

*Routledge Studies in Social Enterprise & Social Innovation*

# **SOCIAL INNOVATION**

## **COMPARATIVE PERSPECTIVES**

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First published 2019

by Routledge

52 Vanderbilt Avenue, New York, NY 10017

and by Routledge

2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN

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*Library of Congress Cataloging-in-Publication Data*

A catalog record for this book has been requested

ISBN: 978-1-138-06836-0 (hbk)

ISBN: 978-1-315-15802-0 (ebk)

Typeset in Sabon

by Apex CoVantage, LLC

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# 5 Social Innovation for Filling the Resource–Needs Gap in Social Services

## New Governance Arrangements

*Marta Rey-Garcia, Ana Felgueiras, Annette Bauer, Torbjörn Einarsson, and Giulia Cancellieri<sup>1</sup>*

### Introduction

The innovation stream that is the focus of this chapter is the new governance of social services systems. By new governance of social services systems, we refer to the new ways of formulating and implementing policies and organising and controlling social services provision, which are becoming more decentralised and involve a network of interdependent, cooperative, and diverse actors from the different socioeconomic sectors (Hodges, 2005; Newman, 2004; Rhodes, 1997, 2007). These actors share goals and may, or may not, have formally prescribed responsibilities (Rosenau, 2000).

Innovative governance of social services has appeared in the context of a generalised perception that the existing models of provision are unsustainable in the long run, given the socioeconomic and demographic changes occurring across Europe for the few last decades. The ageing of the population, the integration of women in the labour market, new family models, immigration flows, new policy and regulatory frameworks and the generalised economic crisis starting in 2008 have affected both the demand and the supply of social services. In a context of escalating needs and shrinking public budgets, the gap between citizens' needs and expectations about the scope of social services and about the role of actors in the field, on the one hand; and the actual resources, capabilities and roles of funders, providers and beneficiaries, on the other hand, has broadened (Rey-Garcia & Felgueiras, 2015a).

This resource–needs gap is clearly patent in the case of social services needed by population segments that are the most vulnerable, because they depend on other people's care and/or on technical assistance to perform basic daily-life activities (mainly dependent elders, people with dementia, dependent people with chronic illnesses, and/or dependent people with disabilities).

Hence, changes are taking place in the ways the systems of social services are governed, so that such resource–needs gap may be bridged for the most

vulnerable citizens, and new understandings about which services should be provided, how and by whom may be accommodated. The emergent governance of the social services system builds on: (1) a re-conceptualisation of social problems; (2) attraction of new actors, resources and capabilities to the field; (3) integration of social services with proximate fields (most notably health care and social inclusion); (4) personalised care; (5) market competition; (6) cross-sector collaboration and partnerships through informal and formal networks and (7) increased participation of the beneficiaries and co-responsibility of citizens in general in configuring demand and supply (Rey-Garcia & Felgueiras, 2015b). Since these building blocks are hardly separable in the field of social service provision, they are not treated as distinct social innovations but together form a social innovation stream with different embodiments across different contexts.

Whereas this new governance of the social services systems serves as the overarching theme for the social innovations occurring in the field of social services in the four countries included in this chapter—Spain, Italy, Sweden and the United Kingdom—we have decided to focus our investigation on new governance arrangements aiming to mobilise organisational resources and capabilities for the provision of social services to vulnerable segments of population. These may manifest in increasing reach by new technologies, the extension of human resources through the engagement of volunteers, or the attraction of financial resources through new financing tools. We analyse how these result from collaborations among organisations of different sectors, and specifically try to understand the extent to which citizens participate in the social innovation stream, and the roles they participate in. Two overarching research questions have guided this chapter:

1. What does the social innovation stream look like today and how has it evolved over the last decade across its country-specific manifestations or activities?
2. Which are the most important actors involved in the social innovation activities and which are their distinctive characteristics and contributions to the broader social innovation stream?

## Central Concepts and Key Questions

### *Civic Participation and Empowerment in Social Care*

New governance arrangements in the social services system combine intra- and cross-sector competition and collaboration with increased participation of citizens in the provision of social care. The Spectrum of Public Participation developed by the International Association for Public Participation specifies a continuum of five levels of participatory processes: inform, consult, involve, collaborate and empower (Iap2, online). Collaborations between participating actors allow for (re)distributing

responsibilities and roles among them (funding, regulating, delivering services, supplying technology and other inputs, receiving services, etc.) and (re)combining their distinctive resources and capabilities in order to help extend social services reach to the most vulnerable citizens. Empowerment of actors may develop as a result of these collaborative participatory processes.

The goal of empowerment, as culminating stage of the participation continuum, is to place final decision-making in the hands of citizens. They may have the power to make a limited range of decisions (e.g., on a specified issue or for a limited time), or they may have extensive decision-making powers. The rewards of an empowerment approach are often more innovative results that incorporate the knowledge of all participants as well as reduced conflict, greater ownership of outcomes and commitment to ongoing action. Therefore, empowerment goes beyond simply participating in others' activities, processes and decisions. Empowered citizens share responsibility for making decisions and accountability for the outcomes of such decisions.

Therefore, by citizen empowerment in the field of social services we refer to the processes by which people create or are given opportunities to gain increased access to social services and care, increased autonomy and influence over decisions that affect the care and services they receive, as well as increased opportunities to socialise and participate in community life. As we will see when we come to different country perspectives on our social innovation stream, citizens can participate and eventually be empowered in different roles, including those of direct or indirect beneficiaries or users (the main perspective explored for Spain and the UK), social impact investors, venture philanthropists or social entrepreneurs (Italy and also the UK), or volunteers (Sweden).

Empowerment objectives and processes in adult social care—ideas such as 'active participation', 'co-production', 'independent living', 'living with dignity', 'co-responsibility', 'self-care', 'personalisation of care'—have only recently appeared in social services discourse and activity. In the case of direct beneficiaries, they reflect both their right to participate in daily-life activities and relationships as independently as possible, and the vision of users as active partners in their own care instead of passive recipients of care. "Empowered users are more likely to avoid falling into a dependency through institutional care, more likely to make proactive decisions about their own well-being and consequently fulfill the objectives of active and healthy ageing and life extension" (European Commission, 2014, p. 44). Therefore, the logic of user empowerment stems from both ideological (the beneficiary should be an active partner rather than a passive recipient of public care) and efficiency or cost savings (delaying or avoiding institutionalisation reduces costs) motivations; and to the latter one, the economic crisis was paramount.

## Methods

### *Case Selection*

The investigation focused on specific social innovation activities in each of the four countries in order to allow for reducing the scope of the analysis to country-specific manifestations of the social innovation stream and better identifying relevant actors and their contribution to social innovation. This was particularly useful as many of the actors are large organisations with diversified fields of activity. It needs to be mentioned that social services was clearly the most diverse field in terms of potential social innovations considered. Due to the breadth of the field, it was hard if not impossible to pin down a social innovation stream that was as clearly defined as in the other fields of activity. For this reason it was important to move to more specific innovation activities in each of the countries, which are diverse at face value but share the central thread that they exemplify modes for extending available resources and capabilities and access to them by embracing new governance constellations, extending reach through mobilising technology, human resources or new modes of financing.

The selection of the social innovation activities was based on a quantitative and qualitative analysis combining the degree of innovativeness with the explanatory potential of a set of 12 social innovations (three in each country) that had been previously identified by each country partner. Concretely, we looked for social innovation activities where the object of analysis can be clearly established while being representative enough of the new governance in the social services system of each country; that take place mainly at an organisational or meso level; and whose evolutionary stage is beyond the prototyping or pilot phase (Rey-Garcia & Felgueiras, 2015b).

As for the time frame for our selection, the breeding ground for new governance arrangements for social care can be found in the last decade of the 20th century when (often inspired by what the scientific debate has called New Public Management and Public Governance) the state started to massively outsource service delivery to private non-profit and for-profit actors (Greene, 2007). Social services, in particular, became increasingly delivered by third sector organisations (TSOs) and also private firms within market logics; encompassing both competitive and collaborative schemes, and mostly financed and regulated by the state. The idea that citizens should actively participate in solving the resource–needs gap in the provision of adult social care, not only in their user or beneficiary role, but also as investors, entrepreneurs or volunteers, is clearly a new development qualifying as an innovation as judged by the experts we consulted within the given context and dating back approximately one decade.



As a result of an iterative selection process, the following social innovation activities within the broader stream were identified:

- *Spain—extending reach for independent living through telecare.* The focus is on the promotion of independent living of beneficiaries or users with the support of telecare services, broadly defined as the provision of remote social care supported by ICTs. This encompasses from the most basic format—i.e., tele-alarms, including phone monitoring and pendant buttons—to extensive daily activity monitoring, data gathering and lifestyle analysis through sensors and the Internet of Things. The Spanish system of social services to persons in situations of dependency establishes independent living (“autonomía personal” or personal autonomy) as its key stated aim, defined as “the capacity to control, face and take personal decisions, by own-initiative, about how to live in accordance to personal norms and preferences, as well as to develop basic daily life activities” (Ley, 39/2006). Aligned with the goal of independent living, home-care related services, particularly telecare, have been prioritised in Spain as an alternative to institutionalisation through residential and day-care centres. The goal of telecare is to enhance the autonomy of beneficiaries within their usual environment (home, community) by providing an immediate response to situations of emergency, insecurity, solitude or isolation.
- *UK—personalising services for people with dementia and their carers through telecare.* In parallel to the case in Spain, if with a particular emphasis on person-centred telecare for people with dementia, the UK case is about matching needs of people with technology, usually as part of a care planning process and a care package that ensures the individual needs of the person (and their carers) are met. There are a range of telecare products and assistive technologies that are considered suitable to people with dementia and their carers and may provide real benefits. Examples given included traditional telecare products such as alarms; technologies for people with mobility issues; mobile applications (new technologies); technologies for self-medication (for early onset dementia); and GPS devices. Certain devices, such as those that help people use gas or electric cookers, take medication, communicate or track their movements (through satellite) will be more suitable for people with dementia than others (for example, those that operate passively and do not require the person to press buttons). However, simply offering technical devices on a market might not be considered a social innovation although it might be considered a technological innovation.
- *Italy—extending resources for service provision through social impact investment.* In Italy, over the last few years, new movements have been lobbying for social impact investments, social entrepreneurship, philanthrocapitalism and social start-ups. Impact investment is proposed as a solution for supporting the scaling up of social enterprises and social

entrepreneurship and in particular for filling the resource–needs gap in social services. The Italian case focuses on the new forms of social impact investing and how they have fostered (or not) the promotion of social services for supporting (mostly indirectly) independent living of beneficiaries. Our focus is placed on new forms of investment for developing social enterprises and hybrid organisations in social and health care services. Collaborations in this country–field—mostly between businesses and TSOs—are used for investing in social enterprises (e.g., new start-ups) and for increasing capabilities of the organisations for providing new services.

- *Sweden—The use of volunteers in public organisations and activities.* The Swedish case is focussed on the phenomenon of volunteer centres, which is a quite general and widespread, although not well-known, phenomenon, which often involves both TSOs and public actors. A volunteer centre is a physical contact point or hub for people that would like to volunteer and for people that need help. Volunteer centres often both mediate volunteers directly to needing people or to TSOs and organise activities in their own premises. One important outcome of these activities is that the resource of volunteer time is made available for public and semi-public social services. Most volunteer centres entail collaboration between municipalities and TSOs, but there are also examples involving private companies. The latter, however, seem often to be of a temporary nature and through sponsorships (Socialstyrelsen, 2007). While standard in many other European countries, volunteer centres were seen as a very new development in Sweden against a welfare provision system almost exclusively governed by the state. Through the extension of human resources and by changing the character of the help, volunteer centres were seen as extending social services reach, in parallel to how new conceptualizations of care, technological applications and financing modes have transformed the governance arrangements in Spain, the UK and Italy.

### *Data Collection*

A combination of primary and secondary sources and methods were used for data collection, including academic and practitioner literature review, internet search, documental analysis, and face-to-face and telephone interviews to representatives of a selection of key organisational actors from different socioeconomic sectors and to renowned experts in the field. A total of 28 interviews were conducted from February to June 2016: 11 in Spain (2 to public, 2 to business, 3 to third sector, 2 to hybrid third sector-business representatives, and 2 with experts); 4 in the UK (1 business and 3 public in a dual representative-expert role); 6 in Italy (1 business, 1 third sector, 2 hybrids and 2 experts); and 7 in Sweden (2 public, 3 third sector and 2 experts). Adapted versions of the semi-structured questionnaire elaborated

by the authors (Spain, Italy, Sweden) or a set of guiding (open) questions (UK) were used. All interviews consisted of open questions to a large extent, and lasted from a minimum of 15 minutes to a maximum of over 2 hours. They were conducted under conditions of confidentiality. This has led us to anonymise most of the quotes included in this chapter, in order to avoid direct identification of interviewees and their organisations. Additionally, a half-day workshop with stakeholders was organised in Spain for presenting, discussing and validating the very early findings of the research at a local level (Rey-Garcia et al., 2016).

## Tracing the Social Innovation Stream

### *SI Stream in Spain: Extending Reach for Independent Living Through Telecare*

#### *Milestones*

The Spanish Red Cross was the initiator of the idea of telecare in Spain, importing and adapting what was then perceived mainly as a technological innovation to national context in 1990:

The Red Cross looks outside and brings telecare as a way to incorporate technology to services of much utility.

(SS.5.ES9a)

Telecare grew at a fast pace in the 1990s and early 2000s with the support of state, regional and local authorities, extending its user base beyond traditional target segments (i.e., elderly people, people with disabilities and people suffering acute or chronic illness) to include women victims of gender-based violence, and advancing in terms of service standardisation and quality. The 2006 Dependency Law (Ley, 39/2006) meant the key institutional turning point of telecare as a social innovation allowing for customised services towards independent living. The principles underlined by this regulation are independent living, personalised care, deinstitutionalisation of care by keeping the beneficiary in his/her surrounding social environment, avoidance or delay of unnecessary hospitalisation and admission in residential homes, participation of businesses and the third sector in social services, and inter-agency cooperation. Following its adoption, telecare became included in the catalogue of services of the public System for Autonomy and Attention to Dependency (SAAD), as one of the services for the promotion of independent living, attention and care. The Dependency Law establishes a minimum level of protection, which is defined and financed by the central government.

After the economic crisis hit Spain in 2008 the service experienced a slowdown. Public expenditures in social services decreased and the full implementation of the Dependency Law was postponed. Incompatibilities

of telecare with other entitlements increased, the entrance into the System to persons with moderate dependency was delayed, and the state level co-funding reduced. The main institutional milestones directly affecting field dynamics and telecare development are summarised in Figure 5.1.

### Actors and Interplay

Telecare is mostly financed by the public sector and delivered by private organisations—business and non-profit—within the limits and conditions regulated by each regional and/or local authority. In order to be entitled to telecare within the SAAD, a person must be recognised as in a situation of dependency. The regional autonomous communities are competent to make the assessment and recognition of the degree and level of dependency, to determine the corresponding service entitlements, and to provide, manage, monitor and control such entitlements. Within this process of assessment and recognition, the corresponding social services elaborate a personalised care plan (known as PIA, “Plan Individualizado de Atención”) that determines the most adequate entitlements from among the services foreseen within each degree of dependency. This legal framework materialises in a complex funding structure that makes it difficult to identify which public agency is funding telecare in each individual situation. Furthermore, a person that has not been entitled to telecare within the public system (within the SAAD or not) may contract the service directly with a private (for profit or non-profit) provider. One of the organisational actors interviewed pointed to three roles of the public sector: policy and regulatory, clients (because they contract

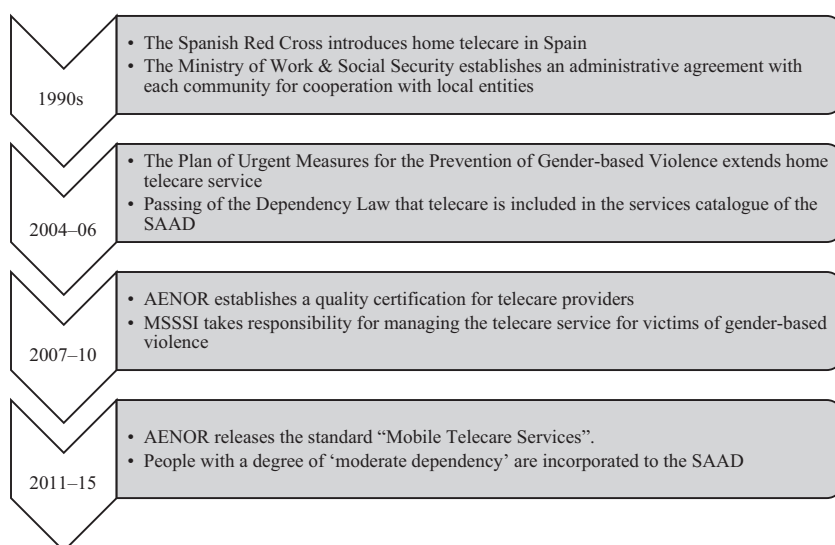


Figure 5.1 Milestones in Spain

with private providers), and funders, commenting critically on a high public intervention in this arena as they set the criteria and decide what services correspond to each beneficiary (SS.5.ES9a).

Very few traditional non-profit organisations provide telecare services; the most relevant being the Spanish Red Cross. A few service providers adopt hybrid organisational forms, such as social enterprises. The Spanish Red Cross is not only a major service provider but also the only TSO co-developing and providing innovative telecare with social value added to a wide set of beneficiaries in a current context of business domination.

The majority of service providers are currently private companies that fiercely compete with TSOs—the major player being Tunstall, a sizeable British group supplying technology for social and health services, that recently acquired Televida, a large Spanish provider of telecare services. At the same time, businesses collaborate with TSOs in joint technological developments and also as hardware and software suppliers.

Although the social innovation was introduced and strongly influenced by a TSO—co-designing and co-developing it in collaboration with public, business and informal actors—and the service is fundamentally delivered on the basis of market competition, the overall assessment of interviewees is that the dynamics of implementation of telecare have been fundamentally top-down (SS.EXP1; SS.EXP2), being that it is currently “a hyper-regulated sector” (SS.5.ES10b). Main actors and their roles are further detailed in Table 5.1.

*Table 5.1* Main actors involved in telecare in Spain

<b>Public organisations</b>	Public authorities at the State (e.g., MSSSI, Ministry for Health, Social Services and Equality), regional (Governments of the Autonomous Communities) and local (provincial and municipal authorities) levels and public organisms with an executing or intermediation/representation role (e.g., IMSERSO).
<b>Third sector organisations</b>	– Service providers: Spanish Red Cross, ASISPA. – TSOs promoting the application of technologies to social care: TECSOS Foundation (participated by the Spanish Red Cross and Spanish Vodafone).
<b>Business organisations</b>	– Service providers: Tunstall-Televida [a merge of the British group Tunstall (hardware and software) and the Spanish provider Televida (first private company to be granted a public contract for telecare provision in 1994)]; SARquavita, EULEN, Atenzia. – Technology suppliers: Televés, Bosch, Vodafone.
<b>Hybrid organisations</b>	Service providers: Ilunion Sociosanitario belonging to ONCE (National Organization of the Spanish Blind Corporation).
<b>Informal actors</b>	– Direct beneficiaries or users. – Families and other non-professional carers, grassroots organisations and informal groups.

*SI Stream in UK: Personalising Services for People With Dementia and Their Carers Through Telecare*

*Milestones*

The first use of assistive technology and care in the UK that specifically addressed the needs of people with dementia and their carers dates back to the 1990s. In 1999 the First National Carers Strategy stressed the role of telecare. The early 2000s witnessed the first telecare projects for people with dementia. During that decade the Department of Health set out guidelines to inform local authorities of the resources, systems and procedures necessary to implement telecare effectively, and provided grants to adult social services departments within local authorities to promote its widest possible use in collaboration with other agencies from the voluntary, health and housing sectors. In parallel, the Department of Health funded online information resources on assistive technologies for use by people with dementia, carers and professionals.

However, it was not until 2010 that the ‘Living Well with Dementia’ Strategy for England was formulated with a focus on independent living in peoples’ own homes. In the early 2010s the Department of Health funded 21 pioneering research projects for people with dementia, including a study on telecare. This includes a large trial called Assistive Technology and Telecare to maintain Independent Living At home for people with dementia (ATTILA) that aims to understand whether telecare can help people with dementia living in their own homes longer and whether this is cost-effective. Main institutional milestones and regulatory milestones in the field affecting the social innovation in the UK are displayed in Figure 5.2.

*Actors and Interplay*

Early in this process, the provision of telecare was seen by local authority representatives as a potential way to address increasing needs of an ageing population under budget pressures. Some local authorities jumped on board quite early hoping for financial solutions for their organisation. It was considered a win-win situation. This is also how telecare has been marketed by private companies to local authorities. It is quite possible that this has stifled certain social innovations and the growth of telecare into certain markets such as the market for self-funders (as private companies saw their most immediate profits from government budgets).

However, the adoption of telecare by local authorities has been slow and incremental and it is seen as almost impossible to change things at a system level. Telecare has often been more fitted in with existing services rather than utilised as an opportunity to reconfigure services. Locally, practitioners in local authorities and social care departments sometimes resisted the change and implementation of telecare because of fears that telecare could substitute social care (and they could lose their jobs) (JW; SS.UK.EXP2).

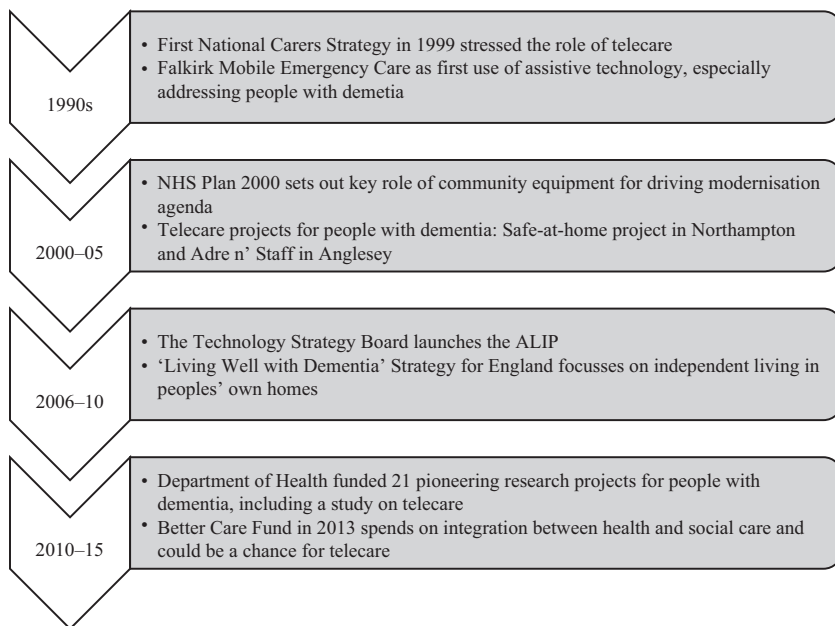


Figure 5.2 Milestones in the UK

Private business providers were identified by all interviewees as major players and drivers of the social innovation, strongly influencing their development. Tunstall as the largest provider of telecare used to have a monopoly position and dominated the market: it was the first company providing telecare products and started with providing uniform, standardised tools (call centre alarms, falls detectors) and selling those to sheltered housing providers instead of approaching local authorities and social care departments. Although some of the dynamics on the market have changed (with smaller providers entering the market), there is a question whether in having one large provider (and lack of competition) has prevented certain types of social innovation. As one of the local authorities' representatives put it,

the ways investments flow (from public to private sector) has stifled innovation and prevented scaling up.

Another interviewee (SS.UK.EXP2) thought that innovations in telecare sector need to be seen in the context of a dysfunctional system of care home provision (i.e., telecare products needed to allow people living in their home which was the only option for many people who could not afford quality care homes).

Research played an important role in driving and hindering this social innovation. For example, small evaluative studies from very early on demonstrated the usefulness of telecare for people with dementia and their carers. Findings from a large government funded cluster randomised controlled trial (the Whole System Demonstrator or WSD), which has looked at the (cost-)effectiveness of telecare, did not confirm health or cost benefits had a large impact on the market. Although the WSD did not specifically look at people with dementia (and in fact excluded them from the trial), it influenced the market of telecare generally across all groups. It had a “damaging effect on the business case” (SS.UK.EXP3), one local authority interviewee said. The same local authority representative thought that findings of the trial had a particularly negative impact on small providers that just had emerged and started to develop new range of products. On the other hand, the WSD also started new discussions about issues that had been raised by researchers and practitioners previously: that telecare might only be (cost-) effective if provided as part of a personalised care package that considers the individual environment of the person and family (such as their house, their lifestyle and the community they live in).

Collaborations between the private sector and the public sector were another influencing factor. One expert felt that these collaborations had sometimes a collusive nature and that boundaries were blurred (JW). For example, the Association of Directors of Adult Social Services (ADASS), the membership body of local authorities asked Tunstall Ltd. to develop the telecare strategy for local authorities. Telecare developments, as driven by those sectors, have not typically been person-centred (although some exceptions exist). Researchers had potentially an influence on driving person-centred approaches through developing and communicating evidence that suggested that telecare is only effective if it is implemented in a way that it takes account of the individuals’ home environment, their needs, networks and preferences. The third sector had been traditionally largely absent from telecare developments and there is a question whether the absence of the role of the third sector could explain to some extent why person-centred telecare had fallen short.

### *SI Stream in Italy: Extending Resources for Service Provision Through Social Impact Investment*

#### *Milestones*

Back in the 1990s, reform of the national health system included the adoption of New Public Management principles. Against this background, the Law 328/2000 officially integrated the third sector in the planning of social policies and in delivering public services. The field of social services is currently very much influenced by this legislation. The 2000s witnessed the creation of the impact investment movement in the country that participated



in the G8 Task force on social impact investing, together with further innovative reforms of other related organisational forms and sectors that have accelerated in the last few years

such as volunteering legislation, social enterprise legislation (even if it was a failure), crowdfunding and benefit corporation.

(SS.IT.EXP1)

These legislative and institutional developments culminated with the 2015–2016 Law of Benefit Corporation and with third sector and social enterprise reform. They have resulted not only in strategic transformation at a field level—with the adoption of new governance arrangements, the entrance of new actors and the emergence of new shared understanding of the relationships—but also in operational changes. These comprise the import and adaptation of tools new to the field, including innovative funding instruments aimed at combining financial and social impact so that social services reach is enhanced:

new mechanisms of social innovation based on synergies with sectors that before were not considered in the social field, such as technology, finance and new operative ways of doing enterprise.

(SS.IT.EXP1)

Along these lines, the social innovation stream is trying to

connect financial instruments with a system presenting low equity, promoting impact measurement as well.

(SS.IT.EXP2)

The main regulatory and institutional milestones are summarised in Figure 5.3.

### *Actors and Interplay*

Among the players working on promoting social service reach for vulnerable populations through social impact investment, there are traditional financial actors or for-profit organisations that are looking for new instruments to invest in fostering and developing social enterprises in the field of social services. The majority of investors are private for-profit companies that invest in equity in organisations. Furthermore, some interviewees saw in foundations and their philanthropic activities a fundamental player in the social innovation stream, given that “the traditional philanthropy that changed the way of financing” (SS.IT.EXP2) by investing not only money but also capabilities inside the organisations. Interviewees agree that business investors and philanthropic donors and grantmakers with a previous

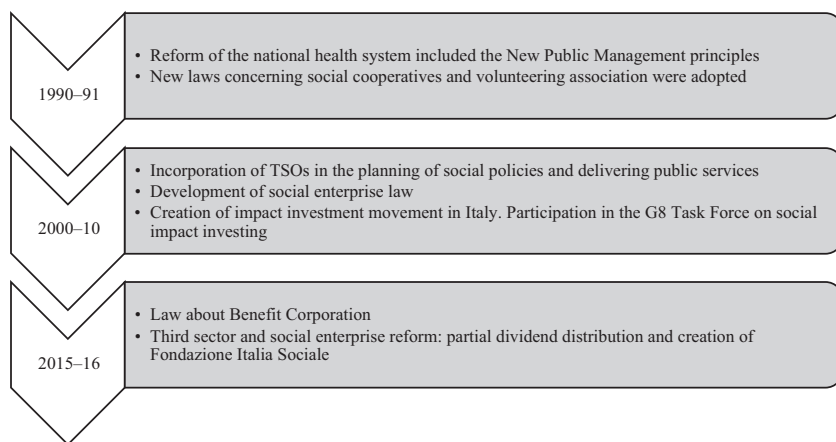


Figure 5.3 Milestones in Italy

track record in the field are the key actors driving the innovation. As highlighted by one expert

the majority of players and partners are social service experts. There are only some new players, they are very few.

(SS.IT.EXP2)

However, there is disagreement about who the other relevant actors driving the social innovation stream are, which could derive of its early stage of formation. One of the market organisations highlighted that the only other traditional actors involved are “for profit companies in microcredit, healthcare and social housing” (SS.3.IT2). Regarding new entrants in the offer side, there are

4–5 new impact investing funds which are willing to invest in equity. There are two funds more related to the social cooperative world. There are some social impact bonds experiences, but different from the UK ones, and there are as well some funds related only to innovative start-ups.

(SS.IT.EXP1)

A key new actor is Oltre Venture, the first venture capital firm in Italy, which promotes and supports social enterprises in the fields of health care, social services and education. Regarding the demand side, almost all the organisations that receive social impact investing are business-non-profit hybrids, due to the possibilities of partially repaying equity investors—only a few

TSOs access social impact investing coming from philanthropy. The main beneficiaries of this innovation stream are thus social enterprises and social cooperatives. New investee profiles include innovative start-ups, benefit corporations or for-profit organisations with a social mission.

This very incipient social impact investment ecosystem is supported by cross-sector collaborations, including international ones. A case in point is U-Life, a start-up that won the Impact Hub fellowship programme for longer lives in partnership with AXA and Swiss Re Foundation with a project focused on the creation of a web and offline platform capable of customising holiday packages for elderly travels and fragile target categories. However, this stream is only making its first steps and “there is still a kind of mistrust among the key actors” (SS.IT.EXP1). In this context, some interviewees focussed on the important role of policy-makers or national and international institutions for governing the process of innovation and creating trust between social organisations and financial operators. Therefore, not only the role of policy-makers in supporting these instruments is very important, but also the demand side (recipient organisations and end beneficiaries) should be further taken into account if diffusion of these instruments is to be fostered. One of the experts highlighted the importance of

opening a dialogue with the organisations that should receive financial investment. It should be an integrated system;

(SS.IT.EXP1)

while another organisation highlighted the importance of involving final beneficiaries such as

people that deal with disabilities, tourism, associations that work with people with disability because they were all important for exploring the needs and understand how to answer these needs.

(SS.1.IT1)

We further detail in Table 5.2 the main types of actors involved in the social innovation.

### *SI Stream in Sweden: The Use of Volunteers in Public Organisations and Activities*

#### *Milestones*

Under the traditional Swedish model of welfare, social services are operated by the public sector through professional, paid staff, and many citizens think that the involvement of volunteers in public welfare provision threatens such model (Frederiksen, 2015). However, in the 1990s liberal

Table 5.2 Main actors involved in social impact investing in Italy

<b>Public organisations</b>	Public authorities at national and international level that: – may foster the development of social impact investing in different countries in Europe – may “regulate” the agreements among beneficiaries (organisations such as social enterprises) and financial operators
<b>Third sector organisations</b>	– Investors: some foundations in their new philanthropic activities, e.g., those investing in U-Life – Investees: very few TSOs
<b>Business organisations</b>	The majority of investors are private for-profit companies that invest in equity in organisations, e.g., Oltre Venture
<b>Hybrid third sector/market organisations</b>	Social enterprises, innovative start-ups, benefit corporations or for-profit organisations with a social mission, e.g., Impact Hub (which functions as an innovation lab, business incubator and a social enterprise community centre) or Detto Fato

opinion-makers started to advocate for a deregulation of welfare services, and in the wake of a recent costs crisis, parts of the public debate on how to match greater demands with fewer resources have described voluntary and third sector contributions as a possible solution. This has led to more and more public organisations starting to use volunteers, often justifying it both by reducing costs and by that volunteers can bring different qualities to the work. One way of introducing volunteers into public or semi-public services is through volunteer centres providing services to third sector organisations, as well as to public sector organisations.

Volunteer centres are not a new phenomenon in Sweden, but they were largely unknown until the early 1990s, when the Centre for societal work and mobilisation (Cesam) situated in Örebro, developed a Swedish model of volunteer centres inspired in Norway and started the first (new) volunteer centre. It acted as a model for volunteer centres all over Sweden—and got State grants and contract with municipalities to develop more volunteer centres. The support and grants from State and municipal authorities was important for the idea of volunteer centres to be acknowledged and legitimised. When this new wave of volunteer centres became publicly known, more and more people and municipalities became interested (SS.1.SE6). In 2005 there are about 70 volunteer centres, most of them started and/or supported by municipalities in collaboration with the third sector (Socialstyrelsen, 2007).

In the mid-2000s there were high hopes that volunteer centres would grow into a big movement and public actors as SKL—an interest organisation for municipalities—and The National Board of Health and Welfare (Socialstyrelsen) got involved in various ways, mainly through public-non-profit

partnering. However, these great expectations would never be fulfilled. First, volunteer centres became a source for controversy:

It was a very big issue, and there were many who wondered how volunteers could be used as a resource in the welfare system. There were also discussions whether this was a way of exploiting people or if it actually could be about empowerment also for the volunteers.

(SS.2.SE3)

Secondly, during the 2010s, public welfare sector deregulations have resulted in mainly commercial corporations taking over operations, while TSOs have only to small degrees been able to get contracts. Third and last, although the number of volunteer centres grew rapidly during periods when state grants were readily available, the movement does not seem to be strong enough to expand further on its own. The problem is framed by one interviewee as follows:

The government is working in silos and we do not fit into any one of these silos. There are so many departments involved in our activities. . . . There would not be any problem if we had selected a niche. But we do not want to select a niche. We should be there for all people. We do not fit into the Swedish system.

(SS.1.SE6)

Currently, the opinion that welfare services should not be left in the hands of TSOs and volunteers is still a prevailing opinion, in several respects even growing among citizens (cf. Frederiksen 2015; von Essen, Hegermalm, & Svedberg, 2015). The main regulatory and institutional milestones directly affecting field are summarised in Figure 5.4.

### *Actors and Interplay*

The State with various authorities has probably been most important for the development of volunteer centres in Sweden, playing an important role in legitimising, raising awareness and funding some initial methods and knowledge development.

That volunteer centres came to Sweden, I would like to say that it has to do with the serving government. That they gave money to various projects about volunteer centres and resource banks.

(SS.1.SE6)

Without State support the idea would have had less chances of spreading. All interviewees agreed that municipalities have played a central

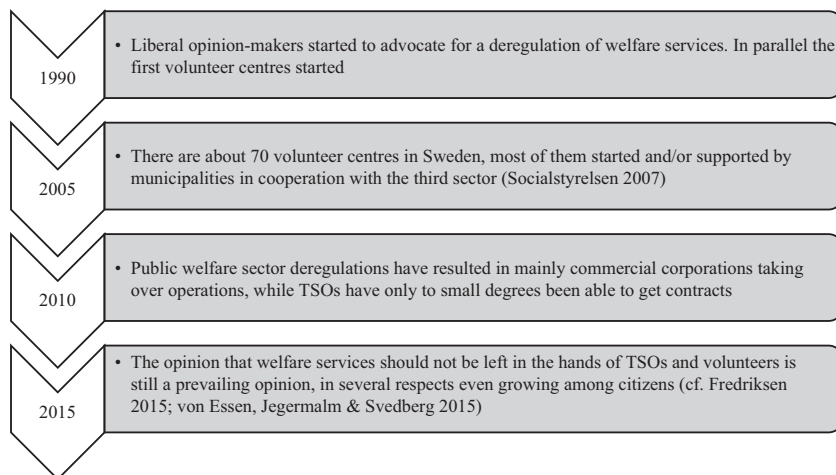


Figure 5.4 Milestones in Sweden

role by financing and operating a large share of the volunteer centres, sometimes in cooperation with one or more TSOs. General third sector umbrella organisations have impacted on the development by following it, spreading information, and arranging educational activities and seminars about third sector and volunteer management. However, the two specialised umbrella organisations for the field, Volunteer Coordinators' Federation and Volunteer Centres of Sweden, have not yet had any large visible impact on the development of the field. Networking between volunteer centres is weak.

The majority of the persons receiving help through volunteer centres have different kinds of physical or mental disabilities and many of them are older persons. Most volunteers are also older persons, people on long-term sick leave or unemployed (Socialstyrelsen, 2007). Consequently, there is a large overlap between the groups of volunteers and beneficiaries. Several of the interviewees talked about volunteering making people feel needed and useful (which suggests a contribution to empowerment of citizens, in this particular case those who volunteer). They also mention that it is quite usual that people that have visited the volunteer centres' activities turn, with time, into volunteers themselves organising activities for others (again, suggesting empowerment). One of the experts interviewed reflected over the obvious lack of private companies in the field:

I am surprised that no one has started a company that makes money on this. Creating a business model to [convey volunteers].

(SS.SE.EXP1)

## Synthesis

### *Comparative Analysis*

#### *Levels and Dynamics of the Social Innovation*

The economic crisis has intensified the understanding that new, untapped resources and capabilities had to be mobilised and alternative forms of governance (including delivery and/or funding) had to be tried out in order to maintain the level and coverage of social services. This background has largely influenced the development of the social innovation stream across the four countries. We have abstained from engaging with the exact level of the innovation taking place in the introductory chapters of this book and in the other empirical field investigations. However, given the breadth of the SI stream in social services and the exemplary activities therein, it can be useful to think about those levels and the dynamics of change across our four countries.

The telecare service, as it has been implemented in Spain, represents a combination of product/service, process and marketing innovations (following the Oslo Manual, OECD/European Communities, 2005). The evolution of that social innovation took (and is taking) place in an incremental, progressive way since the service was introduced. When it first appeared, telecare represented a new form of delivering social care to people in situations of dependency by linking beneficiaries and care providers electronically. Since then new developments have spurred social innovations, in particular the formation of actor coalitions to co-design and co-deliver social care service based on telecare technology, broadening target user groups, enlarging complementary services, or developing improved or new functionalities. As new collectives (e.g., women victims of gender-based violence, deaf people) and new needs (e.g., protection, companionship, health issues) emerge, innovations happen in the service. Technologically speaking however, it has not evolved much and remains based on standard approaches and applications. Thus, it really is the social not the technological elements that mark this development as innovative.

It is interesting to note that in the UK instead the novelty has been more on telecare as a product/service innovation and technological advancement. However, and in line with the Spanish case, innovation in telecare was more about adapting existing technologies rather than inventing new ones and the analysis will show that stakeholders thought there was generally not enough focus on process changes and on changes in reaching out to new target groups, communication, relationships and personalisation; making those elements less pronounced than in Spain. The social component seems indeed much less developed in the UK and, in general, the service seems less developed (although it was one of the countries that served as an inspiration for Spain when the technology was first imported).

In Italy, different opinions are presented concerning what kind of innovation is represented by the stream and activity. Financial organisations highlight that they work on product, process, market and organisational innovations. However, process innovation was most likely the main one. This might be due to the fact that the social innovation is still in the initial stages of development and only a few players are involved in it at the moment.

In Sweden the augmentation of personal resources through the mobilisation of volunteers has been embraced by many stakeholders concurrent with a relatively strong growth in the number of volunteer centres. It seems however, that as of today volunteer centres are now lacking in the public debate of social problems and their solutions. The interest seems to have disappeared after the government's financial support ended, which had a particular impact on the visibility of the centres with no one closing this void as of yet. In Norway and Denmark for example the idea and practices of volunteer centres seem to have been more accepted and normalised than in Sweden. One reason behind this is probably that the governments in Norway and Denmark continued to support the volunteer centre movement while the Swedish government soon seemed to lose interest followed by a reduction of available financial resources.

### *The Role of Socioeconomic Sectors in the Social Innovation*

Generally, social services are no longer exclusively in the hands of the public sector (in cases supplemented by social action TSOs). Other socioeconomic sectors are broadening their traditional role or acquiring new ones, and citizens in general (and beneficiaries in particular) are allocated more responsibility in managing their own care, although processes towards their true empowerment seem to be at very early stages, if at all relevant.

In Italy the attention is put on alternative ways of financing social services (impact investing) and promoting the establishment of new organisational forms: social enterprises and, more recently, benefit corporations that are required to report their social, environmental and community impacts in a rigorous and transparent way. These new investment tools and organisational forms are seen as more transparent, efficient and effective, of social service provision as far as funders want to see their investments paying off.

In Sweden, given the comprehensive provision of social services funded by the State, the third sector has traditionally had an advocacy role providing social services in particular niche areas. The novelty is the introduction of volunteers as a new resource for public social services (reducing costs and enhancing citizens contribution), not without controversy.

In Spain and the UK, telecare has been introduced as a new form of delivering social services to people in situations of dependency, serving the purposes of both costs savings and beneficiary independent living. However—and surprisingly we could say, given the devastating effects of



the economic crisis in Spain—it seems that the economic aspect is more dominant in the UK than in Spain. In UK, we can find a systematic concern about demonstrating cost-effectiveness of the service, which we cannot find in Spain, with an extremely complex and changing funding system.

As to actor interplay, in the case of Spain and Sweden, the dynamics of implementation are mostly top-down, politically induced or promptly appropriated and implementation sponsored and paced by public sector intervention. This very much contrasts with the UK, where the social innovation is overall perceived as a bottom-up dynamic, its advancement mostly relying on local champions. In the case of Italy, perceptions are mixed yet; the most common view is that of the social innovation following more horizontal dynamics.

The public sector has a large role as the overall legislator and regulator of the innovation in the four countries, but in Sweden this is complemented with an important role also in direct service provision. This function is pretty much absent in the other countries where public authorities do fund the services but usually contract them out to third sector, business or social economy entities. In Spain, public authorities jumped in very quickly in adopting and moving forward the innovation, while in the UK this was a very slow and incremental process. In all country cases, it is interesting to note that the social innovation seems to move forward where there is state support; that is, where the state provides a favourable regulatory and financing framework for the social innovation stream. At the same time, when state intervention moves beyond supporting or facilitating, and towards taking over the social innovation, it risks hindering it within the public sector. See, for example, the case of Spain where a very strong regulation prevents trying new things within the public social services system; however, the market is open for those who want to try new things outside the state sponsored system. On the contrary, state support seems a necessary but not sufficient condition, as societal values and norms may hinder the strength of the innovation.

Cross-sector collaboration has been key in Spain for the social innovation activity to flourish, first between the public sector and TSOs, and then also with businesses. Continuous steps are being taken in regards to enhanced cross-sector collaboration, but as a conclusion we can say that in general, the existing partnerships can be typified mostly as transactional with some tendency to becoming integrative. At the current stage, though, businesses are not only partners in the development of the service and suppliers of technological inputs for the public sector and TSOs, but also fierce competitors of TSOs in service delivery. The private, for-profit sector has become a key service provider in Spain and the UK (adding up to its role as technology supplier). In Italy financial operators have entered the field as investors promoting the creation of social enterprises for social services delivery. This contrasts with Sweden where the presence of business organisations in the social innovation seems to be meaningless (yet a very incipient opening up

to business organisations in social service delivery could be appreciated, again not without controversy). It is worth noting, that although business organisations are not present in the particular social innovation activity we have looked at in this report in Sweden, businesses do operate in social services on a contractual basis but they do not use volunteers (to any relevant degree that we know of).

In regards to the third sector, there are significant variations across the four countries. In Spain, it has traditionally played a major role in social service provision and as partners for public authorities. However, and although it was a TSO that introduced telecare in Spain, its role as the predominant service provider is currently being superseded by competing for-profit organisations (and, it seems, gladly received by public authorities as they are cheaper than TSOs, as interviewees have remarked). Nonetheless, when it comes to participation in social policy formulation, advocacy for social needs, and direct contact with beneficiaries and citizens in general, TSOs are still the preferred channels. Also in the UK, the third sector has a role in service delivery, which is complemented with a relevant advocacy role. In Sweden, we can appreciate that the two umbrella organisations are getting more legitimacy in the field. However, this cannot be generalised as the opinion of citizens is not in favour of using volunteers for tasks citizens think should belong to the public sector. In the particular case of the introduction of volunteers in public social services and activities, they currently run many of the volunteer centres. In Italy, the third sector is still the key partner for policy formulation and delivery of social services. Yet, social enterprises are to be ever more promoted considering the latest developments in the field. However, common to all countries is that the third sector plays a unique role when it comes to advocating for the needs of the most vulnerable citizens and educating the population about the relevance of the social innovation stream, particularly at a local level.

### *Learnings*

Social innovation literature is mostly about clearly positive novelties, successful products and processes, planned change, and scaling up of promising solutions. Our focus has been on the new collaborative governance arrangements that make them possible. However, this research suggests that conceptual ambiguity, internal tensions, competition, unexpected consequences within the collaborations, failure, and social controversy seem to be at least as relevant components of all the social innovation activities, particularly when it comes to influencing their diffusion.

First, conceptual ambiguity is illustrated by the UK case, as telecare can be conceptualised as a social innovation that allows for personalised adult care, or as a mere technological innovation that allows for massive cost savings. The argument that if telecare works for people with dementia it will work for everyone, makes it attractive to look at this particularly vulnerable

population segment that might be at high risk of being left out of the technological debate. However, though older people might buy their telecare with personal budgets, large national evaluation of personal budgets has shown that some older people find it difficult to use (Glendinning et al., 2008). Thus, an important issue was whether the way telecare was implemented was person-centred. The individualisation process is particularly important to ensure that technology is used in a way that makes a difference to peoples' lives. For example, personalised processes might require a lengthy and time-consuming assessment of the person's situation and environment—the like of the Spanish SAAD. Furthermore, it is particularly interesting to look at telecare development with reference to the economic crisis as this was likely to have an important influence on dynamics in the sector. For example, economic pressures might have reduced the spending on telecare (if it were perceived as an add-on or luxury consumption); on the other hand spending on telecare might have increased because commissioners try to realise cost savings from telecare.

Second, the case of Spain exemplifies the intensity of internal tensions and competition within innovative cross-sector collaborations, leading to unexpected and even paradoxical results for certain types of actors, however successful the overall diffusion of innovation may be. Though telecare was pioneered by the third sector, strong business competition and reduced public budgets have made the telecare market a hard terrain for TSOs, arguably because private companies offer lower prices and are in a better position to win public procurement contracts, mostly granted based on economic criteria. In a scenario where competition is very high, the third sector loses market share. On the one hand, it's because TSOs (and also social enterprises) cannot compete in terms of prices; on the other, because the format of public procurement contracts does not fit their model of intervention, often more social, customised and integrative. Therefore, the social value added by TSOs to the telecare service is paid by their own budgets. However, it can also be seen as a window of opportunity to innovate within the third sector, as it places TSOs where the beneficiaries want them to be, and can eventually result in empowerment of both direct and indirect beneficiaries.

Third and last, the cases of the UK and Sweden are illustrative for the presence of failure and controversy in the social innovation stream. In the case of the UK, some public funding schemes to build infrastructure for local service delivery have been criticised for being focussed on numbers (outputs, how many products sold) rather on outcomes; or for not being specifically targeted at certain populations and lacking clear aims which led to some kind of diversion (ultimately not being used for those most in need such as people with dementia and their carers). Experts stated that the Dementia Strategy initiated discussions among senior administrative staff in local authorities and other parties about the use of telecare for this group (although less clear if it led to actual changes in provision). In the case of Sweden, and after the raise and stagnation of the volunteer centre

movement in the country, there is a critical backlash against volunteers taking care of public welfare.

## **Conclusions**

Across the countries, the evolution of the social innovation can be considered to be struggling to meet the sustaining stage (Murray, Caulier-Grice, & Mulgan, 2010). What we can actually appreciate is that there are feedbacks and loops between different evolutionary stages and also a certain degree of overlapping between prototyping and pilots where (new, additional) solutions are being tested and refined, and sustaining the social innovation with steady funding and supporting legislation and regulations. There are differences and specificities of the evolution with regard to countries, organisational actors and even the different particular aspects of the social innovation stream. Let's look at the social innovation activity in Spain as the one with the longest record among the cases analysed here.

Telecare was introduced as a technological innovation some 25 years ago. Nowadays a true social innovation has developed, new governance arrangements have emerged to further evolve it, there is supporting legislation, public funding is largely secured (despite some criticisms on budgetary cuts), quality standards and certification processes have been established, telecare is well-known by the population and demand exists, there are many providers, and the service has been largely mainstreamed. Looking at this, we could even say that the innovation has reached the stage of scaling and diffusion. However, incremental innovations are constantly being tried on (new profiles of end-users, new services, new products, etc.) and not all of these have reached broad acceptance or have been implemented beyond local or specific contexts. Furthermore, when we look at the extent to which new ways of corporate governance have been implemented within the actors involved, inquire whether cross-sector partnerships have reached a transformational stage, or wonder about the extent of beneficiary or user participation, we can see that the picture looks different. It is true that beneficiaries have needs that are attended to by the collaborative action of actors in different sectors, but they are far from being empowered as citizens who participate in decision-making regarding telecare services designed to improve their own independency.

Overall, the point has not yet been reached where we see a definite embeddedness of the social innovation stream across the four country settings. But shortcomings and tensions just described could only be spotted in the comparative research design applied here and rest on the fact that different embodiments of the same social innovation stream have been chosen, including such that were in rather early stages of formation, lost traction or turned out to be contested depending on the context they appeared in. While increasing the difficulty of drawing neat conclusions, the design has also increased the explanatory potential of the analysis.

## Note

1. We would like to thank Francesca Calo, who made important contributions to the ITSSOIN project deliverable that formed the basis for this chapter.

## References

- European Commission. (2014). *Development of interoperable and independent living solutions*. A Compilation of Good Practices—First Edition: European Innovation Partnership on Active and Healthy Ageing.
- Frederiksen, M. (2015). “Dangerous, commendable or compliant: How Nordic people think about volunteers as providers of public welfare services. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 26, 1739–1758.
- Glendinning, C., Challis, D., Fernández, J.L., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M., & Wilberforce, M. (2008). Evaluation of the individual budgets pilot programme. Final report. York: Social Policy Research Unit University of York.
- Greene, I. (2007). The potential for government privatization to the nonprofit sector. *The Innovation Journal: The Public Sector Innovation Journal*, 12(3), 1–11.
- Hodges, R. (Ed.). (2005). *Governance and the public sector*. Cheltenham, UK: Edward Elgar Publishing.
- International Association for Public Participation (IAP2). (n.d.). *Spectrum of public participation*. Retrieved from [www.iap2.org.au/Tenant/C0000004/00000001/files/IAP2\\_Public\\_Participation\\_Spectrum.pdf](http://www.iap2.org.au/Tenant/C0000004/00000001/files/IAP2_Public_Participation_Spectrum.pdf)
- Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia (LAPAD). Retrieved from [www.boe.es/buscar/act.php?id=BOE-A-2006-21990](http://www.boe.es/buscar/act.php?id=BOE-A-2006-21990)
- Murray, R., Caulier-Grice, J., & Mulgan, G. (2010). *The open book of social innovation*. The Social Innovator Series. London: NESTA.
- Newman, J. (2004). Modernizing the state: A new style of governance? In J. L. R. Surender (Ed.), *Welfare state change: Towards a third way?* (pp. 69–88). Oxford: Polity Press.
- OECD/European Communities. (2005). *Oslo manual: Guidelines for collecting and interpreting innovation data* (3rd ed.). Paris: OECD Publishing / Eurostat.
- Rey-Garcia, M., & Felgueiras, A. (2015a). *Field description in social services*. Part 1 of deliverable 5.1 of the project: “Impact of the third sector as Social Innovation” (ITSSOIN), European Commission—7th Framework Programme, Brussels: European Commission, DG Research.
- Rey-Garcia, M., & Felgueiras, A. (2015b). *Report on the selection of case studies for the field of social services*. A deliverable of the project: “Impact of the Third Sector as Social Innovation” (ITSSOIN), European Commission—7th Framework Programme. Brussels: European Commission, DG Research.
- Rey-Garcia, M., Felgueiras, A., Bauer, A., Einarsson, T., Calo, F., & Cancellieri, G. (2016). *Social innovation in social services: Filling the resource-needs gap for the most vulnerable through cross-sector partnerships and civic engagement*. Deliverable 5.4 of the project: “Impact of the Third Sector as Social Innovation” (ITSSOIN), European Commission—7th Framework Programme, Brussels: European Commission, DG Research.

- Rhodes, R. A. W. (1997). *Understanding governance: Policy networks, governance, reflexivity and accountability*. Buckingham: Open University Press.
- Rhodes, R. A. W. (2007). Understanding governance: Ten years on. *Organization Studies*, 28, 1243–1264.
- Rosenau, J. N. (2000). Change, complexity, and governance in globalizing space. In J. Pierre (Ed.), *Debating governance: Authority, steering and democracy* (pp. 167–200). Oxford: Oxford University Press.
- Socialstyrelsen. (2007). *Frivilligcentraler i Sverige—en kartlaggning*. Stockholm: Socialstyrelsen.
- Von Essen, J., Hegermalm, M., & Svedberg, L. (2015). *Folk i rörelse—medborgerligt engagemang 1992–2014*. Stockholm: Ersta Sköndal Högskola.