Innovative Practices in Europe

Innoserv project selection of innovative practices

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Contents

Summary

The partners of the Innoserv project have assembled 167 innovative services in health, education and welfare in 20 European countries.

This sample shows that innovation in social services is about new services, often from other service fields, new ways of service delivery and new target groups of users. Sometimes new forms of organizations are built: providers establish networks, users create self-help groups, citizens create networks. For specific issues such as supported employment, accessibility and improved living conditions social enterprises are founded.

Often, innovation is facilitated through new financial resources: easier access to bank loans, direct selling, commercial sponsoring, users paying a contribution for the service. The work of volunteers in a lot of projects can be considered as a kind of reciprocity financing.

Innovation in service delivery often refers to the individualisation of the service, offered in a one-to-one relationship between carer and user, e.g. peer counseling, individualized support of students and of migrants. Increasing empowerment and/or involving users in decision making, in design and in evaluation of services are innovative actions addressing new aspirations in society.

As for socially vulnerable people it is difficult to have their views validated; so-called “social movement” projects aim at destigmatization, awareness raising or adoption of legislation.

Innovations may find their origins within the organization of the service provider, when new managerial and business methods create an atmosphere favorable for newness.

However, mostly new services are set up to address needs unmet in society, e.g. competence training and scholarships for Roma youngsters, work experience programs for disabled people, living support for elderly people, opportunities for time-out for youngsters and Alzheimer patient families, child home care for working mothers, basic health and social

care for migrants, etc. Specific needs on long term health care and support arise from the ageing of people.

Changed paradigms in society stimulate transformation of services. Care is no longer based on charity but on rights: marginalized people have the right on community integrated housing, on affordable basic health care and on gainful employment. Care should be given in the community not in institutions. So, several countries transferred care for psychiatric patients to community.

Information and communication technology often enables innovative practices through electronic data sharing, assistive technology for elderly people, online communities and apps.

The impact of innovative social services is positive for the user, the service provider and society.

New services lead to new jobs for mentally disabled people, for homeless people and migrant women. They may result in a higher quality of life through e.g. an increased feeling of safety through co-habitation and/or fall prevention, more social interaction, the acculturation of foreign students and immigrants, reduced time spent in the medical ward. New apps address fear reduction.

Service providers increase their capacity using volunteers in care and ICT based communication tools.

Volunteers also contribute to higher efficiency for society, playing a role in service delivery normally done by professionals.

For society the return may also be financial. Training in the use of assistive technology lowers costs of non-use of subsidized devices. Savings in patient days are realized through early supported discharge.

Other new practices imply social return for society. Learning in the workplace is a recognized way of developing employability, as is the accreditation of basic and non-formal education.

Coaching parents to prepare for child rearing raises chances for success in education. Getting youth ex-offenders into jobs helps reduce criminal action.

This sample of innovative practices in health, education and welfare illustrates the need and efficiency of innovation in social services for the user and the service provider addressing actual evolutions in society.

Introduction

The 167 innovative practices in health, education and welfare have been sampled in 20 European countries: 21 came from Eastern Europe, 25 from Italy, 35 from Scandinavia and 86 from North Western Europe. About 750 service providers have been contacted.

A structured template has been used to describe the innovative practice and to gather information on the innovative character, the origins of the innovation and its impact.

Some partners integrated this template in interviews with chosen professionals and stakeholders taking into account the representativeness of the different service fields of the project. One partner analysed 350 practices submitted for awards on social innovation. Project partners being member organisations used their network to distribute the template. Often they made a first selection of contacts. As the working field of some of them is specific this may have influenced the representativeness of the several fields.

74 of the innovative examples are to be situated in welfare, 23 in health and 23 in education. 47 examples are so-called blurring examples overlapping several of the service fields. Only 4 combine services from education and health.

This means that approximately 45% of all examples deal with welfare issues which is probably normal bearing in mind that welfare covers a whole range of services.

On the other hand, education and health are more regulated service fields leaving less room for innovation.

The structure of the report is based on the template (see annex).

Firstly, the different types of innovation in social services are described.

Innovation can deal with new services and/or co-operation across different service fields and new forms of organizations in cooperation with authorities, the stakeholders and/or citizens. New ways of financial resourcing may enable the start of new services. Also the delivery of the service can be innovative being based on targeted actions or on new target groups.

Secondly, possible origins for innovation are listed.

These origins can grow from within the organization of the service provider with the objective to address unmet social needs.

Thirdly, an overview is made of broader factors in society that may have positive influence on innovative projects.

The last chapter gives an overview of the possible impact of the projects on the user, the service provider and society.

Types of Innovation

1. New forms of organisation

Co-operation across different service fields

Many innovative social service providers bring together elements from different service fields. However, they do not create a new organization for this service delivery but found a network or an umbrella organization.

The “Off road kids” project consists of a street workstation and an educational institute the “Asaïs” project delivers services for reintegration/employment of homeless people running a community bistro and a residential care house. “GPE Mainz” offers occupational integration and therapy in a center for diagnostic work and support in the advice café “unplugged” and runs the “Hotel INNdependence”, a health food store, a supermarket chain and a “workshop for people with disability” with laundry, carpentry, tailoring and much more.

Most of these expanded social services are based on agreements, e.g. between healthcare and social care as in the projects “Hotel Plus”, “LSM”, “ESD”, “DiaMIPA” (delivering immigration services), “Café Pflaster und streetwork” (covering a base station for street

workers and nursing services for homeless people). The knowledge center on assistive technology "Aias Bologna" has agreements with specialists in child neuromotoric and cognitive disabilities. The care delivered by "Bout'chou" is based on the school teaching plan. In the "Flachsland Zukunftsschulen" project there is collaboration between childcare, kindergarten, school, community and social work. Also most supported housing projects are based on agreements for the services they add to the housing offer, e.g. between housing, work and family organizations (Basis project).

Emergence of hybrid organisations

1.2.1. Users organize themselves

Users can organize themselves in different ways. For after-hospital-care "Der Bunte Kreis" created self-help groups; "The City for all" created an activist group for homeless people. "Rers d'Evry" built a network of users for knowledge exchange.

To guarantee service delivery as wanted, "Onafhankelijk Leven" established a cooperative of personal assistance users.

1.2.2. Cooperative organizations

The cooperative has been chosen as organizational form for several innovative practices, e.g. "Housing for Romany families", "Piazza Grande**"-** homeless people, "Agriverde" (labor integration), "Copaps" (social agriculture). "Habitats solidaires" (social housing) created a co-ownership cooperative and "Seniorengenossenschaft"- a cooperative of volunteers. The "Hygeia"- project was initiated within a cooperative of collective property.

1.2.3. Volunteer organizations

In many projects volunteers take over (part of) the service delivery.

Sometimes a specific volunteer organization or network has been founded. Mostly volunteers work under the umbrella of the existing organization as in "Humanitas" for financial home administration service, "Leksjehelp" for homework assistance, the "Academy of experience" for non-formal education for youngsters, "Silver Line" (a hotline for older people within the Auser organization), Chancenwerk for the project "Students help students", the Ethno-medizinischen Zentrum for "migrants help migrants" and "In buone

mani" for home care of haemophylia patients. The training of dogs for the rescue of missing persons has been initiated in the volunteer organization of Stormarn Segeberg.

1.2.4. Social enterprises

For some projects on supported employment (SA Misa AB), on accessibility (Threshold) and on improving living conditions ("Régie de Quartier", "Ethnocatering") a social enterprise has been founded.

The French project "MicroDon" is organized through a so-called socially oriented company with solidarity-based certification (SAS corporation). For the "A la Marge" project a "Société cooperative d'intérêt collectif" (SCIC) has been established.

Special cases are Qaravane, a business owner driven association with a public utility goal to run the "Place de Bleu" project and the similar so-called "social entrepreneurial organizations" for the German "Café Pflaster", "Auticon", "GPE" and "Flachsland Zukunftsschulen" projects.

Very specific are the "Associations pour le maintien de l'agriculture paysanne" (AMAP) of the "Courgettes solidaires" project where consumers and producers made contracts in pre-purchase.

Multi-stakeholders co-operation

1.3.1. Private public cooperation

A lot of projects are based on collaboration between private associations, public agents and government. In general, the private associations deliver the services and handle the management in accordance with public agents policy. Governments (partially) finance the service delivery.

Public agents can be national health departments (Dementia recovery model, Maternal and infant health care, Telemonitoring and teleconsultation), the national ministry of social integration (Welcome agents), the national association of therapists (In buone mani), social security (Casa Primeiro), department of psychiatry (OFEC), national observatory on the identity of Gender (Onig), health's child program (Health app parents-infant) or the

department of health (Proviamoci). The municipality of Tastrup collaborates with the Danish board of technology for their "Welfare technological area".

1.3.2. Collaboration with municipalities

When the working field of the project is local, municipality takes over the role of government, which is the case with most of the (supported) housing initiatives (Transition accommodation, Housing of Romany families, Regrouping flats, Basis, Wohnbasis, Villaggio Barona, Residential/aiutiamoli, Asaïs, Casas Primeiro and Abitare solidale).

Also social care may be subject of agreements with municipalities: for immigrants (Refugee guide, Hotel Plus), for street children (Off road kids) or for homeless people (Café Pflaster).

The city/region of Bologna made agreements with "Aias Bologna" to create knowledge centers on assistive technology; municipalities in the neighborhood of Oslo are involved in the health care "Mobil X –ray" project

1.3.3. Civil society network

Often local citizens take the initiative for innovative practices: for wellness (Santécommunautaire Séclin), for destigmatisation to mental illness (Irre Menschlich) or to transgender (Onig), for support to older people (Festival).

The newspaper for/of homeless people in the "Piazza Grande" project is an initiative of the metal union.

In projects with a diversified service delivery collaboration is necessary with field related stakeholders. An example is the supported housing project "Abitare solidale" based on collaboration between voluntary organisations, care professionals, social workers, architects, centre for protection of women victims of violence, national union of tenants and the national confederation of artisans. A multi-agency team with family support, a benefits officer and housing organisations runs the "Waltham forest child poverty" project.

1.3.4. Collaboration with universities

In innovation of social services often universities are involved: for (specialized) assistance (Irre Menschlich, Mobile X-ray), for monitoring and assessing the impact of the new services (Flachsland Zukunftsschulen, Humanitas, Eye App).

The "Molla competence center" has a partnership with a university college for the continuous education of practitioners in supported employment.

The "online community in Delft" and the welfare and community service of the "Husk" project have been developed within universities.

2. New ways of financial resources

Public funding – subsidies

Certainly the projects established in collaboration with public agencies get, at least partially, public funding. They will not be mentioned.

Other projects receive subsidies from government to cover costs of the employers for loss in productivity (Steunpunt Groene Zorg) or cost of the employees (Auticon, training of psychiatric people).

The "Introduksjonprogrammet" project gets funding through taxation. Also the German projects with the status of public benefit may profit from tax exemptions.

Private funding additional to public resources

The above mentioned private/public projects often raise their finances through private donations: Microdon, Circles of life (education), POP (vocational training), Bout'chou (childcare, donations of a health insurance company), Residential/aiutiamoli, Naga, Baltazar theatre (a theatre foundation lets mentally disabled people earn their living), Villaggio Barona (direct purchase of land by a foundation), Dulala (promotion of mother tongue), Dons solidaires (product philanthropy).

Also donations from churches, charities, Diakonies, welfare associations such as Caritas, Red Cross, and Salvation Army can be considered as private. Often these organizations participate in the project they support financially.

New access to financial support

The “DiaMIPA” project (support of migrants), “Ti’Hameau” (building new residences) and “Régie de Quartier” (living conditions for inhabitants) are (partially) financed through bank loans.

“Habitats solidaires” (social housing) mentions “solidarity-based savings” as financial sources and “Flachsland Zukunftsschulen” refers to working capital credit “Bon Venture”.

For the German projects “Hand In - Work and Box”, “Eltern AG”, “ScienceLab” so-called “companies limited by shares” are created with public benefit.

Direct selling

The “Agriverde” project gets 25% of its revenue from social agriculture. In other projects participants sell self-created products: sewing work of immigrant women (Place de Bleu), products from waste recycling (Régie de Quartier), exotic meals (Ethnocateri), handmade items from Roma families via online webshop (RealPearl).

The “GPE” and “Asaïs” projects run a (community center) Bistro, possibly generating an income. Also the “Ammerudhjemmet” culture centre works in this way.

Commercial sponsoring

Innovative social services get financial support from commercial companies. Pharmaceutical companies are sponsor of the “Gesundheitsengel” (healthcare) and of “Passo dopo Passo” (care of haemophylia patients).

Commercial companies pay the salary of the English teachers for the project “ASB Luckau Dahme”, the experimentation courses of the “Science Lab” or the devices needed for the training of “CAT-CH” (assistive technology).

Companies working in the field of the innovative practice may become partners: a software company in “online community Delft” and “Eye app”, recruitment agencies in “Hartmanns”, the “Molla competence center “and the “Mozaïek” project.

The community organizing project in Uslar is cross financed through a second hand shop.

Payment by the users

In several projects users are expected to pay a contribution for the delivered service. For tutoring offered by the "Molla competence center", by Chancenwerk ("students help students") and in the "Apprendre pour aider" project users/families pay a fee. In some housing projects inhabitants have to contribute to the rent of the apartment (Transition accommodation, housing for Romany people, Casas Primeiro (30% of wages) and Turning point).

In the "Villaggio Barona" (urban renewal and social housing) and the "Aide et Répit" (home health care for Alzheimer patients) projects the fee can be reduced through private funding.

Reciprocity resources

Making use of volunteers, an innovative tendency in social services, can be considered as a kind of reciprocity financing. So are the pooling resources in the networking between service providers in the "Pairadvocacy", "Irre Menschlich" and "Dulala" projects.

In the "Apprendre pour aider" project families of users donate to humanitarian associations which reduce tuition fee for users.

Cohabitation (Regrouping flats, Abitare solidale, Hygeia) implies that owners (mostly elderly people) rent a room for free in exchange for small services.

Exchange of skills and know-how is the basis of the "Koeo.net" and the "Rers d'Evry" projects.

In the "Courgette solidaires" project consumers share the risks with the producers paying in advance.

Very specific is the time bank model where volunteers receive a fee for their services but save these in order to buy such services in the future (Seniorengenossenschaft, Hygeia).

3. New forms of service delivery

Innovation in social services may also deal with changes in service delivery dealing with individualization of care, focusing on abilities, the empowering of the user, his/her involvement in service delivery or organization.

Individual approach as alternative to group treatment

A fundamental innovative aspect in service delivery is the change from group treatment to individual support or assistance.

Well-known is the Independent Living Movement where disabled people hire their own personal assistant (JAG, Onafhankelijk Leven, CHA, Gré à Gré, Alseanna Tacalochta, CIL, Uloba). Some of these organizations also offer individual coaching for the users (Onafhankelijk Leven, Gré à Gré) as well as for the personal assistants (CHA).

Sometimes this individual support is additional to group services: individualized care of mentally disabled people (Blue Assist), homework assistance (Leksjehelp, Apprendre pour aider).

Evidently all support in a 1/1 relationship between service provider and user is individualized. This is the innovative aspect of peer counseling (online community

Delft, Nueva evaluation, “students help students”, “migrants help migrants”, “Life style management to stroke patients”, Pairadvocacy, Arci Solidarietà) and of the tutoring or mentoring methods for youngsters (Tejo and Thélèmythe, Mom’artre and the Snetberger music center).

The “Refugee guide” and “Welcome agents” projects guide immigrants on an individual basis. Also support on financial literacy in the “Academy of experience”, on society in the “Introduksjonprogrammet” and on the use of assistive technology (CAT-CH) is individual.

Focus on the abilities of the user

Although close to the previous chapter, because service mostly also is individualized, innovation may mean a stronger focus on the abilities of the user, such as with

supported employment (SA Misa, Auticon, Agriverde, Aiutiamoli, Betrieblichen Arbeitserprobung, Copaps, Qualification programme, Salva Vita, IQ Consult).

Stroke survivors are supported on what they hope to gain from the course or on his/her expectations in the “life style management” project.

Recreative activities sometimes result in the discovery of (unknown) abilities, e.g. of art expression (Bator Tabor, Academy of experience, Artistos diversos).

Empowerment of the user

Guiding or training (former) users to some responsibility and/or giving him/her a status is considered as empowering.

In several housing projects the user/inhabitant becomes tenant (Wohnbasis, Turning Point) or co-owner (Habitats solidaires).

In other projects, he/she becomes the expert co-operating in service delivery: Arete/Aiutiamoli, community organising Uslar, User monitoring Västernorrland, Irre Menschlich (destigmatisation), psychosocial centres (GPE, Casa Primeiro, Basis, Villaggio Barona).

In the "Pairadvocacy" project the user is trained as peer advocate. In the "Utenti familiari esperti" project he/she becomes a paid worker, in the "Qualification Programme" a tax payer. With the Blue Call phone of the "Blue Assist" project the user becomes an independent citizen.

Empowerment may also be increased through working on self-management (Katymar, Gesundes Kinzigtal, LSM, ESD, Romaversitas), on self-esteem using specific skills: boxing (Hand In - Work and Box), art (Theatre with no home, Baltazar theatre, Mom'artre, You have a place, RealPearl), editing an online youth magazine (Flashgiovanni) or a newspaper (Piazza Grande).

A particular way to improve self-esteem is combining support with basic housing, which is the philosophy of the "Housing First" methodology in the United States transferred into several mentioned housing projects.

User involvement

One of the most innovative practices of the last decades is involving the user in decision making as in the "Dementia recover model" and "The city is for all" model with an activist group of homeless people. The "Marie Plathe" project asks users how the municipality could

help them to reach their goals. Inhabitants are involved in management of neighborhood (Régie de quartier, Devil's Tower) and Roma orphans in local/environmental awareness (Academy of experience). Welfare recipients and social services representatives meet to discuss public policies governing shelter and housing to make actual proposals in the "CCPA" and "Samarbeidsforum" project.

In the "Nueva" method users evaluate social services. Also in the working group on service evaluation of the "Utenti familiari esperti" project users are involved.

In the "SantéCommunautaireSéclin" project the inhabitants run a workshop. An actress is only there to facilitate dialogue.

Also the involvement of families can be effective as is practised in the "KVPS" and

"Flachsland Zukunftsschulen" projects.

4. New services

New services to the same target group

Some social services are innovative because they deliver "new" services to (what can be called) the "traditional" vulnerable groups of elderly and/or disabled people and immigrants.

They offer cohabitation to elderly people (Abitare solidale, Regrouping flats, Hygeia, Vivre Avec) and/or support with living (Festival, Aias Bologna).

Innovative is also the opportunity for a time-out of sometimes stressing situations to parents or disabled people (Aide et répit, De Kleppe) or to youngsters out of the school (Playing for success, social farming Steunpunt Groene Zorg).

Social care is a new service in education ("Flachsland Zukunfsschulen"), day-care for young (Roma) mothers is organized in secondary schools (Ambedkar). New in this field are also educational labs on immigration (Approdi) and teaching English in Kindergarten (ASB Luckau Dahme).

For immigrants support of some projects goes beyond the basic health care (Health center, 24SJU). The "Introduksjonprogrammet" and "DiaMIPA" projects educate immigrants on

rights, on society and on financial home administration, the “Approdi” project works on labor integration of the second generation. In the “Piazza Grande” project lawyers give advice in the street. Meeting possibilities are offered in the “Asaïs” and “Utenti familiari esperti “projects.

Worth mentioning are also the projects in healthcare, guiding the haemophylia patient throughout his/her surgery path (Passo dopo passo) and those projects which add social care to health care: “Der Bunte Kreis”, “Søbstad” (intermediate care before recovery), “Hamburg Modell”, “Gesundheitsengel”, “LSM”, “ESD”.

Unemployed people can be prepared on job interviews in the “Mozaïek” project and can get financial support in starting a proper business (“IQ Consult”).

Services to new target groups

Projects can be innovative because they deliver “classic” services (housing, health care, employment) to “new” target groups. The global term for these groups is disadvantaged, social vulnerable, social deprived, marginalized. They have a “common” risk on social exclusion.

New services are targeted to transgender (Onig), single women, homeless people (Hotel Plus), children living in the street (Off road kids), to victims of violence and of exploitation (Oltre la strada), ex-prisoners (Hand In - Work and Box), “undocumented” migrants (Naga, DiaMIPA, Refugee guide, Welcome agents, Duf). In Denmark a mobile health offer is established for foreign women in prostitution.

Very innovative is job training for mentally disabled people offered in several projects (Misa, Villaggio Barona, Basis). This group of disabled people can also be considered as a “new” target group as for them social services until recently mostly were limited to (institutional) care.

Other “new” target groups in health care are the dementia and Alzheimer patients (Aide et Répit) and in welfare people living on social assistance (Qualification program) and the Roma people (Habitats solidaires, RealPearl, Academy of experience, You have a place, Katymar,

Romaversitas, Colourful Pearls, Snetberger music center and Arci solidarietà) for whom in new social services support is offered.

Adjusting services

Social services can be innovative due to their person-centered design. “Eltern AG” services are culture and gender sensitive, designed from the perspective of the parents and their particular interests and needs. The “migrants for migrants” approach is designed along ethnic, cultural and gender sensitive criteria and not from a “one size fits all” perspective.

In Uslar the “community organizing” project is designed from a perspective of children’s curiosity.

The “Qualification” program is based on what the participant is able to and wants. The “Playing for success” approach is similar.

Some projects try to reach the “hard to reach”-group. In low threshold contact points they give basic healthcare (Café Pflaster und streetwork), sometimes in emergency situations to migrants (DiaMIPA, 24SJU), to street children (Off road kids), to mentally ill people (Proviamoci ancora), to illegal foreigners (Naga, health centre for undocumented immigrants), to homeless people (The city is for all). Foreign women in prostitution in Denmark get mobile healthcare. In Norway the “Mobil X-ray” project visits prisons and goes to the homes of people with mobility problems. Another way to adjust support is adapting working hours for service delivery: overnight shelter for poor homeless people (Shelter House), for elderly people (Devil’s Tower), services 24/7 (JAG, Turning Point, Casas Primeiro, Utenti familiari esperti), flexible opening hours (Mom’artre), service delivered during working time of the mothers (Bout’chou) or ambulatory (Mobil X-ray, Onafhankelijk Leven, In buone mani, Aide et répit).

Empowerment of authorities

As described in the “Pairadvocacy” project people in vulnerable situations have difficulty asserting their rights and having their views recognized and validated. Often this is a question of fundamental rights and gaining access to full citizenship. Several projects have this in mind when consulting government, proposing adoption of legislation and

governmental arrangements, e.g. on improving living conditions for underprivileged people (Habitats solidaires), on transformation of vacant properties (The city is for all) and social housing (Villaggio Barona, Transition accommodation, CCPA), on participative urban management methods, on accreditation of non-formal or basic education (CIL, Glad, Chance B, ABF), on direct payment (Alseanna Tacalochta), on community well-being (A la Marge), on adapting labor law (Aide et Répit, The city is for all), on prevention of mental illness (OFEC), on the importance of knowing one's mother tongue as a factor ensuring social integration and personal empowerment (Dulala). The Health center for undocumented immigrants raised a discussion in the media on the appropriateness of providing care for people who had no legal right to be in the country as members of the Norwegian parliament warned that such help might have legal or financial repercussions. Also the "City is for all" project strives to abolish homelessness law.

The "Science Lab" project establishes standards for scientific education; the "DUF" project rethinks the framework for voluntary societal involvement for non-ethnic Danes. Data collection projects are "Onig" on transgender, "Naga" about social and urban change influenced by migration, "Oltre la strada" on victims of slavery and violence and the Danish Center against human trafficking.

Destigmatisation and awareness raising

Some "social movement" actions work on awareness raising, destigmatization and on change of perception to disadvantaged groups of people. They put the attention on the competences of homeless people (Mozaïek, University & college welfare office Husk), of psychiatric and mentally ill people (Irre Menschlich, Utenti familiari esperti) and of disabled people (Salva Vita, CHA).

It is also important that society is aware of new developments in the treatment of psychiatric patients (Tedd), of barriers to participation (accessibility audit Threshold, Aiutiamoli (webbased)) and of social innovation (innovation award Germany). The "dementia recovery model" wants to tackle the prevailing perception that people with dementia can only get worse since dementia is a progressive condition.

Media which are used to raise awareness are theatre (Theatre with no home), film (You have a place, Festival du film d'éducation) or a weekly radio program (The city is for all).

Origins of innovation

1. Increased professionalism in service management

New working methods

Using new methods may result in new practices.

In education the experimenting and interactive method of Problem Based Learning is suitable to increase students' motivation for sciences (Circles of Life, Science Lab). Using media (comics) is very attractive to raise immigrants' awareness (Approdi).

In healthcare the combined treatment of substance abuse and mental problems helps in the recovery process (Tedd).

New managerial methods

Social service providers introduce new managerial methods to create an atmosphere favorable for innovation.

The "Sevagram" project offers all team leaders management training. Trainees are placed in the position of the client. Instead of being a managerial controlled organization processes become patient-centered.

Networking also is a driving element for innovation. The "Mom'artre" project creates a network of childcare centers, in the "GPE Society Mainz" project psychosocial institutions work together and the "Sozial cooperation Sachsen-Schlesien" even realizes a cross boarder network for training of nurses. Teachers of different schools work together in the "Circles of life" project. Also the contact between recruitment and coaching of the "Mozaïek" project is innovating.

Using business methods

Several projects introduce a business dimension in social services: social agriculture (Copaps), a service bureau with appropriate accommodation for voluntary organizations (Batteriet), consultancy for starting employers (IQ Consult).

2. Unmet social needs

Most new services are set up to address unmet needs of different groups in society.

Experimentation courses in science aim to increase skills and motivate more youngsters for technology and sciences (Science Lab, Circles of Life).

The “Mozaïek” project founded a recruitment agency in order to provide job application training. Teaching their mother tongue the “Dulala” project will raise bilinguism with young children. To get more Roma youngsters into higher education they are offered competence improving training and scholarships (“Romaversitas”). As segregated education system does not provide an opportunity for students to familiarize with the outside world, the “Salva Vita” project offers a work experience program for disabled people. The sports learning arena of the “Playing for success” project and the homework assistance of “Leksjehelp” can contribute to rebuild motivation of pupils school drop-out risks.

To guarantee a sign language interpreter in cases of emergency and prevent waiting time for medical examinations for deaf people 100 medical students are formed as interpreter” (“Medical sign language communication project”).

The “Van Helyed Alapitvany” project built an integration program for Roma people still living in segregated ghettos without the minimum level of comfort.

As the Hungarian system of social services lacks provision of home-based care and assistance of children (or adults) with autism the “Cseperedo” foundation created it. Failure of structured public interventions in mental health was also the reason to start the “Proviamoci ancora” project. The regular system for homeless people is not equipped for special needs making the mental problems worse. The “Hotel Plus” project wants to address this need.

Based on a higher suicide rate than national and a higher consumption of anxiolytic medicines “OFEC” started a mental illness prevention project in the Alentejo region. In healthcare there are needs for co-ordinated services and prevention of diseases (joint medical centre of “Fosen”), for health care for foreign women in prostitution/potential victims of human trafficking in specific areas (Danish project).

Reducing conflicts and violent behaviour was the objective of the “Romany” project in Bologna. Delinquent behaviour in the inner city of a larger group of people with special social difficulties (mental illness, addiction problems) was the driver of the “Café Pflaster und streetwork” project.

Childcare problems were a hindrance to people's employment in the industrial cleaning sector, with typical staggered working hours. “Bout’chou” offers childcare at home during these working hours.

To regain “trust” in life, which young people miss because of family and societal problems, they can visit therapists in the “Tejo” and “Télèmythe” projects.

Concentration of vulnerable groups of population having poor socio-economic, physical and mental health as well as poor cultural, social and relational conditions inspired the “Servizio custodi sociali” to organize support in these neighbourhoods.

Working groups, established to identify gaps in the transition between primary and specialist health services, created two special units in established nursing homes in the community, one of which was “Søbstad “(unit for aftercare).

Broader influencing factors and drivers for innovation in social services

New managerial methods and certainly unmet social needs lead to innovative social services. Underlying there are evolutions in society strengthening/pushing these innovations in different service fields.

1. The UN Convention on the rights for persons with disabilities

The UN Convention on the rights for persons with disabilities aims to promote, protect and ensure full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. General principles are non-discrimination and equality (art.5), full participation at society (art.26) and community based services, respect for diversity, independent living (art.19), employment (art.27), decent standard of living and social protection (art.2), participation in political and public life (art.29) and cultural life (art.30), self-determination.

Aspirations and rising expectations of users

The UN Convention is a guideline for social services of today and certainly for their users who want to have personal autonomy or self-determination, meaning a.o. having the right to be involved in the decision making, design and evaluation of the social services as the "Nueva" project does and several practices on independent living.

Disabled people want society to focus on their abilities. Disabilities become abilities when autistic people are employed as software testers (Auticon) and blind women in cancer detection (Discovering hands).

2. Establishment of social rights as alternative to charity

The general principles of the UN Convention can be used as guidelines for all groups of population with the same risk of being excluded but having the same rights.

Just as everyone in society these groups have a right to permanent community integrated housing offered in the housing projects and a right to health care as organized in several projects, e.g. the health center for undocumented immigrants, "Der Bunte Kreis", and all projects with low-threshold contact points.

Also gainful employment is a right. All projects dealing with (supported) employment and/or job training address this right.

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Specific educational support is offered for instance in the "students help students" project and for autistic pupils in the Katerini lyceum to guarantee social equality.

The "Mom'artre" project reaches equality making after-school care affordable for low-income and/or single-parent families. Also the "Waltham" and "Samarbeidsforum" projects fight poverty.

The "Romany" project combats segregation trying to integrate Roma students into the regular education system.

3. Changing social roles

An important evolution is society is the decrease of social networks and the reduction in extended families with loss of generational relations. This may lead to more isolation. Projects on cohabitation and providing support with living address this evolution. Childcare at home when mothers are at work is an answer to the changed gender roles.

4. Demographic changes

Perhaps the most challenging evolution in society is the ageing of people resulting in a higher old age dependency ratio and long-term diseases. These changes need innovative social services with high cost efficiency and capacity building (use of volunteer and community based responses)

5. Innovative developments in political and social policies

In several projects service providers, sometimes through inclusion and welfare organizations (Red Cross, Salvation Army) obtained delegation to bring in practice governmental political and social policies: support of victims of slavery/violence (Oltre la strada, Danish mobile offer for foreign women in prostitution), rehabilitation of buildings (Devil's Tower, Transition accommodation), integration of immigrants (Refugee guide, Hotel Plus, Ethno-medizinischen Zentrum), social supported housing (CCPA, Aide et Répit, Basis), overcome isolation of mentally ill people (Proviamoci ancora), rethink framework for voluntary societal involvement for non-ethical Danes (DUF).

In Norway the co-ordination reform requires coordination in health services which the project “Fosen DMS” has taken as objective. Several countries have reformed community care for psychiatric patients. Several projects for the mentally ill comply with this reform.

The home care services offered by the “Servizio custodi sociali“ project are an extension of municipality services to prevent marginalization of older and socially vulnerable people. The “Katymar” project executes the social land programme of the municipality offering courses on soil cultivation.

6. Scientific and technological advances

New ICT developments are sometimes the enabling factor for innovative practices. Electronic data sharing is basic for the “Mobil X-ray” project, the “Telemonitoring and teleconsultation “ project and the joint medical center of Fosen.

The ICT-based device of the “Blue Assist” project facilitates communication with citizens, assistive technology independent living for elderly people in the “Festival“ project.

“Cat-CH”, “Aias Bologna” and “ASB Austria” deliver training services on ICT and assistive technology.

ICT is also the fundament of the online community at the Delft university, of the “Eye app” and the “Health apps for parent – infant interaction” and of web based platforms such as “CHA”, “Artistos diversos”, “Threshold accessibility website”, the online magazine “Flashgiovani”, “Koeo.net” and “A la Marge”.

7. New medical knowledge and improved health provision

Improved knowledge may be the most important driver for innovation in health services. Better knowledge on abilities of people with mental health problems (Utenti familiari esperti, Irre Menschlich), on developmental psychology and social education (Eltern AG), on cognitive milieu therapy (CMT) and physical activity (dual diagnosis Tedd) and on stroke patients (LSM, ESD) innovates social practices.

8. Development in social economy

Projects like “Place de Bleu”, “Agriverde”, “Régie de Quartier” and “Katymar” benefit from growth in social economy to work out new services.

9. Corporate social responsibility

Corporate social responsibility is growing; hence, companies discover social vulnerability as an objective to address. In the “Microdon” project donations out of salary of employees are doubled by the employer. In the “Koee.neet” project volunteer employees are made available during working hours for knowledge transfer.

10. New models borrowed from other countries

The “Molla” project is part of several innovative European projects including the toolkit for supported employment. Several organizations working in that field established a European organization.

The “Housing first” methodology is taken over in the housing projects ”Turning point”, “Casas Primeiro”, “Wohnbasis”, “Transition accommodation”, “Housing of Romany families” and “The city is for all”.

Organizations (Chance B, Glad, ABF) in several countries are working on accreditation of non-formal and basic education based on the National Qualification Framework as a model to make an inclusive framework.

Impact of the innovative practice for user, service provider and society

1. Effectiveness for the user

New jobs

Exploitation of specific abilities and skills leads to new jobs. Mentally disabled people become musicians (Parafonia Zenekar) or theatre actors (Baltazar theatre), autistic people become software testers (Auticon), migrant women find a job due their famous cooking skills (Ethnocatering), blind people are hired for breast cancer detection (Discovering hands), homeless people are trained to ecological operators or bicycle repairers (Piazza Verdi

Lavoro, Shelter House) or waste recyclers (Régie de Quartier). Youngsters get the opportunity of editing an online magazine (Flashgiovani) homeless/poor people edit a newspaper (Piazza Grande). Also the "knitting wives" and "crocheting ladies" of the "Place de Bleu" project find a job. New practices create jobs in agriculture (Katymar, Copaps, Agriverde), as social protector in an underprivileged neighborhood (Servizio custodi sociali) or as respite carer (Aide et Répit).

Reduction of risks

Users feel safer when they always can call on someone as in the "Blue Assist" project, when they can live together with other people (Abitare solidale, regrouping flats, Hygeia) and when support is organized through assistive technology (Festival, Aias Bologna, Welfare technological area Tastrup, ASB Austria). The "Romany" project fights against violence in Hungary. The "Dementia recovery model" reduces the number of falls by 56%.

Fear reduction also is the objective of the "Eye-app" and the "health app parent-infant".

Neutral information brings immigrants to a realistic assessment of life prospects in a foreign law and societal system – this, the "DiaMIPA" project pursues. Through extended information, the "Joint medical center Fosen" and "Telemonitoring and teleconsultation" create a feeling of safety and security. So does even the breast examination by blind women in "Discovering hands". Trust is also what youngsters can get from therapists in the "Tejo" and "Thélèmythe" projects.

Citizenship – social interaction

Community based services stimulate social interaction or prevent isolation (Proviamoci ancora, DiaMIPA, Waltham). Also, service provision at home opens up social relations to the "outside world", e.g. for families living in isolation (Cseperedo foundation).

Acculturation is achieved "online" at the Delft University, through "Refugee guides", "Welcome agents" and youth organizations (DUF) and through the information offered on society through the Ethno-medizinischen Zentrum (migrants), the Husk university and college welfare office, the "Introduksjonprogrammet", the online magazine (Flashgiovani) and through intercultural education (POP)

The “Hand In - Work and Box” project works on re-integration of ex-prisoners in their living environment rather than in prison environment.

Social protection

Socially deprived people are socially protected once they have a job (Agriverde, Auticon, Place de Bleu) or once they have a perspective to it through job training or supported employment (SA Misa, Betriebliche Arbeitserprobung). To live permanently in a house with the necessary social care also results in social protection (supported housing projects).

Social protection is the specific objective of the projects working for illegal immigrants (Health center Norway, DiaMIPA) and for victims of slavery and violence (Oltre la strada, Naga).

Well-being – quality of life

To measure quality of life a lot of indicators exist of which several are applicable in the innovative projects.

“Dementia recovery” results in reduced time spent in the medical ward and 50% less drug use. After or intermediate (hospital) care facilitates the (re) integration of patients (Der Bunte Kreis, Roskilde commune, LSM, Aiutiamoli) and improves functional independence when returning to “normal” life (LSM, ESD).

The activation level in mutual help is higher than in nursing service (Seniorengenossenschaft, Vitality for the whole life). Activating older people also is the objective of the “Silver Line” and “Ammerudhjemmet” projects (although offered within the nursing home).

When Alzheimer patients get home care while their family takes a time-out, they do not experience a routine disruption (Aide et Répit). Also, children’s routines are maintained during working hours of parents (Bout’chou). Families with staggered working schedules know that their children are safe and are not an obstacle for their jobs through the home child care of “Mom’artre”.

Summer camps offered in the “Bator Tabor”, “Colourful pearls” and “You have a place” projects also contribute to a higher well-being. The “SantécommunautaireSéclin” project has community wellness as objective.

Increased access to community services

Social care, health care, housing and employment are first steps to community access. A lot of projects have these as main targets.

Specific services delivered in some projects also facilitate access to society: English language course to children (ASB Luckau Dahme) and mother tongue for immigrated kids (Dulala) as this improves bilinguism.

Information on accessibility problems is offered through “Threshold” via an audit and a website.

2. Effectiveness for the service provider

Capacity building

Participation of volunteers at service delivery results in an increase of care capacity. The same care can be delivered with less staff or more care with the same team. Also using ICT based communication or assistive technology does so, e.g. “online community Delft”, “Mobil X-ray”, “Joint medical center Fosen”, the “Blue assist” and “Festival” projects.

Capacity building is strengthened when projects include a multiplier effect: “Students help students”, “Migrants help migrants”, “Community organizing Uslar”.

Cost effectiveness

The vocational training of the “Science Lab” project is cheaper than similar public vocational training services. Users of the “Rers d’Evry” networks have access to the knowledge they seek at practically no cost. E-health projects (Mobil X-ray, Telemonitoring) avoid transport costs to hospitals. Redistribution of unsold goods avoids storage and destruction costs (Dons solidaires).

3. Effectiveness for society

Capacity building

Volunteers can take over (part of) service delivery, normally done by professionals, e.g. in the field of overendebtness and debt-reduction (Humanitas), in support of older people (Seniorengenossenschaft), in teaching (Students help students, Apprendre pour aider), in sign language (Hungary).

In some projects practitioners build new capacity delivering services on a voluntary basis: health care (Gesundheitsengel, 24SJU, Blue Point center, Aide et Répit, Health center for immigrants Norway, Naga, In buone mani), mental health care for youngsters (Tejo + Thélèmythe) and legal advice (Pairadvocacy).

In other projects parents/families deliver support on voluntary basis (Flachsland Zukunftsschulen, KVPS).

Cost effectiveness

Volunteers are less expensive than professionals as is using existing networks to integrate immigrants (Duf, Welcome agents). Training staff is cheaper than training users (Welfare technological area Tastrup). The services of “Régie de Quartier”, improving living conditions, cleaning, night patrol, reduce social costs for the inhabitants.

Better communication of the “A la Marge” project reduces costs for community health care, training in the use of assistive technology (Cat-ch, Aias Bologna, Welfare technological area) lowers costs of non use of subsidized devices. The system of intergenerational cohabitation makes it possible to reduce the costs borne by the caregivers and enables students to have free access to housing. (Vivre Avec). It also reduces energy (consumption) cost.

Savings in patient days are realized through early supported discharge (Søbstad, Roskilde commune, LSM for stroke patients). Early supported discharge resulted in the closure of 20 in-patient stroke beds, the reduction in average length of in-patient stay from 21 to 13.28 days and a conservative estimate of 1641.7 bed days saved in a 6- months-period.

It is less costly to maintain proficiency in a mother tongue than to train someone to speak it (Dulala).

The cost of assistance for the acquisition of a residence is less than the cost of providing shelter for a family (Habitats solidaires).

The cost of increasing a disabled person independency is lower than the cost of providing comprehensive care (Ti'Hameau, projects on personal assistance)

Social return

3.3.1. Employment

Learning in the workplace is a recognized way of developing employability, the objective of ("Kjedeskoler", the "supported employment" projects and "Hand In - Work and Box"). Accreditation of professional qualifications of basic and non-formal education (Chance B, Glad, SA Misa, ABF) also creates jobs. Autistic persons attend a training course to be certified by the ISTB (International Software Testing Qualification Board (Auticon). Other projects realize directly employment for their users (Waltham, Ethnocatering, Place de Bleu) or create new jobs (see 4.1.1.). The service delivered in the "Bout'chou" project allows parents to keep their jobs.

3.3.2. Education

Cseperedo support of autistic people is an opportunity for undergraduate students of psychology, social work, pedagogics to complement their studies with field-work. The "Playing for success" and "Steunpunt Groene Zorg" projects help reduce school dropout. Problem based learning makes students more acquainted with and motivated for the sciences (Circles of life, Science Lab).

Raising (financial) literacy (Waltham, Humanitas, Academy of experience) is an objective of some projects. Results of PISA and IGLU studies have shown that success in the education system heavily depends on the social background; this "Mapp empowerment" tries to improve through coaching parents to prepare for child rearing.

3.3.3. Community cohesion

Using people in the assessment of public policies reduces the gap between public administrations and associations (CCPA). Community organization (Uslar), organizing communication (Ethnocatering, newspaper in Piazza Grande) and intercultural education (POP) or dialogues (Arci solidarietà) improve relationships with socially deprived groups.

Getting youth ex-offenders into jobs ("Hand In - Work and Box" has a 80% success rate) and projects as "Off Road kids" help reduce criminal action.

Sometimes municipal employees work specifically on cohesion (Servizio custodi sociali, Tastrup).

Some projects organize meeting places (Asaïs, Marie Plathe) even within the existing setting (Ammerudhjemmet). Cohabitation and permanent housing integrated in the community also strengthens community cohesion.

3.3.4. Transition institutional to community based care

Thanks to individual approach, ambulatory or online services, a lot of projects realize care in the community. Cohabitation (Vivre Avec, Abitare solidale, Hygeia), supported living and housing integrated in the community prevent admission in an institute or a retirement house.

Very specific is the so-called community psychiatry, meaning organizing care for mentally ill people within the daily life environment (Utenti familiari esperti, Proviamoci ancora, GPE, Casa Primeiro, Basis, Villaggio Barona).

80 Roma orphans are raised outside their segregated settlement (Academy of experience).

Other projects realise transfer from hospital to home care (Søbstad house of health, Joint medical center Fosen, Mobil X-ray).

Supported employment is an alternative to sheltered employment (SA Misa AB, Auticon, Molla Competence center, Agriverde).

For the organisations of the Independent Living Movement it has always been one of their major objectives to replace institutional care by personal assistance (Onafhankelijk Leven, CIL, Uloba, CHA, Gré à Gré, Alseanna Tacalochta, JAG). Including autistic and dyslectic children into regular education the Katerini Lyceum prevents transfer to segregated education.

4. Sustainability of the innovative social services

Projects have taken action to guarantee the sustainability of their innovative services such as management and monitoring, training the trainer, development of training material, formalizing collaboration, trying to insert practices into legislation, dissemination.

Management and monitoring

Management is an important key to the stability of a service. The “Ammerudhjemmet” project hired a manager for the co-ordination of the activities and another one to recruit, train and follow-up volunteers. The introduction of service guarantors is a stability factor of the “JAG” project.

The municipality of Bologna demands a quarterly joint assessment of the “Transition accommodation” project.

Train the trainer

Training carers is a sustainability factor. It is used in the “Pairadvocacy “and “CHA” projects (training peer advocates and counselors), in the “Molla competence center” (continuous training of practitioners in supported employment), in the “In buone mani” project (for therapists), in the “Welfare technology” project where people are trained to teach people how to use assistive technology. The “Circle of Life” project trains teachers in the use of the PBL method.

Also training of volunteers (Academy of experience) is a factor of sustainability.

Another strategy to sustainability is developing a methodology (Pairadvocacy, Molla), educational material (medical sign language communication) or a workbook such as the “Telemonitoring and teleconsultation” project to raise awareness on tele health care. That

project also supports pilot projects and developed business cases for investment in health care technology.

Dissemination

In some projects dissemination of the innovative practices has started or is being planned. A university hospital involved in the "Life Style Management" project for stroke patients is examining the use of the method for patients with fatigue. The Cardiovascular Network is discussing funding to deliver Life Style Management in the community with local councils. Innovation of the "Telemonitoring" project is to be rolled out to ten more sites of Southern Health NHS Foundation Trust in Hampshire.

Adoption in/of legislation

The "Fosen DMS" and "Søbstad" practices were used as a model for the co-ordination of health services at different administrative levels.

The concept of "Der Bunte Kreis" was a best-practice example for 66 after-care organizations in Germany with the development of a new composite of quality and network, the "Qualitätsverbund Bunter Kreis". Services of the after-care program will be implemented in standard provisions and the treatment catalogue of health insurances (social law).

The social protectors service of the "Servizio custodi sociali" became a service in collaboration with authorities on housing (ALER) and health (ASL).

Regional development

Several housing projects result in rehabilitation of community (Devil's Tower, You have a place) and sustainability of housing. Social economy contributes to the development of rural areas (Agriverde, Festival, A la Marge) or to the diffusion of sustainable local labour (Piazza Verdi Lavoro).

Interest of Europe

The model of collaborative governance and inclusive policy of "Samarbeidsforum", providing new resources and the role of the "Battery" as facilitator has attracted the attention of the European Commission and the OECD.

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Conclusion

The innovative social services in health, education and welfare of this sample imply new ways of service delivery, new services and new target groups of users.

New services mostly mean integrated services. In a cross sectorial approach service providers bring together services from different sectors, e.g. social care is added to health care.

New target groups of users grow through the risk for social exclusion for more and more (minority) groups. Besides disabled and elder people, also mentally ill people, migrants, poor people, youngsters, a.o. are socially vulnerable or disadvantaged. For them basic services are offered in the three service fields in order to empower them and to enable inclusion in society.

In all service fields providers search for responses to the same evolutions in society: aspirations of users, ageing of population, decrease of social networks, inequalities, changed lifestyles and social roles, management and managerial models, technology.

Aspiration on self- determination and independence led to patient movements, self-help groups of disabled people, to personal responsibility for health, to de-institutionalisation and personalisation of care. This de-institutionalisation is an outcome of the renewed solidarity. Care has become a broader concept and is not only delivered by specialised people but is more and more solidarity based offered by volunteers in civil networks and multi stakeholders collaboration.

The decrease of social networks (reduced families) and changed social roles (women at work) need capacity building in care, assistance of children, homework assistance.

The ageing of people results in a greater risk on diseases, e.g. dementia and Alzheimer and the need for long term care. The medical advance makes it possible to offer these people quality of life, welfare services try to organize support so that they can live independently as long as possible.

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Equal rights are guaranteed in inclusive education, the establishment of affordable, low threshold health and social care.

Also evolution in information and communication technology leads to innovative practices in all service fields: on line health care and monitoring, educational apps, web based information on accessibility.

Underlying there is the cross sectorial needs to empower users training them in financial literacy, self-management, etc.

Also changes in organisation of services occur in several fields: management training for carers, networking of (nursing) schools, outsourcing of hospital procedures, sponsoring of education, vertical integration of care management.

The innovation and expansion of social services has a major impact on public and private spending and necessitates more (cost) efficiency in all service fields given the actual old dependency ratio. This need is stronger because of the European economic crisis.

All service fields use volunteers and ICT to raise their efficiency.

The question is: what can we expect through marketization of social services? Will this meet the needs of an increasingly ageing population and enable the much needed transformation of health and social services. Corporate social responsibility is growing. Hence, companies discover social vulnerability as an objective to address and want to collaborate in social services.

The economic and financial crisis will oblige states to rethink priorities for public funds and their core tasks. To what extent social services belong to the core responsibilities of states and to what extent should they be based on community solidarity? A challenge for the political authorities is the legitimacy of the state which may be greater in Southern than in Northern Europe.

This is probably the most important difference in the examples of the partner countries, being in general similar. However, some innovative social services are country specific. In Eastern Europe more new practices deal with out-migration and multi-culturalism (with

social services for Roma people). In the Scandinavian countries (individualised guiding of immigrants) a specific vision to migration results in a specific approach of individualised support using existing networks. A greater health marketization in Germany and the UK and the co-operative approaches and hybridisation in France (private, public, community) indeed influence innovations in social services.

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