Department of

Sociology and Social Research

PhD program in Sustainable Human Development   Cycle XXXIII

CO-PRODUCTION AND HUMAN CAPABILITY: A MULTIPLE CASE STUDY ASSESSMENT OF DEVELOPMENTAL DISABILITIES SERVICES

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ACADEMIC YEAR 2019/2020

ACKNOWLEDGEMENTS

ABSTRACT

This thesis aims to explore how the co-production process in public service provision, especially in the field of human services for people with disabilities, can enhance the creation of public value in terms of development of human capabilities. Co-production is a well-known term in Public Administration and Management, where it was originally introduced by Elinor Ostrom in the late 1970s, defining a collaborative public service provision model based on the synergy between public service providers and citizens. In the same time, the concept of Human Capability was introduced by Amartya Sen, defining the human development as a process of expanding valuable opportunities for human being and becoming a prominent framework for assessment of individual well-being and social arrangements. Public services, especially in the field of human services, play a key role in protect and enhance the well-being of individuals and communities by addressing their needs and building capabilities for better livelihood. The role of co-production in improving public services and public outcomes has been recently captured a renewed interest. Previous studies revealed a coherency between co-production and the human capability approach to rethink the public service provision from a service-dominant to a citizens-capability perspective. However, how co-production of public services lead to better outcome, especially those that regard citizens well-being, have been under-researched. This thesis aims to contribute to this topic, proposing a theoretical and empirical examination of the concept of co-production in human-capability oriented services. The first step in the pursuit of this aim involves developing a conceptual framework through the integration of three different theoretical perspectives: the public administration theory, the service management studies, and the human-capability development approach. The second step involves providing a general framework to assess co-production in human capability-oriented service that embeds the main phases of a human service provision (access and screening, intervention planning, service delivery, monitoring in progress and final assessment), co-production activities (co-commissioning, co-design, co-delivery, co-assessment) and fundamentals of human capabilities development (beneficiary's perspective, multidimensionality, inclusion of social and environment context, individual heterogeneity). Based on this framework, a qualitative multiple case study assessment was carried out in development disabilities services within the Service for Autonomy program (SFA – *Servizio Formazione all'Autonomia*) in the region of Lombardy. Both desk analysis and interviews with service providers contribute to data collection. A micro-level analysis of the co-producers involved offers some useful insights to better understand the micro foundation of co-production for the development of human capabilities of young adults with disabilities. In this cases, the participation of both service users and their families across the different phases of the service provision together with

the collaboration with other local actors are recognized as essential processes to enable the development of human capabilities of young adults with disabilities, especially their autonomy of choice and social inclusion. Public service providers need to manage effectively multiple relationships with different end-users and other stakeholders for reducing the risk of value co-destruction. This study aims to contribute to the existing knowledge of co-production in public human services by integrating the human capability approach with the ultimate end to rethink the design of a sustainable welfare services provision for people with disabilities and their families based on their active involvement and an inclusive-human development approach.

To my parents

Introduction

This thesis invites to rethink the design and provision of Public Human Services for the development of human capabilities (Sen, 1999), thereby enhancing their role in achieving sustainable human development. Public services that are effective, efficient, and fair contribute to achieve the Sustainable Development Goals (SDGs) stated by the 2030 Agenda (UNDP 2018). Public services can be defined as a mean for the implementation of public policies, they are regulated or co-financed by government, but they can be provided by a range of Public Service Organizations (PSOs) in the public, third or private sectors (Osborne et al., 2015). In the field of human services, a wide array of welfare services and PSOs play a pivotal role to protect and enhance the well-being of individuals, families, and communities (Hansenfeld, 2009). In this vein, public human services aim at addressing societal or environmental problems at the individual, community, and societal level. Previous studies upon the management of public services highlighted the distinctive, complex, and dynamic nature that characterize public services. For instance, the retention of consumers is not a sign of a sustainable business model for many PSOs, but rather a sign of failure in achieving the human development and autonomy of service users involved. PSOs are often accountable for multiple stakeholders and end-users who are interested in value creation processes for different individual or societal reasons (Hodgkinson et al., 2017; Osborne 2018). Moreover, public service provision has become more challenging in the context of urgent and complex problems – like climate change, refugee flows, food insecurity, poverty, unemployment, aging population, fragmented societies, discrimination of disadvantaged and vulnerable groups - that threaten the sustainable human development of the modern society (Geuijen et al. 2017). In the recent past, the growing demand and expectations for public services with higher quality, the need to address wicked problems, and the availability of limited resources constrain the public service organizations to find a viable and sustainable path for the coming years (Alonso et al. 2019; Head and Alford 2015; Geuijen et al. 2017; Torfing et al. 2019). Effective delivery of public services is needed also in the response to the Covid-19 pandemic reveals the essential role of an effective public service delivery (Kauzya & Niland 2020). The problem of how to make sustainable public services or the sustainability of public outcomes is still an important issue (Jaspers & Steen, 2019b; Osborne et al., 2015; Powell & Osborne, 2020). Both the challenges of the modern society and the criticism of the previous public administration paradigms (i.e. old Public Administration and New Public Management) have contributed to stimulate the development of a more holistic model of public management known as New Public Governance (NPG) (Bracci et al., 2016; Osborne, 2006). Based on network governance, negotiations, inter-

organizational relationships, and multi-actor processes, the NPG emphasized a more pluralistic and plural model of provision of public services rather than in the past, in which different actors collaborate in decision-making, planning and implementation of public policies and services (Bracci et al. 2016). The widespread collaboration among different actors has been expressed in the public governance studies through different concepts like collaborative governance, interactive governance, self-organization, co-production, and co-creation (Voorberg et al. 2015). In this thesis, the focus is on the concept of co-production that was defined at the heart of sustainable public services in the twenty-first century (Osborne et al., 2015; 2016). The term of co-production was originally introduced by Elinor Ostrom in the late 1970s, defining a collaborative public service provision model based on the synergy between public service providers and citizens. It became an important discussing topic in the public administration and management literature, and it is still a debate and research issue (Bovaird et al., 2019; Brandsen et al., 2018; Osborne et al., 2021; Steen & Brandsen, 2020). Despite of the rich literature on this topic, the role of co-production in improving public services and public outcomes, especially those that regard citizens well-being and agency, has been underexplored (Loeffler & Bovaird, 2020). Sicilia et al. (2016). Previous studies suggest that this agenda should include a shift in PSOs' role in public service provision "from a 'service-dominant' approach (Osborne et al., 2013) to a 'citizen-capability' approach (Sen, 1993)." (Sicilia et al., 2016: 24), which implies a transition towards a new ethos for both PSOs and the individuals who work in them. More recently, some studies on co-production have emphasized the users' capabilities, skills, knowledge, and resources that improve the creation of value in public service provision (Petrescu, 2019). In this vein, citizens are involved as co-producers with capabilities that could be harnessed through the co-production of public services. This thesis aims to contribute to this agenda by exploring how co-production can enhance the creation of public value in terms of the development of human capabilities. Although the concept of Human Capability (Sen, 1993) originated from a completely different field of studies and theories, this thesis aims to explore deeply the coherency between co-production and human capability approaches as both can help to transform a public human service into human capability-oriented service.

In this study, co-production process is explored as a driver of the development of human capabilities as it encompasses different activities (e.g. co-commissioning, co-design, co-delivery, co-commissioning) that engage actively service users, families and communities in the provision of services and achievement of publicity desired outcomes related to human capabilities. A multiple case study assessment of development disabilities services within the Service for Autonomy program (SFA – Servizio Formazione all'Autonomia) in the region of Lombardy, Italy, was carried

out to explore the micro-foundations of coproduction in human capability-oriented service. This qualitative approach was considered as the most appropriate for examining a complex multifaceted phenomenon like co-production and development of human capabilities processes (Yin 1984).

The main research question that guides the multiple case study assessment is the following: *how can co-production of public human services contribute in expanding the user's opportunities and capabilities?*

The specific objectives are identifying and exploring: *i)* co-production processes that have been practiced in the context observed; *ii)* the different roles played by various actors involved in the provision of the services, especially the users and their families as well as the facilitators or barriers of their involvement (and potential risks of co-destruction); *iii)* the contribution of the different co-production activities in developing the user's capabilities and activating the fundamentals of the human capability approach. Data analysis will be conducted following an abductive approach, which implies a "back and forth" direction between theory and empirical study (Dubois and Gadde, 2002) with the aim to develop novel insights for theory and practice.

This research project aims to contribute the existing knowledge of co-production of public services in public administration studies by integrating a capability approach (CA) as it evaluates the outcomes of public service provision in terms of the expansion of the capabilities and enhancement of user's capability. In terms of implication for practices, it aims to develop propositions to design sustainable public human services for the autonomy and well-being of young adults with disabilities.

Chapter 1

Human Development and the Capability Approach

The Capability Approach is a broad normative framework that is recognized as the philosophical foundation of the human development paradigm (Robeyns, 2005). Sometimes, the terms of *Capability Approach* and *Human Development Approach* are used as interchangeable or in combination like in the *Journal of Human Development and Capabilities* or in various Human Development Reports of the United Nations Development Programme (Nussbaum, 2011). The father of the Capability Approach (CA) is Amartya Sen; an estimated Indian economist and philosopher who won the Nobel Prize in Economic Sciences for his contribution to welfare economics in 1998.

The CA represents a prominent framework for the assessment of individual well-being and social arrangement, the design of public policies, and the initiatives about social change in the community that contribute to achieve human development (Robeyns, 2005).

Since 1990, the UNDP's Human Development Report embedded the framework of Human Capabilities into both the definition of human development and its measurement. Human development was defined as "a process of enlarging people's choices and the level of their well-being (UNDP, 1990; 10)". The human being and life flourishing are at the heart of this process.

> "The process of development should at least create a conducive environment for people, individually and collectively, to develop their full potential and to have a reasonable chance of leading productive and creative lives in accord with their needs and interests. Human development thus concerns more than the formation of human capabilities, such as improved health or knowledge. It also concerns the use of these capabilities, be it for work, leisure or political and cultural activities. And if the scales of human development fail to balance the formation and use of human capabilities, much human potential will be frustrated." (UNDP, 1990; 1).

The CA proposed by Sen was particularly close to the economy and the problems of quantitative empirical applications and measurement of development. For instance, the core ideas of the CA contribute to the definition of the Human Development Index, a key operational tool for intercountry comparisons, whose dimensions reflect the basic capabilities, such as living a long and healthy life, being well-educating, earning an adequacy income for decent standards of living.

Thanks to its broad and interdisciplinary character, the CA captured the interests of a growing number of policy-makers and scholars from different fields of research such as development

studies, human development, welfare economics, social policy and political philosophy (Robeyns, 2005).

Originally, the concept of capability was introduced by Amartya Sen in the Tanner Lectures on Human Value titled "Equality of What?" at Stanford University in 1979. In this lecture, Sen questioned the adequacy of equality evaluation proposed by previous theories and introduced the CA as an alternative framework for thinking and measuring equality in terms of well-being, freedom, and agency. He was inspired by the contributions of the main fathers of classical Economics such as Adam Smith and Karl Marx and mostly by the philosophical thought of Aristotle[1].

As Sen argued in Inequality Re-examined, the judgement and measurement of equality is based on the definition of a set of focal variables that constitutes the informational base or the "evaluative space" in which the condition of people can be compared (Sen, 1992). More specifically, some previous theories focused the judgment on some forms of achievement measured by personal utility (e.g., happiness, pleasure or desire fulfilment are used in utilitarian analysis), quality of life (health, education, housing, job security, political freedom, social capital are examples of usual indicators for living standards), or fulfilment of libertarian rights (as in the libertarian approach developed by Robert Nozick). Other theories focused on the means of freedom or instruments for achieving well-being (or other objectives) such as the holdings of primary goods (proposed by the Rawlsian theory of justice); access to resources (e.g. 'equality of resources' in Dworkin's social analysis) and absolute or relative opulence (e.g. in the economic analysis based on GDP; real income or wealth) (Sen, 1992; 1993). According to Sen (1992), none of these approaches allowed to capture the difference between the ends and the means of well-being and human development; the multidimension aspects of well-being; the extent of well-being freedom and its intrinsic value; the great diversity of human beings and the local contexts in which they live.

The CA is based on two main distinctions: one is about the means and ends of human development; and the other is about the achievements or outcomes (functionings) and freedom to achieve or opportunities (capabilities).

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[1] The main Aristotelian connections regard the concept of *human flourishing* or self-realization (the CA focuses on various opportunities that support the person to flourish) (Nussbaum; 2000); the rejection of opulence as the end of human flourishing (the CA rejects the idea of the wealth and income as the end of human well-being), the concept and analysis of eudaimonia in terms of valued activities (the CA focuses on functionings and capabilities), and the need to examine the process through which a person chooses human activities (the CA embraced the evaluation of freedom as the process of choice/agency and its intrinsic value as part of living) (Sen, 1993).

The end of human development is "the expansion of people's real freedoms to do and be what they value" (Alkire, 2005). The key question to ask for assessing the well-being and quality of life is on what individuals are able to do and to be. Human flourishing and real opportunities for a good life are the ends of human development whereas economic growth, real income, goods and services are important means to achieve well-being and freedom, but they are not intrinsic ends of human development (Alkire, 2005; Robeyns, 2005). Therefore, Sen shifted the analysis from the economy and the basic standard economic approaches to people and their effective opportunities to lead the kind of life they have reason to value at the present and in the future (Alkire & Deneulin, 2009). In this approach, the analysis of means, like income and resources, should be integrated with the analysis of functionings and capabilities.

Functionings are the various doings and beings that constitute a good life. Well-being or quality of life is judged and measured in terms of *capabilities*; that is, people's effective opportunities to do what they want and to be the person they want to be (Sen 1992; 1993; 1999). The focus on human capabilities, rather than on achieved states of being and doing (functionings), respects each person's freedom to choose among various valuable opportunities for a good life and human flourishing (Nussbaum, 2011). The concept of *freedom to choose* is essential for the CA, it allows to view individuals as empowered agents of their own life and self-development but also as agents of change for the sustainable development of a society/community.

The CA is not a theory to explain poverty, well-being, and equality, but it is a conceptual framework for conceptualizing and evaluating the dimensions of human development identifying functionings and capabilities as an innovative evaluative space (Robeyns, 2005). Moreover, this approach is a deliberate, incomplete, and ambiguous framework that can be consistent with a wide range of explanatory theories and evaluative purposes. The following sections present a description of the CA and the main conceptual aspects as developed by Amartya Sen and how other scholars - especially Martha Nussbaum - have advanced this approach further. Finally, this chapter aims to present the application of the CA to reconceptualize disability according to an inclusive human development perspective.

1.1 Functionings and Capabilities

According to Sen's formulation of the CA, the evaluative space of well-being and human development consists of two main focal variables: functionings (well-being achievement) and capabilities (well-being freedom).

Functionings represent "the doings and beings that are constitutive of the person's being, and an evaluation of well-being has to take the form of an assessment of these constituent elements" (Sen, 1992; 39). Functionings are "the various things a person may value doing or being" (Sen 1999, p. 75). They represent different dimensions of human life that encompass both the fulfilment of basic needs (e.g. being nourished, literate; clothed; secured against violence; being able to live a long and healthy life avoiding escapable morbidity and premature mortality) and more complex achievements related to social needs, self-actualizations and personal development (e.g. achieving self-respect; taking part in society; taking responsibilities, being happy etc.) (Sen, 1992). The basic functionings are valuable for all as they are necessary to survive and to avoid or escape poverty or other serious deprivation, whereas the value that each person or community attributes to complex functionings may be different according to the individual or collective evaluation of well-being (Sen, 1992, 1993, 1999).

Functionings are valuable human activities or states of being that a person has already achieved, whereas the concept of *capability* reflects the well-being freedom or "the various combinations of functionings that the person can achieve" (Sen, 1992; 40). According to the Sen's definition, capabilities do not have the everyday sense of "physical or cognitive abilities" as they refer to "practical opportunities" (Mitra & Brucker, 2020) or "freedom to choose what one wishes to do and to be, and to act on these wishes" (Hammell, 2015; 81).

Thus, the main difference between a functioning and a capability is between an achievement (outcome) and real opportunity (substantive freedom) to purse and realize valuable doings and beings (Robeyns, 2005). For instance, there is a difference between "being employed" that is a person who signed an employment contract; and "being employable" that is "the capability to independently move within the labour market to realise potential through sustainable employment" (Hillage & Pollard 1998). In this sense, employability is the capability that encompasses the real employment opportunities that a person can seize and transform into a real job (Martini et al. 2019).

Originally, Sen introduced the term of capability - as singular noun - to identify the person's capability set or opportunity set, that is the combination of all potential and valuable functionings that a person has real access to. In the space of functionings, any point is a vector of functionings or a combination of person's doings and beings reflecting a type of life. The capability is a set of such points, that is "a set of vectors of functionings reflecting the person's freedom to lead one type of life or another… to choose from possible livings" (Sen, 1992; 40).

Later, the term of *capabilities* – as plural noun – was widely used by Sen and other scholars to name the specific items that compose the capability set emphasising the multidimensionality of the quality

of life (Robeyns, 2005). For instance, Martha Nussbaum (2000) defined a list of ten capabilities related to different life domains, that is: (1) life; (2) bodily health; (3) bodily integrity; (4) senses, imagination and thought; (5) emotions; (6) practical reason; (7) affiliation; (8) other species; (9) play; and (10) control over one's environment.

The capability perspective is mostly informationally inclusive as it includes both achieved functionings and substantive freedoms in terms of actual opportunities a person has and her/his choices (Sen, 2009). The evaluation of capabilities - instead of the pure evaluation of achieved functionings - is more complex but it allows to appreciate the extent of freedom and its intrinsic value. Indeed, the concept of capability reflects the substantive freedom (and not pure legal or theoretical freedom) to achieve/to choose real opportunities (Sen, 1992). Sen's formulation of freedom is based on a broad view because it encompasses both the opportunity and the process aspect (Sen, 1999; 2002; 2009). The opportunity aspect concerns "the actual ability of a person to achieve those things she has reason to value" whereas the process aspect reflects "the freedom involved in the process itself" (Sen, 2002; 10). The process aspect of freedom or agency helps to explain why two persons - with the same capability set - would be likely to achieve different types and levels of functionings. Indeed, they make personal choices about the functionings to achieve according to their different values and ideas of well-being as well as their individual needs and desires (Robeyns, 2005). Furthermore, the process aspect makes sure whatever the person was free to achieve some doings or beings or whatever s/he was forced or constrained. For instance, there is a difference among a person who is an atheist and a person who does not practice a religion due to the risk of persecution as well as there is a difference between a person who is hungry because s/he is starving or because s/he is fasting for political or religious reasons. In terms of achieved (or not achieved) functionings, both the atheist and the person who suffers religious persecution are equal: they do not practice religion. Similarly, both the fasting person and starving person are not well-nourished. However, in terms of capability, the person who suffers religious persecution or starvation has a limited set of capabilities/freedoms than the atheist or fasting person (Robeyns, 2005; Sen, 1993). Being able to choose and act freely may be important capabilities themselves that lead to well-being and agency achievements (Sen, 1993).

Figure 1 is a stylized representation of the capability set. At the centre there is a person, with her/his personal characteristics and those of the contexts in which s/he is living. The black spots represent the various functionings (doings and beings) that the individual has already achieved, they form her/his space of the achieved well-being. The capabilities are represented by both dashed arrows

(process of choice) and white spots (opportunities) that reflect the person's achievable functionings. The capabilities expand the set of valuable doings and beings that constitute a person's well-being and they reflect the person's freedom to seize the opportunities open to her. As for the expansion of capabilities, Sen clarified that it happens when there is an increase of valued options for good and valuable functionings (Sen, 1993). Social and institutional arrangements should promote well-being and human development through the expansion of person/community's capabilities (Alkire, 2005). However, the freedom to achieve is distinct from the power to control the actions because it can be exerted by other institutions such as the public government. If the external control contributes to enhance the opportunities of people to achieve valuable functionings can be seen justified. Regarding this issue, the argumentation of Sen (1992) about the role of policies for the control of general epidemics prevention is still dramatically true. The various restrictions decided by national and international policies for the control of the current Covid-19 pandemic limit, of course, citizens' freedom to control many aspects of their own lives. However, these policies contribute to avoid the Covid-19 transmission and to increase citizens' well-being freedom; that is, the opportunity to lead a life – without the Covid-19 pandemic – that each person would choose to lead (Sen, 1992).

Figure 1. Functionings and Capabilities
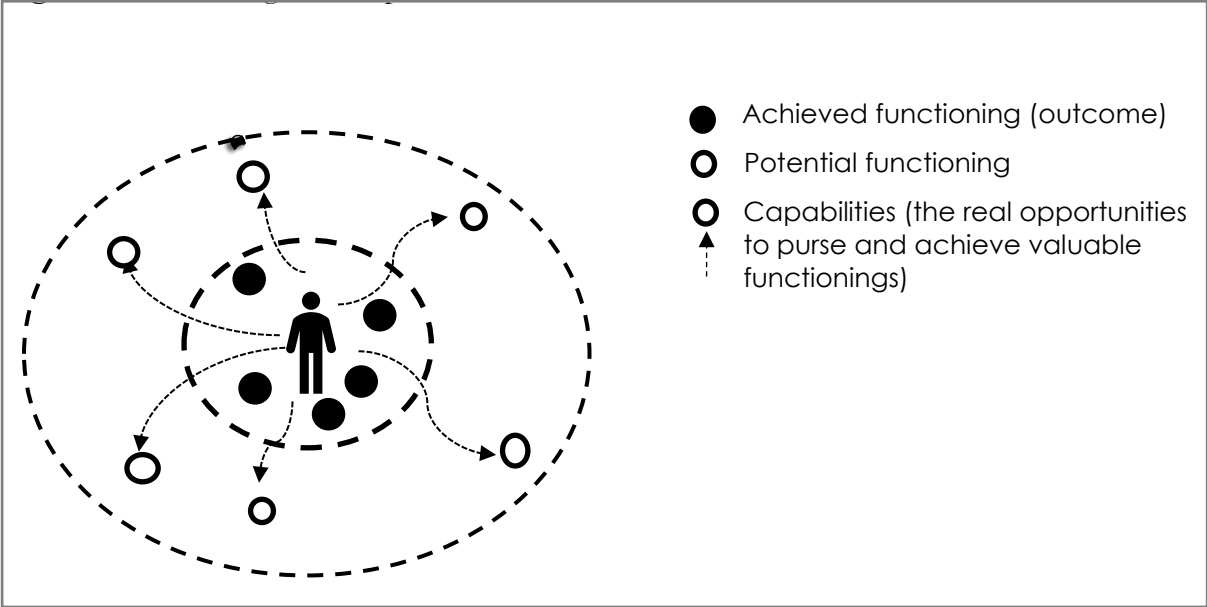
1.2 The Capability Approach in action: from inputs to outcomes

One of the main insights of the CA is the analytical distinction between the means and the ends of well-being and human development. Differently from other approaches, the CA focuses on the end of the human development in terms of both functionings (outcomes) and the extent of

capability or freedom to enjoy various alternatives to be and live well. Economic growth (e.g. the increasing of GDP), technical progress (e.g. digital transformation), social modernization, resources (e.g. income, goods and services) are example of means that do not enter directly into the evaluative space influencing indirectly the focal variables (capabilities and functionings) as explained further in this paragraph.

Goods and services as inputs

According to the CA, the holding of goods or the access to services only provide a partial picture of the individual's wellbeing state. Goods and services are relevant for human well-being, they are not desirable for their own sake but because their functional characteristics that enable to achieve one or more functionings (Sen, 1999). For example, a bicycle is a means of transport and it enables the functionings of mobility; whereas cereals have nutritional characteristics that enable the functioning of being nourished. Likewise, healthcare services improve health and enable to achieve a long and healthy life. Primary education aims to develop basic skills and enables children to read, to write, and to do basic arithmetic. In this sense, goods and services are simply the inputs that enter the transformation process of resources into functionings (Figure 2). Their value depends upon the individual's ability to transform these inputs into achievable beings and doings (capabilities).

Conversion factors

The ability to convert the available resources like goods and services into achievable functionings depends on a variety of personal and contextual characteristics that affect the person's being and living. Human beings are different for personal heterogeneities (e.g. age, sex, physical or mental health, educational and family background etc.) and because they live in different economic, natural, social, political, cultural contexts (e.g. there is a difference between living in a rich or in a poor country; in a democratic or dictatorial state; in a good or hostile natural environment; or living in different welfare regimes characterized by various levels of public services provision and Civil Society participation) (Sen, 1999). It is possible to distinguish three main categories of conversion factors; that is, the personal characteristics, the socio-cultural characteristics (e.g. public policies and goods, institutions, regulation, social norms, traditions, religion, culture, etc), and the environmental characteristics (e.g. infrastructure, climatic conditions, etc.) (Robeyns, 2005; Sen 1992). For instance, if a person is in a bad physical health or has never learnt to cycle or lives in a city without safe bikeways, the fact that s/he holds a bicycle is not enough to enable her achievement of bike mobility (Robeyns, 2005). Likewise, if a girl is affected by specific learning

disabilities, or lives in a poor family without sufficient income to buy books and supporting materials, or lives in a social or legal system that denies the freedom to read; the access to the primary education may be not enough to convert her capacities and potentials into the effective freedom to read (Hart & Brando, 2018). Taking note of the influence of inter-personal and inter-social variations on the person's ability to convert resources into capabilities is one of the key contributions of the CA. Differently from other approaches, the capability set reflects all possible functionings that a person (or a community) can enjoy by considering all the constraints and enabler of acquiring goods and services and then transform them into potential functionings (Osmani, 2016).

Figure 2. A schematic representation of the capability approach as a process
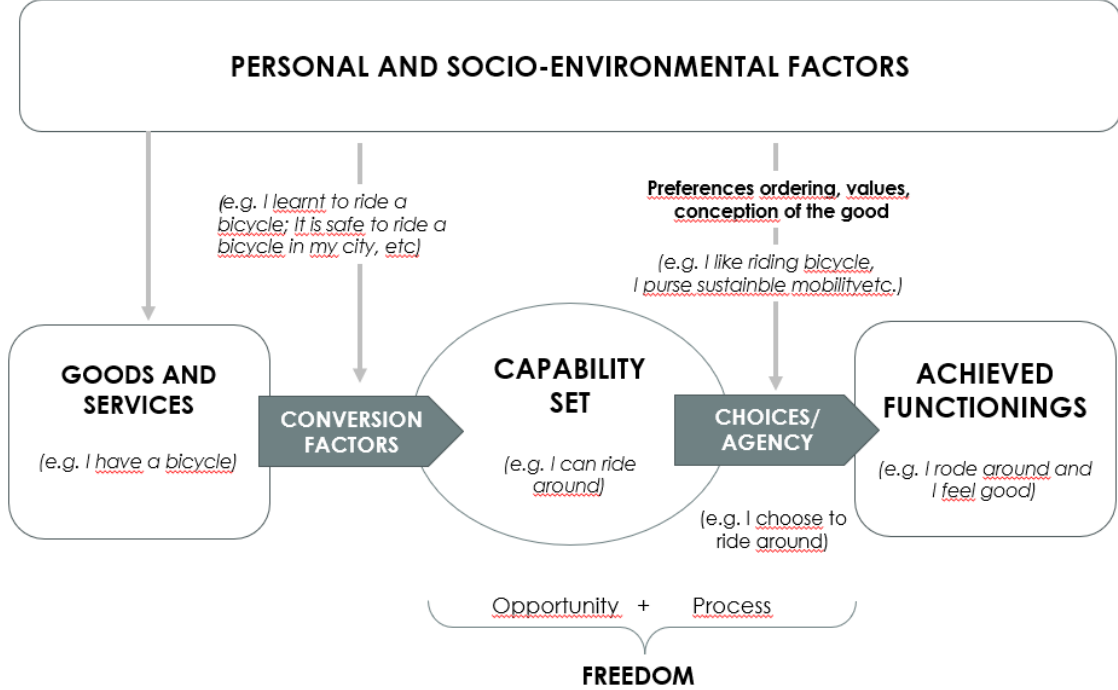
Source: adapted from Hart & Brando 2017; Lewis, 2012; Robeyns 2005

Differently from other approaches, the CA emphasizes the human diversity in two main ways: by focusing on the plurality of functionings and capabilities that constitute the ends of the human development, by taking notes of the personal and social-environmental conversion factors as well as the circumstances in which the person is living that influence his/her capabilities and functionings (Robeyns, 2005). Therefore, the CA allows to evaluate if people have the effective opportunities related to all dimensions of human well-being as well as if there are the means and factors such as social and cultural practices, political practices and institutions that enable their

well-being and human development (Robeyns, 2005). In this sense, it changes the classic economic approaches to assess the development, social inequality, poverty, and other social issues. The capability perspective of poverty analysis is discussed in the Box 1 below.

Box 1. Poverty analysis and the capability approach

According to the CA, poverty must not to be reduced into a problem of insufficient income, but it should be understood as a failure of basic capabilities to achieve and maintain an acceptable living standard. Differently from the traditional income-centred approach, the CA shifts the focus from the means (income) to the ends (basic capabilities for a good living).

Thus, the problem shouldn't be addressed by establishing a minimum income level for all, but it is important to define the relationship between income and basic capabilities by considering the various personal and social-environmental factors that influence this relationship.

Once this relationship is established, it is possible to identify the adequate income level for each person according to the specified personal or social characteristics (Sen, 1993). The CA focuses on human capabilities, but it also allows to evaluate if the means or resources necessary for these capabilities are present. For example, it asks whatever people are being healthy and whatever the resources and services for this capability are present such as clean water and sanitation, access to health care, protection from infections and diseases, and basic education and consciousness of health issues such as healthy lifestyles and habits, hygiene and infection protection and so on.

The process of choice and agency

The process of choice is a critical aspect of freedom as it contributes to explain how capabilities become achieved functionings and to appreciate the intrinsic value of freedom. As figure 2 shows, a person chooses the functionings s/he will achieve among those that form her/his capability set. When a person chooses an option from the set, s/he does so according to her/his values and conception of a good life. Each person has her/his own preferences, aspirations, values, and conception of good; these elements are often co-construed and shared within family, social groups, institutions, and society. The process of making choices of valuable functionings from the capability set is socially embedded (Osmani, 2016). Indeed, some personal and social-environmental factors - like social norms, culture, religion, tradition, ethnicity, personal background and family - may influence the individual preferences, aspirations, values; the decision-making processes and thus the final choices that transform capabilities into acquired functionings

(Robeyns, 2005)[2]. The CA promotes the freedom to choose and respect person's choices together with the plurality of cultural views of life. This is a third way through which the CA embedded the human diversity. Whatever it is the choice, it must be reasonable and respectful of the human dignity; thus, harmful, or humiliating choices cannot be admitted (Nussbaum, 2011).

If the concept of capability describes the quantity and quality of alternative outcomes from which a choice can be made (opportunity aspect of freedom), the act of choice (process aspect of freedom) allows to introduce another important concept of the CA that is the agency. Agency was originally defined by Sen (1985; 204) as "the freedom to achieve whatever a person, as a responsible agent, decides he or she should achieve". According to the Sen's instrumental view of agency, agents are engaged in actions that are congruent with their values and they practice an active role to bring about the achievement of what they value (Sen, 1992). The agent has the effective power and direct control on her/his choices and actions. In line with this view, other scholars defined the agency as "the person's ability to act on behalf of what she or he values and has reasons to value" (Alkire 2008). In this sense, the agency is closely related to the process aspect of freedom and the role of choice, as figure 2 shown. It is also related to various dimensions like self-determination, autonomy, empowerment, voice and so on that express the person's ability to take control over her/his decisions. Thus, the CA emphasises also the idea of participation and the role of people as active actors of their own well-being and human development in contrast with the view of person who is coerced or forced to act or passive, such as in the case of passive receivers of *assistential* social welfare provision (Alkire & Deneulin, 2008).

1.3 Agency and well-being: different evaluative exercises

Well-being and agency are two different but also interdependent aspects of a person (Sen, 1985; 1992). Agency may advance wellbeing achievement but it may also address other-regarding goals such as the well-being of a family or the prosperity of a community, the economic sustainability of a business, the democracy of a State, the defence of the human rights of the immigrants, the protection of the natural environment or some such general goals. People act for their own well-being, but they often purse agency goals and values that are other than their own well-being (Sen, 1992). The agency goals can contribute to one's well-being but also encompass other-regarding issues such as social, cultural, political, environmental interests, values, and aspirations. In some situations, a person could also sacrifice her/his own well-being to pursue other agency-goals. For

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[2] Differently from other approaches, the CA also considers the factors that influence the process of preference formation. For instance, in situations of deprivation or oppression, individuals could adjust their expectations and aspirations downwards. This problem is known as "adaptive preference" and it was well-discussed by other scholars like Nussbaum (2001).

instance, a worker may decide to work overtime to accomplish the business goals or a young adult may decide to spend the free time as volunteer in a charity to help disadvantaged people or a consumer may decide to avoid unsustainable consumptions and behaviours because, although they increase her/his utility, they are harmful for the environment. According to the agency perspective, people can be viewed as agents of sustainable development who act on behalf of their values and aspirations and contribute to achieve not only their own well-being but also social goals and public values (Alkire & Deneulin, 2009). In order to be agents of their own lives, people need the freedom to be educate, to form a conception of goods, to engage in critical reflection, to express and associate, and so on. On the other hand, people as agents of change can contribute to develop the socio-environmental conditions that expand valuable freedom (such as education system, political participation, building social cohesion, development of civil society and so on) (Alkire & Deneulin, 2009).

Table 1 - Different evaluative exercises (space) of human development

	FREEDOM	**ACHIEVEMENT**
WELL-BEING	**WELL-BEING FREEDOM** "evaluation of freedom to achieve those things that are constitutive of one's well-being" (Sen, 1992; 57) (capabilities/capability set)	**WELL-BEING ACHIEVEMENT** "evaluation of the 'well-ness' of the person's state of being" (Sen, 1993; 36) (functionings)
AGENCY	**AGENCY FREEDOM** "evaluation of freedom to achieve whatever the person, as a responsible agent, decides he or she should achieve" (Sen, 1984; 203-204).	**AGENCY ACHIEVEMENT** "assessing the person's success in the pursuit of all the objectives that she has reason to promote" (Sen, 1993; 36)

Source: adapted from Hart & Brando (2018)

Combining the distinction between achievement and freedom with the distinction between the promotion of the person's well-being and the pursuit of the person's overall agency goals, Sen proposed four different evaluative exercises of human development that are: (1) 'well-being achievement', (2) 'well-being freedom', (3) 'agency achievement', and (4) 'agency freedom' (see table 1). The evaluation of well-being is based on the doings and the beings that constitute the well-being (functionings) and freedom to achieve various doings and beings (capabilities). It is fundamentally important for the analysis of social inequality and the assessment of public policies

(Sen, 1992). The evaluation of agency is based on the freedom and the effective achievements of the agent's goals that are "whatever goals or values she or he regards as important". As mentioned above, the agency goals are related to the conception of good that must be reasonable or respectful of human dignity. Thus, the goals that are offensive or harmful for others are excluded from the agency goals (Alkire 2008).

1.4 General Criticism against the Sen's formulation of the CA

Sen proposed the CA as a general framework that defines an innovative informational focus in judging and compering overall individual advantages (or disadvantages) considering the great diversity of human beings and the contexts in which they live. It can be used to conceptualize and evaluate different phenomena related to human development like poverty, inequality, agency, well-being, quality of life in terms of what individuals are actually able to do and to be (Robeyns, 2005). Moreover, it is a useful approach to evaluate the role of social arrangements (such as institutions, public policy and public services, market, government, civil society, economic system, welfare systems, laws, etc) in expanding the human capabilities that people have in order to promote or achieve valuable functionings. For instance, it may be used to evaluate different policies and services regarding poverty, or disability, or cultural freedom (Sen, 2009).

One of the main sources of criticism concerns the incompleteness and ambiguity of the Sen's approach which makes its operationalization hard to be reached (Alkire & Deneulin, 2009; Robeyns, 2005). The CA developed by Sen is a deliberative incomplete framework in both providing a comprehensive theory of valuation and in describing how to select and to weight the capabilities. Indeed, he did not explicit any specific way of identifying the capabilities and functionings, any specific formula for policy decisions or any programme to realize the ends of human development he advocated (Alkire & Deneulin, 2009; Sen 2009). According to Sen's view, defining a list of valuable functionings and capabilities is a question of choice that consists in evaluating, selecting, and discriminating the set of doings and beings that are relevant from the others that are marginal and negligible. These activities correspond to an evaluative exercise that is relevant at social as well as personal level (Sen, 1993). For example, in countries characterized by extreme poverty or violence, the list may consist of the basic functionings and capabilities that are necessary to escape poverty and deprivation, while more complex and diverse functionings and capabilities may be added to the list of richer countries. The basic capabilities tend to be universally recognized as they regard urgent political and moral issues and priorities whereas the other capabilities are culturally specific as they depend on the different ideas of well-being and

development that are strongly influenced by family, religious, community or cultural issue and background (Sen, 1980; 1992; 1993). Therefore, Sen avoided firmly to define a unique list of capabilities for a good human life. He supported the idea that the selection and weighting are tasks of democratic process as the public discussion and stakeholder participation could lead to a better understanding of the role and value of specific capabilities for a particular local community or a specific group of people (Robeyns, 2005). Other scholars tried to define a unique list of capabilities to eliminate the incompleteness of the capability approach (see Biggeri et al. 2006; Nussbuam, 2000; Robeyns 2003). Differently, Sen preferred a general approach that leaves the opportunity to complete it with different approaches or theories that are consistent with different phenomena and contexts that each one would evaluate on her/his own (Sen, 1993).

Another common criticism against the CA is that it is a too individualistic approach that overlooks the groups and social structures (Osmani, 2016; Robeyns, 2005). The CA is a person-centred approach that looks at each person's conditions and the individual freedom to choose among valuable opportunities for individual well-being and flourishing. Robeyns (2005) clarified this dispute by explaining the meaning of individualism which the CA referred. The CA embraced the idea that the individuals are the preferred units of moral concern (ethical individualism), but it does not mean that the CA accepted the idea that the society is "nothing more than the sum of individuals and their proprieties"(ontological individualism) and thus "all social phenomena can be explained in terms of individuals and their properties" (methodologically individualism) (Robeyns, 2005; 108). Indeed, the capabilities are social opportunities that include the social context and the relationships with others. Firstly, some specific capabilities are related to the group and community membership such as affiliation (Nussbaum, 2000); social relation and respect (Robeyns, 2003), social relation and participation (Biggeri et al., 2006); social life (Van Ootegem & Verhofstadt, 2012). Thus, the social relationships and inclusion are embedded into the capabilities set as a key dimension of a good life. Secondly, as presented above, the transformation of the capabilities into functioning and the expansion of the capability set can be adequately understood only as a socially embedded process. The social-environmental factors, including the social structures, contribute to define the quality and extension of the capability set, and the ability of a person to convert the capabilities into functioning. Thirdly, the agency broadens the space of evaluation beyond the individual well-beings and towards other-regarding objects interpreting each person not only as actor of change of her/his life but also as an agent of societal changes and development. Finally, the literature demonstrate how the capability approach has also been applied broadly for the evaluation of different groups/community such as women (Nussbaum 2000), people with

disabilities (Mitra, 2006; Trani et al., 2011), children (Biggeri et al., 2006; Hart & Brando, 2018), older people (Stephens et al., 2014), older people with disabilities (Mitra & Brucker, 2020), mental health community (Sacchetto et al., 2018), workers (Jane Bryson & O'neil, 2008), European unemployed youth (Hollywood et al., 2012). The CA approach is also used to evaluate public policies and services such as the role of technical and vocational education and training (UNESCO, 2013), the role of social enterprise and non-profit organization (Weaver, 2020); the nature and extent of corporate social responsibilities and business ethics (see e.g. Renouard & Ecile Ezvan, 2018; González-Cantón et al., 2019).

1.5 The Nussbaum's perspective and list of Central Human Capabilities

The Capability Approach was introduced by Sen in the 1980s, then this framework was further developed by a growing number of other scholars. One of the most important pioneering contributions is attributed to the philosopher Martha Nussbaum (1988, 1992, 1995, 1998, 2000, 2011). She has strongly influenced the development of the CA approach in the fields of human development and human rights (Sen 2009). Nussbaum collaborated with Sen at the World Institute for Development Economics Research and they published together the book titled "*The Quality of life*" in 1993. The Nussbaum's perspective is mostly aligned to the Sen's approach: she agreed with his idea of the capability space, the relevance of freedom to choose, and the idea of considering each person as an end (Nussbaum, 2000).

However, there are some important differences between Sen's and Nussbaum's approaches. First, as a political philosopher, Nussbaum strengthened the connection of the capability perspective with Aristotelian ideas of "capacity" and "human flourishing" or self-realization (Sen 2009). The capabilities provide a space of human flourishing, in which each person is considered as an end and a source of agency who can choose from various opportunities according to what s/he value and aspire to be, to do and to become (Nussbaum, 2000). She emphasized "the people-centred" character of the CA and introduced into this framework various aspects linking to human being like skills, personality traits, desires, aspirations and motivations (Robeyns, 2005). As the figure 3 shows, Nussbaum (2000; 2011) defined a threefold classification of the concept of capabilities:

1. *Basic capabilities* constitute the basis for the development of more advanced capabilities and refer to the innate equipment or the inborne characteristics of each person (e.g. personality traits, the body constitutions and health, the five senses, innate intelligence, internalized learning and skills).[3] These capabilities are typical of a child in which they are more or less ready to function, including the capability for seeing and hearing, the capability for speech

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[3] Nussbaum's definition of basic capabilities is different from that of Sen discussed above.

and language, the capability for practical reason, the capability for love and gratitude. Both genetic factors and prenatal family environments affect these capabilities. Indeed, parents are those that contribute mostly to the initial development of the basic capabilities of their child (Heckman & Corbin, 2016).

2. *Internal capabilities* are "the trained or developed traits and abilities, developed, in most cases, in the interaction with the social, economic, familial, and political environment" (Nussbaum, 2011; 21). Being able to apply knowledge and use developed skills for work, to think critically and public speaking, to exercise religion, to express political ideas and participate in politics, to achieve better self-confidence are some examples of internal capabilities. A society should promote the development of internal capabilities through education, social and health care system, supporting the family and childcare, political participation, and so on. Unlike the basic capabilities, internal capabilities are mature conditions as they are ready to be practice.

3. *Combined capabilities* are "the freedom or opportunities created by a combination of personal abilities and political, social, and economic environment […] the totality of the opportunities [a person] has for choice and action in her specific political, social, and economic situation" (Nussbaum, 2011; 20). The combined capabilities correspond to the original Sen's definition of capability. Indeed, these capabilities combine the internal capabilities with the external conditions that are essential for enabling a person to exercise her/his internal capabilities effectively and to choose their desired functionings. The distinction between internal and combined capabilities is slight because the development of internal capabilities also requires supporting external conditions. However, the distinction is useful to highlight the central role of the environmental conditions in promoting the development of the internal powers, but also in enhancing and maintaining the favourable conditions that allow each person to exercise valuable opportunities for functionings (Nussbaum, 2000; 2011). For instance, a government might guarantee the education, thereby citizens become free to speak, to practice religion or to participate to political choices. However, these internal capabilities can be practiced only if the same government protects the freedom to express opinions, fights against religious discrimination and fosters the democratic processes and right to vote.

Another key difference between Sen's and Nussbaum's perspective concerns their distinct scope of the using of the CA. Sen proposed the CA as a general framework for making comparison of people's life quality across regions and nations and for evaluating the role of social arrangements

in expanding the individual or collective capability set (Alkire, 2005; Nussbaum, 2000; Robeyns, 2005). Differently, Nussbaum proposed the CA as the foundation of a partial theory of social justice and integrated this approach with some ethical, normative, and political principles such as threshold, human dignity, and political liberalism. Her perspective aims to overcome the incompleteness and ambiguity of the Sen's formulation to strengthen the operationalization of the capability approach and its normative potential (Sen, 1993).

Figure 3. The Nussbaum's classification of capabilities.
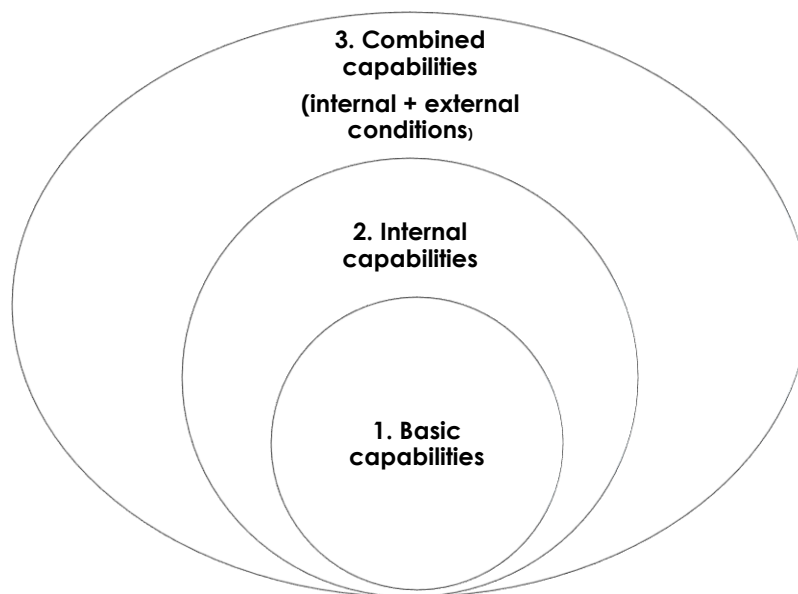
According to her, the main political goal for all human beings concerns both the development of internal capabilities and the creation of the environmental conditions that support people to practise their internal capabilities in order to achieve the functionings that they value (Nussbaum, 2011). In particular, she linked the concept of combined capabilities with the idea of threshold level and equal respect for all people: "All should get above a certain threshold level of combined capabilities, in the sense not of coerced functioning but of substantial freedom to choose and to act. That is what it means to treat all people with equal respect […] Those who need more help to achieve the threshold get more help" (Nussbaum, 2011; 24). For instance, if a child has cognitive disabilities, an individual education plan is justified to help the development of the capabilities of all other children.

Differently from Sen, Nussbaum identified a concrete list of "central human capabilities" that a government should guarantee to all its citizens as fundamental constitutional entitlements. The

central human capabilities represent the social minimum basis that all governments should protect to promote minimally human flourishing life and to respect the human dignity. It is a necessary condition of social justice and equality (Nussbaum 2011). The list is composed of the following ten capabilities (Nussbaum, 2000, 78-80)[4] :

1. *Life.* Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.

2. *Bodily health.* Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter.

3. *Bodily integrity.* Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.

4. *Senses, imagination, and thought.* Being able to use the senses, to imagine, think, and reason - and to do these things in a "truly human" way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical, and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid non beneficial pain.

5. *Emotions.* Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one's emotional development blighted by fear and anxiety. (Supporting this capability means supporting forms of human association that can be shown to be crucial in their development.)

6. *Practical reason.* Being able to form a conception of the good and to engage in critical reflection about the planning of one's life. (This entails protection for the liberty of conscience and the centrality of choice.)

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[4] Originally, the list has been published again in M. Nussbaum (2011). Creating capabilities. Cambridge, MA: Harvard University Press with the minimal difference that the description of the capabilities in work environment (*being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers*) was moved from the ffiliation to the Material Control over one's own environment.

7. *Affiliation.* (A) Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech.) (B) Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination based on race, sex, sexual orientation, ethnicity, caste, religion, national origin. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers.

8. *Other species.* Being able to live with concern for and in relation to animals, plants, and the world of nature.

9. *Play.* Being able to laugh, to play, to enjoy recreational activities.

10. *Control over one's environment.* (A) *Political.* Being able to participate effectively in political choices that govern one's life, having the right of political participation, protections of free speech and association. (B) *Material.* Being able to hold property (both land and movable goods) and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure.

The list encompasses various human capabilities for all human beings and their flourishing. Each capability has an important and distinct quality for a dignified life, but they are also strictly interrelated as each of them affects the others in many complex ways. Affiliation and practical reason are considered two important pillars that have an architectonic role as they affect and pervade the others. The affiliation emphasises the social relationships that are so important for structuring other capabilities (Nussbaum, 2011). For instance, the workplace relationships define the quality of the employment opportunities available for a person. Basically, the central human capabilities can be fully developed if the person is respected as a social being. The practical reason or opportunity to plan one's life pervades the other capabilities as it emphasises the centrality of choice and controlling of a person over his/her life. For instance, the opportunities of being healthy, well-nourished or sexuality satisfaction require that a person is empowered to choose and plan the actions regarding her/his health, diet, or sexuality. According to some scholars, practical reasons is the main expression of agency in Nussbaum's approach (Robeyns, 2005).

The list was the result of an extensive cross-cultural dialogue that reached to a broad consensus. According to Nussbaum, the application of her list is universal as the capabilities are important for

everyone, regardless their different conceptions of goods or state of being. Each capability is described in an abstract and general way, and the list remains open to further elaborations and pluralism specification constructed by different society. Although some scholars questioned the lack of the democratic process in the definition of this list, it represented a source of inspiration or a useful guidance for several theoretical and practical studies (Robeyns, 2005).

Different scholars explore how Nussbaum's approach and her list can be measured through social indicators (see e.g. Anand et al., 2005; 2009; Kato et al., 2018), applied and adapted for the evaluation of a wide range of topics such as the conditions of older people in developing countries (Lloyd-Sherlock, 2002), the dignity in the lives of people with advance dementia (Melander et al., 2018), community mental health (Sacchetto et al., 2018) inclusive education (Hedge & MacKenzie, 2012), disability and UN Disability Rights Convention (Harnacke, 2013), employment institutions (Jane Bryson & O'neil, 2008), professional work environment (Vogt, 2005) and corporate social responsibility (Renouard & Ecile Ezvan, 2018).

1.6 Applying the Capabilities approach to disability for an inclusive human development

The capabilities approach has been developed as a useful framework for rethinking various social problems that encompass equality and human dignity, including poverty and disadvantages, disability, gender, education, and environmental quality. In particular, the promotion of the capabilities of people with disabilities was considered an urgent problem of justice for the modern societies (Nussbaum, 2011). Disability is a human experience that can affect every person and family over the life-course in every country (WHO, 2018). According to the World Health Organization[5] and the World Bank[6], it is estimated that about 15% of the global population (more than a billion) experience some limitation in bodily or mental function, with a higher prevalence of disability in developing countries. The disability rates are increasing for different reasons, including ageing, increased of chronic diseases, natural disasters, conflicts, climate change and forced immigration. In Europe, it is estimated the number of people aged 60 years will increase of 23% between 2015-2030 and of 32.2% for those aged 80 years, and it is very likely that this phenomenon will increase the prevalence of disability (WHO, 2019).

One of the first challenges underlying the measurement, research, and development of policies for people with disabilities regards the definition of the concept of disability (ISTAT, 2018, Mitra 2017;

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[5] www.who.int/news-room/fact-sheets/detail/disability-and-health
[6] www.worldbank.org/en/topic/disability#3

Trani et at 2011). A negative connotation of the term disability is due to a confounding semantic where the prefix "dis" refers to something that is absent or negative; hence it can be merely conceived as "an inability to do something" (Mitra, 2017). Disability is a multidimensional concept that is defined by different disciplines and used in different contexts from a medical, economic, and socio-political perspectives (Altman, 2001). Disability is widely recognized as an "evolving concept" (UN General Assembly, 2007). Several definitions of disability have been developed according to different conceptual frameworks that influenced the understanding of disability, its determinants, consequences, and policies formulation (Mitra, 2017). Indeed, a conceptual framework (or model) provides an interpretative approach to social reality as it specifies the general sets of dimensions that are relevant for a comprehensive understanding and analysis of a phenomena (Jabareen, 2009). As for disabilities, there are three major models of disabilities that were developed and changed the meaning attributed to the concept of disability. Recently, a human development model based on the CA has been proposed and it will be discussed below.

The medical model

The individual or medical model was dominant until 60's. It defined disability as mental/physical deficit of a person caused by a disease, an injury or other health conditions, which reduces her/his functioning and participation in society in comparison to what people do normally do (Mitra, 2006; 2017). Disability is considered a divergence due to impairments, health conditions, structure of body or other inabilities to perform activities that are considered as a norm (Amundson, 2000; Altman, 2000). Applying the medical model, the measurement of disability is based on a series of pre-defined categories of impairment, researchers focus on disadvantages of disabled people, and the major concern of policymakers is to provide rehabilitation and healthcare services or other compensating supports (Trani et al., 2011). This model was criticized on different grounds, including its normative base and its consequences like the paternalistic approach at political level (Goodley, 2016) with the view of people with disabilities as passive beneficiaries of medical treatment, social protection, and charity, the stigmatization at cultural level (Trani et al., 2011).

The social model

In the 60's, disability and minority activists and scholars advocated to overcome the medical model by considering the characteristics of the society as the main cause of disability and exclusion. The social model stressed the impact of external environment (both physical and social) in creating disability. In this framework, the concept of *disability* is different from the concept of *impairment* adopted by the medical model. Disability is a social construct referring to a problem in the

relationship between an individual and a society that caused social disadvantages, discrimination, or exclusion whereas the impairment regards individual's health condition (Mitra, 2017). Accordingly, health limitations become disabilities because some barriers within the social environment prevent a person from achieving human functioning and full participation in the society (Trani et al., 2011). In this perspective, disability is a problem of the society that needs to change for the inclusion of all persons with disabilities (Oliver, 1996). Applying the social model, the measurement of disability encompasses the existing environmental barriers that originate disabling condition, researchers need a social perspective in analyzing the phenomena, policymakers promote social conditions for the full participation of people with disabilities, equal rights and opportunities (Trani et al., 2011). This model influenced several movements and practices to redesign an inclusive society like the Universal Design movement defined as "the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design" (Center for Universal Design, 1998) or the Universal design for learning that aims to improve the methods and tools of teaching and learning for all people developed by CAST the Center for Applied Special Technology (Rose, 2000). The social model can be envisaged also in the United Nations Convention of Rights of People with Disabilities (CRPD). It is the international human rights treaty for people with disabilities adopted in 2006 and ratified by 182 States (up to date) that influences mainstreaming disability policy agenda in the world.

The biopsychosocial model

This is one of the most influential relational models that integrates the medical and social models to provide a coherent view of disability combining biological, individual, and social perspective. It is based on the International Classification of Functioning, disability, and health (ICF) developed by the World Health Organization in 1980 and then revised in the early 2000s. The ICF provides a multidimensional approach in defining, classifying, and analyzing disability. The term *functioning* encompasses body functions and structures, activities, and participation, whereas the term *disability* refers to impairments, activity limitations or participation restrictions (WHO, 2001). In this model, disability is a condition of lack of full functionings and it encompasses problems in body structure and functions and other health conditions (e.g. traumas, injuries, disorders, diseases) causing a deviation or a loss (impairments); individual difficulties in performing activities or social problems in involving persons in various life situations (e.g. learning, communication, mobility, self-care, education, work, domestic and social life). In this vein, disability results from complex interactions between a person with an impairment (a health problem) and contextual conditions (i.e., personal,

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environmental factors). Personal factors regard the background of a person life and living whereas the environmental factors are barriers or facilitators of human functionings encompassing physical, institutional, social, and technological dimensions of the context in which a person lives. The relationships among the different dimensions are represented in figure 4. The ICF has gained influence at global level, especially it has been adopted in many public health, rehabilitation and social care (Mitra, 2017; Saleeby, 2013).

Figure 4: A representation of the ICF model
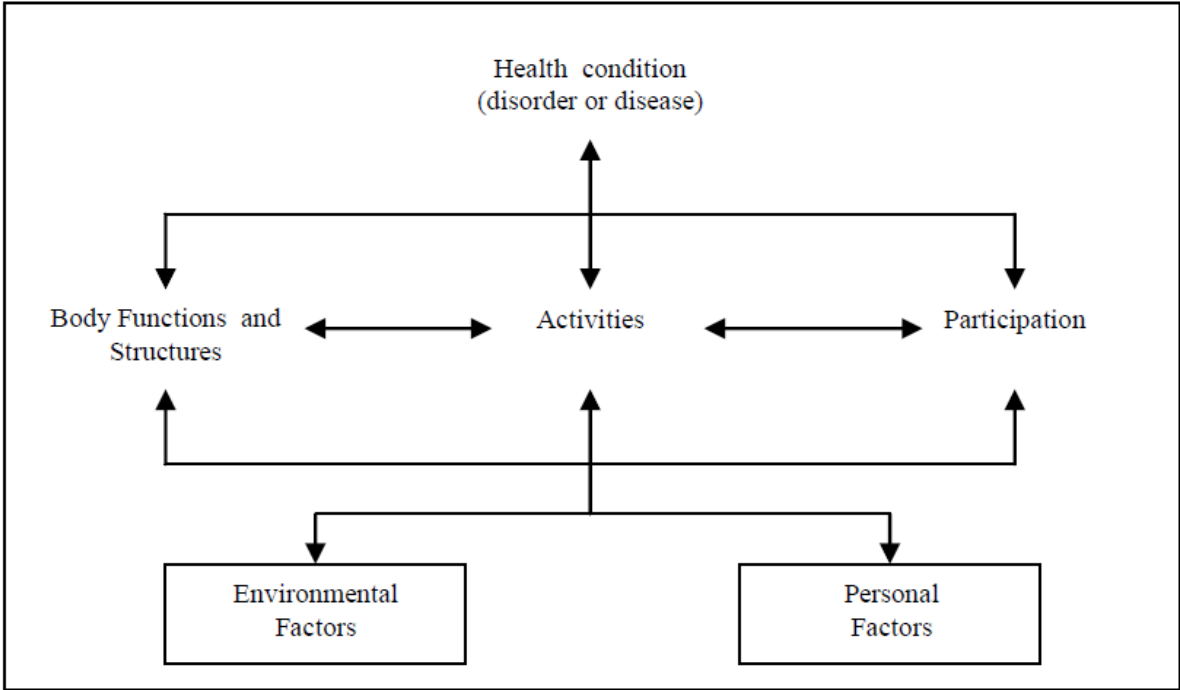
Source: WHO (2001)

The human development model of disability

The human development model of disability is based on the capability approach that has increasingly recognized as a good framework to analyze disability (e.g. Burchardt, 2004; Harnacke, 2013; Mitra, 2006; 2017; Mitra & Brucker, 2020; Sacchetto et al., 2018; Terzi, 2005) and the inclusiveness of public policies and services (Biggeri et al., 2011; Biggeri & Bellanca, 2010; Ton et al., 2019; Trani et al., 2011). Similarly to the biopsycosocial model, the CA offers the basis for a relational and multidimensional model of disability that overcomes the duality of the medical and social models. The human development model of disability is fundamentally a normative framework for a disability-inclusive development (Mitra, 2017). In particular, it suggests to consider not only what a person actually does (her/his functionings) but also the range of opportunites that a person has to express her/his full potential (Sen, 1999). According to this model, disability is

defined as a deprivation in terms of capabilities or functionings. It results from the interactions among individual's (i) health deprivation (impairments or health conditions) (ii) other personal characteristics (e.g. age, sex, ethnicity, personal traits); (iii) resources (good, service and information), and (iv) environment (phsyical, economic, institutional, political, cultural, technological dimensions) (Mitra, 2006; 2017; 2018). The interaction between the components of this model is represented in the figure 5.

Figure 5. The human development model of disability
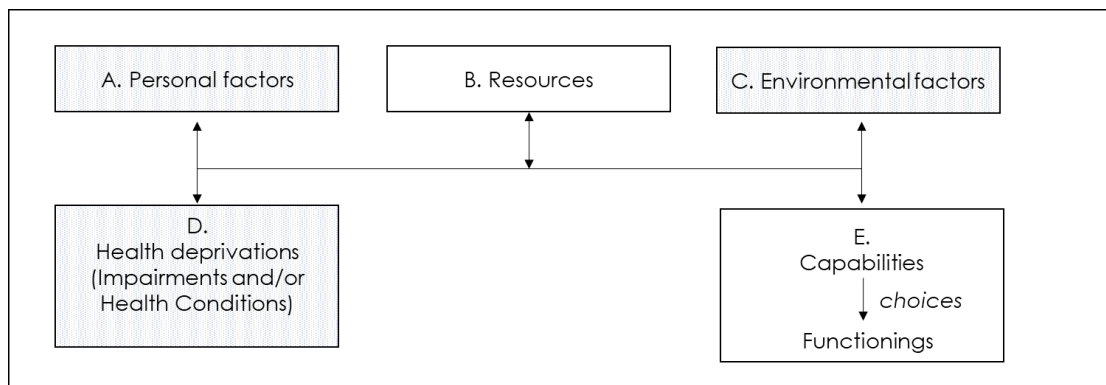
Source: Adapted from Mitra (2017).

Notes. A. Personal factors includes demographics (age, sex, ethnicity) and other complex characteristics (e.g. personal traits, skills). B. Resources are goods, services and information owned by a person or accessible through the familiy and community C. Environmental factors encompasses phsyical (e.g. quality of ecosystems), economic (e.g, market, labour, credit), institutional (social attitude, laws, institutions), services, systems and policies (e.g., transportation, education, health, and social care services), cultural (e.g. values, beliefs, view of disability, stereotypes), technological (ICT, assist devices). These dimensions are related to the environment of a person at micro-level (home, work, family), meso-level (community) and macro-level (regional, national). D. An impairments is significant deviation of due to a problem in body functions and structures (e.g., a hearing impairments, cognitive deficits) or an health condition refers to refer to a disorder (e.g., eating disoarders), a desease (e.g., diabetes), or injury (e.g., spinal cord injury). Mitra (2017)

Accordingly, the end of this model is the expansion of capabilities/functionings (Box E) by preventing disability. The presence of an impairment or health problems (Box D) increases the risk of disability as defined above. For instance, a person with a chronic disease or a person with visual impairment may suffer a restriction in her/his capabilty set for achieving what they value to be and to do. However, an impairment becomes or not a disability from the interactions with other elements of the model: personal characteristics (Box A), resources (Box B), and enviromental factors (Box C).

The lack of resouces (goods, services, income, information) can be a relevant problem for people with disabilities. On one hand, people with disabilities are more likely to experience lower levels of employment, higher poverty rates and financial barriers to health care (WHO, 2019). Indeed, impairments and health conditions may reduce the ability to earn an income and increse heath or social care costs. On the other hand, the lack of resources may be a catalyst of disability when it

prevents a person to access to the necessary care and thus deteriorate the severity of his/her impairment and incresed deprivation in terms of capabilities and functionings (Mitra & Brucker, 2020). However, resources offer an incomplete understanding of the problem: two persons can have the same level of income but enjoy different levels of well-being in terms of capabilties and functionings. Indeed, the core issue is the ability to transform available resources into capabilities, especially in the case of disability. Differently from other model, the CA emphasises the problem of the conversion factors. According to Sen (1999; p. 74): "A person who is disabled may have a larger basket of primary goods and yet have less chance to lead a normal life (or to pursue her objectives) than an able-bodied person with a smaller basket of primary goods". The presence or absence of an impairment/health condition, its nature and severity are individual characteristics that can impact negatively on the conversion function, irrespective of all other conditions (Mitra, 2006). Consider the case of two women who live in the same community, earn the same income, but one suffers visual impairment. In this case, the abilities to convert resources - like accessing to a library, going to a cinema, visit an art museaum - into the capability to enjoy recreational activities is different for both. However, an health deprivation does not lead automatically to a disability in the meaning of deprivation of capabilities because other personal and structural factors of individual's environment can moderate or help to overcome the problem (Mitra, 2017). Consider a man affects by spinal cord injury who needs a wheelchair. His ability to convert a wheelchair into the capability of mobility depends on his willness to accept this support but also on the ability of the city to guarantee inclusive and accessibility public spaces, system of transportation, infrastructure, and equality in the opportunities of social and work integration. Among the environmental factors, the cultural issues play a key role in promoting or preventing the expansion of the capability set of people with disabilities. For instance, existing stigma against persons with health deprivation seeking employment create a disability in terms of reduction of their capabilities of employability, social inclusion and economic security (Mitra, 2017, Mitra & Brucker, 2020). More generally, the cultural interpretation of disability changes policy agenda, design of services and interventions. Beyond the focus on the role of conversion factors, other advantages in applying the lens of CA to disability are the inclusion of the human diversity and agency (Mitra, 2017; Mitra & Brucker, 2020; Ton et al., 2019). The CA recognizes disability as one of the expressions of the human diversity together with many other personal and environmental characteristics and its centrality in evaluating individual advantages and disadvantages (Terzi, 2005). Consequently, the CA promotes social inclusion helping to overcome the risk of discrimination of people with

disability denounced by advocay groups and associations[7]. It also provides guide principles to design institutional and social arrangements that decrease the impacts of impairments and ensure equal opportunities to all. Fundamentally, the CA recognizes the role of agency of people with disabilites to make choices according to their objectves, ambitions, and values, and their participation in decision-making processes impacting on their well-being (Biggeri & Bellanca, 2010; Ton et al., 2019; Trani et al., 2011). Suppose a case with Maria and Sara, both suffering an intellectual disability and, both in their 30's, live at home with their families. Maria can rent a shelter and access a range of in home and community support services. Thus, she has the capability to live indipendently but she chooses to live with her family because this is the home she likes, it is suitable for her needs and she enjoys good relationships with other members of the family. Sara, on the other hand, desires to live indipendently but she doesn't have this capability, because there are no affordable shelter and insufficient community support services for her. In this example, therea are two women of the same age and with similar health problem that achieved the same functioning (in this case, not living indipendently), however Maria has the freedom of choice, whereas Sara has no choice.

To summarize, the CA contributes to develop an innovative conceptual framework for the human development of people with disabilities. More thoroughly, it helps to redefine disability and analyze the impairment/health conditions, its causes and the consequences on human well-being and development of people with health deprivation. Similarly to the ICF model, it is a relational, normative and multidimensional framework. Differently from the ICF model, it emphasises the role of conversion factors, the human diversity, agency and participation. The operationalization of the human development model is more complex than the ICF model as it does not define standard indicators to measure and classify disability's types and severity as what is relavant is the evaluation of the well-being in terms of capabilities and functionings that people value. To promote an inclusive human development, it is thus necessary to support the capabilities of people with disabilities on a basis of equal respect and human dignity through policies and services for them and their families (Nussbaum, 2011). Policy-makers, researchers and practitionairs need to develop a list of relevant capabilities in a democratic and participatory mode (Mitra, 2006). Participation of people with disabilities and their families is central to define appropriate policies and design services for the development of human capabilities that are appropriate and responsive to the needs, desires, objectives and value of the direct beneficiaires (Biggeri et al., 2011; Biggeri & Bellanca, 2010; Mitra & Brucker, 2020; Ton et al., 2019; Trani et al., 2011).

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[7] See e.g. European Disability Forum (2011) "2nd Manifesto on the rights of women and girls with disabilities in the EU" ; FISH – Italian Federation for overcoming Handicap Onlus (2020) "Nothing about us without us"

Chapter 2

Defining and conceptualizing co-production

This theoretical chapter aims to clarify the definition of co-production, and the integration of perspectives that frames this concept to explore what lies beneath the 'co' and the 'production' side of this concept. Co-production is a well-known term in the public sector debate where it was originally discussed in the late 1970s and early 1980s. At the beginning, the term was coined by the Nobel prize Elinor Ostrom[8] and her team at the Indiana University Workshop in Political Theory and Political Analysis (Ostrom and Ostrom, 1977; Ostrom & Whitaker, 1973; Ostrom et al. 1978; Percy, 1978; 1984). Co-production was originally defined as "the mixed of activities that both public services agents and citizens contribute to the provision of public services" (Parks et al., 1981) and as "a process through which inputs from individuals who are not in the same organization are transformed into goods and services" (Ostrom, 1996, 1073). The concept was based on the simple idea that citizens could no longer be considered as simple passive recipients or consumers of public services, rather people who use the services and contribute to their production (Needham & Carr, 2009). Although Ostrom (1996) mentioned goods in her definition, she and her colleagues stated that co-production is more critical for services where the production and consumption typically occur at the same time (Brudney & England, 1983; Parks et al., 1981; Whitaker, 1980). Citizens are co-producers who are engaged in the service delivery processes and contribute with their inputs in significantly shaping the outputs and outcomes of services (Ostrom et al. 1978; Ostrom 1996; Parks et al. 1981; Percy 1978). It is important to point out that co-production is different from the common view of citizen participation in policy formulation as it focuses on their participation in policy implementation; that is, the public service delivery through which the public policies and programmes are implemented (Whitaker, 1980). As shown in Figure 1, co-production changed the traditional view of public service delivery - based on a centralized service provision, hierarchical value of chain from the producer to the consumer; bureaucratic decision rules and standardized solutions - toward a model based on a collaborative relationship or a "synergy" between public service providers and citizens who play an active and participate role (Brudney & England, 1983; Ostrom, 1996).

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[8] Elinor Ostrom won the Nobel Prize in Economics Science in 2009 for her studies of economic governance, especially the commons. However, some key issues in her studies on collective action and institutional design started with the co-production idea (Alford 2014).

Since its introduction in the late 1970s, the interest in co-production has waxed and waned during the decades according to the evolution of Public Management along the three main paradigms that changed the institutional arrangements and the role of citizens and public agencies in the public service provision (Nabatchi et al. 2017; Brandsen & Honingh 2015). At first, Ostrom's researches raised the interest of various public management scholars who recognized that co-production had been widely practiced in some public services (e.g. Brudney & England, 1983; Parks et al., 1981; Whitaker, 1980). According to Whitaker (1980), citizens co-produce services by requesting assistance from PSOs (e.g. they ask emergency assistance from doctors, fire fighters or police agents); by cooperating with PSOs in performing some activities (e.g. parents participation in child care services and schooling; citizens contribute in garbage collection and waste recycle; neighbourhood watch, and so on); and finally by negotiating with the PSOs the mutual expectations and activities that impact on the success of a service (e.g. a prisoner's voluntary participate to develop a personal rehabilitation program; a professor negotiates with students the learning goals and method of a lecture; a physician and a patient work together to develop a personal treatment plan).

Figure 6. Traditional Model vs Co-production Model (Brudney & England, 1983; p. 61).
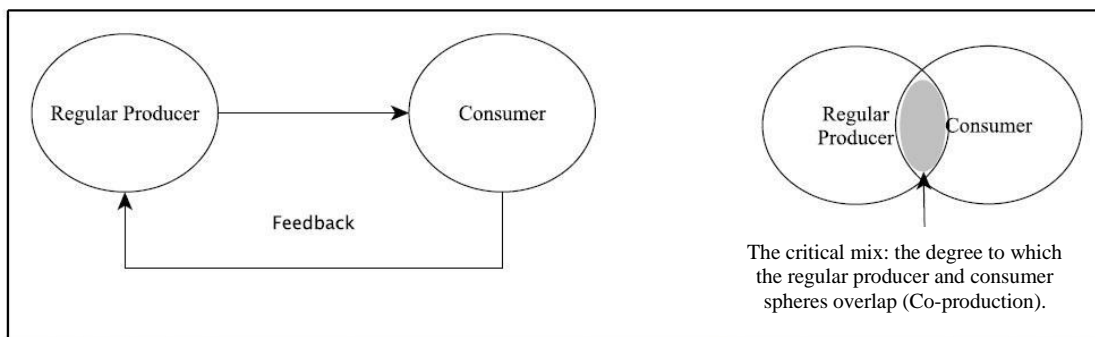
After the first exciting period, the interest of co-production slowed down during the time of NPM and it shifted towards market-inspired reforms, consumerism, and business practices. The NPM changed the vision of public agencies from a legal authority to a *service provider* and the vision of citizens from clients to *consumers* who are free to make their selective choices among various public or private services providers (Hood 1991; Torfing et al. 2018; Bracci et al. 2015). The NPM opened the involvement of profit and non-profit institutions in public services where remained the idea that service users could be integrated into operations in order to reduce costs and improve the service quality (Nabatchi et al. 2017; Sorrentino et al., 2018).

Finally, co-production gained a new revival of interest around the world with the arise of the New Public Governance (NPG) paradigm based on interorganizational relationships, networks, collaborative governance and participatory governance, and other forms of multi-actor policy making and public service provision (Bovaird et al., 2019; Bracci et al., 2016; Nabatchi et al., 2017; Osborne et al., 2015; Voorberg et al., 2015). Starting from the recognition that the realization of public outcomes needs multiple stakeholders, the NPG emphasized the key role of service users and their communities as co-producers who contribute in the initiation, planning, design and implementation of public services (Bovaird et al., 2015b; Bracci et al. 2015; Brandsen & Honingh 2018; Osborne and Strokosch 2013). Recently, some scholars preferred the terms "arena of co-creation" and "value creation ecosystem" to define the new paradigm based on partial overlapping concepts of *co-production*, *co-design* and above all *value co-creation* (Dudau et al., 2019; Osborne, 2018; Torfing et al., 2019).

In the past decades, several socio-economic trends and contingences explain why the governments and PSOs have (re-) discovered the co-production and co-creation as the viable path for the effective and sustainable public service provisions (Brandsen et al., 2018; Torfing et al., 2019). Among the others, there are an aging society with an increasing number of older people who need long-term health and social care to address multiple chronic diseases and disabilities and the problem of social exclusion (Boyle et al.,2010; Pestoff, 2009); the growing public expectations in terms of personalized high-quality services (Flemig & Osborne, 2019; Park, 2018); the increasing demand of complex services and solutions for multiple wicked problems characterized by uncertainty, complexity, diversity, and interconnection (Geuijen et al., 2017; Head & Alford, 2015). More generally, the society was becoming progressively fragmented, complex and pluralist (Osborne et al., 2015; Steen & Brandsen, 2020; Torfing et al., 2019). As outlined by Pope Francis in his encyclical *Laudato sì*, there is a widespread growth of socio-economic inequalities, poverty and a throwaway culture that affects both the human dignity and the planet preservation (Pope Francis, 2015). Despite these complex challenges, the financial crisis and the crisis of public debts forced the reduction in public expenditure and prioritized the service efficiency (Nabatchi et al., 2017; Palumbo et al., 2018). Moreover, the progressive decline of citizenship - or the so-called democratic deficit (Pestoff, 2009) - together with the increasing individualism are other trends that have stimulated a public debate on how foster the role of citizens and community into the public policy formulation and implementation (Brandsen et al., 2018; Nabatchi et al., 2017). Public governments and PSOs have realized that they need to become more flexible, effective, efficient and democratic in the public service provisions to address multiple needs and higher expectations (Palumbo et al., 2018); revitalizing the democratic participation (Pestoff, 2009); achieving the

sustainability (Osborne et al., 2015) and promoting the sustainable development through effective policies and public services (Bouckaert et al. 2016; Miller & Wyborn, 2020). They have recognized that they can no longer act alone following the old schemes and models as the single institution does not have all the necessary ideas, knowledge and resources to solve wicked problems (Torfing et al., 2019). The collaboration with different actors, including the active role of citizens in the design, implementation, and monitoring of public policies and services is strictly important to overcome some actual challenges (Seen & Brandsen, 2020). This consciousness has prompted a cultural change in public administration[9]. The cultural shifts of public agencies toward open and collaborative relationships and the increasing information and communication technologies (ICT) and other digital tools enhance the co-production and co-creation processes today (Brandsen et al. 2018). Co-production contributes in a structural transformation of both public sector and civil society because it changes the relationships between government and citizens from vertical relationship to a more collaborative and horizontal relationships in which citizens collaborate with PSOs and provide their times, efforts and knowledge to the public service delivery (Meijer, 2016). Previous studies investigated how co-production and co-creation improved the effectiveness, efficiency, cost saving, satisfaction and quality of public services; revitalised democracy and social capital; and finally transform and innovate the public sector (Jo & Nabatchi, 2016, 2019; Loeffler & Bovaird, 2016). Co-production is thus considered as a core and inalienable element of sustainable public services because it places the experiences and knowledge of the service users and community at the heart of effective pubic service design and delivery (Osborne et al., 2015). The involvement of users in the production and creation of public services is still considered a major topics in the public administration and public management studies (Brandsen et al., 2018). Last but surely not least, the Covid-19 pandemic has revealed the crucial relevance of co-production and co-creation. The implementation of public health policy and other voluntary recommendations to contain the spread of COVID-19 has been worldwide possible only with the collaboration and engagement of all citizens and communities (see e.g. Cepiku et al., 2020; Li, 2020; Steen and Brandsen 2020; Zhao & Wu, 2020). Beyond the public health protection, the contribution of citizens was also crucial for several welfare services. For instance, parents played a key role in supporting their children with homeschooling; and again, the family as caregivers of people with disabilities collaborated with remote social care services when the physical structures were closed during the lockdown.

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[9] Indeed, it seems that the involvement of citizens in the design and implementation of policies has welcomed and stimulated by the governments. Likewise, citizens and community has taken more responsibility for the services that benefits themselves or the others (e.g. the increasing number of bottom-up initiatives such as grassroots social innovations or the active role of civil society organizations in public service delivery are concrete example of individual and organized citizen engagement).

Moreover, several bottom up initiatives developed by civil society organizations, social enterprises and other voluntary contributions by traditional business were welcomed as key private contributions to tackle the emergency (Steen & Brandsen, 2020). This situation has been defined yet as "gigantic coproduction project" in which the co-production has flourished (Steen & Brandsen, 2020; 852). To face the current Covid-19 pandemic with its tragical, multidimensional and long-lasting effects on the health and social-economic conditions; the public governments and PSOs need the collaboration of all individual and organized citizens today and in the future. However, the sustainability of citizens and communities co-production and its impact on long-lasting outcomes is still on debated (Cepiku et al., 2020; Steen & Brandsen, 2020).

2.1 State-of-the art review

The literature on co-production in the field of public administration and public management is wide and it followed the evolution of the public management as well as the social and economic trends of the society (Brandsen & Honingh 2018). Since the twenty-first century, co-production has captured the interest of a growing number of researchers who produced early explorations in public services (e.g. Alford 2002; Bovaird 2007) and demonstrated its potential benefits through numerous qualitative case studies (e.g. Verschuere et al., 2012). In particular, scholars contributed in identify the enabling organizational conditions including governance and management mechanisms (e.g. Tuurnas, 2015; Sicilia et al., 2019), the motivation or other influential factors that foster the engagement of actors in co-production processes (e.g. Alford, 2009; Alford & Yates, 2016; Bovaird et al., 2015; Parrado et al., 2013; Van Eijk & Steen, 2016); its potential normative or instrumental outcomes (e.g. user satisfaction, effectiveness, efficiency and quality of service, sustainability of public service delivery and value, empowerment of citizens, trust in government, inclusion of vulnerable groups to the benefits of the service; organizational change) (e.g. Brandsen et al. 2018; Jo and Nabatchi et al., 2016; Loeffler & Bovaird, 2016; Palumbo et al., 2018). The extent of co-production and its effects differ strongly between different types of services, institutions and cultural contexts (Brandsen et al. 2018). Over the past decades, co-production generated a vibrant field of theoretical and practice reseach in public sector (Sicilia et al., 2019). Although various studies advanced the knowledge on co-production and explored why and how co-production takes place and generates which outcomes, there are major gaps (Park, 2020) and a lack of full and shared understanding about the nature, functioning and effects of co-production (Brandsen et al. 2018). The knowledge is weak and confused for different related reasons. Firstly, the theoretical frameworks proposed and empirical evidences are based on various definitions and interpretation of the concept (Brandsen & Honingh, 2015; Nabatchi et al., 2017). There is no a clear and

consistently applied definition of co-production while the convergence on a more precise definition should be important for academic purposes of comparability and theory-building (Nabatchi et al., 2017; Branden et al. 2018). Co-production is a buzzword because it is a term in vogue in the lexicon of both academics and practitioners (Sorrentino et al., 2018) but it is also a fuzzword that presents different meanings and nuances depending on who is using it and in what context (Brandsen & Honingh, 2015; Cornwall, 2007; Dudau et al., 2019; Jo and Nabatchi; 2016).

Secondly, most empirical findings on co-production are the result of researches based on single case study approach. Although exploratory and descriptive case studies were very useful to highlight important insights on co-production and generated better understanding on its processes and benefits, they cannot be generalized or comparable for the different interpretations of the phenomenon that is observed in a specific context (Jo and Nabatchi, 2016; Brandsen & Honingh, 2015; Brandsen et al. 2018; Voorberg et al., 2015). More recently, an increasing number of scholars have advanced qualitative research applying multiple-case study, cross-national comparison case studies or longitudinal studies or have introduced the first explanatory research in the field through experiments and quantitative methods (Brandsen et al. 2018). Despite the existence of these advanced studies; the case study approach remains dominant in the field and it makes more difficult the comparison of previous studies (Brandsen et al. 2018).

Thirdly, the concept of co-production has become larger and multi-disciplinary thanks to the interest and academic contributions of scholars from different disciplines notably public administration and public management, economics, political science, service management, business management and marketing, sociology, voluntary and third sector studies (Brandsen & Honingh, 2015; Nabatchi et al., 2017; Branden et al. 2018). The multi-disciplinary and richness of perspectives have contributed to increase the understanding of co-production demonstrating the usefulness of the concept for different situations and also for scholars of different discipline (Brandsen & Pestoff, 2006) (Brandsen & Honingh, 2015; Nabatchi et al., 2017). However, it was a source of complexity and conceptual fuzziness on what is co-production and what is not (Brandsen & Honingh, 2015; Jo and Nabatchi; 2016). Moreover, what is clear for one's discipline perspective and even for one' researcher perspective is not so for another discipline or between two researchers in the same discipline (Brandesen et al. 2018). Forth, the lack of clearness increases as co-production is recently compared with other concepts that express different forms of collaboration like co-design and value co-creation (Dudau et al., 2019); and also with other concepts related to interorganizational collaboration and networks in the provision of public services like co-management and co-governance (e.g. Brandsen & Pestoff, 2006, Poocharoen & Ting, 2015, Sancino & Jacklin-Jarvis, 2016). Embracing those terms in an overlapping way is partially justify by

the fact that the New Public Governance paradigm encompasses theoretically all of them as different models and mechanisms of collaboration and participation. Even in practice, PSO increasingly tends to be a part of complex public service systems of provision that combine different mechanisms of co-ordination and negotiation of relationships with different types of actors – policy makers, other PSOs, firms, civil society organizations, service users, citizens – who are stakeholders of the public service systems (Osborne et al., 2015).

The diversity in co-production definitions, the development of various typologies, the used of different methods has hampered the opportunity to compare existing empirical findings on this topic; and they makes still more challenge the systematization of the knowledge and the theory-building (Brandsen & Honingh, 2015; Nabatchi et al., 2017; Brandsen & Honingh, 2018). Even the ability of practitioners to manage and governance the coproduction processes and appreciate their potential is undermined due to these problems (Jo and Nabatchi, 2016). Recently, some scholars have tried to define co-production more clearly, systematize the broad knowledge around the concept and overcome some confounding issues (e.g. Brandsen et al., 2018; Brandsen & Honingh, 2015; Jo and Nabatchi, 2016; Nabatchi et al., 2017; Voorberg et al., 2015). It is important to become more precise with respect to the definition of what is (and what is not) co-production as well as the different types of coproduction being compared. There is also a need to develop better interdisciplinary approaches in which scholars from different disciplinary cooperate and joint efforts and perspective, especially researchers from public administration field where the concepts had its origin (Branden et al. 2018). Each researcher has to choose a definition but also explain the conception of co-production assumed in his or her study including theories, framework and typologies (Sancino, 2016; Jo and Nabatchi, 2016).

Finally, the terms of the "co-" paradigm - like co-production and co-creation - are often used as "magical concept" due to their normative attractiveness based on the assumptions that the 'co-' alternative lead to better services and value creation (Dudau et al., 2019; Voorberg et al., 2015). Recently, some scholars focused their attention on the problems of co-production like power imbalance, exclusion and unequal participation to the benefits, tensions and value conflicts between service providers and users and the risk of value co-destruction that represents the dark side of co-production and co-creation (e.g. Jaspers & Steen, 2019; Aschhoff & Vogel, 2018; Fledderus et al., 2015; Williams et al., 2016). Consequently, there is a need to contribute to a more realistic agenda through more empirical research that explore and theorize when, where, why and how

coproduction generates positive or negative effects on service outcome and citizens wellbeing (Bovaird et al., 2017; Dudau et al., 2019; Jo and Nabatchi, 2016).

2.2 Defining co-production

There are many definitions of co-production in the public administration literature that developed the original idea of Ostrom and colleagues and revealed progressively the multifaceted nature of the concept (Alford, 2014a; Sorrentino et al., 2018). A comparison of various definitions is useful to capture the different and sometimes divergent operationalization of the term. Table 2 shows some of the main definitions that were refined by leading scholars in the field of public administration studies. The original definition was enlarged and enriched by the integration of different perspectives and fileds of study including the public administration and governance, the literature on political participation, service management, voluntary or third sector (Alford, 2014a). Co-production definitions vary according to two main dimensions: i) who are the actors involved in co-production processes; ii) what they do and when they are involved iii) where they are involved (e.g. Alford, 2014; Bracci et al., 2016; Nabatchi et al., 2017; Sicilia et al., 2016). These dimensions are discussed further below. Some scholars expanded the meaning of co-production as an umbrella term that encompasses a wide range of activities and multiple relationships among citizens and different actors and institutions who work together at different stage of policy-making or public service delivery cycle (from the strategic to the implemention phases) to enhance various outcomes (Nabatchi et al., 2017; Jo and Nabatchi et al., 2016). There are three main perspectives that contribute in defining co-production in public service provision; that is: 1) the service management perspective that focuses on the interactions between the service providers and users at the point of service delivery; 2) the public administration perspective that emphasises the involvement of citizens in planning and design of public services; 3) the asset-based perspective that enlights the ability to activate the user capability, knowledge and resources that contribute to the creation of value (Farr, 2016; Petrescu, 2019). Recently, it seems that scholars have preferred to be more clear about what is co-production and what is not. In this sense some scholars narrowed the definition by focusing on the essential and common core elements that are at the heart of the original definition of co-production: : *i*) it focuses on the collaboration between public service providers and citizens/service users; *ii*) it refers to the process of production or provision of services; *iii)* it implies the active involvement of citizens/service users who contribute with their inputs in shaping the services (e.g. Brandsen & Honingh 2018; Park, 2020). In the following sections, the different core elements of co-production, the various interpretation and perspectives of this concept are analysed and systemized.

2.3 The "co-" side of co-production: Who are the co-producers?

The "co-" side of co-production is usually referred to who is involved in this process. The original definitions of co-production embedded two main types of actors: *i)* public agents or staff who work in Public Service Organizations (PSOs) as professionals or "regular producers" and *ii)* citizens who voluntary contribute through resources and activities in enhancing the quantity and/or the quality of the service they coproduce and consume (Parks et al. 1981; Ostrom 1996).

Table 2. Main co-production definition

REFERENCE	DEFINITIONS	What	Who	Perspective
Whitaker (1980)	"Three broad types of activities constitute coproduction: (1) citizens requesting assistance from public agents; (2) citizens providing assistance to public agents; and (3) citizens and agents interacting to adjust each other's service expectations and actions" p. 242	Service Delivery	public agents and citizens	Public administration
Parks et al. 1981	Individual consumers or groups of consumers, acting outside of their regular production roles, may contribute to the production of some of the goods and services they consume. In such cases they act as consumer producers. In many instances, consumer production is an essential complement to the efforts of regular producers; without the productive activities of consumers nothing of value will result. [...] Coproduction involves the mixing of the productive efforts of regular and consumer producers. (Parks et al. 1981, 1002)	Service Delivery	consumer producers and regular producers	Public administration/Service management
Brudney & England (1983)	"Coproduction is considered the critical mix of activities that service agents and citizens contribute to the provision of public services. The involvement of the former consists of their work as professionals, or "regular producers," in the service process. Citizen coproductive activities, or "consumer production," are voluntary efforts of individuals or groups to enhance the quality and/or quantity of services they receive" p. 59	Design and Service Delivery	service agents and citizens	Public administration
Ostrom (1996)	"Co-production as the process through which inputs, used to provide a good or a service, are contributed by individuals who are not in the same organization" p. 1073; "Co-production is one way that a synergy can occur between what a government does and what citizens do can occur" p. 1079	Production of goods and services	Citizens and government	Public administration
Alford (1998)	"Co-production refers to the involvement of citizens, clients, consumers, volunteers and/or community organizations in producing public services as well as consuming or otherwise benefiting from them" p.128	Service Delivery	Citiznes, clients, consumers, volunteers, ans /or community organizations, government agencies	Public administration
Brandsen & Pestoff (2006)	"Co-production, in the restricted use of the term, refers to an arrangement where citizens produce their own services at least in part" p. 497	Service Delivery	Citizens	Public administration
Alford, (2009).	"Co-production is any active behaviour by anyone outside the government agency which: is conjoint with agency production, or is independent of it but prompted by some action of the agency; is at least	Creation of private and/or public value	government agency and anyone outside	Public administration/Service management

	partly voluntary; and either intentionally or unintentionally creates private and/or public value, in the form of either outputs or outcomes" p.23			
Joshi & Moor (2004).	"Istituzionalised co-production is the provision of public services (broadly defined, to include regulation) through a regular long-term relationship between state agencies and organised groups of citizens, where both make substantial resource contributions" p. 40	Regulation and Provision of Public service	State agencies and groups of citizens	Asset-based
Bovaird (2007)	"User and community coproduction as the provision of services through regular, long-term relationships between professionalized service providers (in any sector) and service users or other members of the community, where all parties make substantial resource contributions" p. 847	Service Provision	Professionalized service providers Service Users or community	Asset-based
Boyle (2009)	"Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change" p.11	Public service delivery	professionals, people using services, their families and their neighbours	Public administration
Voorberg et al (2015)	"Co-production is being considered as the involvement of citizens in the (co-)implementation of public services" p.1347	Service delivery	Citizens	Service Management
Loeffler & Bovaird, (2016)	"Public services, service users and communities making better use of each other's assets and resources to achieve better outcomes or improved efficiency" p. 1006	Creation of public outcomes	Public services, service users and communities	Asset-based
Surva et al. (2016)	"A way to involve citizens as co-designers and co-implementers of services that are usually delivered by public organizations" p. 1031	Design and implementation	Citizens and public organizations	Public administration

Co-production takes place in PSOs that are engaged in public-related activity. They can be governmental agencies but also non-governmental institutions including private companies and mostly non-profit institutions or other so-called hybrid organizations that collaborate with the government and provide public services on contract (Farr, 2016; Fledderus et al., 2013; Loeffler & Bovaird, 2016; Nabatchi et al., 2017). Especially, non profit organizations and social enterprises play an expanding role in making public service provision sustainable (Mariani & Cavenago, 2013; Pestoff, 2012; Powell & Osborne, 2020). Within these different organizational contexts, public agents or front-line staff, professionals and managers represent the public actors of the co-production processes that can facilitate or hinder the involvement of citizens/service users.

2.3.1 Different roles of service user: citizen, client or customer

In public administration literature, several earlier definitions used the term *citizens* to define the lay actor who is engaged in public service delivery (Brandsen & Honingh, 2015; Nabatchi et al., 2017). Among public administration scholars, there was a disagreement on considering lay actor as a citizen or as customer (Thomas, 2013). The term *citizen* is preferred by the scholars in the field of public administration and political participation. Citizens are members of a local or political community who work with other in order to enjoy collectively public value rather than individually private value (Alford, 2002; Loeffler & Bovaird, 2016; Nabatchi et al., 2017). Citizens engagement in co-production depends more on the political efficacy, sense of duties and responsibility for contributing to common good (Uzochukwu & Thomas, 2018; Van Eijk & Steen, 2016). Differently, the term *customer or consumer* was originated from business and service management studies to design who pay for a service and enjoy a private value. However, this idea reduces the relationship between PSO and service user into an economic exchange of private value for money; but the reality of public services provision is more complex (Alford, 2002, 2016; Thomas, 2013). Public services address personal needs but also serve to create public value for the general society (e.g. improving environmental, social, political value). For this reason, they are often totally or partially subsidized by the public financing without any direct monetary exchange between PSO and service user (Alford, 2002, 2014a; Bovaird & Loeffler, 2012). Moreover, the service users can be involved by PSOs regardless the expression of her/his preferences for the service or her/his will but for legal obligations or sanctions (e.g. prisoners, child protection services, inspection of food safety service) (e.g. Alford, 2002; Osborne, 2018; Osborne et al., 2016; van Kleef & van Eijk, 2016). This is the case of coerced or obliged service users who is unusual in the private sector. PSO has to treat obliged users respectfully, understanding and addressing their need and rights in order to receive

compliance, resources and engagement from them (Alford, 2002). Indeed, also obliged users can choose to actively engage with public service provision and this is desirable for a better service experience and value co-creation (Osborne et al., 2016).

In this dissertation, the term of *service user* is preferred because it can include the different roles that each service user can play within the public service context observed. Briefly, public service users can be *citizens* who mainly working with others to bring collectively public value (e.g. participatory budgeting, urban planning, neighbourhood watch or recycling scheme); they can be *clients* who receive public service for free because they are legally entitled (e.g. students or patients in public education and health system; prisoners as obliged client) or they are *customers* who directly pay the PSO and typically they co-finance the service cost that is not covered from public resources (e.g. commuters) (Alford, 2002; Nabatchi et al., 2017). A service user can exert multiple roles simultaneously. Regardless of the specific role, the service user become a co-producer if she/he is a *partner* who contribute actively in making the service delivery more efficiency and effective, and negotiating the outcome (Bovaird, 2007; Thomas, 2013).

2.3.2 Different levels of involvement: individual, group and collective co-production

The basic model of co-production is based on one-to-one relationship between regular producer and service user, however multiple regulars producers and service users may participate as individuals or as a group/community (Nabatchi et al., 2017). Three main levels of co-production were identified according to the "who" of co-production and the nature of the benefits; that is, individual, group, and collective co-production (Brudney & England, 1983; enriched by Nabatchi et al., 2017). At the first level, individual service user contributes into co-productive activities and enjoy personal benefits (e.g. a patient who collaborate with the doctor for the diagnosis and treatment; the family of a child with disability who collaborate with the school to define learning goals and targets). The individual level is the simplest and common level of service co-production as it is often impossible or counterproductive to avoid the inputs by service users in term of economic, social, knowledge and human resources. This is the case of human services - such as education, health and social services - in which the service user is directly involved with the aim to achieve personal outcomes based on a change in the service user's behaviour (Whitaker, 1980). PSO typically understands and encourages the service users' willingness and ability to co-produce as successful factor that may impact output and outcomes (Alford, 2009). Thus, service user receives benefit or private value from the service that s/he consumed individually and coproduced with the provider, but individual co-production could generate also some social benefits or public value for the communities (e.g. experiences and knowledge for a better public health; access to inclusive educational services).

At the second level, not only a service user but a group of service users collaborate with a regular producer to improve a service that they consume (e.g. it is the case of neighbourhood watch group or parent associations that act to improve the police service and schooling respectively). The group enjoys both individual and social benefits (e.g. safer neighbourhood and better educational services). According to Pestoff (2014), the collective action of a group has a great potential to impact on the individual service users (private value) as well as on addressing social needs (public value) when the co-producing group has a small size, they all known each other and their interactions occur frequently. Despite its potential, the group co-production requires some formal coordination mechanisms in order to include the interests of disadvantaged people that cannot participate and control the risk of inequalities in and from co-production (Brudney & England, 1983; Nabatchi et al., 2017). In some cases, the group of co-producers is different from the service users and it acts in representation of the target group (e.g. expert patients who are ex-users of a service and contribute with their past experience in designing and delivering a preventive health service). Eriksson (2018, p. 291) defined this type of group co-production as representative co-production in which "the group representatives' knowledge and skills are used in evaluating, designing, and delivering services with the purpose of supporting other group members' value creation". The joint and voluntary efforts of group of representatives may serve to represent the interest of hard-to-reach service users like the potential service-users who will need the service in the future or disadvantaged people who are not able to co-produce fully (Eriksson, 2018).

At the third level, co-productive activities involve the community aiming to collective goods and social benefits (e.g. city government works with community to define budget priorities and develop a sustainable urban mobility plan or a community health plan) (Brudney & England, 1983; enriched by Nabatchi et al., 2017). Some scholars treated the group co-production as a form of collective co-production defined as "the joint action of citizens to support public services and achieve outcomes, while individual co-production covers those actions not jointly undertaken" (Bovaird et al., 2015a). Differently from group co-production that targets a specific segment of population and produces at first personal benefits for the group members; the collective co-production regards several members of a community with the aim to address social needs and problems (Nabatchi et al., 2017). In this sense, the collective co-production is close to other forms of traditional citizens participation because it involves typically citizens and local government or other public service organizations, such as a public park or museum. Collective co-production requires a great set of formal coordination mechanisms and other institutional arrangements in order to ensure inclusive processes and equity in the distribution of benefits (Nabatchi et al., 2017). It can be more challenging for PSOs as staff needs to invest more inputs (time, financial resources, facilities) in

order to build relationships and trust between citizens themselves and between the community and public service organisations to undertake effective community co-production (Loeffler and Bovaird, 2018). Some scholars emphasised the relevance of collective co-production for achieving sustainable and viable co-production (Pestoff, 2014a); increasing or making a better use of existing social capital and achieving valuable outcomes for the communities (Bovaird et al., 2015b). It makes possible to achieve common goals like quality educational services, good quality health care, sustainable environment, safety, elder care, social inclusion and democracy etc. (Bovaird & Loeffler, 2012; Pestoff, 2012). In this sense, collective co-production has the primary goal to produce social benefits or public value for communities which are likely to generate private value for individual or small group (Nabatchi et al., 2017). In the public literature, some scholars developed different co-production typologies according to the individual or collective dimensions of inputs, actions, and outputs. Co-production processes may involve the inputs provided by individuals, groups or community; informal or spontaneous actions by individuals or activities done together with others in formally organized and institutionalized entities; the benefits of co-production may be individually or collectively enjoyed (Loeffler & Bovaird, 2016; Pestoff, 2012). Sometimes - particularly enduring social services - it is possible to observe a mix of individual and collective dimensions both in the production and consumption phase (Pestoff, 2012).

2.3.3 Different inputs by service users in co-production

Various definitions mention the active inputs by citizens as a core element of co-production that distinguishes it from passive clientelism or consumerism (Brandsen & Honingh, 2015). Service users can contribute to the service provision by providing tangible and intangible initial resources and assets, perfoming some tasks by working together with the regular producers in order to transform the initial resources and assets into better services and outcomes.

The literature suggests that service users can contribute with different resources like specific knowledge, information, experiences and skills that regular producers do not have; they donate time, efforts and assets (including financial resources) with the aim to help themselves or others; they can contribute with ideas and creativity in the service innovation; they can make compliance by respecting the requirements and the rules of the game, and they can also contribute to enhance the legitimacy influencing the right behaviour of other service users by their own example (Loeffler and Bovaird 2016).

The inputs by service users contribute to define the degree of their involvement into the service provision. According to some studies, citizens are *co-implementers* when they perform only some implementation tasks; they are *co-designers* when participate in the strategic planning and design of

service delivery and they are *initiators/innovators* when they take the initiatives for new forms of public service and/or delivery processes (Osborne & Strokosch, 2013; Voorberg et al., 2015). Typically the inputs are direct because they are provided by the service user - through face-to-face interactions or using digital technologies – inside an organizational context (PSOs), influencing the service that is provided to her to him. However, as mentioned above, other people like family, formal or informal carers or community members can contribute with their active and direct inputs to help the others (Brandsen & Honingh, 2015). Therefore, the inputs can be individually or collectively provided by the service user and other groups of people (Bovaird et al., 2015b; Brudney & England, 1983; Nabatchi et al., 2017).

In the literature, the inputs provided by service users are categorized as complementary, interdipendent or supplementary (Pestoff, 2012). The inputs are complementary when they complement the tasks performed by regular providers. For instance, Bransen and Honingh (2015) distinguished between *complementary co-production* when the inputs by service users concern complementary tasks that support the production of peripherical services or other supporting processes (e.g. parents provide the digital technologies that are necessary for home-schooling; they participate at class representative meetings or open day event); and *noncomplementary co-production* when the inputs by service users contribute directly to the organization's core service (e.g. parents support the children in home-schooling) (Wirtz & Lovelock, 2016). A clear division of tasks in a complementary co-production situation (Pestoff, 2012) - or at least a clarity of the tasks are expected to perform by service users (Lengnick-Hall et al., 2000) – as well as the service users autonomy to decide how to approach their tasks (Aschhoff & Vogel, 2018)– are cited as factors that help co-production processes by mitigating some potential interests or values conflicts between the clients and professional staff. The inputs by service users can be also interdependent when the PSO cannot provide the service without these inputs (e.g. the inputs of student in education services to achieve learning objectives) (Pestoff, 2012). Complementary and interdependent inputs are embedded into the types of additive co-production as user/citizens add inputs to that of professionals (Bovaird & Loeffler, 2012). Finally, the inputs provided by service users can supplement or substitutes some activities of regular producers. This is the case of substitutive co-production where user/community inputs replace professional inputs (Bovaird & Loeffler, 2012). However, it depends both on the users' ability and motivation to perform the expected tasks. The digital technologies (such as modern ICT; Apps; digital crowdsourcing platform; assisted living technologies; etc) are powerful tools that help service users to perform increasingly activities alone (e.g. online booking and paying of a museum ticket; monitoring health

indicators through telecommunication and self-care) and they substitute traditional service provision model with automated, self-organizing and supplementary ones (Lember, 2018). More thoroughly, the kinds of contributions provided by services users or other groups of people interested in the service provision are service-specific. For instance, in the case of childcare or elementary school, the involvement of parents originates different forms of co-production like: the *economic co-production* that refers to the contribution of economic resources by the families (e.g. money, in-kind donations and time); the *political co-production* regards the involvement of parents into policy-making processes and bodies (e.g. they are representative members in board meeting); the *social participation* regards their involvement in regular meetings or other occasion that facilitate the creation of parent networks (e.g. mutual self-help group), or in the planning and implementation of social events (e.g. Open Day event or Christmas Party) or other open initiatives that facilitate the creation of PSO's network and the dissemination of the organizational values and culture. These three kinds of co-production are complementary because parents support indirectly the core service; whereas the *pedagogical co-production* regards the direct involvement of parents in the pedagogical activities of the childcare facilities (Lindenmeier et al., 2019; Pestoff, 2006, 2009, 2012; Vamstad 2012).

2.3.4 The voluntariness of service user participation in co-production

The voluntary or involuntary participation of service users in the service production is one of the debated issues of co-production (Brandsen & Honingh, 2015; Osborne et al., 2016; Park, 2020; van Kleef & van Eijk, 2016). It is sometimes considered as a dimension to distinguish different forms of co-production mechanisms. Most public management scholars consider the involvement of service users as a voluntary choice because the service users consciously and freely decide to give or withdraw assistance in the service design and delivery. The voluntary element is align with the democratic premises (Park, 2020) and it strengthens the idea of co-production as an optional add-on form of citizen involvement in service provision (Osborne & Strokosch, 2013). The involvement of service users is also voluntary in the sense that it is an unpaid labour (Brandsen & Honingh, 2015). However, co-production is different from mere volunteering as service users contribute with resources and time; they consume the service provided (economic value) and enjoy other intangible value like social interaction and reciprocity (social value) or democracy and representativeness (political value) during the service provision (Alford, 2016; Bovaird & Loeffler, 2012; Bracci et al., 2016). The involuntary involvement refers to the ordinary or passive user involvement in some service production settings (e.g. student sitting at her/his desk; a homeless standing in line at soup kitchen; an elder livig in a residential care) or to the absence of will in the case of on coercive or normatively (e.g. paying taxes; probation) (Bracci et al., 2016; Nabatchi et

al., 2017). Furthermore, co-production can be institutionalized by law and regulation (Joshi & Moore, 2004): food safety service or health safety services during the pandemic Covid-19 are examples of institutional co-production. On the other hand, co-production processes can be more spontaneously and bottom-up initiated and organized by co-producers' themselves in a more and ad hoc way (e.g. the involvement of parents in primary schools) (van Kleef & van Eijk, 2016).

According to a narrow interpretation of co-production, the inputs that do not implies an active involvement of service users or the inputs that occur outside an organizational context (e.g. citizens contributing to public safety by keeping an eye on their neighbors' houses; citizens contributing to enviroment by trying to avoid waste and recycle household rubbish; or they contributing to health by adopting a healty lifestyle of by taking care of a sick family member) are excluded from the co-production (Brandsen et al., 2018; Brandsen & Honingh, 2015). Differently, these self-help inputs can be classified as co-produced if they are prompted by the PSOs (e.g. policy encourages citizens to lock all doors and windows when leaving the house) (e.g. Alford, 2009; Bovaird et al., 2015a; Parrado et al., 2013). According to a broader view, any voluntary or not voluntary inputs provided by service users inside the PSO or in service system are embedded into the co-production processes (Osborne et al., 2016; van Kleef & van Eijk, 2016).

According to Osborne and Strokosch (2013), PSOs need to be aware that the co-production encompasses both the involuntary involvement of the service users during the service delivery and this is defined as *consumers co-production*; but it also encompasses all the voluntary active inputs by service users who choose to contribute especially in the plan or design phases of the service cycle and this is also known as *participative or enhanced co-production*. For example, students can be obliged to go to school, but their motivations and efforts determine the nature of the lessons and the learning success. Even if the professor prepared a standard lesson in which students must listen his/her talk, the success of its implementation depends on the level of attention they paid. The professor can engage the attention of students with more interactive learning tools (e.g. exercises; case studies; games and simulation) or he/she can actively engage the students in co-design the content of the lesson and the best methods/tools according to their needs, expectations and the learning objectives (Brandsen & Honingh, 2015).

2.3.5 The role of PSOs in eliciting co-production
Co-production involves the engagement of both service users and public service professionals. The capability of the regular produces to enable co-production behaviours from service users and engage in co-production is another important issue that is less discussed in the literature (Bovaird et al., 2017b; Jo and Nabatchi, 2016). According to a social exchange perspective, PSOs needs

cooperation and compliance from service users to achieve effective organizational performance. Co-production is not a simple economic exchange of economic values (e.g. financing, goods or services) in which the PSOs elicit the service users' efforts and resources that are necessary to satisfy their material needs and achieve better organizational performance, but it embeds also social exchanges of intrinsic and symbolic value (e.g. status, autonomy and opportunity); social values (e.g. esteem, respect; friendship, group membership; inclusiveness) and normative values (e.g. social justice, the respect of human rights) that contribute to enhance co-production behaviour and build a relationship between PSO and service user based on trust, reciprocity and shared responsibility (Alford, 2002; 2009; 2016). In this perspective, the inputs are tangible and intangible resources provided by both service users and regular producers in a way that is complementary and interdependent.

2.3.6 Co-production and multiple-actor involvement

It is widely accepted that co-production regards not only the service user who is directly involved in the production processes but also it typically involves family, formal and informal carers, and other people who constitute the service user's support network. More widely, co-production processes can involve the local community in which the service user is embedded (Brandsen & Honingh, 2018). The involvement of family/care givers or other representatives on a behalf of children or vulnerable people is a typical example, especially in education, social and health care (Brandsen et al., 2018; Eriksson, 2018; Jenhaug & Askheim, 2018; Palumbo et al., 2018; Vamstad 2012). Other scholars extended the participation in co-production processes to multiple stakeholders who are directly or indirectly interested and involved in different phases of public service cycle (e.g. Best et al., 2019; Crompton, 2019; Palumbo et al., 2018; Wiewiora et al., 2016). The stakeholder engagement has been incresingly recognized as a critical element for the service provison and the creation of public value (Best et al., 2019). A stakeholder is defined as "any group or individual who can affect or be affected by the achievement of the organization's objectives" (Freeman 1984; 46). It is possible to distinguish between internal stakeholders, who are institutionally embedded in the organization (e.g. employees and managers), and external stakeholders who are not institutionally embedded (e.g. customers, partners, suppliers, civil society organizations and citizens in general) (Wiewiora et al., 2016). As co-production regards "the inputs from individuals who are not in the same organization" (Ostrom; 1996; 1073) the external stakeholder engagement is considered as an important issue embedded into the concept of co-production (Wiewiora et al., 2016). The idea of service users as the main external stakeholder of the PSOs involved in service provision is widely accepted by the public manager scholars, however

the practice suggests that the interests, resources and capabilities of others stakeholders – like the PSO's suppliers, partners and civil society organizations - are also important for the effectiveness of public service provision (Alford, 2014; OECD 2011). Since the twenty-first century, the PSO's environment has become more pluralistic, the delivery of public services increasingly occurs beyond the individual PSO's organizational boundaries in more complex organizational configurations labeled as multi-level governance setting (Sicilia et al., 2016); public service system (Osborne et al., 2015, 2016); public service network framework (Hodgkinson et al., 2017) or public service ecosystem (Trischler & Charles, 2019). All these newer configurations are characterized by inter-organizational networks and the integration of resources by a wide range of actors involved in the service provision and/or policy-making processes (Dudau et al., 2019; Trischler & Charles, 2019). In this context, the involvement of multiple-actors is considered as an opportunity to improve the quality of service and its effectiveness thanks to the integration of various assets and resources; but PSOs need to be effective into the management and alignment of heterogeneous interests toward shared goals (Loeffler & Bovaird, 2016). According to a broad view, the label of co-production is used to encompass the collaboration with a wide range of actors who are involved into multiple co-productive interactions (see e.g. Alford, 2014a; Wiewiora et al., 2016).

Other scholars preferred the narrower interpretation of co-production focusing on the service user involvement in service provision whether at individual, group, or collective level (Brandsen et al., 2018; Brandsen & Honingh, 2015; Brandsen & Pestoff, 2006). In this sense, co-production as a micro focus on the role of individuals, groups or communities in service provision. The narrow interpretation of co-production distinguishes it from other form of collaboration that occurs at organizational level like partnerships, joint venture, strategic alliances, networks (Brandsen & Honingh, 2015; Poocharoen & Ting, 2015; Sancino & Jacklin-Jarvis, 2016). Differently from co-production, collaboration is enacted by the interactions and joint work of various actors who act on behalf of their institutions. The form of interactions and collaboration are encouraged and defined at organization-level with the aim to achieve mutual goals (Agranoff and McGuire 2003; Poocharoen & Ting, 2015; Sancino & Jacklin-Jarvis, 2016). Co-production and inter-organizational collaboration are considered as two different but often interrelated pheonomena for the public service provision: the inter-organizational collaboration can enable the co-production processes in some cases; in other cases the opposite happens; or the two are seen as complementary or as alterantives strategies (Sancino & Jacklin-Jarvis, 2016). Some studies in voluntary and third sector of Victor Pestoff and colleagues (Brandsen & Pestoff, 2006; Pestoff, 2012; Verschuere et al., 2012) contributed to distinguish *co-production* - in its restricted interpretation of service users involvement - from two other forms of collaboration: *co-management* that describes the involvement of different

organizations in the provision of public financed services; and *co-governance* that describes the involvement of different organizations in policy-making and planning public services. Some empirical researches highlighted these different typologies of collaboration in the welfare sectors where the welfare services provision is characterised by the involvement of networks of organizations – especially third sector organizations – that collaborate with the public institutions to address the multidimensional needs of their users through the delivery of a bundle of welfare services (co-management); while the professionals and employees aim to enable the users' involvement and their autonomy (co-production); and finally the public actor should promote the involvement of these institutions in the determination of the welfare policies in order to value their experiences on the field and knowledge on emerging users' needs (co-governance) (see e.g. Lindsay et al., 2018; Mariani & Cavenago, 2013; Pestoff, 2012). These examples show the usefulness of a narrow definition of co-production that allow to appreciate the dynamics and characteristics of each different forms of collaboration avoiding confounding issues (Brandsen et al., 2018; Brandsen & Honingh, 2015; Sancino & Jacklin-Jarvis, 2016).

2.4 The "-production" side: What and When of co-production

The literature presented various terms to describe the forms of citizen involvement in public issues like co-creation, co-production, collaborative governance, social innovation and so on (see e.g. Voorberg, 2017; Torfing et al. 2019). The meaning of the "-production" side of the term is important to distinguish it from other forms of citizen participation as it captures when co-production occurs and what is generated (Alford, 2014a; Nabatchi et al., 2017). It emphasises the idea of co-production as a process that focuses on the activities - the set of decisions and actions by actors involved - that transform some initial resources (input) into other resources (output); that is a process for the creation of public and private value in terms of outputs as well as outcomes (Alford, 2014b; Bracci et al., 2016; Nabatchi et al., 2017). Since its origins, Ostrom and her colleagues had considered co-production as a critical issue for public services delivery and also the main following studies were developed with the primary reference to the public services (Bovaird, 2007; Brandsen & Pestoff, 2006; Brudney & England, 1983; Loeffler & Bovaird, 2016; Osborne & Strokosch, 2013; Parks et al., 1981; Verschuere et al., 2012; Whitaker, 1980). In recent decades, governments have increasingly accepted the need to enhance public participation as well as user and community co-production (Loeffler and Bovaird, 2018). Thus, the perceptions of co-production ranges from an instrumental and managerial perspective that views co-production as a way to make the public service provision more efficient and effective and a democratic and a

political or democratic perspective that focuses on participation, representation and the dynamics and interaction between citizens and government.

2.4.1 Co-production as a form of citizen participation

The democratic and participatory citizens engagement is an explored issue by the public policies literature on deliberative democracy, participatory and collaborative governance (Park, 2020). According to this literature, one of the traditional forms of citizen participation is the political partipation namely the citizen participation in policy-making decision processes - like consultation or advocacy – that contribute to define the policy direction and agenda of government (Whitaker, 1980).

Co-production focuses on public services delivery that address personal or social needs (Uzochukwu & Thomas, 2018). However, it is interesting to understand the co-production as a citizen participation form for successful public policy implementation and public service delivery (Li, 2020) at least for two reasons. First, there is a link between the policy cycle and the public service cycle as the last is on the out-side of the policy cycle as a means of policy implementation. Second, co-production embeds the deliberative process in service decision making within PSOs that are the organizations that are responsible of the implementation of public policies – especially welfare policies - through the public service provision (Park, 2020).

One of the most famous models of the multiple levels of citizen participation into the public domain is "the ladder of participation" designed by Arnstein (1969). The citizen participation is understood as a categorical term of citizen power and each rung of the ladder of participation corresponding to the various degree of citizens' power in policy development and implementation by managing public program and initiatives (figure 7).

The lowest rungs of the ladder - "manipulation" and "therapy" - correspond to "illusory forms of participation" as they are substantially "non-participation" levels. For example, citizens are invited to participate into councils, advisory groups or group therapy, but they don't have the power to influence the public programs or services according to their needs and priorities. These situations assume that the powerholders (e.g. the public officials or administrators like social workers or health experts) have the knowledge, skills and experience to define what is better for citizens. In these cases, the illusive forms of participation aim to "educate" or "cure" citizens according to the established programs and initiatives without any equal negotiation space (p. 217).

The middle rungs of the ladder - "informing", "consultation", and "placation" – represent the group of "tokenism" levels. At the third rung of the ladder, citizens are simply informed about the public plans and programs.

Figure 7. The ladder of participation (Arnstein, 1969)
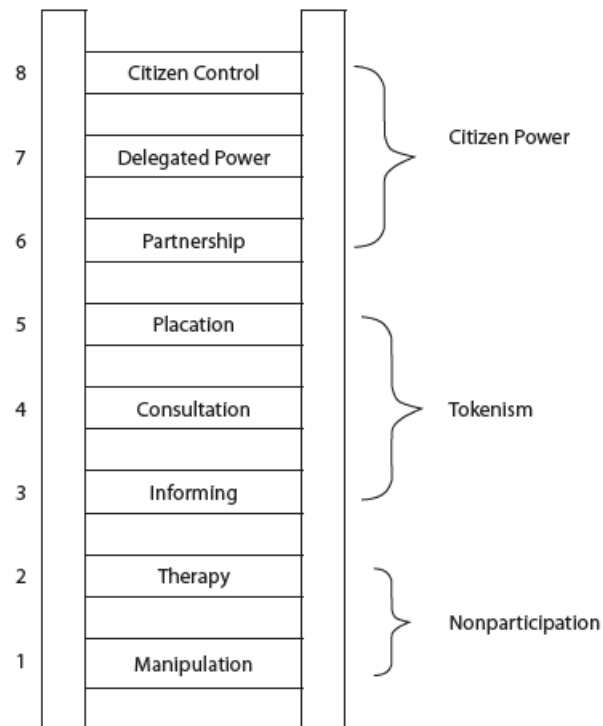
This happens when powerholders use one-way communication tools such as news media, pamphlets, posters, newsletters; with no channels to receive feedback or collect new ideas (p. 219). Consultation provides channels for the citizens' voices in decision-making process. For example, they are invited to participate at a public meeting where they give feedback and express their preferences or complaints, or they are invited to use other digital platforms or social media aimed to the same scope. At the fifth rung of the ladder, citizens can seat on multiple advisory and planning committees. However, the rights and responsibilities of these structures may be not be well defined, powerholders can ignore the advices and placate the conflicts because they are not accountable for the final use of the various inputs received by citizens (Arnstein, 1969 p. 219). For all the "tokenism" levels, citizens have some space to express their needs, priorities and ideas; but they have no real power to influence the policy-making decision processes and impact on the public programs or services.

The upper three rungs - "partnership", "delegated power" and "citizen control" - represent the effective forms of participation when citizens have at least some sharing of power to influence decision-making processes or even to be fully responsible of the commissioning and managing of certain public programs or services.

Partnership occurs when the power and responsibilities for policy-making decisions and actions are redistributed through negotiations between the public officials and the citizens. Citizens and the public actor share planning and decision-making responsibilities (e.g. they collaborate in co-defining the needs and priorities of an urban plan).

The delegated power take places when the goals are co-defined by the political officials and citizens, but the community takes control of resources and responsibilities over a public program or a service (e.g. neighbourhood associations receive public funding directly for the development of the area where they are living).

The citizen control is a simplification of the highest level of participation and it comes true when citizens have the full control of the decision-making processes and the management of programs and initiatives (Arnstein, 1969 p. 217). It is the case of self-organized projects or community-based initiatives such as grassroots innovations focused on caring for public spaces and planting greenery, maintaining children's playgrounds, providing care facilities, starting community foundations; community energy, and food networks (Igalla et al., 2020; Pellicer-Sifres et al., 2017; Seyfang & Haxeltine, 2012) In this cases, the government should maintain the role of meta governance in design the rules of the game and institutional frames while respecting the capacity for self-regulation (Crosby et al., 2017; Torfing et al., 2019) and the role of support universal self-organized service provision through advice, training, quality assurance, and limited interventions (Bovaird, 2007).

Co-production may be understood as a forms of citizen participation and empowerment into the public service provision. In terms of Arnstein's conceptualization, co-production implies at least the partnership between the public institutions and the citizens (Voorberg, 2017). Co-production may include also the rung of delegated when it empowers service users and their capabilities to take control and responsibilities of their decisions and actions into public domain and their life (Jenhaug & Askheim, 2018). Understanding coproduction as a form of public engagement helps to conceive it as a substantive policy instruments that facilitate citizen-based provision of goods and services (Howlett et al., 2017); remedy for the progressive decline of citizenship and democracy (Nabatchi et al., 2017; Osborne et al., 2016); a way to reinvigorate deliberative decision-making processes (Bovaird & Downe, 2008); a route to restore accountability, transparency, and responsiveness in the public service production that has potential effects on democracy (Loeffler & Bovaird, 2016; Park, 2020). Indeed, beyond traditional forms of public participation and consultation with electorate and stakeholders, co-production implies an intensive process where the citizens can directly influence the policy and service delivery cycles (Bovaird & Downe, 2008).

2.4.2 Co-production as a process in the public service cycle

The concept of co-production is strictly connected with public services provision as a way to activate the involvement of the citizens and communities in the design and/or implementation of public services (Brandsen et al., 2018; Osborne et al., 2016). It was increasingly recognised as a valuable route for public service innovation making public service delivery more sustainable, efficient, effective and democratic (Boyle et al., 2009; Osborne et al., 2016).

The service cycle can be broken down into two main stages: the strategic planning / design level and the implementation level. The strategic level encompasses the pre-production phases of the service like commissioning, planning or design in which the service users are involved to take the most important decisions to define their needs and priorities to adress, to plan the adequate intervention and the necessary resources, and design the public service. The implementantion or operational level focuses on the service delivery phase of the service production processes when both users and service providers interact due to the inseparability of the production and consumption (Brandsen et al., 2018; Brandsen & Honingh, 2015; Osborne et al., 2016; Osborne & Strokosch, 2013). Finally, the service assessment encompasses the post-production phase that is included in the strategic level. Indeed, it allows to evaluate the effectiveness of the service in addressing the service users' needs and these statements are more useful to reshape the service restarting the service cycle.

The meaning of the "production" side was contested even for the public service provision (Sicilia et al., 2016). Some scholars restricted the co-production to the involvement of service users/communities at the stage of the service delivery or implementation phase of the service cycle (Brandsen et al., 2018; Osborne et al., 2016; Park, 2020; Voorberg et al., 2015). This narrow interpretation seems to be consistent with the original studies of co-production based on service management. However, several European and US studies broadened its conceptualization to the whole cycles of public service and public policy making (Jo and Nabatchi, 2016; Loeffler & Bovaird, 2019). Indeed, the literature shows many "co-" labels aim to identify different kinds of activities in which the public actors and the users/community work together in the different stages of public service cycle (e.g. co-commissioning, co-planning, co-design, co-managing, co-delivering, co-monitoring, and co-evaluating activities) or in the public policy-making (e.g. co-governance and co-policy making) with the aim to enhance various outcomes (Loeffler & Bovaird, 2016). If the narrower interpretation is consistent with the service management literature, the wide conceptualization is widespread in the public administration literature where the co-production has developed as an "heterogeneous umbrella term" that encompasses a great variety of joint activities in which the role of users and community flourish (Jo & Nabatchi, 2016; Nabatchi et al., 2017).

For instance, co-production is defined as full when the service is both co-commissioned and co-provide by service users and professionals (Bovaird, 2007; Bovaird & Loeffler, 2012). More recently, public management scholars has preferred to narrow the conceptualization of co-production in order to distinguish it from other types of user involvement like co-design or co-creation (Brandsen et al., 2018; Osborne, 2018). According to this view, co-production focuses on the role of service users as co-implementer, their direct inputs and the tasks that they perform during the delivery phase of the service production cycle; whereas the co-creation highlights the role of service users as co-initiator or co-designer, thus their involvement into the strategic level such as the initiation and/or strategic planning and design (Brandsen et al., 2018; Voorberg et al., 2015).

Finally, it is possible to find an intermediate view of co-production that focuses on the public service provision, but it extends the involvement of service users/community along all stages of the cycle of public services. In order to analysis the full range of co-production activities across the phases of the public service cycle, Bovaird and Loeffler (2013) following by Nabatchi, Sancino and Sicilia (2017) provided a systematic categorization focusing on four key co-production types: co-commissioning; co-design; co-delivery and co-assessment (the four "co-"s). This framework represents also the fundamental shift form the traditional service cycle to the co-production model (figure 8).

Figure 8: The shift from traditional service cycle to co-production (adapted from Bouckaer et al. 2006).
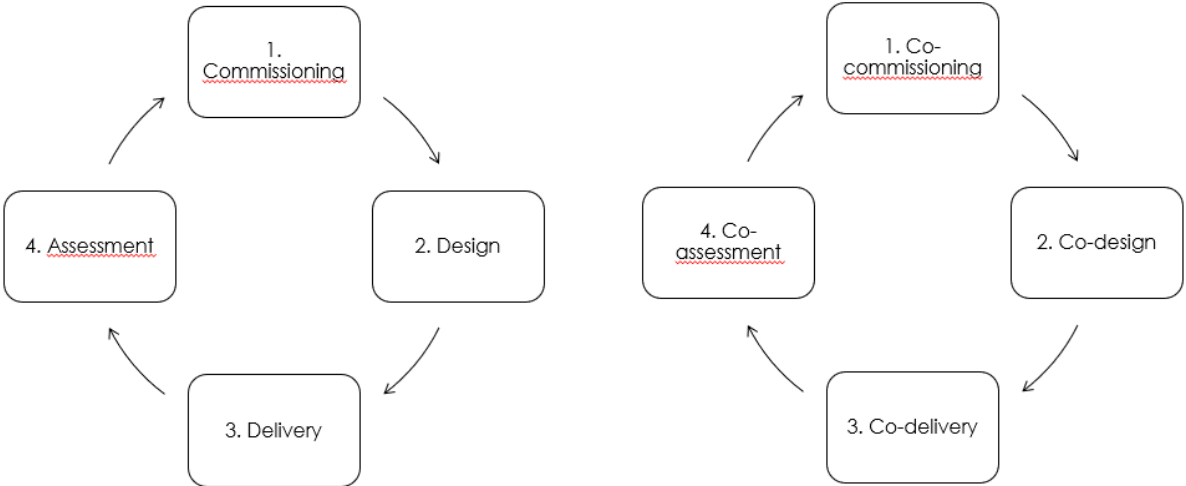
Co-commissioning concerns the involvement of both service user/community and regular producers in strategic activites like planning, resource mobilization and prioritization about needed public services and desired outcomes. Service users and community are involved in co-analysing their needs, individual and collective assets, public budgets and private resources that the service beneficiaires are wiilling to contribute (co-financing), the risks of service failure, and opportuinities for co-production. Then, service users/community are involved in co-deciding priority outcomes and services and strategic planning (see e.g. Loeffler & Bovaird, 2019; Nabatchi et al., 2017). According to the traditional model of service provision, commissioning is seen as a core task performed by public sector actors (such as politicians, top mangers or professional staff) who are legitimated or have the knowledge and expertise to take the strategic decision about the prioritizations of needs and suitable solutions (Bovaird & Loeffler, 2013; Loeffler & Bovaird, 2019). From a co-production perspective, it is important to involve the service users or local community at the beginninig of the service cycle to define what is needed as "nobody knows better which public services are most important for their own welfare than service users themselves, their families, their friends and the communitieds they live in" (Bovaird & Loeffler, 2013; 6). Co-commissioning actitivities produce (at least) a list of priorities and needs (Nabatchi et al., 2017). Example of co-commissioning occurs when people living with long-term conditions or mental health issues and their care givers collaborate with public commissioners and providers of health and social care services in defining their needs and desidered solutions (Loeffler & Bovaird, 2019); or school officials and teachers work with a group of parents who have children with special needs to identify challenges and opportunities in education services (Nabatchi et al., 2017; 773). However, a strategic co-commissioning goes beyond the traditional service users/community consultation to identify the needs as it aims also to analysis what people are already doing and what they will be able to do to improve the public service delivery. Thus, co-commissioning includes the analysis of the individual and collective resources - such as potential behavioural changes or social capital - that can contribute to achieve the priority outcomes, reducing the needed public services and improve the sustainability of public service provision (Osborne, 2019). This is the case of individual budgets, participatory budgeting; co-financing and crowdfunding (Bovaird & Loeffler, 2013; Loeffler & Bovaird, 2019)

Co-design refers to the joint activities between the regular producers/designers and the service beneficiaires that place the experience and the knowledge of the second at the heart of (re)design process of public services (Bovaird & Loeffler, 2013; Nabatchi et al., 2017; Osborne et al., 2013) and/or pathways to better outcomes (Loeffler & Bovaird, 2019). Service users and community can

be involved into the creation, planning, or arrangements of concurrent or future public services (Nabatchi et al., 2017). Co-design araises partly from the service design literature and partly from the studies of coproduction (Mulvale et al., 2019). It is aligned with the human-centred design approach which proposes that the service design is significant only if it becomes a part of the living experience of people in order to sustain their actions and experiences (Krippendorff 2006). In co-design, the expertise of professional staff comes together the users who are "experts of their experiences" (Sanders and Stappers, 2008, p. 6) with the aim to cooperate creatively (e.g. Steen 2011; Trischler et al., 2019). According to the co-production view, both the perspectives of service providers/staff and users are necessary for a successful design of public services (Mulvale et al., 2019). Co-design emphazises the involvement of users and their families, friends, and local communities who are affected by the service into the design processes because they are those who have specific needs and problems as well as the living experience; they can contribute valuable knowledge and ideas to design public services and solutions (Bovaird & Loeffler, 2013; Dietrich et al., 2017). It is based on user-centred and participatory design tools that explore people's experiences and enable the interaction and emphaty between service users and staff (Farr, 2018). Co-design practices range form traditional communication tools (such as user consultation) and more original ones like card sorting activitiy, touchpoint, customer journey mapping, service prototype, service design labs, design thinking and so on (Bovaird & Loeffler, 2013; Dietrich et al., 2017; Farr, 2018; Trischler et al., 2019). Thus, co-design activities enable citizens voice (Loeffler & Bovaird, 2019); integrating their specific knowledge and experience (Dietrich et al., 2017; Trischler et al., 2019) and helping to overcome the "stickiness" of user knowledge (von Hippel 1994). The output of the co-design should be a plan or an arrangements (Nabatchi et al., 2017). For instance, depressed patient or group of patients are actively involved in the development of a coaching app (Brandsen et al., 2018); the elderly person living at home and their care givers co-design their own social and health care packages (Osborne et al., 2016); parents of children with special needs collaborate with school official and teachers to design educational plan and activities throught the contributions of family experiences (Nabatchi et al., 2017). Differently form the traditional top-down design approach based on the professionals as the sole experts whereas the users are passive receivers of designed service (Bovaird, 2007), co-design is based on collaborative approaches between both the professionals and users and other stakeholders (Dietrich et al., 2017; Mulvale et al., 2019; Trischler et al., 2019). Co-design practices are essentially about 'crafting new solutions with people, not just for them' (Carstensen et al., 2012). The "outside-in" perspective and tools enable regular producers to understand how the public services should be designed and delivered in order to address the needs and problems (Dietrich et al., 2017; Nabatchi et al., 2017). The

literature highlights various benefits of co-design such developing more personal-centred public services (Farr, 2018) and thus higher quality of service; better fit between service and users' needs; better service experiences and more personalization (Steen et al. 2011); improving democratic process and maxmise the value promise through empathy (Dudau et al., 2019); driving innovations in public sector (Bason, 2010; Farr, 2018; Trischler et al., 2019; Voorberg et al., 2015); users or community empowerment which means that they should have the opportunity to influence service design (Dietrich et al., 2017; Trischler et al., 2019); reducing service failure and costs; reconfiguring roles and opening up new ways of interaction (Mulvale et al. 2019).

Co-delivery refers to the joint activities between the users and the regular producers/providers that are performed together in collaborative ways to directly provide public services and/or improved the public service delivery (Bovaird & Loeffler, 2013; Nabatchi et al., 2017). The involvement of the service users at the implementation or operational level of the service provision is often considered as "pure" co-production where the user coproduces the service and outcomes (private and public value) with public service providers (Bovaird, 2007; Brandsen & Honingh, 2015; Nabatchi et al., 2017; Osborne et al., 2016; Osborne & Strokosch, 2013). As discussed earlier, co-delivery is the most in line with the traditional view of co-production (Nabatchi et al., 2017). Indeed, the involvement of the users in the service delivery phase is central in the original definitions of the concept of co-production inspired by the service management literature in the late 1970s (Bovaird, 2007). According to this literature, co-delivery results from the inseparability of the production and consumption in the service provision and refers to the interactions between service providers and users at the point of delivery of services – what Normann (1991) defined 'the moment of truth' in service provision (Farr, 2016; Osborne et al., 2016; Osborne & Strokosch, 2013). Co-production is "an essential and inalienable core elements of the service delivery: you cannot have (public) service delivery without co-production" (Osborne et al., 2016; 641). The inputs provided by users and the tasks that they performed can be voluntary or involuntary. According to the service management perspective, the inputs by service users are involuntary because the involvement of the users at the service delivery point is intrinsic of the production processes and not a question of user's choice (Osborne et al. 2016). For instance, commuters taking public transport; people with mental disabilities attending a Daily Center Service; elderly residents living within a residential home; unemployed people attending an activate program and so on. In this sense, co-delivery represents the "technical" or inherent component of co-production that is unavoidable (Osborne et al., 2016). However, the co-production perspective emphasizes the relevance of the active involvement of service users even in the co-delivery of professionally

designed public services (Bovaird, 2007). Although in some cases the users cannot influence on how the public service is designed for their own individual case; they can choose to actively engage in the processes and this active engagement is essential for successful service provision (Brandsen et al., 2018; Osborne et al., 2016). In this sense, service users/community collaborate with public staff - especially front-line staff – contributing to the service production processes through different resources like knowledge, skills, time and efforts, legitimization (Bovaird & Loeffler, 2013); expectations and experiences (Osborne & Strokosch, 2013); and they mostly contribute with actions by performing some implementation tasks that make public service delivery (Loeffler & Bovaird, 2019; Park, 2020; Voorberg et al., 2015). This joint working between regular producers and service users in the service delivery process based on each other's assets, experiences and expertise, enables providing more efficient, responsive and effective services (Bovaird & Loeffler, 2013; Park, 2020). Examples include when patients work with dietitians to modify their lifestlyle in order to achieve a healthy life (Brandsen et al., 2018); when parents who have children with special needs work with school officials and teachers to provide in-class and extracurricular educational activities (Nabatchi et al., 2017); when families with autistic children can meet and shared experiences and co-delivery a special weekend service within a day center (Sicilia et al., 2016) or when trained mothers gives peer support to new mothers in a public program (e.g. Bovaird 2007). Indeed, PSOs enjoy some benefits in terms of access to external resources that integrate or substitute the resources and efforts by staff and thus it can improve the efficiency of service delivery process. In addition, co-delivery can improve the quality of the services focusing on the valuable outcomes for the users and contribute to the transparency of PSOs as the beneficiaries understand better the process, values and constraints of public service provision (Bovaird & Loeffler, 2013). Co-delivery is associated to the user empowerment but the PSOs' staff is still engaged in the process and has the responsibility to facilitate the user engagement. The management of the relationships between users and staff including from the day-to-day interactions to the long-term interrelations is one of the key determinant of quality and performance (Osborne & Strokosch, 2013). Interactive communication, negotiation of needs between users and providers; balancing the expectations and experiences of services; how the specific knowledge and resources of both providers and service users are applied to individual situation, all these are example of practices that can contribute to a successful collaboration at the service delivery point (Farr, 2016; Osborne & Strokosch, 2013).

Co-assessment refers to the involvement of service users/community into the monitoring and evaluation of the quality of public services and achievement of outcomes (Bovaird & Loeffler, 2013; Nabatchi et al., 2017). Monitoring occurs on regular basis during the service provision and it

is directed to evaluate the quality of the ongoing service delivery process and the progressive achievement of its goals and outcomes; whereas the evaluation occurs in the post-production phase of the service cycle for the overall assessment of the final results. Co-assessment activities would produce performance information - such as monitoring protocol or evaluation (Nabatchi et al., 2017) - that can support the PSO performance management and accountability (Yang & Northcott, 2019). In the traditional model, performance-related activities are undertaken by regular providers or external consultants, auditors, inspectors or regulators (Bovaird & Loeffler, 2013; Nabatchi et al., 2017). For instance, PSOs identify objective performance measures to assess efficiency – the ratio of output to inputs - and effectiveness or the extent to which a PSOs achieves its objectives – and collect data. These measures are useful for external stakeholders like funders and regulators in order to assure that contractual and regulatory requirements have been met (Yang & Northcott, 2019). Differently, co-assessment involves service users and/or communities voice in the evaluation of the quality of the service; the quality of the service delivery methods (e.g. good fitness); the quality of co-production (the relationship with the PSOs professionals) and the assessment of outcomes (the achievement of goals in which the beneficiaries are interested) (Bovaird & Loeffler, 2013; Loeffler, 2018; Yang & Northcott, 2019). Examples include when services users and families/care givers give feedbacks to improve the service (Osborne et al. 2016); when school official and teachers work with a family that has child with disabilities to evaluate the provision of services (Nabatchi et al. 2017). Co-assessment represents an opportunity for PSOs to open a dialogue with beneficiaries and valuing their insider perspective and subjective perceptions that is often overlook in traditional assessment (Bouckaert et al. 2006; Bovaird & Loeffler, 2013). PSOs can implement various co-assessment tools from more traditional face-to-face encounters, users and community survey, formal complaints, focus groups, to more intense "citizens inspector" system or digital tools like effective use of social media; web forums and on-line ratings that complement more traditional methods (Bovaird & Loeffler, 2013). The assessment of outcomes is particularly challenging for PSOs as it aims to evaluate the impacts of the public services at collective and individual level. Indeed, outcomes are the consequence of outputs and they may be distinguished in public outcomes that are the impacts of the outputs upon general community conditions (es. increasing of employment rate) (Ostrom et al. 1978) and individual-level outcomes relate to development in beneficiaries' knowledge, skills, attitudes, behavior and conditions during and after the service delivery (Hatry, 1996). Thus, the involvement of service users and communities together with PSO professionals has the potential to enhance outcomes measurement practices. Client-directed outcomes indicators, feedback survey and interactive drawn therapy are examples of outcome measurement approaches in which the beneficiaries collaborate with PSOs

to co-produced performance information: selecting the measures, collect outcomes information and monitor service outcome results (Yang & Northcott, 2019). Although the co-production is retrospective as it is past-oriented toward the performed activities and processes; the results of co-assessment can be considered future-oriented if they are used to redesign the public services addressing the problematic issues (Nabatchi et al., 2017). Finally, co-assessment activities can be considered as a good practice in supporting PSO decision making around service improvement and service effectiveness; enhancing transparency and accountability for beneficiaries and other stakeholders; eliciting collaborative involvement in designing improved pathways to achieve the desired outcomes (Yang & Northcott, 2019). For all these reasons, co-assessment is embedded into the strategic level of the service cycle. It can be considered as both the end of a service cycle but also the starting of a new one.

The table 3 shows some examples for each phases of the service cycle and identifies both the temporal dimensions (Nabatchi et al., 2017) and the balance between citizens voice and action (Loeffler & Bovaird, 2019). As illustrated, co-commissioning and co-design are prospective as oriented toward the future service provision and it involves citizens voice. Co-delivery is concurrent and it emphasises the citizens action. Finally the co-assessment involves the citizens voice; it is essentially retrospective; sometimes it can be concurrent - especially the monitoring activities - and prospective when the results are used to improve the service provision.

Table 3: Example of co-production in the phases of the service cycle

Phases of service cycle	Temporal nature	Mechanisms	Examples	References
Co-commissioning	Prospective	Citizen voice	• Parents taking the initiative to organize a sports competition between schools, or relatives suggesting excursions and Christmas, entertainments for residents of elderly care homes; • a group of patients are involved into strategic choices to make better use of apps in treatments; • students sit on representative councils and discuss the general design of lessons with staff and managers at the strategic level.	Brandsen and Honingh, 2018
			• Individual budgets, participatory budgeting to prioritize public policies and budgets at collective or individual level; • fundraising crowdfunding;	Bovaird and Loeffler 2013; 2019

			• personalization – micro-commissioning.	
			• Families with autistic children are involved to co-plan the services that should be provided at the local level and co-defined with them the tender criteria.	Sicilia et al. 2016
			• School officials and teachers work with a group of parents who have children with special needs to identify challenges and opportunities in education services; • a doctor and a patient work together to identify and prioritize health problems and needs; • a local parks department convenes citizens to identify and prioritize desired recreational opportunities in a community.	Nabatchi et al. 2017
Co-design	Prospective	Citizen voice	• A group of patients are involved in the development of a coaching app; • parents help to design extra-curricular activities like school excursions or the design of a school garden; • post-graduate train modules where entrants, together with instructors, define their own learning objectives and learning activities; • participative building projects in which (future) tenants of a housing cooperative work with architects and builders in the design; • teacher can actively engage students in designing a specific lesson, jointly choosing what to address and how to shape the interaction.	Brandsen and Honingh, 2018
			• Adolescents were invited to review and (re)design an existing alcohol education program.	Dietrich et al. 2017
			• Young workers with mental health issues are involved in co-designed improved employment supports; • young with mental disabilities codesign improved experiences of youth mental health service coordination and transitions to adult services.	Mulvale et al. 2019
			• Designing packages of care for an elderly person living at home would be an example of this, where the elder user and their carer(s) are actively involved in the design of their own care process.	Osborne 2016
			• Neighbourhood and community regeneration forums. • Website redesign with specific target groups • User Innovation Labs for service redesign	Loeffler & Bovarid, 2019

			• A doctor and a patient work together to develop a strategy or plan for meeting health needs; • school officials and teachers work with a group of parents who have children with special needs to design educational activities based on parental experience and best practice; • a local parks department works with citizens to design a series of bicycle routes throughout the community.	Nabatchi et al. 2017
Co-delivery	Concurrent	Citizen action	• Tenants collaborate in the maintenance of the housing; • students assist the university in organizing welcome weeks or parents helping to prepare school plays; • patients working with dietitians to modify their lifestyle.	Brandsen and Honingh 2018
			• Families with autistic children can meet and shared experiences within a day center; they participate in a mutual help service and a special weekend service managed by the association of families with the support of trained volunteers.	Sicilia et al. 2016
			• Patients undergoing a surgical procedure, elderly residents living within a residential home or students;	Osborne 2016
			• Peer support groups: e.g. trained mothers give support to new mothers;	Bovaird 2007
			• A doctor and a patient work together to implement dietary, exercise, smoking cessation, or other activities to meet health needs; • school officials and teachers work with a group of parents who have children with special needs to provide in-class and extracurricular educational activities; • A local parks department works with citizens to construct and maintain bicycle routes throughout the community.	Nabatchi et al. 2017
			• Neighbourhood watches.	Loeffler & Bovarid, 2019
Co-assessment	Retrospective	Citizen voice	• Service users/family give feedback to improve the service delivery in a day support unit for adults with mental health problems.	Osborne 2016
			• Residents of social housing complexes work for the Audit Commission as "tenant inspection advisors";	Bovaird and Loeffler 2013; 2019
			• Parents work with special education auditors to assess services provided to their autistic children	Sicilia et al. 2016

	• A doctor and a patient evaluate the efficacy of the plan and the degree of health improvement; • school officials and teachers work with a group of parents that have children with special needs to evaluate the provision of services; • a local parks department works with citizens to assess the safety and quality of bicycle routes throughout the community.	Nabatchi et al. 2017
	• PSO professionals engage with beneficiaries to develop the performance measures that inform service improvement and accountability.	Yang and Northcott, 2019
	• Service-user inspectors and tenant inspectors Web-based user rating of public services Peer review of services with users	Loeffler & Bovarid, 2019

2.4.3 Co-production as a pathway toward creation of value

This paragraph aims to discuss a relatively new perspective that contribute in defining co-production and integrates the insights from both public administration and service management studies. It can be labelled as "asset-based" or "outcome-based" perspective as it emphazises the ability to activate the user knowledge, assets, and resources in the creation of value and outcomes as a core element of co-production (Farr, 2016; Osborne et al., 2016; Petrescu, 2019). Accordingly, the emphasis is on how the partnership between public service professionals and users as well as other actors contribute to the creation of public value and achievement of public outcomes (OECD, 2011).

There are different definitions of co-production and conceptual frameworks that embeds this perspective. Alford (2009; 23) defined co-production as "any active behavior by anyone outside the government which: is conjoint with agency production, or is independent of it but prompted by some action of the agency; is at least partly voluntary; and, either intentionally or unintentionally creates private and/or public value, in the form of either outputs and outcome". This definition enlightened some key elements of the "outcome-based" perspective. Firstly, it emphasized the active role of service users (and other stakeholders) in value-creation activities. Secondly, it stated that the creation of value encompasses both the public value for the general society and the private value for individual end users or wider groups. Thirdly, it highlighted that co-production contributes to the production of both outputs and outcomes. Public services, common goods, public infrastructures and assets, policies, decisions and evaluations are examples of outputs that can be co-produced by the regular producers with the involvement of service users and

communities, whereas the outcomes are the valuable impacts of public programs and services on the citizens at individual, group or community level (Alford, 2009). Typically, the production of an output (such as a service) aims to contribute to a desired outcome. However, the outcomes are not only a consequence of the outputs as they can be directly achieved with contributions of co-producers crossing the organizational boundary of a public agency or a public service provision (Bracci et al. 2015). For instance, in the case of fire services, the victims of the fire and citizens in general can improve the efficacy of the emergency service (output) by calling the fire brigade promptly to report a fire and by following the firefighters' instructions. Nevertheless, the desired outcome of reducing the risks of fire at home or in the workplace can be achieved through additional co-productive efforts in education, advisory, and prevention plan that encourage appropriate behaviours and actions from citizens. Fire brigade can support these important activities that improve the capacity of workers and household to contribute towards better fire safety, where this outcome can be co-produced even with no production of the core fire service (Alford, 2009).

Other important contributions in defining and conceptualizing co-production according to the outcome-based perspective refer to the studies of Tony Bovaird and Elke Loeffler (2012; 2016; 2017; 2018; 2019; 2020). Originally, they defined co-production as the process by which "public service, service users and communities making better use of each other's assets and resources to achieve better outcomes or improved efficiency" (Bovaird and Loeffler, 2012). This broad definition of co-production embeds the three perspectives mentioned above (Farr, 2016). Indeed, it is aligned with the most of the recent studies on co-production in public administration and service management literature as it focuses on the collaboration between those working in public services as "experts by profession" (the organizational staff of PSO) and those who are "experts by experience" (citizens as service users, groups or community). Accordingly, it distinguishes co-production from inter-organization collaboration as well as pure self-help initiatives or self-organizations (Loeffler & Bovaird, 2019, 2020). Furthermore, this definition of co-production emphasizes the outcome-based prospective as it focuses on how individual or community assets and resources contribute to achieve desired outcomes. For instance, they adopted a model for exploring the potential of co-production in different outcome pathways (like prevention, treatment, rehabilitation) aiming to improve the quality of life outcomes or reducing the costs in the provision of various public services like education, welfare, healthcare, policing, and criminal justice (Bovaird & Loeffler, 2012; Loeffler & Bovaird, 2019; 2020). More thoroughly, they explored how different co-production activities - like co-commissioning, co-design, co-delivery and co-assessment – are linked to the public services and publicity desired outcomes (Loeffler, 2019; Loeffler & Bovaird,

2019). Therefore, the outcome-based approach privileges the outcome pathways as the main unit of analysis. Co-production is understood as one of the potential outcome pathways alongside other possible pathways; a process that connects inputs (from public service providers and citizen/community), activities, and outputs to the outcomes. This approach of analysis differs from the perspective of service that focuses on co-production as an inherent feature of service provision; from the perspective of public service organization that highlights the organizational side of co-production; and the perspective of service users and household that emphasizes the intensity of their involvement and their motivations (Loeffler and Bovaird, 2016).

Some scholars developed broad conceptual frameworks that aim to represent the value chain of public outcomes and distinguish different combinations of inputs and activities by various PSOs, service users and community that should lead to increased outputs, improved service quality, improved outcomes, social capital, and changing public governance principles (see e.g. Bianchi et al., 2017; Bovaird & Loeffler, 2012; Loeffler and Bovaird, 2018; Sancino, 2016). Typically, these models embed a public agency-based outcome pathway such as the traditional service provision that emphasizes the inputs and activities by professionals in the production of the service and the enhancement of public outcomes. For instance, it is the case of highly professionalized services in which the involvement of the professionals - as technical experts - is higher than the involvement of service users/community. On the other hand, there are self-help and self-organizing pathways in which the user/community directly improved outcomes and social capital with a low level of professional involvement. Between these two polarized pathways, there is co-production that combines the inputs and activities made by both public service professionals and service users/community (Loeffler and Bovaird, 2018). More thoroughly, personal or community co-production can generate different outcome pathways (e.g. Bianchi et al. 2017; Loeffler and Bovaird, 2018). Simplifying, personal co-production is more likely to impact the quality of the service, the creation of private value and the achievement of personal outcomes; whereas the community co-production may have a greater impact on the general society as it may increase the level of social capital, the creation of public values and the achievement of public outcomes[10]. Focusing on the value chain of community outcomes, Sancino (2016) developed a similar model that combines three main outcome pathways: (i) *co-production* that is the collaboration among professionals of a single organization or networks of organizations and individual/community for the creation of value and community outcomes; (ii) *peer co-production* that occurs when self-organizing communities contribute to produce values without the direct involvement of public agencies or professionals;

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[10]This is a simplified representation as personal co-production may create social and public value and improved community outcomes whereas community co-production may create private value and individual outcomes (see Chapter 2 on individual, group and collective co-production).

iii) *inter-organizational collaboration* refers to the collaboration among organizations that occurs in partnerships, networks and consortia. In this vein, the achievement of public outcomes is a complex meta-process that combines several processes leading to the creation of public value, shared value, and social value. The cited studies adopted a more systemic, holistic, and polycentric approach. They highlighted that the desired outcomes can be achieved not only by the traditional public service provision from public, private, and third sector organizations, or their partnerships, but even through the active engagement of individual or community in co-production activities or self-help and self-organizing initiatives. Co-production can contribute towards the creation of value and desired outcomes in two main ways: indirectly, by improving the public service provision and complementing the intervention of PSOs and other stakeholders involved in the value chain; or even directly, through the behaviour change that reduces the problems and the need of public interventions or through the prevention activities and efforts (Loeffler and Bovaird, 2018; 2019). Patient compliance with therapy is an example of co-productive behaviour that improve the efficacy of the healthcare service and the health outcomes. More broadly, if citizens are encouraged and educated to adopt an healthy lifestyle and behaviours (such as doing physical activities, eating healthy diet, regularly washing hands, having screening tests, etc.) and to avoid unhealthy behaviours (such as smoking, eating junk foods, sedentarism, drinking, drug abuse), they are likely to improve directly personal health outcomes and reduce the needs of heath and care services (Loeffler & Bovaird, 2019). The close connection between co-production and behaviour change is already known by the public administration and service management studies on the provision of public and private services, respectively (Whitaker 1980; Wirtz & Lovelock 2016). However, the key idea highlighted by the outcome-based perspective is that service users/citizens can make some valuable impacts on outcomes through co-production and behaviour change that does not necessarily require the direct involvement of citizens in public service provision offered by PSOs (Loeffler & Bovaird, 2019). The Covid-19 pandemic makes clear this issue as it revealed how several behaviour changes on the part of citizens alongside their collaboration with the public health authorities and public institutions are fundamental to control and prevent the transmission of the coronavirus disease, to improve the efficacy of public health interventions and health outcome, and reducing the needs of health and care services. However, it happens regularly when PSOs support citizens in keeping individual or collective co-production behaviours that contribute directly to achieve some outcomes such as public safety, clean environment, good health and social inclusion (see Bovaird et al., 2015; Parrado et al., 2013). Differently from the narrow view of co-production, the inputs that occur outside the public organizational setting are included in the set of co-productive efforts if they contribute to achieve public outcomes. Indeed, to make more

effective and sustainable the public service provision, PSOs need to understand that the achievement of desired outcomes depends also on the co-production and behaviour change that happen outside the specific service provision (Loeffler & Bovaird, 2019) or rather within wider service systems (Farr, 2016; Osborne et al., 2016). Thus, PSO's professional staff and managers have to promote co-production behaviour of service users and or local communities for creating public outcomes and preventing problems arising (Loeffler & Bovaird, 2019).

Summing up, the outcome-based perspective emphasizes the core transformation effects of co-production for better public service and outcomes. It defines co-production as the ability to make better use of the individual or community potential for creating an impact on the desired outcomes. First, it shifts the focus from the immediate results (outputs) of co-production to the value created and outcomes (OECD, 2011). Accordingly, co-production can be understood as process to transform the public service provision but also as a process to enhance the realization of value and desired outcomes (Alford, 2014; Bovaird et al. 2017; Osborne et al. 2016; Jasper, 2018). Evaluating the outcomes of the public service provision can make the quality and the efficacy of the public service provision more sustainable (Bouckaert et al. 2006). Second, it shifts the core unit of analysis from the co-production of goods and services to the value chain or outcome pathways, emphasizing the various combinations of inputs, activities and actors that contribute to the creation of value and shape individual or community outcomes (Bovaird & Loeffler, 2012; Loeffler & Bovaird, 2016). Third, it links co-production to the co-creation of value for both service users and the society and it promotes a relatively broad view of co-production that includes a wide range of co-production activities, actors, inputs and behaviour changes that occur outside the service provision offered by PSOs but within the public value creation (Loeffler and Bovaird, 2012; 2019) or public outcome systems (Sancino, 2016) service systems (Farr, 2016; Osborne et al., 2016).

Different dimensions of public value and outcomes of co-production

The definition of value or outcomes generate from co-production is a debate issue (Bovaird, 2017). Especially within the context of public services, it is important to understand what value can be co-produced and how the co-production can contribute to the creation of value and achievement of outcomes (Brayson, 2017). The creation of value can be defined as the ultimate end of any co-production activities (Dudau et al., 2019) that lead to improved outcome that are desired personally by people and organizationally by PSOs (Bovaird, 2017). The definition of value linked to the co-production of public services is "still only embryonic in this literature … and requires urgent consideration" (Osborne, 2018). The lack of clearness and the heterogeneity of the concept of value contribute to an ongoing debate (Dudau et al., 2019). Indeed, the studies of co-production

often refer to the concept of value, but it remains rather vague or hard to operationalize. Some scholars tried to operationalize the concept by developing several categories of values and desired outcomes that highlight multiple dimensions (Alford, 2014a, 2016a; Bovaird & Loeffler, 2012; Cepiku et al. 2020; Osborne et al., 2016; Petrescu, 2019; Strokosch & Osborne, 2020). Co-production of public services focused on the creation of public value as one of the definitional elements (Alford, 2014; Bracci et al., 2016; OECD, 2011). Public value can be defined as both outputs and outcomes that citizens and society regard as valuable (Alford & O'flynn, 2009; Dudau, 2019). In the field of public administration and management, it is possible to distinguish at least three different approaches in the public value definition that highlight the managerial, societal and individual dimensions of public value (Bandini et al., 2020). Exploring these dimensions can be useful for the analysis of the different values and outcomes that the literature on co-production attributes to the involvement of users and community in the public service provision. Briefly, *the managerial dimension* is based on the Moore's strategic definition of public value, it focuses on the point of view of public managers of PSOs and embeds the organizational values or instrumental outcomes of co-production (Moore, 1995). The *societal dimension* is based on the Bozeman's definition of public value, it emphasizes the social and democratic dimensions of the value and outcomes of co-production initiatives that impact the community or wider society (Bozeman, 2007). Finally, the *individual dimension*, based on the Meynhardt's phycological approach of public value, highlights the value for individuals or small groups and it links the public value to the human conditions (Meyhnardt, 2009). All these dimensions will be extensively discussed below with the aim to highlight the different nuances of value and outcomes proposed by the studies of co-producion.

The managerial dimension of public value

The concept of public value was firstly introduced by Moore (1995) who proposed a normative theory of strategic management that aim to guide the public managers in creating public value for citizens and society (Bandini et al., 2020; Bryson et al., 2017). The Moore's formulation of public value has three main components: a contribution to the public sphere; the addition of value through actions in an organizational setting; and the heuristic framework of the strategic triangle (Hartley et al. 2017; Moore 1995). At the heart of the Moore's approach there is the strategic triangle that encourages the public managers to manage and be accountable "upwards" to the authorizing environment; "outwards" to the public and stakeholders through an open dialogue over the means and ends; and "downwards" to make sure that the organization has the operational capability and resources to actually deliver public value (Bryson et al., 2017; Williams & Shearer, 2011). Following this framework, the managers of PSOs that aim to create public value need to create something

valuable, to have legitimacy, be politically and economically sustainable and feasible (Alford & O'flynn, 2009; Dudau et al., 2019). According to this approach, the public value encompasses the efficiency and effectiveness of public organizations in achieving desired social outcomes as well as their internal and external accountability, justness and fairness (Bryson et al., 2014). Adopting a managerialist view, co-production can improve the performance of organizations and services in terms of efficiency - the ratio between the costs of input (human resources, equipment, etc.) and the quantity/quality of the outputs, and effectiveness – the extent to which a PSO's output achieved its objectives (Alford & Yates, 2016; Jo and Nabatchi al., 2016) Indeed, co-production can improve efficiency through cost saving, improved the use of efforts and resources (time, knowledge, expertise), decreased the inputs of professional/citizens or increased the quantity or quality of the outputs (Bovaird & Loeffler, 2012; Cepiku et al. 2020; Loeffler and Bovaird, 2018; Jaspers & Steen, 2019; Osborne et al., 2013; Voorberg et al., 2015). Moreover, it can improve the effectiveness in terms of better service quality, responsiveness to user needs, users satisfaction and innovation (Cepiku et al., 2020; Loeffler and Bovaird, 2018; Osborne et al., 2013, 2015; Voorberg et al., 2015). Related to the service effectiveness, co-production can improve the relationships between public professionals or PSOs and citizens/service users through mutual learning, trust, accountability, transparency (Jaspers & Steen, 2019a). These outcomes represent the organizational values for the institutions and services (Dudau 2019) or the instrumental outcomes (Jo and Nabatchi, 2016) that lead to better service delivery and relationships among PSOs and their users (Jaspers & Steen, 2019a). Thus, co-production can be considered as a means for improving the public service provision in terms of internal efficiency - that is necessary but not sufficient to achieve the sustainability of PSOs - and mostly in terms of effectiveness and realization of public value (Jaspers & Steen, 2019a; Osborne et al., 2015). The debate of public value contribute to shift the strategic orientation of PSOs from an inward-focus on efficiency to an external focus on the effectiveness in the creation of value for the lives of service users and for local communities (Osborne et al., 2015).

The societal dimension of public value

The second dimension refers to the societal or political level (Bandini et al., 2020; Bryson et al., 2017). In this vein, public value concerns "the normative consensus about rights, benefits, and prerogatives to which citizens should (and should not) be entitled; the obligations of citizens to society, the state, and one another; and the principles on which governments and policies should be based" (Bozeman 2007, p. 17). In line with this view, public managers seek to find ways of expressing and solving the collective needs and aspirations of citizens (Alford and O'flynn 2009). Thus, public value encompasses different outputs such as public goods and services, and others

remedies for market failures and iniquities like provision of personal security, protection of property rights, and enforcing of contracts. It also embeds institutional arrangements; deliberative mechanisms, educational processes and cultural norms that enable the capacity to solving societal problem and developing innovative solutions (Alford, 2014b, 2016; Alford & O'flynn, 2009). Co-production is one of the possible ways to enhance this form of public value. Indeed, users and communities are often involved as co-producers in the value creation processes aiming to create public value for the wider community or the collective citizenry (Alford, 2016b; Bovaird et al., 2015; Loeffler & Bovaird, 2016; Nabatchi et al., 2017; Pestoff, 2014). In this sense, the public value is received collectively by the citizenry, including some aspects of public safety, environmental protection, care for the weak and vulnerable people, as well as justice and equal treatment and access to services, and so on (Alford et al. 2016; Petrescu, 2019; Hartley et al. 2017; Moore 1995; Moore 2013). More thoroughly, Bovaird and Loeffler (2012) distinguished three social dimensions of public value that can be generated from the co-production activities: the *social value* (the improvement of the social cohesion and interaction); *environmental value* (the development of sustainable policies and practices); and *political value* (supporting citizens participation and democracy). The social value corresponds to the *value to community* (Dudau et al., 2019) and it is often linked to the *community outcomes* that have an impact at the aggregate, collective or communitarian level or in a local area where the co-production is at play (Cepiku et al. 2020; Sancino, 2016). In particular, co-production of public services contributes to the creation of value to community to the extent to which public services aim at addressing wicked problems that regards the major social issue of the modern life (Bianchi et al., 2017; Geuijen et al., 2017; Head & Alford, 2015) and meeting the societal needs and aspirations or to contribute to the social well-being (Osborne, 2016). Moreover, co-production can strengthen the communities and increase social capital including social networks and inclusion, social cohesion, reciprocity, and trustworthiness among the actors of the community (Loeffer and Bovaird, 2018; Nabatchi et al. 2017; Voorberg et al., 2015).

The political and environmental value can be synthesized as the *value to society* that represents the wider form of public value for the general society (Dudau et al., 2019). The focus is on the effects of co-production on democratic processes such as representation, participation, and deliberation; thereby it encompasses the normative values and principles of democratic governance. Co-production is expected to enhance the democratization of traditional public service provision and to restore the trust in public agencies and policies (Pestoff 2009). Indeed, co-production prompts the involvement of users and communities in the commissioning, planning, design, and assessment of the public services and value; it implies a redistribution of power between the professionals and

beneficiaries, thereby it can enlarge the opportunities of democratic participation (Loeffler & Bovaird, 2016). Especially, through co-commissioning activities, citizens can collaborate with the public professionals to democratically identify and prioritize the desired public services and outcomes (Loeffler & Bovaird, 2019). The quality of democracy depends to the extent to which people from different groups and backgrounds are included in the decision-making processes and public service provision (Verschuere et al., 2018). Thus, the democracy quality can be conceptualized in terms of direct participation, equity, inclusion, diversity, and user empowerment in the service provision (Jaspers & Steen, 2019; Verschuere et al., 2018). Although co-production is often recognized as a way to reinvigorate democracy, the effective impact of co-production on democratic values is still understudied (Bryson et al., 2017; Verschuere et al. 2018). The studies on the dark side of co-production or value co-destruction also provided first insights about the negative impacts of co-production processes on the democratic values and equality due to the risk of power imbalance that decreases citizen representation and participation in co-production activities (Steen et al. 2018). Thus, the evidence about the effect of co-production on democracy are controversial, hence there is a need to better understand this issue and the related challenges for PSOs and citizens. The literature provides some assumptions on the mechanisms that can sustain the co-production of democratic values such as the professional support from PSOs and a certain level of competency and salience on the part of co-producing citizens (Verschuere et al. 2018).

Moreover, the governance principles including transparency, respect for the rule, partnership working, sustainability and honest and ethical behaviour, play a key role in defining the relationships between citizens and government and providing the rule of the game that facilitate the involvement of citizens in co-production initiatives. However, future studies should investigate how co-production improve the conformity to the principles of good governance (Bianchi et al., 2017; Loeffler & Bovaird, 2019, 2020).

The individual dimension of public value

The individual dimension of public value allows to link the public value to the human conditions or basic needs and to explore the public value creation between the individual and the societal level (Meynhardt 2009; 2017). Originally, Moore's suggested that the public value can be conceptualised 'partly in terms of the satisfaction of individuals who [enjoy desirable outcomes], … and partly in terms of the satisfactions of citizens who have seen a collective need, fashioned a public response to that need, and thereby participated in the construction of a community …" (Moore 1995, p. 47). Starting from this frame, Meynhardt (2009; 2017) explored the intersection of public and private spheres and he introduced the psychological dimension of public value. According to Meynhardt

(2009, p. 212), the public value is "founded in individuals, constituted by subjective evaluations against basic needs, activated by and realized in emotional-motivational states, and produced and reproduced in experience-intense practices". In this vein, public value reflects the individuals' subjective evaluations of the satisfaction of their basic needs that constitute the microfoundation of the public value creation (Meynhardt et al. 2017). In particualar, Meynhardt translated the categories of basic human needs provided by the psychological needs theory (Epstein 2003) into four basic value dimensions namely moral-ethical value, hedonistic-aesthetical value, political-social value, and utilitarian-instrumental value (Meynhardt et al. 2009; 2017).[11] The public value creation emerges from products, services, investment opportunities, or organizations that involve in some way the public sphere (Bryson, 2014), but mostly from all those objects that are perceived valuable for the society along the four dimensions, regardless of the public or non-public nature (Meynhardt, 2017). Furthermore, the basic dimensions of individual values can also be aggregated at the societal level and they might reach a reasonable normative consensus (Bryson et al. 2014).

This framework is particularly useful for the evaluation of the value and outcomes generate by co-production activities in the public service provision. Indeed, PSOs provide services that create public value for the general society while the same services are addressing individual needs. For instance, the educational services contribute to improve the cultural, social, and economic conditions of a society, but the same services improve students' well-being and agency (e.g. addressing their relational and developmental needs; enhancing their employability and lifetime income), and also their families might enjoy some personal benefits from the educational services to their children (Alford & Yates, 2016; Hart & Brando, 2018). Thus, different types of value are created simultaneously by PSOs where the personal and societal dimension present an high degree of interdependence (Alford, 2016). A PSO offers a value proposition for the users and/or the resources that support service user in the creation of value (Osborne, 2018). According to the service management studies, the service is only a promised of value that can be realize through the encounter and collaboration between the user and the service provider (Petrescu 2019 citing Grönroos 2011; Vargo and Lusch 2004, 2008, 2016). Bovaird and Loeffler (2012) highlighted that the public value chain generates an *user value* that is individually enjoyed by the direct beneficiary of

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[11] i) the *moral-ethical value* is related to the relation between the person and the environment, individual identity, and the impacts on the need of positive self-worth and high self- esteem; ii) *hedonistic-aesthetical value* satisfies the needs of positive emotions and experiences, and self-efficacy; iii) the *utilitarian-instrumental* such as the effectiveness in gaining control and coherence of environment and expectations ; iv) finally, the *political-social value* refers to the needs of positive relationships and encompasses the individual's belongingness, social identity, membership and social cohesion.

the services and *value to wider groups* that regards those who are closed to the users such as families, care givers, friends that indirectly benefits from improved services and outcomes. Both the user value and value to groups come into the categories of *value to individual* or individual outcomes that represents the individual dimension of value generate by co-production (Dudau et al., 2019). More throughlly, the individual value encompasses *i)* the impacts on the satisfaction of service users with the service and to extent to which it meets their needs and the impacts upon their well-being; ii) the effects of public services on the whole-life experience of users (e.g. resolving the impact of a vulnerable condition upon their life); *iii)* the development of skills, capacity, and autonomy to solve problems in the future (Osborne, 2020). Furthermore, the involvement of service users into the co-production activities can improve their level of social contact, enhance the inclusion of vulnerable groups, increase the user's agency and empowerment and other related constructs such as a self-efficacy, autonomy, voice and critical awareness (Cepiku et al. 2020; Jenhaug & Askheim, 2018; Jo & Nabatchi, 2019; Lindsay et al., 2018; Loeffler & Bovaird, 2019).

PV DIMENSION	CO-PRODUCTION LITERATURE EXAMPLES
Managerial (Moore, 1995)	• PSO's performances (e.g. efficiency, effectiveness, innovation) • Better relationships between PSOs and users (e.g. mutual learning, trust, accountability, transparency)
Societal (Bozeman, 2007)	• Value to community (e.g. social value or community outcomes) • Value to society (e.g. environmental value or political value)
Individual (Meyhnardt, 2009)	• Individual value (e.g. satisfaction of basic needs, individual well-being; human development; social capital, agency, empowerment)

Chapter 3

Co-production and human capabilities: an integrating framework for human-capability oriented services

Co-production and human capability are two different concepts that originated from different theories and fields of study. The integration of the human capability approach into the studies on co-production is little researched up to date. However, some scholars introduced this issue opening a broad normative discussion. In particular, Bovaird (2007; 858) envisaged the need for a new ethos of public service provision based on the role of professionals "to support, encourage, and coordinate the coproduction capabilities of service users and the communities in which they live". Sicilia et al. (2016) highlighted the potential transformative effect of co-production towards a new ethos that requires to rethink the role of PSOs in public service provision in order to move from a 'service-dominant' approach (Osborne et al., 2013) to a 'citizen-capability' approach (Sen, 1993). Co-production was defined coherently with the development of human capabilities (Sen, 1993) of individuals and/or communities as PSOs encourage human development at multiple levels (Sancino, 2016). A public service, particularly in the field of human services, is provided not only to address a specific need, it involves the whole-life experience of users and their life context and it creates opportunities to change and address their needs in the future, which is both socially desirable and economic feasible (Osborne et al., 2021). Human services can be considered public services because create public value for the individual and the general society (e.g., improving environmental, social, and political value). They are a means for the implementation of welfare policies, often totally or partially subsidized by the public financing in different welfare systems. Coherently, HSOs can be considered as public service organizations that contribute in the creation of public value. By exploring the connections between the co-production and human capability approach, this chapter aims to rethink the human service provision. In particular, it proposes a framework for the provision of human-capability-oriented services highlighting the role of actors together involved in co-production activities.

3.1 The human services: an interdisciplinary field of studies

The field of human services encompasses a broad range of welfare services (e.g. child care, education, health, employment, social care and assistance) and service organizations (schools,

hospitals, work, or social service organizations) that play a pivotal role to protect and enhance the well-being of individuals, families, and communities (Hansenfeld, 2009). They are subject of important multidisciplinary researches that include contributions from different disciplines, especially from public administration, third sector studies, and service management.

According to the public administration studies, human services are analyzed as a kind of public services. Indeed, they contribute to implement a wide range of policies, in particular welfare policies that aim to promote the citizen's well-being by giving resources and opportunities for addressing a wide array of human needs and conditions refferred to people's life cycle and their institutions (family). Education, work, health, social security and assistance, environmental protection are examples of welfare polices that generate related services. This type of services are beneficial to users in term of satisfaction - addressing their needs, solving their problems or enhancing their skills and capabilities – and they are valuable to society in social, economic, and cultural terms (Alford & Yates, 2016). In this vein, public services create private value and, to a greater extent, public value. Indeed, PSOs address the needs and desires of the public taking into account the social and environmental circumstances (Alford, 2016; Pang et al., 2014). For this reason, the public sector has a responsibility in welfare policy-making and provisioning of welfare services in many European and non-European Countries. Welfare services can be directly provided by public agencies, however they are increasingly provided by third sector organizations (TSOs) with a mix of public and private resources (Enjolras et al., 2018). The relationship between the public institutions and other nongovernmental actors in policy making and public service provision is in constant evolution. Indeed, public sector transformed from a legal authority to a service provider and then to an arena of co-creation according to the three transformative paradigms of the public administration (i.e., the old public administration paradigm, the new public management, and the new public governance) (Torfing et al., 2019). In the beginning, the public agencies held the full power and responsibility on policymaking and public service provision. Then, the role of public sector changed into a diligent service provider inspired by market mechanisms, such as competition and specialization, a focus on performance, and widespread privatization using contracting-in and out of services (Bracci et al., 2016; Sorrentino et al., 2018; Torfing et al., 2019). Finally, the role of public sector developed into an arena for co-creation promoting inter-organizational and cross-sectoral collaboration with civil society organizations and private firms (Torfing et al., 2019). With the perspective of the new public governance, different collaborative arrangements are considered a valuable governance option including interorganizational collaboration, networks, collaborative and participatory governance, and other forms of multi-actor policy making and public service

provision (Bracci et al., 2016; Nabatchi et al., 2017; Osborne et al., 2015; Sorrentino et al., 2018). Accordingly, the traditional model of public provision based on regular producers was challenged by concepts like co-production, co-governance, co-management, co-creation, and social innovation that emphasize the involvement of individuals and organizations, in particular TSOs (Pestoff, 2014b; Poocharoen & Ting, 2015; Powell & Osborne, 2020; Torfing et al., 2019).

The role of TSOs in welfare service provision and policy-making varies among different welfare models defined by the dimension of Civil Society (Salamon et al., 2017). Empirical studies identified a worldwide trend of increased level of partnership between government and TSOs (Salamon, 2015). In different European countries, the traditional welfare models have been transformed into welfare partnership model in which local governments turned to TSOs the delivery of public-funded welfare services (Salamon, 2017). In Italy, the shared responsibility between public government and Civil Society Organizations in addressing collective needs and promoting general public interests was recognized as a fundamental principle of subsidiarity by the Constitution Reform in 2001, and it has been recently strengthened by the Code of Third Sector in 2017 and by the Italian Constitutional Court in 2020 (judgement n. 131/2020). Indeed, many Italian TSOs are involved in the provision of different welfare services. According to the third sector literature, the involvement of TSOs can improve the quality and effectiveness of welfare services, democracy and participation of citizens, service innovation, and the sustainability of public service provision by supporting the collective action and the capabilities of citizens to find solution to their problem in the future (Bandini et al., 2020; Brandsen & Pestoff, 2006; Mariani & Cavenago, 2013; Pestoff, 2012, 2014a; Powell & Osborne, 2020).

Some scholars integrated the service management literature with the public administration studies to better understand the public service provision and the role of PSOs, even in the field of human services (e.g., Grönroos, 2019; Hodgkinson et al., 2017; Osborne et al., 2021; Osborne & Strokosch, 2013). The service management studies contribute in explaining the main characteristics of the production and consumption of human services (e.g. Zeithaml, 1985). Differently from goods, services are essentially intangible – they are a process and their value depends on the extent to which the initial expectations of a consumer are met during the actual service experience; the consumption and production occur simultaneously and they are not separable; the value is perishable as rarely storable; the final output is more heterogenous as the service experience depends on the relationships among the different actors that are involved in the service system – in particular on the engagement of the service staff and service users (Grönroos, 2007; Lovelock and Writz; 2007). Deconstructing a service into its constituent parts is one of the dominant analytical approaches in service management studies (Tony Bovaird & Loeffler, 2012). In particular,

the definition of what, how and who allows the researchers and practitioners (e.g. service designers, service managers, and frontline staff) to identify the main characteristics of the service and its provision, and then design and deliver those elements that should be responsive to users' needs (i.e. the who) (Goldstein et al., 2002; Ponsignon et al., 2011; Roth & Menor, 2009). The *service concept* is one of the basic elements for service design and deliver, and it essentially describes the characteristics or constituent elements of the service offered to the users (Goldstein et al., 2002; Ponsignon et al., 2011). Scholars developed several definitions of the service concept. The dominant view of the service concept in the marketing literature is referred to a package made up of a bundle of intangible and tangible elements (Ponsignon et al., 2011). Collier (1994) defined the service concepts as the benefits and value provided to customers. Similarly, Normann (1991) defined the service concept as a package of benefits – implicit and explicit, tangible and intangible – that the service provider offers to users. Furthermore, the service concept is defined as a group of core and peripheral service elements by Roth and Menor (2009). According to them, the core service is the essential component that provides the main benefits offering solutions that address the users' needs, whereas the peripheral services enable or enhance the core service delivery and provide additional benefits to users. Thus, the service concept must clearly define the user needs and, starting from the benefits, it can guide the development of an augmented service offering (Grönroos, 2015). According to a more extensive perspective, Clark et al. (2000) defined the service concept as the mental picture of the whole service that includes the service operations or the way in which the service is delivered and its results in terms of service experience, outcomes, and value for customers. The authors stressed the need of a service concept that is clear to the organizations and shared with its employees and customers to minimize the distance between their expectations and service delivery. In this vein, the service concept not only describes the *what* of the service but also the *how* and ensuring the integration of the two or between the strategic mental picture (what the organization intents to provide) and the users' expectations (based on their needs and desires) (Goldstein et al., 2002). In particular, the service delivery system describes *how* the service concept is provided to the users (Goldstein et al., 2002; Ponsignon et al., 2011; Roth & Menor, 2009). A service organization needs to choose, design, manage, and control several issues that concern with the efficiency and effectiveness of the delivery of services and the creation of value. Indeed, service delivery encompasses the role of actors, equipment, technology, facilities, layout, service processes, and procedures (e.g., Heskett, 1987; Ramaswamy, 1996, Roth and Menor, 2003). Thus, a Human Service Organization (HSO) needs to define both the *service concept* – that is, the idea of the service (i.e., the what) - and the *service content* that synthetizes its service provision approach (i.e. the how).

3.2 The attributes of the human service provision

Human service provision can be described as a process of trasformation of input resources through a bundle of activities resulting in service outputs and outcomes (Tony Bovaird & Loeffler, 2012). This process leads to the creation of value for users, for their families, carers, friends, or even for other citizens who may enjoy spillover effects that create social benefits for the broader community (Tony Bovaird & Loeffler, 2012; Nabatchi et al., 2017). The input resources can be distinguished into resources from people (including abilities, skills, and knowledge), technical and physical facilities, and financial resources. Moreover, other intangible resources emerge from organizational learning processes that combine routines, internal and external knowledge, skills, and experience (Cavenago et al. 2004) what literature refers to organizational capabilities and dynamic capabilities. The first are "the complex routines that determine the efficiency with which firms transform input into output" (Collis, 1994; 145), whereas the second are "the firm's ability to integrate, build, and reconfigure internal and external competences to address rapidly changing environments' (Teece et al., 1997, p. 51). PSOs should develop organizational capabilities to enhance public value creation such as resource acquisition, innovation, public engagement, co-production, and service delivery capabilities (Pang et al., 2014). To describe the human service content, it is possible to idenfity the key phases of the provision of human services: (1) access; (2) screening; (3) intervention planning and implementation; (4) monitoring in progress; and (5) follow-up (Mariani and Cavenago, 2013):

1. *Access.* It represents the first contact between the user and the HSO. It may be direct when HSO reaches the potential users through direct communication activities about service offering, such as open day event, website, social contacts, or other communication channels. Furthermore, word of mouth plays an important role in enabling direct access, especially for those services that are based on mutual trust relationships (e.g. child foster care). Contact with the users may be also mediated by other institutions/actors such as social workers in charge of the local government. In this vein, HSO tends to develop a community-based approach in the access phase building inter-organizational collaborations and networks with other private or public institutions to increase the opportunites for users in finding the best solution for their problems and needs. Indeed, some issues can be solved within the HSO, but other complex problems require the collaboration with external partner. During this phase, the organization provides information about the service concept and content and reduces any barriers which could compromise the equal access and service provision (Mariani & Cavenago, 2013).

2. *Screening.* After the access, the screening process allows the evaluation of individual needs and the initial assessment. Organization needs to gather information on the users' needs and problems as well as on their conditions and life experiences (e.g. age, sex, education, physical and mental health, personality, lifestyle, socio-economic conditions, living and family background and context, and so on). The organization should work quickly by verifying the initial requirements so that users are either select to the most appropriate service that is internally delivered or they are redirected to other partner of HSO's network that can better address the needs and problems of screened participants (Mariani & Cavenago, 2013).

3. *Planning.* Based on the results of the screening, an organization draws an individual intervention plan which consists in defining the objectives to be pursued, identifying the necessary resources, timing, and the bundle of activities (or service package) as well as the risks, benefits and expected results. In the field of human services, the plan is often in line with the classic public policy model including interventions of problem prevention, detection, treatment, and rehabilitation of affected users, and any other contributions to enhance the quality of life outcomes/opportunities of those users who face the problem (Loeffler & Bovaird, 2020). The evolution and coordination of the aforementioned phases require information flows, that is, the set of data relating to the service system and the external environment, that are collected, processed, and managed (Cavenago et al. 2004).

4. *Implementation.* Following the planning, implementation consists in the managing and carring out the plan through the service delivery. Many human services aim to achieve personal outcomes through user's behaviour change (Whitaker, 1980). People, rather than materials or information, are the main resources that are processed by the HSO in order to provide a specific human service (Hansenfeld, 2009; Wirtz & Lovelock 2016). Human services deal primarily with experiences rather than objects (Lengnick-Hall et al., 2000); they are personality intensity (Normann, 1991) as the quality provided to users is the result of the way people interact each other (i.e. the user with the frontline staff and with other users) and the positive, or negative, performance of individuals can affect directly on the service experience and the user's perception of the service quality. For instance, one could have two identical schools that employed the same teachers, applied the same learning tools and facilities, but the experience and impact of each educational service would be different because it would be co-created by the interactions with the students of each classroom and their families. Students would co-create both their own experiences and values and also contribute to the co-creation of the learning experience for other students (Osborne et al.,

2016). The interactions between the service user and the service provider tend to be high in human services when the provision and consumption occur both at the same point in time and in the same place. Human services can be *people-processing* services when the service delivery requires tangible activities in which the user is physically involved in the organization or service systems (e.g., transportation, health care) or they are *mental stimulus processing* based on intangible activities in which the users are involved at mental level (e.g. entertainment; education) (Wirtz & Lovelock 2016). Service delivery can be person-focused where the interactions with frontline staff are the core element (Gliatis & Minis, 2007; Silvestro et al., 1992) or a mix of equipment/person-focused where both staff and equipment are a key element in the delivery (e.g. hospital care). The interaction between the service provider and the service users can be direct through face-to-face contacts or mediated by digital tools.

5. *Monitoring and follow-up.* These are the phases of evaluation that occurs in progress (i.e.monitoring) or at the post-delivery stage (i.e. follow-up). Service provider is responsible for keeping the objectives fixed during planning or reviewing the intervention plan over time through continuous intervention re-modeling according to emerging needs. Periodically, HSO evaluates the achievement of objectives through monitoring tools. More broadly, monitoring is a method to evaluate the overall service quality. In this vein, monitoring tools are used to evaluate the organizational activities, conduct and procedures, safety and health conditions of the service environment, adopting specific protocols, procedure manuals, and training the front-line staff and other professionals if necessary. Monitoring can involve the case coordinator or multidisciplinary commissions who evaluate the state of the individual plan's implementation and, if necessary, they remodel quickly some of its elements (e.g. the stated objectives, timing, activities, and methods of intervention). Finally, follow-up procedures consist of regular check-ups in the post-service delivery phase that aim to verify the level of user indipendence and autonomy to prevent them from being in need again. Indeed, the fact that users return to the service provider with the same or similar problem is a sign of failure of human service provision (e.g., repeted visit to a doctor for the same problem, repeated social work care where no personal development is achieved; repeated educational services after failed learning experience) (Osborne, 2018). Constant monitoring of people's conditions is required to prevent them from falling again into a state of need. Follow-up practices provided beyond the period of core service delivery offer continuity and support to users who have the opportunity to collaborate with the organizations in defining a discharge program for their full integration

and independence in various life contexts (e.g. in family, school, workplace, and communities). As in the initial phase, HSO can activate its inter-organizational collaborations to make easier for their users the access to different services that provide help in the case of future needs or contribute to develop long-term outcomes.

3.3 Conceptualizing human service towards the lens of human capability approach: the human capability-oriented services

Human services aim to meet human needs by addressing personal and/or social problems that people face. According to Osborne (1992), good quality of human services contributes to improve the users' quality of life, enhancing their personal welfare that concerns the satisfaction of their needs within the society (Osborne, 1992). According to the main motivational theories, the needs that HSOs are called to address can be classified on the base of a hierarchy of priorities (Maslow, 1943). People have basic needs that are necessary to survive (physiological and safety needs). Once these existence needs are satisfied, people need to satisfy other higher-level achievements related to good relations (belongingness and love, self-esteem) and the development of their full potential (self-realization). Differently from Maslow's approach, Alderfer (1969) classified the needs into three categories of existence, relations and development that can be addressed simultaneously or in a consequential order. Indeed, each person has multiple needs which demand simultaneous response and the priority assigned to each specific need depends on the individual evaluation. Regardless the specific model, a key issue for human services is the satisfaction of human needs at various levels, from basic needs to those that are linked to relational and developmental desires (Mariani & Cavenago, 2013). A service can be designed to meet a specific need. However, many human services aim at human change and they can strongly impact user's life (e.g. foster care; residential care service; education), thus they often go beyond the fulfilment of a discrete need. HSOs are frequently called to solve complex social problems that require to meet multiple emerging needs. For instance, foster care services may address both physical/safety and relational/development needs of vulnerable young users by promoting education as well as social activities (e.g. sport) (Mariani & Cavenago, 2013). Users enter the service experience with their needs, desires, aspirations, and human services can play a key role in the construction of their whole-life experiences (Osborne, 2016; 2021). So, for example, the rehabilitation service for offenders should not simply reduce the risks of re-offending and improve the life within the prison (short-term life condition). It should be a holistic experience that develops their skills and potential through behavior change thereby it will determine long-term impacts in terms of good life experiences and opportunities for work and social reintegration (Loeffler & Bovaird, 2020).

Accordingly, at the heart of sustainable human service provision, there is not only the problem of addressing the personal needs (welfare) in the present but also to improve the personal and social well-being now and in the future (Osborne et al., 2016). Indeed, one of the key long-term objectives of human services should be the autonomy of individuals who become independent from those offering help and capable to resolve their future needs independently (Mariani & Cavenago, 2013). Thus, human services can create value by generating the ability of users/communities to change and to build capacity for long-time development (Osborne, 2020).

In this study, the capability approach is considered as a useful framework to design - or to assess and redesign - the human services in a way that is respectful of the fundamentals of human development. As widely discussed in Chapter 1, the CA is a normative framework to evaluate individual or collective well-being as well as the social arrangements that can influence it (e.g., institutions, norms, policies, programs, services) (Robeyns, 2005). Public policies and services play a key role in the development of nations and they should be oriented towards the human development by building human capabilities and sustaining their use for better livelihood of people (UNDP, 2018). Adopting the lens of the CA, a human service can be human capability-oriented when the service concept embeds the development of human capabilities. Coherently, a human capability-oriented organization is a private or public institution that promotes human development by providing human capability-oriented services. A human capability-oriented service (and the organization that provides it) contributes to human well-being in terms of both opportunities that people have in meeting their needs (human capabilities) and the actual fulfilment of their needs that comes from those opportunities (functionings) (Sen, 1992). Human capabilities create opportunities to address different human needs and aspirations (Weaver, 2020). The advancement of human capabilities and functionings represents the core value proposition that a human capability-oriented service promises to individuals or communities. In other words, this kind of service contributes to expand the space for individual or community action in terms of the quantity and quality of opportunities that people face to lead the kind of lives they value and have reason to value (Sen, 1999). Reasoning in terms of a space for action, a human capability-oriented service embeds a logic of seeking personal satisfaction (vocation) in the context of a systemic and dynamic relationships among resources, opportunities, constraints and other internal or external conditions that characterized the circumstances of life (Cavenago 2004). In this vein, the satisfaction of needs is not necessarily defined by an established model such as the hierarchy of Maslow (1943) or the consequential order of Alderfer (1969) as it depends on the personal and socio-environmental circumstances. Moreover, individual development is not only restricted to a

negative distance between human needs and the resources that are required to fill this gap but it is also positively referred to the satisfaction of desires and aspirations of people within human society (Mariani & Cavenago, 2013) that are at the base of their flourishing life (Hart, 2016). Conceptualizing human service provision through the lens of the CA allows to identify some fundamentals of the human capability approach (1) the focus on the beneficiary's perspective, (2) a holistic view of a beneficiary's life, (3) the inclusion of social and environmental contexts, (4) and the respect of the human heterogeneity (Kato et al., 2018). These can be considered also the key characteristics of human-capability oriented service provision.

Beneficiary perspective. A human capability-oriented service can be defined as a person-centred service based on the beneficiary perspective. According to the CA, each person is considered an end as well as a means for human development. Similarly, human and social change is the primary results of several human services rather than means towards an end (Lengnick-Hall et al., 2000). Coherently, users are considered at the heart of the service provision for expanding their opportunities for their well-being and development in accord with their needs, preferences, desires, interests, and values. Users are invited to express what they desire and value, what is available, what they can and would achieve regarding their lifes and communities. A human capability-oriented service recognizes the role of the user's freedom to choose the best outcomes for her/him own life (Kato, 2018).

Multidimensionality. A human capability-oriented service adopts a complex and holistic view of beneficiary life. Human capabilities are intrisically multidimensional as they regard different dimensions of human-wellbeing and development (Weaver, 2018). Each capability has an important and distinct value for human life, but they are also strictly interrelated as they contribute together in defining the individual space for action (or capability set) in which each person can realize his/her full potential (functionings) (Nussbaum, 2011). Unfortunately, the space of individual action can be restricted by unfavourable events (e.g., job loss; disability; poverty) that can frustrate several kinds of needs, desires, and aspirations related to security, social mobility, social relationships, and self-esteem, and thus generate a vicious cycle with a regression of opportunities to be and to do what vulnerable people want to be and to do (Mariani & Cavenago, 2013). A complex and holistic view of beneficiary life helps HSOs to break the vicious circle and work for the development of opportunities that realize a virtuous cycle for the whole human well-being (Mariani & Cavenago, 2013). A holistic perspective of human well-being often requires multidimensional intervention plan that embeds integrated solutions aimed at realizing people's full

potential and autonomy. To solve complex problems and address the multidimensionality of human well-being, a dynamic and multi-actor public service delivery system is necessary rather than a service-dominant approach (Osborne et al., 2016).

Inclusion of social and environmental contexts. Differently from other evaluative approaches, the CA shifts the focus on what people are able to do and to be rather than on mere access to resources, goods, or services. In this vein, social, institutional, and environmental contexts are included in the process of human capability development as they can affect the ability to transform input resources into capabilities/functionings (Sen, 1999). Even in the service provision, the relationships between inputs, process and outcomes are mediated by the social environment (i.e. wider user's life and community) that can enable or hinder the impact of a service on the quality of life of the users (Osborne, 1992). In particular, the human change that many human services aim to promote depends on several personal and socio-environmental conditions that are outside the specific service provision but within the wider service systems. Adopting the CA, a human capability-oriented service may contribute to the development of the users' human capabilities by enabling the personal and socio-environmental factors that support the beneficiaries to convert the service into human capabilities and by removing those barriers that prevent individuals or groups from realizing their full potential, such as lack of access to health/educational institutions, discrimination, gender roles or disability (Kato et al., 2018). A human capability-oriented service shifts the focus from the service to the social and institutional contexts that are part of the wider service system (Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015)(Osborne et al., 2015) (Osborne, 2018).

Individual heterogeneity. A human capability-oriented service emphasizes the individual heterogeneity in different ways that cross the issues described above. Indeed, adopting the beneficiary perspective, it emphasizes the diversity of human needs, desires, aspirations, values and conception of good life and development of each person or community. It promotes the freedom of choice by respecting person's elections together with the plurality of cultural views of life. Second, it promotes the development of a plurality of capabilities that constitute the multidimensional nature of well-being and human development. Third, a human capability-oriented service should not disregard the heterogeneity of life experiences characterized by several

personal as well as multiple social-environmental factors that describe the specific life context of a person or a community, all these factors may impact on the ability to convert the service into human capabilities (conversion factors). In front of a great human heterogeneity, a human capability-oriented service may recognize and remove the barriers that discourage disadvantaged users from participation into service provision and from the equal access to opportunities and outcomes of human well-being and development. Consequently, this kind of service may improve inclusion in the meaning of greater participation into service provision (Brandsen, 2020) and equity as the concept of distributive justice, impartiality and fairness that require preferential treatment to those who have limited resources and are most in needed for various personal or social-environmental conditions (Alkire, 2009).

3.4 Co-production as a driver for human capabilities development

A human capability-oriented service embeds the core principle of the CA, that is the improvement of human well-being through a strengthening of valuable opportunities for life and human agency. People are both the ends as well as the means of the CA, and they should be involved at every stage of policymaking or implementation as agents who purse and realize the goals they value (Alkire & Deneulin, 2009). However, one of the main difficulties is to put the CA into practice, finding functional ways of enabling people - as an individual and/or community - to expand the quantity and quality of opportunities they face for a good life as well as their ability to act as agents in decision-making or changing processes (Osmani, 2016). In the context of public service provision, co-production can be considered as one of the possible ways of enabling the role of users and/or communities in adding value for their lives or for common goods. In this vein, if the lens of the CA contributes in defining the ultimate end of human capability-oriented services, co-production provides an efficient and effective approach to practically achieve this end through collaborative and participatory activities in the service provision.

Some scholars outlined the link between co-production and the original Sen's definition of human capabilities (Sancino, 2016; Sicilia et al., 2016), proposing the need to rethink the public service provision from a service-dominant approach to a citizen's capability approach (Sen, 1999). Starting from this frame, it is possible to highlight the coherency and complementarities between the co-production and the human capability approach. Both co-production and CA are people-centered processes that aim to involve the beneficiaries in the creation of value and outcomes which are valuable for them. Moreover, the two approaches share the idea that the mere access to goods/services is not enough to address what people really need and their well-being. According to the CA, the key issue is the ability to transform resources into actual opportunities for well-being

by promoting human agency and respecting the heterogeneity of human beings and their different life contexts (personal and social-environmental factors). Similarly, the question of co-production is how to engage actively different users and communities to ensure a sustainable public service provision that leads to the creation of value or achieve personalized outcomes desired by them (Osborne et al., 2015, 2016). Indeed, the service is a promise that can be actualized when the user with his/her expectations, experiences and needs enter in the service experience and make senses of it ("value in-use"), and when the service interacts more broadly with their own life's experience and societal context ("value in-context"). Consequently, the role of the service provider is to facilitate the value creation (i.e., capabilities/functionings) in the service system (Osborne et. al. 2021). The outcome-based perspective of co-production is particularly insightful for this purpose. Indeed, the co-production is analyzed as a pathway towards valuable outcomes for users and service providers. On one side, it recognizes the users as key agents with abilities, knowledge, and resources that can contribute towards the creation of value and outcomes through service provision and their behavior changes (Farr, 2016; Petrescu, 2019, see also Chap. 2). On the other side, PSOs should adopt an "enabling logic" instead of "relieving logic" activating the dormant resources or underutilized abilities of users encouraging their participation in the provision of public services and achievement of better outcomes (Bovaird, 2007; Normann, 1984; Palumbo, 2015). In the human services field, the term enabling is synonymous with "capacitating" namely, the development of new abilities and capabilities, starting from the conditions of a person (Barbuto et al. 2011). In this vein, co-production is understood as "the interactive process through which providers and users of public services apply their different resources and capabilities in its production and delivery" (Torfing et al. 2019; 802).

In this perspective, co-production can be considered as a driver of the development of human capabilities as it encompasses different activities (e.g. co-commissioning, co-design, co-delivery, co-commissioning) that engage actively users and communities in the provision of a service and achievement of publicity desired outcomes related to human capabilities. Co-production shifts the public service provision from a traditional public service provision in which "public officials are exclusively charged with the responsibility for designing and providing services to citizens, who in turn only demand, consume and evaluate them" (Pestoff, 2006; 506) to a co-production model based on active and participant role of citizens (Ostrom, 1996); the integration of expert knowledge with the users' tacit knowledge, skills and experiences (Loeffler & Bovaird, 2020); sharing and balancing power and responsibility between the professionals and users (Park, 2020). In this vein, co-production expands the space for participation of service users who are considered as a partner or responsible agent rather than mere consumers/beneficiaries of public services and interventions.

Co-production can improve the agency as "the ability of individual service users to control their experience of a public service and contribute to their own desired outcomes" (Osborne and Strokosch, 2013, S38) by increasing their freedom to choose (especially by co-commissioning, co-design, and co-evaluation modes) and substantive control over their actions and experiences (particularly by co-delivery) that regard the public service provision and more broadly the achievement of desired outcomes (Flemig & Osborne, 2019; Loeffler & Bovaird, 2019; Park, 2020).

Previous studies on co-production highlighted the involvement of users/community into different human service provision that contribute to public value creation in terms of human capabilities (the opportunities that people have to meet their needs and aspirations) and achieved functionings (actual satisfaction of basic needs and aspirations). Individual co-production – especially in the field of human services - contributes to achieve personal well-being, including short-term satisfaction and meeting of basic needs, medium/long term impacts such as better quality of life outcomes, helping to resolve problems; long-term impacts such as capacity creation for future need or problems (Osborne, 2020). For instance, co-production of social care services for older people can improve their social inclusion, participation, education, autonomy, and well-being (Flemig & Osborne, 2019). Co-production of intellectual and developmental disability services can improve the lives of people with disabilities; help them resolve the impact of a disability upon their life; or develop the skills and/or self-confidence and autonomy to revolve problems in the future (Osborne et al., 2016). In the case of policing and criminal justice, co-production can improve the quality of life of both victims (e.g., phycological and physical health through restorative justice programs) and prisoners (through offender rehabilitation programs that aim to improve their capabilities related to various domains of their good life such as work, play, education, social participation, spirituality, creativity, and so on) (Loeffler & Bovaird, 2020). Service users are co-responsible for the achievement of personal objectives that regard their own life and well-being, but they can also contribute in other-regarding objectives, such as the achievement of family-desired values or publicity-desired values. For instance, families are often involved in co-producing different welfare services for the well-being of their children or other vulnerable relatives or a citizen that performs waste recycling contribute to environmental sustainability, resource conservation, public health, and cleanliness of the local community that goes beyond her/his personal well-being. Coherently with the CA, co-production can empower individuals as agents of change for their own lives and self-development but also can enable a sustainable value for the local community in which they live or the society (e.g. democracy, environmental sustainability). According to these insights, CA and co-production can be considered two complementary

approaches that should guide academics and practitioners in rethinking public service provision towards a new sustainable ethos based on the philosophical foundation of human capabilities and collaboration among various actors - citizens, policy-makers, public managers, service providers, professionals and other stakeholders – for the development of human capabilities.

3.5 A general framework for the assessment of co-production in the provision of human capability-oriented service

In this section, it will be proposed a general framework for the assessment of co-production in the provision of human capability-oriented services (figure 9). Co-production should be carefully managed and enhanced by the organizations that provide human capability-oriented services and promote the involvement of users or communities as key agents of sustainable human development. In this study, co-production is understood as a process that focuses on a wide range of activities – the set of shared decisions and actions by the actors involved - that transform some initial resources (input) into other resources (outputs and outcomes) that are related to the individual and collective well-being (capabilities and functionings) (Alford, 2014b; Bracci et al., 2016; Nabatchi et al., 2017). More thoroughly, it can be defined as the set of different activities (i.e. co-commissioning, co-design, co-delivery, and co-assessment) that can occur in any phase of the service cycle in which the actors are involved in making better use of each other's assets, resources, and contributions to achieve better outcomes and improved efficiency (Nabatchi et al. 2017; Bovaird and Loeffler, 2012). Accordingly, co-production can drive the transformation of service provision toward the realization of value and desired outcomes (Alford, 2014; Bovaird et al., 2017; Osborne et al. 2016; Jasper, 2018).

In the field of human services, the framework aims to integrate the traditional phases of human service provision (access, screening, planning, implementation, monitoring and follow-up) with the four key co-production activities that characterize a service provision process (co-commissioning; co-design; co-delivery and co-assessment) (Bovaird et al. 2019; Bovaird and Loeffler 2013, Nabatchi et al. 2017, see also Chap. 2). Considering the separate impacts of co-production activities on service and public outcomes, the framework help to analyze the different ways in which the actors – especially the users and service provider - are involved in the service provision or human capability-pathways and how HSO can support the engagement of users and the activation of their resources and abilities for the development of their human capabilities. Moreover, co-production activities can embed and make more effective the key issues of human capability-oriented service

- the beneficiary's perspective, multidimensionality, and human heterogeneity across different personal characteristics and contexts – that are included in this framework.

Figure 9. A framework for co-production assessment in human capability-oriented services provision
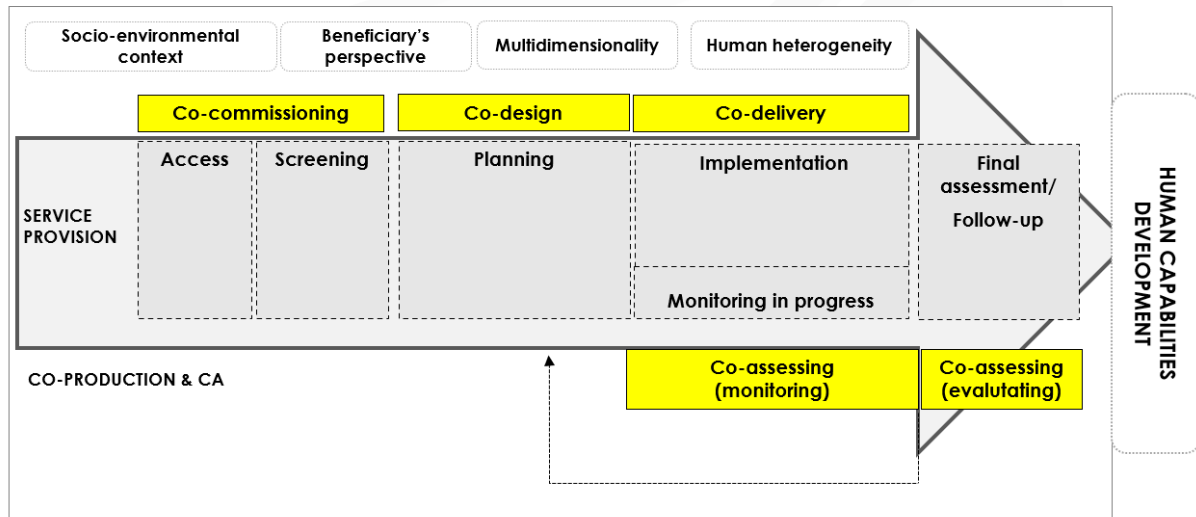
Co-commissioning refers to the joint activities for the definition of a list of priorities and needs (Nabatchi et al., 2017). It mostly regards the initial phases of human service provision: *access* and *screening*. In this case, all users are welcomed and listened in the evaluation of individual needs and the initial assessment. Users are recognized as *thinking people* who know things that professional do not know, especially on their personal conditions and life experiences (Bovaird and Loeffler, 2013). Accordingly, they are engaged in providing information about themselves and express their own preferences, interests, needs, and personalized value/outcomes to which they aspire (Brandsen & Pestoff, 2006; Brudney & England, 1983; Farr, 2018; McCulloch, 2016; Osborne et al., 2016; Whitaker, 1980). In this process, all users should be recognized as people who have values, resources, and abilities that make them potential valuable contributors for their individual and collective well-being, even in the case of vulnerable people (Bovaird and Loeffler, 2012; Loeffler, 2020; Brandsen 2020). If a HSO maps only the user's needs, it can miss the opportunity to take advantage of the full potential of co-production in the other phases (Loeffler & Bovaird, 2016, 2019). The initial assessment is useful to evaluate individual and collective resources, capabilities, and capabilities and recognize the human diversity in terms of personal and socio-environmental conditions. In these initial phases, the service provider should ensure equal access, clarity, transparency, equity, and priority to those who are most in need. It encourages users to understand the benefits that they may receive from their interactions and participation in the service provision, starting from the definition and prioritization of their needs and expected results.

Co-design refers to the involvement of users in the activities for the creation of a plan or an arrangement (Nabatchi et al. 2017). It refers to the strategic planning phase in human service provision. With the aim to develop a person-centred service, the users/communities (or other actors who are affected by the service) are involved in co-design activities to customize the service according to the needs, preferences, resources and capabilities (Farr, 2018; Flemig & Osborne, 2019; Surva et al., 2016). Co-design activities may improve the benefiary's perspective in planning. Over the co-design process, citizens voice are enabled (Loeffler & Bovaird, 2019); and their specific knowledge and experience are integrated (Dietrich et al., 2017; Trischler et al., 2019) to overcome the "stickiness" of user knowledge (von Hippel 1994). In the co-design process, it is important to plan effective interventions that address the complex user's needs and bring about the objectives and outcomes that they see as valuable for their lives and not symply those which are valued by service managers, professionals or politicians (Bovaird and Loeffler, 2012). Typically, human services persist the whole-life experience of users and require an holistic perspective of the service system rather than address a specific need (Osborne et al., 2021). Accordingly, the degree of human service customization should be high considering the set of complex needs, specific life experiences, and the external environment with its enabler factors or barriers that impact on the service experience and user's life. In order to fully support the users, a team of different professional experts (e.g., social assistants, trainers, psychologists, and physician) can be involved in the co-design activities to design multidimensional and integrated solutions that correspond to a holistic view of the develoopment of human capabilities.

Co-delivery refers to the joint activities for the service delivery (Nabatchi et al. 2017) and it regards the plan implementation in human service provision. Co-delivery emphasises the involvement of users in action through a wide array of implementation tasks (Loeffler & Bovaird, 2019) that can be complementary or noncomplementary (Brandsen and Honingh, 2015). However, the ability to co-produce depends on the availability of resources (e.g., knowledge, information, skills, and time) and other demographic and socio-phycological factors (e.g. age, sex, attitudes); socio-economic conditions (such as education and income); human capital (knowledge, skills); social capital (in terms of social networks and social cohesion, reciprocity, and trustworthiness) and motivational factors (e.g. extrinsic, intrinsic and prosocial motivations) (Cepiku et al. 2020; Van Eijk & Steen, 2016; Voorberg et al., 2015). Hence, "people should be encouraged to access co-productive initiatives, recognizing and supporting diversity among the people who use service" (Needham and Carr, 2009). Beyond user conditions, co-production efforts depend on the problems that providers

and users are seeking to solve and on diverse organizational and environmental factors, and thus are context-specific (Park, 2020). For instance, the implementation of multidimensional intervention plans may require the collaboration of other external services and stakeholders that can integrate the main service provision with different resources, knowledge, skills, and viewpoints to solve complex and multidisciplinary problems. During the delivery phase, HSO should support each user to make better use of her/his abilities and resources to adequately perform the tasks by considering different sources of diversity and by providing effective and customized engaging tools, information, mutual learning, incentives, and trust (Alford, 2009; Cepiku et al. 2020; Loeffler, 2020; Sicilia et al. 2019). In the short term, it may require inputs and resources from the point of view of HSO's professional staff and manager that have to support the involvement of service users or communities in co-production activities and the behaviour change that are needed to achieve better results. However, the need for professionalized interventions may reduce in the medium and long term as service users or communities develop their capacity of preventing the problems arising or resolving problems autonomously in the future (Loeffler and Bovaird, 2018).

Finally, *co-assessment* refers to the joint activities for the monitoring and evaluation of the quality of service provision and achievement of outcomes (Bovaird & Loeffler, 2013; Nabatchi et al., 2017). Co-assessment attributes a voice to service users and/or community who are enabled to co-evaluate the impacts of applied resources and abilities on service provision and outcomes (e.g., quality, effectiveness, efficiency) as well as the quality of co-production on the development of their capabilities during and after service delivery (Yang & Northcott, 2019). Indeed, the service delivery should foster the human change, enhancing users' conditions and functionings, maintaining and developing skills and abilities, promoting their self-determination and autonomy. With the aim to respect the human dignity, HSO must support the users to achieve the objectives envisaged in their intervention plans by enhancing transparent communication and their participation in the monitoring and final evaluation (e.g. advisory committees, public meetings, focus groups, and surveys). In this phase, users can contribute prospectively with ideas and creativity to develop innovative approaches and redesign the service, and they can also recognized and legimized the value they received influencing other actors to contribute to the services (Bovaird and Loeffler, 2013; 2016). Beyond the users, the different stakeholders who are involved into service delivery can contribute to a holistic and multidisciplinary co-assessment applying their knowledge and expertise.

Chapter 4

Multiple case study analysis of Service for Autonomy (SFA - *Servizio formazione all'autonomia*) for young adults with disabilities

4.1 Introduction

Previous studies revealed a coherency between the co-production and the development of human capabilities (Sancino, 2016; Sicilia et al., 2016), proposing the need to rethink public service provision from a service-dominant approach to a citizen's capability approach (Sen, 1999) that encompasses the individual well-being and freedom to choose. This chapter presents a multiple case study assessment of development disabilities services in the region of Lombardy, Italy. It regards the Service for Autonomy program that is a public socio-educational service for young adults with developmental disabilities within the network of social care services for people with disabilities. Regulated by a Regional decree (d.g.r 7433/2008) and co-financed by public resources, it is provided by public service organizations, mostly TSOs, through mechanisms of accreditation and contracting out. The multiple case study assessment of seven SFAs provision aims to explore how the co-production process can contribute to the creation of public value in terms of development of human capabilities of people with disabilities. In this vein, co-production is understood as a process that focuses on a wide range of activities – the set of shared decisions and actions by the actors involved - that transform some initial resources (inputs) into other resources (a service) that create opportunities for the development of human capabilities (publicity-desired outcome). With this research objective, this study assesses firstly how the design and implementation of development disabilities services can be oriented towards the development of human capabilities. Second, a micro-level analysis of the co-producers involved in the main phases of service provision offers some useful insights to better understand the micro foundation of co-production of developmental disabilities services and highlight some critical issues that need to be managed by the service providers.

4.2 Empirical setting of social care services for people with disabilities in the Region of Lombardy, Italy: the case of Service for Autonomy

The quality of life of people with disabilities is influenced by welfare policies and services that play a key role to enhance the well-being of individuals and families by relieving them from the burden of conditions of risk and disadvantage (ISTAT, 2019). In this study, the focus of the analysis is on the Service for Autonomy (SFA - *Servizio Formazione all'Autonomia*) program for people with mild moderate developmental disabilities regulated by the Region of Lombardy (Italy) in 2008. To understand this service, it can be useful to set the general frame of welfare services for people with disabilities in Italy and in the Region of Lombardy.

One of the main indicators of the role of State in redistributing welfare and resources to people who suffer disadvantaged conditions is the government expenditure on social protection[12]. It represents the largest area of general government expenditure in all EU Member States (41.4 % of total expenditure, 19.3 % of GDP that is € 2,699 billion). Italy is one of the five EU members States with more than 20% of GDP for social protection (21.2% of GDP in 2019 in Italy and 19.3% of GDP in the EU-27) (Figure 10). However, the analysis of the social benefits by functions highlights that the most significant group in the division relates mostly to the pensions for old age (58.5% in Italy and 46.45% in EU-27) whereas the social benefits for disability in Italy (5.7% of total benefits) are lower than the EU (7.6%) (Figure 11). As for the types of benefits, in line with the tradition of the main continental European countries, the Italian welfare system tends to be transfer-based (e.g. pensions and unemployment benefits) rather than service-oriented, thus it alleviates from social risks and needs through monetary compensation (ISTAT, 2019). The cash benefits are guaranteed at central level by the State. Financial aids can contribute in reducing the poverty risk for people with disabilities and their families (from 34.4% without any cash transfers to 18.9% with cash transfers) (ISTAT, 2019). However, as broadly discussed in Chapter 1, the income is an insufficient indicator of the quality of life that depends on the ability to transform the economic resources into actual capabilities and functionings.

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[12] Social protection includes both social transfers in cash (e.g. pensions, retirements, allowances, unemployment benefits) and in kind-transfers (i.e. social welfare services) that benefits different target groups: sickness and disability, old age, survivors, family and children, unemployment, housing, and social exclusion (Eurostat, 2021).

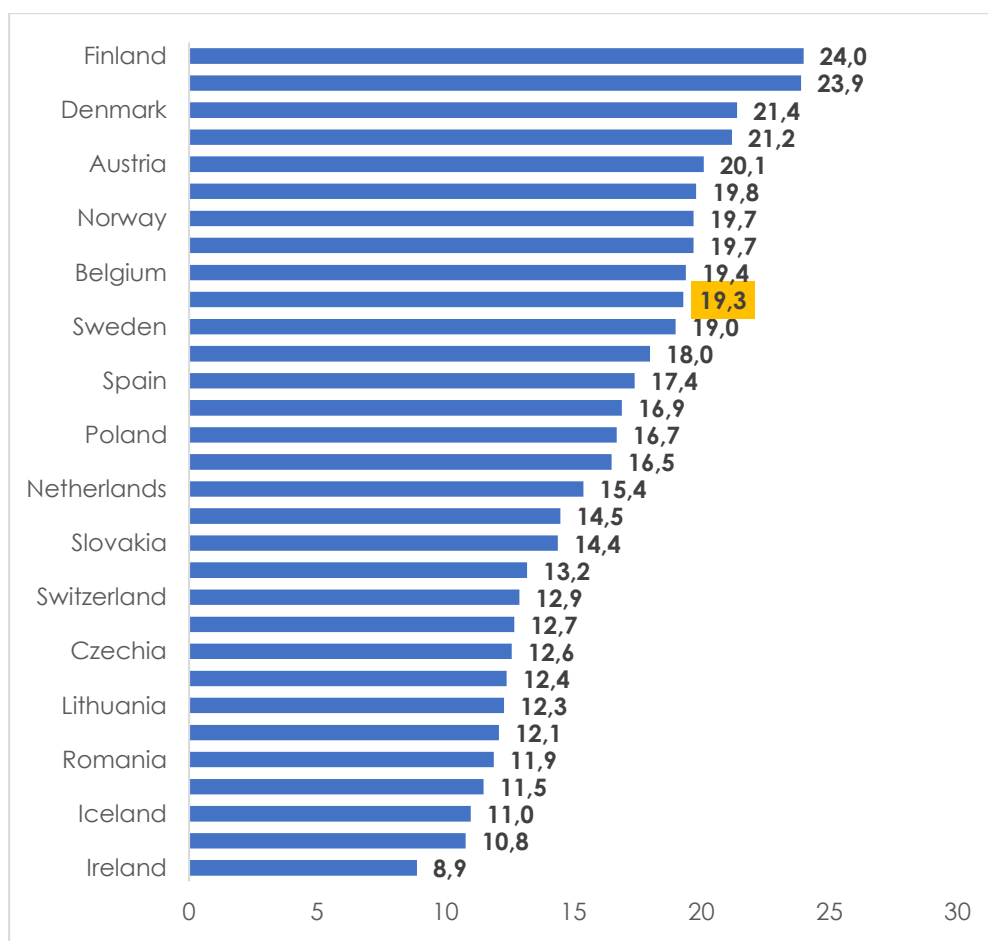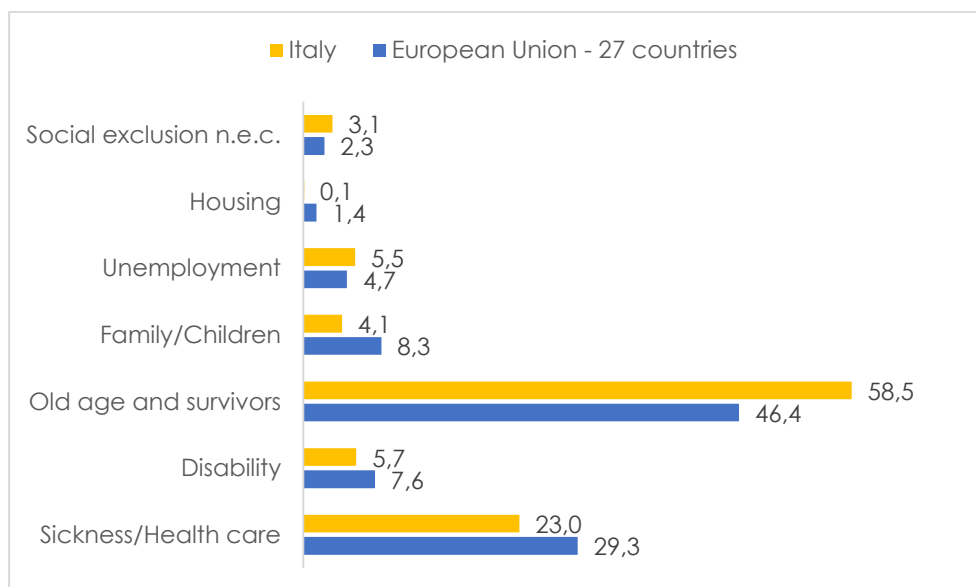**Figure 10**. Total public expenditure on social protection, 2019, % of GDP

Country	Value
Finland	24,0
	23,9
Denmark	21,4
	21,2
Austria	20,1
	19,8
Norway	19,7
	19,7
Belgium	19,4
	19,3
Sweden	19,0
	18,0
Spain	17,4
	16,9
Poland	16,7
	16,5
Netherlands	15,4
	14,5
Slovakia	14,4
	13,2
Switzerland	12,9
	12,7
Czechia	12,6
	12,4
Lithuania	12,3
	12,1
Romania	11,9
	11,5
Iceland	11,0
	10,8
Ireland	8,9

Figure 11 - Social benefits by function, 2018 - % of total benefits: Italy and EU 27

Legend: ■ Italy ■ European Union - 27 countries

Function	Italy	EU-27
Social exclusion n.e.c.	3,1	2,3
Housing	0,1	1,4
Unemployment	5,5	4,7
Family/Children	4,1	8,3
Old age and survivors	58,5	46,4
Disability	5,7	7,6
Sickness/Health care	23,0	29,3

Source: elaboration of Eurostat data

As for the system of human services for people with disabilities, each Region is responsible for territorial planning, organization, and control of social and health services from home care services

to social-health semi-residential and residential structures. The welfare services for people with human disabilities address multiple problems from physiological and safety needs related to health care and social assistance to other higher-level needs related to good relations (e.g. social inclusion) and self- realization (e.g. autonomy and work integration). Municipalities are responsible for the provision of social services that encompasses a wide range of social care services, social educational services for social inclusion and supporting and training services for work integration, home care and support services, semi-residential and residential structures that offer daily or continuative social assistance to people with disabilities and support to their families (L. 328 del 2000). In 2018, the total Italian expenditure for this type of welfare services for people with disabilities stood at a little over € 2 billion, that is 3,212 euro per head. However, the regional differences persist from 1,017 euro per head in southern Italy versus 5,509 per head in the North-East. As for the mix of social services that are offered to people with disabilities, daily and residential facilities attract the largest part of public resources and they remain essential services for people with disabilities and their families. However, in the last decade, the network of social services has been enriched by innovative services that are oriented to the social inclusion and equal opportunities including educational services, training aimed at job integration and other services aimed at social integration that support the autonomy of people with disabilities in different life domains (ISTAT, 2019). This kind of services are considered a positive signal of a Welfare system transformation from passive and compensative measures to innovative interventions aimed at enhancing inclusive human development on the basis of equal respect and human dignity for all human beings (Nussbaum, 2011). Despite this positive insight, the limited resources on the one hand and the great differences in both the quality and quantity of social services that are offered by the Local Governments (i.e., Regions and Municipalities) to people with disabilities and their families, on the other, represent the main weakness of the Italian Welfare system. Accordingly, the great heterogeneity in the distribution of resources threats the equity in the access of essential services as well as in the opportunities of well-being and social inclusion for people with disabilities (ISTAT, 2019).

In the early 2000s, the Region of Lombardy started an important process of reorganization of both health and social service provision chain for people with disabilities through a redefinition of the system of services and the revision of structural, organizational, managerial requirements and quality standards to improve the mechanism of accreditation and contracting-out of public services, according to the general principles of horizontal subsidiarity and the freedom of choice of citizens (Gori, 2018). At the same time, the United Nations developed the Convention on the Rights of Persons with Disabilities (CRPD) that was ratified by the Italian Government in 2009. The CRPD

contributes to a global paradigm shift from the traditional medical model to the social model, thereby changing the definition of disability and the rational of policies and services for people with disabilities (Lang et al. 2011). In the UN Convention, disability is recognized as "an evolving concept […] that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (CRPD, 2006). Persons with disabilities are subjects of rights that can make decisions in their lives freely and be actively involved in the society rather than passive receivers of social protection and assistance. Within this cultural and political frame, the Lombardy region decided to improve the strategic planning of interventions for people with disabilities following the general principles of CRPD, including social inclusion, equality of treatment and opportunity, non-discrimination and living independently (Gori, 2010). In Lombardy, about 2 million of people suffer severe or moderate long-term limitations in daily activities due to health problem (20.6% of the residents in Lombardy) of which people with disabilities are estimated about 412.000 (4.1%)[13]. The answer to the needs of care of persons with disabilities and their families is provided by an integrated system of services, including financial support and territorial facilities, home care and support services, and day and residential care services. The Local Health Authorities (ATS: Agenzia di Tutela della Salute) define the list of accredited providers of social and health facilities that respect the legal requirements. Day and residential facilities are recognized as essential services for people with disabilities and their families. In Lombardy, the system of day and residential services can be distinguished according to the severity of disability of users and the level of institutionalization (Table 4). In particular, the network of social health services is targeted to people who need health assistance due to the severity of their disability, whereas the network of social care services addresses social and educational needs of people who are in better physical and mental health conditions.

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[13] ISTAT, 2019. This estimation was based on the Global Activities Limitation Indicator referring to a single question where people are asked to self-assess their long-term limitations in usual activities due to a health problem. Severe limitations, non-serious limitations, no limitation are the items to measure functional status. A severe limitation is considered a disability. This question is embedded in the ISTAT survey "Aspects of daily life" carried out on persons living in the household, hence people living in residential facilities are excluded.

Table 4: Lombardy's system of day and residential services for people with disabilities

Type of service	Definition	Category	N. of structures	Size (n. of users/projects)
Service for Autonomy program (SFA)	A temporary day social territorial service for young adults (16-35 years old) with a low level of severity of disability. It embeds educational interventions and practical activities aimed at developing abilities to improve their level of autonomy and opportunities for social inclusion in familiar, social, and professional contexts.	Day Social care service	135	3180 (14%)
Socio-educational Center (CSE)	Day service for minor or adults with a medium-low level of severity of disability but who are not in need of health assistance. It offers ongoing social, educational, or recreational interventions aimed at maintaining or improving personal autonomy, social relationships as well as knowledge and basic skills for supported work experiences.	Day Social care service	241	4565 (20%)
Social community housing	A residential service for people with a low level of severity of disability who are not in need of health assistance but are not able to live independently. It provides educational and supportive interventions aimed at encouraging individual autonomy, emancipation from the family, and inclusion in the community.	Residential social care service	261	2327 (10%)
Day Center service	A day service for people from 18 to 64 years old with a medium-high severity of disability who need some supervision and assistance but do not need 24h care. It provides health, rehabilitative, educational, and recreational services to maintain or improve the social, psychological, and physical functioning of individuals.	Day social health service	270	6852 (30%)
Social-health community living service	A residential service for people with a medium-high level of severity of disability. Individuals can benefit from social-health interventions according to their individual needs.	Residential social-health care service	190	1724 (8%)
Social-health residential service	A residential service for people from 18 to 64 years with a high level of severity of disability. It provides health, rehabilitative, educational, and recreational services to maintain or improve the social, psychological, and physical functioning of individuals for whom home or day services are not appropriate.	Residential social-health care service	106	4335 (19%)

- The Service for Autonomy program

Among the networks of social care services for people with disabilities, there is the Service for training Autonomy - Servizio per la formazione all'autonomia delle persone con disabilità (SFA). It is regulated by the Lombardy Region in 2008 (d.G.r. 7433/2008) that defined the general aim and the objectives of the service, the characteristics of the users, and the organizational and structural requirements for its provision. In the regional decree, the SFA is defined as "a territorial social care service for young adults with mild disabilities who need interventions to support and develop abilities that are useful to create awareness, self-determination, self-esteem and greater autonomy for their future and in various life contexts, including family, community and work environments". Differently from other kind of day services, the SFA is a temporary service for young adults (16-35 years old) who have the potential ability to achieve the objectives of autonomy, emancipation, and social inclusion. It is an innovative service characterized by socio-educational activities that aim to create capabilities for independent life, social and work integration, overcoming the tradition of long-term institutionalized care. The definition of an individualized educational plan (IEP) is one of the key service requirements that should include the specific objectives to achieve the activities and tools that are necessary to achieve the objectives established in the plan, a timeline as well as periodical monitoring activities and final assessment that can lead to a discharge or a redesign of the intervention plan according to the emerging needs and the changing life conditions of the users. As established in the regional Decree, the specific objectives of the SFA depend on the individual project but can encompass the development of personal and social autonomy (e.g. being able to move around autonomously, to take care of oneself; to decide in autonomy about everyday activities and about time management, to have social relationships), the achievement of better emancipation from family members (e.g. being able to do domestic tasks, to take care of the house, to enjoy good relationships with others in the family/ home), and the development of the prerequisites for employment opportunities and reintegration in the labour market (e.g. the enhancement of cognitive and practical skills, being able to recognize and respect the rules of a work environment, being able to socialize at work). Despite the general objectives, the extension of time, and the intensity of the interventions vary accordingly to the individualized project, the SFA program is structured into three modules. First, the educational module has a maximum extension of three years during which the staff provides the main social educational interventions to help young adults with disabilities to achieve their individual objectives established in the plan. Following a reinforcement module that has a maximum extension of two years in which the service provider reduces its interventions to plan for case closing in favor of their social and/or

work integration. Finally, the monitoring module can be offered to users that need temporary supporting interventions to face some emerging needs or a time of crisis. The SFA's staff is composed of social work predictionaries (one to seven users) and a coordinator with organizational and managerial skills. Other volunteers as well as professional consultants (e.g., social assistant, phycologist, psychotherapists, psychiatrists) can support the staff by providing knowledge, expertise, and skills. The service provision must be flexible and customized to allow each user to achieve her/his highest degree of autonomy in an established time. The active participation of young adults and, if it is necessary, of families, as well as the involvement of the structural and instrumental resources of their life context and community are key issues for the co-creation of sustainable service outcomes. Each service provider must publish a presentation document about the service, a chart of Service - *Carta del Servizio* that describes the access, the opening hours, the modules, activities offered, and the amount of fees for each module. To date, the local health authorities have accredited 135 SFA providers (Table 5), most of them are third sector organizations (i.e. social cooperatives, associations, foundations, religious organizations). Thus, the system of accreditation and contracting of welfare services recognizes the key role of this type of organization in addressing the needs of vulnerable people (Table 6).

Table 5. The accreditation of SFA providers by each LHA

LOCAL AREA	n. of SFA	Size (n. of projects)
LHA OF METROPOLITAN CITY OF MILAN	34	799
LHA OF BERGAMO	27	521
LHA OF INSUBRIA (Varese, Como, Gallarate)	24	504
LHA OF BRESCIA	13	434
LHA OF BRIANZA (LC – MB - Vimercate)	13	382
LHA OF PADANA VALLEY (CR -MN)	15	295
LHA OF MOUNTAIN AREA (SO, Valcamonica)	5	154
LHA OF PAVIA	4	91
TOTAL	**135**	**3180**

Source. Open data, Lombardy Region (www.dati.lombardia.it); update 03.14.2021

Table 6. Private and public SFA providers

Legal nature of SFA providers	n°	%
Social Cooperatives/Social Enterprise	91	(67%)
Public Agencies	20	(15%)
Associations	15	(11%)
Foundations	6	(4%)
Religious organizations	3	(2%)
	135	(100%)

Source. Open data, Lombardy Region (www.dati.lombardia.it); update 03.14.2021

4.3 Methods: a multiple case study assessment

To better understand the co-production of human capability-oriented services, the case studies of seven HSOs - accredited for SFA provision in the Milan metropolitan area, the province of Monza-Brianza and the city of Bergamo - are assessed by adopting a multiple case study analysis. A case study can be defined as "empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between object of study and context are not clearly evident" (Yin, 1981). Qualitative case study research is considered as a useful strategy when (a) the researcher is interested in "how", "what" or "why" questions, (b) when the topic is broad or highly complex, (c) there is not a lot of theory available (d) when there is a need for in-depth understanding of a phenomena, and (e) when the real-life context is pivotal (Dul and Hak, 2007; Yin, 2009). This qualitative approach was considered as the most appropriate for examining a complex multifaceted phenomenon like co-production and development of human capabilities processes (Eisenhardt, 1989; Glaser and Strauss 1967; Yin 1984). The case method is especially applicable in the present study as the potential link between co-production and human capability development has been little explored until now. Indeed, this qualitative approach does not aim to establish a relationship between causes and effect but to explain the basic characteristics of particular modes of organization (Yin, 2009). Differently from predeterminate hypothesis and quantitative approaches, case study research contributes to explore connections between multiple facets that are not previously revealed (Numagami 1998). Moreover, the context is considered critically important in understanding how co-production can improve public service provision and publicly desired outcomes. It is a contemporary phenomenon conditioned by the institutional context, the specific service or area of the problem being considered (Bovaird et al., 2019). Thus, there is no a unique service provision approach or mechanism because what is effective in one service field or setting may not work in other circumstances for different reasons that regard both the context and the actors involved (Park, 2020; Sicilia et al., 2019). Differently from a single case study, a multiple case study employs a replication logic; this analysis typically yields more robust and generalizable research results rather than single cases (Eisenhardt, 1989; Creswell et al., 2007; Stake, 2006; Yin, 2009). The results enrich the theory explored by giving new insights to comprehend a phenomenon, although they cannot be considered statistically relevant. The choice of a multiple-case study is related to the research objective of this study, which is to explore how co-production of SFA for people with disabilities can improve the development of their human capabilities in this specific service and settings being analyzed. Despite the specific characteristics and different approaches, the multiple case study is applied with the aim to identify a common

trajectory of the actions of the main actors involved in the co-production of this specific service. The research process encompasses three main steps with several overlaps.

Step 1. A theoretical framework for co-production assessment and a potential list of Human Capabilities.

The research project is based on the studies on Human Capability Approach and an extensive analysis of the literature review on Co-production as presented in Chapters 1 and 2, respectively. In particular, the literature around the concept of co-production in the main Journals of Public Administration and Management were analyzed and systemized (e.g. Public administration Review, Public Management Review, International Journal of Public Administration, International Journal of Public Sector Management, International Review of Administrative sciences). Then, the main studies of co-production in Nonprofit sector and Service Management and Marketing were integrated. As for the Human Capability approach, the focus was on the main contributions of Sen and Nussbaum and the application of this approach in the studies on Disability. The output of this step was a theoretical framework on Co-production and Human Capability Approach including a potential list of human capabilities.

Step 2. A description of different social care services for people with disabilities and the identification of a general framework to assess the SFA provision.

In the first exploratory phase, an extensive documental analysis was carried out including different institutional and informative materials published by public institutions, nonprofit advocacy associations, foundations, service providers, research institutes such as regulations, social informative materials, social reports, research reports, websites, online newspaper articles related to welfare services for people with disabilities. Then, in-depth interviews were conducted with key informants: two public officials in charge of the services for people with disabilities and a manager of multiple SFAs and social care services for people with disabilities. According to the results of the general documental analysis and the early interviews, it was possible to identify the different types of welfare services for people with disabilities in the region of Lombardy and select the most appropriate SFA and interesting type of social care service for this study. Then, a further documental analysis focused on the institutional and informative materials of several SFA providers was conducted to better understand this type of service (e.g., social reports, financial reports, websites, online newspaper articles, and the Chart of Services). Although each provider differentiates its own offers in terms of resources and activities that characterize the SFA provision, the regional Decree n. 7433/2008 contributes to define the normative boundaries within which the service content and provision must be developed. Within this general frame, the main phases of human service provision (access and screening; intervention planning, service delivery, monitoring

in progress, and final assessment, see Chapter 3) can be adopted for the assessment of the SFA provision flow.

Step 3. Multiple case study

Seven case studies of SFAs were selected to be involved in the multiple case study assessment. The selection was based on considering various homogenous and heterogenous elements. To naturalize the effects of individual context specificity, the seven service providers involved are in three areas (the metropolitan area of Milan, the province of Monza-Brianza, and Bergamo) with similar socio-economic backgrounds. To naturalize the effect of size, the cases present the same dimension in terms of maximum capacity (35 projects). To capture the potential specificities related to the institutional nature, a combination of different legal nature has been considered: (4) social cooperatives, (2) associations, (1) public enterprise. To highlight the heterogeneity in service provision, the case studies are different in terms of main infrastructure resources (from traditional day centers to other facilities, like school, apartment, and a farm) and in terms of differentiation of the service packages (from basic educational activities to training and other practical experiences such as internships, voluntary, co-housing). Moreover, the analysis allows to identify different SFA implementation models. In this phase, the main data and information collection for the multiple case study analysis occurred from January 2020 to March 2021. Multiple sources of methods were undertaken such as semi-structured interviews and document analysis to increase the validity and provide verification of the data obtained. The principal source of investigation was (18) semistructured interviews which were carried out with the (7) SFA coordinators together with other members of the SFA staff, (4) social educators and a volunteer, and (2) general directors. Thus, the research interests and data gathered highlighted the service providers' perspective. The analysis of data is based on the conceptual framework that aims to assess the co-production activities in the SFA provision that contribute to human capability development of its users (see Chapter 3). The interviews covered the following main areas: organization mission and main strategic orientation, main SFA characteristics, supply service provision, involvement of users/families and other actors in the service provision, human-capability orientation (i.e. core human capabilities and peripherical) and service processes for the development of human capabilities.

The interviews for each case range from a minimum of two to a maximum of three. The length of the interview's ranges from a minimum of 45 minutes to a maximum of 90 minutes. At least one of the interviews for each SFA was conducted in person in the SFA facilities and these opportunities were important to visit the different service environments and to get in touch with other actors such as social educators, volunteers, and users. Since March 2020, the interviews were conducted remotely by WebEx or Google Meeting platform due to the restrictions imposed by the

Covid-19 pandemic. All interviews were recorded and transcribed. The main characteristics of the service provision described by interviewers are also often contained in internal documents (e.g. quality manuals, protocols), and other informative materials such as the Chart of services, social reporting, official communications from websites and social media. The assessment of these documents contributed to confirm and enrich the picture obtained through the interviews. In this way, examining cases from multiple sources may help to improve the research design and the credibility of the results (McMurry et al., 2004). Finally, to improve data triangulation and gain other perspectives in addition to those of the service providers, other control information was gathered from social educators, a volunteer, users, and a parent of a young adult with disability who attends the SFA. Data analysis was carried out through the design of matrices that facilitate the cross-sectional analysis of the main variables analyzed in the various cases (Stake 2006).

4.4 Case studies description

The main features of the selected case studies (physical resources and infrastructure, level of service differentiation; type of organizational interaction with the external environment level; n. of users; institutional nature of service provider) are summarized in Table 7

SFA A

It is provided by a social cooperative that was officially constituted in 2013 with the merger of type A and type B social cooperatives. According to the Italian regulation, the first provides a wide range of social and educational services for people with disabilities, children and old people, whereas the second operates in other industries (i.e., agriculture and construction) aiming at work inclusion of disadvantaged people. The merged organization maintains and develops both types of activities that share the mission of taking care of people with disabilities by addressing their needs of care, social and work inclusion. Democracy, solidarity, social responsibility, people centrality, territorial embeddedness, networking, diversity, quality, efficiency, and effectiveness are the key values that shapes the service provision. One of the key features of the SFA A is connected to its key resources and infrastructure: a didactic farm in the north-east of the city of Milan with the management of a horse-riding stable, the care of other animals and many social agriculture activities. The service environment allows the organization to offer a great number of internal activities for young adults that attend the SFA A: from standard educational activities for the achievement of a basic level of personal autonomy (e.g., self-care and performing domestic tasks) to other laboratories for the development of manual and creative skills for work (e.g., carpentry, costume jewellery; multimedia with a web radio, journalism, laboratory of botany). Besides the main educational and training intervention, the SFA A offers different practical experiences that aim to improve the opportunities

for social and work inclusion of young adults with disabilities. They can be involved in different professional activities related to the maintenance of the organizational infrastructure (animal care and stable cleaning, waste recycling, maintaining vegetable garden) and other work activities (reception and secretariat, managing a café, a grocery store, a bicycle repair shop) or voluntary activities in collaboration with the area of social care services for old people. Moreover, SFA A offers experience of independently life in collaboration with the co-housing area of services. Several activities and initiatives are performed within the organizational boundaries thanks to the richness of the organizational resources and infrastructure. However, young adults that attend SFA A can interact with the external environment as the organization promotes the participation of the local community in several initiatives (e.g., organization of social and cultural events, welcoming primary schools or other educational institutions that visit the farm). Thereby, the farm is conceived as an open environment that make possible the social inclusion in the community. Finally, the users who achieved the necessary prerequisites can practice their autonomy across organizational boundaries through external supported work internship program in small and medium enterprises or external voluntary activities in collaboration with local TSOs.

SFA B

It is provided by an association that was constituted in 1981 from the desire and initiative of some families with disabled children and the collaboration with the local community in the eastern district of the city of Milan. With 40 years of experience, the association has increased its professionality and ability to address creatively the needs of people with disabilities and their families by developing several services and social projects. Up to date, it operates in the social care field providing educational and recreational services for children, for young adults and adults with disabilities, counselling and supporting services for families, and voluntary services to address the social needs of the local community. Before the introduction of the regional regulation, the SFA B was designed in 1996 to address the need of young adults with disabilities who required a more flexible and customized service for the development of their maximum level of potential autonomy rather than intensive educational support and recreational activities of the traditional day centre service. People-centred orientation, proximity and empathy, professionality, collaboration, sensibilization and active citizenship together with the CRPD are the main principles that guide the design and provision of SFA B. An internal structure offers adequate space for standard educational supports that encompass both mental stimulus activities (training cognitive, creative, emotional, and relational skills) and physical activities (i.e., gym and exercise). Another important structure is an apartment where young adults can practice their abilities and autonomy for living independently

(e.g., doing domestic tasks, cooking for others, sharing common spaces, socialize with peers and enjoy personal relationships; autonomy in managing time). One of the distinctive features of SFA B its embeddedness in the local context. Firstly, young adults are frequently invited to go outside experiencing their autonomy and participating in the public and social life of the local community (e.g., mobility and orientation in the City of Milan, spending time with friends outside the internal structures, engaging in leisure and sport activities, attending local events). Secondly, young adults with disabilities can be engaged in various voluntary activities for the community such as delivering grocery to the elderly, maintaining public gardens; taking care of social and public spaces, food recovery, or used clothes collection that are redistributed to disadvantaged people. All these activities are possible through a consolidated network of collaboration with local public institutions and neighbourhood committees, the local Catholic Church, and many TSOs that operate in the same local context and shares the values and mission of the association. Other external supported work internship opportunities can be offered for young adults who desire this experience in collaboration with social cooperatives, supermarkets, and bar in the neighbourhood.

SFA C

It is provided by a social cooperative that was formally constituted in 2007 by transforming a previous association of families of disabled children founded in 1998. It provides multiple services for people with intellectual and psycho-relational disabilities or other psychiatric disorders such as day centre services, residential and social community housing, psychological and psychotherapeutic support, and counselling/support services for families. Sports, arts, and cultural services complete the offer with several recreational activities. Access and screening are centralized for all services and managed by an expert (a physiologist) who is the main responsible of the initial assessment. According to the organizational culture, each user is considered for her/his uniqueness with the aim to offer the most appropriate service that correspond to her/his project of life integrating the resources and contributions of users, the family, the professionals and the local context. SFA C is focused on educational interventions for the development of cognitive, creative, and relational skills of young adults with mild-moderate disabilities based on physiological and educational services and laboratories (art and music therapy, theatre, costume jewellery, journalism) that are internally provided in the SFA's structure in the centre of the City of Milan. The SFA's service package is quite standard so each user and family can customize the intervention plan by accessing other services provided by the social cooperative (e.g., a sports centre, organization of holidays, recreational and relational activities, psychological support, or independent life pathways in co-housing). Therefore, the SFA C differentiates its activities by developing intraorganizational

collaboration. Interaction with the external environment is limited to cultural and artistic activities such as visiting museums, exhibitions, and theatre, manual tasks such as maintaining a vegetable garden and running individual or organizational errands, even mobility and orientation activities are limited and controlled between the main facilities of the social cooperative. Due to limited external collaboration, SFA C offers young adults few opportunities for practicing their abilities and autonomy beyond the protective organizational environment. Internal supported work internship (e.g., secretary and reception) is proposed to cope with the lack of opportunities for external work internship which are possible only in few libraries of the City. Even the voluntary experiences are occasional and related to temporary projects.

SFA D

It is provided by an association that was constituted in 1999 by a group of volunteers engaged by a Catholic Church in the southern district of the City of Milan. It provides a wide range of educational, social and health care services for vulnerable people, especially for disadvantaged children and people with disabilities (nursey, daily educational services for minors, home care and school assistance, co-housing stabilization and community living services, daily and residential facilities, the SFA D). Over the last decade, some innovative projects in the field of work integration leads to the foundation of three social cooperatives type B that provide opportunities for the integration of disadvantaged citizens by offering them a job and promoting their employability in different activities (e.g. agriculture productions, restaurant and catering, delivery, hair dresser and beauty shop, graphic and printing). Accordingly, the earliest volunteer organization has been transformed into a group of TSOs that operate in the southern area of the city of Milan and hinterland. The main objectives of the service provider concerns improving the wellbeing of vulnerable people, recognizing each person as a resource, involving the families and the local communities, increasing the collaboration with other TSOs and public institutions. It is guided by the value of Christian charity and promotes the solidarity and volunteering together with the professionality of its employees. SFA D is characterized by a wide range of social and educational activities that have been evolved together with the development of the association. SFA D ensures standardized social and educational activities for the group of users that aim to develop different personal and social autonomy (e.g. computer science, vegetable garden, theatre, cake design, craft workshop, running internal and external errands) and other individualized activities that are more flexible and customized in accordance with the individual needs. The SFA D offers individualized educational support for the young adults that need additional support for the development of their autonomy. SFA D can offer a wider range of job-oriented educational activities and other internal

supported work internship program within the work environment of the group's social cooperatives type B. Internal internship program can evolve in employment contract for some users. SFA D can offer supported work internship programs in different external work environments (e.g. library, shops) thanks to the increased collaboration with other actors in the local context. Finally, the users can be involved in different volunteering services for the community through the collaboration with other TSOs (e.g. a food bank, residential care service for elder).

SFA E

It is provided by a public enterprise that is a consortium among seven municipalities in the province of Monza-Brianza. In the 1982, these municipalities started a collaboration developing a first training course for young adults with disabilities and extended gradually the offer with other services with the aim to jointly address the needs of a greater number of users and families. The public enterprise was officially constituted in 2009 to consolidate the collaboration among the local governments and the shared governance. Accordingly, the public enterprise acquired a statutory, organizational, administrative, and financial autonomy fostering the service accreditation process and improved efficiency and effectiveness in the management. As for the organizational culture, its fundamental values are the equity of access and non-discrimination, continuative provision of service, participation and transparency, efficiency, effectiveness, and innovation. One of the key area of services provided is the social care services for people with high-moderate disabilities and elders (e.g. home care and territorial care services, adult day service, social and health community living service), foster care and phycological assistance for children and families. Social inclusion, co-housing and juvenile justice service have recently enriched the system of service offered. However, work-based learning is the most important area of services that encompasses a high-school with vocational educational and training courses for youth, individualized educational courses for students with disabilities, apprenticeships, workforce development programs for job seekers, job orientation, integration and placing. Since 2010, the SFA have been included in educational services for young adults with disabilities. It is considered like a bridging service between the education and the work integration or an independent adult life. SFA E focuses on two main interrelated activities: the educational interventions in class and supported work internships into firms. Education activities occur mainly in the school except for some activities that are performed in the local context (such as mobility and orientation, visiting museums, exhibitions, attending or organizing social events). Education encompasses the development of soft skills such as self-awareness, decision-making, problem solving, empathy, communication, and

creativity as well as the development of other social skills through the interactions with the peers. Education aims also to develop employability skills through specific laboratories (e.g. computer science and assembly) and other general lessons that prepare students to stay in a work environment, respect the rules, perform the tasks, and collaborate with the colleagues. Indeed, the supported work internship program represent a core activity of the SFA E that is possible thanks to the development of a network with local firms that are available to host a young adult with disability for a supported work experience.

SFA F

It is provided by a social cooperative (type A) that was constituted in 1992 to integrate the principles of cooperation (i.e. solidarity, mutualism, stakeholder engagement, democracy, collaboration) and volunteerism. Over the past decades, it have strengthened the collaboration with many third sector organizations and public institutions to find together solutions for social problems and co-manage social care services. Social changing, being in the local context and addressing individual and collective needs are the key issues that still guide the development of its offer. It provides different social care services for people with disabilities, children and families, and vulnerable adults in the city of Bergamo and in other municipalities of the same province. Disability services represent the core area in terms of costs and revenues and includes different co-housing stabilization and community living services, home school assistance, home care and support services and multiple SFAs in different municipalities. SFA F serves the city of Bergamo. Differently from the traditional SFA model, it focuses on the provision of supported work internship programs that aim to enhance the autonomy, social inclusion, and employability of young adults with disabilities through different job experiences. Accordingly, users attend a brief training course (maximum of 3 months) while the service provider work for the match between the participant and a hosting organization. During the internship, tutoring and support services are organized by the hosting companies in collaboration with the SFA F staff to oversee the experience. Over the years, SFA F has developed fruitful collaborations with several local firms (e.g. supermarkets, restaurants, shops, café, school canteens, catering, and other small and medium enterprises or social cooperatives type B). Users can experience several supported work internship programs. Thus, the users who can access the SFA F are young adults that have already developed the basic personal and social capabilities. Otherwise, social and educational support can be provided in collaboration with other services offered by the social cooperative or other third sector organizations and the municipality such as craft laboratory, co-housing, and a community garden. Differently from the work internships, these experiences are more protected due to the constant overseeing of social educators. Although the

SFA F is different from a specialized work placement service, it can be distinguished from the other traditional service provision due to the relevance attributed to the job as an effective experience for the emancipation and the development of an adult identity. Coherently, it is full externally oriented because there is only an administrative office, and all the activities of users are performed in the external environment.

SFA G

It is provided by a type A social cooperative that was constituted in 1986 by the desire of a group of families with people with disabilities and volunteers in a municipality in the province of Monza-Brianza. Over the decades, the social cooperative has increased the range of disabilities services to address emerging needs of individuals in the local community and a greater number of users have been attracted by its good reputation from other near municipalities. It provides two social-education centers for adults and one for young adults, the SFA G, home care and home school assistance programs, job-oriented services for the work inclusion of vulnerable people (e.g. an assembly laboratory, a craft made workshop, vegetable garden), and co-housing experiences. The mission of the social cooperative concerns improving wellbeing of people with disabilities through the provision of a high-quality services that address multiple needs, continuous improvement and service innovation, professionality, voluntarism, the development of a network of collaboration with different public, private and third sector organizations and the involvement of the community. The SFA G is characterized by a mix of social-educational activities that aim to develop the personal and social autonomy and high-performed activities related to the social and work inclusion. The social-educational activities encompass the development of cognitive skills and other basic abilities for their autonomy (e.g. doing domestic tasks and cooking, mobility and orientation, running errands, grocery shopping, using social networks and media, reading and writing). Other training activities aim to develop employability skills through specific laboratories (e.g. secretary office, assembly, craft workshop and green activities). The inclusion of young adults with disabilities in a real work environment is considered as a key opportunity for the personal and social development and for better work opportunities in the future. Recently, the social cooperative invests many efforts and energies to improve and increase the supported work internship programs through the collaboration with different profit or non-profit firms. It ensures high-quality tutoring and monitoring activities in collaboration with the host company. Over the past years, SFA G has achieved a greater number of users (from 15 to 30), internships, and work-integration opportunities.

Table 7 - Description of the SFA examined

	SFA A	SFA B	SFA C	SFA D	SFA E	SFA F	SFA G
Resources and infrastructure	A farm and agriculture resources	A Day Center and an apartment	A Day Center	A Day Center	A School	An administrative office, all activities are in the territory.	A Day Center
Main characteristics of the service package	Social and educational activities in class, and internal/ external practical experiences (i.e., voluntary activities, supported work internships, co-housing and natural environmental activities).	Social and educational activities in class and several external practical experiences (i.e. multiple voluntary experiences and a limited number of supported work internships in the local community)	Social and educational activities in class, especially cultural and artistic activities in the facilities or in the city.	Social and educational activities and personalized practical experiences (e.g., supported work experiences, especially within the type B Cooperatives belonging to the Group, voluntary activities in the local community)	Social and educational activities in class training, and external supported work internships.	Training and external supported work internships	Social and educational activities in class, training and external supported work internships.
Type of interaction with the external environment	Inward focused, but open to local community	Outward-focused (several practical activities in local community)	Inward focused	Inward focused (within the Group, but open to local community)	In/Outward-focused (school and work experiences in SMEs)	Outward focused (e.g. SMEs)	In/outward focused (day center activities and internships in SMEs).
Maximum capacity (n. of users)	35	35	35	35	35	35	35
Provider	Social cooperative (type A + B)	Association	Social cooperative (type A)	Association (members of a Group of TSOs)	Public Enterprise	Social cooperative (type A)	Social cooperative (type A)
Area of operation	City of Milan (North-east district)	City of Milan (East district)	City of Milan (centre)	City of Milan	Province of Monza-Brianza	City of Bergamo	Province of Monza-Brianza

4.5 SFA provision and the development of human capabilities

The following sections highlight how the development of human capabilities is embedded into the service concept and how the SFA provision may contribute to enhance the human capabilities of people with disabilities, especially with a focus on the bundle of activities offered in which the users are involved. Indeed, the SFA provision aims to create value for young adults with developmental disabilities (users) and their families (or those who are closer to the users). Due to the strong relationship between the young adults and their families, they are often considered by the SFA providers as the key beneficiaries of the service and the leading actors that must be actively and responsibly involved in the service provision. Table 8 shows how the SFA providers define the service concept. SFA providers seem to embed the development of human capabilities in their mental picture of the whole service, especially in terms of expanding a wide array of opportunities that regard the multidimensional nature of well-being (e.g. a good adult life, social inclusion, life independently), agency or freedom to choose (self-consciousness, self-determination, autonomy, emancipation), and human flourishing (full self-realization).

Table 8 – SFA service concept

"SFA aims to offer various service experiences from the internal educational laboratory, to training, and sailing holidays. The main purpose is to guide young adults towards an **independent life**. It is an orientation service within the broader life project. It helps them **to find the actual trajectories, the best ones for everyone**. Thus, the **SFA opens an array of opportunities**" (SFA A)
"The SFA aims to develop the real autonomy of users [...] the SFA diploma is the **full self-realization** embracing a **good independent life** competently" (SFA B)
"It is like a path that aims to create conditions for **a full self-realization**. It is different from other services because it goes towards **potential life trajectories** that need to be experimented during the service experience" (SFA C)
"It aims to improve the **social inclusion** of young adults with disabilities, **enabling their resources and capabilities** and respecting the unique characteristics of the users and her/his families. At the end, if the users can only stay at home passively, it would be a failure for us. Thus, it is important **to develop opportunities and find contexts where users can be an active resource**" (SFA D)
"Life orientation is the guide principle of the SFA provision. We work with the users to develop **cross-cutting competences or life skills** to improve their **self-consciousness** and autonomy **in various life contexts**, even professional, that are different from family and school" (SFA E)
"SFA is a project that fosters the growth, **emancipation, adult and independent life** through the **development of different abilities and autonomies** that are important for their life" (SFA F)

> "SFA is a path toward a dignified adult life. We guide young adults to be independent but also develop the abilities to solve future problems or difficulties that can affect the life of everyone" (SFA G)

With the aim to better understand the contribution of the SFA provision for the wellbeing and well-becoming of young adults with disabilities, a potential list of human capabilities has been developed as a starting point to discuss this topic with the interviewees. The list is based on the previous authors' work who contextualized the general Nussbaum's list of human capabilities (2000; 2011) for the assessment of policies, services, and quality of life for people with disabilities (Anand et al., 2020; Biggeri et al., 2011; Sacchetto et al., 2018; Trani et al., 2011) or impacts of social programs (Kato et al., 2018; Weaver, 2020). It includes the following 12 human capabilities: life and health, self-care, mobility, recreational time, autonomy of choices, affective relationships and emotion, communication, social participation, environmental participation, political participation, live independently, education, training, and employability (Appendix A). The analysis of the SFA implementation allows to reorganize this list and identify three core areas of human capabilities that correspond to the threefold Nussbaum's classification of capabilities:

I. **Basic capabilities** involve human capabilities regarding the basic autonomy of an individual:

   - *Basic personal autonomy.* Creating opportunities for individual that aim to improve mental and physical health and lifestyles (life and health), to take care of self (self-care), the ability to move around independently (mobility), and to enjoy recreational activities (recreational time).

   - *Basic social relationships.* Offering opportunities to improve interpersonal relationships, from the essential abilities to interact with others (communication) and express their intense feelings (emotions) up to the opportunities to love and live intimate relationships (affective relationships).

II. **Internal capabilities** focus on developing different skills and abilities of individuals as mature conditions that are ready to practice, including:

   - *Education & training.* Providing the opportunities to foster educational development including critical thinking, imagination, and reasoning or to enable people to prepare and/or obtain employment.

   - *Autonomy of choice.* Supporting the opportunities that enable individuals to make decisions about daily activities and life project, reaching their life goals as well as to critically reflect on them.

III.   **Combined capabilities** combine the internal capabilities with the external socio-environmental contexts that can nurture the opportunities of social inclusion, including:

– *Environment engagement.* Creating opportunities for people that foster interactions with the natural environment and other species.

– *Live independently.* Providing opportunities to feel respected, valued, and loved in the family/home and opportunities of co-housing that enable people to live independently and being included in the community.

– *Social participation.* Creating opportunities for people to actively participate in social life and local community (from social events to volunteering activities).

– *Employability.* Providing opportunities for people to actively participate in work environment, develop working relationships and increasing the opportunities to obtain an employment.

Although all human capabilities listed are considered important to nurture opportunities for well-being of young adults with disabilities and their human development, the analysis of SFA practices highlights that the development of basic personal and social autonomy (basic capabilities) are a prerequisite to achieve the high objective of social inclusion in different life domains and in long-term perspective (combined capabilities). With this aim, each SFA provider needs to enable skills, abilities, and resources of users through education as well as enhancing their autonomy or freedom of choice about their life (internal capabilities). The analysis of interviews contributes to better understand how the SFA providers may develop human capabilities of young adults with disability by involving them into different activities, in parallel some critical issues are highlighted.

The development of basic capabilities

The SFA is defined as a socio-educational service for people with developmental disabilities, hence both social and educational opportunities are core capabilities that tend to shape all the SFA interventions. As the SFA G coordinator comments:

> *"All the activities of the SFA aim to user's educational development in different life domains, including enabling the users to do domestic tasks, manage money, take public transport or prepare them to work experiences"*

Basic educational intervention characterizes the early years of the program and aim to develop personal autonomy of users through individual or group activities, the last contribute to develop

opportunities for social relationships among the participants. The interviewees highlight some critical issues in this area. Users are people with mild developmental disabilities, but they have an innate or potential equipment for the development of basic capabilities that occurs generally in the family environment. However, their disabilities, other socio-cultural issues regarding the family can make this development harder. For instance, with regards to the self-care the SFA C service coordinator comments:

"Sometimes there's been the need to activate hygiene programs. It happens that there are users with relevant hygiene problems because at home they're neglected, the family doesn't supply or see the problem, there's no attention on the topic, because [the user] is not able to take care or there's a relevant disability that compromises the walking, because the parents are growing old and struggle."

On the other hand, a young adult is not able to take care of her/himself because the parents tend to have a substitutive role, as the SFA B coordinator points out:

"Many parents enter the shower with the boy/girl because they don't consider him/her able to wash by him/herself and choose the clothes for him/her."

Affective relationships represent another complex issue due to the heterogeneity of desires and values (e.g. mutual respect of others), awareness and identity of users:

"People very often arrive with a moderate difficulty in creating an affective relationship end have stable relations, apart from the one with closest relatives and educators. Some of them are used to watch pornographic websites or have unstable sexual intercourses. Often our topics with the team are about the affective and sexual life. These are complex topics that we handle with the external consultants help." (social educator SFA G)

With reference to this theme, SFA provider works carefully with the family to support them and overcome their concerns:

"Often families are scared about the son/daughter engagement and for some, son's/daughter's sexuality is a taboo." (Social educator SFA E)

Thus, SFA providers offer different individual or in group activities to support the development of personal care and social relationships. The contribution of external specialist consultants (e.g.

phycologist, physiotherapist, sexologist, social workers) can be necessary to support users and families who are more disadvantaged or to provide specific education (e.g. sexual education) when the members of the SFA staff do not have the necessary knowledge and expertise. Within the basic personal autonomy, the mobility merits attention as it is recognized a key capability for the development of combined capabilities:

"Mobility development is a prerequisite for the development of other autonomy forms, [that implies] helping them to learn how to manage their own free time and plan an outing in which they decide where to go, based on their interests, they call to book and organize the transportation part. Otherwise, it arises a dependency situation" (Social educator SFA G)

SFA providers can develop this capability thought activities within the service environment (e.g. development of cognitive skills, problem-solving, use of technologies) and practical exercises in the territory to overcome its barriers:

"Milan city is not an easy one. Unexpected events on transportation are frequent. It's a hard city to learn how to orientate and gain mobility"

In this context:

"We train the guys on asking information, we also leave them alone watching from distance so they can find people that listen to them and people that don't. We put them in difficult situations while we're observing to train them on moving in the city and overcome troubles." (SFA A service coordinator)

The development of internal capabilities

Beyond the basic educational interventions, education and training opportunities are offered to users with the aim to strengthen the basic capabilities and transform them into mature capabilities that are ready to practice in the real life. Indeed, the SFA can provide opportunities for the development of cognitive skills including reading, writing and basic mathematical and scientific knowledge. Differently from education, training focuses on the opportunities that aim to develop the abilities to stay in professional environment (e.g. complying with timetables, performing some tasks, respecting the rules, boss and colleagues, teamworking, problem-solving, etc.) and different employability skills or abilities (e.g. running errands for the organization, assembly laboratory, office laboratory, agriculture activities, gardening). Training is a key activity for the success of supported work internships that the SFA provider can offer to users as well as to increase

opportunities for work integration. Among the internal capabilities, the autonomy of choice is considered as the most significant capability to foster their self-consciousness and self-expression:

"We ask them to elaborate their thoughts and argue their choices" (SFA C service coordinator)

It is considered both a mean (instrumental value) and an end (outcome) that makes sense of the development for all the other capabilities:

"Autonomy to choose and responsibility are central for the SFA. If I become autonomous, I learn [how] to manage relationship, emotions, to express the desire of living in a house, to express and choose what to do in life. Maybe the autonomy is really essential, and I don't know without [autonomy] how the others [capabilities] can be developed" (SFA B service coordinator)

The autonomy of choice encompasses the development of both basic and combined capabilities:

"We start from the daily choice of what to eat, how to dress, what to do in the day up to the complex choices regarding their project of life" (social educator SFA B)

It shapes the relationship between user and social educator:

"Being able to analyze own situation, find critical elements, which are the desires and wishes. [This] is the cross modality of conduction the relation with them, where they are the actors of their life's choices" (director of SFA G)

In this vein, the role of social educators is key as they should recognize young adults with disabilities as agent of their life:

"Educators support [the users] in expressing their own preferences and wishes, in evaluating [them], choosing in autonomy and justifying their own choices to their parents" (SFA C service coordinator)

The development of combined capabilities

Combined capabilities encompass all the opportunities that enable users to practice their capabilities, especially in the real-life contexts, including independent life, social life, professional

context, and the natural environment. Almost all the SFA providers offer the opportunity to interact with the natural environment, especially the activities of maintaining public gardens is recognized as a good opportunity for social inclusion and even experiment preparatory activities for work. Participation in natural environment may depend on the collaboration with public institutions that offer natural public spaces. Differently, SFA A can offer several opportunities thanks to its favorable natural location, as the SFA A coordinator comments:

"For sure the main advantage of our SFA is to be in a farm. This lucky and beauty that we enjoy allows us to offer activities and laboratories linked to rural life and animal care"

Beyond the environment participation, social inclusion through supported work experiences in actual work environments or voluntary works are the most important combined opportunities provided by the SFA that required a good preparation of the users (acquisition of basic/internal capabilities), boundary-spanning activities, and collaboration with other actors. Indeed, SFA can provide opportunities for internal supported work internships (within the organization or other type B social cooperative in the group) or for external supported internships in small and medium local enterprises (e.g., libraries, shops, restaurant, catering, supermarkets, companies, and so on). As SFA A coordinator points out:

"We propose first internal internships where there's an educator or an internal referent. The following step are external internships. We made some agreements with companies available to host our users and sensible towards people with fragilities. [To increase these opportunities] there's the need to find availability and sensibility [in potential host companies]"

These practical experiences increase the individual opportunities to strengthen and expand different human capabilities, especially the autonomy of choice, social inclusion, and employability. As the SFA F service coordinator explains:

"The internship allows [the users] to take experiences outside the family that do not only concern the free time but also being inserted in a working group. This stimulates the communication skills, autonomy to choose, social inclusion and economic autonomy since the grant allows them to face small personal expenses"

Generally, the SFA providers remark that they are a socio-educational service that differ them from other social services specialized in the work inclusion of disadvantaged people. They highlight it is

harder for a young adult with developmental disabilities, although it is often an exasperated expectation of both users and their families. As the SFA B coordinator points out:

"work is like a chimera, something that is strongly idealized even when they are not able to complete a task or confront other people"

Supported work internships are considered as an effective instrument for training and social inclusion. However, they may transform into an opportunity of work integration with an employment contract:

"It allows the users to show themselves as resources thanks to the perform of task assigned to them. When an internship goes particularly well, the companies have the duty or the wish to hire. Often the entrepreneur finds natural to hire a person that is already experiencing the social internship in her/his company." (Social educator SFA G)

Beyond the initial preparation of users, the good matching, and the existence of an inclusive culture in the work environment, the fact that the SFA social educators offer support services for both the host company and trainee during the work experience can improve the effectiveness of this type of experience:

"Our social educators regularly oversee the trainees within their work environment and the group of trainees is invited to attend additional educational or support services within the SFA facilities. This kind of supporting services can persist even if the internship is transformed in an effective employment contract. Many companies appreciate this support that reduces the potential problems in the work environment and the risk of failure or job loss" (director of SFA G)

However, when an employment contract is not an actual trajectory, the role of the SFA providers is to find new opportunities that are the most appropriate for the full realization of unique abilities and desires of each user. For instance, SFA providers may offer opportunities to achieve greater autonomy and social inclusion through the involvement of users in voluntary work, as SFA A coordinator says:

"Social inclusion is very important, and we strongly work on it. In my opinion, volunteering and social utility roles enter the inclusion framework."

Voluntary experiences may often occur for other target groups thanks to the intra-organizational collaboration or synergy between different services or business units (e.g. between SFA and services for severe disability, children, or older people). Volunteer activities for the elderly are often cited by the SFA providers as a value opportunity with reciprocal benefits, as SFA A coordinator highlights:

"We started volunteering with elderly that are reported from the internal domicile area to the organization. They are called to shop at the market of drugstore or simply to keep company. An incredible and beautiful experience of synergy. It's a reciprocal need that feeds: the user feels useful and the elderly less alone"

Other voluntary experiences may occur in the local community due to inter-organizational collaboration that is partnerships, networks or social projects with other voluntary organizations, especially nonprofit organizations:

"We are very open on the territory through the social inclusion area. The SFA could exist without a physical building since the objective is to stay out the most possible time and the users bring the culture of ability [...]. We have a volunteering project where the boy offers his abilities and talents to the community and works with other volunteers" (SFA B service coordinator)

Finally, co-housing pathways can be proposed to users who desire to achieve an independent life and increase their emancipation from the family. SFA providers often offer opportunities to enable the users in performing domestic tasks (e.g. cooking, manage money, grocery shopping). Then, SFA enables the users to gain awareness on this choice:

"Often they don't have a real consciousness, they considering living alone as something playful" (SFA C coordinator)

SFA providers can offer short-term opportunities of independent life (e.g. an outdoor week) or more structured opportunities in collaboration with other social community housing area of the organization or in networking with other organizations. For some users, the opportunity for an independent life represents the most appropriate capability for their full self-realization:

"I think to a user that couldn't obtain a job but developed the independent life. This has been an important step since he lived a conflictual situation at home with the mother. Having reached this independent life brought

him the peace. Now he's a peaceful person that probably won't be able to find a job but that found his own dimension" (SFA A service coordinator)

Therefore, each SFA provider is engaged in providing different opportunities that enable the human well-being and development of each young adult with disabilities. Moreover, it may involve different societal actors (e.g. employers, workers, volunteers, citizens, public officials, local community; etc.), especially for the development of combined capabilities. Accordingly, SFA provision can create positive externalities that affect other external stakeholder groups or the community, increasing a culture of social inclusion, human dignity, and respect. For instance, the SFA B service coordinator points out:

"Our enabling culture is based on the view of people with disabilities as a resource who are able to do social activities and volunteering. We are engaged in disseminating our culture and overcoming the bias that people with disabilities need help as they can help others. Bringing this different perspective, we increase social participation and inclusion in the local community."

With reference to the external supported work internships programs, the director of the SFA G highlights similarly:

"They are good opportunities for social inclusion in work environment that benefits the trainees, but it may also contribute to develop an inclusive corporate culture. Thus, a larger number of entrepreneurs really like our method and ask us our service support."

4.6 Different models of SFA provision

Each SFA provider articulates its own offers, designing the actual core service architecture, differentiating activities around various user and family's needs/desires and personal characteristics in multiple socio-environment contexts. In particular, the multiple case study analysis allows to identify a threefold interrelated criterion for the classification of the SFA models: the service differentiation, the organizational interaction with the external environment level, and the service specialization. The service differentiation regards the extension of the bundle of activities that characterize the service package. Indeed, the SFA provider can implement several activities that are necessary to achieve the objectives established in the individualized plan. In this vein, a greater service differentiation allows service providers to offer a better service customization (rather than standardization), and it depends on both the organizational capacity of the provider in terms of internal resources available for various projects and activities, and the degree of openness to the

various social initiatives and opportunities that the external environment offering. With reference to this dimension, the SFA delivery can have an inward focus when most of the activities occur in the SFA facility (class) or an outward focus when the SFA offers different practical experiences that may be performed outside the organizational boundaries in the external environment (e.g. voluntary services in local community; supported work internships in small and medium enterprises, co-housing experiences in social housing communities). These practical experiences increase the individual opportunities of social inclusion by developing combined capabilities. To offer external opportunities, SFA providers need to establish and manage inter-organizational collaboration. Finally, the type of service specialization refers to the core capabilities that the SFA provider can develop with its offer. Briefly, the development of education and autonomy of choice (internal capabilities) are common objectives of almost all SFA providers. What can differentiate the SFA provider is the ability to develop combined capabilities rather than basic/internal capabilities and it depends on its specialization and related selection of users based on their abilities and needs. Combining all three criteria, it is possible to identify four different organizational model (Table 9):

- *basic educational-oriented* SFA, the core area of opportunities pertaining the development of basic personal and social autonomy together with the autonomy of choice. In this case, SFA provider is specialized in developing basic capabilities, the service package focuses on educational activities and the interaction with external environment is limited because most activities are internally provided.

- *social participation oriented* SFA, it provides opportunities for the development of both basic capabilities and social participation in local community. The service differentiation is characterized by different opportunities to develop a wide array of capabilities with a prevalence of practical social activities that are performed outside the organizational boundary in collaboration with voluntary or civil society organizations in the local community.

- *employability oriented* SFA, the core area of opportunities pertaining training and development of work integration. The specialization is on combined capabilities, the service package focuses on the provision of training and supported work internships whereas the interactions with the external environment is oriented to the labor market. In this case, the users admitted to the program are those who have already developed the main basic and internal capabilities.

- *integral human development oriented* SFA, it offers opportunities in almost all the human capabilities from basic to combined without a specific orientation. Accordingly, the service differentiation is characterized by a greater and complex mix of different activities that serve to develop a wide array of capabilities. As for the interaction with the external environment, it can take an inward

focus when the organizational capacity of the provider in terms of the extension of the internal resources available for various projects and activities allows the provision of several activities and complementary services or it can be outward focused due to the degree of openness to the various social initiatives and opportunities that the external environment offering.

Table 9: SFA implementation model

SFA implementation model	Specialization (core human capabilities)	Differentiation (service packages)	Interaction with external environment	CASES
Basic educational oriented SFA	Basic personal and social autonomy	Internal educational activities	Inward-focused	SFA C
Social participation oriented SFA	Basic capabilities and social participation	Internal educational activities and practical exercises of capabilities in the local community	Outward-focused (nonprofit organizations, civil society organizations, local communities)	SFA B
Employability oriented SFA	Employability	Training and supported work experiences	Outward-focused (e.g. small and medium enterprises)	SFA E SFA F SFA G
Integral human development oriented SFA	No specialization: from basic to combined capabilities	Internal educational activities, Voluntary experiences and supported work experiences	Inward-focused (internal organizational resources)/ Outward focus (inter-organizational collaboration)	SFA A SFA D

4.7 SFA co-production for the development of human capabilities

This section describes the micro-analysis of the co-production process occurring in the SFA provision towards the development of human capabilities. The analysis is based on the conceptual framework for the study of the co-production activities (co-commissioning, co-design, co-delivery, co-assessment) that occurs in any phases of the SFA provision cycle (access and screening; intervention planning, service delivery, monitoring in progress and final assessment), considering how the fundamental of human capabilities development (beneficiary's perspective, multidimensionality, inclusion of social and environment context, individual heterogeneity) are enabled (see Chapter 3). With the specific aim to highlight the micro fundamentals of SFA provision, the analysis focuses on providing insights that are significant to understand the role of the individuals involved and highlight some critical issues. Indeed, several actors contribute to the co-production of SFA. Following the main steps in SFA provision, it is possible to identify the co-commissioners in the access and screening phase, co-designers in the Intervention planning phase, co-implementers in the Service delivery phase, and co-assessors in the Monitoring - in-progress

and final assessment phases. Although the actors who interact and contribute are different, particular attention is given to the role of the user and her/his family due to their main role in achieving the objectives of the SFA provision for the development of human capabilities. The main results are also summarized in tables 10 and 11.

4.7.1 Co-commissioning in access and screening

At the access, there is the early contacts between the family of the user and the SFA provider, especially the SFA coordinator. Contacts with families and users are often mediated by the social worker who oversees the social services in the local context where the user lives or by the school that the user has attended. In some cases, families spontaneously approach the provider. After the access, the screening process allows the evaluation of individual needs and the initial assessment of their vulnerability as well as actual and potential abilities. During this process, the SFA staff gathers different information on the user's needs as well as on their conditions and past life experiences. The initial assessment supporting both the decision about the inclusion or exclusion of the user in the program (user selection), and the next design of the intervention. In the access and screening phase a co-production approach can be implemented through a jointly definition of list of needs and priorities related to the human capabilities (co-commissioning). Since the earlier phases of the SFA provision, the interviewees highlight the relevance of the involvement of both users and families. As the SFA A coordinator highlights:

"We have to take care of the family, especially in the case of complex and disadvantaged families who need more support, including phycological supporting activities."

More generally, the SFA C director points out:

"There is a need to take care of the family due to the relationship of dependence that often occurs between the young adults or teenagers with disabilities and their parents."

Together with the users and her/his family, the co-commissioners are secondary school teachers or social workers that connected the user and her/his family with the SFAs providers, the staff of the provider (i.e., service coordinators, educators, psychologists), specialist consultants already engaged in monitoring, healing or supporting the user and her/his family (i.e., psychologist, psychomotor therapist). School teachers, social workers, and specialist consultants are involved by the SFA staff to contribute to the initial assessment of the user providing their expertise, technical knowledge, clinical documents, and information. Beyond the documental analysis, SFA staff invites the potential users to attend different individual or group activities, that is the observation period

with the aim to know, select and prepare the participants. As the social educators of the SFA G points out:

"The period of observation is useful for the young adults with disabilities who can familiarize with the service environment and try several activities, thereby it is more useful for us to get an idea of their actual and potential abilities and understand if the young adult is ready to attend the SFA or not."

Different sources and the involvement of multiple actors strengthen the rigorousness of the initial evaluation as well as the diversity of perspectives (multidimensionality). However, since the opinion of the specialists and technical knowledge are not enough, it is rather necessary to start from the beneficiary's perspective and, in a broader perspective, that of her/his family. Accordingly, each SFA provider organizes interviews with user and her/his family. Family is invited to provide complementary information about the user's living contexts, family conditions, background, individual resources and those of the local context in which they live, and past user's lived experiences (e.g., school, sports, and other social activities). These additional information are relevant to improve a holistic view of user in both the initial evaluation and the following definition of the plan (multidimensionality). Indeed, as the director of the SFA C points out:

"We try to understand the complexity of the needs. We fully take in charge the user and, in some cases also the family"

In this vein, co-commissioning activities contribute to better understand the unique characteristics of the users and her/his family (individual heterogeneity). Indeed, as the SFA B coordinator points out:

"Families present characteristics completely different in terms of socio-demographic dimensions, values, culture, expectations, traditions and rituality, and we need to take into account all this issues"

Moreover, users and families can contribute to identify the contextual resources or barriers of their living contexts that are important for the following design of the interventions (inclusion of socio-environment context).

"As soon as a person comes to us, we collect information about her/his lived contexts, including for instance the supermarkets in which she/he can go to grocery shopping, the level of accessibility of public transport, the active citizen associations and so on"

However, to identify the user's needs and priorities, it is necessary to start from the users' desires and expectations. Enabling the user's voice is a typical co-commissioning objective that enhances the beneficiary's perspective in the service provision. As SFA B coordinator declares:

"One of our key principles is to provide a service that is person-centered, hence we start from the needs, desires and expectations of people with disabilities. They are invited to express their desires and preferences."

User's desires represent their ambitions and aspirations that sustain their motivation to actively participate into the activities that will be delivered. As the SFA A coordinator says,

"Young adults will give the best of themselves and are engaged in achieving the learning objectives if they follow their own desires, a dream".

Each SFA creates effective tools that encourage users to express their desires and values of life but even they own expectations about the service experience. For instance, as the SFA B coordinator explains:

"It is difficult for them to express their dreams because they are ideas, hypothesis. When young adults arrive are immature, we have just known them. So, we developed supporting tools such as a simple questionnaire in which we ask their opinion with questions such as what do you desire? did you like the activity that you did? why not? what did you learn? what did you like to learn?"

In some cases, the desires of young adults are unrealistic in relation to their abilities and limitations. As SFA A coordinator says:

"A girl with visual loss and tetra paretic desires to become a receptionist. I'm blind, but I can do this work! She said…. It took long time before she accepted her conditions"

In this vein, the development of human capabilities may begin since the early phases of access and screening when the co-commissioning activities contribute to develop the capability of

communication, if the disability affect this capability, and an early development of the autonomy of choice as educators work to make them more self-conscious about their choices and find appropriate ways to express their full potential.

Moreover, SFA coordinators highlight that the family's expectations and needs are key issues to be understood and managed since earlier interactions with the service. As the social educators of the SFA E points out:

> *"Sometimes, the problem in young adult's awareness of their resources and limits is strictly connected to the family. They [young adults] are often more aware of themselves rather than their parents. However, they are the mirror of family's expectations"*

The family's expectations enter in the multiple relationships between users, families and SFA staff but not always are realistic. In some cases, they are ambitious with respect to the actual capabilities of the user, in other cases families have particularly conservative expectations that do not consider the actual development potential of their children. As the SFA B remembers:

> *"A family expected that his boy could learn foreign languages. Another family expected for her girl a highly qualifying specialization in luxury restaurant… thus, they thought the SFA was an alternative to university"*

Similarly, as the SFA E coordinator says:

> *"If the family has very high expectations, everything we propose becomes wrong. Everything is perceived as useless or inappropriate with respect to the estimated objectives. In this venue, there are people who may not have deeply elaborated their child's disability and when we get bizarre answers, we have to go and work on idealization".*

On the contrary, the coordinator of the SFA F points out that in some cases:

> *"For the family their child would be fine as she/he is, and any innovation is not accepted. Our task is to care for their actual needs and possible solutions, not just those they already have in mind".*

To align expectations and potentials SFA's staff:

> *"Works on the awareness of both the limits and the unexpressed abilities of the users, by means of evidence and objective evaluations, with the support of the psychologist" (SFA E).*

Different approaches are highlighted in relation to the age of parents and the broader socio-cultural context in which they lived that that may influence how parents view the disability of their daughter/son and accept or refused it. Accordingly, older parents tend to develop lower expectations and a more protective approach than younger family. As SFA C says:

"Older parents are those that elaborate the disability of their child when there was a lack of support, services and project for the emancipation and social inclusion of people with disabilities. Several mothers left their work and dedicated all their lives taking care of their child. Thus, a paternalistic approach and the idea that their young adult is a child forever who need their care and assistance is rooted in themselves."

Instead, younger parents tend to have a different approach:

"Younger parents' often work. [They] sometime delegate the care of their son/daughter to other actors and institutions; and generally, they welcome services and projects that promote the autonomy and emancipation of their daughter/son"

Moreover, different past lived experiences by users and their families in other institutions and, in a broader perspective, in the society impact on the expectations. Some SFA coordinators and social workers highlight that schools and other institutions sometimes encourage a paternalistic approach or a logic of pure assistance that do not allow to understand the limits as well as the potential abilities of young adults with disabilities. As SFA E coordinator comments:

"There are parents who do not understand the difficulties and problems of their daughter/son as s/he achieved excellent results at school… However, some schools were too protected environments where young adults followed basic educational programs and spent several hours outside the class with a dedicated teacher. Thus, students didn't develop practical and relational abilities for the real life"

Co-commissioning activities encompass even the allocation of financial resources and budget priorities. Most of the users/families are clients who receipt public service for free because their daughter/son is legally entitled. However, the family is often the co-financer who contribute with its own financial resources to cover partially the costs of the SFA. Sometimes, the amount of the co-financing is symbolic, it serves as an incentive to engage the service users and their families. Other families are full customers who access directly to the SFA - without the involvement of the social worker of the local government - and thus they buy the service and fully finance its costs.

To conclude, the access and screening phases are important to achieve a good fit between the needs and expectations of users/families and what the SFA can offer to them. Indeed, some SFA providers can develop a wide array of capabilities, thus they are less rigorous in the selection. Differently, the SFA providers who are specialized on the development of combined capabilities need to be more selective. As the SFA F coordinators comment:

"The SFA takes in charge [the users] usually when some prerequisites are fulfilled and consolidated about the minimum autonomy development […] there must be anyway some potential that can make way to other autonomies on the social autonomy area as well as personal (self-care, dressing capability) and the capability of establish adequate relations with the interlocutor."

In these cases, the SFA addresses the user and the family towards other local services of its network that can intervene on the basic human capabilities development and, once consolidated these capabilities, the SFA access will be (re-)evaluated.

4.7.2 Co-design in intervention planning

After the access and screening, and in the case of acceptance, the design of the intervention is carried out. The intervention planning consists in the design of the IEP that includes personalized objectives to be fulfilled as well as the description of the bundle of activities (or service package), resources, methods, and tools that are necessary to fulfill the objectives yearly. The IEP is an individualized project through which the service provider needs to ensure the development of the maximum level of autonomy achievable considering the personal resources of each user (respect of individual heterogeneity) and the resources of the person's life context, including her/his family and community (inclusion of socio-environment contexts). Moreover, the IEP tend to be multidimensional embedding a holistic view of the beneficiary's life. As the co-manager of SFA F and other SFAs points out:

"There's a multiplicity, variability and complexity of themes [to be considered]. The sight of SFA on the person is 360 on the life path of a person"

The SFA providers agree that the objectives of the IEP regard different human capabilities and thus the plan embeds a multidimensional perspective of the human well-being:

"The objectives and programmed activities are transversal and concern all the [human capability] indicator" (director of SFA G)

On the other hand, they often use the term of project of life introducing the time as a further dimension that should be considered during the IEP creation:

"It's a project that regards an actual need but with a sight projected on the future and the attention to what have been in the past"

The intervention planning corresponds to a key strategic activity for the SFA provision that serves to define how to achieve the best human capability development (outcome) for each user, considering the great human heterogeneity in who the users are (and their families) what each user can reasonably desire to be, to do and to become, the individual needs and expectations as well as the personal and contextual resources, including the family. Therefore, the IEP should be essentially a personalized plan. In this vein, the idea of the IEP as a tailored dress for each user (and the family) is a metaphor cited by the interviewees to explain the personalization of the IEP:

"We try to sew a project personalized on the user. The attention is on being able to calibrate the projects also on the family characteristics" (SFA C coordinator)

In the intervention planning a co-production approach can be implemented through joint activities or resources that contribute in the IEP creation, thereby identify the individual service objectives and the initiatives to fulfill them (co-design). Co-designers are the SFA staff – including service coordinator, social educators, and psychologist – the user and her/his family. All SFA coordinators agree that the design of the IEP without the involvement of users and families is ineffective. As SFA D coordinator points out:

"We cannot define alone the project we need to share the objectives with both the user and her/his family"

Similarly, the social educator of the SFA E remarks:

"If the girl/boy and the family do not share the content of the IEP, any project or intervention has no sense"

Generally, the SFA providers interviewed agree that the involvement of users and families in co-design activities can enhance the beneficiary's perspective in co-design a personalized plan, that is defined by the join and shared perspectives of the SFA staff, user, and her/his relatives. However, it is possible to highlight some difference in how the service providers involve both the users and

families in co-design activities or the extent of their inputs. The IEP is often designed by the SFA staff according to the needs and priorities identified in the previous phase, and then it is explained and discussed with the user and her/his family. In this view, the IEP definition requires technical skills and knowledge that only the social educators with experiences or service coordinators can have. In this vein, as the coordinator of SFA C says:

"We present the IEP to user and family and we discuss it together. Finally, they are invited to sign the IEP and take their rights and responsibilities to achieve together the objectives"

This is the key moment in which user and family are informed and can suggest modifications to improve the responsiveness of the IEP to their needs and preferences. As the SFA D comments:

"The IEP is a flexible and customized agreement that depends on the needs and resources of family. For instance, the families who are customers choose the extension of attendance (no of hour per week) and the activities"

Thus, users and families provide feedback (voice) or choose services from a menu of options (choice). Since the sharing of the plan is recognized as a key issue for the effectiveness of the service provision, the SFA provider can make the collaboration with users and families more effective in intervention planning. In this vein, the coordinator of SFA B refers to facilitating tools developed for this purpose:

"Parents, siblings, and users are actually invited to design the intervention plan together with us by sharing their ideas and filling a simple format with crucial questions that regards different life domains including work and independently life. For instance, we ask to parents: do you think that your daughter/son can find a job in the future? Do you image that your son/daughter will live independently in the future and have a love relationship? What do you expect from the SFA? And how do you contribute to achieve this objective."

Beyond the definitions of the desired outcomes, the beneficiary's perspective can be increased by involving the users in electing the preferred activities, and that contribute to increase their autonomy to choose:

"The users are invited to experiment new activities and then to choose along with the reference educator the closest activity to the wishes and the necessities" (SFA A service coordinator)

As described, co-design activities require energy and time from both SFA staff and family but creates the basis for future collaboration in its implementation. There are several critical issues that SFA staff needs to manage in this phase, especially with reference to the family. A first critical issue is the lack of family's skills due to problematic situations that prevent their involvement in this phase.

"Some families are complex and problematic. Parents can suffer health impairments or other disorders. We had an extreme case in which the father hit the son. Thus, we wrote this problem in the IEP, but we could not simply read it because they couldn't understand, and we needed the support of social workers and other professionals" (Coordinator of SFA D)

Beyond the complex cases, a second critical issue is maintaining an equilibrium among the users' personal expectations towards SFA, the family's expectations and their translation into suitable objectives. In this vein,

"On one hand, we cannot just impose our project, at the same time we have to avoid an excessive urge of being at the center of the attention of the families. We must rather listen to the girl/boy's voice, very carefully".

Indeed, it can happen that the user's desires and expectations are realistic but in contrast with those of the family, especially with reference to the objectives of emancipation and autonomy. Indeed, the SFA staff enters in the complex and even conflictual relationships between a young adult/teenager with disabilities and parents. As SFA C coordinator says:

"A boy desired to love her girlfriend and live independently, but the family did not respect his desire… the other desired to move independently in the city and find a job but the father believed that he was not ready for these experiences"

In this case, the SFA staff exercises a role of mediator in the relationships between the user and his/her family to negotiate and align divergent interests and objectives.

"We [the staff] are like a buffer between of them. Since the beginning, it is needed a relational mediation work aimed at supporting both users and their families to move together in the same direction"

A third critical issue of the co-design is the clarity of the objectives. Indeed, the IEP serves as cornerstone of the service implementation:

"It is fundamental that user, family, and the organization share common objectives: the IEP represents a formal agreement" (Coordinator of SFA B).

Moreover, the role that each actor should attain needs to be defined and clearly shared. As the coordinator of SFA A highlights:

"In the IEP, we specify the objectives, the shared paths to achieve them, and the actors that will be involved. Among them, the family is often cited as a key partner to achieve several objectives".

Otherwise, when the objectives are not well shared the situation leads to misunderstandings that affect the effectiveness of its implementation. It can happen due to a communication problem:
"Sometimes an objective that is clear for a social educator it is not so clear for a parent, especially when a professional tends to use a technical language and IEP is written as technical document" (Coordinator of SFA E)

To overcome this problem, social educators develop ad hoc solutions:

"We simplify and customize the way we write and communicate the IEP. We introduce the symbols such as a sun for the objectives that regards the user, a home for the objectives that involve the family [..] Moreover, if a user or a parent has difficulties in reading, we use only pictures" (Social educator of SFA B)

Once defined the objectives, the initiatives to be implemented are strongly dependent on the overall offer of the organization. Indeed, when the available resources or the external collaboration are extended, the offer can be more easily personalized as well as the multi-dimensionality of objectives and activities can increase. Regarding this issue, coordinator SFA B comments:

"The Association aims to guarantee different forms of wellbeing and everyone finds her/his own dimension. My wellbeing is different from yours and here [at the organization] you can find your wellbeing space [...]. The association beauty, if you're able to see it, is this, you can move along different proposal, like cards that can be played based on the age, the moment, the need, and the offer. This because the sight of the association, regardless of the service, is on the life project of the person."

In contrast, the coordinator SFA C complaints:

"In the last years, the decrease of public budget has been a problem as we can't guarantee to the users all the activities, as in the past and the families had to increase their private contribution. Although we try to ensure equity to access the services, the restriction of public resources is a problem because not all the families can sustain the same financial costs".

4.7.3 Co-delivery in plan implementation

The service delivery consists on the actual implementation of the IEP to achieve the individual objectives. According to the regional Decree, the SFA program is structured into three modules: a 3 years educational module; an additional 2 years consolidation, and finally, a facultative third monitoring. Each module has its general objective for an effective transition toward the user's autonomy. Within this general frame, each SFA providers organize the service delivery, but it is common that the annual SFA program starts in September/October and closes at the end of July. Within this frame, the intensity and the content of each intervention vary according to the person's needs, the objectives established, the provider resources and its specialization model. As mentioned before, the SFA can offer several educational and training activities for the acquisition or strengthening of basic/internal capabilities as well as practical experiences for developing of combined capabilities. With the IEP implementation, the development of all the best opportunities for the well-being and well-becoming of each user is boosted. In the phase of service delivery, the co-implementers are the social educators with the supervision of the service coordinator, the user and her/his family, as well as the external contact persons in case of traineeships in private firms, volunteering in third sector organizations, supervisor of other services (e.g. co-housing, recreational time). Indeed, the implementation of multidimensional plan require multiple collaboration with different actors and professionals, especially to provide specific education (e.g. sexual education), to develop combined human capabilities or to support more disadvantaged families. In this phase, the socio-environmental contexts can play a key role to enable the users to practice and develop their capabilities into real life and make effective the service provision (inclusion of the contextual factors). Indeed, the activities can be implemented in the SFA facilities (protective environment) or implied the interaction with the external environment (real life) where users can experiment their autonomy (e.g. exercising mobility in an uneasy city, training in a small and medium enterprise, volunteering in a nonprofit organization), finding the appropriate contexts for the advancement of the human capabilities of each user.

Differently, from the previous phase, young adults with disabilities and families are involved in performing tasks, rather than express their voice. Each user is obviously involved and motivated to participate actively in the individual or group activities to fulfill individual objectives and become the actor of personal development. Co-delivery may contribute to develop one or more human

capabilities with reference to the content of the activity in which the user is involved. They are typically engaged in collaborative rather than paternalistic relationships with the SFA staff and thus enhance their autonomy of choice:

"We eradicate the paternalistic approach by appreciating the resources, potential abilities and difficulties of users, encouraging their voice, freedom to choose, and the participation of users into decisions and activities that regard their well-being and the project of life" (SFA B coordinator)

To increase the engagement of users, social educator develops personalized supporting tools that help users to overcome their difficulties (e.g. adequate educational materials), intrinsic rewards (e.g. recognition, responsibilities), sociality (e.g. friendships, mutual respect) and material rewards (e.g. economic rewards for internships). Users are considered as people with resource and abilities that can use to help the SFA staff or in supporting the organization. For instance, as the SFA C coordinator points out:

"They have the commission to buy materials for the laboratories. So, they prepare a list, go to one or more shops, oversee the quality of the goods, its price and then decide what to buy […] Some of them [users] do internal internships as receptionist or secretary"

SFA providers highlight the relevance of peer tutoring among the users where those who have more experienced (second or third-year attendees) support the new attendees in a logic of mutual aids. Moreover, they can be involved in other services for other target groups:

"Our SFA includes the conduction of a "city farm" destination of school trip, where the children are guided by the SFA users, trained to the classes reception. Other users work in the riding school, become grooms and craftsmen and help with other people with disability during hippotherapy. They, people with fragilities, help other people with disability" (SFA A coordinator)

And she adds:

"The beauty is that the logic of a user is reversed, instead of being a service-user s/he becomes a service-delivery user, since they deliver in that moment a service. It's a beautiful thing and they take on a responsibility role."

As mentioned before, the SFA providers disseminate the idea that young people with disabilities are a resource for the community or work environment. Accordingly, they are viewed not only as the main agents of their own life and self-development but also as agents of change in the society/community. Finally, some interviewees highlight their role as service co-innovators who can take the initiatives for new forms of service delivery:

> *"The users bring ideas […] we created for instance a costume jewelry laboratory with tutorials to teach to other disabled people thanks to the users' abilities and talents. Thus, we try to take advantage of their ideas, as is they were bringing ideas sparks, lighting creativity, and opening new roads and perspectives, starting from the users' capabilities and fragilities." (SFA A coordinator)*

With reference to the role of families, they are identified as the key partner of the SFA staff in the service delivery. Indeed, they can contribute to both the core educational process, and other complementary activities such as social events aimed at supporting the organization through fundraising campaigns, testimonials in open day events, political involvement in the organizational governance and legitimization, economic support like donations or voluntary in other services. Families can be involved in defining the service content. In some cases, they are directly engaged in the identification of training opportunities. In other cases, the users' parents have been involved to promote ad hoc laboratory initiatives for all the SFA users, according to their own competences:

> *"Last year a mother of one of our users that works in the pharmaceutical industry proposed a laboratory of chemistry experiments" (SFA D coordinator).*

If this kind of involvement allows an overall growth of the offer and, consequently, a wider service personalization, the involvement of families in the strictly pedagogical process seems more critical. Families, in fact, are the first user's educator and, consequently, they are considered as a key pedagogical partner in achieving shared IEP objectives, especially those related to the development of basic capabilities:

> *"The contribution is enormous if the family collaborates and becomes an ally in the process towards the autonomy, where anyway a person with fragilities needs some help. The SFA here does his part but the collaboration [with the family] is fundamental. Like in a network, if a piece is missing a hole gets created and you cannot work anymore. That's why the collaboration is fundamental to strengthen the net and to keep open the possibility to bring on a project" (SFA A coordinator)*

With reference to the pedagogical contribution, in some circumstances, the organizations observe a twofold opposite critical trend: an excessive indifference toward the user's path within the SFA, or, on the other hand, unnecessary family's interferences. With reference to the first criticism, in some cases the educators complain about the low participation, asking for wider involvement and greater attention to the users' path development. As the SFA B coordinator points out:

"[The family] establishes a dependency relationship towards us and completely feels irresponsible [for the educational path]. We need to be allied with the family and that the family trusts us."

As the respondents highlight it is often the case of families who live in socially disadvantaged contexts or those of users who have particularly elderly relatives. In these cases, it appears relevant the collaboration with all the other co-implementers or supporting actors (e.g. social workers, psychologists, or other professionals):

"Network is important. We do interviews with parents together with other actors. We try to share the same vision and show it to parents. A key role is played by the main clinical actors, such as the psychologist of the family that they trust. In this case, we collaborate with these actors as leverage and then on the objectivity and then on the basis of the experiences."

On the contrary, educators may ask other family for leaving space and taking a step back. The educator of SFA B explains that:

"The work with families takes place above all on autonomy. Autonomy is not just knowing how to sit at the table, brushing your teeth after lunch, autonomy is achieved when the family allows children to do it alone. Many times, there is no autonomy because the family does not leave room for the child to experiment".

The responders define this as the Penelope's shroud effect:

"Here we weave and as soon as the girl or boy goes home her or his family undo our work. We teach them to take public transport, but families continue to take them to courses or internships by car, even though the kids have all tools to get by very well. In this way the kids lose their skills built with great effort" (Coordinator of SFA C).

Differently, the families should promote the achievement of the objectives defined in the signed IEP, respect the rules and their role. Accordingly, balancing the involvement of the family in the plan implementation is a key issue for its effectiveness:

"There must be a good synergy between the two part to reach the prefixed target. The road is also an emancipation path from the familiar context. At some point, to grow, it is necessary to cut the bonds, while remaining stable and fundamental affections. We need to move all together in the same direction" (director of SFA G)

Low expectations of families, their excessive interferences or disagreement may prevent the development of human capabilities of the users, such as the affective relationships or mobility, and consequently, the failure of the service provision:

"the boy had a very high competence level that almost reached the normality, and the family didn't follow the same path. For instance, the boy could move around in Milan, but the family was unwilling to let him go. The boy was able to cook a full meal but the family said "we're scared that he could burn or cut". The boy had a big desire for love, but the family didn't for him, bringing a total loss for wishes and self-esteem. At the end, he decided for something different, as it was too late" (SFA B coordinator)

In this vein, families need to be guided, supported, and informed, especially on the progress in the achievement of the objectives to help them to recognize the abilities of their child and overcome some resistances. For instance, the exercise of the mobility on the territory needs the family's trust on both the SFA staff and the abilities of their child to move around independently.

"We explain to the parents that we went 10 times together [with the user] by bus from home to downtown and that we consider that the user can do it [the same path by bus] now alone. From the following day, if the family agrees, the educator follows the bus from a car at some distance and if everything goes well, from the following week the user can do it alone" (SFA B coordinator)

To advance the human capabilities development, the SFA staff needs to both recognize a wider space of action and experimentation to users who are the leading actor in the service delivery (beneficiary's perspective and autonomy of choice) and building collaborative and trust relationships with the families as the key partner. Beyond the clarity of shared objectives co-

defined, the SFA staff needs to spend time, energy, efforts to improve communication and trust between the social educators and families.

4.7.4 Co-assessment in the monitoring and final evaluation

This phase includes the ongoing monitoring process as well as the final evaluation. Indeed, the staff is responsible for *monitoring* the achievement of the objectives by each user and, if it is necessary, it reviews the individualized plan. The monitoring allows, in case of changing conditions, a prompt modification to the initial plan so as to consider the emerging needs or renewed life conditions of users and their families. Therefore, the staff, together with other actors who collaborate in the plan implementation, evaluates periodically the progress through staff meetings, observations, reporting, diary, and questionnaire. At the end of the annual program, there is a final *assessment* that provides an overall evaluation that is important to (re-)design the IEP for the next year. Moreover, the users and families are invited to evaluate the quality of the service through a customer satisfaction questionnaire, including their satisfaction with the activities, schedules, relationships with the staff, communication, and transparency. In the phases of evaluation, the co-assessors are the actors who are involved in different monitoring and final evaluation activities: SFA staff (social educators, service coordinators, phycologist), the user and her/his family, as well as the external contact persons or specialists, that is the persons who can contribute in the evaluation of the achievement of specific objectives and/or the overall service experience.

In their role of co-assessors, user's families contribute to the monitoring by giving specific feedbacks on ongoing activities carried out by young adults at home or outside the protected area of the SFA (i.e. does s/he go shopping? Does s/he cook and clean the house?). This kind of family's feedbacks are collected regularly in a spontaneous way. For instance, it happens when the family picks the young adults from the SFA facility and meets the social educators, or it often occurs through phone calls or chats between the family and the social educator when the first reports some problem that need to be managed. As the director of SFA G points out:

"It's important to maintain an active dialogue between the service and the family to verify the learning generalization and to let the useful information flow, to monitor the educational objectives and the adopted strategies."

SFA provider can help the families in monitoring the achievement of the objectives by their daughter/son by asking them to compile special monitoring sheets. All the SFA providers organize at least a monitoring meeting during the year and a meeting at the end with the family. The first meeting aims to adjust the objectives as:

"The objectives of the IEP are continually revised and transformed" (Coordinator of SFA C),

whereas the second is useful for a final assessment together with a first draft of the new objectives and activities for the next year. However, compared to the other phases, the role of families in the assessment is less relevant, while those of the users, together with those of social educators and the contact person from firms or other voluntary organizations are predominant. Indeed, the user is the co-assessors that provide essential information through a self-evaluation process and its discussion with the social educators. All the responders agree that self-assessment is a critical step in which the user becomes aware of her/his own limits and potential. This phase is particularly important for an overall increase of awareness of their abilities and difficulties. As the social educator of the SFA D points out:

"the self-assessment is very useful because the girl/boy can understand fully the situation, if it is trained of course [in self-assessment]. The focus is on the project of life and my colleague who is specialized in the assessment involves the users in individual or group activities that support them to reflect on their future… I would like to find a job. I would like to live independently."

With a specific reference to the development of human capabilities, the SFA A coordinator comments:

"The user's self-evaluation is, in my opinion, very important and linked to the choice autonomy and transversally to all the capabilities since the self-evaluation, self-judgment and involvement capability, are fundamental growth instruments. If missing, there is no objective to be pursued."

The involvement of users in the evaluation activities enable them to identify the activities preferred, thereby enhancing the beneficiary's perspective and improving the responsiveness of the initial plan:

"We ask the users which are the activities they would like to keep and which they would like to change and why. If the user wants to change an activity due to understandable reasons in relation to the educational path, changes are definitely allowed."

As mentioned, at the end of the year, the self-assessment contributes in the co-design of the next annual IEP, but it may contribute to improve the quality and effectiveness of the service delivery:

> *"We're open to suggestions to improve laboratories. From the users' tips we tried to meet [the wishes] and think to the following year laboratories."*

Accordingly, the SFA providers develop specific skills (e.g. expert social educator in evaluation) and facilitating tools and techniques for enhancing the user's self-assessment. As SFA A points out:

> *"We developed a simple tool that helps the users to self-assess their progress, the effectiveness of the activities and their preference. It is a color chart with green tones for each objective achieved; yellow for the objectives that are not fully achieved and red for the objectives that are not achieved".*

Together with the subjective evaluation from the user and her/his family, other objective evaluations are provided by social educators, other specialized professional (e.g., psychologists, psych pedagogist, social assistant) and the external contact persons to obtain a whole picture of the level of autonomy achieved by the young adult. Accordingly, the evaluation is a multi-disciplinary effort and the objective evaluation providing by actors different from the SFA staff is useful to give objective information on the progress, abilities and difficulties of their son/daughter and help the family to recognize the progress or accept the failures and limits. At the end of the program or when the young adults with disabilities reach her/his maximum level of autonomy, the SFA staff works with users and families to define the exit and guide them in how fulfill their life project in familiar, social, and professional contexts.

> *"The SFA pursues the objective of making an autonomous person and independent from the aid of the service but with the support and assistance in their lived contexts, starting from the local resources (oratory, schools, libraries, associations, sports clubs, merchants, volunteers, citizen of the community)."*

In this vein, SFA can activate intra or inter-organizational collaborations to suggest other services more appropriate that can support users in achieving new life objectives (e.g. co-housing or service for work integration). In some cases, young adults can be involved in structured follow-up activities (i.e. monitoring modules).

Table 10: Co-production assessment

SFA PROVISION	ACTORS	INPUTS	TOOLS	KEY ACTIVITIES/ISSUES
Access and screening Proving an initial evaluation, defining a list of needs and priorities, user's selection	**Co-commissioners:** • Social workers • SFA staff • external expert consultants of family or SFA • user and family	• Knowledge • skills • perspective • time • additive voice/control	• Interviews • Observation • Personalized supporting tools	• Understanding user/family's desires, needs and expectations • Working on awareness of the potential abilities and disabilities (the problem of unrealistic expectations and desires)
Intervention planning Defining the objectives, timing, activities and resources of the Individual Educational Plan (IEP)	**Co-designers:** • SFA staff • User and family	• Knowledge • skills • perspective • time • additive voice/ feedback and control	• Interviews • Personalized supporting tools	• Facilitating the user/family participation (the problem of lack of skills) • Aligning objectives (divergent interests and perspective between the co-designers) • Defining and clarifying the personalized objectives (the problem in communication and language)
Plan implementation Service delivery	**Co-implementers:** • SFA staff • user and family • external contact people and professionals	• Family's core pedagogical contribution and complementary economic, social, and political contributions • Compliance, trust, legitimacy, commitment • User's abilities, skills, energy, time, commitment, legitimacy, ideas, and creativity	• Economic, social, intrinsic incentives for users • Personalized supporting tools • Open communication channels with family • Meetings/digital platform with other actors	• Increasing the individual and peer co-production of users • Balancing the family's co-production degree (the problem of excessive interferences or delegation) • Increasing communication and trust in family – SFA staff relationships (solving parent's unawareness, low expectations, non-compliance, delegitimizing) • Managing multiple-relationships and co-production activities

Evaluation	Co-evaluators:			
Monitoring in progress and final assessment	• SFA staff • user and family • external contact people, and professionals	• additional information/control, point of views, ideas by users and families • expertise, knowledge, skills by other actors	• Informal feedback, objective evaluations, self-assessment tools • Personalized supporting tools • Open communication channels • Meetings/interviews • Survey/Customer satisfaction	• Increasing feedback from families and supporting users' self-assessing • Balancing objective and subjective evaluations (to improve parent's awareness based on the evidence)

Table 11: Co-production and human capability development in SFA provision

	The fundamentals of the Human Capability approach in SFA provision				
	Beneficiary perspective	**Multidimensionality/A holistic view**	**Contexts**	**Individual heterogenity**	**Human capabilities developed**
1. Co-commissioning	Enabling the user's (and family) voice to express needs, priorities, expected outcomes.	Involving different sources of information from multiple actors in the initial assessment (different perspectives and point of view) for a holistic view of beneficiary's condition and needs	Improving the intital evaluation of contextual resources or barriers of user and family's lived contexts	Improving the comprehension of the unique characteristics of each user and her/his family and life contexts	Communication Basic autonomy of choice
2. Co-design	Enabling the user's (and family) voice to define objectives and activities in the IEP	Defining multidimensional objectives and activities retated to the human capability development according to a long-term perspective (life project)	Identifying the personal and contextual resources of user/family and their lived contexts that will be included in the IEP	Improving service personalization through the design of human-centred service	Communication Basic autonomy of choice
3. Co-delivery	Enabling the beneficiary's space of action and development	Multiple collaboration with different actors who implement a multidimensional plan oriented to the development of human capabilities	Performing activities in socio-environment (value in context)	Managing the different degree of co-production and behaviors of each user and family. Finding the best solutions, tools, incentives, contexts for each person.	Development of all the best human capabilities for each user (from basic to combined capabilities).
4. Co-assessment	Enabling the beneficiary's self-assessment	Multiple actors provide a multidimensional assessment	Including the contextual specific evaluations (e.g. assessment of company tutor in the case of internships)	Developing personalized supporting tools to support the self-assessment of each user	Communication Autonomy of choice

4.8 Covid-19: SFA co-production during and after the first lockdown

In January 2020, COVID-19 started to spread in Italy. In March 15, 2020, over 30,00 COVID-19 cases with about 2500 deaths had been reported in Italy. From March until the summer of 2020, in order to face the COVID-19 outbreak, governmental authorities have adopted very extreme measures such as locking down regions, reorganizing healthcare services to cope with the rapid increasing demand for acute care, imposing school and university closures, suggesting smart-working solutions and transportation restrictions, and running wide public health messaging campaigns for consumers' education. In this period providers were forced to organize the SFAs completely in distance learning mode. Overnight users were no longer able to attend training courses, internships, cultural and recreational activities provided as part of their personalized program. The educators had to redesign the different training activities through unconventional channels, at the same time the users and their families had to adapt to distance learning. In general, the effect of the first lockdown on SFA users was extremely negative. An educator of SFA A explains that:

> *"Not receiving the daily and direct stimulation of the SFA activities and being forced to remain indoors, the psychological problems of some users have worsened. We had a particularly serious case of eating disorder"*

And this has been particularly critical for the users who live in more difficult family contexts:

> *"Some families have withdrawn into themselves".*

Within this general situation, greater involvement of families in the delivery phase has made it possible to limit the damage due to the interruption of the traditional service. During the first wave, in particular, families has played both a substitutive and complementary role with reference to the pedagogical dimension of the service. With reference to the substitutive role, educators asked for a wider involvement of the family to stimulate their kids, so as to compensate for the impossibility to perform educational, cultural, and recreational activities. The coordinator of SFA A also highlights that

> *"We ask to families a strong commitment. Involving them in order to maintain a certain level of our girls/boys' mental stimuli was essential. For example, we asked them to participate to a dance competition by sharing a tape with a family's performance. We also involve families in writing a cookbook".*

In some cases, the members of the user's family proposed themselves additional online courses for the class. This is the case of SFA B where a father proposed laboratorial activities on ancient writing and cinema that can be part of the educational offer of this organization in the future:

"we strongly believe that this initiative can be also proposed in the future" (Educator of SFA B).

The merely complementary activities with respect to the provision of the actual pedagogical educational service concerned the technological support required of families. In fact, almost all SFA users had never used e-learning platforms before and families had to intervene to ensure that the kids connected regularly, at set times, and some of them acquired greater autonomy in the process. Technology has also allowed for greater closeness between families and educators as interactions occurred on a daily basis. This has created a climate of greater mutual trust and collaboration. As the SFA A educator says:

"We have really entered their homes and their lives. After this experience, families trust us more and we know them better, this is a good basis for building something in the future ".

Finally, the interaction between educators with other team members, social workers, and external consultants in the monitoring phase benefited from technology to strengthen the interaction in the perspective of co-assessment. The staff realized that the meetings that in the past took place face-to-face could be profitably replaced with calls through technological platforms. As the SFA C coordinator says:

"We spoke often during this period to discuss the results of our users: more in this lockdown period than in the past".

The post lockdown phase began during the summer of 2020. The number of infections was extremely low and the SFA providers were able to reorganize their activities in physical presence, in compliance with anti-COVID measures. This has resulted in many operational limitations: city trips and internships are not yet possible, stable groups of users and educators have been established when the groups were previously open, and it was possible to move from one activity to another with great flexibility. The educator SFA B says that:

"Despite all the limitations, however, girls and boys were very happy to start attending the SFA again, not just virtually".

Many families were concerned about the possibility of their children contracting COVID-19 during activities and some parents decided to keep them at home until the end of 2020 However,

girls and boys that attended the SFA facilitates were very disciplined right from the start and fully able to maintain the required distance. All interviewees agreed that at the end of the lockdown, users were very tired both of not being able to move from home and of continuously using technological tools to be able to communicate.

The SFA A coordinator describes the return to physical presence activities as follows:

"As soon as we had the opportunity to see each other in person, we took it immediately. This summer we immediately organized a holiday with all the kids: it was wonderful, as soon as we met again it was just a liberation".

Therefore, the immediate general reaction was to abandon all distance learning activities and allow young adults to spend time together in small groups in order to control the risk of contracting Covid-19. In this case, the role of the family as an essential intermediary between social educators and users disappeared. . However, all interviewees agree that the relationships between SFA staff and families have changed after the first lockdown. As the coordinator of SFA C says:

"The relationship with the families has becomecloser, and they remain our key alliance".

Similarly, the coordinator of SFA A highlights:

"I think there's more trust now. It [the lockdown] was an opportunity for families to acknowledge that we care their boys/girls as we tried to do as much as possible even at a critical time"

However, it is important to notice that for some families that withdraw into themselves, it is still difficult to recover a relationship and find solutions to their complex problems. In this case, the SFA provider needs the support of other specialist consultants,

Finally, digital technologies improve the communication between SFA providers, families, and other actors who share responsibility in the young adult's path towards the development of their autonomy. Indeed, the mode of interaction via platform for team members is certainly maintained with greater frequency than in the pre-covid period:

"Digital technologies make it easier to schedule meetings that occur regularly with the involvement of multiple actors. You just have to decide a time" (Coordinator SFA A)

4.9 Discussion and conclusion

In this multiple case study assessment, co-production is analyzed as a collaborative approach in the SFA provision that aims to contribute in developing human capabilities of young adults with disabilities. On one hand, it is possible to highlight some specificities of the co-production of a

public service provision that aims to create public value in terms of human capabilities development, that is a human capability-oriented service. On the other, the study offers some insights to better understand the micro foundation of co-production of developmental disabilities services, in which the user's role is partially mediated by her/his family.

With reference to the first aspect, SFA co-production reveals different potential dimensions of public value creation, following the recent debates and contributions in public value and publicity-desired outcomes (Bovaird et al., 2017; Dudau et al., 2019; Osborne et al., 2021; Strokosch & Osborne, 2020, see also Chap. 2). First, SFA co-production can create a managerial value in terms of short-term impact on service satisfaction (that is periodically evaluated with the administration of customer satisfaction surveys as an indicator of the service quality and effectiveness) and improved relationships between users/families and SFA staff (e.g. trust and communication). With reference to the individual and social dimensions of public value, the SFA co-production can contribute to the value creation at the individual level with some spillover effects at the societal level. At individual level, SFA co-production aims to address the needs of users and their families improving personal well-being, especially by enabling young adults to enhance their life conditions. Beyond the satisfaction of needs, the main specificity of the SFA co-production is the creation of opportunities to increase the wellbeing and well-becoming of young adults with disabilities regarding multiple life domains. Indeed, both the design and implementation of SFA aim at expanding the quantity and quality of opportunities that young adults with disabilities have to lead the kind of life they have reason to value in the present and in the future (Sen, 1999). By generating the capabilities to change and improve human development following a life project perspective, SFA co-production may create a sustainable public value in terms of capability creation (Osborne, 2020). In this study, the reference to the core literature on human capability approach is relevant to better understand this type of value creation. Indeed, SFA provision encompasses good opportunities related to several dimensions of individual life autonomy such as being in good health, taking self-care, being able to move freely, enjoying recreational time, being able to communicate and enjoying social relationships, having good education and training, having opportunities to work, having autonomy of choice, being able to live independently, being included in the community (Nussbaum, 2011). Differently from the original Nussbaum's list that did not inform adequately on setting priorities among the development of each human capability (Harnacke, 2013), the SFA implementation practices help to redefine a list that describes a stepwise process toward the transformation of basic capabilities into combined capabilities. In this human developmental process, both the education and the autonomy of choice play a key role in determining the development of other human capabilities. Education is strictly relevant in SFA as

the development of all human capabilities is possible with the design and implementation of an individualized educational plan that contains learning objectives. Similarly, the development of the autonomy of choice is central in all phases of the SFA provision and it seems to affect and guide the development of all other capabilities. With reference to the specific application of the capabilities approach to disability, SFA implementation seems to embrace a human development model beyond the medical and social model of disability (Mitra & Brucker, 2020). Indeed, developmental disability is recognized as a personal condition that can negatively impact the natural development of capabilities, especially when socio-environmental contexts (from family to community) can prevent their well-being and flourishing (e.g. stigmatization and a paternalistic approach, low accessibility of public transport, unsafe city, labour market exclusion, and so on). Thus, the effectiveness of the SFA provision is related to the medium/long-terms effects on the whole-life experience of users (that encompasses different life contexts such as family, local community, work environment) and the development of autonomy and abilities to address their needs and aspirations in other future life contexts (Osborne et al., 2021). Finally, at societal value, the SFA co-production can generate benefits, especially in terms of dissemination of an inclusive sustainable human development culture and related good practices and experiences. In this vein, the SFA co-production is coherent with the Convention on the Rights of Person with disabilities as well as the SDGs goals in the Agenda 2030, especially those related to the inclusion of people with disabilities.

The micro-analysis of the co-production process towards the phases that characterize the SFA provision (co-commissioning in access and screening; co-design in intervention planning, co-delivery in plan implementation, co-evaluating in monitoring in progress, and final assessment) allows to better understand the contributions of users and families in the SFA provision. Although the development of human capabilities depends on different personal and socio-environmental factors that goes beyond the service provision, managing effectively the involvement of users and their families during the different phases of co-production process can be considered as a key issue to improve the effectiveness of a human capability-oriented service and the achievement of outcomes.

- Young adults with disabilities as co-producers
Several studies suggests that co-production with vulnerable people - like people with disabilities, homeless, patients with mental illness, the prisoners or the immigrants - is limited because they may have less opportunities to influence organizational processes linked to service provision, to voice their needs and preferences and participate in decision making processes (e.g., Branden, 2021; Jakobsen & Andersen, 2013; Kay & Tisdall, 2016; Mulvale et al., 2019; Park, 2020; Richards et al.,

2018). In this study, the involvement of young adults with disabilities is firstly connected to the intrinsic characteristics of a socio-educational service delivery that requires the physical and mental participation of users in performing tasks. Indeed, the plan implementation is at the heart of the service provision and implies the delivery of various activities that serve to the development of different users' capabilities. Therefore, the effectiveness of service delivery and the achievement of personal outcomes depends on both the user's behavior change and their commitment in performing different tasks at the service delivery phase. As mentioned by other authors (Loeffler & Bovaird, 2016; Osborne & Strokosch, 2013; Voorberg et al., 2015), the users as co-implementers contribute at least with the compliance of the plan implementation. However, the contributions of the users seem to be more extensive when the SFA provider enhances an enabling and collaborative logic rather than revealing logic that pertains to a paternalist approach (see e.g., Bovaird, 2007; Loeffler and Bovarid, 2012; Normann, 1984).

Previous studies highlighted that the opportunities for users' coproduction can be restricted due to several reasons related to the service provider such as a bureaucratized organizational culture, risk aversion, professionalization of workforce, professional reluctance to lose status (Jo & Nabatchi, 2016; Loeffler & Bovaird, 2016). Differently, co-production requires a focus on the service user's needs and his/her personal and contextual resources, a shift of power of control from regular producers to service users, the negotiation of risks, and space for collaboration and co-responsibility among service users and professionals (Osborne, 2019; Surva et al., 2016). Co-production could be facilitated by an open attitude and an inclusive organizational culture oriented toward the dialogue, curiosity, innovation, and engagement of beneficiaries or other stakeholders (Brandsen et al. 2019; Torfing et al., 2019). Indeed, a supporting organizational culture could change the relationship between the professional staff and beneficiaries involved, seeing the first mediator between the public service organization and the service users (Brandsen et al. 2019; Torfing et al., 2019). The cases seem to reveal that the SFA providers recognize the relevance of involving service users within the service. Indeed, respondents avoid referring to young adults with disabilities in negative or passively terms whereas they tend to consider users as resources who have abilities, skills, and responsibilities that make them valuable contributors to service provision as well as the others and the wider community. Moreover, the SFA professionals defines themselves as "*mediators*" (SFA C) or "*resource extractors*" (SFA B) and all SFA providers agree in refusing a paternalist approach that views young adults with disabilities as simply supplicants asking for help (e.g., see Bovaird & Loeffler, 2012). In this vein, the users are considered by SFA professionals as agent of their personal development. Moreover, they can contribute with legitimacy influencing the peers and achieving other regarding objectives (peer co-production), they

can be a resource for organizational support services or local communities in which they live. In co-production studies, disability is considered a disadvantage that limits the opportunities to participate in the strategic phase of service design, whereas the professional can take a more active role in the service planning (Park et al. 2020). Different from other services for people with severe disabilities, the SFA is a service for young adults with mild developmental disabilities who need support to develop their autonomy and capabilities. For this reason, young adults can be encouraged to access co-productive initiatives also in the strategic phase of co-commissioning, co-design, and co-assessment of the SFA provision. In these phases, SFA providers can enable the users' voice to express their needs, desires and preferences about the activities offered. On one side, these strategic co-production activities can improve the beneficiary's perspective in the service provision that is one of the fundamentals of the capability approach, improving the personalization of the educational individualized plans on the basis of their preferences and reasonable desires. On the other, these co-production activities can directly enhance the autonomy of choice that is one of the key capabilities that serve the development of other capabilities. Indeed, the active involvement of young adults in the decision-making processes is recognized as a key enabling capability for their transition from childcare to an independent adulthood (Park et al. 2020). Finally, users become co-innovators when take up the ideas or initiative to formulate specific activities (Voorberg et al., 2015), thereby users' ideas and creativity can become a source of SFA innovation (e.g. a new laboratory). However, it is important to highlight that the involvement of young adults with disabilities in the service provision, especially in the strategic phases, it is possible when the SFA staff develops the skills and quality to recognize and support the human heterogeneity among the users and adjust structures and practices that serve to encourage access to co-production initiatives and sustain their commitment and motivation (e.g. learning methods, personalized tools, incentives, a drawn IEP, mechanisms of user's responsibilization). Thereby, SFA providers can improve the inclusion of vulnerable users in the organization and, in a broader perspective, in the community, by allowing and enhancing their active involvement in various co-production activities (Brandsen, 2021).

- Challenges in family co-production

Previous studies in co-production literature highlighted the role of family as a key co-producer especially in educational services for children (e.g., Honingh et al., 2020; Jakobsen & Andersen, 2013; Pestoff, 2006, 2009; Vamstad, 2012) whereas there are few studies on the co-productive role of families with young adults with disabilities (e.g. Jenhaug & Askheim, 2018; Sicilia et al., 2016). In this study, managing co-production activities with families emerged also as a strategic issue for the effectiveness of the SFA provision, especially to allow the actual development of the user's human capabilities. However, managing coproduction in a family setting makes overall SFA

provision and the development of human capabilities more complex. Different reasons explain this complexity. First, one of the main objectives of the SFA is to provide opportunities for youth's emancipation by the family, thus it is a service that affects the relationship between parents and their youth with disabilities, that is characterized by protection, on one side, and the desire for a more independent life, on the other (Jenhaug & Askheim, 2018). Thus, as other authors highlighted, the SFA is like a public service with multiple end-users who may have different (and even conflictual) definitions of successful human capability development (Osborne, 2018). Accordingly, the involvement of both users and families in the definitions of needs, priorities, and desired outcomes is essential for the successful plan design and implementation. To develop a shared plan, the SFA staff needs to balance divergent expectations by enhancing both family's and youth's awareness on the actual capabilities and potential level of development, as well as their role and responsibility to achieve desired outcomes (Voorberg et al., 2015), clarifying the mission and purpose of the service (Verschuere et al., 2012), and managing potential conflicting aspirations, values, and perspectives between the actors involved (Brandsen, 2021; Osborne, 2018).

Second, SFA staff needs to facilitate and manage different co-productive efforts and resources by family. For instance, the involvement of the family in co-commissioning and co-design is essential as they can contribute with the *contextual knowledge* of user's life integrating the *technical knowledge* of professionals, the *sticky knowledge* of service users (Osborne & Strokosch, 2013). In this vein, they can improve two fundamentals of the capability approach: the holistic view of the user and the assessment of the socio-environmental factors in the initial assessment and design of the personalized educational plan. In service delivery, families can contribute in multiple ways in both complementary (economic, political, social co-production) and non-complementary activities (pedagogical co-production). Differently from other previous studies on the role of parents in educational services (Pestoff, 2006, 2009), the cases reveal a key role of parents in core pedagogical co-production activities that aim to nurture the opportunities for the development of human capabilities of users, especially basic capabilities that can be developed and practices at home. With reference to this kind of involvement, the balancing of the family's intervention as co-implementers can be difficult and ambiguous. Indeed, the analysis of the cases reveals that there are both situations in which families tend to be interfering, and opposite situations in which families are completely disinterested. In this vein, on the one hand there is an excess of co-production, with families completely substituting the role of user or even questioning the SFA staff work compromising a shared path toward the development of the user's capabilities, on the one hand, there is a lack of co-production, with families completely delegating to social educators. According to the interviewees, the ideal solution should be somewhere between these two extreme conditions.

The search for balance is particularly important in the co-implementation phase in which the phenomena of co-destruction (e.g., Jaspers & Steen, 2019; Aschhoff & Vogel, 2018; Fledderus et al., 2015; Williams et al., 2016) can slow down and compromise the user's path towards the development of human capabilities. With reference to this problem, SFA providers need to consider the great heterogeneity in families, thereby different personal factors (e.g., age, attitude, income, knowledge, skills, socio-economic conditions, health deprivation) can affect the family's involvement and each family needs adequate tools. Beyond these specificities, the role of the family's expectations and their awareness about the joint responsibility in achieving the objectives defined in the plan seem to be relevant for the success of the service delivery. In some cases, families may expect a higher level of influence than what they actually will have, because the organizers (SFA providers) have not clearly communicated and shared the objectives, strategies as well as the "red lines" or the "rules of the game" that define the role expected by the family (see e.g. Brandsen, 2020). In this vein, the previous co-design of the individualized plan and the sharing of clear objectives with the family can be considered a prerequisite for the parent's support in plan implementation. Indeed, the SFA provider asks to family compliance along the plan implementation. Typically, co-implementers are whose who perform some task or, in other words, who do something practically (Voorberg et al., 2015). Differently, the cases reveal that a collaborative approach by parents implies that they do not interfere excessively, thereby they must not act or replace the involvement of users or their autonomy of choice but trust and legitimize the social educators. Indeed, parents should collaborate with the SFA staff in expanding the space of action of users, that is valuable opportunities for autonomy of choice, good life, and human flourishing.

One of the key elements to effective co-production in this context is the ability of SFA staff (especially service coordinators and social educators) to build good relationships with families based on mutual trust and communication. In the literature on co-production, trust is considered as both an antecedent and outcomes of effective co-productive efforts (see, e.g., Fledderus & Honingh, 2016; Park, 2020; Sicilia et al., 2016; Surva et al., 2016). In this context, the SFA staff need to nurture the trust of parents by improving their awareness about the actual capabilities of their youth and the actual opportunities for them in all phases of SFA provision, especially through frequent interactions about both the difficulties and the success achieved by users.

- co-production and multiple actor involvement
To understand the SFA provision, the cases reveal the need to consider also other actors or stakeholders who are involved in the different phases of the SFA provision, including external

consultants, professionals, or external contact persons representing the different socio-environmental contexts embedding in the SFA provision. First, the involvement of external consultants or experts is common in the earlier phases, when they can increase the *expert knowledge* about the actual abilities and difficulties of the users and their families, thereby improving the rigour and multidimensionality aspects of the initial assessment. In service delivery, the role of external professionals or consultants seems to be necessary when family co-production is not possible or hard due to lack of skills, energy, or other disadvantage conditions (e.g., the case of older parents or parents with severe disability). In this case, the SFA staff tends to activate the collaboration with other stakeholders that can support both families and users. Thus, they exercise a complementary or substitutive role compared to that of the families. Second, the involvement of other experts is necessary when the SFA staff needs other resources or skills to handle complex problems (e.g., serious health or mental problems) or to increase the opportunities to expand basic education capabilities (e.g. sexual education). Finally, the involvement of the external contact persons is essential to provide opportunities for developing combined capabilities. Although some scholars prefer the narrower interpretation of co-production focusing on the relationships between service users and staff, the cases reveal the need to manage multiple stakeholder interactions to enhance the quality and quantity of opportunities for the development of human capabilities. Moreover, the involvement of multiple actors can improve the design and implementation of multidimensional plans embedding the socio-environmental resources. Recently, some scholars analysis this issue with the lens of the stakeholder engagement (Best et al., 2019), whereas others prefers the concept of co-creation distinguishing it from the concept of co-production (Osborne et al., 2021). Following this perspective, the co-production "zooms in" on the involvement of users in the service provision whereas the co-creation "zooms out" to enable a holistic understanding of all the actors that may contribute to public value creation by many possible resource integration and opportunities (Trischler & Charles, 2019).

Conclusion

This study proposes a theoretical and empirical examination of the concept of co-production in public human services that aim to develop the human capabilities of citizens; that is, individually and publicity-desired outcomes (human capability-oriented services).

From a theoretical point of view, this study contributes to the existing knowledge of co-production exploring co-production as a pathway in public service provision toward the development of human capabilities. In this vein, on one side, it explores the potential coherency and complementarities between the co-production and the human capability approach. Indeed, both approaches refuse the idea that the simply access to goods or services is sufficient to transform this resource into actual opportunities, both privilege a person-centred approach recognizing each person as a key actor or agent of change with abilities, knowledge, values, and resources that can contribute towards the creation of value and outcomes (e.g. capabilities/functionings), and the need to support the agency of each person by recognizing the heterogeneity of the personal, socio-environmental factors that can affect the ability to transform an input resource (i.e. a service) into actual opportunities or capabilities for their present and future well-being. On the other side, in the context of public human services, the capability approach may contribute in defining the ultimate end of a human capability-oriented service, whereas co-production can offer an efficient and effective approach to practically achieve this end through collaborative and participatory activities in the service provision.

The empirical research provides multiple case study on developmental disabilities services that should aim to expand the opportunities for well-being and well-becoming of people with disabilities. A micro-level analysis of the co-producers involved offers some useful insights to better understand the micro foundation of co-production in this context. In the cases, the involvement of young adults with disabilities and their families in co-production activities emerges as a relevant issue to improve the provision of a human capability-oriented service. In particular, the involvement of users in the strategic phases of co-commissioning, co-design, and co-evaluation enable their voice, improving the beneficiary's perspective and their autonomy of choice that contribute to a better personalization of their plan around their needs, desires and aspirations, whereas their involvement in the co-delivery is essential to make effective the development of the human capabilities that they value. In this context, the involvement of families is key as they are considered by the service providers as a key partner in achieving the outcomes, especially in the educational path for the development of human capabilities. Moreover, the involvement of families in the strategic phases may improve the development of holistic interventions that include the

family and socio-environmental resources of their lived contexts. However, co-production is a process that needs to be nurtured and sustained. In this vein, service staff needs to support the involvement of each user and family by providing adequate tools and managing the conditions that can lead to value co-destruction rather than value co-creation. Furthermore, the involvement of other external stakeholders can improve the multidimensionality and the embeddedness of external socio-environmental resources. In this vein, the involvement of multiple actors can increase the opportunities for developing more advanced or combined capabilities that require to be practiced in other contexts, beyond the service environment and the family. Beyond co-production, a sustainable public service provision toward the development of human capabilities may require managing effectively multiple relationships with different end-users and other stakeholders.

However, it is important to highlight that the study is focused and limited on the service provider's perspective in a specific human service context. Thus, the involvement of the perspectives of all the other actors engaged in the co-production process may provide a more holistic picture of the phenomena. By providing a conceptual framework, this study may encourage further qualitative and quantitative studies to explore and explain better the potential links between co-production and the development of human capabilities in public service contexts.

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APPENDIX A

The following list of Human Capabilities has been developed and shared with the SFA providers. It is a results of the contextualization of the Nussbaum's List of Central Capabilities to the aim of this study (the assessment of the SFA provision for the advancement of human well-being) and following other author's work (Anand et al., 2020; Biggeri et al., 2011; Kato et al., 2018; Sacchetto et al., 2018; Trani et al., 2011; Weaver, 2020).

It is composed of the following 12 capabilities:

1. *Life and health.* Being able to live a long life and have a good physical and mental health.
2. *Self-care.* Being able to take care of oneself (attending to one's hygiene, dressing, eating, and staying alone).
3. *Mobility.* Being able to move around independently and securely on the territory of her/his life context.
4. *Recreational time.* Being able to enjoy recreational activities and practice hobbies (e.g., playing sports, playing, singing, shopping, theatre, reading, going to the cinema, listening to music, etc.).
5. *Autonomy of choice.* Being able to decide with autonomy about everyday activities and about one's own future.
6. *Affective relationships and emotions.* Being able to have attachments to things and people outside ourselves, to love and to be loved, having opportunities for sexual satisfaction and for choice in this matter. Being able to express her/his emotions and to handle fear and anxiety.
7. *Communication.* Being able to communicate and be informed.
8. *Social participation.* Being able to participate in social life (to have friends, interact with friends and strangers, and have opportunities to take part in community events and activities. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others (non-discrimination).
9. *Education, training, and employment.* Being able to study, to be trained, use and produce knowledge. Have good opportunities to be trained for work experiences or obtain employment, use talents and skills at work, enter meaningful relationships with colleagues, have good and equal opportunities for promotion or recognition at work.
10. *Live indipendently.* Have opportunities to live in an adequate shelter, in a place of residence s/he likes and choose where and with whom to live. Being able to take care of domestic tasks and of the people who live there. Have good opportunities to feel respected, valued, and loved in the family/home.
11. *Political participation.* Being able to participate effectively in political choices that govern one's life, having the right of political participation, protections of free speech and association.
12. *Environment participation.* Being able to live with concern for and in relation to animals, plants, and the world of nature and the take care of the environment.