IDSS COUNTRY STUDY

SWITZERLAND

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Section I: Summary

1. Key features of the MAMAC reform

This report covers a pilot project, known as MAMAC (*Medizinisch-Arbeitsmarktliche Assessments mit Case Management*) which ran between 2005 and 2010 in 16 cantons (out of 26 that make up Switzerland). Its main objective was to provide a form of structured collaboration for the activation of clients with multiple problems. By multiple problems is meant the co-presence of labour market, social or health related problems. The basic idea behind the MAMAC pilot was to improve the cooperation among three key agencies: unemployment insurance, invalidity insurance and social assistance.

Clients with multiple problems identified by any of the three agencies, could be referred to the MAMAC process. If found eligible, representatives of each agency would agree on an individual action plan detailing the interventions needed from each agency. Once approved, the action plan would be binding for each of the participating agencies.

The reform was triggered by a combination of problem pressure and dissatisfaction with the existing structures and procedures.

First, the 1990s and the early 2000s were characterised by a seemingly unstoppable rise in the number of recipients of the three main social security schemes: unemployment insurance, invalidity insurance and social assistance. The situation was particularly critical with invalidity insurance, a federal scheme that was experiencing recurring deficits, and social assistance, which is instead run by the cantons and/or the municipalities.

Second, in order to contain increasing expenditures, the federal government adopted a series of reforms in unemployment and in invalidity insurance that made access to these schemes more difficult. As a result, Cantons and municipalities were complaining of cost shifting, as they assumed that some of those who were now excluded from the federal schemes because of restrictions in eligibility, would end up on social assistance. As a result, there was some pressure on the Federal government to "do something".

Third, the 1990s and early 2000s had also seen an increase in the number of clients of both unemployment insurance and social assistance with health-related problems. This translated into the rise of invalidity benefit recipients, but also in an increase in the cases with health-related problems who were in receipt of unemployment benefit or social assistance.

At the same time, the system was considered inadequate to deal with these problems. The main problem with the system was the provision of coverage to clients with multiple problems. The phrase "multiple" problems is generally used to refer to individuals with a health-related problem in addition to an employment problem. More concretely:

- Clients with multiple problems were often shuffled around across agencies. For example, an unemployed person could be considered unift for work and hence ineligible for unemployment insurance benefit. However, his/her condition was not the cause of the loss of earnings, and so non-eligible for invalidity insurance either.
- The know-how needed to help these individuals get back into jobs was often scattered across services. Medical expertise is generally available with invalidity insurance, labour market knowledge at the PES, and help with accommodation, childcare, debt, at the social assistance office.
- The system contained strong incentives to offload clients with multiple problems onto another scheme, a practice known in the literature as "cost shifting" (see Overbye et al 2010; Bonoli and Trein 2016).

In response to the rise in the number of clients mentioned above, both the federal and the cantonal level initiated an activation turn. This re-orientation of the welfare state, however, progressed unevenly across the various schemes. Unemployment insurance was the first of the three schemes to be reformed in this direction. In 1995 already, a fundamental reform modernised the public employment service and made substantial funds available for active labour market policy. Then followed the reforms of invalidity insurance, particularly those known as the 4th and the 5th revision (in force in 2003 and 2007 respectively) which refocused the programme on labour market re-insertion. Things evolved in a patchier way in social assistance. In general, the activation agenda progressed faster in urban cantons and municipalities and lagged behind the more rural ones.

MAMAC can also be seen as a product of earlier less ambitious attempts to structure collaboration among the three main social security agencies. These earlier initiatives are important in order to understand the shape of the MAMAC pilot. Generally, they were referred to in rather broad terms as "Interagency collaboration" initiatives. This kind of initiatives had sometimes a bottom up origin but were also closely monitored and encouraged by the federal authorities. An important step in moving towards more structured forms of collaboration was the adoption in 2003 of a new article in the Law on unemployment insurance, which promotes interagency collaboration (LACI, Art. 85f). The law governing invalidity insurance was also adapted in this direction 2004 (LAI, Art. 68bis).

The idea of a new initiative in the field of interagency collaboration originated from three intercantonal associations: the intercantonal association of PES (AOST), the intercantonal association of invalidity insurance offices (COAI) and the intercantonal conference for social assistance (the already mentioned SKOS/CSIAS). In other words, the initiative came clearly form the cantons and not from the Federal government.

In January 2005, a press conference was organised jointly with the heads of the two other organisations, and the announcement of a new initiative, the MAMAC pilot, was then made. In a way, the whole process was set in motion by social assistance/SKOS, which is understandable, because of the three institutions social assistance is the one that suffers more from the lack of coordination.

One of the objectives of the initiative was to make interagency collaboration binding. The project was then taken over by the federal office for social insurance (responsible for invalidity insurance) and by the State secretariat for economic affairs (responsible for unemployment insurance).

In 2005 and early 2006 the various stakeholders met several times in order to agree on the principles and characteristics of the pilot. The cantons were invited to join in 2006. Overall 16 cantons decided to join the pilot starting mid-2006. In most cases, the pilot ran for two years (2008 and 2009). The evaluation was published in 2010.

MAMAC is essentially a pre-established process for the activation of clients with multiple problems.

1. The process begins always with the referral of a client with multiple problems to the MAMAC office. The project directives include a list of eligibility criteria that must be fulfilled for a client to have access to the MAMAC system. These are:
    -   The client has multiple problems, i.e. difficulties re-entering the labour market AND social problems AND/OR health problems that are serious or unclear.
    -   There is a realistic probability of getting the client back into an unsubsidised job
    -   After a claim is filed for one of the three benefits, case workers have a window of 4 months during which they can refer the client to the MAMAC office. Exceptions are possible. In some cantons the limit was set at 6 months (Lucerne, Vaud, Valais).
2. The MAMAC office checks the eligibility of the client and a joint assessment is organised.
3. A joint action plan is agreed. In general, it is signed by representatives of each of the three participating agencies.
4. One agency is designated as the lead agency for the monitoring of a client.
5. The process continues until when the client has re-entered the labour market or it appears that he or she cannot profit from the MAMAC system any longer.

The MAMAC pilot was implemented jointly by the three agencies involved: unemployment insurance, invalidity insurance and social assistance at the cantonal level.

Decisions concerning the precise shape of the cantonal MAMAC project and the role of individual actors were taken at the cantonal level.

The three agencies played participated with different intensities to the pilot. The majority of cases were referred by the unemployment insurance agency (55%); some 30% were referred

by social assistance and only 10% by invalidity insurance. Invalidity insurance was less likely to rely on MAMAC, probably because this agency already has know-how on medical issues, labour market problems and, to an extent, social problems. In addition, they have an established network of service providers who can deal with any of these problems.

The Federal government commissioned a large-scale evaluation study to a specialised firm. The impact evaluation was performed separately for clients originating from unemployment insurance and social assistance. There is no impact evaluation for those who originated from invalidity insurance, because of the fact that they were too few.

Impact on clients who came from unemployment insurance. The results obtained in the analysis suggest that MAMAC was not effective in reducing the length of unemployment for clients who entered into the pilot as unemployment benefit claimants. Mean duration of unemployment is actually significantly (*p.* <1%) longer for MAMAC participants than for exact matches who did not participate in the programme (p.41).

Impact on clients who came from social assistance. In this case, the dependent variable was the probability of being on social assistance at the end of 2008 for clients who had entered the system during the first three months of that same year. The probability of being still in receipt of social assistance was slightly higher for MAMAC clients than it was for members of the control group.

The evidence presented in the impact evaluation suggests that MAMAC was ineffective. However, because of methodological issues, which are discussed in the report, these results were not considered as reliable.

The evaluation included a qualitative part where both clients and implementation staff were interviewed. The results of these interviews were rather mixed, especially for the staff some of whom felt that the MAMAC process was too time consuming.

Somewhat ironically, given the lack of evidence in favour of MAMAC, the federal government decided to stick to interagency collaboration as the main instrument to guarantee the coherence of the social security system, this in spite of the fact that other, more radical, ideas had been put forward by political actors. This development can be understood with reference to the fact that around 2010, when the results of the MAMAC pilot had become available, the new minister responsible for social affairs found himself under pressure from parliament to put forward a strategy for the fight against poverty.

2. Driving forces, success and failure factors of the MAMAC reform

MAMAC was possible because it was based on an appropriate balance of cantonal and federal influence. The federal government provided the necessary impetus to the project,

but its role was limited, and the cantons had ample room for manoeuvre in co-determining federal policy, and in how to implement MAMAC in their territory.

In other words, it was possible to develop MAMAC because the reform was not very ambitious and limited to structured collaboration. Individual agencies retained extensive control on their operations and the pooling of resources was limited to the management cost of MAMAC and the activation measures that were assigned by the participating agencies. MAMAC had no impact in the biggest source of expenditure, i.e. the cash benefits paid to non-working clients. These remained determined by the existing legislation and were not affected by the collaboration exercise.

In addition to the limited ambition and intrusiveness of MAMAC, two other factors account for its success (in the sense of having been successfully implemented).

First, the consequences of the fragmentation of the social security system were obvious for most observers, and there had been widespread knowledge of the limits of such system. MAMAC promised to be a solution to these problems that did not require an overhaul of the system.

Second, problem pressure was considered relatively high in 2005-2006. The labour market had not yet entirely recovered from the crisis of the 1990s, and caseloads of both invalidity insurance and social assistance seemed set on an unstoppable upward trend.

3. Good practices and dissemination possibilities in an EU context

Above all, the MAMAC pilot showed the limits of interagency collaboration as a strategy to generate a more integrated approach in the provision of minimum income benefits and related services. The problems encountered, and the lack of a clear positive effect suggest that collaboration has only limited potential. In addition, the high implementation costs of MAMAC suggest that interagency collaboration cannot be applied as a more generalised solution to take care of clients with multiple problems. Many of the actors interviewed, believe that more ambitious forms of integration are needed, such as a new fund that finances the living expenses of clients with multiple problems, or a single institution. However, political realism means that most actors are now reluctant to propose a radical overhaul of the system. In addition, the fact that the social situation in Switzerland is comparatively favourable, means that few actors are willing to embark on a bigger reform, the payoff of which is highly uncertain.

If one needs to identify positive features of the MAMAC experience beyond showing the limits of collaboration as a strategy to integrate social security and series, two elements can be put forward.

First, MAMAC forced actors from different agencies to collaborate. It has contributed to creating an overall culture of dialogue and collaboration which can probably help in counteracting the negative consequences of fragmentation.

Second, even though limited in its ambitions, MAMAC included the notion of "binding decisions" which turned out to be an essential element of successful collaboration. We can as a result hypothesise that successful cooperation among agencies can be supported and possibly made stronger if the representatives of the different agencies who are involved in the collaboration exercise have the ability to commit their own agency. The ability to commit an agency and the fact that decisions taken jointly are then considered as binding for each individual agency is one of the key lessons learned in the MAMAC experience.

Section II: Detailed description of the reform episode

Contents

1. Setting the scene

1.1. The broad socio-economic and political context

The project under investigation, known as MAMAC (*Medizinisch-Arbeitsmarktliche Assessments mit Case Management*) was a pilot project which ran between 2005 and 2010 in 16 cantons (out of 26 that make up Switzerland). It was adopted in a context characterised by a number of relevant political and socio-economic developments.

First, the 1990s and the early 2000s were characterised by a seemingly unstoppable rise in the number of recipients of the three main social security schemes: unemployment insurance, invalidity insurance and social assistance (Cy[1]. Champion 2011; Bonoli and Cy. Champion 2014). The situation was particularly critical with invalidity insurance, a federal scheme that was experiencing recurring deficits, and social assistance, which is instead run by the cantons and/or the municipalities. Unemployment insurance, where benefits are limited to 18 months for most recipients, was less concerned by the rise.

Figure 1.1: Recipients of the main social programmes in Switzerland, 1991-2012
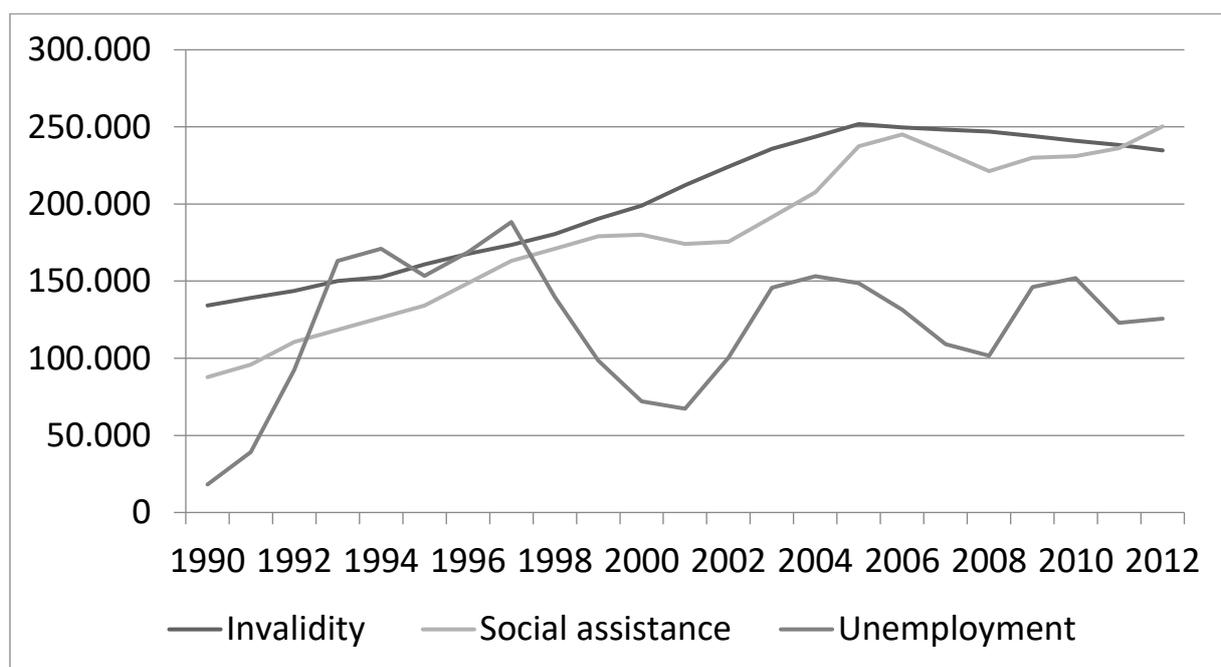
Sources: Invalidity M. Buri, OFAS (personal communication); social assistance: Swiss Federal Statistical Office; unemployment: SECO (State Secretariat for Economic Affairs).

Second, in order to contain increasing expenditures, the federal government adopted a series of reforms in unemployment and in invalidity insurance that made access to these schemes more difficult. As a result, Cantons and municipalities were complaining of cost shifting, as they assumed

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[1] Two persons with the same surname and with the same initial have written extensively on MAMAC and are often quoted in this report: Cyrielle and Céline Champion. To distinguish them, the first two letters of the first name (Cy. or Cé.) are mentioned each time their work is quoted.

that some of those who were now excluded from the federal schemes because of restrictions in eligibility, would end up on social assistance (Bonoli and Trein 2016). As a result, there was some pressure on the Federal government to "do something".

Third, the 1990s and early 2000s had also seen an increase in the number of clients of both unemployment insurance and social assistance with health-related problems. This translated into the rise of invalidity benefit recipients, but also in an increase in the cases with health related problems who were in receipt of unemployment benefit or social assistance. These are often referred to as individuals (or cases) with multiple problems.

1.2. The activation and poverty alleviation agenda and other relevant political issues

In response to the rise in the number of clients mentioned above, both the federal and the cantonal level initiated an activation turn. This re-orientation of the welfare state, however, progressed unevenly across the various schemes. Unemployment insurance was the first of the three schemes to be reformed in this direction. In 1995 already, a fundamental reform modernised the public employment service and made substantial funds available for active labour market policy (Giriens and Stauffer 1999). Then followed the reforms of invalidity insurance, particularly those known as the 4th and the 5th revision (in force in 2003 and 2007 respectively) which refocused the programme on labour market re-insertion.

Things evolved in a more patchy way in social assistance. In general, the activation agenda progressed faster in urban cantons and municipalities, and lagged behind the more rural ones. There might also be a language/cultural divide, as the more fragmented nature of social assistance in the German speaking of the country part might have constituted an obstacle to the development of a modern activation policy. It can be assumed that the smaller municipalities lack both the know-how and the resources to invest in extensive activation efforts (Bonoli and Cy. Champion 2013).

1.3. A brief overview of the institutional setting at the starting point of the reform

Switzerland is a federal country where subnational units, the Cantons and the municipalities, have a rather high level of room for manoeuvre in many policy areas. Historically, Switzerland emerged as a confederation of independent sovereign states. The first federal constitution was adopted in 1848, and granted substantial autonomy to the cantons in many policy areas. Subsequent constitutions have somewhat centralised power, but Swiss federalism remains extremely decentralised by international standards, with the Federal government having to negotiate with the cantons in many policy areas, rather than being able to impose top-down its priorities (Kriesi 1994). This very high level of decentralisation is very important for understanding the politics of social protection and coordination problems of schemes that belong to different levels of government.

An additional related macro-institutional factor is the weakness of the state relative to civil society and the economy (Crouch 1985). This aspect is important for social assistance, where civil society actors play a very important role.

With regard to the specific institutional architecture of the social security system for working age individuals, there are three main schemes:

- Unemployment insurance, which is a federal scheme. Contribution rates and benefit levels are set by the federal parliament, as well as most other features of the programme. The implementation, however, is a responsibility of the cantons. Cantons have to organise a Public employment service and implement the federal law, but they have a large degree of autonomy in many areas, like activation, coordination with other schemes, the management of the PES, and so forth. The federal government monitors the implementation and the performance of the cantonal PES with a somewhat controversial indicators and benchmarking system

- Invalidity insurance, is also a federal scheme, implemented by the cantons. Invalidity insurance provides earnings replacement benefits for individuals who cannot work because of a long term/permanent medical impairment, but provides also substantial rehabilitation and other activation related services. In this case too, cantons are relatively free with regard to the implementation of the programme

- Social assistance is entirely regulated and financed by the cantonal level. In addition, many cantons allow large room for manoeuvre to the municipalities, making the scheme rather diverse across the country. Federal level involvement in social assistance is limited to an article in the Federal constitution which entitles every resident to a minimum subsistence income, and *de facto* forces cantons to run social assistance schemes (Swiss Federal constitution, Art. 115). As a result there is some variety in the approaches adopted in the different parts of the country and we lack a precise view of what actually goes on in terms of benefits and services across the 26 cantons and over 2000 municipalities that make up Switzerland. Against the background of this high level of institutional fragmentation, a very important role is played by a non-governmental body, the Swiss Conference of Social Assistance (Schweizerische Konferenz für Sozialhilfe - SKOS). SKOS is a private association comprising representatives not only of cantonal and municipal social services, but also of the main anti-poverty organisations, such as Caritas. It has about 1000 members. SKOS issues guidelines concerning benefits levels, design, implementation and many other aspects of social assistance (the guidelines are collected in a volume which is several hundred pages long, SKOS 2015). The guidelines are very precise and most cantons refer to them in defining social assistance rules and practices. The SKOS guidelines contribute to reduce the potentially very high extent of variation across cantons and municipalities sin social assistance policy.

1.4. A brief overview of the benefit system at the starting point of the reform

Unemployment benefit. Unemployed people who are eligible for unemployment insurance receive earnings related benefits, corresponding to 80% of the insured salary for those with dependent children or a spouse, and 70% for those without. In the event that the amount received is insufficient to lift the household above the social assistance level, then a top up benefit is provided by social assistance. Are insured earnings up to a ceiling of 126,000 CHF/year (about twice the median wage).

The duration of unemployment insurance varies according to the contribution record and the age of the unemployed person. A minimum contribution record of 12 months over a 24 month period is required to benefit from 12 month coverage. A longer contribution record increases the length of the insurance coverage by the same duration up to a maximum of 18 months for unemployed people

aged 18 to 54 and to 24 months for those aged 55 and over. Self-employed workers, instead, are not covered by unemployment insurance.

Unemployed people entitled to insurance benefits must register with the public employment service; comply with the requirements of the staff, for example in terms of job search activities. They must be deemed fit for work. They are entitled to participate in the full range of activation and training measures provided by unemployment insurance.

Invalidity insurance. The protection against the risk of invalidity is based on a two pillar approach (exactly like old age pensions) The first pillar (IV/AI) provides universal coverage and is a fairly redistributive scheme, since there is no contribution ceiling but the amount of the benefit can vary between a floor and a ceiling that is twice as high as the floor. In 2017 the limits are set at CHF 1,175 (€ 950) and CHF 2,350 (€1,900) per month respectively, corresponding to approximately 20% and 40% of the average wage. Benefits are adjusted every two years according to a so-called "mixed index" derived from the arithmetic average between inflation and wage increases. An invalidity pension is paid if a permanent health impairment limits the earning capacity of an insured person.
Decisions concerning eligibility are made by the public invalidity insurance scheme, and must be followed by the second pillar occupational invalidity pension. The law prescribes the minimum level of coverage for the occupational pension. If the total (i.e. 1st +2nd) pillar invalidity pensions are insufficient, a means-tested top up is available, meaning that individuals who are eligibile for invalidity insurance do not have to turn to social assistance. In addition to providing benefits, invalidity insurance plays a big role in rehabilitation, vocational (re-) training and activation.

Social assistance. Even though there are big differences in the way social assistance is organised, SKOS guidelines are followed quite closely by the cantons, so that actual differences, while they exist, are small. The SKOS guidelines correspond to the average disposable income of the 10% poorest households in Switzerland, calculated on the basis of a national survey. It should be noted that the notion that benefit levels need to reflect the disposable income of the poorest 10% is not written in legislation nor in the constitution, but it is practice by SKOS. The relevant amounts are calculated on the basis of a survey by the Swiss federal office for statistics (Bundesamt für Statistik 2015).

It should be noted that the guidelines consider only the number of persons who are resident in a household and not their age. Concretely, a second adult counts as a child in the determination of the benefit level. Benefit levels are rather high by international standards, but they must be understood against the background of one of the most expensive countries in Europe. For a single-adult household with no children, the full means-tested benefit amounts to 913 EUR/month and for a 2-adult household with 2 children to 1,954 EUR/month. In addition, accommodation and health insurance costs are covered.

Social assistance is a subsidiary and means tested programme. This means that in order to be eligible, one must show that he or she has no or insufficient entitlement to other benefits or sources of income including payments based on family law such as alimony or a parental contribution due for children until completion of the first professional education (up to 25 years of age if pursuing tertiary level studies). With regard to assets, SKOS guidelines recommend a small disregard, as follows:

- for single persons: 4,000 CHF (3,704 EUR)

- for couples: 8,000 CHF (7,408 EUR)

- for children: 2,000 CHF each, (1,852 EUR)

The total amount of the assets disregard cannot exceed 10,000 CHF per household.

For social assistance clients, pressure to actively look for a job is in general arguably lower than for unemployed people receiving insurance benefits, even though cantonal legislations have been gradually adapted to the new context throughout the 1990s, by including some form of activation such as incentives for those who accept to follow labour market programmes. However, in many cases (especially in French speaking cantons), the objective of these activation programmes was not labour market participation, but "social reinsertion". An important development was the adoption, in 2005, of a new set of guidelines by SKOS which explicitly encouraged cantons to introduce activation measures in their social assistance legislation. These included incentives to take up employment, such as an earnings disregard, or incentives to participate in training programmes, such as "activation supplements". The extent to which social assistance is genuinely reoriented towards activation and employment promotion is probably limited and varies by canton. For example, there is evidence that for many years at least some Cantons continued to use cantonal (or municipal) employment programmes not to help people back into jobs, but in order to reopen an entitlement period to federal unemployment insurance (cost shifting). This possibility has been ruled out in a reform of unemployment insurance adopted in 2011. However, activation measures for social assistance beneficiaries are often unrelated to labour market participation, aiming more at providing them with some sort of occupation than enhancing their employment chances (Wyss 1997, Pfister 2009; Bonoli and Cy. Champion 2013).

1.5. The main agents involved in managing the benefit system and providing employment and social services

Unemployment insurance

- State secretariat for economic affairs (SECO). It oversees the implementation of unemployment insurance by the cantons.
- Cantonal Public employment services. Responsible for managing benefits and activation. They have substantial autonomy on the implementation level.
- Intercantonal association of cantonal PES (AOST). It includes all the cantonal PES. It coordinates the implementation of unemployment insurance across cantons, and represents their (common) interest at the federal level.
- Regional placement offices (RAV/ORP). They belong to cantonal PES and provide monitoring and activation services to job seekers. Some autonomy in implementation, but limited by the cantonal PES. There are some 100 regional placement offices in the country.
- Unemployment compensation funds: either cantonal or branch based, they administer contributions and benefit payments. Very little autonomy, a purely administrative actor.
- ALMP providers. NGOs and rarely, for profit private companies. Provide the activation services needed by the PES.

Invalidity insurance

- Federal social insurance office. Oversees the implementation by the cantons.
- Cantonal invalidity insurance offices. Responsible for managing benefits and activation. They have substantial autonomy on the implementation level.

- Intercantonal association of cantonal invalidity insurance agencies (COAI). It includes all the cantonal PES. It coordinates the implementation of unemployment insurance across cantons, and represents their (common) interest at the federal level.
- Regional medical services (RAD/SMR), provide the medical expertise needed in order to asses eligibility. There are 10 Regional medical services, each one serving one or more cantonal invalidity offices. In theory, they have little room for manoeuvre as they have to strictly apply the law.
- Providers of rehabilitation services and ALMPs: NGOs , for profit private companies. Provide the all the services needed by the invalidity offices.

Social assistance

- Swiss Conference of Social Assistance (SKOS/CSIAS). Legally a private association, SKOS has about 1000 members. Are included the social services departments of all cantons and those of many municipalities (there are in Switzerland some 2,800 municipalities). Some NGOs, like Caritas, are also members. SKOS is a key actor, as it issues detailed guidelines. They do not have force of law, but are generally closely followed by cantonal legislation.
- Cantonal authorities (governments and parliaments). Decide on cantonal social assistance law. Given the absence of a federal law on social assistance, their autonomy is substantial.
- Cantonal social services. Each canton has a social service, responsible for the implementation of the social assistance law. Autonomy depends on the canton.
- Regional/ municipal social services. Are responsible for the delivery of benefits and activation services of social assistance clients. Their autonomy is limited. However, big cities like Zurich, Basel or Geneva, may set up their own activation programmes (see Duell et al 2010: 101). Big cities (like Zurich). Smaller cities and municipalities do not have the capabilities and the resources to do that.
- Social commissions. Made up of citizens designated by the municipal executive branch, they make formal decisions concerning eligibility and access to ALMPs. This is a pre-modern institution with a strong social control function that has survived mostly in the German speaking part of the country. French and Italian speaking cantons have mostly abolished social commissions over the years.
- ALMP providers. NGOs and rarely, for profit private companies. Provide the activation services needed by the social assistance offices[2].

Hence three different types of ALMP providers exist. There are providers who specialize with one agency, and other ones who work for two or even three of them. In general providers like to broaden their "customer base", but that is not always easy, also because the three institutions have different activation budgets (invalidity pays more than unemployment and social assistance).

1.6. Brief description of the institutional status quo before the reform

Table 1 below provides some succinct information concerning social security for working age people before the launch of the MAMAC pilot (around 2005). The main problem with the system was the provision of coverage to clients with multiple problems. The phrase "multiple" problems is generally used to refer to individuals with a heath related problem in addition to an employment problem. More concretely:

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- Clients with multiple problems were often shuffled around across agencies. For example, an unemployed person could be considered unfit for work and hence ineligible for unemployment insurance benefit. However, his/her condition was not the cause of the loss of earnings, and so non-eligible for invalidity insurance either.
- The know-how needed to help these individuals get back into jobs was often scattered across services. Medical expertise is generally available with invalidity insurance, labour market knowledge at the PES, and help with accommodation, childcare, debt, at the social assistance office.
- The system contained strong incentives to offload clients with multiple problems onto another scheme, a practice known in the literature as "cost shifting" (see Overbye et al 2010; Bonoli and Trein 2016).

Table 1: Provision before the introduction of MAMAC

	provision type 1 (or client group)	provision type 2 (or client group)	provision type 3 (or client group)
Name of provision (benefit or service)	Unemployment insurance	Invalidity insurance	Social assistance
Main purpose of the benefit/service			
Main access criteria (insured, means-tested, other criteria, e.g. age, family status, etc.)	Contribution record Unemployed (fully or partly) Fit for work	Contribution record Permanent or long term medical impairment to earnings	Means-test
Target group and its size in proportion to total non-working active age population	Unemployed	Disabled	Poor (income and assents below the relevant threshold)
Who is the main actor that determines the client journey?	Case worker	Inv. Office	Social worker
Who evaluates claims for this benefit / decides on who can participate in this service (if the service is open to all, please indicate that)?	Case worker	Inv. Office	Social worker
Who enforces the activation (job search, accepting job offer, etc.) requirements (if these exist)?	Case worker	Inv. Office	Social worker

Who decides on sanctions (in case of non-compliance)?	Case worker	Inv. Office	Social worker/social assistance office
Who pays the benefit / delivers the service?	Compensation fund	Compensation fund	Social service
Who provides the funding behind (e.g. local government using their own revenues or local gov. using a per capita subsidy from the central budget)	Federal government	Federal government	Cantonal and municipal governments

2. Details of the reform episode (initiative)

2.1. Brief description of the initiative

The MAMAC pilot was intended to deal with clients with multiple problems, and to avoid the problems mentioned above. In a nutshell, the participating cantons created a MAMAC platform, where case workers from any of the three agencies could refer clients with multiple problems. Then representatives of each institution would meet periodically and agree an action plan for each client. The plan could entail a mix of provision coming from different agencies. For example placement services by the PES, debt management support from social services and workplace adaptation from the invalidity insurance.

2.2. The rationale behind the initiative

The rationale behind the MAMAC pilot was precisely the intention to make available the necessary know-how to each client according to their needs and regardless of their position in the social security system. The pilot was also meant to limit inefficiencies such as the shuffling of clients across agencies, a practice which was considered to be particularly harmful in so far as it delayed the adoption of activation measures.

More specifically, the objective of MAMAC was to deal with a number of inefficiencies that had been observed in the functioning of the social security system for working age individuals, particularly, for those with multiple problems.

- Revolving doors: this notion refers to the fact that claimants with multiple problems were sometimes sent from one office to the next, generating a lot of frustration and waste of time. For example, someone on unemployment benefit with a health impairment could be referred to invalidity insurance. There, his or her health impairment could be considered insufficiently serious or temporary, and so the person would be referred to social assistance.
- Long delays before the adoption of a re-employment strategy,
- Lack of essential know-how in each institutions. For example, unemployment insurance and social assistance have no trained professionals able to deal with health related issues.

Against this background, the objective of MAMAC was to develop some sort of structured cooperation that would allow to rapidly take actions tailored to the individual needs of each client, based on the know-how and the tools available in any of the three participating institutions.

2.3. Detailed description of the NEW system

[NOTE: the proposed table is unsuitable to describe the NEW system, as changes are not captured by the dimensions available]

The MAMAC pilot is a combination of 16 different pilots with somewhat different characteristics. Since it would not make sense to describe in detail the 16 cantonal pilots, here I provide a list of the features that were considered essential for a interagency collaboration project to be included in the MAMAC pilot, as presented in Cé. Champion 2008b:

1. Must be a common process of unemployment insurance, invalidity insurance and social assistance, with the objective of putting non-working clients back into unsubsidised jobs
2. There must be a framework agreement (convention cadre) that create legal obligations among the three institutions
3. Eligibility criteria must be the same for the three institutions
4. Each case is subjected to a joint assessment of the three institutions
5. After the assessment, an action plan is agreed among representatives of the three institutions. The action plan is binding and must include the following:
    a. Activation measures and how they are financed
    b. The institution responsible for guaranteeing access to a minimum income during the process
    c. The case worker who will follow the individual
6. Joint management of the case by one of the three institutions

(source: Cé. Champion 2008b).

Inclusion in the MAMAC pilot was decided by the Project group, led by the Office of social insurance (federal government) but comprising representatives of the cantons (Interview 2, 19.05.2017).

2.4. Context of the initiative: where did the idea come from?

The idea of a new initiative in the field of interagency collaboration originated from three intercantonal associations: the intercantonal association of PES (AOST), the intercantonal association of invalidity insurance offices (COAI) and the intercantonal conference for social assistance (the already mentioned SKOS/CSIAS). In other words, the initiative came clearly form the cantons and not from the Federal government.

While officially this was a joint initiative of the three organisations, social assistance (through SKOS) played a more fundamental role. The head of SKOS, Walter Schmidt, had developed a communication strategy that included the organisation of a press conference on the first working day of the year. Since journalists had not much to say on that day, there was in his view a window of opportunity to get the press to write/talk about social assistance. In 2005, the press conference was organised jointly with the heads of the two other organisations, and the announcement of a new initiative, the MAMAC pilot, was then made. (Interview 1, 18 05 2017). In a way, the whole process was set in motion by social assistance/SKOS, which is understandable, because of the three institutions social assistance is the one that suffers more form the lack of coordination.

One of the objectives of the initiative was to make interagency collaboration binding. The project was then taken over by the federal office for social insurance (responsible for invalidity insurance) and by the State secretariat for economic affairs (responsible for unemployment insurance). The cantons were represented by two different intercantonal actors: the intercantonal conference of ministers for social affairs (SODK/CDAS) and the intercantonal conference of ministers for economic affairs (VDK/CDEP) (Cé. Champion 2008a: 17).

2.5. The political decision phase: the actors

It is obviously difficult to find an objective basis to categorise the key actors according to power and interest. The actors belonging to the federal government (OFAS and SECO) are considered more powerful than the intercantonal or cantonal actors. The reason is that cantonal actors represent 26 different cantons which makes it difficult for them to speak with one voice.

Unemployment insurance is probably less dependent on interagency collaboration, since the law allows this agency to simply exclude individuals with health impairment. That is why actors concerned with the implementation of unemployment insurance, both at the federal and at the cantonal level, are ranked medium on interest.

interest / power	low	medium	high
low			
medium		CDEP/AOST/COAI	SECO
high		CDAS CSIAS	OFAS

Note: to save space, only French language acronyms are provided.

More specifically, MAMAC was initiated jointly by three personalities in 2005: Hans-Peter Burkhard, former president of the national organisation representing cantonal public employment services (AOST); Andreas Dummermuth, president of the national organisation representing invalidity insurance offices (COAI) and Walter Schmid, president of CSIAS (social assistance). Their initiative, however had a rather informal character. In order to turn their idea into an actual policy pilot, they needed the involvement of state actors. This is what happened in the following year.

Formally, MAMAC took the shape of a mandate given by the organisations responsible for the three social security schemes at the federal and cantonal level: OFAS (invalidity insurance, federal), SECO (unemployment insurance, federal); CDAS (social affairs, cantonal); CDEP (unemployment insurance, cantonal). CSIAS; which is not a state actor was not formally involved in the project.

The lead for the project was taken up by the Federal office of social insurance (Cé.Champion 2008a: 17-18). It established a project group responsible for laying down the features of the programme, known as the group at the federal level "Bases, coordination et assurance qualité" (BCAQ group). The BCAQ group (in short, "project group") was headed by Ms Céline Champion, then project leader at the Federal office of social insurance (Cé. Champion 2008a: 18).

2.6. The political phase: the actions

With regard to political institutions, Switzerland stands out for the weakness of its central state. The Swiss political system is based on institutions that reduce the potential for power concentration and encourage the formation of large coalitions. The constitutional order is geared towards limiting the power of the federal government, and includes several mechanisms by which its authority can be challenged and its decisions overruled (veto points). The most important ones are:

- *de facto* separation of powers between the executive and the legislative branches of government;
- federalism with minority representation at the parliamentary level;
- direct democracy institutions (a referendum system).

The result is a political system in which the extent of agreement needed to legislate is particularly large. These institutional features are combined with a social structure characterized by multiple cleavages: socio-economic, religious, and linguistic, which further diminish the likelihood of power concentration in the hands of one group. This combination of institutional and socio-structural features has produced a political system based on the integration of dissent and on the inclusion of conflicting interests in the policy-making process, which has been termed consensus or consociational democracy (Lehmbruch 1993; Lijphart 1984,).

The decision to launch the MAMAC pilot had to be taken simultaneously by several actors. Given the Swiss political context, it was simply impossible for one single actor to force the adoption of a programme that would have impacted two ministries and the federal, cantonal and municipal level.

In general, the flexicurity agenda is endorsed by all actors, though different actors focus on different aspects of the agenda. There is a broad agreement on the fact that the country needs a flexible labour market, a good unemployment insurance scheme and a modern and effective activation system. The distinction between opposition and government is not relevant for Switzerland, since all main parties are represented in the ruling coalition. However, within that coalition, the Social

democratic party has a preference for enabling activation while the centre-right parties prefer flexibility and demanding activation measures.

There was a broad consensus around the MAMAC project. The inefficiencies of the system were quite evident and its objectives very difficult to disagree with. According to the head on of the project group, consensus did not come naturally though, but was the result of a months-long process and exchanges between federal and cantonal authorities. In 2005 the project group met several times and a consensus slowly emerged on the key features of the pilot. The head of the group felt that the climate and the attitude was always constructive, even though at times there were disagreements (Interview 2, 19.05.2017).

It is possible that the highly consensual character of the exercise is due to its limited ambitions. The head of SKOS, who was probably the main initiator of the programme, had more far reaching forms of collaboration in mind. These, however, never made it to the political agenda. They included a joint activation service for the three institutions a joint fund which would finance the living expenses of clients with multiple problems (Interview 1, 18.05.2017).

2.7. The designing phase: the actors

From the very beginning, the MAMAC project was thought as an intergovernmental project, involving the federal government but also the Cantonal governments. This had to be so, because social assistance is a cantonal responsibility. As a result, the federal government was not in the "driving seat", but was one important partner in a multi-actor project.

We can identify two levels that are important for the designing of the pilot: at the federal level were decided the broad features and overall objectives. Then, the detailed implementation was decided at the cantonal level.

At the federal level, the main actors involved in the designing of MAMAC were the already mentioned BCAQ group and a governing body (*groupe de pilotage*) headed by the head of invalidity insurance at the Federal office of social insurance.

2.8. The designing phase: the decisions

MAMAC can also be seen as a product of earlier less ambitious attempts to structure collaboration among the three main social security agencies. These earlier initiatives are important in order to understand the shape of the MAMAC pilot. Generally, they were referred to in rather broad terms as "Interagency collaboration" initiatives (*Collaboration interinstitutionnelle/ Interinstitutionelle Zusammenarbeit*, see Bieri et al. 2013) This kind of initiatives had sometimes a bottom up origin, but were also closely monitored and encouraged by the federal authorities. An important step in moving towards more structured forms of collaboration was the adoption in 2003 of a new article in the Law on unemployment insurance, which promotes interagency collaboration (LACI, Art. 85f). The law governing invalidity insurance was also adapted in 2004 (LAI, Art. 68bis). Given the absence of a federal law on social assistance, a similar step could not be adopted in relation to this branch of social security, but the federal level organisation responsible for social assistance (CSIAS) was heavily involved in promoting collaboration (Cé. Champion 2008a: 11-12).

The experiences made in the various cantons allowed policy makers to identify a number of aspects that seemed important. These were:

- Fast intervention. Clients with multiple problems must be identified early and interventions must be decided rapidly, otherwise the risk is that their situation deteriorates and a return to work becomes increasingly unlikely.
- There must be a simultaneous focus on health AND labour market problems. For this reason, specialists in both areas must be involved in the programme
- Interagency collaboration had to be binding for the various institutions involved. The previous experiences had shown that sometimes the representative of an agency agreed to provide a given service to a client, but then the decision was not confirmed by his or her agency. The objective with MAMAC was to entitle front-line workers involved in the exercise to take *binding* decisions on behalf of their agency.

Target groups. The BCAQ group started from the assumption that current procedures were adequate for more than 95% of the clients. So MAMAC was understood as a residual programme, for those who could not be taken care of in the standard system. It was decided to limit access to the programme by applying cumulatively the following conditions:

1. The client must have filed a claim with at least one of the participating agencies (unemployment insurance, invalidity insurance, social assistance).

2. The client must be assessed as a "complex case", meaning that the client has more than one of the following problems:
   - Unemployment and/or work incapacity
   - Difficulties accessing employment, for example because of lack of training or language issues
   - Social or psychosocial problems (e.g. relationships, family, personal environment)
   - Health problems that limit work capacity
   - Financial problems
   - Lack of motivation

3. The client has a realistic chance to re-enter the labour market in the foreseeable future.

4. The person has registered with one of the three participating agencies not longer than 4 months before entry into the MAMAC process.

(Cé. Champion 2008a: 19-20).

These eligibility criteria were the result of the consensus building process that took place within the project group. Some actors, however, would have preferred a more open approach, allowing each institutions that was dealing with a complicated case, to refer him or her to MAMAC. This was the approach supported by SKOS, but was not followed in the final decisions (Interview 1, 18.05.2017).

Since MAMAC was implemented by the cantons, there was some variation in the actual shape taken by the collaboration. However, given the framework provided by federal level actors, variation was in fact rather limited. The typical MAMAC process can be broken down in a number of different steps (based on Egger et al 2010, 19-31).

6. The process begins always with the referral of a client with multiple problems to the MAMAC office. The project directives include a list of eligibility criteria that must be fulfilled for a client to have access to the MAMAC system. These are:
   - The client has multiple problems, difficulties re-entering the labour market AND social problems AND/OR health problems that are serious or unclear.
   - There is a realistic probability of getting the client back into an unsubsidised job
   - After a claim is filed for one of the three benefits, case workers have a window of 4 months during which they can refer the client to the MAMAC office. Exceptions are possible. In some cantons the limit was set at 6 months (Lucerne, Vaud, Valais).
7. The MAMAC office checks the eligibility of the client and a joint assessment is organised.
8. A joint action plan is agreed. In general, it is signed by representatives of each of the three participating agencies.
9. One agency is designated as the lead agency for the monitoring of a client.
10. The process continues until when the client has re-entered the labour market or it appears that he or she cannot profit from the MAMAC system any longer.

2.9. Who implemented the initiative?

The MAMAC pilot was implemented jointly by the three agencies involved: unemployment insurance, invalidity insurance and social assistance at the cantonal level. There were some differences in implementation across the 16 cantons, but overall the projects were quite similar. However, an important distinction must be made between two different models of implementation. The evaluation distinguishes between two types of MAMAC pilots:

- Type A MAMAC: MAMAC is a platform but not an additional agency. Clients are assessed jointly and then transferred to one of the three participating agencies, chosen jointly. This model was adopted in 14 out of 16 participating cantons
- Type B MAMAC: in this case, there is a new MAMAC agency that collaborates with the three participating agencies, but follows the eligible clients throughout the relevant period of time (until a job is found or the client is not deemed eligible any longer for MAMAC). This model was adopted in only two cantons (Basel-City and Solothurn).

Decisions concerning the precise shape of the cantonal MAMAC project were taken at the cantonal level. The cantons knew that in order to be included in the national pilot, these had to comply with the inclusion criteria mentioned above. However, within these criteria, the cantons had relatively large room for manoeuvre.

The decision reached in the context of the MAMAC meeting had to be considered as binding by each of the three institutions. The majority of cases were referred by the unemployment insurance agency (55%); some 30% were referred by social assistance and only 10% by invalidity insurance. Invalidity insurance was less likely to rely on MAMAC, probably because this agency already has know-how on medical issues, labour market problems and, to an extent, social problems (Egger et al. 2010: 20). In addition they have an established network of service providers who can deal with any of these problems.

2.10. Implementation process

Given the decentralised nature of the MAMAC pilot, decisions concerning implementation were mostly taken at the cantonal level. For this reason, in this section are provided detailed descriptions

of implementation in four cantons. These are based on Cé. Champion (2008a), who provides such detailed description for 13 (out of 16) participating cantons. The four cantons presented here were selected on the basis of the following criteria:

- To include cantons with either of the MAMAC set ups (type A or B, see above 2.9)
- To include both French and German speaking cantons. This distinction is important beyond language and culture. In fact, there are also more or less systematic institutional differences between the French and the German speaking part of the country. These concern especially social assistance, which in the French speaking part tends to be managed at the cantonal level, while in most German speaking cantons, the municipalities play the biggest role.
- The fourth case study (Canton of Fribourg) is based on the reconstruction provided by Cé. Champion (2008a) and on two interviews with staff who was in charge with the implementation of MAMAC.

Case study 1: Basel- City (German-speaking)

Basel-city developed one of only two MAMAC type B pilots, meaning that a dedicated MAMAC office/agency was set up, who would take responsibility for the follow up of MAMAC clients.

MAMAC in Basel-City was implemented by an agency with a broader remit. On 1st July 2007 the cantonal government decided to create a new agency, known as *Arbeitsinegrationszentrum* (AIZ-Center for the integration in employment). Its task was to provide activation services to clients of all three institutions with multiple problems, whether or not they fulfilled the MAMAC eligibility criteria.

The head of MAMAC in the canton of Basel city was also the director of AIZ, and MAMAC in Basel-City took the form of a sub-project within AIZ.

AIZ is part of the cantonal PES. It employs 18 full-time equivalent staff and it is planned to take care of about 2,000 clients per year. In the first few months of operation, AIZ had been used only by unemployment insurance and social assistance. By January 2008 there had been no referrals by invalidity insurance, and it was assumed that this institution possessed the relevant know-how to deal with complex cases (Cé. Champion 2008: 80). It was clear from the initial plans, that AIZ was meant above all to serve social assistance (of the 2,000 expected clients, 1,750 were assumed to come from social assistance).

In terms of staff, most of those working for AIZ came from social assistance or the PES. One person only used to work for invalidity insurance. The AIZ process begins with an assessment and then there can be a follow up period of up to 11 months, during which some training or other activation measure may be available.

AIZ works on behalf of the sending institutions, who have to pay for the services provided by AIZ. AIZ was generally considered a positive experience, with two caveats: first, some of the stakeholders interviewed by Cé. Champion felt that there was a risk of creating some sort of ghetto where would end up all the clients with serious difficulties. Second, the low degree of involvement by invalidity insurance was considered problematic.

AIZ has outlived the MAMAC pilot and still exists at the present day. Of the various cantonal pilots, AIZ is arguably one of the most ambitious in that it developed a new institutional structure.

Case study 2: Geneva (French speaking)

Unlike Basel-City, Geneva did not develop a dedicated agency for clients with multiple problems. Like the majority of other cantons who followed the MAMAC-A set up, in Geneva the pilot resembled more a platform with contributions by each participation agency. The Geneva project started in April 2007, following a decision by the Cantonal government. The project was presented as based on equal contributions by each of the three participating agency. However, social assistance seem to have played a somewhat bigger role, for the following reasons. First, the head of the MAMA project was the deputy director of the cantonal social assistance office. Second, MAMAC meetings took place on the premises of the social assistance office. However, during its first few months of operation, MAMAC was used mostly by invalidity and unemployment insurance and less by social assistance (Cé. Champion 2008: 85).

The project team included seven staff, who remained employees of their respective agencies. They had to be available for MAMAC for at least 50% of a full time equivalent job.

In terms of eligibility for the MAMAC process, Geneva applied the same criteria agreed at the federal level (presented above). The project team checked if these criteria were fulfilled when clients were referred by one of the participating agencies. Assessments were made by representatives of each agency (three persons) and if needed a medical doctor from invalidity insurance and a psychologist specialised in career counselling.

At the end of the assessment, an individual action plan was drafted by the three agencies and signed by all parties (the clients and the relevant agencies). The first action plan comprised only the initial interventions, and new assessments were made depending on progress or lack thereof.

After signing the individual action plan, the follow up of each client was assigned to one of the participating agencies, typically the one which has the strongest link to the content of the plan.

With regard to financing, all the costs generated by MAMAC were shared equally by the three participating institutions (1/3, 1/3, 1/3).

Staff working for the various participating agencies have been informed through a variety of channels, including training events as well as a press conference. In her analysis, Céline Champion assesses the functioning of the Geneva pilot in positive terms, even though only few cases were treated in the initial phase.

Case study 3: Lucerne (German speaking)

Lucerne entered into the MAMAC pilot in May 2007, and the head of the Lucerne MAMAC was the cantonal coordinator of an already existing interagency collaboration cantonal initiative. The MAMAC permanent team employed only 1.6 full time equivalent staff and was located within the cantonal social assistance agency[3]. MAMAC however was developed in only two municipalities of the canton, among most urban ones (Lucerne-city and Sursee). Cé. Champion, writing in early 2008, notices that more work should be made to persuade more municipalities to join MAMAC with their social assistance service (2008: 91).

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[3] Note that in Lucerne social assistance is run mostly by the municipalities. This means that the cantonal social assistance agency has mostly a coordination function and not so much a governance role.

A part form this issues (partial involvement of social assistance), the Lucerne MAMAC pilot was assessed positively. Like in Geneva, the eligibility criteria for the cantonal pilot were those elaborated at the federal level. Each participating agency was represented when clients were assessed. Some external experts could also be invited depending on the complexity of the case. In Lucerne, the MAMAC assessments were all conducted by the same staff. In Sursee, in contrast, several different staff of the three participating agencies were involved in the various assessments (rotating team composition). This last point may seem relatively trivial, but gives an idea of the strong degree of decentralisation that prevails in Switzerland, and that we also find in the MAMAC pilot, with a relatively low degree of standardisation in practices.

After the assessment, a joint individual action plan was prepared, and one agency would take responsibility for the client's follow up. In general, it was the agency which referred the client who took responsibility for the follow up of that particular client. Decisions are taken consensually, and are generally respected.

With regard to financing, each participating agency covered part of the cost (no information is given on the detailed breakdown).

In general, staff of the participating agencies have received adequate information concerning the pilot. However, there is a problem with municipal social assistance in non-participating municipalities, as mentioned above.

Case study 4: Fribourg (bilingual, i.e. French and German speaking)

Fribourg had already experimented with interagency collaboration before the start of the MAMAC pilot. Between 2003 and 2006, interagency collaboration projects were running in the three main regions of the canton. The canton decided to join MAMAC in September 2006. The existing interagency collaboration project targeted individuals who fell under the remit of at least two among the participating institutions, and for whom the caseworkers seemed unable to find satisfactory solutions on their own.

These individuals could be referred to an "Espace coordination" which is basically an interagency collaboration outfit that pre-existed MAMAC, where representatives of the three institutions are included. In fact, the interagency collaboration process developed in the Canton of Fribourg resembled quite closely those subsequently adopted by MAMAC, and some say that MAMAC was inspired by the experience made in Fribourg (Interview 3; Interview 4). One notable difference between pre-MAMAC collaboration and MAMAC in Fribourg, is the presence of a medical doctor during the assessment. This is something that was introduced by MAMAC and that was maintained afterwards (Interview3).

According to the person responsible for interagency collaboration with the cantonal PES, MAMAC was not developed as a distinct project. What happened was that. Following previous rules, clients with multiple problems were divided in simple and complex cases. Then, the complex cases were checked to see if they fulfilled the requirements for inclusion in the MAMAC pilot. If this was the case, then the person would be formally included. This, however, had no impact on the kind of service the person would receive. The only concrete consequence of inclusion into MAMAC was the inclusion of the person in to the dedicated database MAMIS.

During the MAMAC pilot interagency collaboration was further expanded. In July 2007 was created an interagency collaboration commission, with representatives of all the relevant stakeholders, and

the canton made available the budget to hire a "coordinator" for the whole of interagency collaboration (not only MAMAC).

MAMAC in Fribourg was always a subset of a bigger interagency collaboration effort.

2.11. Costs of the initiative

Considering the complex nature of the MAMAC pilot, more specifically the involvement of several actors with separate budgets, it is difficult to estimate the total additional costs of the initiative. The evaluation provides an estimate of the additional cost at 2400 CHF (approx. 2280 EUR) per client for the duration of the programme participation (on average between 8 and 10 months). This figure does not include the cost of labour market or re-insertion measures, nor the cost of the follow up of the decision taken in the assessment phase. The authors of the study consider the cost acceptable. However, they also point out that many of the front line staff responsible for the implementation of MAMAC felt that the cost-benefit ratio of the programme was not favourable (Egger et al. 2010: 30).

The initiative was not known to the general public, so that we cannot talk of "political" costs.

2.12. Monitoring

One can identify several levels at which monitoring was performed.

- First at the level of each individual client, after the assessment a responsible person within one of the participating agencies was given the task to make sure that the client made good progress and if not, the possibility existed to re-assess the strategy.
- At the meso-level, implementation in the participating cantons/agencies, indicators were used to monitor the effectiveness of the project.

Monitoring was made difficult also because data protection and harmonisation issues prevented the sharing of existing databases. As a result, it was decided to set up a dedicated database for the MAMAC project, a database known as MAMIS. This meant that for each MAMAC client, staff had to fill in information in two distinct databases: the agency own database and MAMIS. This lead to complaints by front line staff for the additional work required. On the other hand, disposing of a joint dataset seemed essential for the collaboration effort to be effective.

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2.13. Impact assessment and impacts

The Federal government commissioned a large scale evaluation study to a specialised firm. The study has been published as Egger at al 2010. The evaluation contains several analyses:

- Descriptive presentation of key programme indicators
- Detailed case studies of implementation in two cantons
- An attempt at evaluating the impact of MAMAC on labour market re-entry and cost for the social security system,
- Qualitative interviews with clients and staff involved in the implementation

Impact evaluation:

The impact evaluation was performed separately for clients originating from unemployment insurance and social assistance. There is no impact evaluation for those who originated from invalidity insurance, presumably because the fact that they were less numerous. The authors of the study used "exact matching", as a quasi-experimental technique. The result was that they were able to find exact matches for only 97 participants who entered in the system through unemployment insurance, and 43 who originated from social assistance. There is no impact assessment for clients who entered into MAMAC through invalidity insurance because their number was even smaller. As the authors rightly point out, small numbers of observations severely limits the ability of the analysis to produce robust results (p.41).

With regard the timing of this analysis, were considered clients who entered the MAMAC system before August 2008. Everyone is this observed over a period of at least 9 months. The report does not mention in which canton these clients were registered.

Impact on clients who came from unemployment insurance. The results obtained in the analysis suggest that MAMAC was not effective in reducing the length of unemployment for clients who entered into the pilot as unemployment benefit claimants. Mean duration of unemployment is actually significantly (*p.* <1%) longer for MAMAC participants than for exact matches who did not participate in the programme (p.41).

Impact on clients who came from social assistance. In this case, the dependent variable was the probability of being on social assistance at the end of 2008 for clients who had entered the system during the first three months of that same year. The probability of being still in receipt of social assistance was slightly higher for MAMAC clients than it was for members of the control group (no indication given re. statistical significance, p.45).

The evidence presented in the impact evaluation suggests that MAMAC was ineffective. However, given the very serious methodological issues mentioned above, these results cannot be considered as reliable. It may be the case that MAMAC was ineffective, or that the features that determined programme eligibility, i.e. the complexity of the case, cannot be satisfactorily measured with the available indicators.

The report does not contain information concerning the sustainability of employment.

Client perception:

This analysis was based on 25 phone interviews with MAMAC clients. A majority of them (20 out of 25) evaluated positively the service received through the MAMAC collaboration (p. 55).

Perception of staff involved in the implementation:

The authors of the evaluation carried out qualitative interviews with 92 members of staff involved in the implementation of MAMAC in 6 different cantons. They found some differences in the extent of acceptance of the MAMAC project by the implementation staff. In general, staff working for social assistance had a slightly more positive view of the programme than those working for invalidity insurance with unemployment insurance staff being somewhere in-between (p. 57). There was also

substantial cantonal variation, with one canton where staff held a very negative view and the remaining 5 being somewhat more positive (the names of the cantons are not revealed in the report)

Among the positive points were mentioned (pp. 56-59):

- Faster process leading to labour market re-entry
- Focus on individuals and their needs and not on rules
- Binding strategy (i.e. decisions taken within the context of MAMAC had to be followed by each individual institution)
- Opportunity to clarify complex situations, thanks to the various types of expertise available
- Many welcomed the role played by the doctors of the invalidity insurance in understanding individual cases
- Reinforcement of a "culture of cooperation".

Among the negative points, the problem that is mentioned most often is the additional time needed to run the MAMAC process (16% of those interviewed).

Overall, just over 50% of the implementation staff interviewed expressed a positive assessment of MAMAC and the view that it should be continued, possibly with some modification; about 20% had a neutral view of the pilot, and 20% felt that the pilot was a failure and a different form of collaboration needed to be developed (p.57).

2.14. Any important follow-up measures?

Somewhat ironically, given the lack of evidence in favour of MAMAC, the federal government decided to stick to interagency collaboration as the main instrument to guarantee the coherence of the social security system, this in spite of the fact that other ideas had been put forward by political actors (Cy. Champion 2013; Bonoli and Champion 2014). According to Cyrielle Champion, this development can be understood with reference to the fact that around 2010, when the results of the MAMAC pilot had become available, the new minister responsible for social affairs (Didier Burkhalter) found himself under pressure from parliament to put forward a strategy for the fight against poverty. The know-how developed by MAMAC and by other interagency collaboration projects provided him with an easy-to-implement element of the anti-poverty strategy (Cy. Champion 2013: 201). In her own words:

> "Hence, against empirical evidence which suggested the failure of inter-agency cooperation to solve fragmentation problems and facilitate labour market integration, the end of the MAMAC project did not trigger a move towards a more radical model of coordination, but instead the further development of inter-agency cooperation" (Cy. Champion 2013: 201-202).

Concretely, the federal government continues to support interagency collaboration, but in a less strictly structured form. Cantons are encouraged and supported in their collaboration initiatives, but unlike during the MAMAC pilot, there is no blueprint provided by the federal government that cantons can adopt. The task of supporting and promoting interagency collaboration is been given to a national "Interagency collaboration Committee" (strategic) and an "Interagency collaboration

Bureau" (operational). With these outfits are represented the main agencies, the cantons and the municipalities.

The task of the Interagency collaboration Bureau is especially to organise exchange of information / best practice among the cantons, collect and disseminate relevant information, and other rather unambitious interventions (see official website www.cii.ch).

2.15. Any other detail that seemed important but wasn't mentioned so far?

The context in which MAMAC was developed was characterised by two important developments: first the presence in the political debate, of alternative initiatives in terms of coordination/integration of social security schemes; second, the existence of cost-shifting practices among different institutions and levels of government. These are discussed next.

Alternative initiatives

MAMAC was developed in a context of general dissatisfaction with the fragmented character of the Swiss social security system. Several initiatives took place more or less at the same time. Two of these initiatives can be mentioned:

First there was an attempt at increasing federal involvement in social assistance in the shape of a new a federal law on social assistance. Towards the mid-2000s, at the request of the main intercantonal organisations representing social assistance, including the CSIAS/SKOS, discussions started within the Social security commission of the National Council (Lower chamber of parliament) with regard to the possibility to adopt a federal framework law on social assistance. However the idea was dropped in 2006 after two years of deliberations. The idea was abandoned for several years, but then came back onto the political agenda in 2014, when a report commissioned by the Federal government considered this option. However, it decided against it, because, it argued, the cantons were unwilling to give up powers in the field of social assistance (Conseil fédéral 2014).

Second, a Socialist member of parliament filed a parliamentary initiative in 2007 which asked Parliament to prepare a reform aimed at reorganising the existing federal insurance programmes and some cantonal schemes into four broad schemes: old age, health care, loss of income and integration, and family (Services du Parlement 2007). The initiative was debated within the Parliamentary commission on health and social security in 2008. Several hearing were also organised with experts on social security. Eventually, the initiative was not able to attract enough support within the parliamentary commission and was as a result abandoned.

According to interview data collected by Cy. Champion (2013; Bonoli and Champion 2014), there was some understanding within the commission for the fact the current highly fragmented social security system was in many ways inadequate. However, commission members were also convinced that the success of such a big reform would be highly uncertain, with no guarantee that the post-reform system would deliver significantly better results. In the words of one member of parliament interviewed by Cyrielle Champion:

> "Theoretically, yes [there are potential gains in such a reform]. But no one really
> believes it, because we fear that this turns into a gargantuan exercise which eventually

ends up in an even more complex system than it is now. Now it works. We can change it, hoping that it will work better, but whether it will be really more efficient is uncertain. It risks destroying the functioning of individual entities; it risks destroying the practical know-how at the delivery level. All those working in the offices, their knowledge, all that will be destroyed and newly reorganised. And then, you have such a big thing, and will it work better? We don't really see the necessity, and we have no confidence in a better result. So, let's keep the system as it is." (Interview, Christian-Democratic Member of Parliament 15/09/2011; Bonoli and Champion 2014: 90-91).

At the time of writing, the debate on the coordination of social security for working age individuals is not as topical as it was during the 2000s. Practitioners sometimes voice their dissatisfaction (Interviews 1, 3 and 4), but one gets the impression that the general feeling is that what was politically feasible in Switzerland has been tried, and that within those constraints, not much else can be achieved.

Cost-shifting practices[4]

A second important contextual factor is the practice of cost-shifting. Cost shifting took place throughout the MAMAC pilot, before, and afterwards. As seen above (figure 1 above), the 1990s and the 2000s were two decades of substantial expansion in the caseload of both federal and municipal social programs. This development prompted policy-makers at the federal government to reform the schemes for which it bears responsibility. In relation to invalidity insurance, reforms adopted in the 2000s were particularly important with regard to the impact they had on the sharing of costs between the Federal government and the municipalities.

These reforms are considered as the key factors explaining the reduction in the number of invalidity benefit recipients that starts in 2006 (see fig. 1). According to an official working for the federal ministry of social affairs "Cantonal invalidity insurance agencies *have become stricter in granting invalidity pensions* […] this also visible in the statistics: the number of new invalidity pension is down by 35% in comparison to 2003" (Weyland-Bigler 2009: 34, emphasis ours).

As a result of the reforms adopted by the Federal government, access to invalidity insurance has become more difficult, with about a third fewer claimants receiving a pension. This development, however, does not necessarily amount to cost shifting. In order to conclude that downward cost shifting is taking place, one would need to show that the individuals whose claims are now rejected are turning to social assistance. According to the available evidence, this is partly the case. A study commissioned by the Federal Office of Social Insurance, concluded that between 2004 and 2006 about 30% of those whose claim for an invalidity pension was rejected ended up receiving social assistance (about 10,000 individuals out of 35,000, Fluder et al 2009: 105). Over the same period of time (2004-2006), some 100,000 individuals entered into social assistance (Fluder et al 2009: 109). Rejections of claims for invalidity insurance account for a small proportion of social assistance costs. However, in a context of tight budget constraints and objective difficulties in bringing clients back into the labour market, even a cost-shift of this limited magnitude can be seen as problematic by the municipalities.

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[4] This section draws on Bonoli and Trein 2016

A similar story can be told in relation to unemployment insurance, which was reformed on several occasions with the objective of containing costs by reducing eligibility. For the 2011 reform, which was considered by many to constitute a big exercise in downward cost-shifting, a study was commissioned by a group of 15 large municipalities. It concluded that in these 15 cities, the 2011 reform was responsible for increases in caseloads ranging between 5% and 15% (Salzgeber 2012: 64).

While federal authorities were reforming federal schemes in order to contain rising caseloads and expenses, municipalities and cantons were also playing the cost shifting game, but in the opposite direction and with different tools: by assisting and supporting social assistance clients in filing a claim for invalidity insurance, and by offering them time limited contribution paying jobs so that they re-gain entitlement to federal unemployment insurance. While it is difficult to quantify the extent of these practices and their results in terms of cost-shifting, there is extensive evidence that both practices were and in some cases still are widespread.

In 2008, the federal government estimated their cost of entitlement generated by cantonal/municipal employment programmes for the unemployment insurance scheme at 90 million Swiss francs per year, or 2.2 % of spending on unemployment cash benefits (CF, 2008, p. 7046).

There are no estimates of the extent of cost-shifting performed by assisting social assistance clients in obtaining an invalidity pension. This is also because this practice cannot unequivocally be interpreted as cost shifting. Assisting a client in obtaining a benefit to which he or she is entitled is a core function of a public service. However, in the context of a social security system, having its different components fighting in order to avoid financial responsibility for a client resembles much more cost-shifting than the intention of properly applying the law.

There is anecdotal evidence that before, during and after MAMAC, social assistance offices used taxpayer money to pay private lawyers to appeal against negative decisions by the invalidity insurance for their clients (Bonoli and Trein 2016). While social assistance clients have legal rights as anyone else in society, this use of public funds seems completely incoherent with the discourse and the intentions behind MAMAC. Municipalities and cantons would offer contribution paying jobs to social assistance clients, in order to get them back into (federal) unemployment insurance

How widespread are these practices and what is their impact in terms of caseload? A study published in 2013 looked at the path followed by new recipients of invalidity pensions in the 2005-2010 period. The majority of them, about 54% where unknown to the social security system. A small minority received unemployment benefit (15%) while a larger group was on social assistance just prior to receiving invalidity benefit, about 22% (Fluder et al 2013). This latter figure gives us an idea of the possible extent of cost shifting through this channel.

3. Assessment and conclusions

3.1. What external factors helped/hindered the launch of the initiative and its successful implementation?

MAMAC was possible because it was based on an appropriate balance of cantonal and federal influence. The federal government provided the necessary impetus to the project, but its role was limited and the cantons had ample room for manoeuvre in co-determining federal policy, and in how to implement MAMAC in their territory.

The result was a rather loose structure that could not intervene in a range of potentially relevant issues, such as the existence of incentives for cost shifting.

3.2. Lessons for the country

The MAMAC pilot showed the limits of interagency collaboration as a strategy to generate a more integrated approach in the provision of minimum income benefits and related services. The problems encountered and the lack of a clear positive effect suggest that collaboration has only limited potential. In addition, the high implementation costs of MAMAC suggest that interagency collaboration cannot be applied as a more generalised solution to the take care of clients with multiple problems. Many of the actors interviewed, believe that more ambitious forms of integration are needed, such as a new fund that finances the living expenses of clients with multiple problems (Interview 1 and 3), or a single institution (interview 2). However, political realism means that most actors are now reluctant to propose a radical overhaul of the system. In addition, the fact that the social situation in Switzerland is comparatively favourable, means that few actors are willing to embark on a bigger reform, the payoff of which is highly uncertain.

As a result, as long as current conditions prevail, it is unlikely that Switzerland will develop more ambitious forms of integration/coordination.

3.3. Lessons for Europe

The MAMAC experiment did not generate lessons that are specific to Europe. Its contribution concerns the way in which social security for working age people is organised, and the lessons are relevant to all countries with modern but fragmented welfare states.

3.4. Main strengths and weaknesses

MAMAC was certainly a welcome initiative. However, a number of problems emerged, making it a difficult tool for the provision of adequate re-integration services to clients with multiple problems. Among the most important problems, one can mention the time consuming quality of MAMAC and the fact that it required substantial resources. This led to an increased workload for frontline staff and to additional costs due to coordination.

Were these additional costs justified by better results? As mentioned above, the evaluation was not able to identify any positive effect of MAMAC. This could be due to the methodological problems discussed above. However, if MAMAC had a strong positive effect, one can assume that some of it would have been visible even with a limited research design. As a result, on balance, it seems

appropriate to conclude that MAMAC failed to deliver a tangible improvement in terms of allowing clients with multiple problems to get back into the labour market.

MAMAC was probably too limited an intervention to generate more positive results. In a way, the fundamental problems related to the fragmented nature of social security were not dealt with. First, the incentive structure, which rewards agencies when they lower their caseloads, encourages cost shifting. As a result MAMAC, and other forms of interagency collaboration, resemble a two level game. First, on a visible level, agencies play the collaboration game. Together they try to identify the best strategy to get clients back into the labour market and work out a division of labour among themselves. At the same time, on a second, less visible level, agencies continue to practice cost shifting.

According to the former head of CSIAS, one important limit of MAMAC was the fact that it did not get rid or at least contain the incentives for shifting costs across institutions. In his view, a better coordination initiative would have included a special fund which would cover the living expenses of the client with multiple problems. This fund could have been financed jointly by the three participating institutions. It would have solved the problem of incentives to shift costs (interview 1).

The limits of the MAMAC exercise and of subsequent collaboration initiatives concern also the first level, the collaboration game. In fact, the declared objective of MAMAC was to make available the knowhow and expertise of each agency to clients of the other ones. However, this pooling of expertise did not extend to the most expensive measures, such as long term vocational training. Invalidity insurance currently finances long term vocational (re-)training (typically up to three or four years vocational training), but these high cost/high quality measure is not available for clients who do not fulfil the formal requirements imposed by the law on invalidity insurance. This example suggests that MAMAC (as well as other interagency collaboration initiatives) did not manage to eliminate the predominance of the logic of individual institutions over the client's best interest.

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Section III: Annexes

A.1. Overview of the existing literature

1. Champion, Céline. (2008). *Bilan intermédiaire de la mise en oeuvre de CII_MAMAC*. **Lausanne: unpublished MA thesis.**

This is a very interesting unpublished MA dissertation written by Céline Champion, who was at the time the head of the BCAQ group i.e. the group that was responsible for preparing the basic framework of the MAMAC project at the federal level. Ms Champion was at the same time following the MPA programme at ODHEAP; and that is where she wrote her MA dissertation.

The dissertation was written in early 2008 and focused on the implementation of AMAMAC in 14 cantons. It describes the origins of the project as well as the decision taken in the 14 cantons with regard to implementation

2. Egger, M., Merckx, V., & Wütrich, A. (2010). *Evaluation du projet national VII-MAMAC* **(Vol. 9/10). Berne: Federal office for social insurance.**

This the final report of the evaluation of MAMAC, a study contracted by the Federal office of social insurance. Its findings were presented earlier in the report, but one can sum them up with two ideas:
- MAMAC was a positive experience in terms of promoting a culture of collaboration and allowing actors to better understand the interdependencies of the various components of the social security system
- MAMAC failed to have an impact in the duration of benefit dependency

The report contains also a joint preface signed by the head of invalidity insurance and by the head of unemployment insurance, i.e. the two most important figures in the federal administration concerned with the project. They argued for a reinforcement of collaboration.

A.2. Good practice examples

Good practice example # 1

Field	Information provided
Country	Switzerland, Canton of Fribourg
Title of the good practice feature (English and original)	Catalogue des compétences (Directory of expertise)
Short sentence summarising the practice	A series of "fiches" describe the different type of expertise that is available in the different social services.
Rationale	The objective of this practice is to promote informal forms of collaboration.
Start (and end) date	2017
Which organisation(s) was involved in its implementation?	Main implementer: Cantonal social service, Canton of Fribourg Other important partners: PES and Invalidity insurance agency, Canton Fribourg
Main elements of the feature	The tool consists of a series of 'fiches' that describe the different types of expertise that are available in the different social services. This includes both expertise possessed by staff and externally contracted labour market or social programmes. For example, a medical assessment for a specific health problem or a training programme in job search skills. These fiches are made available to all relevant staff, so that everyone can know what sort of expertise is available elsewhere. It is hoped that staff working in one agency will, when appropriate, turn to colleagues in other agencies to obtain expertise that can be beneficial to their clients.
Resources 1: money	Very cheap. No additional resources were needed.
Resources 2: PES capacity, tools	No particular staff needs
Transferability	The practice seems very simple and easy to transfer to other systems where different agencies which have little knowledge of one another are expected to collaborate.
Sources of further information	Interview 4 http://www.iiz.ch

Good practice example # 2

Field	Information provided
Country	Switzerland, national
Title of the good practice feature (English and original)	National organisation for interagency collaboration (Organisation CII nationale)
Short sentence summarising the practice	A small organisation based within a rotating federal office, that collects information and deals with common issues concerning interagency collaboration
Rationale	To provide information on best practice in IAC matters to all cantons To deal with common problems at a higher level (e.g. data protection issues)
Start (and end) date	In the current form, 2011. It is in a way the successor organisation of MAMAC. No end date set.
Which organisation(s) was involved in its implementation?	The Organisation was set up by the Federal government, and includes representatives of the Federal office of social insurance, the State secretariat for economic affairs, the State secretariat for Migration, the State secretariat for education and science and representative of the cantons.
Main elements of the feature	The national organisation is a platform that assists the cantons in developing and improving IAC. It provides documentation, it organises events where good practices can be discussed and exchanged. It also provides support on complex issues that affect IAC in every canton, e.g. data protection issues.
Resources 1: money	Financed jointly by the participating organisations. Its costs are modest.
Resources 2: PES capacity, tools	Not relevant
Transferability	Possibly for highly decentralised federal countries.
Sources of further information	http://www.iiz.ch