader policies like social housing and fight against poverty and social exclusion;
• the definition of a new role for PDZS’ in the phase of implementation of the social – healthcare integration;
• improve the PdZs’ ability in coordinating the different actions/resources which are defined/supplied at different level of government and that directly impact on the PDZ;
• the opportunity for the PdZs to improve their policy making ability;
• the opportunity to reconsider the administrative structure of the PdZs.

The Lombardy model even after the reform produced by the law 23/2015, needs to “contain” the predominance of the healthcare sector, which is a peculiarity of the regional welfare model. The new strategic lines – and also the previous one for the years 2015-2017 – represent a systematic attempt to promote the centrality of the PdZs as the instrument for the strengthen of the social planning, trying to stimulate a revision of the PdZs’ boarders and governance in order to “promote a virtuous mechanism of empowerment” (Interviews 1) for these actors. Under this point of view this strategy represents a partial brake in the regional implementation strategy that in the last twenty years (during Formigoni’s presidency) was characterized by a strictly top-down model, with a high level of centralization in the policy decisions and a low level of territorial autonomy (Lumino and Pirone 2013).

RL keeps per se the regulatory and coordination functions but is working to create better conditions for the strengthening of the local level of governance in the social field, for example giving new competencies in the policy making (i.e. social housing). Furthermore the DGR clearly require from municipalities the commitment to enforce the PdZs in terms of resources and staff in order to strengthen the efficiency of this instrument that can be organized and managed freely by the municipalities that compose it. This is particularly important because in Italy the great amount of the resources dedicated to social policies derived from the budget of municipalities which, alongside with the resource transfer from the central government and the Region, have the opportunity to shape the budget for social policies and the aims to pursue (except for some mandatory actions connected to well defined categories of users like disabled people). In a national framework characterized by a high level of intra-national and intra-regional fragmentation, with a high number of municipalities (Ranci and Popolizio 2013), the enforcement of the PdZs and its rationalization (in terms of boarders and total number) means to operate in order to reduce the level of variability in an effort of institutional recomposition and of better “governance of the governance” (Previtali and Salvati 2018).

The renewed role and centrality of the PdZs as sketched by the DGR 7631, represents the attempt to find a new equilibrium between the will to improve the proximity between citizens and services, and the need to have governance actors strong enough to plan and provide new and innovative services, able to cope with the new social needs. Only a new, larger and better structured PDZ can embody the new centrality of the public actor within the net of social services within the region, promoting the role of the local institutions as the glue and the director of the net.

The new organizational model: welfare territorialization and social policies’ changes

According to our framework, the first element to consider as a possible explanation of a changing pattern, is the push towards a major connection between territory and services. The new presidency moved fast forward in this direction with the new law 23/2015 which totally rebuilt the local structure of governance. From 1997 the governance model of Lombardy social-healthcare system was based on the presence of two agencies: the ASL (as the regional structure on the territory with the planning, services’ buying and supervision functions) and of the Aziende Ospedaliere (Hospital Agency, AO).
The law 31/1997 created the Aziende Ospedaliere (Hospital Public Utility, AO), with the mission to provide the supply in the social-healthcare field (RL 31/1997). This decision contributed to the striking distinction between social and healthcare field and to institutionalize a condition of weakness of the social dimension compared to the healthcare one, which is still persisting.

In the aftermath of the 1997 reform, the Lombardy’s welfare system has been structured around some ideational principles which have been interpreted under a local perspective, tendencies which were common to various countries in Europe. The main pillar is the support to the free competition among accredited services’ providers, so doing enforcing the idea of a rolling back of the public sector from services’ production and promoting a leading role for the market in the welfare supply (Morel et al. 2012). The peculiar elements which characterized the regional policy making and that started to define a coherent local welfare system are:

- the growing centrality of the accreditation system,
- the economic relevance of the social-healthcare system,
- the importance of the subsidiarity principle,
- the voucher model as the predominant model for founding the services’ system,
- the reorganization of the Regional supervision and control function,
- the reorganization of the services’ nets (social, social-healthcare and healthcare).

With the reform the old ASL and AO have been substituted by two new organizations which have been divided according to their functions: the ASST (Azienda socio sanitaria Territoriale - Social Healthcare Territorial Company) is the provider of all the services produced by the Region in the social healthcare and healthcare sectors, while the ATS (Agenzia per la Tutela della salute - Agency for the healthcare safeguard) has a governance function: it supervises the functioning of the healthcare and social services’ nets and supports the integration between the two. The reform stated another major provision to improve a major proximity between citizens and services: the responsibility and the governance of the social services is completely in the hands of municipalities and PdZ, which are supported by ATS in this function.

In order to realize on the territory the integration between social and healthcare dimension, the reform detects the ATS as the responsible structure of the governance of this process. For this reason it has been created the Dipartimento per la Programmazione per l’integrazione delle Prestazioni Sociosanitarie e Sociali (the department for the integration Planning of the social healthcare and social services, PIPSS) which has the goal to develop the new strategic functions of analysis and governance of the social and healthcare needs, and is the place where the governance of the take in charge of the individual and the families in the social and healthcare nets are planned (RL 23/2015). The main functions of the department are to effectively pursue the integration between the two nets, improve innovative actions on the territory and strengthen the integrated take in charge of the users. Furthermore the department has the duty to technically support another organizational model that is part of the ATS, the so called Cabina di Regia (control room, cdr) that is the arena in which mayors, ATS, ASST and the actors of the territory plan the policies to realize, share common experiences, problems and best practices and try to improve the integration between the nets, but also between the different institutional and private actors which work on the territory. The ATS is a true arena of governance as we have defined it and represents the institutionalization of social policies territorialisation process at the local level.

The reform has given de facto the exclusive competencies of social policies to municipalities and PdZ, but this is simply the last step of a process that was started by the new Regional Government.

In fact the PdZ strategic role in the net was substantially defined by the Regional addressing lines for the social planning of the triennium 2015-2017 (RL 2941/2014). The main goal of the dgr, was to build up a new planning model centred on territories’ needs; a step considered preparatory to obtain a more effective analyses of social needs and fundamental to define more innovative and performative actions. The focus was on the enforcing of local welfare services’ net. By this new approach, the PdZs became the territorial strategic actors in the local governance, because they are the only instruments able to define a plan rooted on the territory (Salvati 2016). By the means of this choice the local welfare and its actors have now the duty to read in an integrated way the
manifold needs present in our society, with the goal to address the most effective and appropriate policy in order to respond to the needs.

As emerged by our interviews, the territorialisation of welfare and the strengthening of the local level are according to the Regional government the best instruments to enforce the process of policy production and its implementation. It improves the participatory and transparency level (Barnes 1999; Bifulco and Centemeri 2008), and imposes a continuous improvement model in the service provision that is the only way to promote a better analysis of new and complex needs; the focus, as stated in the interviews with the net’s stakeholders, is to improve social inclusion by individuating the fight against new poverties, the improvement of new processes of social activation and the definition of a new model of cooperation between actors, with a more proactive role of the Region and the local institutions (Interviews 2, Interviews 6).

Both the functionaries of the Region and the representatives of the PdZ, confirmed to us that with the 7631/2017 and the new organizational model produced by the 23/2015:

“the functions of the PdZs have made a big jump, moving from the simple function of management/(partial)supplier to the one of actor able to: read and analyse territory social needs on the territory, plans actions to fight these needs, promotes innovation in social policies, coordinates the various actors of the net” (Interviews 1, Interviews 3).

From the policy making side, which translated into policies the ideational changes, the creation of the department Reddito di Autonomia e Inclusione Sociale, has been the first step in order to guarantee a major systematization in the field of social services and to avoid that the sector could be, de facto, absorbed by the healthcare system. By the means of this choice the Regional government institutionalized a division between the two nets (that de facto is always existed), creating two pillars in the welfare system. The enforcement of the PdZ and the creation of the ATS, paved the way to build the integration directly on the territory.

The work of the new department started from the consideration that the Lombardy’s socio-economic situation has substantially changed after the crisis and the main goal is now to cope with new needs produced by the growth of unemployment, the weakening of the social tissue, the job insecurity and the weakening of the family in its role of welfare supplier. The focus has shifted from the support in the creation of a quasi-market of social services and in the support to the growth of the competition between services providers, to the active promotion of policies oriented to the social inclusion. The department has so the task to coordinate all the actions in the social sector and support the territories in the use of resources and in the valorisation of social innovation as an instrument to reach two goals: improve the autonomy of individuals and strengthen the social inclusion level.

According to our interviews, another aim of the Regional government is the support to the enforcement of the cooperative welfare. The cooperative welfare, as defined by the Regional officers, is a model of action:

“based on the active cooperation between all the actors of the system, in which the Region has a role of supervision and governance, and has the goal to continuously promote new nets of cooperation to activate social knowledge and resources” (Interviews 1).

Under this point of view the horizontal subsidiarity (improve the relationship among actors on the territory) is more stressed than the old vertical subsidiarity. As emerged by our interviews the goal is to create a net of diffused welfare, with the activation of multiple resources. This model enlightens how the regional paradigm about the role of citizens is changing - from customers to producers -, and the structure of the social services’ net - from suppliers to needs’ analyses and promoter of social inclusion -. This department has the function to improve and coordinate the policy measures launched by the regional government which involves three categories:

- Families with low income
• Unemployed
• Vulnerable people like elderly and disabled (that may also be affected by socio-economic weaknesses)

According to these three categories, five peculiar policies have been defined:
• Families: a) exemptions from payment of the healthcare ticket for specialist ambulatory healthcare provisions, b) “family bonus”, that is a contribution provided for every newborn (or adopted) child, c) childcare measures, that is the annulment of the kindergarten fee (for public structures or for private structures that has a convention with municipalities, d) bonus for rent payment, is a _una tantum_ contribution for families who live in one of the detected 155 municipalities with high population and housing density, which have a contract in the house free market (social housing is excluded).
• Vulnerable people: autonomy voucher for elderly and disabled. The task of this action is to promote the autonomy of the elderly and to improve the social inclusion of people affected by disability.
• Unemployed: _Progetto di Inserimento Lavorativo_ (project for work inclusion, PIL), that is an economic contribution for unemployed, who are actively involved in orientation and training activities in order to be re-collocated in the labour market.

In order to promote these goals, the ideational basis of RL’s have clearly partially changed because these actions promote a broader social inclusion. These actions and measures should fulfil four requisites:
Promptness: providing quick answers to needs (if possible enhancing the prevention phase),
Temporariness: the actions must have a defined time and curse of action, connected to the particular needs and related to the individual projected as defined by the social assistance (avoiding “welfarism” and simple transfer of money, avoiding dependence from social services)
Joint–responsibilities: coming out of a condition of poverty and need is reached by a common effort between institutions, operators and citizens
Tailored: the single projects should be fostered according to the single user’s need (using the deployed policy tools), in order to improve his autonomy.

The task of the political production is no more the enforcing of the market and the strong emphasis on freedom of choice and horizontal subsidiarity, but is now the construction – cooperatively made by RL and the various actors on the territory – of a broaden welfare net, able to support who is in a weak socio economic condition and to enforce the level of social inclusion by the fight against vulnerability.

This choice changes the core of the system because in the previous years the focus was on the predominance of the supply side, the support to the providers and to the structures, so drowning a system quite rigid with a low level of personification of the actions. Now the system is focalising on new needs, working on the construction of a social services’ net as flexible as possible, with a high level of personalization of the actions. The individualization of policies concerns: individualization of entitlements, tailor made interventions, promote and support citizen’s ability to create independent life project (Valkenburg 2007). The measures coordinated by the new department all aim to reach these goals. These kind of actions due to their high level of personalization, can be effective only if they are thought and realized as close as possible to citizens, and that is why the implementation of these new welfare provisions needs a strong degree of decentralisation to be effective (Bifulco et al. 2008). What emerged from our interviews, at technical and political level, is the ambition of the Regional government to construct an organic and coherent “system of social supply”, a system composed by residential and semi residential structures, measures and actions provided to citizens.

In order to factually improve this new net, the directors of ATS and ASST addressed the attention to some critical points which should be tackled in order to have a more effective system of services provisions. The first issue concerns the need to simplify the bureaucratic steps and make it easier
for citizens the access and the permanence within the net; a possible solution could be the effective implementation of a welfare front office able to support citizens in their path within the net. The second relevant element is the need to improve and better institutionalize the working relationship between ATS, ASST and PdZs: these three actors have the main task to improve the integration and reduce fragmentation, but to do this, they need time and organizational instruments. The enforcing process of the Cabina di Regia has been identified as the best way to reach this goal, so to further improve the territorialisation of the policy making planning phase.

Quite the same are the considerations made by the PdZs representatives, which have underlined the need to improve a more effective and integrated services supply chain as an instrument to manage new emerging needs. This kind of chain is necessary to guarantee a better continuity in the take in charge of the users and could represent a step forward in the reduction of the system fragmentation level.

The clear definition of the boundaries of the social services’ net is considered by ATS, ASST, PdZ, Third Sector and profit private actors a central topic. Who are the subjects that composed the net? And more important: how is it possible to integrate all these subjects in the system’s governance? The interview with the TS representatives shed a light on this problem, that is strictly connected to the one of the accreditation system: “in order to have e more effective and integrated system is also necessary to rise the quality level of the provided services” (Interviews 6).

Their words echo the statement made by ATS and ASST directors which claimed for an effective services’ chain; a chain that should be characterized by a high level of flexibility and individualization of the actions, in order to improve the net’s effectiveness and capacity to intercepts new needs and new poverties (Interviews 4, Interviews 5).

**Conclusion**

The paper has tried to take account and explain the variations in RL’s governance and planning model in the social policy sector. The main changes that occurred in the last five years, after the end of the long Formigoni’s presidency, can be mainly re-conducted to two kinds of changes: ideational and organizational. Both these changes, has we have seen, can be understood and interpreted thanks to a general framework that recognizes in the growing territorialisation and in the change of political/value paradigm its main drivers. The main changes occurred in the RL’s social policy can be summarized as follow:

- the high level of institutional fragmentation (that feeds fragmentation in the policy actions and in the use of resources) requested an effort for the redefinition of the governance structure, with the aim to reduce the coordination costs during the planning and implementation phases of policy making,
- the enforcement of the territorial structure of services mean the weaknesses of the Region as the central planner in order to improve the proximity between citizens and services. This decentralization strengthens the horizontal relationship between all the territorial actors involved in the social services’ net,
- realizing directly on territories the integration between social and healthcare systems (i.e. the centrality given to the Cabina di regia and to the instrument of the VMD),
- the enforcing of horizontal subsidiarity instead of vertical subsidiarity.

These changes in the governance model are preliminary to the enforcement of the ideational changes at the base of the policy making, so improving these new features:

- the attention of the Region is no more focused only on the improvement of the quasi-market and on the competition between services’ suppliers, but on the construction of a services’ net able to promote social inclusion and to promote activation (i.e. cooperative welfare),
• strong accent on the individualization of policies and actions: social policies are considered an investment on individual empowerment,
• emphasis posed on social innovation (RL 4086/2015), in particular as a product of territorial experimentation instead of a top down driven process,
• individual and families are no more considered only as services’ buyers but also as services’ producers,

We can say that the addressing line 7631/2017, together with the dgr 116/2013 and the 23/2015 are the pillars of a redefinition of the Lombardy welfare based on the ideas of social innovation (RL 3239/2012) and cooperation with local actors on the integration between the nets and with the aim to root the great part of the planning phase and the its implementation at the lowest governance level.

The new strategic lines for the regional social planning 2018/2020, has the ambition to complete the reform of the regional welfare defined with the law 23/2015. The two pillars of this addressing lines are: the effort to reduce the administrative fragmentation in order to redraw the model of welfare territorialisation and the support for a social planning more orientated towards the social innovation, with the ambition to strengthen the net of social supply.

These choices put the PdZs at the centre of the local welfare net, recognizing them a role of strategic player in the revised social system supply chain, both in terms of model of governance and in the planning/supply of social policies. In particular this new position is fundamental to improve:

“the integration of the different aspects of a local welfare system that is actually too much fragmentised, and so it encounters too many difficulties in providing answers to new multidimensional social needs” (Interviews 3).

Has we have seen the RL welfare system is passing through a quite substantial change in its planning model and in its policies, due to a change in the strategic goals and in the political/value interpretation of Region’s tasks. These changes, in particular the impact of the reform 23/2015 and of the addressing line for PdZs, have opened up a new path for Lombardy's welfare with new opportunities but also with new risks and deficits. In particular, risks and opportunities are connected to the unavoidable redefinition of the vertical and horizontal relationships within the social services’ net, with old and new actors committed to reshape their models of action within the system. Where the institutional framework is particularly rigid, the risk is to find low level of local autonomy in the planning of social policies and less inclusive production of services. Instead where the institutional framework is more flexible and regional governments recognize and strengthen the role of local government and governance, there is major space for innovative practices in social policy and for the definition of a broader and more effective net (Bifulco and Facchini 2013). In this second scenario, the caveat is that the regional government does not leave the local actors alone but operates in order to empower them, enforce the different nets and in particular it, stresses on regulative and coordination functions. The political and legislative decisions taken by the Lombardy government in the last years, seem to move properly in this second direction.

What is risky is that the PdZs may become a simple representative of “localism”, an instrument in the hands of local politicians that may try to use them in a logic of opposition against other level of government instead of an instrument of powerful redefinition of the social policy production and of enforcement of the territorial governance relationships. As stated by Kazepov (2009) the PdZs’ force is stronger when they operate in an institutional framework in which the processes of vertical and horizontal subsidiarity are mutually enforcing, and where there is a clear sharing of structured competences.

The DGR 7631/2017 which tries to stimulate the PdZs’ reorganization, (in)directly copes with the problem of municipalities fragmentation, which is particularly striking when we look at cogent social policies like the fight against poverty, social exclusion and social housing (Barberis and
Kazepov 2013): policy issues that small municipalities are not able to tackle with. This problem enlightens the urgent need to provide new institutional instruments of governance, that allow those actors to act in a more effective way, overcoming the institutional deficiency produced by a pathological fragmentation.

The novelty produced by the new law 23/2015 and by the DGR 7631/2017 is a first attempt to institutionalize a new model of governance based on the strengthening of the coordination phase. Coordination is the core topic in order to overcome the many problems produced by the inter and intra institutional fragmentation (Barberis and Kazepov 2013), in particular by providing arenas in which is possible to produce cooperation mechanisms which have been severely undermined in the field of social policies during the last decades.

The main risk in which this process of change may incur is connected to the governance of the governance issue (Kazepov and Barberis 2013), a condition that in a context of multi-level governance “can create perverse stakeholder engagement by creating rent-seeking practices” (Milio 2014), and that can damage innovative forms of governance. In this situation governance could become an element of complexity, or even a crucial problem (Bifulco 2014), more than a fundamental premise for the good functioning and planning of the welfare system. In our case we can say that the planning and policymaking process may be victim of a join – decision traps in which efficiency and innovation are subordinated to veto powers expressed by a different level of governance (Scharpf 1986). In some of our interviews we have gathered the preoccupation, especially from private sector actors, that the presence of multiple and new actors, with brand new functions, could lead to scarce clarity in the division of competences (Region, ATS, ASST, PdZs, district and municipalities).

In our opinion, a valuable solution for the “governance of the governance” problem is a specific and consolidated path of readjustment for local institutions and administrations, of their goals, their organizational model defining a real process of institutional adaptation in order to better cope with the new social needs. This path can work only through institutional adaptability, that means the opportunity to combine the organizational continuity with the flexibility required to integrate and interpret the new inputs/demands/needs that come from the society (Previtali and Salvati 2018).

These issues address the need to further screening of this evolution in order to understand if and how far the Regional welfare will move from the model started in 1995.

References


Bifulco L. (2005), Le politiche sociali, Carocci, Roma.


Regione Lombardia (1997), Norme per il riordino del servizio sanitario regionale e sua integrazione con le attività dei servizi sociali, Legge Regionale de 11 marzo 1997, n. 31.


Regione Lombardia (2008), Governo della rete degli interventi e dei servizi alla persona in ambito sociale e sociosanitario, Legge regionale del 12 marzo 2008, n. 3.


Appendix

List and number of interviews

High rank officials of the Lombardy Region (3): Interviews 1
Municipalities (3): Interview 2
Area Social Plans (21): Interviews 3
ATS (6): Interviews 4
ASST (3): Interviews 5
Third Sector (2): Interviews 6