

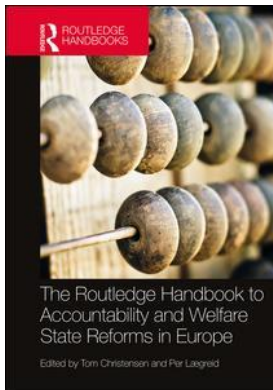
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## **The Routledge Handbook to Accountability and Welfare State Reforms in Europe**

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### **The Welfare State in Flux**

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# THE WELFARE STATE IN FLUX

## Individual responsibility and changing accountability relations in social services<sup>1</sup>

*Piret Tõnurist and Wouter De Tavernier*

### Introduction

Increasingly new, experimental and collaborative forms of governance are called for to solve complex social problems (Hartley *et al.* 2013). They illustrate a transition in service principles from universalism to particularism visible in the emergence of personalized and targeted services (Lember *et al.* 2015). In the prior 40–50 years, the welfare state has operated with a certain logic of universality – a concept that can be interpreted in many ways (Goul Andersen 2012) – making services available to the entire population or a large part thereof. Recently, however, there has been a shift away from rights to conditional support (for example, Dwyer 2004), facilitated by the diffusion of information and communication technology (ICT).

Collaborative governance can be seen as part of a larger empowering policy in which the government tries to increase participatory legitimacy when confronted with dissatisfaction with traditional governance methods. However, political debates regarding the introduction of collaborative governance models are mainly dominated by arguments of public sector efficiency, especially since the recent economic downturn. Therefore, it is not surprising that, in practice, the motivation to include citizens in efforts to redefine or redesign services are usually connected to financial cutback strategies (de Vries *et al.* 2015). Consequently, collaborative governance seems to serve two underlying rationales: first, rejuvenating democracy; and second, lessening the (financial) burden of government. In both cases of reasoning, these processes are usually boundary crossing and involve citizens, stakeholders and public officials. This has boosted the academic debate regarding the coordination and network governance of these various stakeholders, but with it the end user is paradoxically left out of the analysis (Surva *et al.* 2016). With the individual level neglected, the effects of personalized and targeted services on the citizen-state relationship within these social innovations are under-explored.

In this chapter, we explore how these transitions change responsibility and accountability relations between the citizen and the state in the field of social welfare. Accountability is usually addressed from the aspect of state and ‘non-state’ actors mapping the relationships around public agencies (Norris 2014), leaving the citizen-specific perspective aside. This is, of course, understandable, because when ‘accountability’ is defined in academic literature, it is usually described as the obligation to justify actions to a wider forum and face consequences in the

light of outcomes (Bovens 2007: 447). However, if welfare services are becoming increasingly personalized, placing the responsibility on the individual and making self-assessment the norm, would this not weaken accountability? Personal choices of citizens cannot face such scrutiny and the forum of peers can become ineffective in very targeted and specialized topics. Therefore, we ask in this chapter, who is accountable for outcomes when the choice of and participation in services are made by individuals, and how would this possibly change the architecture of the welfare state? We hypothesize that when faced with individual responsibility, a possible coping strategy for these individuals could be to reconsolidate the responsibilities initially put on the individual into advocacy groups and target communities. As such, the individualization of welfare services could mean a shift from political to societal accountability.

### **Theoretical framework**

With the introduction of structural and financial retrenchment in social policy, the golden age of universalism and equal accessibility to welfare has ended. Instead, welfare states are moving towards localized, individualized and targeted interventions and collaborative governance structures to accommodate them (Emerson *et al.* 2012; Jakobsen and Andersen 2013). Bringing the governance of services closer to the ‘consumer’ is presumed to increase efficiency, productivity and the problem-solving capacity of the public sector, and to improve service quality (Hartley *et al.* 2013). Thus, welfare service reforms across Europe show trends towards new service delivery models that can be categorized by their market orientation (competitive tendering), bureaucratic (expert systems) or collaborative (involvement of autonomous stakeholders) tendencies (Hartley *et al.* 2013). Collaborative governance, defined as the possibility to ‘carry out a public purpose that could not otherwise be accomplished’ (Emerson *et al.* 2012: 2), could improve the welfare state’s performance in terms of dealing with complex, ‘wicked’ problems. Thus, citizens are directly or indirectly being called to participate in policymaking, to co-create in these new, innovative service delivery approaches (Bekkers *et al.* 2013).

In the theoretical framework, we explain how two core transitions in the welfare state – a movement from universalism to particularism, and the privatization of service provision – can change accountability relationships within social services. Via these processes, the individual is made responsible for his or her own service delivery, and hence for the individual output and outcomes of these services. We claim that this process might lead to societal accountability if these individuals organize into interest and advocacy groups that hold the government accountable not as much for individual outcomes, but for outcomes at the aggregate level. This process is illustrated in Figure 7.1, and it will be explained in the sections below.

### **Welfare state transitions**

Social policies are increasingly based on targeted and individualized approaches, and this is a sign of a transition from universalism to particularism<sup>2</sup> (Lember *et al.* 2015). This process is associated with the spread of ICT solutions, also because many of these technologies include a certain level of self-service, leading to ‘self-governance’ or a ‘self-service democracy’ (Eriksson 2012) in which individuals are able to help themselves with limited state interference. This new, personalized model of governance can be described by three different characteristics: user focus, interactive basis and personalized approaches. Moreover, values such as ‘self-motivation’, ‘self-reliance’ and ‘self-responsibility’ are taking center stage (Miller and Rose 2008: 92). This is strongly advocated for in several policy fields, such as activation (Serrano Pascual 2007), self-care policies (Sundslø *et al.* 2012) and housing assistance (Jacobs *et al.* 2014).

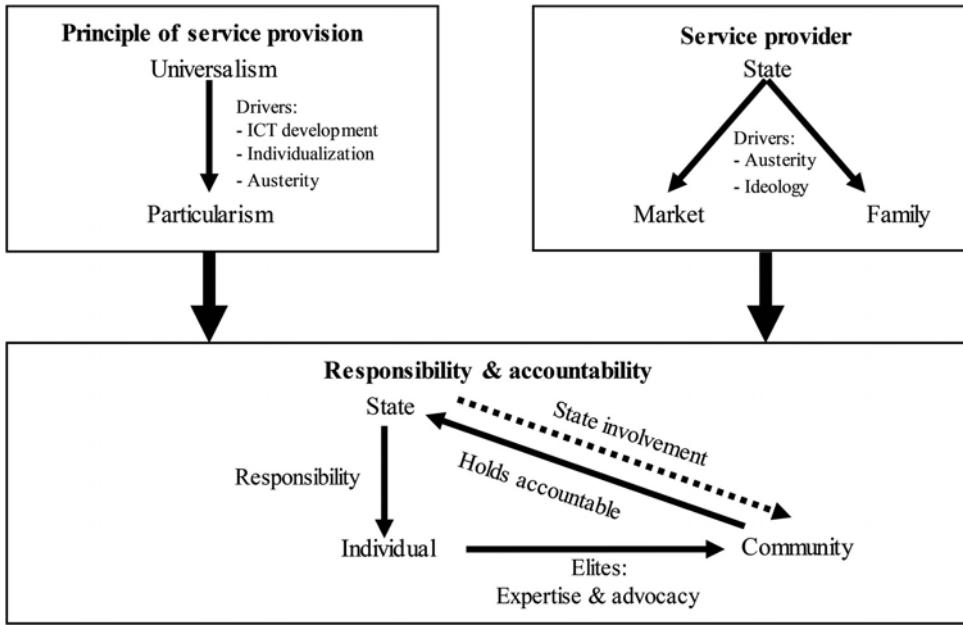


Figure 7.1 Transition in accountability, causal model

These new formats of governance also reflect increasing individualization and respect for the dependent’s own preferences. Hence, the guiding principle is that individuals should be able to decide for themselves which services they need and even how they should be provided. This means that there is a renegotiation of the social contract under which welfare is coproduced, that is, citizens produce their own services (Pestoff 2009) or are at least responsible for their own service reception. For instance, active inclusion has been defined as a reinterpretation of the relationship between citizens and the state, redefining the social contract towards individual responsibility (Serrano Pascual 2007). With the increase of citizens’ engagement and the state’s formal disengagement from responsibility, relations between the public, private and nonprofit sectors and the citizens themselves are fundamentally reshaped.

This process does not simply shift the responsibility for service delivery to the individual, but it also implicates a transition in service providers. If governments retreat from welfare provision, markets would typically fill the gap – at least for those who can afford it. Others (have to) rely on their families for the provision of the service. Hence, ‘familization’ of policies takes place, for instance in the field of care (Javornik 2014): either policies can explicitly support family care (for example, by paying informal caregivers via cash-for-care schemes or by explicitly making care support dependent on the absence of family), or they can implicitly lead to family care – typically when the dependent person receives insufficient income to purchase care from the private marketplace. A different dynamic, however, could be found in ‘familial’ countries that start out with limited engagements in certain fields of welfare provision. In the absence of initial universal service delivery, individual responsibility for care is higher to begin with, and thus there is no considerable resistance if social innovation takes place, making it a fertile ground for changes. In this case, the government in its new coordinator function may in fact take new responsibilities through the back door.

### ***Changing responsibility and accountability relationships***

Before we move on to discuss how the processes described above influence responsibility and accountability relationships within social service provision, which is the goal of this section, we have to clarify the exact meaning of the concepts of responsibility and accountability. Differentiation between the two is not a straightforward exercise, as many authors use the terms interchangeably (Lindkvist and Llewellyn 2003). According to Bovens (2007: 450), accountability is 'a relationship between an actor and a forum, in which the actor has an obligation to explain and to justify his or her conduct, the forum can pose questions and pass judgement, and the actor may face consequences'. Hence, accountability is essentially about external, retrospective motivation of one's actions (Frees, van Acker and Bouckaert 2015), while responsibility is a pre-assigned duty. In a state setting, formal institutions structure political responsibilities, setting the limits within which the executive power can act (Anderson 2000). Hence, it is important to examine where responsibility is assigned, because this will influence the later accountability relations: one can only be held accountable for issues falling within their responsibilities.

In what follows, we will describe how the personalization of social services leads to a shift in responsibility from the state to the individual – individuals cannot be held accountable for the choices they make in terms of the provision of welfare services to them – while the state remains accountable for policy outcomes not at the individual, but at the aggregate, level.

### ***Personalized social services and the effects of choice***

The idea behind social innovation processes is to make users and communities part of planning and delivery through including them in the decision-making process and empowering citizens by sharing knowledge on resources and their allocation (Bovaird 2007). By bringing the governance of services closer to the 'consumer', policymakers hope to gather more insights from the 'street level'. This can happen by giving service users a choice, both at the level of policy design and at the level of individual service consumption. The former usually means that the public sector is opened up and consumers and other stakeholders are involved in service design and innovation. At the individual level, on the other hand, users can be involved via service choice or as the providers of information necessary for service delivery. As such, citizens become more responsible for the 'quality' of the service itself, which leads to an erosion of the responsibility of public institutions (Eriksson 2012). As accountability requires responsibility, this erosion inevitably leads to a decrease in public sector accountability.

The idea that individual choice of services will lead to higher-quality services is based on the assumption that it gives service users a 'voice', giving them the opportunity to raise grievances that otherwise would have been swept under the rug (Jilke and Van de Walle 2013). Choice advocates make no secret that the goal is to shift power from service providers towards the 'clients' (Le Grand 2007), and thus independent consumerism is equalized with personal freedom. However, while user satisfaction can increase with 'personalized' approaches, the evidence on better outcomes has not been conclusive, calling this basic assumption of the marketization literature into question (for example, Vancoppenolle and Verschuere 2012). It is indeed a complex task to gather knowledge about the services provided and compare this to other available services, which has now been assigned to the individual (Breit and Salomon 2015). As a result, the effects of such quasi-markets on citizens have been questioned (Grosso and Van Ryzin 2012; Florio 2013). There is little evidence that users of services actually respond to performance information available to them, and psychological behavioral public administration research shows that citizens experience great difficulties in making decisions based on numeric

information and coping with ‘choice overload’ (Peters *et al.* 2013). Individuals with lower socioeconomic status, the lower educated and the elderly have notably greater difficulties in exercising choice (Meinow, Parker and Thorslund 2011), meaning that market-based providers can become unresponsive to the needs of those precarious groups (Tummers, Jilke and Van de Walle 2013). According to Jilke and Van de Walle (2013), increased marketization and personalization of public services fosters a ‘two-track’ public service where more vulnerable service users are even worse off.

In sum, it seems that these new social innovation models advance input and throughput legitimacy of the government, but that the effects in terms of output legitimacy are less unequivocally positive. This is especially problematic as the decrease in output legitimacy coincides with the reduction of political accountability – both result from the same processes. This means that it becomes more difficult for those who are worse off after such public service reforms to hold policymakers accountable for the deterioration of their condition. As we explain in the section below, one way to overcome this problem would be to assemble into advocacy groups in order to compensate for the loss of political accountability by an increase in societal accountability – but those groups who are most likely to fall victim to reforms that take services towards particularism and marketization are the ones least likely to get involved in such advocacy initiatives.

### ***The community and emergence of societal accountability***

In a world of increasingly collaborative and horizontal forms of welfare governance, asymmetric power relationships may appear, because different stakeholders, especially individual citizens, have different capabilities. Social partners can be marginalized next to more dominant and ‘vocal’ elites in horizontal decision-making. Indeed, most of these new service provision networks are based on non-elected participatory processes (Mosley and Grogan 2013) and increasingly horizontally governed (Sarapuu *et al.* 2014). These trends can narrow political debate and have very depoliticizing effects: political issues can become the area of separate and specialized personal transaction with the government. The user-driven innovation logic would at the same time assume that at least some people involved in the decision-making process belong to the target group. Coproduction usually refers to a joint action of the provider and end users. Hence, the concept still has a strong element of community-based action in it. While the main question in collaborative governance literature is ‘who’ should participate, the core principle behind most of these new co-creative social initiatives is that citizens have to actually want to or be able to participate (Jakobsen 2013). This is usually tied to the intrinsic motivation of citizens (e.g. stemming from personal experience with a problem or faith) (Surva *et al.* 2016). As such, collaborative governance processes mean a shift from political accountability to individual responsibility and societal accountability. As outlined above, people with a higher socioeconomic status seem to co-create and coproduce more (Jakobsen and Andersen 2013). Thus, the ability to participate in coproduction (having the necessary resources) is often negatively correlated with the actual need for the service (Jakobsen 2013). Finding individuals from low-income communities to partake in collaborative processes might prove difficult (Mosley and Grogan 2013). And thus, processes usually fail to deliver the intended outcome when engagement is limited (Emerson *et al.* 2012); they might not be a good instrument to deal with wicked problems.

Hence, collaborative governance initiatives tend to become elite-based and professionalized when dealing with specific, targeted problems (Lember *et al.* 2015). These networks can then take over the tasks originally assigned to the individual, in which case the reaction to the shift of responsibility on to the individual level can be a dynamic one, leading to cyclical or iterative governance processes (Emerson *et al.* 2012). Thus, after the wave of self-responsibility

endorsement, strategic collaborative management approaches can become the response to individualized obligations. When community-based collaborative actions emerge, they can strengthen a renewed idea of ‘government through community’ (Miller and Rose 2008: 90), a process leading to a dynamic reshuffling of responsibilities within the modern welfare state from the individual level to target-specific communities advocating individuals’ interests. Hence, the initial loss of political accountability now leads to increased social accountability.

### **Data and methodology**

This work is based on the 7th Framework Programme project LIPSE (Learning from Innovation in Public Sector Environments). While the project also covered cases of urban regeneration, we use the data from the seven case studies of co-creation practices in the welfare sector presented in the project report (Voorberg *et al.* 2014). The case studies were conducted in seven countries (the United Kingdom, the Netherlands, Germany, Spain, Denmark, Estonia and Slovakia), following the cross-country comparative case study approach (Yin 2003). The countries were selected to cover different state traditions (for example, importance of central and local governments, reliance on the family or the community for the supply of services). The cases were selected based on the following criteria: citizens’ involvement in the co-creation, social innovation project as a co-designer or an initiator, and some derived results to evaluate outcomes. In accordance with the criteria above, the project partners first delivered a sample of five descriptive case studies from the welfare sector per country (35 altogether). During this phase, five open-ended interviews with experts in citizen-state relationships from each country were also carried out. Among the 35 cases, one case from each country was selected for a more thorough analysis. Case diversity and longer-term engagement – to yield some insight into the change in accountability – were prioritized. Next, a minimum of 10 semi-structured interviews with both open and closed questions per case with key stakeholders were conducted for all seven cases in 2014. The interviews were recorded, transcribed and coded in the native language and a case description was prepared in English in accordance with a common case design protocol. The in-depth case descriptions were used for the analysis in this paper. Specific cases will not be discussed in detail, but are presented elsewhere (for example, Nemec *et al.* 2014; Voorberg *et al.* 2014). In the process of the cross-country comparison – after identifying the initial findings based on the protocol – additional factors for analysis were identified. The authors also triangulated data that were available on the cases in other sources after the preparation of the project report and the case descriptions. Hence, the research design can be regarded as explorative.

### **Results**

The case studies were analyzed based on the most important coproduction factors identified in the literature (Voorberg *et al.* 2014), and they include both organizational (risk-averse/legalistic public sector culture; attitudes of civil servants (professionalism); incentives; compatibility of the public sector) and citizen-relevant factors (willingness; feeling of ownership; social capital). This chapter does not analyze all of the factors individually – this has been presented in Voorberg *et al.* (2015) – but the goal here is to concentrate on the changes that the cases exemplify in terms of universalistic-particular service provision, responsabilization of citizens and accountability relationships.

In Table 7.1, the cases and their characteristics and contexts are presented. The cases cover a wide range of social innovation topics, from organizations supporting social businesses to projects

Table 7.1 Overview of results by case

	<i>The Netherlands</i> <i>Starters4</i> <i>Communities (S4C)</i>	<i>Germany</i> <i>Dialog macht</i> <i>Schule (DmS)</i>	<i>Estonia</i> <i>Maarja Kiila</i> <i>(MK)</i>	<i>Slovakia</i> <i>Social housing</i> <i>Kojatice (SHK)</i>	<i>United Kingdom</i> <i>Dementia Care</i> <i>(DC)</i>	<i>Denmark</i> <i>Cases that Unite</i> <i>(CTU)</i>	<i>Spain</i> <i>Citilab (CL)</i>
<b>Short description</b>	S4C is a booster of social entrepreneurship for starters and inhabitants of Amsterdam East.	DmS is an educational program for public schools facilitating personal and value development of students from migration backgrounds.	MK is a community-based assisted living initiative for youth with disabilities.	Social housing Kojatice focuses on housing for Roma citizens receiving social assistance, and is part of the Slovak People in Need citizen association dealing with social cohesion, humanitarian aid and human rights.	Initiatives led by the Dementia Network for the inclusion of people with dementia.	CtU is a self-governing institution in Århus working with social businesses. Their goal is to strengthen contacts with healthcare providers and participation in cultural life among socially marginalized and disabled.	Citilab is a center for social and digital innovation in Comellà de Llobregat, Barcelona.
<b>Type*</b>	New leisure class practices	Delegation practices Community practices	Delegation practices	Social microfinance Community practices	Delegation practices Community practices	Community practices New leisure class practices	Community practices
<b>Welfare state</b>	Rather de-familialist	Rather familialist	Familialist	Familialist	Rather de-familialist	De-familialist	Familialist
<b>Characteristics</b>	Social-entrepreneur-led Platform initiative Risk governance Local necessity	Advocacy-led, state involvement from the beginning Risk governance Target-group-specific	Stakeholder-led, state involvement and introduction of market mechanisms Target-group-specific	Advocacy-led Risk governance Target-group-specific, strong logic of particularism	Community- and municipality-led Target-group-specific Local necessity	Social-entrepreneur-led, community initiatives, minimal state involvement Platform initiative Local necessity	Social-entrepreneur- and state-led Platform initiative



<b>Accountability/ responsibility</b>	Reactionary to missing measures Increase in individual responsibility Accountability not increased	Accountability improvements not visible Accountability hard to determine	Initial increase in individual responsibility State accountability has increased, however services are provided through market mechanisms	Increase in individual responsibility and problem ownership Accountability improvements hard to determine	Individual responsibility assigned to private service providers through funding, control-led through financial evaluations	Individual action No state accountability	Self-determination, but state-led Participants note an increase in accountability, but awareness is low
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\* Based on Lember *et al.* (2015).

Source: Authors, based on the LIPSE report (Voorberg *et al.* 2015).

aimed at improving the lives and living conditions of very specific target populations (e.g. individuals with dementia, youth with learning disabilities, Roma receiving social assistance or students from migrant backgrounds). Overall, the initiatives under review can be divided into three groups: advocacy-based initiatives (DC); service implementation initiatives dealing with specific 'risk groups' (DmS, SHK, MK) and 'platform' solutions for self-service citizens to collaborate on (ad hoc) projects (CtU, S4C, CL). The latter include participants with versatile interests who have a possibility to collaborate on different projects. In some cases, the processes are initiated by single social entrepreneurs and can thus be seen in many ways as led by the elite (i.e. new leisure class practices: CtU, S4C); the rest can by and large be characterized as community-led initiatives and delegation practices – where the state has initiated and funded projects (DC) or taken over the practice (MK). In Table 7.1, the cases are also placed within the coproduction typology (new leisure class, delegation, community and social microfinance practices) developed by Lember *et al.* (2015).

The cases develop in very different political contexts, for instance the states' orientations towards the family as the welfare provider. In the Southern and Eastern European countries observed in this study, the family is, to a large extent, relied on with regard to welfare provision. While Denmark is located at the other end of the continuum, the liberal and conservative welfare states in Western Europe (Germany, the Netherlands and the United Kingdom) take intermediary positions with differing levels of reliance on the family.

Several cases in this study (DC, DmS, MK, SHK) are very targeted, and hence adopt a strong logic of particularism. Cases that Unite and Starters4Communities, on the other hand, take a rather universal approach, supporting projects in a wide variety of fields. Citilab falls in-between universalistic and particularistic tendencies as their programs on e-literacy and other related topics have reached out to a larger public than the elderly they were originally designed for. This logic of particularism is connected to individuals' motivations for getting involved. In targeted co-creation cases, personal experience with the problem at hand seems to create a strong, long-term motivation for participating citizens (for example, individuals with a family member suffering from dementia, in the case of DC, or from a learning disability, in the case of MK). Solidarity seemed to be the key factor here. The influence of the origin of cases is, of course, self-evident: stemming from grass roots, they put more emphasis on the willingness and social capital of citizens. In universal cases, this sense of ownership and incentives were much harder to specify.

In some of the projects, the state was either an instigator or an actively involved partner (DmS, DC, CL). In the case of Dementia Care, the project grew out of the concern over the well-being of individuals with dementia in a primarily privatized care system. The others operate independently from the state in an attempt to fill a gap in state policies. Maarja Küla is a combination of both: developed and financed initially by private individuals due to Estonia's limited support for youth with learning disabilities, the government took over the services developed within the project later when they proved to be successful. Hence, the setting in which most of these cases developed is either one where there was no state involvement in a certain niche at all, or one where the market was relied on for service provision. The role of austerity is very prevalent in all these collaborative governance projects, and not only because many have seen a reduction in their public funding; in several cases, the government is not willing to engage in a certain field itself or projects are motivated by the withdrawal of the government and increased citizen responsibility.

As citizens' involvement was one criterion for the selection of cases, all programs entail substantial citizen responsibility. In familialist states, where the government had not taken certain responsibilities for the provision of welfare, the initiative was taken by citizens or civil society (MK, SHK). In the Dementia Care program, on the other hand, the state aimed at citizen

involvement from the outset in an attempt to have more control over private care suppliers who take care of individuals with dementia. Finally, certain initiatives had a clear goal to operate completely independently from the state, either out of the determination to 'do better' than the state (CtU) or the conviction that the state cannot solve certain problems (S4C).

As some cases are rather new, it is unclear to what extent they (will) alter accountability relationships with the state. It is clear, however, that target-group-specific initiatives running over a longer period of time begin to act as advocacy groups for their specific populations, and hence entail a certain form of societal accountability. This is most visible in the cases of Dementia Care and Maarja Küla. In both cases, the state did indeed get involved in the projects: in the former case, the state was one of the initiative-takers, even though in the latter case the state only got involved when the project proved to be successful, and finally took it over. In other cases, the effects on accountability have been fuzzier: with increasingly diverse actors involved in service provision, especially in new service areas, it is difficult to assign accountability to specific public organizations.

### **Discussion**

Of all the cases presented, arguably Dementia Care and Maarja Küla fit the process described in the theoretical framework best. That is no coincidence, as they are target-group-specific projects, and hence allow for strong advocacy of a population in need of extra care – which is not the case for the social entrepreneurship platform projects in the study (S4C, CtU, CL). Moreover, the other target-group-specific cases (DmS, SHK) are still in an early phase of development, making it hard to assess their full impact.

Dementia Care and Maarja Küla emerged in very different policy contexts. The former is a government initiative in a largely privatized care market aimed at improving the care for individuals with dementia; the latter is a citizens' initiative that emerged because of the lack of policies supporting youth with learning disabilities. In Estonia, the family is indeed considered to be the main provider of care and welfare. Hence, both cases comply with the initial conditions of our causal scheme (Figure 7.1): the initiatives are target-group-specific and hence have a strong logic of particularism, and they emerge in settings of non-state service provision (the market in the case of Dementia Care, and the family in the case of Maarja Küla).

Both cases involve high levels of individual responsibility. In a largely private care market (DC), individuals are responsible for choosing 'the right' care provider for them. In a situation where the government does not have any policies whatsoever for supporting a specific group of individuals in need of some kind of care (MK), full responsibility lies with the citizens anyway – either with the individual who needs care or with their family or community. In both cases, this situation has indeed led to a community action, signifying an emergence of social accountability. However, the trajectories leading to this community action have been very different in the two cases. Maarja Küla emerged as an elite-led project from the community, whereas in the case of Dementia Care the process was initiated by the state. Either way, both led to advocacy for the target population and ultimately increased the state's involvement in the care for their well-being. As a result of the Dementia Care project, the government began to reward private care providers who gave good care to individuals with dementia. Moreover, it encouraged community organizations to organize activities specifically for individuals with dementia. Thus, the state did not reinstate its direct responsibility for the service, but started to act as an enabler of better market-based services. Hence, government accountability did not increase directly, although public sector involvement did. The direct effect of advocacy was more visible in the case of Maarja Küla, where the state ultimately took over the project, and

thus assumed responsibility for the provision of services in the field and opened itself up to more accountability in the field of social services for the disabled.

We could interpret the difference in these transitions in the light of state familialism. In Estonia's highly familialist context, this process of community formation on the basis of individual responsibility led to the involvement of the state, and hence a certain shift of responsibilities away from the family. By holding the state accountable for the lack of support for youth with learning disabilities, the state has finally taken over a task it initially considered a family responsibility. In the United Kingdom, a more de-familialist setting, the state has sought stronger involvement of the family and the community in the care for individuals with dementia by using them in the evaluation of private care providers and encouraging them to organize activities for the target group. As such, the state shifts certain responsibilities back to the family and the community, entailing a – mainly austerity-driven – process of re-familization. Hence, citizen responsibility and government accountability seem to develop in a cyclical manner.

What does the picture look like in the other two target-group-specific cases in this study? Dialog macht Schule seems to be very similar to Dementia Care in its setup. Aimed at improving the personal development of public school students with migration backgrounds, it is a project with a strong state involvement from the very beginning. Moreover, advocacy for the target group is one of the main goals of the project. Social housing Kojatice, on the other hand, has certain traits in common with Maarja Küla. It is a project set up by citizens with the aim of catering for the needs of a specific group of people who are not a subject of government policies – *in casu* housing for Roma receiving social assistance. However, the involvement of the target group (Roma) has been somewhat lackluster in terms of advocacy. Nevertheless, given this setup, it would seem reasonable that both Dialog macht Schule and Social housing Kojatice would lead to similar outcomes in terms of accountability relations and maybe even state intervention, though unfortunately the projects are still at too early a stage of development in order to test this.

The platform initiatives, in contrast, seem to not have led to any changes in accountability so far. Cases that Unite and Starters4Communities have even explicitly stated that they do not want to get involved with the state. In the case of Citilab, where the state is involved, interviewees did declare an increase in accountability, but their awareness on how this increase came about was very low. Platform initiatives as project facilitators combine very different social start-ups, and that also means that there is no center of gravity around which people with similar interests could converge to form a strong forum that would hold the state accountable. Hence, their advocacy capacity seems much weaker, limiting their ability to exert pressure on the government to improve service quality.

## Conclusion

In an attempt to increase legitimacy, empower disadvantaged groups or reduce social welfare spending, governments are increasingly making use of collaborative governance strategies to tackle complex social problems. Such a transition could have important consequences in terms of responsibility and accountability relationships, as it increasingly places responsibilities on the individual. Hence, in this chapter, we ask who is accountable for outcomes, when the choices and the participation in services are person-specific and how this could possibly change the architecture of the welfare state. We argue that governments increase individual responsibility by adapting the logic of particularism rather than universalism in service provision and by shifting service provision away from the state on to the market, the family or the community. We hypothesize that when faced with individual responsibility and diluted government

accountability, a possible coping strategy could be to reconsolidate the responsibilities initially placed on the individual into advocacy groups and target communities. As such, the individualization of welfare services could mean a shift from political to societal accountability.

Two cases of these targeted organizations, Dementia Care (the United Kingdom) and Maarja Küla (Estonia), have matured and largely confirm our hypotheses. They emerged in a context where the welfare provision for a specific group of people was not (or not any more) a responsibility of the state: the care for individuals with dementia has largely been left to the market of private care providers in the United Kingdom – in which case the responsibility for receiving ‘good care’ mainly lies with the individual, as it is the individual who chooses the care provider – and support for youth with learning disabilities was considered a family issue in Estonia. In both cases, this individual responsibility led to the formation of community action groups, though via different paths: in the case of Dementia Care, the government initiated the process in order to increase control over private care providers, while Maarja Küla was founded by the elite faced with the problem that youth with learning disabilities were not supported by the government. Both cases, however, successfully managed to act as advocacy groups for these disadvantaged groups, weighing on state policies. In Estonia’s case, the government even took over the project once it proved to be successful. In conclusion, even though the responsibility for care and well-being was initially placed on the individual – which entails less political accountability – this resulted in both cases in the regrouping of interests within the community and led to increased societal accountability of the government via advocacy, and ultimately policy change.

Social housing Kojatice and Dialog macht Schule, the two other cases of targeted organizations, have certain characteristics that are similar to Maarja Küla and Dementia Care, respectively, and they emerged in similar contexts, although they are at too early a stage of development in order to analyze whether they will indeed lead to advocacy, societal accountability and policy change. The three platform initiative cases, Cases that Unite, Starters4Communities and Citilab, seem to have little effect on accountability, with two of the three cases even explicitly stating that they want to work independently of the state. Lacking a specific niche, platform organizations probably have too wide a scope to act as an advocacy group on a certain issue.

Our study suggests that welfare states feature certain cyclicity in terms of citizen responsibility, societal accountability and state responsibility. Avoiding political accountability, the state places the responsibility for individuals’ well-being on those individuals or their families. When these individuals form a community that advocates for specific social rights, societal accountability can emerge that also creates politically active forums, which might in turn force the state to take up certain responsibilities again. We can see this happen in those cases in the study, which are at different stages in this cyclical process. In the Dementia Care project, the government successfully managed to familialize dementia care by including the family and the community in an otherwise fully marketized care system. Via this initiative, however, the state itself also got more involved in dementia care. Maarja Küla, which was founded in a familialist setting where the state lacked policies for supporting youth with learning disabilities and thus placed the responsibility on their families, managed to demonstrate the need for state intervention to the government. By taking over the services developed by Maarja Küla, the state recognized its responsibility with regard to youth with learning disabilities. As such, the initial societal accountability connected to the citizens’ initiative has led to increased political accountability. Hence, collaborative governance can lead to both the de-familization of familialist states and (re-)familization of de-familialist states. This influences both on whom formal institutions place responsibility within given policy fields and if and when governments can be held accountable for failures in these policy fields.

It is important to note, however, that the process described here might lead to different outcomes for different groups in society. In the theoretical framework, we argued that those individuals who are most vulnerable to negative consequences of reforms aimed at the marketization and individualization of public services – the elderly, the low educated and those with lower socioeconomic status – are also the ones who are least likely to get involved in advocacy communities. Hence, for these individuals, the loss of political accountability is unlikely to be compensated for by an increase in societal accountability, perpetuating their disadvantaged position.

Finally, this study has certain limitations. The main weakness of the study lies in its design and case selection. As we describe a process of change here, a longitudinal design would have been more suitable than a cross-sectional one where individuals are asked to answer questions in retrospect. Taking a cross-sectional approach, the study would have benefited from a selection of more mature cases. That way, we would have been able to perform a better test of the process we describe. Given these limitations, the study mainly serves an exploratory purpose, proposing a change mechanism between societal accountability and political accountability that should be tested in further research.

### Notes

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- 2 For a thorough discussion on universalism and particularism in the welfare state, see Ellison (1999).

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