INNOSERV
Work Package 2

Theoretical trends and criteria for 'innovative service practices' in social services within the EU.

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Summary

This report identifies theoretical trends and criteria for innovative service development practices in social services, developed through the INNOSERV project and based on:

- The Innoserv WP1 Report
- A further review of the relevant literature
- Inputs from consortium members, particularly at a two day workshop held in June 2012.

The INNOSERV criteria framework is used to show key links between innovation criteria and the pressures for change and development in social services to identify future developmental trends, and to link key aspects of innovation with current and future challenges which are driving innovation and social change.

Key issues relating to the trends are developed in the report. These will be tested through the selection of innovation case studies illustrating a range of practices from across Europe, to inform a Europe-wide consultation process with key stakeholders to identify issues, gaps, demands and indications for further research on innovation in social services in Europe.

1 Background: identifying and developing innovation trends and criteria

This report identifies theoretical trends and criteria for innovative service development practices in social services, developed by the INNOSERV project as part of the second work package. The trends and criteria have been formed into a criteria framework to be used in later work packages to inform the choice of project case studies. The purpose of the INNOSERV work programme is to identify the innovation phenomena, potentials and processes important to future research around innovation in social services.

The report draws on the INNOSERV Work Package 1 literature review (Crepaldi et al 2012), which discusses concepts, definitions, criteria and the content of innovation in social services, plus the work undertaken to identify innovative social services in Work Package 3. This report builds on that work in order to identify theoretical trends and criteria for investigating and categorising innovative practices.

1.1 Framework development

This framework and analysis have been developed through the following processes:

1. The criteria development draws heavily on the work undertaken within the INNOSERV Work Package 1 literature review, which describes concepts, definitions, criteria and content of innovation, and on work for the process of collection of innovative practices within Work Package 3. The latter work, which began in February 2012, developed initial types and criteria for assessing innovation. These are given in full in the report of that work package, and are shown in an abbreviated form in Appendix 1 of this report.
2. Eleven partner organisations and a member of the advisory board took part in a teleconference discussion concerning aspects of criteria development, in March 2012. This identified the key research questions for Work Package 2 as:
    a. What changes in social, political, economic and technological development are driving changes in social services? (see point 2.2 in WP2 description)
    b. What types of innovation developments are being used in responding to these changes? (see point 2.3 in WP2 description).
3. Further literature research was undertaken in order to identify specific issues relating to current societal challenges which act as driving forces for social service innovation and to place innovation in social services within a dynamic theoretical context.
4. The Consortium members took part in a scenario planning exercise, to assess societal challenges which are driving forces for innovation in social services now and into the future. The results of this exercise were discussed at a Consortium meeting in June 2012.
5. Work packages 3 and 4 were managed through a parallel process, all of the first four work packages influencing each other.
6. Criteria for the analysis of innovation were agreed at the Consortium meeting and the framework developed.
7. The criteria were then used for the final selection of projects, which is reported in Work Package 4 (Eurich and Strifler, 2012).

This report draws very much on the contribution of all the partners, although responsibility for writing it lies with the University of Southampton, UK.

The report begins with a brief review of the background theoretical concepts relating to how innovation developments can be understood against knowledge and practice development in social services. It goes on to present the INNOSERV criteria framework and to explore each of its components.

2 Innovation, service development and social change: paradigm development and service development

The assessment and understanding of innovation in social services takes place within a number of organisational and cultural contexts:

- Our understanding of what is normal and what is new, informed by:
    - Cultural assessments of what is safe and a reliance on 'confirmed' or accepted knowledge
    - The capacity to take risks and try out new ideas in practice or apply an existing idea in a new situation, creating new outcomes
- The legal and political environments in which services are developed and whether they promote adoption of new ideas and practices

In the area of social services these kinds of developments are embedded in a number of sociologically derived factors, including:

- Local social power structures
- Economic capacity or constraint
- Political ideologies
- Professional ideologies and expertise

These variously integrate into a number of understood social 'paradigms' which support or inhibit innovatory change. Paradigms can support change by enabling innovative developments to occur to improve the quality or functioning of social systems within the prevailing paradigm. These paradigms can also inhibit thinking and action which might challenge the fundamental basis of the paradigm.

A number of innovative developments can also accumulate in a system and which collectively begin to challenge the basis for the paradigm itself. These may support the shift into a new social paradigm and inform, influence and even radically alter the way social systems work and develop.

An example of this in practice is how the understanding and legal acceptance of equality for people with disabilities, particularly learning disabilities, grew from a number of innovative developments:

- 'Normalisation' (Wolfensburger, 1975) proposed that society should include people with disabilities within the range of normal human existence
- The de-institutionalisation of care, which can, for example, be traced to people with learning disabilities being supported to live in ordinary domestic settings rather than specialist hospitals in British Columbia, Canada, alongside other similar development in other settings
- The 'independent living' movement through which people with disabilities argued that they should manage their social supports to meet their own

personal objectives rather than accept the standardised offerings of social services organisations
- The development of a 'social' rather than 'medical' model for how disability should be described and understood

Each of these was an innovation, some more challenging to the prevailing 'care' paradigm than others. During the last years of the 20th century, together they accumulated to deliver a change in the fundamental paradigm informing most European social systems, so that what became an 'equalities' based framework now underlies the basis for these social systems. (See, for example Oliver, 1990).

In practice, of course, these developments occurred simultaneously and in different places. The 'equalities' arguments developed in the political domain at the same time and informed, and were informed by, the practical innovations. The accumulation of the ideas to challenge legal frameworks and care systems occurred in different ways in differing national contexts. The pace of such changes taking place in Eastern European countries now seeking to adopt these ideas in a single, often politically driven, change illustrates an extreme form of 'innovation' adoption.

This kind of development reflects processes of knowledge development identified by Kuhn (1962) as 'scientific revolution'. Kuhn noted that developments can occur within what he calls 'normal science' until individual discoveries appear to challenge the prevailing paradigm. Some accommodations are often then made to the paradigm but then once enough discoveries appear to challenge the basis of the prevailing paradigm, a new model has to be formed to accommodate the discoveries. 'Normal' science can then resume within the new paradigm until this is then in turn challenged. The generation of a new paradigm also creates the opportunity for new hypotheses which can be tested to form an expanded range of ideas and knowledge. These theories are complex and have developed a number of critical channels for understanding how knowledge development is shaped or limited. For example, some paradigm frameworks disable discovery by forcing a rigid linguistically determined structure on knowledge development which disables or actively prevents discovery (see, for example Lakatos and Musgrave 1970).

This approach helps to understand how innovative developments in social services relate to models of social change (see, for example, Sullivan 1987). Innovations can occur within social systems but then accumulate to create or require a new social model for social services. The new social 'model' then generates a number of innovations within the new framework, so the equalities based social systems for people with disabilities continue to generate, for example, new ideas in employment for people with disabilities as a part of the 'independent living' concept.

Innovation development therefore takes place in a dynamic environment. Social services innovations are informing social change and vice versa. In order to identify future innovation trends in social services, it is important to understand how:

- changes in wider society will generate demands for, and the development space for, innovation in social services
- social services innovation will itself generate new opportunities for social change.

Using this kind of theoretical underpinning, this report draws on the INNOSERV innovation criteria developed in Work Package 1 and reviews the impact of key societal changes to identify a set of relevant theoretical trends.

3 Developing and defining innovation criteria

A review of the INNOSERV Work Packages 1 - 3 was undertaken at a meeting of consortium members in June 2012. The INNOSERV Work Package 1 literature review (Crepaldi et al, 2012) identified a variety of definitions of innovation in services, service innovation and social innovation. The literature review provided a first working definition of innovation in social services, shown in box 1 below, and also identified an extensive list of criteria for innovation, which is included as appendix 2. This Work Package (2) contributes analysis of the key social challenges driving innovation in social services. Work Package 3 involved the collection of innovative practice examples using some initial categorisation of innovation (see appendix 1).

BOX 1: INNOSERV first working definition of innovation in social services

Innovation in social services can be defined as a type of social innovation process. Innovation of social services is delivering services in another way as an answer to current and future challenges in society. It mainly concerns:

(i) designing and implementing new social services to face new needs or unmet needs (i.e. types of services offered to face autism, migrants with an irregular status, violence against women);

(ii) introducing new social services (or new mechanisms or practices), new interfaces with clients, or new practices in social work in pre-existing social services.

Novelty, improvements (effectiveness and efficiency), and sustainability are only first set of criteria to identify innovation in social services. Values and the socio-cultural foundations of innovations in the social sphere should be considered.

Firstly, in dealing with social services:

1. respond 'to pressing social demands which are not addressed by the market and are directed to vulnerable groups in society';

2. address societal challenges at a level in which the boundary between social and economic blurs and societal challenges are directed towards society as a whole;

3. generate systemic changes in changing attitudes and values, strategies and policies, organisational structures and processes, delivery systems and services (Europe 2020 strategy Executive Summary EC).

Social services innovations can be considered as *ways to enhance processes and the outcome of social innovation*.

Secondly, situating social services within a social innovation framework means to focus on ways, processes and mechanisms activated by social services that are able: (a) to cope with more pressing social needs, (b) to stimulate new solutions mobilizing people's creativity and connecting people, ideas and resources to a context of limited resources and rising costs; (c) to be able to see social challenges also as opportunities (EC, 2010; Murray, Caulier-Grice, Mulgan, 2010)

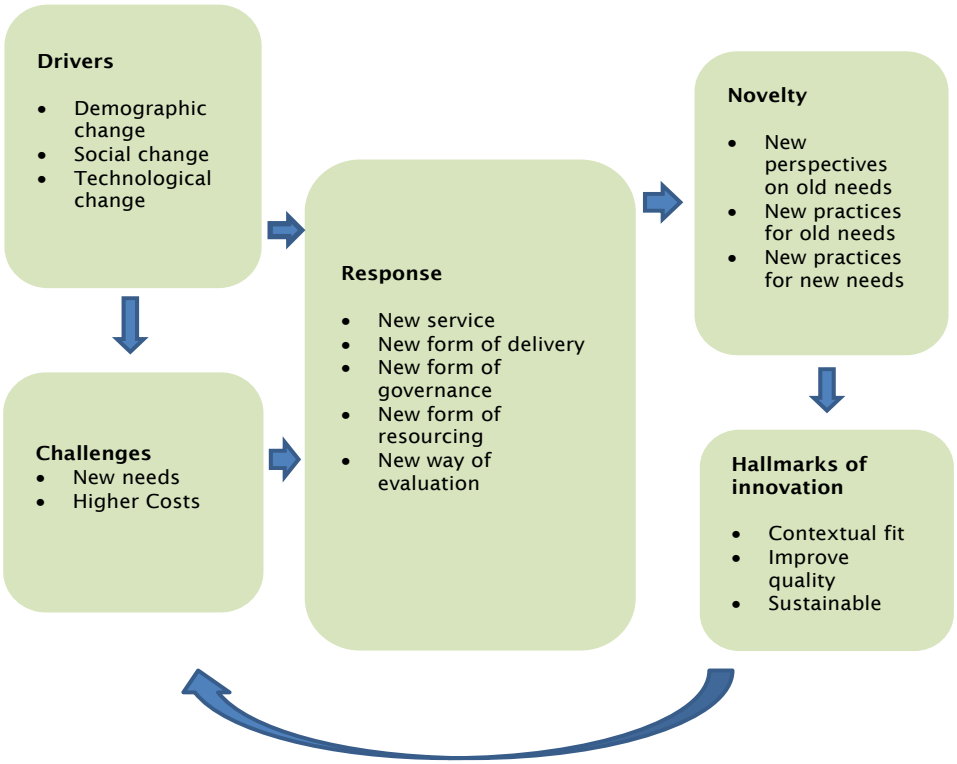
Crepaldi et al, 2012: 25-26

Following the review of these work packages, the key elements of innovation for the INNOSERV project were identified as:

- relevance to current and future societal challenges
- type of innovation response
- novelty
- improvement
- sustainability
- context of innovation

These elements were incorporated into the INNOSERV criteria framework, developed to link these key innovation elements together. The framework is shown in box 2.

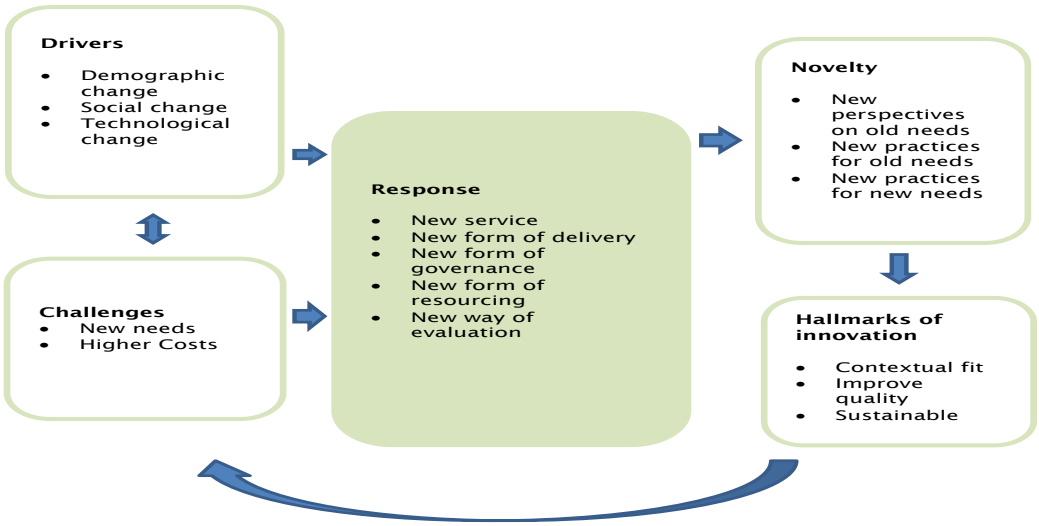
Box 2: The INNOSERV criteria framework, linking aspects of innovation



The core of the framework focuses on the ways in which key innovations respond to drivers and challenges. It links distinct types of innovation criteria. First, there are those criteria which together define innovation: type of innovation or **response; novelty;** and **hallmarks of innovation**, including context, improvement and sustainability. Linked to these, are **drivers**, or key societal challenges driving change in social services and other **challenges** prompting innovation.

The remaining sections of this report provide a rationale and explanation of each of these five separate aspects that make up the framework, along with definitions and explanations of the individual elements within each, to provide an analysis against which the remaining developmental phases of the Innoserv programme can be assessed.

3.1 Innovation responses: innovation in practice



The INNOSERV Work Package 1 literature review and collection of examples has helped to explicate innovation operating at different 'levels' within service systems. The levels identified in the literature review are shown in summary form in Box 3 and are provided in full, including examples, in appendix 2.

Box 3: identified levels of innovation in social services

- organizational level (i.e. organization of the provision of social services, type of service, target group, delivering logics);
- regulatory and legislative level ('how services are regulated, organised, provided and financed, the modalities of service provision, the types of relationships between external service providers and public authorities'; EC, 2006, p. 8);
- organizational level – connection and cooperation (partnership, networks, governance);
- professional level (social work methods and practices); -
- users level;
- conceptual level and values;
- public policy level (policy framework, programs and social policies);
- financial and economic sustainability level (and scaling-diffusion-transferability of innovation);
- evaluative level and attention to quality (quality standards).

Crepaldi et al, 2012: 98-99

From this, five types of **response** are detailed within the INNOSERV criteria framework: new service, new form of delivery, new form of governance, new form of resourcing and new way of evaluation. The meaning of these five levels is provided in table 1 and examples are given to illustrate this. It should be noted that the levels of response are not necessarily exclusive, and a specific practice innovation may fall into more than one category.

Table 1 : Levels of response

Response	Definition	Example
New service	New or improved product of the scheme or process	Personalised instead of generic service
New form of delivery	New or improved means by which the outcome is achieved	Self-help or social enterprise instead of government agency
New form of governance	New or improved way the scheme or process is managed and where it draws authority from	Co-operative or user managed instead of public service
New form of resourcing	New or improved financial, human or physical inputs to the scheme or process	Grant-funded, collectively staffed organisation instead of professionally managed, government agency
New way of evaluation	New or improved parameters by which success is judged	User assessment of effectiveness instead or professional determined criteria

It is important to note that innovation within a service is more challenging to define and measure than innovation in the sense of a product (OECD 2005); while a product is a tangible entity, innovation within service provision can be a either a product or a process and can occur at different levels of service provision and there are a number of potential complexities which may inform the structure set out in table 1.

Phills et al (2008), for instance, state that social innovation can be:

> "a product, production process, or technology (much like innovation in general), but it can also be a principle, an idea, a piece of legislation, a social movement, an intervention, or some combination of them" (39)

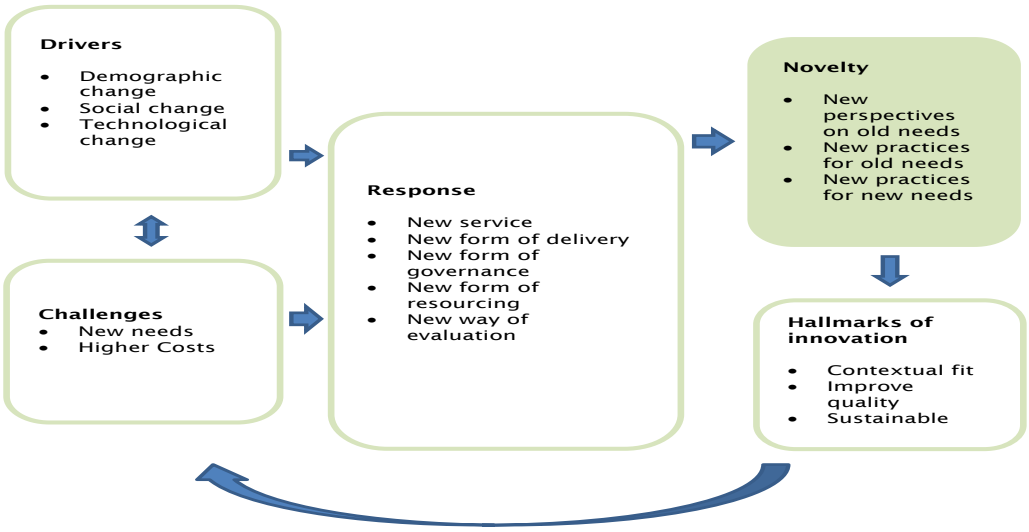
In discussing public sector services, Hartley (2005) emphasises that innovation is "not just a new idea but a new practice" (27) and argues therefore that definitions need to recognise practical impact. For services, this impact might be at one of several levels.

The organisation literature on innovation offers the initial distinction between product and process innovation, to which other types of innovation have been added, such as position and paradigm innovation (Tidd and Bessant, 2009). For social service oriented innovation, further types are added.

For example, Hartley (2005) identifies the levels of product, service, process, position, strategic, governance and rhetorical innovations. Hochgerner (2011) adds social types of innovation, to include roles, relations, norms and values.

Osborne and Brown (2005) critique a number of typologies to classify innovation from the management literature. They point out that the dichotomy between process and outcome makes them alternatives, whereas an innovation, and particularly innovation in services, can be both. With services, there is often not a distinct separation between product and process, with production, delivery and consumption of services often occurring simultaneously (OECD, 2005).

3.2 Novelty



The next aspect is innovation is **novelty**. In terms of **novelty**, a three way categorisation is proposed for INNOSERV: new perspectives on old needs or problems; new practices for old needs or problems; a new practice for a new need. The categorisation reflects the need for innovation to address both existing needs and new needs. Again, there is much discussion in the literature about novelty in relation to innovation. Two points are addressed, which can be summarised as 'what degree/level of novelty equates to innovation' and 'new to whom'.

The first distinction to be made is between different levels of innovation:

> "There are degrees of novelty..running from minor, incremental improvements right through to radical changes which transform the way we think about and use them. Sometimes these changes are common to a particular sector or activity, but sometimes they are so radical and far-reaching that they change the basis of society…" (Tidd and Bessant, 2009: 27)

Tidd and Bessant usefully break down the incremental-radical continuum as 'doing what we do better', 'new to the enterprise', and 'new to the world' (Tidd and Bessant, 2009: 38).

While for some writers a change must be radical or pattern breaking in order to be innovation, it has been argued that, within services, innovation can be small adjustments (Fuglsang, 2010). Fuglsang, in fact, argues for a view of innovation in public sector services as a process of building of skills and expanding routines (68).

The second part of the argument, 'new to whom', is whether innovation relates to absolute first use. A common to view of innovation is not just those elements developed within an institution, but also those adopted from others (for example see: OECD (2005) for business sector innovation; Phills et al (2008) regarding social innovation; Hartley (2005) and Koch (2005) in relation to innovation in public services). Phills et al (2008), for example state:

> "Although innovations need not necessarily be original, they must be new to the user, context, or application." (Phills et al : 37)

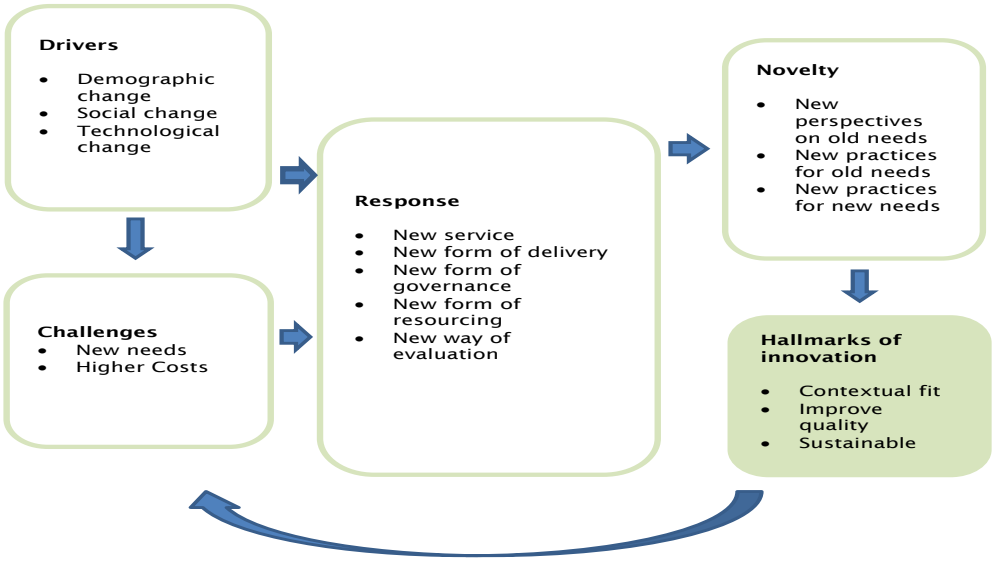
Osborne and Brown (2005) purport that most studies consider newness as new to a person, organisation, society or situation, but not necessarily first use (2005: 120). The authors go on to argue that these are in fact different forms of innovation: differently termed as objective and subjective innovation (Kimberly 1981) or intrinsic and extrinsic innovation (Downs and Mohr 1976).

Hartley (2005) expounds the dissemination and adaptation of innovation to other contexts as particularly important for public sector services, arguing that public goals "can be enhanced through collaborative arrangements to create, share, transfer, adapt and embed good practice." (27) She terms this "'lateral' innovation" (33), of good practice adoption and adaption.

An example of this approach to defining innovation within social services is seen in the UK Government policy document on innovation within the National Health Service, which states:

> "..innovation is as much about applying an idea, service or product in a new context, or in a new organisation, as it is about creating something new." (Department of Health, 2011: 9)

3.3 Hallmarks of innovation



Within social service systems, it is not sufficient to focus only on novelty as a marker of innovation. In addition, the INNOSERV framework includes certain hallmarks of innovation, including assessment of context, quality and sustainability.

3.3.1 Contextual fit

Different innovative approaches need to fit within different service framework contexts and need adaptation to those contexts. Drawing further on the above discussion of novelty, INNOSERV employ this to mean new to a given (for example, national) context. This will reflect the diversity of social service contexts within the European Union. Case studies will also consider transferability of an innovation from one context to another.

3.3.2 Improvement in quality

> "In public services...innovation is justifiable only where it increases public value in the quality, efficiency or fitness for purpose of governance or services." (Hartley, 2005: 30)

It is commonly understood that innovation is about improvement as well as novelty. Hartley (2005) offers a model which sets out the possible relationships between innovation and improvement. These relationships are for organisations showing: no improvement and no innovation; improvement but no innovation; innovation but no improvement; innovation and improvement. Important points to highlight from this model relate to innovation but no improvement: first, that innovations may not always lead to success, and a level of failure is to be expected; second, that innovation can lead to increased but undesired choice, loss of performance due to the process of learning, and innovations that are ultimately of no value. In terms of

what is to be measured as improvement, Hartley maintains that beyond improvements in service quality and fitness for purpose, wider issues of public value should be considered.

The difficulties of measurement and evaluation of innovation in social services need to be highlighted, as the measures of success within a social project are difficult to define (Bason, 2010; Murray et al, 2010). Improvement of social services can include improved quality of life and access to economic and social opportunity. These issues may relate differently in the fields of health, welfare and education. For instance, quality of life within health may relate to physical health and mental wellbeing at different stages of life; within welfare, issues such as equality of access to housing, cultural and community activities and employment are important.

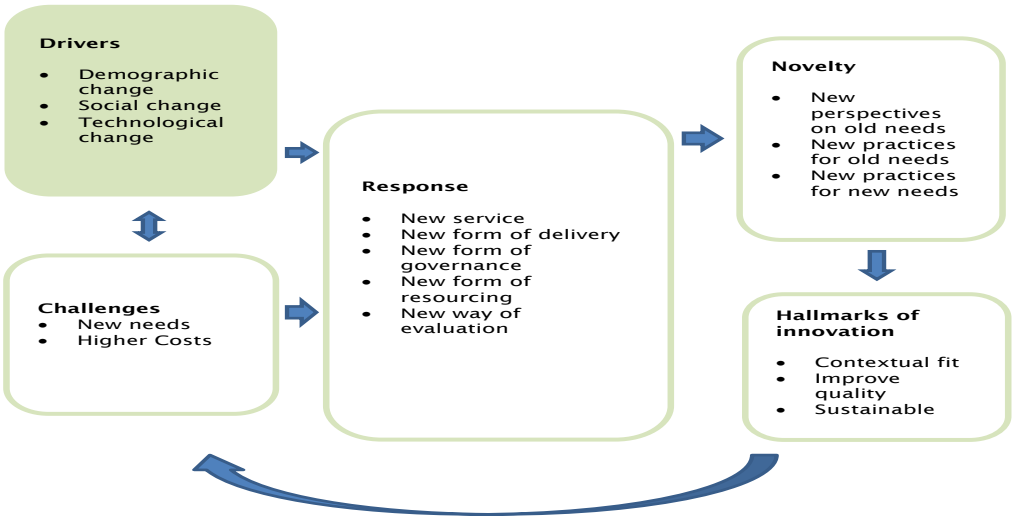
The INNOSERV case studies will include available information on the outcomes of the innovative project, although these will likely vary in terms of types of measurement used by the projects.

3.3.3 Sustainability

> "Innovation is not just about the originating idea, but also the whole process of the successful development, implementation and spread of that idea into widespread use." (Department of Health, 2011)

It is recognised that change through innovation needs to be sustainable (Bereiter, 2002). Achieving a sustainable innovation may involve streamlining of ideas and altering them to work in everyday practice (Murray et al, 2010: 12). The Normalisation Process Model offered by May and colleagues (May et al, 2007; May et al, 2009) provides a theoretical explanation, within the context of health care, of the processes through which interventions become embedded in practice and then integrated and sustained.

4 Drivers of innovation: key societal changes



Innovation within social services needs to be relevant to key social challenges and changes. This relates to the purpose of social services in responding to pressing social demands and societal needs. It is therefore important for the INNOSERV project to have an understanding of the key social challenges and changes driving innovation, to inform the 'theoretical trends' influencing future innovation requirements. As part of this work package we have therefore sought to identify social challenges and changes which may act as driving forces of innovation, and shape the development of social service 'paradigms' and hence future social change.

Using a 'scenario planning' methodology borrowed from management science can help to test the limits to any paradigm, and identify where new paradigm models may be needed in the future. This in turn should help to identify where future research interests could be located to explore not just opportunities for innovation within the current paradigm, but also where socially driven change is creating new opportunities (or indeed requirements) for social and social services innovation. Further, these challenges feed into social service provision in terms of an imperative to address new needs and level of need and issues of rising costs.

The INNOSERV project undertook such a scenario planning process, the outcomes of which inform what follows here. Using an extended literature study on future social challenges in the European context, a number of key factors promoting a response from and requiring change in social services were identified. Individual partners made further analysis of the important social challenges within their own national context. The factors were synthesised into a table of key social challenges

(see appendix 3) separately for health, welfare and education sectors, although there was much overlap in the challenges relating to each sector.

Small groups, involving two country based teams in each case, took each social challenge and considered how it may change and develop given current understandings of the forces affecting change (some forces may promote change and some may block change). These were considered against potential political developments; economic developments; social/sociological change; technological development; legal/legislative changes; and environmental factors, with a focus on volume, nature, depth, timeframe, and scale of importance in influencing future developments in social services.

This work informed extensive discussion at the INNOSERV June 2012 Consortium meeting with regard to the impact of key future developments on innovation and the choice of projects which should be used to test key innovation developments and their relevance to future service development.

Relevance is represented in the INNOSERV criteria framework by the '**drivers'** box, which includes a number of examples. The most significant social challenges and changes which were identified by the Consortium as most pertinent to innovation in social services are listed in table 2 (page 19), and are explored further in the remainder of this section. The selection of projects as case studies has included analysis of which of these social challenges and changes are being addressed (see Work Package 4 report; Eurich and Strifler, 2012).

4.1 Demographic change as a key societal change driving innovation in the health and welfare social service sectors

Demographic change was identified as a driving force of innovation in both health and welfare services in Europe. Current demographic change is resulting in increased numbers of people living longer into old age, with a particular increase in the numbers of people aged over 80. This is alongside a reduction in the numbers of people of working age, in part due to a declining birth rate. Further socio-cultural change is leading to concerns about levels of informal care for older people.

While many people will want to live active lives in old age, some will live with long periods of ill health and will have complex care needs resulting from multiple co-morbidities. Most however prefer to live as independently as possible.

Questions arise about the ability to meet these increasing care demands from declining tax income bases. In addition, the specific needs of elderly patients with dementia represent a unique challenge for nursing staff and the organisation of nursing services. Financing of the rising health care costs for public agencies or for health insurance schemes requires sustainable solutions and structural reforms. Traditional models of hospital 'acute' care may not necessarily be appropriate for meeting these health care needs.

This all highlights the need to find alternative solutions to care needs, including the use of technology and reliance on informal carers. Current responses which are relevant to this driver include: integration of health and social care services to increase cost efficiencies; use of technological solutions to enhance self care and care at home; and new paradigms, such as Active Ageing.

Table 2: Key social challenges and changes driving innovation

Social challenge/social change driving innovation	Meaning	Social service sector in which driver is key
Demographic change	Increase in numbers of over 65s; Greatest increase in over 80 age group; Increase in old age dependency ratio;	Health sector Welfare sector
Aspirations	Rising expectations of citizens for better quality of life/better care	Health sector Education sector Cross sector services of education and health
Lifestyles	Increase in certain diseases related to obesity, alcohol and drug consumption, and stress: diabetes; liver disease; anxiety and depression	Health sector Cross sector services of education and health
Technology	Access to information/ new media technology	Health sector
Continued inequalities	Continued economic inequality/ unemployment; continued poverty, including child poverty; continued institutionalisation; continued inequality for people with disabilities; ethnic minorities; gender inequalities; impact of socio-economic status on health outcomes	Welfare sector Education sector Cross sector services of education and health; and welfare and education
Independent living	The approach now adopted by disabled people to live as ordinary members of society and in their chosen domestic setting.	Welfare sector
Social roles	Changing families: increase in single households; increase in single parent families; changing generational relations (due to longer life expectancy); reduction in extended families. Changing gender roles; rising female employment rates	Welfare sector Education sector
Organisational changes	Creating new organisational forms; application of more responsive management processes; performance management culture	Welfare sector
Changing management styles	Application of more responsive management processes;	Education sector Cross sector services of education and health

4.2 Aspirations as a key societal change driving innovation for health and for education service sectors

Citizen aspirations were identified as a key societal change acting as a driving force for innovation within both the health and education sectors and across the boundary of these sectors. Across Europe, citizens are expecting a better quality of life, including improved outcomes from health and care services and reduced inequalities.

In terms of the **health service sector**, this both derives from and manifests itself in a population which is more informed about health issues. Consequently, patients wish to be more involved in decisions about their health and their health care options, and are more willing and able to participate in the management of their condition. There is less deference to the medical profession and greater willingness to make demands on health services. There are a growing number of patient led movements which are challenging some medical traditions.

This aspect is fundamental both to everyday practice and to the future development trajectory for health care services. While most health aspirations are limited by current knowledge and medical skill, as research and medical advance offer new choices and opportunities, but at greater costs, there will be difficult questions for political debate. This could well result in very different, more personalised and 'patient managed' models of health care support.

In terms of the **education service sector**, individualism and the connected aspiration of 'being involved' has been an increasing trend over the past years and is expected to keep gaining importance. This is not only reflected by agendas of individually shaped curricula or learning arrangements in school, but also by the opening of the public (i.e. government funded) school system towards involvement of the community (seniors in school, corporate sponsoring, external initiatives of informal learning and personality formation, etc.). This is reflected in a similar way in higher education (e.g. service learning) and adult education ('learning regions').

Across the boundary of **health and education,** aspirations coupled with medical advance lead to a desire for independence of disabled people and those with long term conditions. This highlights the need for health programs focussed on self esteem.

4.3 Lifestyles as a key societal challenge driving innovation in the health service sector and also in the cross sector services of health and education

A key social challenge acting as a driving force for innovation for the **health sector** and in the cross sector services of **education and health** is a recognised growth in 'lifestyle' related conditions arising from unhealthy behaviours, such as poor diet, alcohol consumption and smoking, (although there is limited evidence of a decline in smoking rates as its harmful effects are less well tolerated). Political investment in public health is recognised as an important strategic ambition but often not matched by financial resources. Questions about personal responsibility are also being asked, with suggestions that people with poor health behaviours should not be given the same priority to responsive health care services. As other factors impacting on health outcomes become more responsive to medical advance, these factors are growing in importance in their impact both on wider society and in improving overall health outcomes.

4.4 Technology as a key societal change driving innovation in the health service sector

The growth in internet and web based technology is leading to an exponential growth in access to information and new forms of communication. More people now use the internet as their primary health care information resource. Web 'communities' are linking and thus empowering people faced with similar health challenges. Telehealth/care solutions to on-going care needs are becoming more widely available and are changing the patterns of demands for some health care services. Other new technologies, for example in transport and in home assistance devices, are enabling greater independence for disabled people.

As future generations use and expect more from access to information and communication services, health care services will have to respond to both the demands and the opportunities created by such technology. Technology can be seen as both a driving force for innovation and as an enabler of change.

4.5 Continued inequalities as a key societal challenge driving innovation in welfare and education service sectors; also in cross sector services of education and health; and welfare and education

Continued inequalities were identified as a key driving force for innovation within both welfare and education sectors, and in services which straddle the boundary between education and health services, and education and welfare services. Inequalities stem from issues of migration, social origin/background, unemployment, disability and gender, and have been a source of the social upheaval which has been seen in Europe in recent months.

Within health education, the link between socio-economic status and health is clear, with people from lower socio-economic groups experiencing poorer health and less likely engaging in health promoting behaviours. In the case of migrants, health messages need to be delivered in a culturally appropriate manner.

4.6 Independent living as a key societal change driving innovation in the welfare service sector

In terms of disability, the emergence and spread of the independent living philosophy has been a key change driving innovation in the welfare service sector. Typically, innovation in this field involves new stakeholder roles, with a much more proactive role for service users in all stages of service provision: design, implementation, monitoring and fine tuning of services, as well as a role in coordination of different entitlements/services and/or administration and reporting requirements. The boundaries are being pushed further, deeper and wider every day. Starting from persons with physical disabilities, services are now promoting active involvement of persons with severe mental disabilities, a development that was deemed impossible only 30 years ago.

4.7 Social roles as a key societal change driving innovation for welfare and for education service sectors

Changing social roles were identified as a key challenge driving innovation within the welfare and education sectors. These changes are within families and of the family itself, and include changing gender roles and changing family structures (e.g. increase in single parent families; increase in the numbers of older people living alone). Families seem to be becoming a sphere of public or community interest rather than an exclusively private one.

Proper 'socialization' of children is the key to building viable and sustainable futures for individuals. Early stage family intervention is necessary to prevent the

very emergence of conflicts. 'External' interventions often do not reach every day interaction and thus the root causes of problems. This is of significance for family based projects as well as for care institutions and education providers.

4.8 Organisational changes as a key societal change driving innovation in welfare service sectors

The shifting of provision of services from the public sector into other sectors, such as independent profit making companies and social enterprises creates new opportunities for innovation. In addition, there is an increasing move to provide services locally, in order to be more relevant and responsive, and a move to community based models of care.

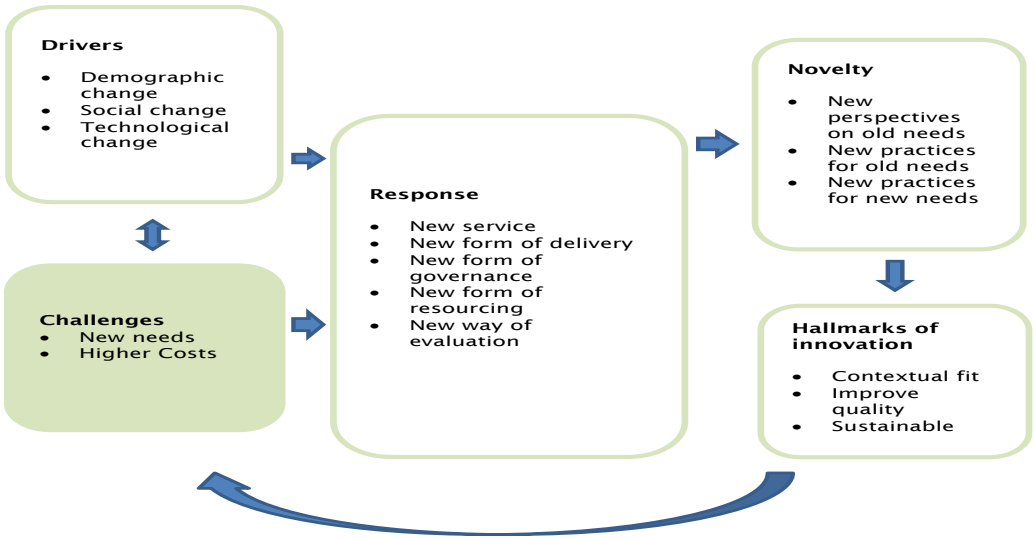
4.9 Changing management styles as a key innovation challenge for the education service sector and in cross sector services of the health and education sector

Connected to individualism as well as new social roles of individuals, family, community and institutions, management styles shaped by multi-stakeholder involvement are gaining importance. Community based models do not only increase the complexity of players involved in the 'value creation' process, but also the enhancement of skill development and personality formation as well as the fertilization of the educational landscape by innovative ideas, expertise and practices of diverse partners. The latter fact also stimulates an increase in cross-sectoral services (education, health and social services). Simultaneously this situation increases the necessity to spot, choose and foster the 'influences' and 'combinations' which realize the highest value through the assessment of social impact.

Increased emphasis is also being placed on illustrating and monitoring performance. Impact measurement and associated tools and practices gain overarching importance.

In terms of changing management styles within the health and education sector, an important aspect is the cooperation of different stakeholders and the involvement of the community or user's perspective. Linked to increased user aspirations, people would like to take part in the development of programs and services. With their special knowledge of their condition, for example, they can contribute their expertise within social services.

5 Other key challenges driving innovation



Sociatal challenges and changes are, of course, only one driving force of innovation. In addition to these, there are other meso and micro level factors which also drive innovation. These include research and development leading to new knowledge, professionally led innovation in response to users needs, increasing costs of service provision and demands for greater efficiency *per se*, and specific political contexts. These other forces are included in the INNOSERV criteria framework in the 'challenges' box. These factors are not a key focus for selection of projects for INNOSERV as they are often very situation specific, but will be noted in the case studies where relevant. The factors which prompt or trigger specific innovations, whether socially based or otherwise, are not are not mutually exclusive (Bason, 2010), and in there is a complex and interacting relationship between a variety of factors for any given innovation 'instance'. In addition, there are well documented factors which act to inhibit the development of innovative responses (see Crepaldi et al, 2012:15).

This work package has sought to identify generic criteria and drivers but it must be recognised that the dynamics of individual settings and local factors will impact on the actual processes of adoption.

6 Conclusions and next steps

This report has presented the framework which has been used within the INNOSERV project to support the choice of innovative case studies and to assist in identifying the innovation phenomena, potential and processes important to future research in this area. The framework has been used to select projects as case studies (see Work Package 4 report; Eurich and Strifler, 2012). The framework interlinks aspects of innovation (novelty, type, context, improvement, sustainability) with analysis of challenges and changes which are acting as driving forces of innovation in social services. As the project is future facing, it is proposed that key social challenges and changes are likely to inform the development of new change paradigms for the delivery of social services across Europe. The framework will inform further development and testing of concepts through the next stages of the INNOSERVE programme. This process will result in descriptions for the key areas in which future research on innovation in social services should be taken forward.

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8 Appendices

Appendix 1: Summary of types and criteria of innovation used in Work Package 3 to identify practices

Identification of social service

Field(s) of service

Logic(s) of service

Self help or mutual aid logic; Social care logic; Multi-stakeholders logic; Social movements logic; Combination;

Activities of services delivered

Assistance for persons faced with personal challenges or crises (debt, unemployment, drug addiction, other); (Re)integration of persons into society (rehabilitation, language training for immigrants, other); Services to the labour market (occupational training); Social housing for disadvantaged groups; Care (for the elderly, children, families ...); Treatment and support of people with physical illnesses; Treatment and support of people with mental health problems; Combination;

Status of the provider organization

Public organization (governmental); Private organization – non/not for profit; Private organization – profit; Volunteer association; Cooperative company or mutual company; Family/neighbourhood; Civil society network; Combination; Other;

Target group

Children; Youngsters; Elder people; Unemployed people; Poor people; Immigrants; Disabled people; People with chronic diseases – long-term health problems; People with acute or short term health problems; No specific target group (e.g. territory-based social services provision aiming at strengthen social ties); Combination; Other;

Size of the organization

Innovation

Type of innovation

New forms of organization; resources hybridization; new targeted actions; new services; non-structural practices; other.

Innovative character

do the service practices appear to be something new in the field of social services?

Origins of innovation

Supply side; demand side; broader operating factors.

Impact on service performance

Effectiveness of service delivery

from user perspective; cost effectiveness/capacity building; sustainability of innovation

Quality of provision

Socialization; quality of life as judged by users and beneficiaries; more inclusion/ lower risk on exclusion; participation of the user; transition from institutional to community based care.

Potential wider effects

Promoting social and health equality; sustainability: new skills and jobs increased social rights; affordability of adequate and high quality health and long-term care; promotion of equality and non-discrimination: equal access to adequate provision.

Transferability of innovations between national contexts

Appendix 2: levels of innovation identified within INNOSERV Work Package 2 literature review

Organizational level (policy, organizational, sectors)
 New social services designed to face new needs or unmet needs
 Search for new solutions to old needs, new mechanisms or practices introduced in preexisting
social services:
to improve access to social services (i.e. more information, increased professionalism in
social work sector);
to guarantee entitlements (rights) for specific groups or minorities;
to satisfy the demand for social services in a more complete and broad way (holistic
approach);
to guarantee more participation and inclusion of citizens
 New and increased Cross-Sectoral social services
 Cross-Sectoral social services (i.e. teaching art to children while helping their mothers for
job seeking and offering jobs for young artists)
 Integrated care practices
 Tearing down walls between sectors and the role of informal care
 Sharing of knowledge
 Better integration of Health and Social sector services
 Territory based social services that contribute to the creation of training and job opportunities for disadvantaged people
 Solidarity-based social services
 Social mediation for impaired and weakened people
 Easy access to housing for poor families
 New interfaces with clients
 Logic(s) of service: Self help or mutual aid logic; Social care logic; Multi-stakeholders logic;
Social movements logic
 The development of the self-help sector
 Actors: New organizations (Cooperative society for social service provision –SCOP; Cooperative society as social enterprise with user's involvement –SCIC)
 New legal forms within structured public frameworks (Italy social cooperatives)
 New provider organizations and existing organisations refashioned by new dynamics
 New roles and relations among actors
 New private organizations for profit and non-profit
 Management style in the organization

Regulatory and legislative level
 New architecture of the provision system
 Socially responsible public contracts and social clauses (outsourcing)
 Adherence to EU standards in transitional economies
 Impact on institutional framework that shape innovation in social services
 New arrangement between one or more government agencies and/or external organization.

Organizational level – Connection and Cooperation (governance and partnership)
 New networks and social movements established in order to design, deliver and finance
social services
 Cooperation between sectors, actors and different forms of provision
 Cooperation between local actors
 Increasing communication responsiveness

 Utilizing connectivity and interdependencies
 Modification of organizational systems (models of governance, work organisation, number
of involved stakeholders in governance)
 Public sector and local authorities as promoters of innovation and promoters of crosssectoral
policy strategies
 Third sector and user as promoters of innovation
 Volunteer workers and initiatives launched by a group of citizens
 Third sector and user's engagement design (co-design and re-design services)
 Joint decision process
 Decision-making power not based on capital ownership
 Employee and user driven innovation
 Partnerships with users, family carers and user organizations
 Partnership between service users, practitioners and academics
 Community-based and participative health network in a local territory
 Collaboration between public and volunteer organisations (NGOs) or between civil and local
networks in collaboration with public organisations and social enterprises
 New techniques for partnership building and functioning
 Impact on social and power relations

Professional level (practitioners)
 New practices in social work
 Innovative tools (i.e Theatre of the Oppressed) and the use of participated methods in social
work (i.e. self-help group)
 Networking
 Individualised supports
 New professional skills in social work
 The use of informatics and new technologies in social work

Users
 Participation and involvement of final users of services in designing, delivering and evaluating social services
 Involvement of final users in promoting equality, effectiveness and control, and adherence
to the needs of users

Conceptual Level (and value)
 New models of society - Social goals: participation, user involvement, community benefit
 New paradigms underlying a new social service concept or service delivery model (i.e. new
inclusion paradigm; active ageing)
 Relationships and trust
 Pursuing diversity
 Better adjustment to users' needs, more person centred support
 More social services provision in less developed regions
 New concept of accessibility of the service (i.e. for Roma families)
 The concept of 'progressive universalism'
 The Social Care Model
 De-institutionalization and community care; Improved home-based and community services
 Gender and diversity perspectives
 Anti-discrimination and equality process
 Increase of the level of recognition of social values, objectives, paradigms and goals
 New models of interaction leading to social innovation processes

Public policy level (policy framework, programs and social policies)
 The new role of the system governance played by central (or local depending on national
arrangements) government
 Impact on public policies: new public policy, programme, measure or intervention
 Joint construction of a space for public action and redefinition of public governance bodies
and methods
 Innovative logics for public policies
 Innovating the public sector
 The new wide attention on anti stigma policies
 E-government

Financial and economic sustainability level (and scaling-diffusion-transferability of innovation)
 New ways to overcome budgetary constraints
 New approaches to acquire funding:
 The involvement of private investors
 The introduction of special funds
 The purchase of innovative practices by final users
 Hybridization of resources (market, redistribution, and reciprocity resources)
 New investment sources
 Mobilising community resources, taking full advantage of all endogenous resources
 Improvement in efficiency and effectiveness
 Financial and systemic sustainability, Impact on the economy
 Economic, Environmental and Social Sustainability of Territory based social services
 Financial tools necessary to territorial social initiatives and the way to unlock them
 Capacity of spreading and diffusion

Evaluative level and attention for quality
 Affordability, availability and accessibility
 New standards expected
 New feedback loops from users and specialists
 Social services of excellence as for quality, efficiency and efficacy
 New methods and creative tool-kits to strengthen and renew the quality of social care services
 Low-cost (for user) and high level quality of social services
 Quality assurance, moderation and accreditation mechanisms
 New tools for monitoring social services - hearing all voices (users, organizations, practioners, staff, family and friends):
 Action research
 Alternative economic and social indicators
 Social impact and contribution of innovation in social services to social innovation and social change – Assessment of innovation
 Learning approach to evaluation – 'to learn from failures'
 Developmental evaluation

Specifics for the Health sector
 Disability: from rehabilitation to integration and then to inclusion
 Mental Health: from segregation to inclusion and community care
 HIV: from segregation/stigmatization to awareness campaigns for promoting self protection
 Innovation in the area of prevention, of treatment and in the introduction of new technologies
 Emphasis on an inter-sectoral, controlled and steered care in managed care models, replacement of the traditional insurance model
 Integrated services
 Technological progress

Specifics for the Education sector

- Inclusive education
- Inclusive education and training in collaboration with the civil society
- Multicultural education
- Integration of disciplines
- Alternative schools, non-regular schools and informal education
- Link between formal and informal education
- Community development based approaches
- Connection between regular school and the system of social services
- Experiential learning
- Human rights education
- Working ‘through relationships’ with children and young people
- Problem based learning methodology
- The ‘media education’, The use of comics
- ICT in schools
- E-inclusion
- Networks of schools
- Improve, supplement, reinvent and transform learning
- Sustained educational improvement
- Learning Beyond the Classroom
- Spreading a culture that values learning
- More personalized approaches to learning
- Using the web
- Learning with and by not to and from

Appendix 3: analysis of social challenges and changes driving innovation

Welfare			
Societal change as driving force of innovation in social services	**Meaning/ description**	**Related outcomes/other factors**	**Examples of innovative responses**
Aspirations	Rising expectations of citizens for better quality of life/better care	Empowerment; self-determination; choice ; The 'assertive user' Demand for more individualised services of better quality;	Alternative/complementary providers Personalisation Co-production (new user/professional relationships)
Migration	In-migration : Historical (post colonial) migration; pan-EU migration ; refugees Issue of out-migration for some countries	Inequalities; social fragmentation Potential for intolerance and stereotyping New demand on services Potential for poor access to services (from communication problems, social isolation) Multiculturalism	; Integration projects
Social Roles	Changing families: increase in single households; increase in single parent families; changing generational relations (due to longer life expectancy); reduction in extended families. Changing gender roles; rising female employment rates	Decreasing availability of family support structures; Decline in intergenerational co-residence; increase in older people living alone Declining female caregiving; Need to reconcile work and family life Changes within parenthood, particularly fatherhood	

		Increased demand for services; demand for formal care	
Continued inequality	Continued economic inequality/ unemployment; continued poverty, including child poverty; continued institutionalisation; continued inequality for people with disabilities; ethnic minorities; gender inequalities;		
Demographic change	Increase in numbers of over 65s; Greatest increase in over 80 age group; Increase in old age dependency ratio	; Increase in patients with complex comorbidities; increase in certain diseases, eg. Alzheimer's; Increasing heterogeneity of older age groups : eg ethnic minority older people; older people in areas of social deprivation Increasing demand for services; Increasing costs/need to make limited resources go further Need to address pensions, care, support, housing, mobility, isolation Implications on recruitment to health and social care jobs	Decisions about value; marketization
Technological development	Access to information/ new media technology	Facilitates self determination; increases expectations and choice population better informed about conditions/services/rights; and less deferential; Users better able to	

		mobilise Increased exclusion of some groups with limited access New models of remote care provision Ability to exchange information on quality and experience	
Medical advance	Medical developments which offer opportunities to improve clinical outcomes	Increasing costs; Decisions about value Changing nature of disease - Acute diseases (eg cancer and heart disease) becoming chronic Increase in longer term care needs Technological advance can increase cost pressures	
Organisational change; changing management styles/ philosophies	Creating new organisational forms; application of more responsive management processes; performance management culture	Integration of organisations/functions; new approaches to 'commissioning' of organisations/services; distortions caused by 'locked in' expenditures (tertiary health care, residential care)	Decentralisation; deinstitutionalisation; marketization; liberalisation
The 'enabling state'; Political will; fiscal space	Impact of financial crisis; competing priorities for public funds	Legacy of category-based (not needs based) social protection; structural transition; deindustrialisation;	
<u>Health</u>			
Aspirations	Rising expectations of citizens for better quality of life/better care	Empowerment/Self-determination; choice Demand for more individualised services of better quality	Users better able to mobilise Assertive 'user'; knowledgeable patient Alternative/complimentary providers

Migration	In-migration : Historical (post colonial) migration; pan-EU migration; refugees Issue of out-migration for some countries	Inequalities ; social fragmentation Potential for intolerance and stereotyping New demands on services Potential for poor access to services (from communication problems, social isolation) MulticulturalismTrained health professionals move to richer countries	; integration projects
Social Roles	Changing families: increase in single households; increase in single parent families; changing generational relations (due to longer life expectancy); reduction in extended families. Changing gender roles; rising female employment rates	Declining female caregiving; Decreasing availability of family support structures; Decline in intergenerational co-residence; increase in older people living alone Need to reconcile work and family life Changes within parenthood, particularly fatherhood Increased demand for formal care services	
Continued inequalities	Unequal distribution of health risks and health outcome/diseases by socioeconomic indicators Unequal access to care by social status, geography, gender and ethnicity		
Demographic	Increase in numbers of over	Increase in patients with complex comorbidities;	Increasing demand for care; Decisions about value; Active

change	65s; Greatest increase in over 80 age group; Increase in old age dependency ratio;	increase in certain diseases, eg. Alzheimer's; Increasing heterogeneity of older age groups : eg ethnic minority older people; older people in areas of social deprivation Increasing costs/need to make limited resources go further Need to address pensions, care, support, housing, mobility, isolation Implications on recruitment to health and social care jobs	ageing paradigm
Technological development	Access to information/ new media technology	Self determination; expectations; choice population better informed about conditions/services/rights; and less deferential; Ability to exchange information on quality and experience	New models of care provision (e.g. telehealth care); new health management systems
Medical advance	Medical developments which offer opportunities to improve clinical outcomes	Changing nature of disease - Acute diseases (eg cancer and heart disease) becoming chronic Increase in longer term care needs Technological advance can increase cost pressures	
Changing management styles/philosophies	Application of more responsive management processes;		Decentralisation; deinstitutionalisation; marketization; liberalisation
Lifestyle changes	Increase in certain diseases related to obesity, alcohol and drug	Increasing costs/demands for care	

	consumption, and stress: diabetes; liver disease; anxiety and depression		
Education			
Aspirations	Rising expectations by citizens for better quality of life	Self determination; choice; consumerism	Education outside of formal setting Assertive user Lifelong learning/education
Migration	Historical (post colonial) migration; pan-EU migration ; refugees	New needs for education e.g. language and culture Inequalities ; social fragmentation	
Social Roles	Changing family structure: increase in single households; increase in single parent families; changing generational relations (due to longer life expectancy); reduction in extended families; changing gender roles; rising female employment rates	Need to reconcile work and family life; Parenting/family skills for vulnerable parents/families Socialization of children – social and emotional deficits for children in some environments	Work with families and communities
Continued inequalities	Inequality in educational access/attainment by socioeconomic status, gender, people with disabilities, ethnic minorities	Culture of failure; Promise to deliver social mobility and economic improvement (Leadbeater and Wond 2010 pp 5-20)	Inclusive and multicultural education Differential support for children from 'disadvantaged' backgrounds.
Demographic change	Increase in numbers of over 65s; Greatest increase in over 80 age group; Increase in old age dependency ratio;	Increase in patients with complex comorbidities; increase in certain diseases, eg. Alzheimer's; Increasing heterogeneity of older age groups : eg ethnic minority older people; older people in areas of social deprivation New group of older	

		learners;	
Technological advance	Access to information/ new media technology; making learning available in new ways	Self determination; expectations; choice 'Assertive user' Increased exclusion of some groups with limited access	
Changing management styles/ philosophies			Community based models
Globalization	Need to provide education/training which is suited to modern knowledge based global economies		

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