

First Draft of the Research Agenda

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First Draft of the Research Agenda

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**Work Package 10
(grant agreement nr. 290542)**

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This report is part of the research project 'Social Platform on innovative Social Services' (INNOSERV). INNOSERV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSERV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).





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Table of Contents

1. Introduction	4
2. Executive summary	6
3. Method	8
3.1. The research process	8
3.2 Model of innovation	10
3.3. Formulating the research agenda.....	11
4. Seven research themes	12
4.1. User-centred services and approaches.....	12
4.2. Innovations in institutional development	19
4.3. The framing of social services in relation to innovation.....	26
4.4. The governance of social service innovation	30
4.5. The influence of regional and local contexts.....	41
4.6. New technologies.....	50
4.7. Measuring outcomes, quality and challenges	57
5. Next steps	64
6. References.....	65
Appendix 1: The workshop.....	76



1. Introduction

The European welfare systems are under pressure to transform and adapt to the challenges of today and tomorrow in a globalizing world. This especially involves the comprehensive field of the services provided within health, welfare and informal education – services that we all use at one point or another during our lifetimes.

This report is a draft of a research agenda that the consortium INNOSERV has provided to the European Commission. It is the result of the work of researchers and insights provided by users, practitioners, experts and policy-makers involving around 20 examples of innovative practices from different parts of Europe (these examples have been transformed into visualizations). In the autumn of 2013, the draft will be presented to international experts and key national and European stakeholders, as input to the final research agenda. This research agenda will be presented to the European Commission and provide one of several sources of input from social platforms for HORIZON 2020. INNOSERV is a social platform consisting of experts from various EU countries and key stakeholders and is itself an innovation in how researchers work together with representatives from various parts of society, thereby ensuring the relevance of the suggested draft of a research agenda. The various experts have a high level of expertise within the three policy fields but are not experts in innovation as such.

INNOSERV has described and worked with a model for innovation in social services (please see 4.2). The definition of social services used in the INNOSERV project relates to the EU term "social services of general interest" (ssgi). This term was developed in the EU-Commission's *Green Paper on Service of general interest* (May 2003). It defines social services as:

"statutory and complementary social security schemes, organised in various ways (mutual or occupational organisations), covering the main risks of life, such as those linked to health, ageing, occupational accidents, unemployment, retirement and disability; other essential services provided directly to the person. These services that play a preventive and social cohesion role consist of customised assistance to facilitate social inclusion and safeguard fundamental rights (...).(The SPC 2010, S. 3)"

Social services are embedded in differentiated policy areas and can be affected by regulatory frameworks on national, regional and local level. ‘

The connection between social service innovation and the social innovation strategy in Europe is described in the WP1 INNOSERV report. In this report the difference between innovation and



social innovation is outlined (Crepaldi, de Rosa and Pesce, 2012). However, in recent political statements such as below the two different concepts are closely related:

*“Social services and their innovation are expected as an inclusive part of this strategy:
„social services are considered drivers of social innovation.“(European Union 2011)*

Naturally different levels of innovation exist concerning the degree of novelty from minor to more radical changes in how we think. In the larger picture, innovation might possibly even change the ‘basis of society’, as some researchers have argued (Tidd and Bessant 2009:27). But to whom is it new? By novelty, we refer to a new service, a new form of delivery, a new form of governance, a new form or resourcing and/or a new form of evaluation (Hawker and Frankland 2012:12-13). We use innovation both in the sense of first use as well as when elements are adopted from elsewhere. This is increasingly becoming the commonplace use of the term. ‘Quality’ refers to it being a better method or way of financing than that which it replaced; and with no substantial, negative side effects. Sustainability refers to the institutionalization of novel practices.

A research agenda can assume different forms. There is a lengthy tradition in the social sciences for posing research questions in two different ways, which has implications for the form of the research agenda. The first tradition is ‘applied research’, which is referred to in contemporary sociology of science as ‘modus two research’ (Gibbons et al. 1994), a more problem-focused form of research, of helping to solve social and political problems. The other tradition, as identified by Max Weber (1949), is social philosophy, which is characterized by social scientist thinking about ‘the context and the meaning of the ends we desire’. While the first tradition is about engineering and transforming society according to the goals identified in society and politics, the latter is about a critical stance towards the same goals and means pursued. This research agenda draws upon both traditions and, in so doing, qualifies the discussions about the social sciences and innovation.



2. Executive summary

This report summarizes the process and results of work package 10 in the social platform of INNOSERV simultaneously being based upon the knowledge and insights achieved in the former packages. Our platform has taken a bottom up approach to collect the views of various stakeholders about innovations in social services in various European countries. This was done through visualizations of twenty innovative examples presented in various countries to users, practitioners, policy makers and experts. In a parallel process a model of innovation was developed in work package 7 (Langer, Crcic and Güntner, 2013). Both the innovative model and the results from the experiences of various stakeholders have fed into the present draft of the research agenda which was thematically developed at a meeting in Roskilde in the end of June 2013. At this meeting the consortium members agreed upon seven key research themes which are listed below:

- User-centeredness innovation in social services
- Innovation in institutional development
- Framing of social services in relation to innovation
- The governance of innovation
- Influence of regional and local context
- New technologies
- Measuring outcomes, quality and challenges.

RU produced a general description of each theme, identified key sub-themes, outlined the state of the art and identified the research gaps for each sub-theme, and finally systematically outlined the research question stemming from each sub-theme and theme.

Generally speaking, social services are changing. Some of the changes refer to personalization, cross-sector cooperation and the increasing interaction between professionals, users and volunteers. User-centeredness is about a paradigmatic shift towards the users: user-involvement (re)shaping processes, shifting roles, functions and actors and rethinking and developing competences. The second theme, Innovation in institutional development, is about engineering change in relation to innovation: resources, patterns of change, agents of change, inter-organizational relations and the management of development. A third theme, 'Framing of social services in relation to innovation', is about key values and how innovation is framed in policy talk: definitions of social and political problems and key principles in framing social services. The fourth theme, 'The governance of innovation', is changing and becoming more complex with new forms of



provider organizations and new forms of (governmental) governance. Governance encompasses sub-themes such as Marketization, privatization, standardization and local context, different political systems characterized by multi-level governance and service pillars and a cross-sector approach. The fifth theme, 'Influence of regional and local context', refers to the 'embeddedness' of innovation in cultural contexts, where local context is referring to nation states and local authorities/municipalities. The sub-themes are cultural factors as barriers and facilitators, capacity of system and transferability. The sixth theme, 'New Technologies', is about the impact of new technologies on the relationships between professionals and users: Accessibility of services, remote and assistive technologies as well as implementation and diffusion of new technologies. The final research theme, 'Measuring Outcomes, Quality and Challenges' encompassing questions about the improvement of social services and how to measure this improvement and possible unintended effects.



3. Method

The research process informing the research agenda is based on the triangulation of different kinds of knowledge stemming from different sources and research methods. On one hand, the INNOSERV project has analysed and systematized the theoretical discussions and knowledge on innovation in social services (Crepaldi, de Rosa and Pesce 2012; Hawker and Franklin 2012). On the other hand, this theoretical knowledge has been enriched, developed, informed, verified and contrasted through a number of analytical and empirical approaches to innovation in social services. This includes a bottom-up process whereby users, practitioners, researchers, policy-makers and other stakeholders gave input based on their knowledge of innovation at a practical level (Laino and Sütő 2013; Pesce and Ispano 2013). Furthermore, the theoretical input was informed and revised on the basis of a meta-study of empirical case studies of innovative social services (Langer, Güntner and Crcic 2013).

3.1. The research process

WP aims to produce a draft of a research agenda outlining a number of research themes. This report brings together different kinds of knowledge: scientific knowledge generated in the literature review in WP1-2, knowledge from stakeholders and experts in WP7-8 about innovation and innovative processes and knowledge from the 20 selected innovative practices analysed in WP7. This comprehensive and fragmented knowledge was combined and used to identify research themes at a joint meeting in the end of June 2013 with the consortium partners. The Danish team (RU) produced a report from the meeting which can be found in the Appendix 1 (deliverable 10.1) and produced a draft of a research agenda based upon the research themes identified at the meeting. RU produced a general description of each theme, listed and described sub-themes, outlined the state of the art in each sub-theme, identified the research gaps and finally systematically outlined the research question stemming from each sub-theme. This draft was discussed and agreed upon with the consortium leader (UHEI) in the end of August 2013.

The theoretical work included a comprehensive review of literature within the language areas covered by the national teams of the consortium (Crepaldi, de Rosa and Pesce 2012). The literature review identified the state of the art of research in innovation, specifically in relation to social services. The findings from the review were further developed (Hawker and Franklin 2012) in a heuristic model for social service innovation that identified tentative criteria for innovative practices. The process of developing the model also included the identification of trends and challenges to which innovative practices respond. This was done in order to expand the understanding of the relation between societal challenges and changes and innovative practices.



The societal challenges and changes were identified by the national teams using a shared scenario planning method (Hawker and Franklin 2012).

In the bottom-up process, empirical knowledge on innovative social services was generated using empirical cases at the practice level in different European countries. A novel ‘visual sociology’¹ approach was applied as a means of challenging and underpinning the theoretical work. The approach consisted of using visualizations through short films – visual sociology defined as ‘visual essays’ (see Pauwels 2012)² – of twenty social service practices corresponding with the theoretical model of criteria for innovative social services (Strifler and Eurich 2012). The visualizations were presented at 42 local workshops and two regional workshops with different actors, including users, practitioners, policy makers and researchers, where they served as a way of generating discussions, thus enabling the national teams to collect empirically based knowledge about innovation in social services (Pesce and Ispano 2013; Laino and Sütő 2013). Specifically, the workshops produced knowledge in relation to trends in social service delivery, barriers for innovative practices, new technologies and influence of context. This has qualified the work on the research agenda in relation to those areas. Furthermore, the workshops provided the users and practitioners the opportunity to voice their views on the needs for future research. This empirical knowledge led to the identification of research needs and trends in social services. Moreover, the data collection through the visual approach included an online questionnaire, allowing the film viewers to comment on the practices. This way, the approach included the triangulation of methods in relation to collecting empirical input. In addition to this, an undefined audience had the opportunity to provide feedback through new social media. This was done using an online questionnaire that served as tool for assessing social service practices.

The visual approach to explore innovative practices within social services was supplemented with theoretically informed case studies of each of the twenty social service practices, which were visualized through the short films (Langer, Güntner and Crcic 2013). The theoretical work was related to the specific social service practices through these in-depth case studies. On the basis of the case studies, a meta-analysis was produced. This analysis explored the analytical categories

¹ “Visual sociology today, therefore, is most accurately described – rather than defined – as a broad continuum of interests and applications premised on diverse theoretical foundations, a wide array of research programs, and a varied commitment to sociology as a discipline” (Grady 2006:7); see also Burri (2008).

² “The visual essay can definitely be considered as one of the most visual forms of visual research, but also as a mode that seems very remote from traditional social scientific practice and hence likely to produce controversy, both at the level of journal boards and organisations measuring academic output” (Pauwels 2012:1; see also some of the work on the ethnographical film as one earlier approach to visual essays (Kaczmarek 2008)).



developed in the earlier work and the patterns across the different case studies. The meta-analysis of the case studies resulted both in a revision of a model developed earlier and in expanding the understanding of the processes of social service innovation. This new model (Figure 1) helped highlight new aspects of social service innovation, such as agents of innovation. These new insights have been reworked and integrated in the research agendas themes and research questions.

The concept of innovation was defined in WP2 (Hawker and Frankland 2012) and specified in WP 7, and its applicability was demonstrated in the later work packages.

3.2 Model of innovation

Since the beginning of the research project, the project partners worked on a definition of innovation in social services. What are the specific aspects of innovation?

In social services sector, the characteristics of novelty, improvement and sustainability (...) have to apply not only to new products (new social services, new form of delivery services) and new ideas (new social work method, new governance, new organizations, new partnerships) but also involve

- the sphere of social practices and
- the underlying values of these.

The social services sector is centred on people and service delivery. (Crepaldi, De Rosa and Pesce 2012:14)

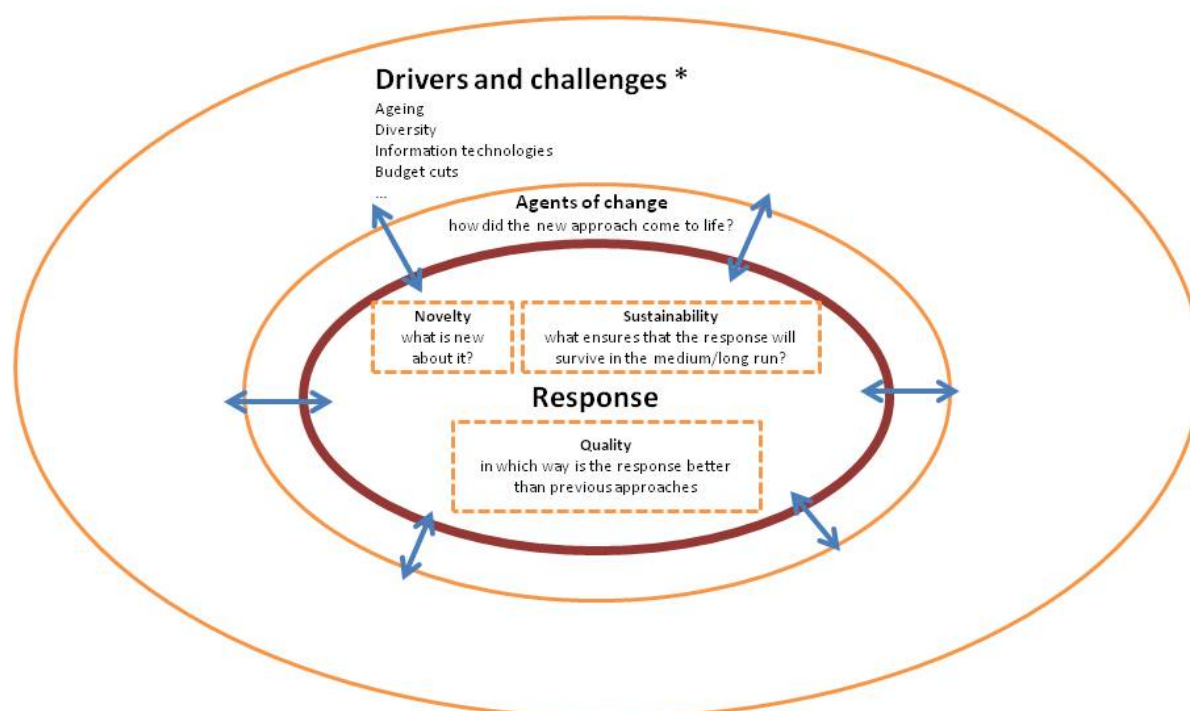
In contrast to innovations in other fields of services, innovations in social services must always consider a normative perspective. This is one of the key characteristics of social innovation. In general, social service innovation can be seen as a response to different drivers and challenges, such as demographic changes, new information technologies, budgets cuts and changes in social policy frameworks. Nevertheless, there is no immediate relationship between a specific driver or challenge and a specific social innovation. For example, social budget cuts do not always evoke the same kind of response in the form of a certain social innovation. Even though no direct causality can be found, the different drivers and challenges still have a relevant impact and provide an important framework for the development of new social innovations.

As mentioned above, the key characteristics of social innovations are 'novelty', 'quality' and 'sustainability'. The 'novelty' aspect points out what is new about the specific innovation; for example, a new service, a new form of delivery, a new form of governance, a new form of resourcing or a new way of evaluation (Hawker and Frankland 2012:13). The focus on quality is especially important considering social innovations: an innovative approach does not automatically

lead to improved quality. In fact, an innovation can lead to increased but undesired choice or loss of performance due to the learning process (Hawker and Frankland 2012:15). Additionally, the sustainability aspect also plays an important role. What is done to ensure that the innovation will be sustainable in the long run? This means, for example, that the innovative aspects and ideas should be applied to everyday practice (Hawker and Frankland 2012:16). Overall individual or collective actors at various levels function as agents of change. These actors often see new challenges or trends and respond to them as advocates.

Figure 1:

Factors influencing Social Services Innovation



3.3. Formulating the research agenda

The findings from the theoretical analysis and the empirically based work both fed into the formulation of the research agenda, including its seven themes. This way, the theoretical and empirical work supplemented each other in the research agenda's identification of key research themes, gaps and needs and the formulation of specific research questions. The formulation of the research agenda's themes was a collective work process done by the consortium and primarily



done during a 3-day consortium workshop in Roskilde. The aim of the consortium workshop was to develop the content of the research agenda and to prepare the future work packages.

So the consortium did a kind of cross-work package comparison of knowledge in order to systematize knowledge and search for findings and gaps, informing a complete picture of what we know and discussing this from different perspectives. For more detailed information, please see Appendix 1.

4. Seven research themes

Seven research themes were identified through the social platform research process. They are listed and described below and there is no priority in the sequence, but they are outlined in a kind of logical order, beginning with one of the major issues in contemporary social services: user-centeredness. The different themes are connected, which implies some overlaps on some of the issues. Each theme is seen as connected in circles with the other themes.

4.1. User-centred services and approaches

Top-down and bottom-up processes have increasingly stressed the centrality of users in the social services. Consumerism, the disability and the patient-led movements have introduced this new focus to the political agenda. Consumerism (as part of NPM reforms) is positioning users as consumers, thereby providing choice and channels for complaints. The disability movement has argued that the provision of social services has not traditionally been geared towards the users, wherefore there is a need to transform recipients into participants and the logic of the system from program-centeredness to more person-centred approaches (A Canadian Approach to Disability 1997). The patient-led movements have also argued in favour of new practices whereby patients are able to become involved in decisions about their health, the available options and to participate in the management of the conditions (Hawker and Frankland 2012:209). Concepts such as ‘user involvement’, ‘user participation’, ‘user-initiated innovation’ and ‘user-led innovation’ are flourishing, and there seems to be uncertainty concerning the meaning and implications of user centrality. User centrality is more ambitious than ensuring rights and can possibly be translated into the usability of any social service for a particular person or group of users. Changing roles and logics is no easy task, especially not in a situation marked by increasing complexity of governance – vertically as well as horizontally. However, this feeds into an on-going discussion about the responsibilities of the state, the family and the individual. Although there is a political understanding that social



services must be reshaped, important research issues concerning the processes and means to achieve this change, the content of the changes for various actors and roles involved and how skills need to be rethought and taught emerge.

4.1.1. User involvement and (re)shaping processes

User involvement is sometimes ideologically overloaded with positive effects. It is supposed to bring better and more efficient services (Agger and Lund 2011) and is as such beneficial to users, policy-makers and citizens. But social services are provided in different institutional contexts of the state, market and civil society and increasingly in cross-sector cooperation between different policy fields and institutional agents. User involvement is a political goal, and many services are being de-institutionalized, personalized and new target groups included. ‘User centrality’ can be seen as an innovation *per se*, whereby research issues concerning the achievement of this political goal, the available means and effects are generated. But ‘user centred’ can also be understood as potentially having to fit with other innovations introduced into the social services. ‘User centred’ is often understood in the former meaning. However, important issues arise when ‘user centrality’ must work along ‘innovation’ in an organizational context and when ‘creativity’ becomes a key issue in bureaucracies. This calls for studies of its consequences for predictability, continuity and effects for users.

State of the art

There is a growing scholarship on user involvement using a variety of concepts and approaches, but little linking innovation and user involvement; although the disability movement itself has been driving cultural change and thereby functioning as a social service innovator (Schalock 2004). A tradition concerning user-led innovation can be distinguished (Kristensen and Voxsted 2009). User-led innovation is not identical to user-initiated innovation. A continuum of user involvement is outlined (Kristensen and Voxsted 2009), ranging from user-initiated innovations to consulting users in decision making and in the evaluation of social services (Vanhove 2012). The concept of ‘co-production’ is a core characteristic of social services but has also become increasingly fashionable in policy discussions wherein users become part of the planning process and are shaping the social service in question (Agger and Lund 2011).

But the increased focus on co-production also has a downside. Welfare state services are characterized by a growing tension between emancipation and control as well as individualization and collectivization. Co-production, empowerment, activating users and help to self-help are concepts which emphasize the growing autonomy of users as well as the obligation to be more self-responsible (Heinze 2009; Hartmann 2011; Dahl 2012). The welfare state taps into the



individuals' potential and ability to manage their lives. Especially in regard to employment services, the welfare state changes its purpose. Instead of protecting against the social risks inherent in the market economy, it creates "the right conditions and attitude for people to adapt to the requirements of an ever-changing economy." (Dahme and Wohlfahrt, 2007). This development can also be seen in the health and care sectors, where preventive methods are becoming more widespread and individuals take more responsibility for maintaining good health (Dahme and Wohlfahrt 2007).

Research has generally identified the need for the involvement of users beyond user participation. Users can be in focus in different ways as voters, taxpayers and consumers and at different levels of involvement (Tritter and McCallum 2006). However, health services research strongly indicates that the user-involvement impact must be evaluated in relation to two dimensions: the practice of healthcare and health outcomes (Tritter and McCallum 2006). There seem to be many approaches used to reshape services according to the involvement of the user, but little effort made towards mapping of them and their effects. And within the social sciences, there is an increasing awareness of how different dimensions of the social play out at the individual level through the theoretical concept of 'intersectionality' (Crenshaw 1994). This theoretical tradition studies how dimensions such as gender and ethnicity interact and are important (or not) in relation to user involvement. This is relevant in relation to the equality of the European social model concerning the integration – or lack thereof – of the centrality of the users – or certain groups of users – in the social services. We also know that users increasingly organize themselves (Vanhove 2012), but we do not seem to have knowledge about their impact on reshaping processes within the social services. The increasing mobilization takes place simultaneously with the re-domestication of services (Allen 2012) and a more holistic approach to services (Pesce and Ispano 2013:8). Does this reinforce the centrality of the user?

Research gaps

Stakeholders in our social platform have pointed out several research gaps. Some relate to issues already identified in the previous section (The state of the art), such as identifying levels of user involvement and its outcomes, whereas others are new. The new issues are a road map for implementing user centrality (like the road map for implementing innovation), an investigation of the risk management by the provider in relation to users, and an investigation of how the rights of persons with disabilities are monitored in different institutional systems.

Stakeholders argue that a road map for the implementation of user centrality is missing. This seems to be an issue falling within the Open Method of Coordination (OMC) and best practices.



Research investigating individualized funding systems, such as personal budgets, their conditions and effects, are necessary. Likewise, research about the use of various assessment tools, transparency of allocation and possible negative side-effects of personal budgets, for example, increasing the need for office support for the administrative work resulting from such user-centred services, is needed. Individualized funding systems must also be investigated in relation to whether such systems unintentionally increase the level of isolation.

In INNOSERV's analysis of the selected 20 cases, identified three clusters of agents of innovation/change. One of the clusters bringing about innovation was a professional advocacy alliance between professionals and users (Langer, Güntner and Crcic 2013:39). This advocacy relies on a mix of expertise and research being able to investigate the conditions for creating such alliances and their effects on the centrality of the user.

Research questions:

- Which approaches are used to reshape services to be more user-centred and what kind of impact do they have on practices? Do they lead to improved services for users?
- How to accommodate social services to those not able to fulfil the new responsibilities transferred to them?
- What are the effects of user involvement on pillarization and cross-sector cooperation?
- What are the effects of user involvement on health outcomes?
- Are some users unable to get involved? And is user involvement contributing to new inequalities?
- What is the impact of user involvement (including the rising number of user organizations) on monitoring and the evaluation of social services?
- How do professionals manage risks in relation to users?
- Does the re-domestication imply the implementation of the centrality of the user?
- How are the rights of persons with disabilities monitored?
- Do personal budgets for users create more bureaucracy? And how do users deal with this?
- What is the role of different forms of advocacy in mainstreaming user centrality?
- How are tensions tackled between competing aims, especially between cost savings and user-centredness?

4.1.2. Actors, roles and functions

For a variety of reasons, professionals, management and policy-makers are encountering a new reality of empowered users/customers (Windrum and Garcia-Goni 2008), standardization and



demands for teamwork, cross-sector cooperation and partnerships with new organizations. The autonomy of some professionals is reduced, and they are subject to new demands, including demands about continuous adaptability in relation to the individual needs of the users (Fahnøe 2013). New images of users as experts proliferate, and the content of these changes for the professionals must be thoroughly investigated. We need to have in mind, however, that social services are also provided by care workers without formal qualifications.

State of the art

Professional actors could be characterized through their access to specific knowledge (gained through qualification and practice), through their access to and their use of specific methods as well as through their value-based attitude. Expertise implies the compilation and supply of practical knowledge, working knowledge and systematized academic knowledge as well as the supply of methods, standards and concepts considering the application of social services. It also implies professional values and an ethical self-reflection (Langer, Güntner and Crcic 2013:31). This knowledge monopoly is challenged by the political goal of user-centredness and triggering new self-understandings. Some research about how new forms of governance and late modernity have redefined the identities of professionals – both classical and welfare professions (Dent and Whitehead 2002; Kuhlman 2004) – exists, pointing out the floating boundaries between professions and between professionals and non-professionals. However, much less research seems to deal with professionals in-between user involvement and other innovations. The empowerment of users is one core function of professions, sometimes against public and welfare state pressure (Langer, Güntner and Crcic 2013). There is little research on care workers and the effects of the new paradigm of innovation and user involvement, nor is there much research on its effects on different groups within a profession or the relationship between the users and professionals/care workers.

Research gap

Different research gaps can be identified. One gap relates to the working conditions of care workers and professionals manoeuvring between user involvement, new forms of cooperation (in cross-sector terms and with new partnerships) and innovation. Strongly related to this is a gap relating to whether new patterns of coordination arise and whether they are accompanied by new roles attributed to the professionals and care workers.

Another gap relates to user-led services. Here, users are supposed to be the innovators, and a strategic research theme becomes how professionals and care workers can facilitate capacity building, thereby enabling users to fulfil this new role. And if successful, a new problem arises: the



fate of social services when the first promoters and leaders leave their position (Pesce and Ispano 2013:11). This is an issue pertaining to the sustainability of innovative social services. Finally, innovations developed within the services must be transferred to academia and the institutions teaching professionals. Research needs to identify the different ways a reciprocal learning process can be facilitated, where the 'direct experience' of innovative processes can be conveyed to professionals as well as the new roles that professionals must assume (Pesce and Ispano 2013:11).

Research questions:

- Which new identities emerge in relation to the various forms of user involvement?
- What do the new identities mean for both professionals and non-professionals and their work conditions?
- Does user involvement prompt new forms of coordination?
- What do the new identities mean for how professionals are taught their profession, i.e. in relation to the education system?
- How can innovations be sustained when the first promoters leave?
- What is the impact of being user-centred on inequalities related to gender, class and ethnicity?
- What is the impact of user-centredness on the quality of service and on the quality of life of the professionals/non-professionals providing social services?

4.1.3. Rethinking and developing competences

Professionals and non-professionals are encountering new realities which might involve rethinking and developing new competences as users are empowered, more diverse and managers are trying to create an innovation-friendly atmosphere (Vanhove 2012). This raises issues in relation to leaders, management methods and learning cultures within and between organizations – and within and between policy fields. The main challenge for strategic research is to provide advice on how to lead processes of change focusing on innovation, keeping users involved in these processes and ensuring their centrality. Research on the genesis of new social services for new or hitherto unknown needs is also needed.

State of the art and research gaps

The expertise related to social services changes. On one hand, professional expertise becomes increasingly specialized and, simultaneously, expertise in specific fields is accompanied by user experience and interest groups (Langer, Güntner and Crcic 2013:35). Instead of having



occupational expertise as a traditional nurse, the expertise is now in the field of rehabilitation. This field-specific knowledge can be gained in different ways and is not necessarily achieved through formalized education. Simultaneously, new social services are targeting specific ethnic and gendered groups. This means that diversity and inequality in the provision of various forms of social services is on the research agenda, although simultaneously introducing old discussions about universal-versus-targeted services. The link between socio-economic status and health is clear, with people from lower economic groups experiencing poorer health and less likely engaging in health promoting behaviours (Hawker and Frankland 2012:21). User involvement means being attentive to the diversity of users and the multiple forms of discrimination that the professionals and non-professionally unintentionally can perform; for example, towards women with disabilities and with a migrant background (Crepaldi, de Rosa and Pesce 2022:60). The literature raises the issue but has yet to provide answers concerning the type of competences needed – be they inter-cultural competences or general attention to diversity and different needs. Concerning research gaps, none were identified in the focus groups conducted in the various countries and the regional workshops.

Research questions

- Which new competences are needed for user centrality at the various levels of an organization and within the fields of health, education and welfare?
- How can risk sharing be included in professional competences?
- How can we understand the development of new forms of expertise related to social service fields?
- What are the conditions for fostering new services based on user involvement and user-based needs?
- Is there a gap in competences, e.g. for professionals and managers manoeuvring in more complex environments?
- Do patterns of allocation of public funds support user centrality?
- How does user centrality affect the organization of professionals and non-professionals?
- Which approaches can managers use to ensure that user centrality and innovation go hand-in-hand?



4.2. Innovations in institutional development

Institutions matter.³ An institution is a collective body with a relative autonomy vis-à-vis its surroundings and with a collection of routines and structures that define and defend values, norms, interests, identities and beliefs (March and Olsen 1989). Any idea or entrepreneurial activity takes place in an institutional environment; as such, the institution is crucial for its development and institutionalization into an innovation. The role of institutions can therefore not be underestimated in creating an idea and as an immediate environment favourable – or unfavourable – for transforming it into an innovation characterized by newness, quality and sustainability. Although innovation takes place in both a particular institution and/or in inter-institutional relations (Hawker and Frankland 2012), they are also situated in a larger context. This larger context has recently been characterized as four framework conditions (Schmitz et al. 2013). On the one hand, this larger context is a condition of possibility regulating the institutions in direct and indirect ways; on the other, this larger context is in the long run a product of the institutions and inter-institutional relations, and the innovations taking place within these. The greater issue of context is dealt with in the themes ‘governance of innovation’ and ‘local and regional context’.

Institutions might be small, medium or large-scale, and they might be hybrids combining different institutional logics to tackle the interrelatedness of needs. Some institutions connect and cooperate with other institutions in partnerships or networks. Every institution is characterized by routines and consequently resilience, perhaps even resistance, to change; simultaneously, the institution is involved in an on-going process of adjusting to the environment. This research theme is about engineering change in institutions about innovation and sub-issues dealing with resources, patterns of change, agents of change, inter-organizational relations and the management of development.

4.2.1. Resources and social services

Resources, such as human and financial resources, are important for the continuity of social services, just as creativity and risk aversion are important for the genesis, implementation and institutionalization of innovation. Through our case studies, we have seen how institutions increasingly mix resources, especially financial ones. The hybridization of resources is often combining private funding with users or volunteers as a resource. We have also witnessed that many innovations are project-orientated and therefore not necessarily sustainable.

³ We are, using the concept of ‘institution’, as this is commonplace in the research literature. The term ‘organisation’ is therefore avoided.



State of the art and research gaps

Institutional theory sees the institution as adapting to its environment in order to survive. Adaptation is often not immediate, as new social needs will change more quickly than the organization can respond to them (Langer, Güntner and Crcic 2013:14). Gaps between the provision of social services and needs emerge. Identifying a need for innovation demands attention to users and potential users, but attention is a scarce resource. Resources such as the capacity (and willingness) to take risks and carry out new ideas in practice (Laino and Sütó 2013) are also important.

According to a widely used model, the innovation process is placed in the interaction between:

...the resource system, knowledge purveyors and change agency on one hand, and the user system on the other hand. The user system is, during the design and implementation stages of the innovation, linked to the resource system and the change agency by e.g. shared meanings and mission, effective knowledge transfer, user involvement in specification, communication and information, user orientation, product augmentation and project management support. (Keller et al. 2010:1)

The resource system is one of four important elements. Apart from the human resources mentioned, financial resources also play a key role in the social services and in innovations. We increasingly see the involvement of private investors, the use of special funds, user payment and the hybridization of resources (Crepaldi, de Rosa and Pesce 2012:56)

In the focus groups with users, practitioners and international experts, various crucial resources were listed, including skills and financial resources (Laino and Sütó 2013). Problems about insufficient coordination skills were identified (Pesce and Ispano 2013:15) as well as problems with continuation after project funding runs out. In real life, these problems do not easily translate into research questions.

Research questions

- How are resources allocated in relation to innovations within institutions?
- Which kinds of resources hold the most promising approach for innovation?
- Which kinds of resources are crucial for institutionalizing innovative projects?
- Which resources can be steered most effectively? And which are more random and difficult to control?
- How does an institution mobilize external resources for use in innovation? And what are the effects of the different resource streams?



4.2.2. Patterns of change

Two decades of research have taught us that engineering institutional change is difficult and the results unpredictable. Institutions have their own routines and logics, as Lipsky's classical study of street level bureaucrats has already illustrated (2010[1980]). Bureaucrats resisted change and found new ways of tackling pressures from managers and users. Understanding this autonomy and inventiveness is crucial when trying to change institutions and engineer innovation. While every change is unique, social scientists often try to uncover patterns of change and likely patterns of resistance. This is in order to understand hermeneutically the forces driving resistance and how the potential resistance can be turned into creativity.

The state of the art

Different kinds of changes take place in institutions: engineered and non-engineered change. The latter, non-engineered change, is often adjustments taking place rather unnoticed; adjustments that are part of the scope of actions permitted to professional discretion and to the need for flexibility, as routines are insufficient. This on-going modification could be seen as a basis for innovation (Langer, Güntner and Crcic 2013:27-28) if supported by the institutional values and management and institutionalized. This would provide a different form of innovation than the more traditional, project-based innovation. Discontent with the status quo or with attempts to engineer particular changes within organizations could possibly also be used more creatively. Using discontent as a driver for change and improvement would demand more systematic research into engineering institutional change and an attention in management theory to discontent and the processes to possibly turn it into a driver of innovations. Innovation is often taking place along the establishment of a new institution (Langer, Güntner and Crcic 2013:34). Research does not seem to promote visible innovations within large-scale organizations except in public organizations. This could be due to a bias in research or a lack of innovations within large-scale organizations. We do not know which option is true, wherefore research investigating large-scale organizations within the social services would be welcome.

Research gaps

The focus groups found that innovations are typically found in project form. There seems to be a lack of applied research investigating the process of institutionalizing successful pilot projects. Two other research gaps were identified concerning innovations in large-scale institutions and patterns of change in rural versus urban environments. Regarding the latter, it was surprising that the literature review did not find research that discussed the importance of the immediate environment



(rural versus urban) for the likelihood and kind of innovation taking place (Langer, Güntner and Crcic 2013:34). This is especially interesting, as challenges and problem definitions might differ in rural and urban areas as well as the possible differences in resources and competences. We lack reliable findings pertaining to the relationship between institutional forms and the degree of innovation.

Research questions

- Where is the link between a societal framework of social innovation and the conversion of these broader processes into service provision?
- Which institutional form best promotes social service innovation?
- How can large-scale institutions enable innovation? Or make them more visible?

4.2.3 Agents of change and the innovation process

Previous sub-themes have dealt with resources and patterns of change. Here, there is a focus on the agents of change in regard to ‘who and how it is introduced’. As individual change agents are rare, innovations are often driven by different kinds of alliances.

State of the art

Neo-institutional theory has reintroduced institutions and their importance and placed much greater emphasis on agency as important for the reproduction – and change – of institutions than did its predecessors in the 1920–30s. In INNOSERV’s research, agents of change – the ‘who’ – was often more than one agent (Langer, Güntner and Crcic 2013:28), and using the insights of science and technology studies (STS), agents need not even be human. Within the literature, professionals and professional networks are seen to be resisting change (Ferlie et al. 2005), but INNOSERV’s research shows the opposite. Here, professionals are significant agents of change in coalitions with users (Langer, Güntner and Crcic 2013).⁴ Only more research can enlighten us with respect to this scientific disagreement about the role of professionals resisting or promoting change as agents of change, and research investigating the role of different kinds of professionals; for example, classical versus welfare professionals. But the likelihood of the three kinds of alliances mentioned previously and their likelihood of success is also a research issue – in order to understand their role in innovative processes.

⁴ Section 5.1 Governance of innovation outlines the three typical forms of alliances driving innovations.



As mentioned previously, change is difficult to achieve and often relies upon specific agents of change. But not only is change difficult, it must also fit the existing values and norms within the institution. This path dependency (Mahoney 2000) can also be labelled 'contextual fit', where a new method, practice, paradigm or way of delivery must be adapted to the given institution.

Research gaps

International experts indicated that innovation usually took place through incremental rather than disruptive processes (Laino and Sütó 2013) and that incremental changes often have a greater and more lasting impact. This is similar to that which is discussed in relation to the continuous 'adjustments' in institutions and how they are related to issues of path dependency and 'contextual fit'. This recurring issue whether and how the adjustments/incremental changes can be turned into innovations. At one of the international expert meetings, experts were reflecting on the processes leading to the promotion of some innovations and the abandonment of others (Laino and Sütó 2013:7). This naturally connects to the framing of innovations, not just in governance, but also in institutions and how they define what kind of innovation is needed as well as their framing of newness and sustainability. More research on these internal processes within institutions as well as the allocation of financial resources related to this issue is needed.

Research question

- How can we conceptualize agents of change?
- How are the specific agents of change forming the specific innovation?
- Which alliances are typically driving innovation?
- How are incubators of innovation facilitated and what do they look like?
- Are networks of professionals resisting or promoting innovations? And are there differences between different kinds of professionals with respect to innovation?
- Through which processes do innovations achieve a contextual fit? How are they translated into a specific institution?

4.2.4. Inter-institutional relationships

Now we move from one institution into the relationship between several institutions and their importance in relation to the creation and transfer of innovation. Such relations take place in a context of institutional interests and competitions as providers often compete in the marketplace. INNOSERV has observed the pluralization of institutional forms which increases the complexity in the terrain of providing services and cooperating with other institutions.



State of the art

The social services are characterized by unique features. Researchers argue that, unlike the linear process of innovation in the technological sector, innovation in the social services is interactive. It is utilizing connectivity and interdependencies, cooperation, sharing information and creating trust (Jalonen and Juntunen 2011). This demands trust, and with an increasing marketization and privatization, this seems increasingly unlikely to happen between institutions in the marketplace. What we *do* know is that there is a tendency for a growing number of welfare services to be provided in cooperation between the public and private sectors (mainly by third sector) and between different groups of actors within public organizations (Jalonen and Juntunen 2011; Sørensen and Torfing 2011). They are not in competition over customers and prizes.

A pluralization of institutions takes place with new types and new forms of cooperation emerging; for example, hybrid institutions, partnerships and networks. Inter-institutional forms also proliferate and assume new forms. Not only can the new forms of cooperation function as incubators for innovation, they can also function as important for becoming aware of innovations and the transfer of innovations between institutions. The interactive dimension is fundamental if innovations are to spread and transfer to new institutional contexts. This raises an important research issue about the transferability between institutions, where competition and institutional interests might obstruct the transfer of innovations.

Research gaps

The research review casts light on two important gaps. The first gap concerns how to circumvent distrust between private organizations in the market, where competition becomes a barrier to knowledge sharing and transparent communications. Another gap concerns the oft-repeated idea about an ‘innovation deficit’ with public services (Crepaldi, de Rosa and Pesce 2012), which seems to lack scientific documentation in relation to different welfare regimes and national cultures. A third gap relates to quasi-markets, their rules and characteristics in relation to innovation.

Research questions

- We need more comparative analysis of the frequency and forms of innovation in different kinds of institutions?
- Do new forms of cooperation function as the incubators of innovation?
- How can the transfer of innovations between competing institutions within the social services market be enabled?
- Is there an innovation deficit in public institutions in some welfare regimes? Or is this a myth?



- What are the consequences of quasi-markets for social service innovation?

4.2.5. *Management of innovation*

The management of innovation takes place both inside the institution and in relation to its environment, including other institutions, networks etc. Leaders are important facilitators of change and of creating an innovation-friendly environment. Management takes place in different institutions, and leading volunteers is a different game than a public institution. Management is under increasing pressure to perform due to globalizing processes and the increasing outcome orientation. This is true for both market-based firms and increasingly for the public organizations working under pseudo-market conditions in health and a paradigm of evidence-based evaluations more generally. Management must perform in relation to user satisfaction, profits, innovativeness and some managers must also adhere to the political aims of the service. Key issues about how to engineer change towards a more innovative-friendly institution are on the agenda; more specifically, whether new management styles and techniques are needed.

State of the art and research gaps

Managers are often the ones engineering systematic changes within an institution. But traditional, hierarchical, top-down management is seen as hindering innovation, wherefore there is a need for experiments and influence for employees. Innovation can be fostered if teamwork, leadership and networking are present together with learning and cooperation (Hermans and Vranken 2010). So how can an innovation-friendly atmosphere be achieved? Does it imply training leaders and team leaders? What characterizes an innovative culture in an institution? So changing management styles seems to be one of the keys to innovation.

With the increasing pluralization of institutions and forms of inter-institutional relations, new stakeholders become involved in the social services. We know little about the impact of these forms of cooperation on the form of management style (Hawker and Frankland 2012:22). Are they fostering innovations? And with the preoccupation to foster change and innovation, a question about continuity is raised. How are creativity and change combined with continuity? This issue was not seen in our literature review, which might reflect the incomprehensiveness of the review in relation to management issues.

Research questions

- What characterizes an innovative culture?
- How are managers and mid-level managers to be trained to facilitate innovation?



- Do new forms of inter-institutional relations demand new forms of management in relation to innovation? And if so, which?
- How are creativity and change to be combined with continuity of services?

4.3. The framing of social services in relation to innovation

A major ‘reframing’ of the social services has taken place in recent decades – reframing the service sector, its values, logics and the providers as a result of professionalism, user participation, NPM and post-NPM (Christensen 2012). Simultaneous professionalization has aimed at placing the definitional power of problems, needs and services in professional institutions. Conversely, interest groups, such as the independent living movement, have gathered an influence on policy, the providers and the academic world by reframing the concepts of disability and needs (Langer 2013). Whereas NPM has stressed marketization and new managerial ideals, post-NPM has focused on cross-sector coordination, networks and partnerships. Earlier, we talked about ‘citizens’ and ‘professionals’; now, we increasingly talk about ‘customers’, ‘users’, ‘providers’ and ‘practitioners’ as a result of the reframing of identities. Our vocabulary changes with the new logics and new structures with which the social services are embedded. At the EU level, a new, joint strategy, *Europe 2020*, has been identified, calling for a ‘smart, sustainable and inclusive approach’ whereby ‘innovation’ plays a key role. The ‘innovative union’ is one of seven flagship initiatives, and ‘innovation’ has become a major part of the solution to the contemporary problems in the EU.

In this research theme, the gaze is turned towards ‘innovation’ as an object of investigation. More specifically, the gaze is focussed on the understandings, origins and translations of ‘innovation’ in politics and in the social services, including attention to how new problems and new solutions are defined – as politics is the continuous play about needs, problems and an attempt to find ‘administrable’ solutions (Edelman 1988; Fraser 1990; Bacchi 2009). This involves conflicts and struggles about constructing the social (and political) problems and their solution(s). A major theme emerges about the ‘how’ and ‘who’ defines what is necessary in the social services – and the kind of needs and problems that are identified. This topic deals with issues of legitimation, public opinion and agenda-setting. The shape and type of social services as well as their delivery must be seen as legitimate by a complex constellation of stakeholders, involving the users as judging the services. The kind of social services emerging are related to accepted ‘pictures’, ‘opinions’ and accepted interpretations in the public sphere. Policy making in the field of social services emerge as a complex process involving multiple stakeholders setting an agenda. With this in mind, innovation is not a stable idea, as it can change in processes of contestation.



The rise of ‘innovation’ raises more basic research questions concerning its achievement of a mythological status and as part of our continuous re-invention of ourselves (Vaaben 2013). Describing the social processes through which ‘innovation’ has become the solution to a range of social and political problems is needed; including the investigation of how the relationship between this post-NPM governance with ‘innovation’ and the former governance of NPM unfolds. Likewise, the relationship between ‘innovation’ and the political discourses in various national contexts is of interest, as in the experience of a rapid pace of social change in eastern Europe to which ‘innovation’ is added on top as a key political goal. This means an investigation of the translation of key notions into a particular context, either as a country or a specific policy field with its own, existing logic. The different fields of welfare, health and education seem to be characterized by particular logics and development, as indicated by the description of the development from acute to chronic care in the health services (Hawker and Frankland 2012). This would imply studying the interaction of major societal redefinitions, such as ‘innovation’, with more fundamental redefinitions within specific fields; for example, the shift from rehabilitation to inclusion with respect to disabilities. It also means studying the interaction between new, key principles, such as human rights, inclusion, activation and diversity (just to mention a few) and the new ‘innovation’ paradigm. From a more applied social science perspective, research into this theme is of interest if policy makers want to avoid ‘innovation for the sake of innovation’, where innovation becomes devoid of content and is reduced to an empty gesture.

4.3.1. Definition of social and political problems – and the embedded values

Within the humanities and social sciences, a linguistic turn has taken place in the last 50 years, attuning us to the importance of language and the meaning of concepts (Wittgenstein 1969; Foucault 1978; Lyotard 1984; Bacchi 2009). Instead of seeing social and political ‘problems’ as being ‘out there’, they are seen as constructed in politics and being part of political struggles about meaning and key words. In this way, ‘innovation’ becomes part of a particular, dominant discourse (a horizon of understanding) and it becomes interesting to study it as a discourse unto itself; for example, how it frames problems and solutions within the social services. If ‘innovation’ has become a major, transnational discourse, it becomes interesting to study the relationship between this discourse and more national horizons of understanding. We already have indications that this larger research question yields interesting insights in relation to a continuum of different strategies in the EU countries. One example is the ‘care squeeze’ that seems to be tackled very differently in different welfare regimes in relation to innovation. Whereas some countries stress ‘rehabilitation’ and ‘welfare technology’, others articulate the market and migration as solutions. Why is this so? We need knowledge about the linkages created between a dominant innovation discourse and



more national and/or field-specific understandings and how this translation deems some changes as innovative and others not. Discourses are not exclusively a question of a particular meaning; rather, they also promote, neglect or dismiss some values.

State of the art

The theme of framing the social services in relation to innovation came up in the discussions with users, practitioners and in the analysis of empirical data. As such, the literature review did not provide much input to this theme. It did, however, give us valuable information about various developments within the three policy fields, such as from health to care (Hawker and Frankland 2012) and from acute to chronic care (Crepaldi, de Rosa and Pesce 2012). It also mentioned how different understandings of the health concept existed in different national contexts (Pesce and Ispano 2013).

Users, practitioners and experts discussing barriers to innovation in the INNOSERV workshops turned our attention to the different way identical concepts are understood in various parts of Europe. Concepts such as 'family' and 'home' are examples of understandings that function as barriers for innovation or limit its transfer in some versions. In some countries, the family is perceived as requiring protection, whereas the family is not seen as a threatened entity in other countries. Similarly, 'home' is seen very differently in relation to social services. In some countries, social services taking place in the home are seen as a quality *per se*, whereas this is seen as an intrusion in other countries (Pesce and Ispano 2013:12).

Research gaps

The definition of social needs and legitimization of service policy is context-bound. The social values related to social services also vary. By comparing innovative practices, we are able to identify some research gaps. One innovative practice, CIL, is about changing how decision-making and the implementation of new policies for people with disabilities is taking place and changing the values and understandings of people with disabilities. In this innovative case, self-determination, assistance, the participation of users and inclusion were the leading ideas framing policy and governance. However, framing new social services in fragile states characterized by a transitional economy is one thing; attempting to reframe services and values in existing conservative welfare regimes such as Germany or France is something radically different. Research could bring forth knowledge of the influence of ideas about self-determination and participation in the definition of social problems, needs and solutions together with the importance and agenda-setting role of new and old stakeholders in the complex processes whereby social needs are defined.



4.3.2. The role of key principles in framing social services

Social services are always framed by one discourse or another. But now we witness more transnational values as human rights and gender equality become key principles in social services. The UN-CRPD has become a key reference point, and the EU has adopted gender mainstreaming (Council of Europe 1998). One possible object of investigation could be to identify the key principles framing the social services in the EU and their role in framing the social services, the identities and ideals of good service. Also of interest is identifying whether competing principles are struggling to gain dominance – and if so, how the competition between different values ends.

State of the art and gaps

In our previous work, four principles embodying important values and guiding innovation have been identified: ‘individualization’, ‘inclusion’, ‘informalization’ and ‘influencing public opinion’ (Langer, Güntner and Crcic 2013:22-25). A prominent principle seems to be ‘individualization’, which seems to refer both to tailoring services specifically to a person in need as well as involving a greater degree of personal responsibility, such as a ‘self-responsibilizing’ approach. This also seems to shift risks towards the user when more tasks are transferred to them. Also of continuous importance is the inclusion of formerly excluded groups, such as minority groups and migrating domestic workers. The informalization of social services also seems to be guiding the social services towards target groups that do not normally get in touch with the regular social service system. Examples of this phenomenon are mobile health care service for female migrants in prostitution and being trafficked and improving parenting skills for single parents through empowerment and self-help network structures. The final principle was ‘influencing public opinion’, which is linked to reducing discrimination and stigmatization – and creating recognition of the groups in question (e.g. mentally disabled or the chronically ill). However, more research is required to determine the status of these principles in different fields and their relationship to other values, such as ‘diversity’, ‘activation’ – a dominant principle within the labour market, unemployment policies, welfare and health – and the focus upon capacity building, empowerment and resources within the field of welfare.

Our focus group interviews with users, practitioners and experts have led to the identification of two research gaps: One residing in a lack of knowledge about how the policy goals ‘inclusion’ and ‘innovation’ relate to each other and whether different countries have different strategies for making them mutually reinforcing, prioritizing one at the expense of the other, or twisting both to make them fit. The other research gap refers to the EU and its understanding of ‘innovation’. Here, there seems to be an experience of the EU as having multiple and competing understandings of ‘innovation’ (Laino and Sütó 2013:7), and it would be beneficial to gain scientific knowledge of



whether this is the case (or not) and how this might be related to specific parts of the EU.

4.3.3. Summarizing the research questions

- Where does ‘innovation’ originate and why is it necessary for attaining legitimacy in the social services?
- How is ‘innovation’ framing the social services, the identities and relations involved?
- Who is ‘innovation’ about and who is supposed to provide or deliver it? What is ‘innovation’ supposed to achieve and what is transformed?
- How does ‘innovation’ link with the preferences of the users? And what kind of values are embedded in understandings of innovation?
- What unintended effects might any innovation have on vulnerable groups?
- What framings are necessary in order to reduce the risks transferred?
- What are the key principles in the various social services, such as welfare, health and education?
- Are the key principles framing the social services? And how do the key principles combine with ‘innovation’ in the social services?
- Does the EU embody and voice multiple understandings of ‘innovation’?
- Does the innovation strategy translate differently in various contexts stressing different solutions?
- What influence do values have in agenda-setting processes and policy-processes?
- How do identities and understandings of spin-doctors, policy-makers and other stakeholders have an impact on how social needs and social services are defined?

4.4. The governance of social service innovation

‘Innovation’ has become a key term in political discourse since the Lisbon Summit in the year 2000 and within the social sciences more generally (Crepaldi, de Rosa and Pesce 2013:21). This theme deals broadly with the governance–innovation relationship: how ‘innovation’ can be pursued politically and how governance constitutes a context for ‘innovation’.

The provision of social services is part of a complex system involving several levels of governance (multi-level governance), new forms of provider organizations and new forms of governance – and simultaneously fitting services into the existing – and different national – institutions and political aims. Naturally, in the long run, social service innovation can also change the aims and system of provision. The various levels of governance span UN conventions, EU directives and best



practices, national legislation and decisions by local authorities. For state-provided or financed social services, the aims might be as diverse as implementing the rule of law, efficiency (goal achievement, such as prevention, rehabilitation, inclusion and empowerment) and cost effectiveness. Social services are provided by the state, the market, civil society or by new forms of organizations. We increasingly witness more hybrid organizations within the social services; for example, when volunteers and bureaucrats cooperate or public and private funds are combined to finance innovations.

The various governing bodies, such as supranational (e.g. EU), nation states and local authorities, govern some of the conditions for innovation generally (Leys 2009), whether privately provided services on the market and/or in cooperation with civil society or publicly provided services. In the latter kind of social services, various political aims and rules seem to be in continuous tension and result in contradictory objectives within the social services (Crepaldi, de Rosa and Pesce 2012:98). This can be seen when the UN Convention on the Rights of Persons with Disabilities (UN – CRPD) has to be implemented alongside other policy aims, such as cost effectiveness or when innovation is to be fostered alongside the rule-oriented delivery of social services. Governance seem to be promoted through various developments in service policy, such as privatization and pluralization. Multi-level governance is also seen to reduce the steering capacities of the nation-state (Heywood 2002) through the transfer of steering capacities to supranational bodies and local authorities.

New forms of governance, such as networks and partnerships, are added to the existing forms of governance, including bureaucracy and New Public Management (NPM) (Christensen 2012). This implies that street level workers are relating to co-existing norms and the values of the bureaucratic organization, the market, and civil society and hybrid organizations. Public organizations become increasingly complex (Christensen 2012), and the nation-states are simultaneously changing in various ways. Nation-states (and the EU) increasingly view themselves as being in competition with the rest of the world (Cerny 2007; Pedersen 2011) on knowledge, productivity and the efficiency of products and social services. Simultaneously, we notice that states participate more (Langer, Güntner and Crcic 2013:36), governing in new ways by enabling citizens and facilitating new networks and forms of organization (Christensen 2012). Local network governance is sometimes facilitated by the state, sometimes developed from below (Langer, Güntner and Crcic 2013:37). New forms of governance arise whereby governments are part of the governance of innovation of social services. Despite similar developments, however, there are also significant differences between the EU member states. While some nation states are moving from charity to rights, others move from discretion to rights.

The analytical and empirical work enables the identification of differences between the EU nation-states in their legislative framework and capabilities to enhance innovation. Whereas some states have a strong emphasis on innovative policies and target resources for them, other countries have chosen to prioritize different policy aims. States may also have different strategies to meet new or unfulfilled needs. And finally, counter-strategies from below develop in response to state negligence or legislation; for example, through innovative services such as our examples Real Pearl and Place de Bleu. It appears as though current social policies either ignore the need for social services or introduce new legislation with negative effects for some groups that prompts social entrepreneurs to respond to an unmet need. Generally speaking, users are increasingly involved in the co-production of services together with professionals (Crepaldi, Rosa and Pesce 2012:79; Pesce and Ispano 2013:8), which muddles the picture of service production.⁵

Innovation is a ‘context dependent novelty in action’ (Crepaldi, de Rosa and Pesce 2012:98). The context refers to the legal and political system, the organization(s) in question and the management in the organization (structures, legislation, cultures and values).⁶ So context can be both the nation-state on different levels (and welfare regimes from state to municipality) and the specific institutional and organizational context. In state organizations, this means that innovative, creative processes (of doing something differently) will – at least ideally – have to relate to bureaucratic rules and processes. And within firms, innovation and employees will have – at least ideally – to relate to the quest for survival and profit. Thus far, we have found that the innovative changes are incremental rather than disruptive. This fits with existing knowledge within organizational and institutional change; that is, that any change must fit into the existing institution, thereby creating path dependency (March and Olsson 1989; Mahoney 2000).

We have divided this theme of the governance of innovation into three sub-themes: Privatization, Marketization, standardization and local contexts; Governance in different political systems characterized by multi-level governance; and Innovation and pillarization.

4.4.1. Privatization, marketization, standardization and local context

Innovation has become a key topic in strategic thinking, policy-talk and agenda-setting; in policy-

⁵ We have chosen to use the concept of ‘users’ as a broad term for the recipients of social services instead of using more specific terms such as ‘citizens’, ‘customers’, ‘patients’ and ‘clients’. Concepts are always embedded in frames of meaning and not neutral, which also applies to ‘users’.

⁶ We will return to this issue of contextuality in relation to two other research themes: ‘Institutional and organizational development’ and ‘Local and regional factors’.



talk and policy action, however, other policy aims and programs are also important. Different political strategies and programs exist, such as marketization, standardization and an attention to local context (in a broad understanding) through the principle of subsidiarity. In the last three decades, NPM has been influential in the reorganization of the state and state organizations promising better and cheaper services through the use of marketization, privatization and semi-marketization within the state.⁷ Marketization – and with it, consumerism – often leads to an empowered customer (Crepaldi, Rosa and Pesce 2012:87), but also creates new identities and expectations. Simultaneous standardization stemming from EU legislation, the Open Method of Coordination (OMC) and its best practices, national legislation and more indirectly from side-effect of marketization in the Nordic countries (Dahl and Rasmussen 2012), minimize differences and diversity in national systems and local cultures and values. Moreover, all of these political programs are more or less accompanied by pressure for cost containment and budget cuts. Within the EU, however, there is an active drive and support for local differences in national states and at the sub-nation-state level through the subsidiarity principle. Some have termed this ‘the principle of double subsidiarity’ (Nouisianen 2012).

State of the art

Research on innovation predominantly takes place within a national context, often studying a single case of innovation or analysing comparable cases while minding the creation process and the effects of innovation. The literature is marked by a pervasive idea with respect to an assumed innovation deficit within the public service. Little attention seems devoted to the interplay between marketization, standardization and the subsidiarity principle in relation to how and where innovation unfolds. Nor does the research investigate the more specific innovation–marketization relationship nor the relationship between standardization and innovation. Marketization can create local, national, regional and global markets of social services, such as those we have seen emerging in elderly and child care (Meagher and Szebehely 2010).

We have identified new forms of organizations, such as multiple-stakeholder cooperation and hybrid organizations. We also identified the pluralization of service providers to a high variety of organizations and the development of regulation into decentralized networks. These new forms of organization are often less bureaucratic than their predecessors. However, there does not seem to

⁷ ‘Marketization’ describes the process whereby the provision of a social service moves from the state to the market or non-profit sector, but where the funding remains public. In this sense the state is the funder purchasing services from a variety of providers (Le Grand 1991). In contrast, the funding is mainly private in privatisation.



be any research investigating how the new forms of organizations innovating social services meet the challenge of standardization; or for that matter, how these hybrid organizations can compete and stay in business when they compete with market-based firms.

We have identified different levels of innovation: legislative, including public policy, organizational, interactional, professional, user-level, financial and evaluative level (Crepaldi, Rosa and Pesce 2012:99-100). There seems to be a lack of research on how the different levels of innovation are triggered or hindered by and/or related to marketization and standardization processes.

In line with the subsidiarity principle, major differences exist between the various EU states. Different countries have different governance and welfare systems and develop along different trajectories, such as the development from institutional to community care in some countries (Vanhove 2012) and in others from family to institutionalized care (Langer, Güntner and Crcic 2013:14). Even national systems are heterogeneously composed due to incremental changes with different and uncoordinated contexts of benefits. On the one hand, this constitutes a barrier for standardization; on the other, it constitutes a resource for innovation whereby organizations and practices developed in one context can travel – and perhaps be modified – into a different context and constitute an innovation.

Research gaps

A research gap relates to the relationship between innovation, marketization, privatization and standardization. Standardization on the European level might ensure the rights of citizens and quality; at the same time, however, it possibly constrains choice and diversity between different local contexts. Likewise, marketization might render social services more cost-effective by at the same time compromise quality. The increased contracting out of services to the private sector brings up the issue of how innovation can ensure quality and sustainability. Member State governments have established social markets marked by competition between providers for high quality and innovative services. And at the EU level, social services – defined as an economic activity – must operate under EU rules with respect to competition and the internal market. EU public procurement law sets out the rules under which these types of contracts must be tendered and awarded. Public procurement rules, as an integral part of the Internal Market, play an important role in ensuring the quality, accessibility and affordability of social services as well as good quality employment in the sector and sustainable natural resources management. The EU is therefore to adopt a directive that will probably enter into force at the end of 2013, which



modernizes procurement rules with a new directive⁸. The current Commission proposal recognizes the “specific characteristics” of social services of general interest and applies a “specific regime” to the regular procurement procedures for social services. Last year, the text was discussed by the European Parliament and Council. Once the new directive will enter into force, it will be important to analyse how Member States implement the new rules.

Another research gap relates to the relationship between ‘innovation’ and other political goals. Cost efficiency is possible. Marketization involves competition. There appears to be a gap concerning the role of competition in relation to innovation; that is, whether it constitutes a barrier or a facilitator. Some researchers have found that financial scarcity is a driver for innovation (Torfing and Sørensen 2011). This obviously requires further investigation and financial resources related to other forms of resources (e.g. human or technical resources). In relation to this, a more specific research question relates to the on-going economic crisis and its general impact on innovation, both with respect to government priorities and to the rest of society. We lack knowledge about competition, whether it has become a barrier to knowledge sharing and transparent communication between organizations – and thereby for the transfer of innovations (Laino and Sütó 2013:9).

A further research gap seems to be the governance of innovation at the local level. There is a need for more research focusing on the history of the local context and its development and the key actors in local context governance.

Research questions

- How do marketization and innovation play out together?
- Can markets safeguard local contexts?
- Which local market conditions for social services hinder or promote innovation?
- How do the new forms of organization play out in relation to an increasing marketization and standardization?
- How is innovation building upon and/or being limited by the subsidiarity principle?
- What is the relationship between innovation – policies of innovation – and the subsidiarity principle?
- Which policy actors and policy processes promote innovation on the local level?

⁸ Proposal for a directive of the European Parliament and of the Council on public procurement /* COM/2011/0896 final - 2011/0438 (COD) */. Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:52011PC0896:EN:NOT>



- How can the various constellations in local governance be understood and identified?
- Public funding is conditional on following standardized procedures which may assure high quality but constrain innovation. Can other funding channels foster more innovation? Or can other means of financing efficiently supplement or replace traditional funding channels?
- What role do resources, including financial resources, play in relation to fostering innovation?
- Will the new EU directive on public procurement help promote quality and sustainable social services? Will it help promote inclusion in the social service sector and, thus, innovative social services?
- How is the new EU directive about public procurement implemented in various member states? And what are its effects in relation to novelty, quality and sustainability?
- How is the legal framework of the UNCRPD implemented in concrete social services, i.e. their assessment and provision?

4.4.2. Innovation in social services in different political systems characterized by multilevel governance

An increasing number of scholars has converged around the notion of the EU as a system of ‘multilevel governance’. The concept takes us beyond the simple dichotomy between unconstrained national sovereignty and an all-powerful European super state. Authority in the EU is neither completely monopolized by Member State governments nor by EU institutions, instead being shared between them. This also involves some degree of tension or ‘misfit’ between European-level and domestic-level policies (Börzel and Risse 2000). The EU becomes an organization in which the central state executives do not do all of the governing, sharing and contesting responsibility and authority with other actors, supranational and subnational alike (Bacche and Flinders 2004). This division of authority increases the need for coordination, both in relation to policy aims, responsibility and financial responsibility/funding.⁹

Beginning the analysis in the 1990s with the assumption of different ‘regime types’, there are differences in the EU in the roles for states and markets as well as on-going societal processes, such as marketization, privatization, pluralization and standardization, as well as more specific processes, such as decentralization in Eastern Europe. However, there are also country-specific contexts with high levels of outward migration, resulting in a damaged social infrastructure, thereby

⁹ In its basic structure and content, this part of this section on multi-level governance has been drawn from a work-in-progress paper co-authored by Spanger, Peterson and Dahl (2013).



creating new needs for social services. Different governance systems exist that stress and enable innovation to varying degrees. Currently, we are witnessing an ‘extreme form of innovation adoption’ in Eastern European countries and a rapid pace of change (Hawker and Frankland 2012:7), although innovation in this part of the EU seems to be highly dependent upon international and EU economic resources (Laino and Sütó 2013).

In the western part of the EU, we notice that a systemic shift away from the representative channel of decision making has been taking place over the last five decades. Participatory democratic thinking, the EU partnership principle, network governance – similar developments are now happening in parts of decision-making processes in social services in eastern Europe. Due to the nation-state building and fragile states, the social partners have been able to achieve more structural changes and have an impact on the whole system. Here, we refer to an innovative example: CIL (Center for Independent Living, Serbia), where user organization received a voice and became recognized through the legislation. There was user involvement at all stages in the decision-making process: from getting the issue onto the political agenda, to suggesting a proposal in the parliament, to the implementation of the legislation. Two of the most important avenues of this new form of governance are networks and the partnership principle. The latter was introduced in 1988 as one of the four fundamental principles governing the Structural Funds. This principle aims at achieving the closest possible cooperation in each Member State between the Commission and the relevant authorities and social partners at the local level in all of the phases of the Structural Funds, from preparation to implementation. In recent years, partnership often extends beyond the remit of Structural Fund activities and is in many instances a resource for regional and local development and for innovations in social policy and the social service sector. Regional and local authorities in Member States have increasingly developed formal or informal mechanisms for program management and monitoring involving social partners, NGOs and users.

The existence of multi-level governance and different national systems with different capacities creates a difficult issue concerning funding innovations. Our examples illustrate different ways of funding innovation: EU funds, national, public funds (subsidies), private funding, direct selling (e.g. Place de Bleu and Real Pearl), commercial sponsoring, user payments/contributions and use of volunteers (Irre Menschlich and Abitare Solidale) (Hawker and Frankland 2012). New forms of organization, hybrids, seem to be falling between the different funding streams that are often specific for a given field. Research focusing on alternative funding or the pooling of resources between different fields is therefore required.

State of the art



The current research on social services has an insufficient focus on multilevel governance and the opportunities and problems it possibly poses for innovations to develop and be transferred between different contexts and levels. On the other hand, there is strong acknowledgement of the new forms of organizations arising and that there is a ‘constant character of modification’ in social services. Social services are not static, meaning that a contextual analysis is necessary both in relation to politics, the welfare system and the organizational context (Langer, Güntner and Crcic 2013:28). What we know so far is that social services are embedded in different policy frameworks (Langer, Güntner and Crcic 2013:10) and that they are not necessarily coordinated between policy fields nor between different levels of governance. New needs arise, and unmet needs are sometimes met by new hybrid organizations in the field (Vanhove 2012).

Research gaps

In the feedback from the academic representatives in work package WP9 and our work on the findings, it was argued that there was an uneven framework concerning innovation at the EU level (Pesce and Ispano 2013:11), perhaps even characterized by contradictions (Laino and Sütó 2013:6). Research needs to specify whether this is the case and its characteristics as well as how it relates to the national level; a national level trying to foster innovation but experienced as complex and fragmented (op.cit.).

From our research in INNOSERV, we know that there is hardly one sole driver that triggers innovation; rather, it is the result of a combination of hard and soft drivers and challenges that meet and ‘creates a situation that calls for change’ (Langer, Güntner and Crcic 2013:21). From the feedback from users, practitioners and the interaction level in work package 8, we also know that what is considered ‘innovation’ is highly dependent on the national context – it varies greatly from country to country (Pesce and Ispano 2013:8). The variation is actually rather astonishing – even between policy fields within a given country. The differences are not about more or less economically developed countries, but major differences are observed within each country (Pesce and Ispano 2013:11) due to asymmetric developments and the important role of agents of change.

In a meta-analysis of the selected innovative cases, three different kinds of clusters of innovation have been identified as the most important agents of change and more important than the role of drivers, such as global social economic challenges (Langer, Güntner and Crcic 2013:39-41). These clusters of innovative alliances give a first image of how different bodies in governance processes work together in order to realize new or better services. One cluster, labelled the ‘non-profit public alliance’, is characterized by stable cooperation and planning with consensus in interests with a public governmental organization with one or more private service providers. This governance form



is characterised by a project orientation, planning together, and is being financed through public funding, such as 'Abitare Solidale' and 'Early supported discharge'. The professional expertise of different occupations is brought together in such projects, often built around a pilot project. Another alliance is the professional advocacy alliance between actors, such as volunteers and users, often seen as a counter model to the non-profit public alliance. This second alliance is characterized by a governance form in the absence of planning and cooperation with public quasi-governmental organizations and without public funding. This alliance brings the expertise and experience from professionals and users together, as seen in 'Irre Menschlich', 'Nueva' and 'Sante Communautaire Seclin', in order to give specific user groups a voice or cover certain needs and interests. There is always a 'political turn' in such alliances; the governance is network-based but intends to influence policy and service regulations. The third alliance is 'public initiatives', where innovation is brought forward by policy makers or agents of change within the organization in question. These alliances are financed by public resources, either directly or indirectly, and deploy a cross-sector approach to reach the marginalized. These alliances represent a governmental governance approach. Based upon a restricted empirical material, research must document whether such different alliances actually exist and the impact they have on innovations, the degree of innovativeness and their conditions and relations in different welfare regimes and forms of governance.

Innovations often take place as short-lived, project-based innovation. This was considered a problem by the workshop participants due to problems of sustainability and transfer to other settings (Laino and Sütó 2013:7). Participants believed pilot projects to be important for spreading innovations but believed that more research in this area was necessary to ensure sustainability.

There are significant differences between Member States in terms of how the partners participate in the different stages in the programming cycle. Some partners, such as civil society organizations and users, are not involved on an equal footing with other stakeholders (i.e. trade unions and local authorities). It would be important to analyse the implementation of the partnership principle in the Member States referring to the current EU Structural Funds period as well as the implementation of the principle itself in the new regulation for the next programming period (2014-20).

Research questions

- How can multi-level and other forms of governance analysis be employed to develop our understanding of governance particularities in the context of social service innovation?
- Is there an uneven framework for innovation at the EU level concerning social services?
- Can different types of alliances be identified in the promotion of innovations? And what are



their conditions of possibility and how can their role be enhanced?

- Do the different national contexts constitute barriers for innovation to transfer? And if so, are the cultural, conceptual, legal and structural barriers the most important?
- How can there be coordination between the different sources of innovation financing?
- How can hybrids be funded?
- Do financial resources work as a driver or a barrier for innovation? And under which circumstances?
- Do different contexts and strategies provide different ways of ensuring financial sustainability for innovation?

4.4.3. Service pillars and the cross-sector approach

Marketization and privatization as a part of NPM was introduced to create better, more cost-effective services. One unintended consequence of NPM – together with professionalization and standardization – has been pillarization, whereby social services are becoming ‘silos’ of self-centred authority and practices. Pillarization stems from splitting up into single purpose organizations (or organization unities) and the performance management introduced (Christensen 2012:5), producing fragmentation and islands of authority. Pillarization has increased the need for horizontal coordination and collaboration (Torfing and Sørensen 2011; Christensen 2012) as well as cross-sector innovation. The collaboration across organizational and institutional boundaries offers a means to overcome these problems, for example, breaking policy deadlocks and improving public service. The post-NPM reform wave can be seen as a response to this particular, negative effect of NPM. Post-NPM reforms are interorganizationally oriented, stress horizontal coordination and seek compromises with multiple stakeholders through networks and partnerships (Christensen 2012). However, the emergence of ‘wicked’ problems (Beinecke 2009), such as social problems cutting across traditional boundaries of social, health, migration- and crime policy (e.g. trafficking) also demand innovation between different policy fields in terms of solving or reducing the problem in question. A cross-sector approach such as part of post-NPM can be seen as a solution to one of the unintended effects of NPM.

State of the art and research gaps

In our original sampling of approximately 200 cases across Europe and in our selected 20 cases, we noticed a tendency for cooperation between the welfare, health and informal education sectors (Vanhove 2012). Post-NPM is being implemented, and the complexity of modern, social problems possibly also play a part in such ‘wicked problems’. One solution for several problems



seemed to become more frequent (Pesce and Ispano 2013:8), as observed in Real Pearl. However, our research also indicated that cross-sector cooperation within the field of welfare was more prevalent than in the health and education fields. In our selected cases, we thus observed different kinds of cooperation aimed at overcoming different kinds of pillarization: service sector pillars, policy field- organizational-, professional- and knowledge pillars.

In the workshops, no research gaps concerning pillarization and cross-sector cooperation were identified. However, an important research question concerns cross-sector cooperation and its effects on users in relation to quality and the inclusion of different kinds of users differentiated along dimensions of gender, class, disability and ethnicity. Cross-sector cooperation can create targeted and successful social services, but one issue concerns the size of the target group. Secondly, cross-sector cooperation and its effects on professionals could also be an issue for further investigation, both concerning the relationship between different kinds of professionals (old and new alike) and its impact on work conditions. In some countries, welfare professionals are increasingly experiencing stress and burn-out (Thunman 2013), and investigations addressing whether this new form of cooperation adds to or reduces the levels of stress experienced could constitute a relevant field of research.

Research questions

- Which forms of governance come with the cross-pillar cooperation as a trait of social innovation systems?
- Are funding systems used as a form of governance? And if so, how? And what are the effects on pillarization and cross-sector cooperation?
- How can funding streams work across sectors? And how can they surpass the institutionally hard boundaries between welfare and health?
- What are the effects of cross-sector cooperation upon users and professionals? And how to different types of professionals adopt cross-sector cooperation?
- Is there any relationship between innovation in social services and the new forms of governance?

4.5. The influence of regional and local contexts

The EU Member States are diverse, characterized by specific social, welfare and education systems. Esping-Andersen's "Three Worlds of Welfare Capitalism" (1990) classified the European welfare state into three ideal-type regimes: liberal, conservative/corporatist and social democratic welfare regimes. Deacon (1993) extended these three regimes with the 'post-communist



conservative corporatist' welfare regime, which includes the countries of central-eastern Europe. Although these typologies only capture a fraction of the diversity distinguishing the individual European countries, they nonetheless accentuate the differences between the EU Member States regarding the social, health and education sectors. Social services have a firm place in all European welfare systems, but they reflect national, regional and local traditions and are provided by a broad range of public and private actors. Social services are embedded in cultural and policy frameworks, and thus tailored towards certain contexts (Crepaldi, De Rosa and Pesce 2012:76; Langer; Güntner and Crcic 2013:10). Innovation must fit within different service frameworks (Hawker and Frankland 2012:14). As the Study on Social and Health Services of General Interest in the European Union (EC 2006) points out, "social services cannot be implemented in a standard manner as most of them need to be adapted to individual situations and needs" (p. 21). The regulatory framework governing service provision, the financing of these services as well as their evaluation must be considered when innovations are transferred to another context (Crepaldi, De Rosa and Pesce 2012:18).

From an EU perspective, this theme relates to the challenge to – all at the same time – disseminate good practices and standardization at the European level, use competition and open market approaches in social services, and respect the cultural, historical, economic and legislative framework of each country, which is embedded in the principle of subsidiarity (Pesce and Ispano 2013:15). Defined in Article 5 of the Treaty on the European Union, the principle emphasizes that the EU does not take action unless it is able to act more effectively than its Member States. The principle of subsidiarity is based on the idea that decisions must be taken as closely as possible to the individual citizen; hence, it aims at action being taken at the local level (http://europa.eu/legislation_summaries/institutional_affairs/treaties/lisbon_treaty/ai0017_en.htm).

In addition to different frameworks, the EU Member States face exogenous challenges to different degrees. The global financial and euro-zone debt crisis has had a lingering impact on EU Member States and local authorities across Europe. It has resulted in considerable financial pressure on the health, education and welfare sectors in every European country (Crepaldi, De Rosa and Pesce 2012:25; Langer, Güntner and Crcic 2013:20). But while the crisis forces all of the European countries to cut their spending on social services, the crisis developed differently in the EU Member States. The southern and eastern European countries were forced to make severe cuts to their social and health services (<http://www.social-europe.eu/2012/11/spain-is-experiencing-a-period-of-intense-social-crisis/> - Ferge and Darvas 2012). The demographic shifts in Europe also affect some countries more than others, as they are confronted by an ageing society and prospects for a shrinking workforce. Again, the southern and eastern European countries are particularly



faced by these challenges.

Contextual differences are not limited to differences between countries, as they can also be observed between regions and municipalities within the same country. “Regional innovation systems” theory claims that certain regions are more innovative than others due to their access to knowledge, a network of cooperating organizations, a skilled workforce and/or financial resources (Doloreux and Parto 2005). This reflects how the differences between rural and urban areas possibly affect the innovation process. Some researchers view the city as the primary site of innovation processes (Crevoisier and Camagni 2001; Simmie 2001). However, rural areas often face different challenges than urban areas (e.g. poorer access to health services (Hartley 2004), higher unemployment, emigration of skilled workers and a higher percentage of elderly (ESPON 2013)). Although these challenges place further pressure on rural regions, they can lead to innovation (Mahroum et al. 2007; ECORYS Nederland BV 2010).

In this theme, three sub-issues are described: the meaning of cultural factors as barriers and facilitators, the capacity of systems and their influence on innovation and the transferability of innovative practices.

4.5.1 Cultural factors as barriers and facilitators

Cultural factors can act as barriers or facilitators to innovation. ‘Innovative culture’ is a frequently used term in innovation theory but never clearly defined. Wieland (2006) describes an innovative culture as being based on: “technological visions, research traditions and value systems etc.”, which are shared by those involved in innovation process. Such a culture influences the perception of challenges and serves as a reservoir for ideas and strategies to solve them. Ulijn, Nagel and Tan (2001) conceive innovative culture as the outcome of the interaction between professional culture, corporate culture and national culture.

The concept of innovative culture explains how different cultural backgrounds influence the innovation process. This is reflected in the findings of the local workshops, where the perceptions of innovation in social services vary at the European level. Services that were considered innovative in one country were not deemed to be so in others (Pesce and Ispano 2013:7). In the health, care and education sectors, it is important that innovative practices are in accordance with the cultural norms and perception of the target groups. “Significant cultural differences exist between ethnic and cultural minority groups but also between social classes, between metropolitan areas, and between rural and urban areas” (The Swedish National Institute of Public Health



2006:19). Contextual factors either help or hinder the promotion of new practices (The Swedish National Institute of Public Health 2006:19).

State of the art

In the INNOSERV literature review, the effects of culture on innovation did not emerge. Instead, the local and international workshops in the INNOSERV projects indicated the importance of cultural factors. As described in the chapter framing social services in relation to innovation, the understandings of 'families' and 'home' can serve as a barrier or facilitator of innovation. This can have major impacts on how welfare systems are structured. Countries in which the family historically provides informal support and assistance parallel to the welfare system can face different challenges than countries that offer professional elderly care and childcare services (Pesce and Ispano 2013:13).

The perception of certain groups and understandings of health also generally varies between different societies. In the evaluation of the local workshop, these differences became evident, especially with respect to the elderly and the mentally and physically disabled. While the prevalent perception in some countries is that these groups need to be cared for and kept isolated from society, other countries seek to include these groups and to enable them to contribute to society (Pesce and Ispano 2013:13). The perception of health can be narrow, as in merely referring to the absence of diseases. But it can also be more extensive, for example, taking well-being and happiness into account. Such differences are important, because they influence the identification of needs and social problems. Innovative welfare services are often a reaction to these new social problems (Bäcker et al. 2010:508)

Herbig and Dunphy (1998:14) emphasize the significance of culture for the adoption of innovations.

Existing cultural conditions determine whether, when, how and in what form a new innovation will be adopted. If the behaviour, ideas and material apparatus which must accompany the use of innovation can affect improvements along lines already laid down in the culture, the possibilities of acceptance are much greater.

Research gap

The cultural context can have a positive or negative effect on the creation of innovation. It is therefore important to understand culture as a factor which is neither static nor homogenous. The perceptions of family, health, home and so forth in a culture can change over time, and different perceptions can also co-exist at the same time.

With regards to adapting or implementing innovations from other countries, culture was mainly



identified as a barrier in INNOSERV's local workshops. In order to overcome this barrier, services must be consistent with the characteristics of the local culture (Pesce and Ispano 2013:12).

Investigation is necessary into how different perceptions influence the adaption of innovation. Likewise, there is a need to explore which cultural attributes affect the creation and implementation of innovations (e.g. higher individualism, willingness to take risks, readiness to accept change, long-term orientation and the value of education are all attributes which can contribute to facilitating innovation in a culture).

Another question is how the cultural differences will develop in Europe. Pavoline and Ranci (2008) argue that the different welfare regimes will grow more equal. Using the development of the elderly care sector in Europe as an example, they showed an increased marketization in all welfare regimes. Furthermore, they identified a tendency among the welfare regimes that primarily rely on informal care to increase their professional care services to support families in their care giving and a tendency to provide more attention to the family care giving capacity in formal care regimes (Pavolini and Ranci 2008:257-258). According to their observations, the European care regimes are converging.

Research questions

- How can social service innovation be (1) interpreted in and (2) enhanced by different local cultures?
- How can the capacity for innovation be developed locally?
- How is innovation transferred between cultures and contexts? And how can the transfer of innovation be facilitated?
- Are there generic focuses on social service innovation (e.g. supporting existing family/care models, or is innovation going to need to help address rapid social and economic challenges in cultures across Europe (in different ways)?)?
- Are the respective care regimes continuing to converge? And how do demographic factors and the economic crisis influence this development?

4.5.2. Capacity of system

The capacity of a welfare system to face the challenges in the welfare, health and education sectors depends on a number of different factors. The two main factors discussed in this sub-issue are the financial and human resources a country has at its disposal. These resources vary considerably between the EU Member States. On average, the health, education and social



protection functions make up 2/3 of the total general government expenditures in the Member States. The percentage is lowest in the in the twelve Member States that joined the EU most recently and highest in central Europe (Netherlands, France, Germany) and the Nordic region (Freysson and Wahrig 2013). The per capita social benefits reveal a similar picture: central and northern Europe have significantly higher social benefits (i.e. transfers in cash or in kind) per capita than southern and eastern Europe (EuroStat 2013 / http://epp.eurostat.ec.europa.eu/portal/page/portal/social_protection/data/main_tables). In addition to the financial resources, workforce availability is also an important factor. Workforce availability relates to two aspects: the amount of workforce available now and in the future and the educational background of the workforce.

State of the art

Statistics indicate that the countries are not equally equipped to deal with the future challenges in the social, health and education sectors. Due to demographic changes, many European countries suffer a lack of qualified personnel, especially in the elderly care sector. The low birth rates in most European countries will further exacerbate this problem in the near future (Dubois, McKee and Rechel 2006:11; Colombo et al. 2011:159-160). Especially the self-sufficiency in health professions will decline in Europe. In recent years, many European countries have already recruited staff from outside their borders (Dubois, McKee and Rechel 2006:4-11). While this import of care personnel sustains the care services in the receiving country, it can lead to a “care drain” in the sending country. Care drain describes a trend referring to the loss of informal and formal care resources in the home country of care-work migrants (Hochschild 2002:17).

Volunteers can be seen as a valuable asset to meeting challenges in the welfare state; especially within social services, volunteers play an important role and can play an essential role in innovative projects (Langer, Güntner and Crcic 2013:27, 29; Pesce and Ispano 2013:23, 27). In Europe, there is a clear spatial pattern regarding volunteer participation rates, with relatively high participation in northern Europe and relatively low participation rates in the Mediterranean countries (Erlinghagen and Hank 2006).

The educational backgrounds and curricula for different professionals in the welfare state (care-workers, teachers and nurses) vary between the Member States. The form of education often affects the creation of innovation as well as the implementation of good practice. Interdisciplinary learning methods foster collaboration between different professionals in providing social services (Greiner and Knebel 2003). Furthermore, an innovative curriculum design could better prepare graduates for new and enhanced roles, such as promoting healthy lifestyles, focusing on rehabilitation in care services and/or using better teaching methods (Dubois, McKee and Rechel



2006:12).

Challenges are also emerging within individual countries, as the capacity of municipalities to deal with these challenges often varies. Isolated rural areas in particular often have fewer financial resources and vacant employment opportunities (Colombo et al. 2011:11).

In the feedback from INNOSERV's international workshops, the emerging role of volunteering was seen as a way to increase the capacities of countries to face the future challenges in the social sectors. However, some participants feared that the increasingly active role of users in the design and provision of social services represented a way to limit the responsibilities of the nation states (Laino and Sütő 2013:15).

Research gap

The unequal distribution of the European workforce indicates how the capabilities vary between the nation-states; even between regions and municipalities, there can be an unequal distribution of skilled labour. This lack of professionals combined with financial cutbacks can impede innovation and threaten the availability of social services in general. The post-socialist Member States in particular face a triple challenge: the public administration is inefficient, and the capacities of NGOs are poor, while the unmet needs for social services are massive and diverse.

In INNOSERV's international workshops, both the lack and availability of funding were factors that were referred to as both barriers to and drivers of innovation. It was argued that cost-effective ideas that are capable of bringing about social change might never have been thought of in more favourable financial situations (Laino and Sütő 2013:8). But having scarce financial resources often leaves no room for thinking and applying new practices, as of all the resources are consumed towards daily tasks. Likewise, the economic crisis was seen as an opportunity: according to some participants, it can be a powerful generator of innovation (Pesce and Ispano 2013:16) but can also lead to social service cuts. This discussion about the lack of financial resources and its impact on innovation also raises the question of whether the lack of care personnel can facilitate innovation.

The import of care workers allows countries to avoid changes to their care systems. While this may ensure the sustainability of the welfare state, it poses a direct challenge to retaining an equitable workforce, as there is a risk of depriving regions or countries of key professionals. (Dubois, McKee and Rechel 2006:11). Especially in the care sector, this development can lead to "global care chains, when women fulfil care needs in wealthier countries, while care obligations towards dependent children and older relatives left behind are redirected to the nuclear family or to another



migrant woman from an even poorer country” (Bauer and Österle 2013:464). On the micro-level, where the private household becomes a workplace and home for migrated care workers, this can lead to vulnerable working conditions that create dependency and exploitation, where regulations provide little room for control (Bauer and Österle 2013:464). At the macro-level, the migration of ‘care from poor countries to rich ones’ can have dire consequences for the social bonds in the sending countries. In several of the projects and services reviewed by INNOSERV, volunteers played an essential part (Pesce and Ispano 2013:20). The differences in the role of volunteering in the Member States should be further investigated, as there is a risk that volunteers are increasingly taking over the work of professionals. Advanced training offers to volunteers reflect the “professionalization of volunteering” (Hutichson and Ockenden 2008:24-25).

Research questions

- Are there correlations between how services are managed and the quality of life enjoyed by people with disabilities?
- What can the government/external funding organizations do to foster social innovation in this extreme case?
- How to design and ensure frameworks that are flexible enough to foster innovation and do not harm working conditions?
- What is the relationship between regional cultures of service policy and the use of specific approaches and/or new technologies?
- How does the lack of human resources influence the relations between professions?
- Does the shortage of professionals have an impact on how volunteers are positioned in the provision of welfare services?
- Are the tasks attended to by volunteers changing? How do they differ from country to country and in which organizations do volunteers work?

4.5.3. Transferability

Transferability describes “the extent to which the measured effectiveness of an applicable” innovation “could be achieved in another setting” (Cambon et al. 2012:13). The local workshops indicate that the degree of transferability varies from innovation to innovation, depending on its complexity and the potential impact on the status quo in the adapting country.

State of the art

Lincoln and Guba (1985) argue that the degree of transferability is a direct function of the similarity or fit between settings. Especially in the EU, this is a major challenge as legislative frameworks,



technological infrastructure, cultural background and the routines in the different welfare services vary from country to country (Pesce and Ispano 2013). Moreover, settings can vary between regions, municipalities and service providers in the same country, making the diffusion of innovative practices and technologies even more difficult.

The evaluation of national policies aimed at increasing the use of best practices in a country show that the transfer of practices is an active process – not merely a passive copying of best practices (Hartley 2006:58). Adaption – rather than adoption – is central to the sharing of good practices (Hartley 2006:14).

This argument is supported by the participants in the INNOSERV international workshops, as they hinted at the difficulty of transferring innovative practices because they arise at the micro-level and under certain local conditions (Laino and Sütő 2013:7). The local workshop also indicated that adaption is necessary. In many cases, the adaption of the service is necessary in order to align it with current legislation (Pesce and Ispano 2013:13).

Research gap

The local workshop made it evident that the legislative framework or a specific legislative aspect could prevent the transferability of an innovative practice. The suggestions in the workshops name a partial adaption of the service in order to align it with current legislation or intervention through legislative adjustment (Pesce and Ispano 2013:13). Similar suggestions were discussed in the local workshops. Ideas and basic principles of innovative principles can be transferred to other local contexts, but they must be operationalized before they can be implemented (Laino and Sütő 2013:7). The operationalization of innovative practices can be seen as challenge for future research. An operationalization manual for filtering key ideas and practices can help policy-makers implement innovative practices. The transferability of good practice can be seen as a major challenge for the EU and Member States alike.

Research questions

- How can the capacity for innovation locally be developed?
- How do adaptation processes function?
- Which ideas/innovative practices can be translated across different cultures/contexts?
- Which ideas/practices can be scaled up for use in different specific contexts?
- How can innovative practices be best operationalized? Which information is necessary?



4.6. New technologies

While technologies always had a major impact in the health sector when it comes to diagnosing and treating diseases, the increased use of technologies in the welfare and education sector is a relatively recent phenomenon. The welfare and education sectors are centred around people and service delivery, and technologies have played a minor role (Leys 2009). This is due to the assumption that these services are personnel-intensive and can only be rationalized to a certain degree, as the services involve human-to-human relations and the users' co-production (Bäcker et al. 2010:509).

But the challenges of an ageing society and the scarce resources of the public/social sector highlight the need to find alternative solutions to these challenges, including the use of technologies (Hawker and Frankland 2012:17). Simultaneously, late modernity brings more self-reflective and knowledgeable individuals. In recent years, new technologies have been developed and implemented to increase welfare service effectiveness. The use of information and communication technologies (ICT) in particular has influenced health, welfare and education services (Hawker and Frankland 2012:19). In the education sector, technologies render it possible to transform education by extending the learning space beyond the classroom. People are able to take their education online. In the elderly care sector, tele-health and monitoring devices increase the sense of security while assertive technologies can increase self-reliance among the elderly (Hawker and Frankland 2012:19).

Technological innovation activities are considered those “all of scientific, technological, organizational, financial and commercial steps, including investments in new knowledge, which actually, or intended to, lead to the implementation of technologically new or improved products and processes” (OECD 2002:19). The importance of technology is fundamental in the literature on innovation and it is seen as a potential element of innovation (EC 1995). Scientific and technological progress results in new approaches in the health, welfare and education sectors (Van Kammen 2002). Using technologies also alters the traditional interaction among professionals and between professionals and users. ICT gives users better access to knowledge and is often thought to improve the communication between professionals (Crepaldi, De Rosa and Pesce 2012:68). The use of new technologies possibly has a significant impact on daily routines as well as on the organization and administration of services. While such changes may lead to efficiency increases (especially in the long run), staff and users might resist the introduction of new technologies. Moreover, the public sector is often thought to have a risk-avoiding managerial mentality, and some



view it as unwilling to change (Borins 2001; Laino and Sütö 2013:8). Technologies must therefore be extensively tested and evaluated before they are considered to be implemented in the public sector. This theme is divided into three sub-issues. It will describe the *accessibility* to technology and on the impact of ICT. The second sub-issue describes the relevance of *assistive and remote technologies*, and the third sub-issue is about the *implementation and diffusion* of technologies.

4.6.1. Accessibility

The efforts to increase accessibility in all respects are an important factor of social and political participation (Crepaldi, De Rosa and Pesce 2012:34). In addition to traditional measures to remove architectural barriers in public and private spaces, the growth in web-based technologies has led to an exponential growth in access to information and new forms of communication. The internet serves as a primary resource for gaining health care information, and ICT innovations enable user self-diagnosis and self-care. Users facing similar health challenges can exchange experiences and give one another advice via web-based communities (Hawker and Frankland 2012:19). Hence, patients are able to gain a better understanding of their health condition and can contribute to their capacity to manage it (Crepaldi, De Rosa and Pesce 2012:68). In addition, the growing use of smart phones and application-based products might give users the possibility to access relevant information nearly everywhere.

In Europe, the use of e-government is becoming more widespread, offering citizens with access to computers more transparency and easier access to public and welfare services via the internet (European Commission 2012). Especially in the health sector, ICT-usage has led to the implementation of e-health & e-care services in different member states. These refer to ICT use for health-related data-processing as well as their application in the area of indirect patient treatment and counselling (Hawker and Frankland 2012:78)

Since 2004, the European Commission and its Member States have been developing policy initiatives to spread the adoption of e-health in order to increase the efficiency and quality of health systems (European Commission 2012). In the administrative area, e-health especially plays a role in file management. The transition to electronic medical files on patient data (e.g. diagnosis, treatment, medication) and the ICT use allows professionals to share information quickly. Hence, the loss of information is prevented and the decision making of professionals is strengthened. Furthermore, this might reduce medical errors and costs (Crepaldi, De Rosa and Pesce 2012:68; 61).

State of the art

The rapid increase of e-government and e-health services leads to questions regarding the equity of access to e-services and the confidentiality of electronic medical materials (West and Miller 2006). The use of e-services might lead to the exclusion of certain groups; especially the groups in the population that have the greatest need for welfare and health services and typically more limited access to ICT. Elderly persons have less experience with computer technology and often have no internet access, making it harder for them to use e-services. Similar problems are experienced by disabled people due to e.g. visual impairments and by migrants due to poor finances or language skills. This lack of equity in ICT usage is referred to as the 'digital divide' (West and Miller 2006).

ICTs can enhance the cooperation between different service fields. Care professionals in the care sector can use tele-care and tele-health devices to exchange patient information (Crepaldi, De Rosa and Pesce 2012:68). This technology can be used in the treatment of bedsores and diabetes. Examples of integrated care practices in Europe are *MedCom* in Denmark and *Wiesbaden Geriatric Rehabilitation Network* in Germany. Both use standardized communication protocols and formats (Crepaldi, De Rosa and Pesce 2012:83). Although standardized ICT communication can ease communication and speed it up, critical voices within feminist research point out the lack of personalized and targeted care (Schmidt and Petersen 2003), and others point out the increasing bureaucratization that often joins the introduction of new ICT (Hamran, 1996; more office work on the computer at the expense of care and health services provided for the user.

Research gap

The internet gives users opportunity to be more self-reliant. They can access medical information without consulting a professional. While this can improve the patient's understanding of health problems, the information on the internet varies in accuracy and quality and is often not verified. This can result in improper treatment (West and Miller 2006). Furthermore, better access to medical information can change the patient–doctor relationship. The patient is able to refer to other treatment methods and is more likely to question medical decisions. Although the patient's position is strengthened, this can also have negative effects, such as a loss of trust. What effect does that have on the various professionals? How does it affect the relationship between professionals and users?

ICT also changes the relationship between professionals. Stronger cooperation between professionals increases administrative work and makes them more dependent on each other. This development also challenges the existing power hierarchies, as certain professions, such as



nurses, are given more responsibilities. ICT use also raises security questions. For example, the use of the electronic health card in Germany led to debate about ‘Who can gain access to patient data, how can it be protected?’ (Sunyaev et al. 2009).

4.6.2. Remote and assistive technologies

Assistive technology “is any product or service designed to enable independence for disabled and older people” (DOH 2011). It is used by individuals with disabilities to perform otherwise difficult or impossible tasks. This broad definition includes a wide range of products and services that can be described as assistive technologies, both high and low tech. Assistive technology includes wheelchairs, robot technology, accessible software (e-inclusion), augmentative and alternative communication (AAC) as well as tele-care and tele-health devices.

Telecare devices are used to improve the self-reliance of users. The use of web-cameras and monitors enables the initiation of some treatment at home, while physiotherapists monitor the progress of multiple patients from the hospital. Tele-health and tele-care are also monitoring and surveillance technologies, as they keep track of a person’s medical condition and automatically alert health care staff if intervention is required (Stroetmann et al. 2010). E-inclusion is a more recent term, often used to refer to the use of “digital technologies to break down barriers of gender, age, sexuality or class” (Shakespeare 1994; Riddel and Watson 2003; Abbot 2007). Augmentative and alternative communication (AAC) systems help individuals with autism to communicate, either “by supplementing their existing speech or to act as their primary means of communication” (Mirenda 2003). The range of products available is constantly expanding as a result of technological developments.

State of the art

Assistive technologies support the changing paradigms in the care sector, which focus stronger on rehabilitation and the self-reliance of the target group. Assistive technologies are also used in the education sector, where they contribute to the inclusion of pupils suffering from a disability. The use of such technologies individualizes welfare services in general, as special technologies are applied, depending on the needs of the user. Care often acquires a coaching aspect in regard to best applying these technologies (Crepaldi, De Rosa and Pesce 2012:68). With respect to the demographic challenges and the fact that the amount of professional and informal care workers will fall in the coming years, assistive technologies can be seen as a solution for increasing the quality of care services and reducing the amount of labour necessary for their realization. Tele-care and tele-health solutions provide treatment over great distances, providing medical advice without



people having to leave the home. This is especially useful in rural areas and communities (Mitton et al. 2011; Crepaldi, De Rosa and Pesce 2012:60). Tele-care is also used in the treatment of chronic diseases, making it possible for users to send their health data via the internet to practitioners or hospitals for professional evaluation. This is especially useful in the treatment of diabetes and heart-attack patients. Furthermore, Tele-care and tele-health improves the conditions for the elderly, disabled persons and those suffering from chronic diseases living at home. Hence, these technologies will be essential in future “independent living” agendas (Laberg, Aspelund and Thygesen 2005).

Research gaps

As described in previous issues, there has been a shift in many European countries from the “passive patient” to the “empowered customer” (Windrum and García-Goñi 2008). This change in the status of the service user should lead to efficiency gains and cost savings (Hawker and Frankland 2012). Assistive technologies aim at improving this efficiency and enabling users to become more self-reliant. This aim often goes hand-in-hand with the aim to reduce the amount of labour in the welfare and health sectors. The effects of this strategy require further investigation in order to evaluate the degree to which users accept these technologies and whether they are able to use them properly. Users can have negative attitudes towards new technologies and possibly fear that technology replaces the helping hand of a care professional. A research gap concerning the relationship between the old and new services is identified. Questions about ensuring choice and improved well-being were raised in the focus groups in work package 8 and 9. In addition, the surveillance and sensor devices used in tele-care and tele-health solutions can lead to a loss of privacy. Users might resist surveillance technology, because they want to avoid constant supervision and remain in control of their lives.

Research questions

- To which degree and how are traditional providers using the new technologies?
- What effect does the internet have on the various professionals as patients are more likely to question their decisions?
- Are there negative effects of remote technologies compared to the social services we currently know and use?
- If the current eGovernment projects are judged to be insecure within a national context, what chance is there of obtaining popular support for exchanging data at the EU level?
- How can the socially excluded and disadvantaged, the disabled and the elderly be expected to keep up and collaborate with eGovernment procedures if they fail to provide the essential requirement of trust and reliability when handling individuals’ data?



- What are the limits to technology in the welfare, health and education sectors? How does technology interface with other modes of service delivery?
- Relationship to other communication tools, the role of face-to-face contact/fitting technology into new, service-based work patterns
- Are the new services replacing the old ones (and thereby limiting choice)? Or supplementing existing ones?

4.6.3. Implementation and diffusion of new technologies

Innovation is not merely about the originating idea, but also about the process of successful development, implementation and dissemination of that idea into widespread use (Department of Health 2011). The implementation and diffusion of new technologies in the health-, welfare-, and education sectors is an important aim of the EU Commission. Different action plans have been published to promote the use of technologies such as tele-care (García-Lizana and Giorgio 2012), E-health (European Commission 2012) and ICT in the education sector (http://ec.europa.eu/education/lifelong-learning-programme/grundtvig_en.htm).

Technologies offer good transferability, especially those associated with the internet (Pesce and Ispano 2013:14). But although the transferability of technologies is relatively high, the implementation process can be cumbersome. The implementation of tele-care services still proves a major challenge to several Member States. Many projects have not moved from a pilot phase to the diffusion of their innovation, often despite evidence of successful early outcomes (Heinze and Ley 2009:13; Burchert 2009:18; Clark and Goodwin 2010:14). The implementation of interactive whiteboards in schools as part of eLearning-strategies also reveals problems. The cost of the technology and installation can lead to disparities between schools and school forms. In addition, the lack of ICT literacy and ICT competency among professionals and students as well as the lack of adoption by professionals can hinder the successful use and diffusion of the technology (Slay, Siebörger and Hodgkinson-Williams 2007; Moss et al. 2007).

State of the art

While technologies offer the possibility to make health, welfare and education services more efficient and improve quality, the implementation of these technologies can encounter different barriers. One such barrier is the financing of these technologies. The providers must make one-time investments in order to acquire the new technologies, but resources in the welfare and education sectors are often sparse. This makes investments in new technologies difficult. Further reasons for a slow diffusion are lack of proper infrastructures in certain regions. When it comes to



tele-care or tele-health, a high-speed internet connection is essential in order to connect the service provider with the users. Especially in rural areas, however, this infrastructure is often missing or inadequate.

The lack of central norms can also hinder the diffusion of technologies. Without a norm to ensure compatibility between different telemedicine solutions, nation-wide implementation is difficult at best. In addition, countries, municipalities and even service providers all have different understandings with respect to the usefulness of certain technologies. While the use of robot technology in the care sector may be received positively in one country, it might not be considered in another country. New technologies also encounter micro-level barriers, as the introduction and efficient use of technology depends on the skills and attitudes of the staff to adapt to change (Laino and Sütő 2013:8). But users can also be reluctant towards new technologies, especially concerning welfare services; it is often the most fragile groups, such as the elderly and disabled persons, who must use these technologies. In these cases, new technologies are seen as further obstacles and result in users trying to maintain the status quo (Pesce and Ispano 2013:17).

Research gap

In the evaluation of the local workshops, different challenges were identified regarding the implementation and diffusion of technologies. One major challenge is to ensure the integration of new technologies within the current EU social service framework. Services and methods based on new technologies should support and compliment traditional services; not replace them. Alternatives should be available when technologies fail (Pesce and Ispano 2013:17-18). Further investigation must cast light on how providers can use new technologies and their advantages while preserving existing services in order to provide users with a choice between the two systems. While the free choice between the traditional and new services empower the user, it will be difficult for providers to make use of the technological advantages (e.g. such as a labour-saving effect). This is because the use of technologies has a scaling impact, which is greater when more people are using the technologies. Providers can risk spending more resources when traditional and new services are offered at the same time. Another challenge is the inability or reluctance to use new technologies. Users and professionals may both hinder the implementation of the technologies (Pesce and Ispano 2013:17-18), but they are also able to point out important problems with the technology in question.

Learning activities and further education programs can thereby play an important role in improving the implementation process. Besides teaching the required knowledge to use new technology, such activities may enhance the acceptance of new technologies among professionals. How



education programs are used to improve the implementation of technology must also be researched further, as well as strategies to reduce resistance towards new technologies (Laino and Sütö 2013:8). In addition, there is a need to investigate which service providers in the health, care and education sectors implement new technologies and how they do so. This should address the differences existing between private and public providers in their application of new technologies. However, the increased use of private–public partnerships might make questions of distribution obsolete.

Research questions

- Which technology-related factors enable the transferability, diffusion, and scaling-up of innovative practices?
- What are the opportunities for a widespread use of new technologies?
- Which staff approaches and attitudes towards the use of new technology can be identified?
- How can staff be trained properly in the use of new technologies?

4.7. Measuring outcomes, quality and challenges

Howaldt and Schwarz (2010:20) describe social innovation as

a new configuration of social practices in certain areas of action or social contexts prompted by certain actors or constellation of actors in an intentional, targeted manner with the goal of better satisfying or answering needs and problems than is possible on the basis of established practices.

According to Phills, Deiglmeier and Miller (2008:10), Social innovations refer to a “novel solution to a social problem that is more effective, efficient, sustainable or just than existing solutions for which the value created accrues primarily to society as a whole rather than private individuals.”

These are merely two examples of a definition of social innovation, and both hint clearly that social innovations aim at a better outcome. In the INNOSERVS literature research, further definitions are listed. According to them, social innovations lead to “improving health outcomes, administrative efficiency, cost effectiveness or user’s experience” (Greenhalgh 2004:1), they “enhance significantly customer experience in a way which impacts upon the value chain as a whole ” (Expert Panel in Service Innovation in the EU 2011:7), they “improve the quality of life of individuals and communities” (The OECD Forum on Social Innovation 2000), and they lead to a “novel solution to a social problem that is more effective, efficient, sustainable” (Phills, Deiglmeier and Miller 2008:10). The definitions already indicate that there are different forms of positive outcomes that can be influenced by social innovation. But outcomes such as improved quality, efficiency or



sustainability are difficult to measure. It is always a challenge for researchers and policy-makers alike. Quality must be operationalized, depending on where the innovative service or product is embedded. As indicated in OECD publications, there is considerable interest in policy-makers evaluating and measuring innovations and their impacts (OECD 2010).

The introduction of NPM in the social, health and education sectors as well as the increasing business orientation of organizations involved in welfare policies emphasizes the attention to efficiency and the interest in making processes more transparent (Crepaldi, De Rosa and Pesce 2012:36 – quality systems; Pollitt and Dan 2011:5). But it must be noted that not all of the definitions of social innovations name a positive outcome as a characteristic, because innovations may not always lead to success and a level of failure is to be expected. A lot of the above also applies to social service innovation.¹⁰ Innovations can lead to increased but undesired choices, a loss of performance due to the learning process and innovations that are ultimately of no value (Hawker and Frankland 2012:15). This emphasizes the need to measure the outcomes in order to identify the innovations that are most useful and suitable for a widespread implementation strategy.

4.7.1. Quality and sustainability

The INNOSERV project identified quality improvement and sustainability as two key elements of innovation (Hawker and Frankland 2012:9). In public services, “innovation is justifiable only where it increases public value in the quality, efficiency or fitness for purpose of governance or services” (Hartley 2005:30). But improved quality or efficiency can often only be related to a single group of stakeholders. New technologies focusing on transparency can have a positive effect for users and administrative staff but can lead to a higher workload for frontline workers. There are contradictory objectives between different stakeholder groups. Hence, clients, professionals, politicians, managers and administrative staff may have different conceptions regarding improved quality (Crepaldi, De Rosa and Pesce 2012:19). Sustainability can be seen as another important aspect of innovation. Change resulting from innovations must be sustainable (Bereiter 2002). Innovations have to become embedded and integrated in everyday practice (Hawker and Frankland 2012:15).

State of the art

With respect to innovative service within institutions, new practices have to be financially sustainable so that they remain available even if external funding is withdrawn. They also have to

¹⁰ Please see the introduction for the specification of the difference between innovation in the social services and social innovation.



develop stable structures so that they become a part of the daily practices of the organization (Pesce and Ispano 2013:11). Sustainability can have a more generally meaning in relation to the preservation of the welfare state. Financial cuts in the social, health and education sectors threaten the quality and extent of European service delivery. Innovation is often viewed as a condition for the sustainability of the service quality in European welfare states. Innovative practices can lead to improved cost efficiency, both at the organizational and societal levels, thus preserving the standards of the welfare state.

The participants in the international workshop warned that the on-going restructuring reforms in the social sector mostly result in budget cuts. Innovation is perceived as a means to be able to continue to offer services using fewer financial resources. There is therefore the risk that efficiency in times of crisis is only perceived as a way of cutting costs; however, there should be no efficiency without quality (Laino and Sütö 2013:7-8). Many of the local workshop participants argued that “mere financial factors should never be considered as innovative in themselves unless they are accompanied by improvement in the service, its quality and/or its effectiveness.” (Pesce and Ispano 2013:10)

Research gap

The international workshop participants emphasized the importance of sustaining the funding for innovative projects. Many civil projects depend on governmental or international funding. It was argued that the survival of these projects has to be ensured, even after the closure of the funding period (Laino and Sütö 2013:6). However, this raises the question of how financiers and policy-makers can evaluate projects with an innovative potential. A longer financing period gives projects a better chance of demonstrating their positive effects, but it also increases the risk of more money being squandered on unsuccessful projects. Further investigation must explore which criteria an innovative practice has to meet in order to receive additional funding.

Another research gap is how the respective Member States define quality. As already discussed in the issue about the regional differences, the perception of health and good care services can vary among the Member States. In most countries, a growing number of elderly receiving home care instead of residential care would be viewed as a quality improvement. But this development does not provide any insight into the actual quality of the care services. This can also be related to free choice. Free choice is seen empowering the citizen, but it can also have unintended side-effects. Especially elderly people often need help to select a provider. The choice between multiple providers is often confusing, and the evaluation of providers – as the debate in Germany indicates – is often flawed and not transparent to the user. This is one of the dark sides of innovation and



requires further investigation.

Research questions

- Dark side of innovation: What are the unintended effects of innovation? How can they be dealt with?
- How can the benefits of the innovation process be measured?
- How is innovation at odds with local standards managed?
- How can approaches to quality improvement embrace and be informed by social and service innovation?
- Which instruments can help distinguish between potential projects and projects that will not improve with additional funding?
- The economic crisis had a major impact on social services in different welfare states. How did the crisis influence the quality of social services (WP 9, 7-8)?

4.7.2. Measurement

Across Europe, EU-funded projects have widely introduced the concept of quality, assessment and evaluation in social practices. Common EU quality principles and an EU quality framework provide guidelines and recommendations to Member States regarding the methodology to set, monitor and evaluate quality standards through the Open Method of Coordination (OMC) on social protection and social inclusion (Crepaldi, De Rosa and Pesce 2012:44-45). The variety of quality control and quality development tools currently applied is reflected in the different ways of how the EU Member States document the quality of service provision. The application of methods to assess the outcome quality of social services varies extensively between the Member States. Benchmarking, which is a central element of quality management, is not applicable in the social sector of many Member States. The United Kingdom is an exception, where the

Performance Assessment Framework provides an overview of council policies' performance by means of defined indicators so that each interested citizen may retrieve his/her council's performance and compare it to others in terms of single indicators or as an aggregate star rating system.

The measurement of social innovation in particular has become a priority for the Member States as well as the EU (Schmitz et al. 2013:3). This development was also discussed in the INNOSERV international workshops, where the participants emphasized that the ability to measure the outcomes of certain policies and practices and assessing their value becomes increasingly

important for the EC and the national states (Laino and Sütő 2013:7). Nevertheless, measuring innovations can be problematic. There are various barriers rendering it difficult to evaluate the outcomes of innovations. The first barrier is the variety of innovation types. According to Phills, Deigmeier and Miller (2008:39), social innovation can be “a product, production, process, or technology (much like innovation in general), but it can also be a principle, an idea, a piece of legislation, a social movement, an intervention, or some combination of them.”

This definition reveals how the problem of identifying a social innovation in general, but also the measurement of effects and outcomes of identified innovations, is problematic, as innovations can have impacts on different levels of society. To fully assess the value of social innovation in services, it is not enough to apply strictly economic criteria and indicators, as they can hardly reveal the cognitive and relational content of the gains generated by innovative services (Bouchard 2006:11; Crepaldi, De Rosa and Pesce 2012:20). Life quality, social environment, access to economic and social opportunities, job satisfaction and free choice are all examples of factors that must be considered in addition to simple economic effects when evaluating the outcome of innovations and their impact (Hawker and Frankland 2012:15). The quality of the relation and trust are important factors that are very difficult to express within the terms of a contract (EC 2006:21). It would also appear difficult to assess the extent of political ‘transformation’ (changes in social and power relations) and the impact in terms of social usefulness. (Crepaldi, De Rosa and Pesce 2012:20)

State of the art

Quality management approaches, originally been developed in industry, are often adopted and used as a tool for measuring social and health service efficiency (Hubert, Maucher and Sak 2006). In the field of technological innovations, there are more metrics available for outcome measurement. But while the economic effects of a new product or technology in the private sector are relatively easy to identify, the economic effects of social services can often not be fully determined, especially in the field of education, health and social services. Here, the boundaries between cause and effect are often blurred, and many factors can influence a positive outcome in these sectors. Social innovation, for example, contains a “normative dimension, in the sense of ‘being good for society’, which is largely absent in the classical concepts of innovation” (Schmitz et al. 2013:4). Measurement instruments applied to social innovations have to measure more subtle aspects. Existing metrics therefore have to be complemented with new aspects (Schmitz et al. 2013:4). In addition to quality management tools for assessing economic effects, instruments such as surveys and group interviews can be used to evaluate the effects of innovations on different stakeholders. User and staff satisfaction play a central role in the social sector. Such instruments can have effects on innovations in the social services, e.g. crowding-out effects of user groups.



Examples of established measurement systems that are directly connected to innovation measurement in private or public sector organizations, are the Innovation Union Scoreboard (EU), Global Innovation Index (INSEAD), Innovation in Public Sector Organizations (NESTA), Measure Public Innovation in the Nordic Countries (MEPIN), Global Competitiveness Index (WEF) and the 'model for measuring innovation in public sector organizations' of the Australian government. The blueprint for a metric to measure Social Innovation, which is currently developed by the TEPSIE research project, combines the data sources and measurement instruments above with metrics that focus on social, normative or environmental dimensions. The OECD Better Life Index, European System of Social Indicators (GESIS), Civil Society Index (CIVICUS) and National Footprint (Global Footprint Network) are examples of metrics that were identified as suitable for capturing the social aspect of social innovations. (Schmitz et al. 2013:12). The need to combine different kinds of metrics is related to the complexity of social innovations. To measure the innovative potential, the effectiveness and social impact have to be combined. The degree of diffusion can also be an important factor in order to assess the impact of an innovation on society. An innovation may have little effect unless it is widely applied beyond its place of origin (OECD 2005).

Research gap

Although internationally agreed concepts and metrics for measuring innovation exist in the private sector, there is no similar framework for the public sector (OECD 2010:90). A challenge for the measurement of public and social innovations is that the conditions and frameworks in the public sector vary from country to country. Countries can face different social challenges, and major differences in the structure of their welfare services render it difficult to measure the social impact of innovation with standardized measurement instruments.

A major problem in assessing social, health and education services remains the evaluation of long-term effects. The quality and responsiveness of social services are often not visible in the short-term. Long-term analysis is often necessary to assess the potential of an innovation in the social sector, but the financing of many EU projects is often limited to a short period (Laino and Sütö 2013:5). This can also be applied to policy changes: New reforms and innovations break routines and therefore reduce the effectiveness and quality of services. It often takes time for staff and users to become accustomed to changes and develop new routines.

Sullivan and Skelcher (2002:96) argue that stakeholder views need to be considered in the evaluation and assessment of social service innovations. This is because evaluation studies



cannot be separated from the policy context in which they are embedded. According to Thomas and Palfrey (1996), three groups of stakeholders exist: the funders (government, insurance companies etc.), beneficiaries (users) and the providers (including professionals, managers and politicians) (Ball et al. 2010). Depending on which group is evaluating, ‘stakeholder evaluation’ will always have a subjective element. This means that stakeholder evaluations also have negative aspects and can hinder the implementation of new innovations. How do different providers or government agencies use stakeholder evaluations to improve services?

The international workshop participants discussed the idea of having an EU framework setting clear indicators to evaluate innovation and assess the outcomes of innovative policies. On one hand, participants highlighted that a clear framework is lacking. On the other hand, participants realized that a very structured framework could have the counterproductive effect of inhibiting innovation, as it usually happens at the micro-level, where the level of coordination is lower. Participants discussed the pros and cons of developing tools to measure social innovation and suggested that further research investigating this aspect is called for (Laino and Sütő 2013:7).

Research questions

- Are the basic concepts and tools used in the private sector relevant to the characteristics of the public sector? Which dimensions are not covered?
- Can the general categories used in measurement instruments (e.g. surveys) be applied to different countries despite major differences and heterogeneity in the health, care and education sectors?
- How can the unintended effects of measurement processes be avoided?
- To which degree can instruments from the private sector be transferred to the public sector?
- How can experimental frameworks be developed, which minimize the ethical concerns of randomized selection into programs.
- How can services learn to develop in new ways to meet new challenges?



5. Next steps

This draft of a research agenda is to be tested in the next two months on a WP11 road show. At two international meetings in Brussels (September) and Sofia (October), the research agenda will be presented and discussed with researchers, key national and European stakeholders and umbrella organizations, the discussion focusing on its validity and feasibility. In this process there will also be an emphasis of selected marginalized topics in innovation in social services and the research questions will be categorized according to the various stakeholder groups. Also a gender mainstreaming of the research agenda will have to be done. The research agenda will then be finalized.



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Appendix 1: The workshop

The consortium workshop was originally scheduled to take place in the autumn of 2013. In order to utilize the various expertise amongst the partners, the consortium workshop was moved to the summer of 2013 instead and to enable a dialogical approach to the formulation of the research agenda. This approach ensured that the partners were able to participate in the early stages of the work on the research agenda, including brief presentations of the WP8 and WP9, which were presented at the Roskilde meeting. The final WP8 and WP9 reports were later incorporated into the draft of the research agenda (Pesce and Ipano 2013; Laino and Sütő 2013). An outline of some research themes was presented and discussed at the consortium workshop (Dahl 2013). These changes also led to a revised workshop agenda in order to facilitate the systematic integration of the findings from all of the earlier work packages, including work packages 8 and 9 in the discussions. In addition, the new workshop agenda enabled an expanded discussion of the work-in-progress paper on the research agenda (Dahl 2013), which identified key themes that had been touched during the earlier stages of the project, and it discussed the benefits and limits of different research approaches rather than outlining the structure of the research agenda.

The revised workshop agenda enabled the consortium to work on the research agenda from a dialogical approach that dealt with the earlier work in a systematic manner. The guiding principle for this systematic approach was to use cross-work package comparison of knowledge that systematized knowledge and searched for findings and gaps, thus informing a complete picture of what was known and discussed from different angles in the earlier stages of the project. This principle was agreed upon during a pre-workshop meeting between the work package leader and the project coordinators.

During the first part of the consortium workshop, the draft reports from work package 8, 9 and 10 (Pesce and Ipano 2013; Laino and Sütő 2013; Dahl 2013) were presented and discussed. Throughout the joint discussions, new themes for further discussion were noted in a storage folder. After these initial presentations and joint discussions, the consortium members were divided into three working groups, which were responsible for identifying key research themes in the consortium's earlier work. The three groups worked with, respectively, the theoretically based work packages 1-3, the empirical informed work packages 7-9, and work package 10 on the research agenda and the new themes in the storage folder. The groups were put together in such a manner as to take the consortium members' different expertise and earlier involvement in the work packages into account.



This first round of working group sessions was followed by presentations and discussions in plenary. Departing from the working groups' presentations, the discussions developed the themes pinpointed by the working groups, and the themes from the all three groups were then linked to one another. During this joint process, research themes were merged and expanded, identical themes deleted and broader themes were identified via abstraction. By the end of this process, the consortium members had identified seven research themes: *“Governing social services”, “User centrality to services and approaches”, “Institutional and organizational development”, “New hard and soft technologies”, “Influence of regional and local contexts diversity to social services”, “Blurring boundaries”, and “Outcomes and quality development and new challenges from innovation in social services”*.

The seven themes were then elaborated further in a second working group session. In this session, three new working groups each worked on two to three of the themes. The working groups further developed the themes based on a matrix that addressed the following aspects in relation to the specific research theme: “Sub-issues and need for future research in relation to challenges and problems”, “State of the art”, “Research gaps” and “Research questions”. Through this session, the working groups framed sub-issues, provided inputs to the state of the art on the themes and phrased specific research questions in relation to the themes and gaps. In addition to the seven themes, another theme emerged during the *“Framing services”* session, and it was consequently added to the other themes. The groups' findings were once again presented and discussed in a joint session. During the second joint session, the consortium members went through the expanded themes in order to develop them further and utilize all of the expertise within the consortium. The inputs from the joint session were collected in a single matrix covering the themes and the above mentioned aspects of each of the eight themes. We ultimately agreed on seven themes, integrating ‘blurring boundaries’ into several of the other themes. In addition to identifying the seven key themes, the consortium decided that the research themes should be broad and not fixed to particular services fields (health, welfare or education). This would enable the research agenda to take into account the importance of cross-sectorial developments within social services.

The work done in the consortium workshop has since been fortified through two processes whereby all of the consortium members have had the opportunity to provide input. First, the national teams have produced a brief, written foresight report exploring future scenarios in relation to social services at the national level. The reports were produced as reviews of the future challenges identified by policy-makers and the scientific community. This was done in order to



supplement the earlier work (Hawker and Franklin 2012) with up-to-date knowledge. The reports addressing the national level were complemented with a report addressing the EU level plus international level, which was represented by OECD and WHO reports. The findings from these reports have served as a way to qualify the identified research themes and the gaps in the relevant knowledge by the stakeholder. In a second process, all of the consortium members have been invited to go through the matrix of the research themes. The participating members thus had time to check with their respective national teams and make comments. The aim of the process was primarily to provide further input to the state of the art and the gaps in relation to each of the research themes and to identify additional research questions.

Based on the discussions during the consortium workshop in Roskilde, the framing of the research agenda is guided by two principles: First, the themes and research questions in the agenda do not target each of the three service fields; second, the research themes and questions have been drafted to fit both basic and applied research, as the consortium views them as being complementary.



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