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Published in:
International Journal of Action Research

DOI:
[10.3224/ijar.v13i3.02](https://doi.org/10.3224/ijar.v13i3.02)

Publication date:
2017

Document Version
Peer reviewed version

Citation for published version (APA):
Andersen, J., & Bilfeldt, A. (2017). Transforming public welfare institutions through social innovation and action research in Denmark. *International Journal of Action Research*, 13(3), 201-221.
<https://doi.org/10.3224/ijar.v13i3.02>

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Transforming welfare institutions through social innovation and action research in Denmark

John Andersen and Annette Bilfeldt

Abstract

The article will present how action research may contribute to social innovation and empowerment in public welfare and cultural institutions (nursing homes and libraries) in a manner that supports the interests of marginalised citizens and local communities, and creates opportunities for positive change. First, we introduce the concepts of empowerment, action research and social innovation along with the roots of these concepts in critical social theory. Secondly, two case studies are presented to analyse two different methodological variants of action research in two different contexts. The first case is about action research in nursing homes, where the objective was to improve elder care through more autonomy and better quality of life for residents and employees. In this project (inspired by critical utopian action research), so called ‘future workshops’ were applied to create “free space” for reflection and creation of concrete suggestions of social innovation in elder care. The second case is about the transformation of a public library into a community centre. In this case, the aim was to break down barriers between citizens and public institutions in a deprived, multicultural urban area and thereby promote local community empowerment. In this project, ‘empowerment evaluation’ was used as an action research method. In the final part we compare the two approaches (utopian action research and empowerment facilitation), and discuss the danger of falling into the trap of localism, where successful social innovations: instead of being *up-scaled* and widely distributed, end up as one-offs or simply die out at the very local level

Keywords: action research, social innovation, public libraries, elder care, empowerment evaluation

Transformando instituciones de bienestar a través de la innovación social y la investigación-acción en Dinamarca

Resumen

El trabajo presentará cómo la investigación-acción puede contribuir para la innovación social y el empoderamiento en instituciones culturales y de bienestar público (hogares de ancianos y bibliotecas), de una forma que apoye los intereses de los ciudadanos marginados y las comunidades locales y cree oportunidades para un cambio positivo. En primer lugar, introducimos los conceptos críticos de ‘empoderamiento’, ‘investigación-acción’ e ‘innovación social’, junto con las raíces de estos conceptos en la teoría social crítica. En segundo lugar, se presentan dos casos de estudio para analizar dos variantes metodológicas diferentes de la investigación-acción en dos contextos diferentes. El primer

caso es sobre la investigación-acción en hogares de ancianos, cuyo objetivo fue mejorar el cuidado de ancianos mediante una mayor autonomía y una mejor calidad de vida para los residentes y empleados. En este proyecto (inspirado por la investigación-acción utópica crítica) se aplicaron los llamados “futuros talleres” para crear un “espacio libre” para la reflexión y creación de sugerencias concretas de innovación social en el cuidado de ancianos. El segundo caso es sobre la transformación de una biblioteca pública en un centro comunitario. En este caso, el objetivo fue romper las barreras entre los ciudadanos y las instituciones públicas, en un área urbana multicultural privada, y así promover el empoderamiento de la comunidad local. En este proyecto se utilizó la “evaluación del empoderamiento” como método de la investigación-acción. En la parte final, comparamos los dos enfoques (investigación-acción utópica y facilitación del empoderamiento), y discutimos el peligro de caer en la trampa del localismo, donde las innovaciones sociales exitosas – en vez de ser en mayor escala y ampliamente difundidas – terminan en una sola aplicación o simplemente mueren en el nivel local.

Palabras clave: investigación-acción, innovación social, bibliotecas públicas, cuidado de ancianos, evaluación del empoderamiento.

Introduction

The first International Handbook on Social Innovation was published in 2013 (Moulaert et al. 2013). In the handbook, ‘social innovation’ is defined as processes that generate a) the provision of resources and services in response to social needs b) the development of trust and empowerment within marginalised populations and c) the transformation of those power relations that produce social exclusion through the transformation of governance mechanisms (Miquel et al. 2013, p. 155). According to this understanding, social innovation concerns “not just particular actions, but also the mobilisation-participation processes and (...) the *outcome* of actions which lead to improvements in social relations, structures of governance, greater collective empowerment, and so on” (Moulaert et al. 2013, p. 2).

The term ‘social exclusion’ concerns the mechanisms and conditions that fully or partially exclude individuals or groups from self-determination and influence over their own life situations and living conditions, and that fully or partially exclude them from participation and social rights that the majority of citizens have access to in society. The opposite of exclusion is inclusion, meaning processes through which marginalised or excluded groups may acquire more power over their own life situation, self-determination and access to the same living conditions and rights as the majority of society has access to (Larsen & Andersen 2013). Processes leading from exclusion to inclusion can be seen as ‘empowerment processes’, leading from relative powerlessness to a situation of increased self-determination and influence. ‘Social innovation research’, then, is studies of social innovative initiatives that provide a response to social exclusion and social inequality (Moulaert et al. 2013, p. 3). In social innovation research there is a collaboration between researchers and stakeholders on social experiments that can support social change that is progressively inclusive and democratic.

The purpose of this article is to show how action research can contribute to social innovation and empowerment in public welfare and cultural institutions (nursing homes and libraries) in a manner that facilitates marginalised citizens’ and local communities’ power position and creates opportunities for positive change. The article first introduces the

critical concepts of empowerment, action research and social innovation, and the roots of these traditions in critical social theory. The next part analyses two different methodological variants of action research in two different contexts: The first is about action research in nursing homes (in the capital of Denmark, Copenhagen), where the objective was improving elder care through more autonomy and better quality of daily life for both residents and employees. In the project, future workshops were used to create a “free space” where concrete suggestions of social innovation in elder care was developed. The second example is about the transformation of a public library into a community center in the multicultural and poorest urban district of Gellerup in Denmark. The aim was to break down barriers between citizens and public institutions in the district, to improve social services and facilitate community empowerment. In this project, empowerment evaluation was used as an action research method.

Action research and the development of more inclusive public institutions

In recent decades, marginalisation and social exclusion have gained some space in the Danish public discourse about the role and functions of the welfare state. Simplified, one can identify two poles within the discussion: one is the criticism of the welfare state from neoliberal and neoconservative positions, claiming that welfare rights (social citizenship) and the redistribution of goods hinders capitalist growth and limits the “trickle down effects” (when the rich get richer wealth “trickles down” to the poor). Furthermore, it creates “a dependency culture” and an “underclass” without a protestant work ethic. The other pole is the criticism emanating from leftist positions, which claims that the “trickle down effect” is a pure ideological construction and argues that neoliberal free market fundamentalism (“market Stalinism”) and austerity increases social polarisation. From this position the challenge is to *strengthen* the redistributive capacity of the welfare state and to democratise and humanize existing public welfare institutions, so that citizens in social distress may meet a more participatory, non patronising support.

Despite the political and ideological disagreements, there is, on the surface, some *rhetorical* consensus that the inclusion and participation of citizens are important values in a welfare state. In particular, with reference to the elderly, both state and local governments formulate objectives of active participation and increased influence of older people who receive care in their own homes or in nursing homes (Municipality of Copenhagen 2011).

One thing, however, is the rhetoric of inclusion and participation as guidelines for public welfare institutions. Another is “real politic”: the practical challenge of sufficient funding and organisational implementation of such participatory objectives. There is often a tension between the official positive discourses of inclusion and dialogue and the actual achievement of real innovative inclusive practices in the daily lives of welfare institutions.

Bridging the gap between inclusion rhetoric and actual practice in welfare institutions is a challenge for action research. The ‘DNA’ of the action research tradition is not only the analysis of how the world works, but the mobilisation of knowledge, in co-operation with citizens and social movements, that can change the world in a more just and inclusive

direction. Before we move to the cases we briefly present the roots of the action research tradition in critical theory and sociology.

Sociological imagination and critical theory

The fundamental idea of the critical theory tradition is that social science should be emancipatory. Societal conditions are studied in order to gain knowledge about barriers to humanization of living conditions and democratisation of society. The Danish sociologist Heine Andersen characterises the overall barriers to humanisation to be societal conditions that restrict individuals' opportunities for a good and decent life, in which individuals can engage in social communities and can act as informed, responsible and consciously acting citizens. (Andersen 1994, p. 201). Going further back in the history of critical theory, the American sociologist C. Wright Mills focused on researchers having a democratic obligation to provide knowledge to citizens so that the latter may be able to hold the power elite accountable for decisions and to identify alternative solutions (Mills 1958, p. 173). In *The Sociological Imagination* (Mills 1959) Mills argued that research should analyse how everyday "*troubles*" at the individual level (such as everyday life in a nursing home) are linked to overall societal "*issues*" (political, economic and institutional frameworks and conflicts at the macro level) (Mills 1959, p. 211). Ordinary people's "little story" (people's experiences and handling of their living conditions in everyday life), should be linked to the macro development of the society's "big story": transformations of the political, economic and cultural macro context. In this way, Mills argued, researchers should "invite" the sociological imagination into research, and establish a democratic knowledge base for citizens and the public to reflect and act upon (Mills 1959, p. 212). With the concept of sociological imagination, C. Wright Mills argued that social science must be committed to the understanding that some societal conditions are problematic and undesirable, and that the knowledge interest of science must be the gaining of a deeper understanding of societal conditions in order to change them. Thereby Mills distanced himself both from a deterministic understanding of society (claiming that social structures completely determine the individual's actions or scope of action) and from a voluntarist understanding: that life opportunities are mainly the result of people's individual will and actions (Andersen & Hovgaard 2007). Mills stressed that the direction of history's development is not given in advance, but is open to change by human actors. Consequently social science should commit itself to trying to play an active role as a facilitator of democracy by generating knowledge about conditions and opportunities in order to change things in certain desired directions. Thus following C. Wright Mills, research has an obligation to provide documentary and provocative knowledge of how committed citizens and institutions can be empowered to cope with conditions that threaten a democratic, social and economic sustainable development of society.

Social innovation and empowerment

Empowerment is a concept for progressive change processes and strategies for a more inclusive and democratic society. Empowerment is defined as “the processes through which social groups improve their ability to create, view and control the material, social, cultural and symbolic resources” (Andersen 2005). Historically, the concept of empowerment is connected to the work of Paulo Freire, the Brazilian social scientist who became world famous for his book “Pedagogy of the Oppressed” (1974). Freire opposed “Leninist” approaches, where the party leadership acts on behalf of “the oppressed” and emphasised that the task is to facilitate generation of power among citizens themselves. Freire defined empowerment as the ability to understand the social, political and economic contradictions and the ability to act against the oppressing elements of reality (Freire 1974, p.19). In extension of the Latin American action research tradition, the American Professor Richard Levin has developed a broader definition of empowerment. According to Levin’s definition, empowerment is the “capacity, resources, information and knowledge, confidence, understanding, organisation and formal rights which humans can utilise individually and collectively to determine what is to happen to them. I also include humans’ mobilisation of collective visions and fantasy, intelligence, creativity, enthusiasm, courage and energy in one liberating movement” (Levin 1995, p. 208).

Empowerment is about processes of awareness and capacity building which increase the participation and decision making power of citizens, and which may potentially lead to transformative action which changes opportunity structures in an inclusive and equalising direction (Andersen & Siim 2004). Empowerment has both an objective and a subjective dimension. The objective dimension of empowerment refers to the development of the societal and institutional *opportunity structures* for creating positive changes, (2) the subjective dimension refers to the development of *the ability and capacity* of citizens and collective actors to create positive changes.

In line with Freire’s thought, Andersen and Siim (2004) define empowerment as processes through which social groups improve their ability to create, manage and control material, social, cultural and symbolic resources (Andersen & Siim 2004). Action research can facilitate horizontal empowerment processes as well as vertical empowerment processes. Horizontal empowerment processes strengthen trust, commitment and networks between different groups and actors (such as between residents and employees at a nursing home). Vertical empowerment addresses the possibilities of multilevel influence *outwards and upwards*, in relation to power centres outside the workplace or local community

Research committed to social innovation

We define action research as research that contributes to empowerment and social innovation. Action research goes a step further than critically *theorising and analysing* social issues, which was the guideline in, for example, the classical Frankfurt School tradition of critical theory (Nielsen & Nielsen 2006). For action research, the DNA is to contribute actively to positive change in society by generating knowledge about strategies, methods and actions to combat exclusion and disempowerment in various forms. Action research focusses on changing society through collective mobilisation, and this is where the connection to the concept of empowerment lies.

In short, the focal point is that action research links the *understanding* of the world with the *transformation* of the world through citizens' empowerment. Therefore, action research is in conflict with epistemological understandings and research methods (e.g. traditional positivism) which argue for the complete separation of the researcher from the field of the research.

Instead of seeking to ensure that research is performed with objectifying "distance" towards the research field, researchers and practitioners should engage in a joint democratic development of knowledge based on a "shared commitment to democratic social change" (Brydon-Miller, Greenwood & Maguire 2003).

The Australian action researcher Stephen Kemmis also links action research to critical theory, emphasizing that "the critical" is the combination of identifying injustices, abuses or improper fulfillment of needs and creating a space for critical reflection and resistance to develop and implement positive change strategies. Kemmis distinguishes between "practice", based on the ingrained habits and patterns of action (much in line with Bourdieu's concept of habitus), and the social and collective moral obligation "praxis" that can occur as a result of critical reflection. The aim of participatory action research is to reframe the unreflective habit-based "practice" so that it becomes a collective morally obliging "praxis" (Kemmis 2008, p. 123). Action research gives the participants in the research an opportunity to increase their understanding of their own practices: the individual and collective practices as well as the structural conditions of such practices.

Methodological diversity in action research

Methodologically, action research is characterised by great diversity, for example quantitative evidence collected by means of questionnaires qualitative interviews, fieldwork etc. may be part of an action research project. The special feature of action research, however, is the explicit aim to develop transformative ideas and visions based on ordinary citizens' human experiences and their aspirations for a better future (Brydon-Miller, Greenwood & Maguire 2003). The goal is that research contributes to social mobilisation and positive change in the field that action research takes place within.

The knowledge generated through action research is the product of collective processes consisting of:

- (1) criticism of unsatisfactory conditions, injustices etc. in a given field,
- (2) testing and documentation,
- (3) reflection and development of specific visions
- (4) strategies for change and collective action (Kemmis, 2008, p. 136).

In the CUAR (Critical Utopian Action Research) tradition 'future workshops' and 'research network conferences' have been widely used methods to create a framework for ordinary citizens' social imagination and democratic learning processes (Andersen & Bilfeldt 2015; Egsmose 2015). This kind of participatory action research allows participants to develop greater understanding, both of their own practice and of societal conditions.

Within the future workshop, local stakeholders, citizens and workers, are the driving forces in the production of future visions, actions and scenario building. The method provides an opportunity to think outside the box": to develop utopias that are not limited by

the reality of power in everyday comprehensions of what actually can or cannot be done. A future workshop is organised around plenum and group sessions. The participants' statements are presented and commented upon by using posters. The researchers' role is to act as facilitators (Jungk & Müllert 1987).

The point of departure of an action research project is the *critique phase* where the question is: *What* do we want to change? What is wrong? It involves a brainstorming session aimed at producing critical statements which are listed on posters, and the participants decide (by voting) which of the critical statements are most important.

Then follows the *utopian phase*, framed by the question: Where would we like to go? What's our vision? The participants are asked to be visionary and imagine an alternative work place/nursing home/local community etc. Their utopian visions are listed on posters and commented on. As in the critique phase, the themes are prioritised through voting, in order to find out which utopias/visions should be developed further upon in working groups. The utopia phase ends up with the groups presenting the developed utopias.

Finally, the *realization phase* raises the questions: *How* and with whom can our alternatives become reality? First, the participants are organised into working groups, which are given the task of developing the utopian ideas and turning them into concrete proposals, which are critically commented upon and further developed in a plenary meeting. Second, the groups make agreements about plans of concrete implementation for the future.

Social innovation

Example 1: Action Research in nursing homes

The following deals with action research with a group of citizens that may in particular be said to be at risk of exclusion in everyday life: namely senior citizens who rely on the support of nursing homes.

Before the presentation, we briefly summarise the research knowledge about factors that affect the quality of care work in nursing homes and residents' opportunities for self-determination. Even though public elder care in Scandinavia, in an international perspective, is of a high quality, research has shown that there are dilemmas connected to the elder care system. (Meagher & Szebehely (2013) Jönson & Harnett (2015); Hujala, Rissanen & Vihma (2013).

New Public Management (NPM) systems (copied from the private sector) focus on cost reduction and measurability through standardization of services (Hjort 2008). One of the leading Nordic care theorists, Kari Wærness, has with the concept of "rationality of care" focused on the identification with the care recipient's specific needs as the prerequisite for good care (Wærness 1996). Wærness emphasises that an *instrumental* rationality associated with the absence of empathy is pursued in NPM quality management systems (Wærness 2005).

Szebehely and Eliasson-Lappalainen emphasise that the ability to reduce a complex phenomenon such as quality of daily care into standardised measurable indicators implies the risk of creating further standardisation of benefits when employees do not feel that they have actual manoeuvre to let the wishes of the elderly be the starting point for care. If only

measurable results are rewarded, employees are encouraged to adhere to rules and regulations that fit measures. Pressed employees may tend to prioritise commitment to the institution's rules and guidelines, at the expense of a professional and ethical obligation towards the residents and their families (Janlöv, Hallberg & Petersson 2011). Recent research also points out that there is a risk of developing an exclusionary institutional practice, where relatives' are excluded from influence on the care of their elderly relatives (Westin, Ohm & Danielson 2009).

Employees, this may imply that they experience a conflict between personal standards of quality of work and the opportunities to realise them. They may find that resource scarcity and documentation requirements take time from the care that they ought to give. For the elderly, it means a risk that they lose autonomy and influence in everyday life. Research shows that it is crucial for the quality of life in nursing homes that residents feel that their will, desires and habits are respected (Eliasson-Lappalainen 2011, Holmgren et al. 2014).

Both at an individual level (employees, residents and relatives), at an institutional level and at the political and administrative level, it is important that the focus be put on the importance of residents' and their relatives' influence on the care provided at nursing homes. In the following, we discuss how action research in the nursing home sector can contribute to social innovation towards empowerment of both residents, relatives and employees.

Everyday democracy and social innovation

The action research project *Social Innovation and Everyday Democracy* 2013-2015, dealt with the empowerment of residents in nursing homes. The project focused on the development of residents' democratic influence on everyday life through the strengthening of co-operation between residents, relatives and staff.

The background of the project was that the employees in the nursing home's Co-operation Council had called for a project that focused on the working conditions of the employees, and the lack of satisfaction expressed by residents and relatives. The wider context was that the Municipality of Copenhagen had put everyday democracy on the agenda in elderly care (Municipation of Copenhagen, 2011).

Establishing a democratic and inclusive praxis as the focal point at the nursing home meant that the project should frame the development of an alternative perspective to routine fixation and standardisation of work. The goal of the project was to develop a democratic and inclusive praxis for collaboration to the benefit of the residents/relatives as well as the employees.

The project was organised with the aim of building on experiences and wishes of the employees, the residents and the relatives. The project applied the methodological model described below, with two parallel courses, one for employees and one for residents and relatives. In line with Martha Albertson Fineman (2008), who in her research on vulnerability has highlighted the importance of creating a "space of possibilities" to provide the elderly with a voice in all decision-making processes, this project was organised so that residents and relatives had to participate in group interviews, future workshops and working groups.

As recipients of care, their experiences and their wishes for care at the nursing home was to be the cornerstone of the action research project.

After a preparatory phase (Phase 0), the project was executed in three phases of four months each:

Phase 0: (one year) Preparation, such as agreements with the management and employee representatives, residents and relatives, the mapping of information about nursing homes, the defining of the steering committee and the project process etc.

Phase 1: (four months) Group interviews and the presentation of core issues in problem catalogues (one based on group interview with the employees and one based on group interview with residents and relatives).

Phase 2: (four months) Future workshops with critique and vision development, and presentation of results for management.

Phase 3: (four months) Improvement of proposals for action and change initiatives, network conference and networking, and implementation of change strategies.

Phase 1: Group interviews and Problem Catalogue – in two parallel sessions: one for the employees and one for the residents and relatives

The following are examples of some of the themes being worked on, having been brought up by either employees or by residents and relatives.

In the group interview with the staff, employees from different departments participated including both day and evening shifts, in order to firmly anchor the project in the nursing home's organisation. The group of residents and relatives that were interviewed was chosen by the manager so as to obtain statements from residents and relatives that were able to express their opinion about what they wanted to change at the nursing home. After the group interviews, the action researchers developed two "problem catalogues", based on issues that had been emphasised respectively by the employees and the residents/relatives.

At the end of the first phase, the interviewees read through the problem catalogue, so that misunderstandings were corrected.

Phase 2: Future Workshop

The two day future workshop consisted of a critique phase, a utopian phase and, finally, a realisation phase, where the employees were asked to transform utopias into reality. In the critique phase, the question asked was: What would we like to change? In the utopian phase, the employees formulated their wishes and utopias. In the realisation phase, participants developed suggestions on how to take steps towards utopias, how to put ideas into practice. At the end of the future workshop, a meeting was held at the nursing home where participants supported by the researchers presented their proposals and received responses from colleagues, residents and the Residents Council. Then, thematic task force groups began the second shaping of the presented proposals for action.

Phase 3: Working with change proposals and establishing a networking conference

In the final phase, the employees in their thematic groups strived to implement the action proposals to the nursing home every day, as did the residents and relatives in their thematic groups. The third phase also consisted of a networking conference, held during working hours (spread over two days, 14 days apart) where project participants i.e. employees and residents/relatives presented their utopias and action proposals for invited experts (care researchers, dementia coordinators, municipal staff, politicians and union representatives etc.) to establish a dialogue on how the proposals for action could be improved and ultimately implemented.

The group interview with the employees showed that they experienced everyday life as stressful. In the afternoon there were not enough staff, and there were no unifying activities for the residents. Residents often sat by themselves in their homes, and employees expressed frustration about the lack of social activities. Moreover, co-operation with the relatives was difficult. They lacked time to talk to relatives, additionally several employees actually tried to avoid talking to relatives because they were afraid of being criticised.

The employees reported being pressurised by the conflict between residents' needs and scarce resources. The employees who worked in the afternoon claimed that they did not have a break for eating. The employees felt stressed about not having sufficient time for the required quality documentation. They felt that when relatives saw them sitting in the office in front of the computer, they (the relatives) would become irritated about seeing staff there, when employees were supposed to be caring for the residents. They also claimed to be directly accused by relatives of failing to offer proper care. They did not have sufficient time to talk to relatives and did not know how to handle the critique, which they often found unjustified. In addition, there was reportedly a harsh tone between the employees which they found very stressful.

Future workshop with the employees

In light of the criticism, the employees developed a number of utopias and social innovative ideas about the quality of care and social life. These included:

Changed work schedules were to provide more social contact between the residents and the staff group.

Dissemination of information between day and evening shifts through daily briefing at shift change would prevent overlooking the acute needs of a resident.

All employees should talk respectfully to each other.

A vision of good co-operation with relatives was developed, in order to set up an action group to develop ideas for such co-operation.

Welcoming relatives and having sufficient time for talking with them.

A vision about having enough time to communicate with residents in the afternoon was developed, and a working group was established to make a proposal regarding changed working schedules and the reorganization of daily routines, which would allow more time in the afternoon. The group found out that if some of the residents would agree to take a bath in the middle of the day, it would be possible to stagger working hours so that some of the employees should not check in until 10 and thereby be able to attend in the afternoon.

The employees presented proposals to the management and a pilot scheme with new work-working schedules was set in motion. An employee referred to experiences with relatives who had experienced inadequate care in a nursing home. An employee told how she tried to meet relatives' needs by actively asking families about their perspectives and worries. In a horizontal empowerment perspective, the task for employees was to develop proposals that would reduce employee stress in the afternoon, and thereby allow more available resources for resident care. A group decided to work with residents and relatives to develop new approaches to cooperation.

Reflection and empowerment

Drawing on Bauman (1989), we can say that technical responsibility was replaced by moral responsibility when an employee referred to her own experiences of powerlessness, and when new ideas emerged to change former unreflective practices. Instead of trying to avoid criticism from relatives, practices to establish an ongoing dialogue with relatives were discussed. This made possible an awareness on the ethical obligation to investigate the needs and voices of relatives. With Kemmis' practice concepts, both modified work schedules and new ideas for co-operation with relatives were expressed with an intention to build a new reflective praxis, that should be responsive and investigative towards residents' and relatives' wishes and needs.

The residents and relatives

The group interviews with the residents and relatives revealed that they experienced impoliteness from employees who reportedly did not show either relatives or residents sufficient respect. Important input from relatives about residents' care needs were not systematically registered and passed on when guard teams succeeded one another. Relatives stated that employees often lacked knowledge of the individual resident's needs and condition and seemed not to be interested in acquiring such knowledge from relatives. The residents called for more social life and more staff in the afternoon. New residents in particular felt isolated, and they did not know who to turn to. Many had experienced not knowing who to contact, having nobody asking them about how they felt, and not knowing what they were allowed to do in different contexts.

In addition, residents complained about the fact that it was not possible for them to shop without getting help from relatives, who would seek out shops in the immediate vicinity of the nursing home. The residents were not happy to bother family members every time they needed "trifles", such as a weekly paper, a packet of biscuits or milk for coffee.

In the future workshops, residents and relatives also proposed a vision more friendliness from the the employees. The vision included that all information, claims and wishes from relatives and residents would be treated seriously at the nursing home. There was a vision of a welcoming attitude to relatives and a friendly atmosphere when new residents move in and in everyday life when relatives come to visit the residents.

After the realisation phase in the future workshop, a working group of residents was set up, to establish mentoring for new residents. The idea was that current residents should bid newcomers welcome and over the next year follow up on the well-being of the latter. A

mentor group for relatives was planned to be settled down. The purpose was to support relatives who experienced problems or needed support to handle dilemmas. In order to get more social life at the nursing home, a task force group was established to prepare a proposal for the establishment of a grocery store at the nursing home, which was also meant to serve as an informal social meeting place for residents.

Reflection and empowerment

In terms of empowerment, the establishment of a grocery store contains an objective empowerment dimension, in the shape of the possibility of purchasing daily necessities within the premises of the nursing home. Whether a resident walks badly or is a wheelchair user, they could get the possibility to buy their own groceries while being much less dependent on families. Both informal meetings at the grocery store and the establishment of formal mentoring procedures could form the basis for the horizontal empowerment of residents. In the vertical empowerment perspective, the proposal of establishing a grocery store was passed on to the management of the nursing home, who then passed it on to the municipality, who in turn funded what might be the basis for a transformation of everyday life at the nursing home.

The visions for the mentoring programme for newcomers and the grocery store were formed because the residents were empowered and had a voice in the project. They wanted to strengthen their autonomy and to create more informal social life with each other. Another initiative was a decision of the relatives to start a monthly “relatives meeting forum” where they could meet, exchange information and lend each other support.

The horizontal empowerment perspective was important for the decision from the two parallel working fora, respectively residents/relatives and employees supported increased confidence and trust between the participants within each group, and the first step was taken towards the development of trust across the groups. As a follow up, at the network conference it was decided to invite the mayor and explain to her that there were too few staff at the nursing home to cope with the tasks. This meeting was followed up by an official letter to the municipality from staff and relatives, where they argued for the need for more staff at the nursing home, which was an important step in a vertical empowerment perspective. The visions developed by the residents and their relatives for creating a climate of mutual respect also increased work life quality for the employees. They were made aware that an ongoing dialogue: between residents, relatives and employees, but also between employees themselves, was indeed crucial.

In a Kemmis perspective (Kemmis 2008, p. 128), the project had framed “a search for justification” through the development of a new praxis of being “sensitive to the views and perspectives of others” (Kemmis, 2008, p. 128). Allowing a decentralised dialogue instead of continuing along the previous line of conflict between employees on the one side and residents and relatives on the other, also opened a more respectful dialogue within the employee group itself :a win/win situation.

Social innovation

Example 2: From Library to Community Center Gellerup

In the years 2008–2011, public innovation funds financed the establishment and development of community centers in disadvantaged urban neighbourhoods in Denmark. Behind the national programme is a local story in the district of Gellerup (part of Aarhus the second largest City in Denmark and by income the poorest city district in Denmark) about successful social innovation and community empowerment in the interface between volunteering, neighbourhood networks and public institutions in disadvantaged (and often) multicultural city districts (Andersen, Delica & Frandsen 2013). The key values and purpose of the community centres were, put briefly, to promote empowerment and inclusion of citizens in disadvantaged areas.

Community Center Gellerup (CCG) was the first Danish example of the reinvention of the public library as a holistic, multifunctional community center. In the following, the CCG concept, its form and content, including its international sources of inspiration, will be described. Thereafter, we examine the concept of ‘empowerment evaluation’ as an example of how action research can facilitate social innovation projects in which different actors and institutions must be mobilised and be committed to create and consolidate a long-lasting organisational model based on key values such as active citizenship and empowerment.

The idea of the Danish community centre is part of an international trend where public libraries reinvent themselves as facilitators of local community empowerment. Internationally, there are similar examples, including in Chicago, in the UK Idea Stores (<http://www.ideastore.co.uk/>) and in Germany (Delica 2013). CCG has a long history with roots in both an activist and project context in Gellerup, including the EU-funded URBAN project (Andersen 2008). In addition, there has been a long tradition of close cross sectoral collaboration between the public institutions (schools, day care centers, social department etc.). The CCG model consists of:

- Public libraries plus Health, job, education open counselling. These facilities enabling close contact with local citizens and communication between citizens and relevant authorities. Many marginalised citizens feel, for many reasons, alienated from the traditional public institutions and the “contact threshold” in itself is an important mechanism of exclusion. For disadvantaged groups the CCG model means easier ways of communication with public service providers.
- Multisectoral organisation and knowledge sharing across professions and functions. This prevents bureaucratic specialisation and develops professionalism in the direction of holistic trust building vis a vis citizens and thus greater ‘accuracy’ in relation to citizens’ needs and resources. It creates a learning space for cross-sectorial dialogue and skills.
- Cooperation with civil society, NGOs, associations and various groups of volunteers that enable better dialogue, recognition and utilisation of resources.

The Health House was a co-operative effort between Aarhus and Aarhus Midwife Centre. Before the start of the project, health nurses in Gellerup had had good experiences with

home visits to families, but had missed a place to gather parents in learning groups, and with scope for an open offer individual guidance. Health House eventually moved in with CCG. Co-ordination promotes interaction between different offers: where the primary purpose of a visit to the health house may be to seek help for a sick child, a library card for the kids might become a side benefit of that visit. Health House has, thus, become part of a larger entity with the ability to combine activities and support events such as seminars on health promotion related topics.

People's Information carries out open and anonymous counseling. The initiative began as voluntary counseling, but because of great demand and successful pressure on the municipality, it was possible to hire three counselors. Counseling is provided on social issues, education, citizenship and residence, social services, etc. in close co-operation with the relevant authorities. Therefore, the staff often acts as "lawyers" and conflict managers between residents and administrations. Over the years, the Peoples Information has been recognised by the City of Aarhus as a competent and necessary sparring partner.

An important purpose of CCG was to better facilitate citizens' activities. This means that citizens in the local area may go to CCG to test an idea, and the CCG may engage in co-operation on that idea with the network or association represented by the citizens. There have been teaching courses in community understanding and Danish courses for women; there have been seminars on health, IT and open learning; one-day schools and boarding schools. There have been events on controversial issues such as crime and Khat abuse held by young Somalis, an annual "Clean Ghetto" project (concerts against vandalism in the area), discussion evenings concerning Palestine, and teambuilding for young men and women in the role model group Youth for Youth: these are merely examples to show the scope of ideas and events.

CCG was an example of a 'holistic' and multifunctional community center. CCG reached beyond the local community by working with the development of common skills, methods and values and the exemplary interaction between users, volunteers and staff. CCG may be seen as an example of social innovation, the actors being employees, volunteers and ordinary citizens who have set themselves the task of developing the quality of not only the existing types of public services for citizens, but also the democratic involvement of residents and voluntary organizations in cross-sectorial, holistic reforms in a number of areas, which have hitherto often been isolated from each other; health, homework, open counseling, job search and library functions.

CCG is an example of how public libraries can be transformed into community centres that may become institutional actors in local community building and empowerment, and contribute to democratisation, better resource utilisation and quality of the public sector, in close interaction with civil society. Community centers allow for synergies, as the employee on the one hand becomes more flexible by working across professional boundaries, and as citizens, on the other hand, are experiencing more efficient and straightforward contact with the public system. Multi-sector and civil society absorbing platforms of a CCG-type requires, in addition to resources for development, both dedicated professionals and active volunteer environments. Furthermore, it requires political and administrative facilitation from above. The budgeting and governance procedures of public institutions are still system

barriers to be overcome in order for the citizen-driven social innovation to become part of a long-term sustainable development path.

During the evaluation, CCG employees reported that knowledge sharing has improved as employees refer to and use each other's expertise when in touch with citizens, for example in relation to health, job searching and language difficulties. Implementing more flexible workflows and having employees become better at using each other's qualifications may even be stress-reducing. For citizens, it is about the advantage of a more flexible and efficient contact with different parts of the public systems and in relation to relevant voluntary organizations (Delica 2013), where one may contact or be referred to another person without having to make a separate appointment, etc. This is particularly important in areas with many disadvantaged citizens who may often be sceptical of whether public institutions can in fact be of use when solving one's problems.

Empowerment evaluation (EA)

The evaluation was based on the kind of action research called empowerment evaluation (Fetterman 2001). EA is rooted in the tradition of community development (community work) and action research, and is also related to various forms of participatory evaluation. EA differs from 'top-down' evaluation where goals and criteria for projects and their evaluation are defined by political or economic decision-makers. The problem with evaluations that are primarily controlled from 'outside' is that they are not always productive in relation to the hands-on quality of organisations and projects, and do not take into account the practical challenges that must be handled. The learning that takes place in practice may be more or less invisible in 'top-down' evaluations. Therefore, EA has emerged as a critique of such 'top down' approaches.

The role of a critical facilitator

Objectives and criteria aim, unlike traditional top-down approaches, at starting at the bottom of the hierarchy, with employees and their own visions, goals and problem perceptions. EA is, thus, more than an external measurement of a project's fulfillment. The evaluation aims to support the development of organisations from inside and from underneath. In EA, the evaluator sometimes functions as a critical 'facilitator'. The facilitator's task may be to help identify dilemmas, articulate visions and goals, prioritise tasks in relation to given resources, provide project participants with the tools to better co-ordinate and share knowledge, and inspire through the presentation of good practices from elsewhere.

Fetterman and Wandersman define the approach as follows: "Empowerment evaluation is an evaluation approach that aims to increase the likelihood that projects meet their goals through increasing project participants' ability to plan, implement and evaluate their own projects" (Fetterman & Wandersman 2005, p. 27).

Capacity Building

Within EA, there is a goal of 'capacity building'. EA "is designed to help people help themselves and improve their projects through self-evaluation and reflection" (Fetterman,

2001, p. 3). The goal is, to strengthen organisations and projects, both internally and with external stakeholders, by making frontline workers and citizens build capacity for themselves to do and use their own evaluations.

'Internal capacity building' means that organisations and citizens become better at developing and improving their practice, thus achieving the better their objectives and results. The goal is to incorporate, so to speak, evaluation in the general operating procedures of the organisation:

"Inventories of a project's value and utility are not evaluation endpoint: as it often is in a traditional evaluation, but is part of a continuing project improvement process. [...] Both statements of a project's value and the resulting consistent proposals for project improvement: developed by the group with the help of a trained facilitator, are subject to a cyclic reflection and self-evaluation process. Project participants learn continuously to take stock of their progress towards self-determined goals and reshape their plans and strategies based on this statement" (Fetterman 2001, p. 3-4).

'External capacity building' means that organisations and projects become better at formulating their visions, goals and problem perceptions and at visualising and documenting their findings to external stakeholders such as policy makers and economic supporters. Empowerment evaluation may be seen as a symbolic empowerment in and with citizens and frontline workers at the 'bottom of the hierarchy', who achieve greater power to define the criteria for assessing whether a project may be recognised as relevant and valuable and therefore should be allocated resources. In empowerment evaluation, the evaluator may also act as a 'lawyer' by using symbolic capital to legitimise citizens' and front-line workers' alternative criteria in the face of demands put forth by political decision makers (Andersen & Frandsen 2007).

Accountability and transparency

Focusing on participants' learning processes does not imply that the requirement for documentation and 'measurement' of project progress and fulfillment disappears. The EA also operates with a goal of 'transparency' or 'accountability', obtained by the ongoing documentation of results. An important part of capacity building is, thus, to increase organisations' capacity to 'keep accounts' of their progress, both in order to strengthen themselves internally (through the continuous adjustment and development of the project) and in order to communicate with external political and economic authorities and decision makers.

In relation to 'financial viability', the action researcher/empowerment evaluator may act as an expert who helps participants to identify the type of "evidence" required to document the project's fulfillment. Although empowerment evaluation basically has a 'bottom-up' approach, it does not mean that external stakeholders are not involved.

The practical action research design

The first task was to prepare a design for the action research process. A course was designed so that both employees and CCG management could take ownership, and become involved in the formulation of objectives and evaluation criteria. This included the clarifica-

tion of resources in terms of time and professional skills available. As part of the goal of 'capacity building', the development of simple methods of self-evaluation was included in the evaluation design, including a small questionnaire and spreadsheet where employees could indicate whether in the previous period they had recorded progress, stagnation or decline in relation to the stated measurements of success (Andersen & Frandsen 2007).

The process was divided into three stages. The first phase was about formulating a 'baseline' and evaluation criteria (six months). The task here was to facilitate the formulation of a common vision and a 'baseline' (a description of the situation at the outset). The second phase lasted 18 months. Here, the focus was on process facilitation and the support of project implementation and delivery. Besides regular sparring with the project manager and the organisation of seminars in cooperation with employees, evaluation tools were developed in the form of a standard set of records and a user survey. Furthermore, a midterm seminar was offered and a mid-term review with adjusted goals and success criteria was prepared. The third phase lasted about three months. During this phase, stock was taken of the project terms. In co-operation with the management and employees, preparations were made to implement a model for anchoring the future operation and continued development of the Community Centre. As part of the final evaluation, a pilot user survey was also conducted to test the developed questionnaire. As mentioned initially, the project managed subsequently to move beyond "the trap of localism" because the CCG model became the basis for a nationwide program.

Prospects and ethical challenges

The purpose of the two examples presented here was to change organizational culture, values and working methods in order to facilitate citizens' empowerment and, in effect, bring the welfare state services and profession closer to citizens' needs. The goal in both cases was to eliminate or modify various forms of exclusion by promoting the organisation and the employees' capacity to support concrete empowerment of citizens in everyday life. We see two challenges for action research inspired approaches in relation to social innovation in welfare and cultural institutions.

The first challenge is about the structural opportunity structures. In relation to the political and administrative system, the main challenge is the composite nature of political and administrative systems, making cross-sectorial work difficult. The challenge is to facilitate innovative forms of organisation, such as multifunctional community centres, and make them visible as relevant structures rather than seeing them as special exceptions: it is about recognising the value of nursing home level social innovation from below, rather than bureaucratic NPM models. In this context, it is also, a challenge to develop evaluation tools that may bridge the gap between different ways of understanding and legitimising social efforts (see the criticism of the so-called New Public Management regime in the Danish public sector, too).

Within the action research tradition it has always been discussed how empowering practices can become entrenched beyond the local level (Gustavsen 2003). Thus, the international research on social innovation and empowerment indicates that there is a danger of falling into *the trap of localism*, where successful social innovations: instead of being *up-scaled* and widely distributed, end up as one-offs or simply die out at the very local level (Osterlynck &

Debruyne 2013, p. 10-11). It is important to pay attention to the vision, experiments and learning that occur at the micro level, disseminating it so that it may form the basis for the development of creative strategies of change at the meso and macro levels.

The second challenge is about managing dilemmas in practical action research. As we have illustrated, action research forms the basis for breaking down cultures of silence, where residents and relatives, abstain from raising criticism, which might otherwise contribute to the empowerment of residents and staff. A way of inviting and benefitting from criticism is by developing weekly democratic practices for residents' participation in daily as well as more long-term decisions in nursing homes. But, as pointed out by Gaventa and Cornwell (2008), although action research participation methods aim to promote democratic knowledge development, there may still be a risk of power abuse. Also Brydon-Miller stresses the importance of focusing on the ethical challenges associated with action research projects in which unequal power relations are present. Brydon-Miller points out that "too often the role of power is overlooked in contexts of action research" and she stresses the importance of "examining the ethical challenges involved in doing research in settings of highly unequal power" (Brydon-Miller 2008, p.207).

In nursing homes, one will find a structural, unequal balance of power between staff and residents, as residents are dependent upon receiving care by the employees (Holmgren et al. 2014). No matter how positive the intentions of action research may be, there will always be a risk that dystopias and "negative change initiatives" that are not in residents' interest become dominant (for example the defense of a culture among colleagues of allowing that calls from "troublesome" residents are not answered during coffee breaks and private talks between employees). Therefore, creating "free space" for discussion is not enough. Workshops must challenge what Kemmis terms "unreflective habit-based practices", characterised by inertia, ingrained routines and (semi) authoritarian attitudes, if progressive change is to succeed.

Note: Thanks for useful comments from referees.

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