CEQUA
LTC network

Quality and cost-effectiveness in long-term care and dependency prevention

IN_DEPTH STUDY: ITALY

The role of multiple stakeholders in achieving good integration and coordination in long-term care

Georgia Casanova – INRCA, Italy G

November 2019

1   Introduction

1.1 Multi-stakeholder networks in the debate on care services integration and coordination: contents and definitions

Collaboration between stakeholders in the welfare sector has been seen as increasingly important in the last decades (Hemmati, 2012; Albereda et al., 2008). The building of networks and partnerships has been identified as one of the main strategies to support socio-economic development worldwide (Rakodi, 2014).

In 2002, the World Summit on Sustainable Development introduced the concept of multi-stakeholder (MS) partnerships for sustainable development, underlining that the sharing of competences among different stakeholders should allow better use of available resources in the local, national and international contexts (Bass, 2012).

The literature defines the concept of 'network' as an open organization in which the hubs have the ability to bind structural elements of function (Roloff, 2008). Partnership networks have been seen as a new form of global governance, with the potential to bridge multilateral norms and local action by drawing on a diverse number of actors in civil society, government and business. The global partnership implies a re-location and diffusion of authority from government to public–private 'implementation networks' (Bäckstrand, 2006).

Recently, the term 'social innovation' has become a keyword in the development of European policy strategies (Schulmann & Leichsenring, 2014). As defined by the European Commission[1], this term underlines the innovative contribution coming from 'new social relationships or collaborations'

(European Commission, 2013). Within this framework, the MS network has become an innovative integration and coordination strategy in the health and social care sectors, including the field of long-term care (LTC) (Schulmann & Leichsenring, 2016; Casanova et al., 2016).

The debate on what is integration and coordination in care is currently open. Integration in social and health care has been defined as 'a set of practices, tools, cultural and professional skills that tries to integrate the health sector with the social one to achieve common goals' (Billings, 2005; Armitage et al., 2009). According to Leutz's scheme (Leutz, 1999), the main aspects identifying the differences between integration, coordination and linkage are related to who and how many stakeholders are involved in the chosen governance model for collaboration. Briefly, integration identifies an 'internal' collaboration between professionals, care units or departments in a single institution, while coordination and linkage are models of 'external' collaboration between stakeholders or professionals using a 'coordinated' or 'free' management of actions.[2]

The Italian experience of MS networks as an organized system of external collaboration might be considered as a form of coordination or linkage strategy, depending on whether it includes a central governance node (Table 1).

Table 2 shows how the sharing of competences between different stakeholders can be either supported by a central governance body – thus implementing the coordination model – or work to achieve common aims, but without a coordination structure, thus promoting a linkage model of collaboration.

---

[1] 'we define social innovations as new ideas (products, services and models) that simultaneously meet social needs (more effectively than alternatives) and create new social relationships or collaborations. They are innovations that are not only good for society but also enhance society's capacity to act. (BEPA, 2011)

---

[2] On this feature and other main characteristics of the Leutz's scheme used in this study, see the CEQUA Coordination Thematic Report available at www.cequa.org

Table 1: Multi-stakeholder networks in Italy: internal or external collaboration

Collaboration		Comments
Internal	No	The involvement of different stakeholders requires conceptual openness to the environment outside each single institution. In this regard the Italian MS networks cannot be included under Leutz's definition of integration.
External	Yes	The MS networks can be considered a form of external collaboration strategy.

Source: own elaboration by the author based on Leutz, 1999.

Table 2. Characteristics of structure of MS networks in Italy, by strategy for external collaboration

External collaboration	Characteristics
Coordination	A central governance body, acting as a coordinator of the network, supports its effectiveness.
Linkage	MS members give their individual contributions to common aims. No member plays the role of coordinator.

Source: own elaboration by the author based on Leutz, 1999.

1.2 Relevance of MS networks in the LTC system

Within the fragmented Italian care system[3], the MS network strategy has been increasing in importance, especially (but not only) in the LTC sector, and it has now become a characteristic feature of the Italian welfare system (Casanova et al., 2017; Pavolini et al., 2015).

Local and national practices on MS networks and partnerships have evolved greatly in the last 20 years. Around the new century, Italian reforms were focused on finding new forms of governance to more specifically address welfare state challenges. This trend promoted the reform of Italy's constitutional law, with the development of a decentralized welfare state based on vertical collaboration between national and regional/local institutions, and on the horizontal subsidiarity between different stakeholders such as public institutions, NGOs and/or citizens. The concept of

horizontal subsidiarity, promoted in particular by means of a major reform in 2001, concerns the relations between public administrations and citizens – as individuals or in associated forms (e.g. voluntary organisations) – recognizing in the latter the right to perform a public function.

Moreover, the separation between health and social care and the decentralization of governance at local level expanded the potential number of stakeholders involved in the LTC system. It is not surprising that, in this very fragmented system, the need for strong collaboration and integration between different stakeholders becomes structural.

The debate on the co-planning and integration of social and health services led to a series of regulation acts (in particular the law 328/2000, the legislative decrees 502/1992 and 229/1999, and the prime minister's decrees of 14 February 2001 and 29 January 2001). These acts had a relatively low impact on the governance, integration and coordination of policies, but they supported a change of mind that acknowledged to a greater

---

[3] On this feature and other main characteristics of the Italian LTC system, see the CEQUA LTC network country report for Italy.

extent the available societal resources and promoted the involvement of local and national stakeholders. In the meantime, experiences of MS networks were spreading across the country, until they became consolidated practices.

In Italy, care needs are met only partially by public in-kind services, allowing a large room for alternative solutions. While the family remains the most important source of informal caregiving, other formal and informal care providers have been increasing their involvement in the Italian care system. These include privately paid care provider organisations and individual care workers, non-governmental organisations (NGOs) and foundations with an advocacy role for LTC recipients and their caregiving families.

The recent reform of the non-profit sector (implemented by law 106/2016), confirmed the substantial contribution made by NGOs to the care system, including the LTC sector. The reform allows NGOs to provide services in social and health care or education and training on health and social care issues. Moreover, the reform supports the use of MS networks as important tools to implement

coordination and policy planning strategies, underlining that MS networks can carry out actions as single NGOs, if the networks are formalized by an association act.

1.3 Core research questions

This analysis aims at gaining an in-depth understanding of the processes and dynamics that permeate the MS networks in the Italian LTC context, and to comprehend their potential to support the promotion of integration and coordination strategies. To this purpose, the analysis has the following five aims:

(a) To define a practical definition of MS networks in Italian LTC;

(b) To explore their impact on quality of care, governance and cost-effectiveness;

(c) To identify their strengths, weakness, drivers and barriers;

(d) To identify their characteristics that promote social innovation;

(e) To collect recommendations for Italy (and, indirectly, for other European countries).

2   Data and methods

The study was performed using qualitative methods, mainly based on a rapid literature review along with expert and stakeholders' interviews. The review was a preliminary step to define the state of the art concerning the topic in terms of theory and good practices, based on the analysis of relevant publications in English and Italian, grey literature and project and policy papers. A set of keywords was identified and used for review purposes: 'long-term care'; 'networks'; 'stakeholders'; 'innovation'. These keywords were used in combination (in English and Italian), to reduce the number of documents which were not pertinent. Searches were conducted, among others, in Google, Google Scholar, Pubmed and Scopus databases. Reports and grey literature from existing projects were also consulted, such as those published by the ANCIEN and INTERLINKS projects.

The results of the review contributed to defining the general framework of the study. In particular, they were used to check the relevance of Italian MS networks in the European context, to identify what integration and coordination aspects are related to MS networks, and to support the definition of the interview items (see the table in Annex 1). In total, 13 interviews were carried out with experts, who were selected with regard to their academic or professional profile in the national and international debate on ageing and in issues related to LTC network analysis. In order to consider different perspectives, participants were selected by using a mixed participant strategy, based on the involvement of varied perspectives (Liamputtong, 2011), and a variety of stakeholders were involved (Table 3).

Table 3: Experts involved in the study

Theoretical experts in field	Ageing/LTC	Academic professors at Catholic University of Milan	2
		Researcher at National Research Centre (CNR)	1
	Network analysis	Academic professor at University of Oriental Piedmont	1
Policymakers	Piedmont region	Professional training and job services sector	2
		Welfare and social care sector	1
	Liguria region	Integrated health and social health sector	1
NGOs	Local NGO	NGO coordinator in Novara ('light home care' project)	2
	National NGO	Expert on informal care issue (the family point of view)	1
Total involved experts			13

Finally, both for pragmatic reasons and to comply with ethical requirements to ensure anonymity, participants' remarks were identified by abbreviations, as follows: 'Prof' was used for the academic and theoretical experts; 'PM' for the policymakers; NGO for the NGO representatives. Each abbreviation was accompanied by a number, to uniquely identify the consulted expert. In order to provide an overview of the use of MS networks, the study was conducted using a double level of analysis. On the one hand, at a macro-level, the general reflection on the specific impact of MSN in Italy was pursued by the analysis of the role played by MSN in social and welfare policies; on the other hand, consulting policymakers provided the opportunity to support the macro-analysis by micro-level reflections on three specific initiatives implemented at regional or local level. The main characteristics of these three initiatives are synthesized in Annex 2.

3   Results

The findings from the interviews below are grouped and illustrated in accordance with the main goals of the study – items (a) to (d) listed at the end of the introduction. These results do not include the recommendations provided by the interviewees – item (e): these are reported in section 4.3.

3.1 Relevance and definition of MS networks in LTC

The interviews confirmed the relevance of MS network experiences in the Italian LTC context, since all the experts reported some experiences of such networks. The experts' definitions underlined that the main characteristics of these networks can be grouped under following labels: 'shared resources and skills' (Prof1; Prof4; PM4), 'shared room for planning' (Prof3; PM3; NGO3), 'integration of services' (PM1; NGO1; Prof2) and 'collaboration' (PM2; NGO2).

MS networks allows the development of a collaborative strategy 'to cover care needs' (Prof4) and 'to save resources' (Prof2; Prof3). In Italy the networks provide a means to 'find innovative solutions' (Prof1) and 'to improve the communication and the relationship between the formal services system and care beneficiaries and their families' (NGO1).

The experts perceived the networks' impact more at the local level than at the national one, because 'in general the experiences are developing in local contexts' (NGO2). Local strategy supported by macro level strategies was identified as follows: 'national institutions more and more often require the creation of networks to implement new funded policies: often in their calls there is the option to build MS networks to receive extra credits or it is mandatory' (PM3). The MS network strategy has sometimes been associated with the management of policies and services: 'networks are useful for finding solutions and managing specific actions in the short term' (NGO3).

3.2 The impact on quality of care, governance and cost-effectiveness aspects

The interviews highlighted that different crossing levels of networks characterize the Italian elderly care system, including related support policies. At the micro level, in particular, the networks develop around users and are related to the two core components, informal and formal carers, as repeatedly confirmed by different respondents: 'they include familial caregivers, users, family members and services professionals' (Prof1); 'the systemic networks are made by institutions, care providers and policymakers and their mission is to provide or to cover the care needs' (PM2); 'the two typologies of network cross each other' (Prof2).

Notwithstanding, the MS networks – developed by institutions and other organizations – have low visibility for citizens: 'the real issue is that the family and users don't know anything about the networks of services. From a user perspective, the only existing network is their personal relationship network that involves professionals, carers and volunteering' (NGO2).

Focusing on quality of care, the experts stressed that 'many times it is not directly declared as a network's aims' (Prof3), although most of them considered the improvement in care quality as a natural outcome of the improvement of

management strategies: 'the better collaboration between stakeholders and the recognition of local recourses always have a positive effect on the quality of care provided' (PM1).

In particular, the MS networks seem to offer an improvement in terms of an extension of the formal offer of support services: 'the main outcome is a new specific service to support the families and older people to define their personal path of home LTC care' (NGO1).

The common perception of the relevance of support services to cover care needs that the Italian formal LTC system (which is mainly focused on health and social care for severe dependents) cannot meet, was confirmed by the experts: 'Thanks to local networks, we can provide services for the grey area: for example who is helping the families or the caregiver? And further – who is thinking about prevention in Italy?' (PM1).

This innovative governance of services was supported by 'a change in the organizational and management culture' (PM4) in the organizations linked in networks. This cultural change was based on an 'open-minded vision on collaboration and partnerships' (PM3), since 'the real success of networks occurs when the networks maintain their collaboration and contribute to the planning of new actions' (NGO3).

3.3 Strengths, weakness, drivers and barriers

The strengths of MSNs identified by the experts (as shown in Table 4) confirm that the MS networks support a coordination strategy focused on the reorganization and acknowledgement of responses and resources related to identified needs and/or policies. The following strengths appear particularly relevant: 'the improvement of knowledge of different stakeholders' and the value given to the 'formalization of collaboration'. In relation to this, a recent regulation act (L.106/2016) underlined the relevance of the MS networks, considering them a single NGO.

Table 4: Strengths and weakness of MS networks in Italy

STRENGTHS

Planning and management of formal provision	A focus on local context and an improved ability to understand and cover needs for care. 'The networks are built around the older people and their care need, using the available resources' (NGO2; Prof2; Prof3).
Improvement of mutual knowledge between local stakeholders	'The building of networks allows us to know the different stakeholders operating in the city better, and to understand better their mission and skills' (NGO2). 'Many times the stakeholders know each other but only indirectly (...) after the network experience the members of stakeholders personally know people who could be involved in new services or ideas' (Prof2; Prof3).
Formalization of collaboration	'The act of collaboration, even if very informal and open, helps to define specific aims and resources involved (...). Moreover, the idea that there is a formalized structure for collaborating gives an impetus to think further than the specific action realized (...) The network itself is one of strengths of the project' (NGO2)
Realization of effective policies	'Often the networks are built around a specific idea or policy, not around LTC as a total issue. This characteristic helps the network to find effective solutions and to improve the quality of service offered.' (NGO1)
Network promotes simultaneous collaboration at macro level and micro level	'The programme requires the building of local networks, these networks have to collaborate with us and, where this vertical collaboration is working well, the results are clear.' (PM2) The regional act promotes local agreements and networks between all stakeholders, so the communication is at a double level (PM3). The collaboration is between organizations but also between care workers, professionals and voluntary staff.' (NGO2)
Attention paid to territorial care needs	'The networks are created from the bottom and therefore are able to intercept and interpret the dynamics of social demand. They have greater awareness of needs, greater knowledge of the territory and therefore greater responsiveness.' (Prof3)
Richness and added value derived from the network	'The networks promote more communication, more collaboration, more responsiveness, more awareness on resources and needs. It is an undeniable richness.' (PM1)

WEAKNESSES

Fragmentary nature and short-term horizon of experiences	'The network has costs in term of human resources involved, in terms of organization-changing strategies. How will these costs be covered after the pilot experience?' (Prof2). 'After the pilot the network must find new policies or actions to manage ... One of the main problems is the motivation of individual members to continue and renew the collaboration' (NGO2).
Lack of involvement of beneficiaries as stakeholder	'The true problem is the lack of participate planning strategies at national and local levels. The beneficiaries are a relevant stakeholder, why they are not involved in the network?' (NGO1). 'The real issue is that the family and user don't know anything about the networks of services (...) from the user point of view the only one existing network is their personal relationship network that involves professionals, carers and volunteering' (NGO2).
Self-referentiality of public institutions (and sometimes of other stakeholders)	'The network push to change the approach to understanding on needs and responses, but the problem is that often the institutions are self-referred: they only understand their point of view, their interests' (PM3).

Sources: elaboration by author based on collected data.

Regarding the weaknesses, the experts recognized that while the MS networks are widespread across Italy, they are often not properly established yet. Indeed, some of the main weaknesses, in the opinion of the respondents, were related to the fragmentary and temporary nature of networks, due to their association with short-term funds for specific policies. Finally, the experts stressed that in Italy MS networks are still 'locked' into a mainly provider-centred vision.

Table 5 shows the main drivers and barriers associated with MS networks. According to the strengths identified above, the main drivers of these networks are related to the presence of local needs. The stakeholders already work on these thanks to their complementary missions and their internal attitude to innovation. Moreover, the experts stressed the importance of tools such as national regulations or specific motivational incentives to promote the partnerships and networks.

Table 5: Drivers and barriers of MS networks in Italy

DRIVERS

Specific territorial need of care	'Around which to build a network or to renew the collaboration' (Prof3).
National plans focused on specific issues	'The new national plan on chronic disease could be a positive framework around which to build new open-minded networks … as happened for the issue of dementia.' (NGO1).
Italian NGO culture oriented to innovation	'The NGOs have a culture of promoting innovation, social innovation. The institutions must learn from them' (PM1).
Complementary missions between stakeholders	'Why do the stakeholders decide to be involved in networks? Because they have similar but complementary aims and missions' (NGO2).
Specific tools to support the long-term motivation of stakeholders	'Our project includes a monthly meeting between stakeholders. This is a room to free debate and discussion between stakeholders. The main outcome is the improvement of motivation towards participation and the development of new ideas to work on together' (NGO1).

BARRIERS

The poor flexibility of network structure	'After the pilot experience new stakeholders could be included in the network to improve the ability to cover existing needs, but if that happens the aims of network could change … In effect we are rebuilding a new network with all the same organizational and planning costs as the original network' (Prof3; Prof4; NGO1).
The lack of national strategies on local networks	'The networks are built at local level as pilot experiences, but at national level no specific regulation exists on multi-stakeholder networks (Prof2). So everyone decides their terms and rules of collaboration (NGO2)
The attitude of strong bureaucratization of procedure by public organizations	'The bureaucratic mindset is the main barrier, the institutions must understand that they can't ask NGOs and other stakeholders for multiple documents and monitoring, etc. The providers and NGOs have a practical mission' (PM3).

Sources: elaboration by author based on collected data.

With respect to the barriers, the complicated Italian bureaucracy and the lack of specific regulation on coordination and collaboration have a negative effect on MS network experiences. As for the network structure, the low internal flexibility of networks seems to contrast with their adaptability to changes in context.

3.4 Characteristics of networks that promote social innovation

All the experts confirm the relationship between MS networks and social innovation. MS networks promote social innovation because 'the process is innovative and promotes an innovative organization culture' (NGO1) and because, as already underlined, 'the networks look for innovative solutions' (Prof3). These reasons lead to the assumption that 'the network is itself a characteristic of social innovation' (PM3).

Indeed, the MS networks meet the general aims of social innovation, to find new solutions to social needs, to acknowledge existing resources and to build new relationships (Casanova et al., 2016).

4   Implications and discussion

Our analysis shows that MS network practices play a remarkable role in the LTC Italian system. This section provides a discussion of results particularly focused on their potential to promote innovative coordination and integration strategies.

4.1 Consequences for governance, management and cost-effectiveness

In the first place, the findings confirm the general framework of relationships between MS networks and the Leutz scheme on coordination and integration, as explained in Tables 1 and 2. In the Italian context, the MS networks can be characterized by a 'linkage' oriented approach, or as being more focused on a 'coordination' strategy. Both experiences are represented and significantly considered by the experts as forms of horizontal collaboration strategy, but the impact in terms of governance and management is strongly different.

In Table 6, the coordinated network works as a new organization, with a management structure to support the internal collaboration between stakeholders, to achieve the network's goals. The network is often considered as a single stakeholder

Table 6: Effects of MSN characteristics: linkage vs. coordination

MS NETWORKS AS:	EFFECTS
Linkage	Governance: horizontal collaboration; self-represented
	Internal management: low coordination; roles only slightly defined by the act of collaboration
	Cost-effectiveness: unquantifiable
Coordination	Governance: horizontal collaboration. The network becomes a new stakeholder and it represents all members.
	Management: the coordinator office supports the communication and coordination of activities
	Cost-effectiveness: positive impact, but unquantifiable benefits

Sources: elaboration by author based on collected data.

by other institutions or organisations. In the fragmented Italian system, the coordinated network becomes an intermediate organization that supports the communication between different levels of governance (national, regional, local), promoting a vertical collaboration. Otherwise, in the linkage-oriented network – according to the experts – the choice of keeping a less structured organization allows the freedom and identity of each network member to be promoted. The choice to maintain a linkage structure aims to avoid overlaps.

The consequences for cost-effectiveness characterizing the linkage-oriented networks are due to their aim of operating 'without overlaps'. But these are hard to quantify, unlike with the coordinated typology of network, because in the latter case the no-overlap rule 'depends on the single experiences of networks' (Prof3; MP3).

4.2 Transferability and sustainability as challenges of implementation

 The experts agreed about the transferability of MS networks, 'because it is a process and method of thinking, rather than a specific tool' (NGO1; Prof2). 'The transferability is strongly related to the open-minded culture of each stakeholder, and this aspect must be considered when partnerships are being built (PM3). What is a good indicator by which to choose partners? In our experience, the presence of previous experiences of collaboration, also if they are less large, suggests a good collaborative attitude.' (NGO2)

The long-term sustainability of networks is determined by external and internal factors. On the one hand, the continuity of external funds to promote local policies (Prof4) and to invest in collaborative partnerships (PM4), is seen as the main external condition to keep existing networks ongoing. On the other hand, an important internal condition is 'the use of a common language between stakeholders, to contrast the self-referring of single stakeholders' (PM3). The sustainability of MS networks is regarded as one of the main challenges of implementing them: implementations

of MS networks often come about from a specific and temporary initiative, then have to find new common aims when the funding or specific initiative comes to an end. Moreover, a substantial amount of work – usually on the part of the coordinator – is required to support the stakeholders to become 'proactive stakeholders' (PM3) for planning policies, and not only 'users' of networks (Prof1). Finally, public institutions need to step back and not pre-judge what the stakeholders have to provide in a specific area. The institutions should be good coordinators and provide good management (PM3; PM4).

4.3 Recommendations

The findings of our analysis illustrate that the widespread presence of MSN experiences in Italy underlines a strong demand for greater integration and coordination of LTC services and of related supporting policies in this country. The main recommendations emerging from this in-depth analysis focus on three different issues: (i) formal recognition of MS networks, (ii) financing of specific implementations and (iii) strategies to support the management of networks. The analysis suggests that the MS networks can be better implemented using coordination-oriented strategies.

(i) The formal recognition of MS networks

At a macro level, the central role of the fragmentation between the national and regional governance levels in the Italian case offers a good example of the wider debate on the decentralization of care responsibilities, and the crucial role that can be played by private sector and NGO stakeholders. MS networks appear to offer a natural space to develop interdependent collaborations to offset the lack of meso-governance. The main recommendation in this regard is related to the formal reorganization needed at the national and international level, in terms of integration and coordination strategies, provided by MS networks. Indeed, experts in our study underlined that the national regulation framework has only recently provided recognition of MSNs and their role within

the welfare system. However, as one of the experts noted, this recognition does not fully acknowledge the importance of the role assumed by them in the Italian system: 'these [rules] do not correspond to the true role assumed by them in the Italian care sector' (Prof3; PM3).

(ii) Specific financing for widespread use of MS networks for LTC

At the meso level, implementing MS networks effectively would require specific financing. The interviewed experts suggest that the funds could be found 'by reducing the unrestricted cash-benefits for dependent older people' (Prof1; Prof3). In this regard, the networks would become a strategy 'to counteract the care practices still largely in use in Italy and in other countries, such as the informal caregiving or the illegal formal care work [by undeclared privately hired migrant care workers]' (Prof4).

(iii) Strategies to support the management of networks

Finally, at the micro level, the main recommendation focuses on how management strategies can support the effective functioning of MS networks. The experts underlined that the networks should ideally be coordinated by a 'head member' and by the signing of a formal agreement. 'The head member supports the running and good management of the network to allow the achievement of aims' (NGO2) and 'the agreement defines 'what', 'who' and 'how': it's our fundamental task to put collaborate into practice.' (PM3)

References

Albareda L, Lozano JM, Tencati A, Midttun A, Perrini F (2008). The changing role of governments in corporate social responsibility: drivers and responses. *Business Ethics: A European Review*, 17(4), 347–363.

Armitage GD, Suter E, Oelke ND, Adair CE (2009). Health systems integration: state of evidence, *International Journal of integrated Care*, 3 (Oct–Dec).

Bass S, Dalal-Clayton B (2012). *Sustainable Development Strategies: A Resource Book*. Routledge.

Billings J (2005). What do we mean by integrated care? A European interpretation. *Journal of Integrated Care*, 13(5), 3–20. [https://doi.org/10.1108/14769018200500035].

Boivard T (2005). Public governance: balancing stakeholder power in a network society. *International Review of Administrative Sciences* 71(2), 217–228 [https://doi.org/10.1177/0020852305053881]

Casanova G, Lamura G, Principi A (2016). Key drivers and barriers of social innovation in long term care: lessons from the Italian case. *Book of Abstracts: XIX ISA World Congress of Sociology*. Wien (AU), 10-14/7/2016.

European Commission, Bureau of European Policy Advisors (2011). *Empowering people, driving change: Social innovation in the European Union* [https://data.europa.eu/doi/10.2796/13155]

European Commission (2013). *Guide to Social Innovation*. Bruxelles, Belgium: European Commission [http://ec.europa.eu/regional_policy/sources/docgener/presenta/social_innovation/social_innovation_2013.pdf].

Gorli M, Galuppo L, Pezzana P, Scaratti G, Shani AB (2014). Innovating Health Care through Multi-Stakeholder Partnership: The Welfare Italia Servizi Case, in Christopher G Worley, Philip H Mirvis (ed.) *Building Networks and Partnerships (Organizing for Sustainable Effectiveness*, Volume 3) Emerald Group Publishing Limited, pp.133–164

Harrison JS, Bosse DA, Phillips RA (2010). Managing for stakeholders, stakeholder utility functions, and competitive advantage. *Strategic Management Journal*, 31(1), 58–74.

Hemmati M (2012). *Multi-stakeholder Processes for Governance and Sustainability: Beyond Deadlock and Conflict*. Routledge.

Leutz WN (1999) Five laws for integrating medical and social services: lessons from the United States and the United Kingdom. *The Milbank Quarterly*, 77(1), 77–110.

Rakodi C (2014). *Urban Livelihoods: A People-centred Approach to Reducing Poverty*. Routledge.

Liamputtong P (2011). *Focus Group Methodology: Principles and Practice*. Sage Publications.

Roloff J (2008). Learning from multi-stakeholder networks: issue-focussed stakeholder management. *Journal of Business Ethics* 82, 233–250 [https://doi.org/10.1007/s10551-007-9573-3]

Jessop B. (2003). Multilevel governance and multilevel metagovernance: changes in the EU as integral moments in the transformation and reorientation of contemporary statehood. *Themes and Issues in Multilevel Governance*, Basingstoke: Palgrave.

Schulmann K, Leichsenring K (2014). *Social support and long-term care in EU care regimes. Framework conditions and initiatives of social Innovation in an active ageing perspective. Overview Report WP8* Mopact project. [http://mopact.group.shef.ac.uk/ wp-content/uploads/2013/10/D8.1-Social-support-overview-report.pdf].

Leichsenring K, Schulmann K, Casanova G, Ghenţa, M, Lamura G, Matei A and Tróbert MA (2016). *Potentials for social innovation in social support and long-term care*. A series of Policy Papers. European Centre for Social Welfare Policy and Research, Vienna.

ANNEX 1 – List of interview items

Items used in the interviews carried out between January and March 2018
i	Can you introduce yourself and your expertise in LTC and networks issues?
ii	Can you give us some examples of MS network experiences?
iii	Using your expertise, can you try to give your definition of MSN in LTC?
iv	What are the strengths of using networks in LTC?
v	What are the weaknesses?
vi	What are the challenges of implementation?
vii	What is the impact of using networks? (Related to outcome, quality of care, cost-effectiveness, equity)
viii	What are the drivers and the barriers for effective networks?
ix	Do you think that the use of networks promotes social innovation in LTC? Why?
x	If yes, what are the characteristics of networks that support the promotion of social innovation?
xi	What are the recommendations you could give? (In particular, related to transferability)

ANNEX 2 – Initiatives included in the study

A   The Piedmont regional programme for care workers and families

Subject	Since 2008, the Piedmont region has run a programme focused on recognition and certification of care workers' skills, training programmes and activities to support formal employment contracts.
Strategy direction	Top-down
Focus on networks	The programme promotes local networks of services, based on multi-stakeholder networks. In 2018, the region funded a new version of the programme for the next four years, to reinforce existing local networks and promote new network implementations to extend the territorial availability of services.

The networks are defined at local level, but generally include: public institutions (mainly local job services), NGOs, training agencies and private job agencies.

Each network works on planning of initiatives, implementation and management of provision. The network governance must be guaranteed by one of the network's members (often the public institution).

The strategy for promoting networks is top-down (macro to micro).

At macro level, the programme promotes integration in regional institutions between two different sectors (welfare and social policy; training and employment). |

ANNEX 2 – Initiatives included in the study

B The Liguria regional strategy on horizontal subsidiarity

Subject	In the last decade, the Liguria region has adopted a specific strategy based on horizontal subsidiarity for health and social policies, supported by regional laws (e.g. 42/2012). Three main areas of LTC are involved: 1. **Social home care support activities** Based on a specific regional law (42/2012) that promotes: – the creation of widespread specialized networks to build on the territorial stakeholders' skills – a specific collaboration tool between region and multi-stakeholders networks (called 'subsidiarity agreement') In general the subsidiarity agreements concern activities for older people with limitation but not total disability (e.g. monitoring, socializing and social care) or prevention services and activities. 2. **Residential care** Regional networks involving different types of care providers (public, private and religious residential institutions) 3. **Specific programme for care workers** A programme focused on recognition and certification of care workers' skills, training programmes and activities to support formal employment contracts.
Strategy direction	Top-down
Focus on networks	Fifty different regional stakeholders are involved in different specialized and territorial subsidiarity agreements. All typologies of stakeholders of third sector are involved as defined in the national reform (law 106/2016). The Liguria region supports the management of networks to ensure the subsidiarity agreement, and to support the utilization and development all stakeholder skills, promoting their proactive planning of activities. There is a top-down push strategy in favour of building networks.

C Novara municipality: 'Shared House' project

Subject	Since 2015, the Municipality of Novara, in collaboration with a local NGO, implemented a European project focused on home care needs. The project promotes the building of a local network to realize specific services to support the families of older people with ADL limitations. Activities include: – counseling and support services (managed by volunteers and social and health public workers) – the co-planning activities for the new local network
Strategy direction	Bottom-up
Focus on Networks	The local network is a collaboration between 13 different volunteering associations, a local social enterprise, the health unit services, the social services of the municipality and the centre for local volunteering. The strategy for building the network was bottom-up (micro to macro).