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Field description in Social Services

Part 1 of deliverable 5.1. of the project:
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ITSSOIN

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1. Preface

This report forms the first part of deliverable 5.1 which originally was meant to cover two interconnected but distinct areas of field descriptions: social care and health. The two areas have however been investigated separately in order to ensure that for each one, a comprehensive understanding of social innovations could be developed. Although it was found that the potential overlap between the two areas is great, there also are important differences that needed to be reflected. Therefore, the two fields are presented as two distinct papers.

Based on the different approaches towards social care and health developed during field descriptions it was decided that for the analysis ahead, i.e. in the course of the case studies, separate research activities for the two fields will be more appropriate. By following this procedure, social innovations can be examined from specific viewpoints that allow relevant and well informed analyses. There thus is a higher probability of generating the knowledge required to respond to the hypothesis.

2. Introduction

During the last few years, we have witnessed a series of social, demographic and economic changes that have impacted on the field of social services in Europe. The gap between the needs for adult social care and citizens' expectations about the scope of social services and the role of funders and providers, on the one hand, and the actual resources, capabilities and roles of such funders and providers, on the other hand, has increased. This is especially visible in the case of the most vulnerable segments of society as regards social services, i.e. dependent people. We attribute this broadening gap to the confluence of a series of three exogenous shocks directly impacting the social services field in the four countries analysed: the interplay between financial strains, structural socio-demographic changes (ageing of populations, transformed roles of women and new family models, immigration flows) and policy and legislative changes. These exogenous shocks are currently affecting both the demand and the provision of social services to dependent people, are generating episodes of both collaboration and contention between actors in the field, and are contributing to social innovation dynamics in the context of the following five field-specific trends:

1. Increased pressures upon shrinking public resources for social service provision,
2. Increased perceptions of existing models as unsustainable,
3. Emergence of (expectations of) new models of service provision, based on increased market competition, cross-sector collaboration or coordination, customization or personalization of services, and integration of social services with proximate fields, most notably health care, work integration and social inclusion.
4. Increase in size (e.g. elderly people with dementia) and new profiles (e.g. long-term unemployed, working poor) of population segments in need for social care.
5. Increased institutionalization of social care driven by professionalization of care-givers, new regulations and institutionalization of third sector actors, parallel to increased pressures on informal networks (family, friends, neighbours) and self-funding and self-care, in order to provide for escalating needs.

These trends are common for Italy, Spain, Sweden and the United Kingdom. Yet, in each country-field the motivations of the actors participating in the field the power relationships between them, and the incentives to innovate so that the social needs in the field are addressed are radically different. In such context, the object of interest proposed for the field of social

services consists of understanding the factors influencing the implementation of processes of social innovation for the most vulnerable segments of population (what we consider as **the last frontier of social services in Europe**) and in the specific context of the dual gap existing between:

- The interests (motivations and roles played) and resources and capabilities of actors funding, providing or supporting social services in the field.
- The needs and expectations of most vulnerable segments of population and other beneficiaries with regards to social services funders and providers in general, and the role to be played by the third sector in the field in particular, either as service provider, advocate or otherwise.

On the **supply side**, our focus will be on identifying and understanding:

- The interests (motivations and roles played) by actors in the field, both incumbents and challengers.
- Innovations consisting of both new ways of applying existing resources & capabilities (e.g. social impact bonds), and processes that allow for new resources & capabilities to be mobilized or developed (e.g. online mobilization, selection and training of volunteers, donation-based crowdfunding platforms).
- Initiatives aimed at shaping or redefining demand so that it is contained, reduced, or delayed over time, so that the gap is filled out. An example of this is redefinition of both beneficiary populations (e.g. exclusion of caregivers who are family of the direct beneficiary, thus indirect beneficiaries, from compensation schemes) and scope of services (e.g. care vs prevention).

On the **demand side**, our focus will be on identifying and understanding the interests (needs and expectations) of segments of population that are the most vulnerable as they depend on other people's care and/or on technical assistance in order to perform their basic daily-life activities; mainly dependent elders, dependent people with chronic illnesses, and/or people with inborn or acquired disabilities causing dependency. Indirect beneficiaries (e.g. their families) will be also taken into account.

As we have adopted a resource-based view of organizations, complementary of field theory. In order to understand the dynamics of organizational actors in the field, all types of organizational capabilities will be addressed, most notably:

- **Economic capital**, i.e. financial resources.
- **Cultural capital**, referring to effective value sets of actors in the field.
- **Human capital,** that refers to "human resource elements, including attitude, competencies, experience and skills, tacit knowledge and the innovativeness and talents of people" (Kong and Prior, 2008:120).
- **Relational capital,** understood as "the flow of knowledge from an organization to the external environment" (Kong and Prior, 2008:120) and results from the organization's formal and informal relationships and exchanges with external stakeholders and their perceptions of the organization.
- **Structural capital,** defined as "the pool of knowledge that remains in an organization after individuals within the organization have left" (Kong and Prior, 2008:121) and in-

cludes all the non-human storehouses of knowledge (databases, process manuals, routines, strategies, etc.).

Regarding identification of social innovations, different possibilities and levels of analysis are also involved. Since we will be combining field theory with a meso-level approach to resource based organizations, we will considerably adapt the conceptual framework in the Oslo Manual proposal, and expand its definition of innovation as "the implementation of a new or significantly improved product (good or service), or process, a new marketing method, or a new organizational method in business practices, workplace organization or external relations" (OECD/Eurostat, 2005:46) in order to identify and conceptualize all types of social innovations developed by any actor in the field, including those derived from any of these categories (adapted from OECD/Eurostat, 2005, pp. 48-51):

- **product innovations**, i.e. new or significantly improved social services (activities, projects or programs), with respect to its characteristics or intended uses, provided by the organizations in the field ("what" actors provide to beneficiaries of social services);
- **process innovations**, i.e. new or significantly improved planning, implementation and delivery, and evaluation methods for social services ("how" actors generate, perform and measure the services), including here the possibility of co-creation with beneficiaries, funders, or other stakeholders in the field;
- **marketing innovations**, specifically the introduction of new forms of communicating and managing the relationships with beneficiaries, funders and other relevant stakeholders in the field, as well as new strategies aimed at attracting new donor segments (money and in-kind) and new volunteers, including those mediated by ICTCs;
- **organizational innovations**, particularly the implementation of new organizational structures (e.g. hybrid organizational forms between the business and the third sector such as social entrepreneurs or corporate foundations), the emergence of new types of challengers (e.g. business actors providing social care), and the configuration of new institutional settings (e.g. formulas for deploying cross-sector partnerships and collaboration networks, including those facilitated by ICTs, e.g. online platforms) in the field of social services.

In the next sections of this report we describe and analyse the field of social services to dependent people in Italy, Spain Sweden and the UK covering for each country legislative and policy frameworks and changes; the most relevant actors from the public, the market, the third sector and other civil society (informal) movements and institutions, their interests and the resources they bring into the field and power relations between them; the major social innovation trends and how they are being implemented in the field; as well as the relationship between innovation in social services and overall country-level innovation policy, media perception and roles played by the different actors. Finally, we conclude this report with some conclusions about the main similarities and differences between the four countries.

3. Description of country fields

3.1. Methods

To describe the main innovation trends and actual innovations taking place in the field we have used the following methods for data collection:

- **Review of academic and practitioners' literature** focusing on the historical background of the field, its characteristics features, the main exogenous shocks, key actors and existing dynamics in the field. We have also reviewed the 'country-field vignettes' that have been produced for the four countries for the general field of social services as a previous step in the ITSSOIN project.
- **Legislation and policy analysis**. We have collected and analysed national legislation on social services to portray the existing relationships and hierarchies in the field legal/political hierarchy. We have also analysed the main national policy packages on social innovation and the third sector, which have been identified in a previous step of the ITSSOIN project (see Anheier, Krlev, Preuss, Mildenberger, Einarsson, & Flening, 2015.
- **Media analysis**. We have analysed media perception of the field. We have analysed the content of the articles, which in a previous step of the ITSSOIN project, have been identified in each of the four countries as related to social services and the third sector. The analysis covered four leading (national and regional) newspapers and refers to the year 2013 (see Brink Lund & Lilleør, 2015).
- **Website analysis and google search**. We have browsed through the websites of the most relevant actors in the field in order to collect information on their advocacy agenda, the services they provide and innovative projects they may be implementing. In addition, google searched have been performed to search for additional information (blogs, press releases, policy papers, etc.) from the key actors in the field.

As regards methodological specificities of each country, the following should be noted:

- In **Italy** it is very difficult to analyse secondary data and resources due to the high fragmentation of databases, the lack of evidence-based data, the high fragmentation of social and health care services and the scarce access to data. Therefore one of the research gaps for Italy is the lack of primary analysis related to this topic.
- In **Sweden**, since social services in general are a municipal responsibility, data collection started with collecting information from the web sites of three different types of municipalities; Stockholm a large metropolitan municipality, Vallentuna a more rural municipality in close vicinity to Stockholm and Bjurholm a small municipality in the north of Sweden. Further the applicable laws and relevant governmental commissions have been studied.
- In the **UK**, snowballing has been used as a search method, starting with more recent documents on the social care and social innovations.
- In **Spain** the review of primary and secondary data (media, practitioner literature, academic literature and policy documents) has been combined with exploratory semi-structured interviews with three experts in the field in order to get initial insights on the key actors, issues and innovative trends currently shaping the field.

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Table 1: Field experts interviewed in Spain

Vicente Marbán Gallego	Lecturer and researcher. University of Alcalá, Department of Economy. His national and international publications and research projects focus on social policies and welfare reforms, including the areas related to the third sector, social protection and social services, dependency and disability. Former deputy director of Revista Española del Tercer Sector, a leading national academic journal on the third sector. Prof. Marbán has a deep understanding of social services in Spanish and internationally.
Javier Martín Cavanna	Executive director of Fundación Compromiso y Transparencia and editor of Compromiso Empresarial, and online magazine specialized in social innovation. His areas of expertise include good governance, transparency, corporate social responsibility, social innovation and social and collective impact. Mr. Martín Cavanna has an extensive knowledge of current social innovations in Spain, the contextual aspects surrounding them, the actors involved, as well as of the initiatives and challenges of the third, the business and the public sectors in the social field.
José Manuel Fresno	Director of Fresno, The right link, Fresno, a firm specialised in strategic consultancy for institutions and organisations involved in social policies, both at European and Spanish level, such as the European Commission, the Council of Europe, the Spanish Ministry in charge of Health, social policies and equality, regional and local authorities, and several NPOs active in the field of social services.

3.2. Italy

3.2.1. Introduction to national context. Relevant exogenous factors.

Demographic changes

The acceleration of the ageing process and the reduction of the birth rate are affecting the traditional Italian social structure. Life expectancy is higher than European average, while fertility rates are lower (Eurostat, 2013; Istat, 2014). Female population in childbearing age (15 to 49 years) is less numerous, have fewer children and postpone the age of maternity. The presence of immigrants (currently representing 8.1% of the Italian population, Istat, 2015a) is not able to compensate for the ageing trend. First, because the flow of immigrants has decreased as a result of the economic crisis; secondly, because immigrants are also ageing (Istat, 2015a). At the same time, the presence of women in the labour market has increased (although they continue to be the primary caregivers).

These socio-demographic dynamics have several impacts. First, on how Italy is copying with the economic crisis; secondly, they generate high pressures on the sustainability of the social and health care systems; thirdly, they are disrupting the basic unit on which Italian society has traditionally been founded: the family, affecting its capacity of acting as a social safety net. Up to 20 years ago (1993-1994), married couples with children represented the large majority of Italian families; today they are less of 1/3 and the number of people living alone increased by 23.1% from 2006-2007 to 2012-2013, Istat, 2014).

Economic crisis

For the last few years Italy has been affected by economic crisis and political fragmentation. High public debt (120.7% to the GDP in 2011) and reduced economic growth (average of 0.8% of GDP between 2001 and 2008) have escalated **unemployment**, in particular among youth, and poverty (Eurostat, 2012). Employment rate is currently 55.5%, decreasing to just 14.5% in the case of youth (Istat, 2015b). Unemployment combined with a weakened social protection system, has extended (the risk of) **poverty** to population profiles traditionally less affected by economic difficulties. According to Caritas Italy, people seeking socioeconomic support have increased by 54.11% from 2007 to 2011 (Caritas, 2012).

Policy changes

At the moment, there is a legislative turmoil in Italy due to the announcement after the settlement of the new government led by the Prime Minister Matteo Renzi, of the need to **reform the legislation about the third sector and the social enterprise**. After about 15 years of almost silence and unclear reforms, a public consultation gathering civil society organizations, third sector forums and academia ended in June 2014, leading to a new legislative proposal. Expectations are it will become effective before summer 2015 (Linee guida per la riforma del terzo settore, 2014). The reform aims to increase the recognition of the third sector and its role in the field of social services. However, it is too soon to tell if the new law would indeed recognize its role, especially because it must be enacted through several legislative decrees. Moreover, Italian government has been characterised by a multiplicity of divergent positions about welfare issues and political instability influences its legislative capacity.

Institutional changes

A new advocacy and lobbying movement related to the concept of **impact investment or social investment** has emerged and is gaining force in Italy. Impact investments can be defined as the collection of finance instruments that support investments with social objectives but, at the same time, allow investors to generate profits. This movement, supported by the collaboration of transversal political forces both from right and left wings, financial intermediaries, advisors, academics and a part of the third sector, promotes the spread of financial instruments as the answer to emerging social needs (Social Impact investment task force, 2014). They identify themselves in the model of UK policy (e.g.: social impact bonds and Big Society Capital). While it is still too soon to evaluate the impacts of this new movement, expectations are it will affect the field.

3.2.2. Relevant actors, their resources & capabilities

The public sector

State-level administration. The Ministry in charge of labour and social policies is responsible for defining the principles, objectives and guidelines of social policy and services. It determines standards of social services and essential criteria for National Fund for Social Policies, which finances economic benefits to individuals and families (managed by the INPS, National Institute of Social Security), and the integrated network of local social services.

Regional administration (20 regions). Is competent in all matters that do not fall under the exclusive competence of the state. They establish the Regional Action Plans in the field, being responsible for planning, coordinating and guiding social interventions and for verifying im-

plementation at the local level. The Regional Fund of Social Assistance finances the services provided by local authorities.

Local level administration: Provinces and Municipalities. Provinces contribute to the programming of the integrated system of interventions and social services but Municipalities are the ones responsible for the actual programming, design, implementation and delivery of the local system of social services.

The third sector

TSOs involved in the field of 'Social services and civil protection' offer mostly services for the social integration of vulnerable people (27.5%) and socio- educational support (24.2%) (Istat, 2011).

Social cooperatives and social enterprises. Social cooperatives are a specific form of cooperatives, which beyond the mutual aim, have a purpose of solidarity and are oriented to the community as a whole. There are currently 12.570 organizations, employing 513.053 workers and 42.368 volunteers. We can distinguish two types (Law 381/1991): Type A and Type B. The first is particularly relevant to the field and aim at bringing benefits to people in a situation of need because of age, family, personal or social situations; the other are specialized in work integration of disadvantaged people.

Other actors

Informal networks. Informal networks compensate the failures of the state and the market in providing professional social services. There are in particular two forms of informal social networks. First, those characterized by face-to-face relationships, in which caregivers are most notably family members (and women), but also neighbours, friends and other people with a particular social bond with the dependent. Secondly, there are organizations still characterized by informality but based on a non-profit logic, such as voluntary associations and self-help groups (e.g.: time banks, which are spreading in Italy for the last few years).

The Catholic Church. Still with an important role in Italy, it is traditionally committed to the care of its own community members. According to the fourth national census, CEI, Consulta Ecclesiale Nazionale [National Ecclesial Council], the Church possesses 13,298 social care centres (31.2% residential and 62.4% non-residential).

New movements of the financial lobbies. In the last few years a culture of ethical investments has been spreading in Italy. Banks, banking foundations, insurance intermediaries, pension funds, social venture capital manage significant financial resources and they try to respond not only to the interest of TSOs but also of investors or members.

3.2.3. Structure of the field

In order to understand the structure and power relations between the different actors participating in the field, it is important to mention first a social and legal-administrative principle that is fundamental in the allocation of the administrative functions in Italy: The **devolution responsibility** (Bassanini law 59/1997) that comes in vertical and horizontal forms. Vertical subsidiarity, i.e. the distribution of powers between the State and local governments, establishes that administrative functions must be attributed to the authorities closest to the citizen. Horizontal subsidiarity, i.e. between the government and civil society, promotes the autono-

mous initiative of the citizens as individuals or in association. This is the basis of the denominated **Integrated system of interventions and social services**, where a number of actors placed at multiple levels, institutional and non-institutional, public and private, share roles, responsibilities, skills and resources. The actors participating in the field promote actions to encourage the plurality of services supplied, ensuring the dependent the right to choose (Law 328/200).

The Legislative Decree No. 112 of 1998 limits state responsibilities to the basic competences on funding and monitoring expenditure, orientation and coordination, giving regional authorities extensive powers to legislate within their territories. Central administration will only intervene in matters of technical assistance and under explicit request. Regional administrations on their hand, have adopted instruments and procedures for cooperation with the local level. The actual administrative power at the local level lies on the municipalities; Provinces' role going to be overridden by a new level of government: the metropolitan cities. Municipalities, most often associated in districts, define the Plan of Area through the resources available and according to the directions of the Regional Plan. This is the fundamental tool through which municipalities draw the integrated system of interventions and services locally, with reference to the strategic objectives, the implementation instruments and resources to be activated. This can be done either directly or by outsourcing of services to private non-profit and for-profit providers.

However, the structure of the field has suffered, and still suffers, regular changes since the early 1990s, boosting the entrance of challengers in the field and/or affecting the balance of power between the different actors involved.

Key issues within New Public Management-inspired legislative reforms during the early 1990s were devolved level of responsibility, purchaser-provider split, integration of new providers and regulation through "ad hoc relation" of contract agreements (Mapelli, 2012; Taroni, 2011). These reforms have introduced for-profit organizations in a sector mostly dominated by TSOs.

At the same time, a "low-cost labour black market" of caregivers has appeared, creating a sort of private competitors in social care (Gori, 2013; Pasquinelli and Rusmini, 2013) derived of the reduced availability of family support.

In parallel, legislation was passed that favoured the institutionalisation of the third sector, namely the new laws on social cooperatives and volunteering associations (DLgs 381/1991 and DLgs 226/1991). The real turning point however, came in 2000, with the passing of Dlgs 328/2000, which formally integrated the third sector in the planning of social policies and in the delivery of public services, putting an end to a clientelist and non-transparent relationship between public administrations and third sector service providers. Moreover, the possibility of using voucher schemes, introducing new opportunities for beneficiaries and their families to choose service providers (Ascoli et al., 2003). The introduction of quality and output criteria in contracts, the creation of internal committees, the development of a capacity fund for supporting social cooperatives (Fertility Project), and the establishment of a public Third Sector Agency for the development of the third sector (Agenzia per il terzo settore) was promising a long term, transparent relationship between the state and the third sector.

However, the third sector was not capable of maintaining a cohesive front and with the change of government in 2001, a clientelist relationship between the public sector and TSOs returned (Ranci et al., 2005), marking the beginning of the "retrenchment period" of TSOs (Ranci and

Montagnini, 2010) that lasts until today. It is in this context that legislation defining the social enterprise was passed. Conversely, in the last years the increasing number of scandals related to social services and TSOs highlight the lack of clear control about output, outcome and impact of the services (the Monti government has actually cancelled the Agency created to support and supervise TSOs in the field).

Currently ongoing discussions on legislative reforms have raised again some expectations of a more powerful role of the third sector, not only as service provider but also as advocate. The third sector has been called to participate in the discussions that have led to the ongoing legislative reform, which is expected to come into force this summer (Linea guida per una riforma del terzo settore, 2014). The reform aims at building a new welfare based on the participation of individuals, intermediate bodies and TSOs in the governance and implementation of social policies and services. Incentives have been proposed to strengthen welfare production by the third sector because it has been recognised as the engine of the planning and implementation of social and health services in Italy.

Irrespectively to what will finally happen when and if, the reform is implemented, TSOs are important providers of social services. Most of the TSOs operating in the field of 'Social services and civil protection' are dedicated to providing services for the social integration of vulnerable (or at risk) people (27.5% of the total number of organizations in the field) (Istat, 2011). These are precisely the TSOs that depend on public funding the most: 32.8% of social services TSOs managing public funds. This is in contrast to the overall country field as in Italy, individuals represent the main source of funding of TSOs; public funding being only 13.9% of the total funding of the third sector (Istat, 2011).

The public and the third sector, in particular TSOs categorized in Italy as 'Social services and civil protection' and Type A cooperatives, represent the incumbents in the field of social services to the most vulnerable.

Social enterprises, in turn, have a very small role in the field. 2005 and 2006 legislation have defined social enterprises as a private non-profit organization practising in a stable and principal way an economic activity of production or exchange of goods or services of social utility, aimed at achieving objectives of general interest (Dlgs 118/2005 and Dlgs 155/2006). The reduced number of organizations that have adopted that new legal form (only 774 –eventually other 574 organizations that have not yet registered in the appropriate section of the Companies Registry but that include the term 'social enterprise' in their business name) show the inefficacy of the legislative initiative in promoting social enterprises. This is in clear contrast with the power of social cooperatives in the field, which were capable of paralyzing a legal proposal for changing the social enterprise law in 2013. However, we'll have to be attentive to what happens in the coming years, following the ongoing reform. Other challengers in the field are the new movements of the financial lobbies, which may contest the existing power balances. They answer to the need of innovative solutions for the delivery of existing services and for the production of new ones.

It is still too early to evaluate and understand the impact of these challengers on the field. However, we should be attentive as they may represent a solution for the need of the third sector to find ways of generating economic returns without compromising its defining values of mutuality and social justice.

3.2.4. Main innovation processes dealing with the social services gap under a resource based approach.

In the last years, a higher involvement of citizens and grass roots movements have characterised the way of addressing the resources-needs gap in the social services to the dependent. ICTs have facilitated the creation of social and structural capital.

New instruments for attracting financial and in-kind resources and for exchanging services

Examples are crowdfunding platforms, such as Eppela (http://www.eppela.com/) (financial resources), social incubators (in-kind resources), or time banks (exchange of services). Different private organisations (mostly TSOs) have been developed for increasing peer-to-peer lending and exchange, aiming at supporting projects chosen by individuals for individuals. Social incubators that use ICT tools and networks for increasing scalability of social innovation have been funded with both private and public resources. These institutions aim at creating networks among seed and start up organisations at different stages of development, scaling up social innovation potential.

New instruments for connecting supply and demand of social services

The generation of networks, for furthering the integration of different players represent another innovation in Italian social services. Online tools are also increasingly used in the context of **generative networks** managed by different players. A generative network can be explained by projects that bring together local public institutions, the third sector and the citizenship for planning, financing and implementing activities to tackle social needs. The networks have created a shift from participation in service delivery to participation in service planning: citizens and the families can plan and develop small projects aimed at enhancing the community and providing services to inhabitants, with the counselling of members of the public institutions and members of the third sector as advisors. Then, public institutions assess and award the best proposals.

Innovations in the relationship between the public and the third sector for social services delivery

The new legislation that is expected to come into force by mid-2015 represents a new shift in the understanding of social services delivery. Following consecutive advances and setbacks, the new legislative reform aims at fostering social participation in the decision-making process and implementation of social policies. In this sense, this represents a coming back to previous legislative attempts (in the early 1990s and the year 2000) to increase accountability and transparency in the relationship between government and service providers, namely through clear rules and processes for evaluating quality and controlling service provision (Ascoli et al., 2003). Should this reform advance and the third sector will be recognized as a motor for planning and implementation of social and health services. However, the history of instability in the legal and political framework for the social services, advises caution in the expectations, as this innovation may never actually take off.

Emerging social impact measurement

The measurement of the impact of social enterprise is one of the main themes developed in the last two years. The new legislative reform proposes that social enterprises are legally defined by reference to its measurable social impact -that is by what they actually achieve instead of what their social aims are- . However, the difficulties in defining social impact and the lack of measurement practices are expected to undermine the actual effects of the legislative reform. How-

ever, it is worth of note in the last years the increasing number of scandals related to social services and TSOs highlight the lack of clear control about output, outcome and impact of the services (the Monti government has actually cancelled the Agency created to support and supervise TSOs in the field).

New financial instruments

In the recent months new movements have been lobbying for social impact investments, social entrepreneurship, philantrocapitalism and social start-up. **Impact investments** is proposed as a solution for supporting the scaling up of social enterprises and social entrepreneurship. Some of the new key leaders of this movement have also declared the UK, as the best model for creating impactful social enterprises advocating it as an example for Italy, in particular as regards financial instruments (Convegno Università Bocconi, 2013). Example of actors are **Oltre Venture** (www.oltreventure.com/), a venture capital philanthropy which is investing in developing housing and health care projects; **foundations** (e.g.: the Human Foundation), which are establishing relationships with the international movement, such as the G8 Social Impact Investment Task Force (www.humanfoundation.it/ita/); and **consultancies** (e.g.: Make a Change, www.makeachange.it/), which are pushing towards profit and non-profit contamination.

In addition, other instruments have been developed for supporting the scaling up of social enterprises and non-profit organisations, such banks specially oriented to non-profit organisations (e.g.: **Banca Prossima,** www.bancaprossima.com), or particular projects or services within the normal banking system or microcredit organisations.

Finally **social bonds**, **credit lending** and **peer to peer lending** have been developed in the last two years, implementing new possible models for supporting social enterprises (Social Impact Investment Force, 2008).

3.2.5. Relation between innovation in social services and overall country-level innovation policy, media perception and roles played by the different actors

Third sector and social innovation are not related within Italian policy packages. "Social innovation" is mentioned neither in the government's guidelines nor in the new law proposal, focussing on simplifying existing regulation on TSOs and, in particular, social enterprises. Even if the government is involved in the impact investment movement, participating to the G8 task force, no new laws or regulations have been established. In the new law proposal the opening of dividend distribution, seems to support the development of a financial market for social enterprise, which can increase the potential for social innovation.

As regards the media, in Italy, the newspapers selected for the media analysis were two national ones, La Repubblica e Il Corriere della Sera and two regional ones, La Stampa and Il Corriere del Mezzogiorno. However, il Corriere del Mezzogiorno resulted not to be a relevant source. Within the 1,162 newspaper articles that have been analysed 130 related to social services, representing the ITSSOIN field most recurrently mentioned in media. TSOs are most often mediated as providers of social services.

Building on a combined analysis under the approaches of Welfare Regimes, Social Origins theory, and the Varieties of Capitalism Italy has been classified within the ITSSOIN project as having medium social innovation potential (Anheier, Krlev, Preuss, Mildenberger & Einarsson, 2014). Building on the Varieties of Capitalism, the state in its different institutional levels, has

a strong power in developing social services and fostering social innovation (e.g.: by promoting regulation and funding of social enterprises). At the same time, latest structural data show the increase in the size of the third sector in parallel to higher civic engagement, generating expectations on the potential for social innovations. This seems to be corroborated by the innovation trends we have previously described. In different ways they are trying to push forward social innovation to answer to higher societal needs in a context of increasing budgetary pressures and the development of new social services. However, traditional political and regulatory instability in the field advises carefulness on expectations and analysis.

3.3. Spain

3.3.1. Introduction to national context. Relevant exogenous factors

The economic crisis

The economic crisis has deeply affected Spain in different ways that have impacted both at the level of demand and supply of social services. First, Spain endures high unemployment since the beginning of the crisis, unemployment rate reaching 24.5% in 2014, more than doubling EU average of the (10% for EU 28) (Eurostat, 2015). Unemployment and lower wages have significantly reduced the available income of Spanish families, leaving a growing portion of the population in (risk of being in) a situation of **social and economic exclusion**, increasing the demand for social services (PwC, 2014), which more than ever must have a character of proximity if they are to be efficient and effective (Plataforma del Tercer Sector, 2015). Secondly, the series of fiscal consolidation reforms introduced in 2010 entailed a significant **reduction in public expenditures in social (and health) policies and services**, reducing the offer of public social services and contributing to increasing citizens' vulnerability and threatening advances that had been accomplished (FOESSA, 2014). The state budget adopted in 2012 is revealing: budget of social services and promotion decreased by 15.96% in relation to the previous year; of the concerted plan of social services of local corporations by 43.18%; of the social services centres by 42.8% (EAPN-ES, 2013). Thirdly, the economic crisis has resulted in a **decrease of public funding to TSOs** (Fundación Luis Vives, 2012; Vidal & Valls, 2008). At the same time that public funding to TSOs decreases, the banking sector has been subject to a major reform Decree Law 11/2010 of July 9) that affected mostly savings banks, their social action initiatives and their foundations. Following the disappearance of most of the entities and the budgetary reductions of the remaining foundations, their capacity to fund TSOs has significantly decreased (PwC, 2014). This context of reduced public funding combines with high social expectations on the role the third sector should play, generating dynamics of change within the sector.

Demographic change

Increased life-expectancy combined with reduced mortality and low fertility rates, have conducted to the progressive and intense ageing of the Spanish population; people with 65 years and more representing 18.1% of the total population as of January 1, 2014 (Abellán García & Pujol Rodríguez, 2015). Associated to ageing is the issue of dependency, as elderly are more affected by functional dependency and tend to need assistance to carry out their life activities. "The increased volume and relative weight of elderly people, combined with changes in the organization of family life and in the role of caregivers, have placed dependency as the target of social policies" in Spain (Fernández Muñoz, 2014:26). As this segment of the population increases and care is to be provided for longer time so does the demand of services that can cover their personal, social and family needs. Net immigration flows from Latin American countries

to Spain –contained during recent years due to economic crisis- have nurtured a supply informal, self-funded home care for dependent elderly remaining at their homes. The increase in the demand for social services overlaps with changes in the informal support systems mostly derived of changes in the family model and the progressive incorporation of women to the labour market (despite that women continue to be those caring for the dependent) (Rodríguez Castedo, 2012; Abellán García & Pujol Rodríguez, 2015).

Policy change

The turning point in the field of social services happened with the passing of state- and regional-level legislation in the first years of the XXI century (namely the Dependence Law and the second generation of social services laws in the different Autonomous Communities), which have advanced towards understanding social services as subjective rights. This represented a major policy change, orienting towards a model of social services of public regulation and funding combined with a mixed provision, where both the third sector and social economy organizations, and the business sector, have an increasing role (Rodríguez Cabrero, 2012). The objectives were the creation of an integrated social services and health system to address the needs of the dependent, based on the principles of equity, universality and accessibility, personal choice, stable public funding, innovation and coordination of all public and private actors involved. However, the "Stability Program" and "National Reform Program" implemented in response to specific country strains in the broader context of Europe 2020 Strategy and the economic crisis have greatly overridden its implementation.

Institutional change

A first institutional change relates to an **overall deficit of trust in the system** deriving of a perception of widespread corruption and intense judicialisation of politics and public life. Trust in government, in particular, is extremely low (only 26% against 43% in businesses and 47% in the media) (Edelman, 2015). A second change is an **increased visibility of an emerging civil society**. The development of the Spanish democratic system and welfare state and a generally fast-paced economic growth from the late 1980s and until 2007 had allowed Spanish civil society to flourish. The third sector has grown and collaborations between the state/Autonomous Communities and TSOs extended beyond the Catholic Church and the group of large TSOs enjoying longstanding corporatist agreements with the state (Rey-García, Álvarez-González & Valls-Riera, 2013). Thirdly, we have recently witnessed **new social and political movements** appearing in Spain, based on a bottom-up mobilization of citizens supported by the use of social networks, of which the 15M Movement, also known as the Indignant Movement, is perhaps the most internationally well-known example. The massive street demonstrations in May 15, 2011 against austerity measures and the perceived extended corruption of the system, paved the way for the emergence of new social movements in Spain focussing on protecting social rights threatened by the austerity measures (e.g.: adult care, housing or employment), demanding a democratic regeneration based on (direct) citizens' participation, and based on alternative models of organization, such as the 'mareas' (tides) where a different tide colour corresponds to demands on a different socioeconomic sector (e.g.: orange tide for the protection of a public system of social services) (Robledo, 2013). Alongside to this protest movement, a number of more formal structures acting at different levels have emerged, such as organizations and platforms (e.g.: PAH, Plataforma de Afectados por la Hipoteca, http://afectadosporlahipoteca.com, working to stop eviction processes and renegotiating mortgages) o political parties (e.g.: Podemos, http://podemos.info).

In this new and still changing environment (we are still to see the impact of last May 24 elections that took place on several municipalities and Autonomous Communities where results obtained by political formations emanating from these new social movements and new political parties have extended their realm of influence, and are challenging traditional left- and right-wing power balances) we can see **enhanced social expectations over the role TSOs should play**. In a context of generalized distrust in the system, TSOs are the institutions Spaniards trust the most (63%) (Edelman, 2015). TSOs are expected to have an active role both in providing needed services and in voicing citizens' concerns and the public administration has transferred to the (social action) third sector increased responsibilities in the attention to the most vulnerable segments of the population (FOESSA, 2014). In the context of economic crisis, the third sector is expected to serve as a safety net, so as did the family in previous (although much shorter) periods of economic crisis, such as in the 1970s and beginning of the 1990s (Aliena, 2010).

3.3.2. Relevant actors, their resources & capabilities

The public sector

The **central administration**, namely through the Ministry in charge of health, social services and equality (MSSSI), determines basic regulation and the economic regime for social services, bearing full responsibility for establishing the minimum levels of social services that should be guaranteed in the whole Spanish territory.

The **regional administrations**, i.e. of the 17 Autonomous Communities organize and execute the basic state regulation in their respective region, bearing full responsibility for social services. The different Autonomous Communities contemplate the public supply of social services.

The **local administration**, have extended delegated powers from the Autonomous Communities for managing social services in their respective territories.

IMSERSO is the governmental agency for the management of programs and benefits for elderly and dependent people. As of 31/12/2012 the IMSERSO informs on the main macro magnitudes of social services for elderly and dependent people in the whole country (IMSERSO, 2015): As regards the number of places offered in residential and day care: 385,460 positions of residential care and 86,664 places in day care centres were offered in public, private and concerted-private institutions. 37.28% of residential care openings and 63.89% of day care positions were directed at dependent people, i.e. those entitled within the National System for Autonomy and Attention to Dependency (Sistema para la Autonomia y Atención a la Dependencia, SAAD). As regards of the number of users in all types of care (tele-care, home-care, day and residential centres): 919,894 users of tele-care services (from which 10.48% were directed at dependency within the SAAD); 384,233 users of home care services (from which 26.22% are directed at dependency within the SAAD); 58,556 users of day care services; 277,161 users of residential care services.

The Business sector

The business sector has increased its participation in the provision of social services to the elderly and to people with disability. First, businesses participate in the field by **directly owning and/or managing nursing homes or day centres** (in particular in large and medium size

towns). By commissioning social services to business companies (both services and places at nursing homes and day-care centres), the public sector is capable of expanding its offer of social services to the dependent (particularly visible in the field of the elderly) (Casado Pérez, 2006a). Secondly, businesses participate in the field within the framework of their **corporate social responsibility** (CSR) strategies and actions, eventually through their own corporate foundations, as is the case with La Caixa Foundation, the largest private foundation in the country, with an extensive track record first in direct provision and now in supporting social services for vulnerable citizens in general and dependent ones in particular. CSR has been shifting its orientation from culture and sports to social action and solidarity sponsorship, in particular in the field of dependent people on the reasons of disability (Rodríguez Cabrero, 2012).

Federations and confederations of dependent people (and their families)

Federations and confederations of people with disability are key actors when it comes to providing specialized social services and advocating rights of people with disability.

CERMI (http://www.cermi.es/) is the Spanish umbrella organisation representing the interests of people with disability. It gathers over 6,000 organizations (most of them federations and confederations themselves) representing the different types of disabilities, specialized organisations committed to disability issues and regional umbrella organisations of persons with disabilities. ONCE is a member of CERMI.

Other state-level federations and confederations of organizations of people affected by different types of disability and, often their families, from which **FEAPS** (http://www.feaps.org/), working in the field of intellectual or developmental disability is the most emblematic. Key examples are: **COCEMFE** (http://www.cocemfe.es/), physical and other disabilities; **CNSE** (http://www.cnse.es/), hearing impairment; **FIAPAS** (http://www.fiapas.es/), hearing impairment; **ASPACE** (http://www.aspace.org/), cerebral palsy; **FEAFES** (https://feafes.org/), mental illness; **PREDIF** (http://www.predif.org/), physical disability; **DOWN ESPAÑA** (http://www.sindromedown.net/), Down syndrome; **FESPAU** (http://www.fespau.es/), parents and tutors of people affected by autism; **FEDACE** (http://fedace.org/), acquired brain damage.

In the field of ***elderly people*** we can highlight the role of **UDP** (http://www.mayoresudp.org/), the democratic union of pensioners and retired people in Spain; **CEOMA** (http://ceoma.org/), the national confederation of elderly people; and **LARES** (http://www.laresfederacion.org/), the national federation of non-profit nursing homes and services for the elderly.

Social action and services organizations

The **Plataforma de ONG de Acción Social (POAS)** (http://www.plataformaong.org/) is the representative platform and recognized interlocutor of social action and services TSOs, which constitute the so-called Social Action Third Sector (SATS) in Spain. It gathers 26 non-profit organizations, federations and state-level networks, which work primarily on social action (38,6%), social integration (23,2%), and health care (22,1%) (Fundación Luis Vives, 2012). The SATS, in particular within a context of inclusion and assistance to elderly and people with disability, have had their role recognized within the Dependence Law. They perform the roles of service providers managing public resources, most notably in the areas of prevention (mostly of the risks associated to ageing) and assistance (family relief services and temporary assistance and complementing deficits in the offer of services in public day centres and nursing homes)

and of information and training of family caregivers and volunteers (Marbán Gallego & Rodríguez Cabrero, 2013). POAS as a string advocacy capacity and has promoted the Consejo Estatal de ONG de Acción Social [State council of social action and services NGOs], a consultative organ on social policies, under the Ministry in charge of health, social services and equality that facilitates the participation of the SATS in the design of social policies. ONCE, Spanish Red Cross and Spanish Caritas, the three largest third sector organizations in Spain to be addressed in the following paragraph, are leading members of POAS.

Special Charter Organizations

In addition a group of three large, well-established special charter organizations [entidades singulares] enjoy a longstanding privileged relationship with the state: ONCE (the National Organization for the Blind), the Spanish Red Cross and the Spanish Caritas, the confederation of Catholic Church charities for social assistance. The three offer specialized social services to the dependent, such as basic and complementary home help, tele-care in order to foster independent living by elderly people, specialized centres, adapted transportation, day and night care centres, information, counselling and training to family and other caregivers, sheltered housing schemes, etc.

In the field of disability, **ONCE** (http://www.once.es/) is particularly powerful. It is a public law corporation of social nature (Law 5/2011 of March 29 of Social Economy), currently with a dual institutional nature: public, as a corporation with some delegated public functions; and private, due to its associative nature and private management. ONCE is a key advocate in the field and it provides a series of specialized services to the blind and visually impaired. Within this organization we must distinguish 1) the ONCE Foundation, working for all people with disabilities; 2) the ONCE Business Corporation, created with a dual purpose: economic, to diversify sources of income, and social, for the work integration of the affiliates in other activities and business sectors different from the ONCE; and 3) the Fundosa and CEOSA business groups.

The Spanish branches of the **Red Cross** (http://www.cruzroja.es/) and the **Caritas** (http://www.caritas.es/) offer a series of services to the vulnerable segments of the population, including specific support programmes and services to the elderly and people with disability. The Spanish Red Cross has pioneered a technology-intensive system for tele-care ("teleasistencia") of dependent people at their homes, developed in collaboration with Accenture.

Informal care networks

Informal networks of family, friends, and neighbours have always had an important role in providing social services to the dependent in Spain, contributing to fill in the gap of professional social services to dependent people (Demetrio Casado Pérez, 2006). Informal care is particularly common in the case of the elderly and services are most predominantly provided by family members: in 2004 17% of the population of 65+ counts with informal assistance to carry out daily activities in the outside (92.1%), to take care of the home (89.3%) and personal care (76.1%); in 50% of the cases care is provided by a daughter and in 12% by the wife/companion (IMSERSO, 2005).

The Catholic Church

The Catholic Church has a long tradition of charitable provision of social services for the most needed either directly (through parishes) or through a network of public benefit organizations under its control (Spanish Caritas, etc.); on this basis it enjoys a longstanding special relation-

ship with the State including privileged access to public funding and favourable tax treatment (Rey-García et al., 2013). The Catholic Church has over 8,000 care centres, including nursing homes and day centres (Conferencia Episcopal, 2015). Its (perceived) role in service provision, particularly at a social emergency level (food, shelter, clothing, etc.) has increased during the crisis, as it has been the case with social third sector organizations and informal care networks.

Social entrepreneurs, social enterprises and new social movements

Social entrepreneurship in the field of social services to the dependent is a field where social entrepreneurs are just starting to emerge. Amongst the fellows that Ashoka has in Spain, for example, one is dedicated to providing social services to disabled people (http://spain.ashoka.org/fellows).

New social movements that have emerged most notably after the 15M appear as challengers in the field. Marea Naranja, for example, leads the social movement to defend the public network of social services, against the recent cuts from the public administration and an increasing privatization of the field. They have a great mobilization capacity, mostly through the use of ICTs, particularly social media and online platforms (e.g. www.change.org , and currently appear as an actor with a relevant advocacy capacity.

Social enterprises are also starting to have a presence in the field. According to the ranking of larger social enterprises of CEPES (www.cepes.es/Ranking) a series of cooperatives dedicated to providing services to the dependent (mostly to the elderly) are amongst the larger social enterprises in Spain. 10% of the enterprises operating in the field of social services to the elderly and disabled people are social economy enterprises; in the specific case of non-residential care their weight raises to 16% (data referring to March, 2010) (Martínez Marín, 2011).

Individual citizens have paradoxically been empowered by the strains of economic and institutional crisis, and some collectives are taking the initiative to secure the social care they will need. Some self-funded initiatives providing a mix of self-care and specialized care through community based housing for the elderly have successfully developed in the country, e.g. the Cooperativa Profuturo (http://www.profuturovalladolid.com/) with adapted apartments in Valladolid, after the pioneer model of the city of Linköping in Sweden; or Trabensol Sociedad Cooperativa (http://trabensol.org/), in Torremocha del Jarama.

3.3.3. Structure of the field

State level legislation on social services is scarce as social services fall under the exclusive competences of the regional governments (the 17 Autonomous Communities). State level laws address basic regulatory needs; regional laws specify the social services that fall under public responsibility.

The basis for the current model of social services can be found in the **Spanish Constitution of 1978**, which defines Spain as a social state thus, pointing to the role of the state in securing the social wellbeing of the population. The constitutional text leaves implicit the existence of a public system of social services as the fourth pillar of the welfare state (MSSSI, 2013). Social services are given a lower level of constitutional guarantee than other pillars of the welfare state, such as health care, social security scheme or education, as competence over social care is placed on the Autonomous Communities, without a specific guarantee. The Constitutional text acknowledges the need to paying special attention to people with disability (Art. 49º) how-

ever, explicit reference to social services is only made as regards elderly people when referring to the role of public authorities in "promoting the wellbeing of elderly people through a system of social services that will address their specific health, housing, culture and recreation needs." (Art 50º).

The first law to promote the social integration of people with disability, the **LISMI**, appears in 1982 (Ley 13/1982). The prevention of disability is part of the priority obligations of the state in the fields of public health and social services, recognizing it both as a right and a duty of all citizens and of the society as a whole (Art. 8º).

In 2003 the **LIONDAU** (Ley 51/2003) is adopted to complement the above mentioned LISMI. The LIONDAU is the first state level law that regulates social services addressing the problematic of personal autonomy and dependency. It includes the implementation of complementary measures for people with disability, including specialized and technical services, and personal and communication assistance services (Art. 9.1º). Furthermore, the law identifies the most vulnerable collectives of people with disability: women and those living in rural areas, people with severe disability, people who lack the capacity to represent themselves, or people facing greater discrimination on the reasons of their disability (Art. 8º).

However, the real turning point in promoting personal autonomy and guaranteeing protection to dependent people in all the Spanish territory and in cooperation with all administrative authorities came with the adoption in 2006 of the so-called **Dependency Law** (Ley 39/2006), which entails a turning point in policy as it considers social services as subjective rights. The law regulates the basic conditions of social services, proposing the creation of an integrated social services and health system to address the needs of the dependent, based on the principles of equity, universality and accessibility, freedom of choice, stable public funding, innovation and coordination of all public and private actors participating in the field. The basic instrument for the joint and coordinated implementation of the law by the central administration, the Autonomous Communities and, should it be the case, the local administration, is the aforementioned SAAD. The SAAD aims at functioning as a network guaranteeing the supply of social services through public or private concerted social centres and services (Art. 6º). The current catalogue of the SAAD includes the following services –although the safeguard is made that it has not the force of law thus, do not generating real subjective rights (MSSSI, 2013):

- Information, counselling, diagnosis and assessment
- Personal autonomy, in-house care and family relief
- Protection of children and youth
- Housing support
- Social prevention and inclusion
- Legal protection.

During the 1980s and first half of the 1990s the different Autonomous Communities have adopted their respective laws on social services. In the years that have followed the adoption of the Dependency Law, many Autonomous Communities have adopted a second generation of laws of social services adapted to the new social reality and focusing primarily on: immigration, ageing , poverty and social exclusion, the increase in the situations of dependence, changes in family life and the need for conciliation between work and family life, and domestic and other situations of abuse of vulnerable segments of the population (such as children and elderly) (Casado, 2010).

The existing network of social services distinguishes between *primary care services*, directed at the whole population and *specialized services*, directed at specific social groups or problems. The first fall mostly under the responsibility of the **local administration,** to which regional governments delegate significant management competences and which, in addition, provide supplementary services financed by their own budgets; the second are usually under the responsibility of the regional administration. In spite of that, municipalities are currently facing serious financial constraints which undermine their potential for influencing the field.

The legal framework that has been described is necessary to understand the power relations between the different actors in the field. Even when there are common understanding as regards key issues currently shaping the field such as dependent people being entitled to certain services and support in a context of equal opportunities and wellbeing, the promotion of personal autonomy in detriment of institutionalized care or the need to guarantee the sustainability of the SAAD, we can observe power dynamics between different actors with a different agenda on how and who these common goals should be better achieved.

The state alone lacks the human, financial and technical resources (and apparently also the political will) to satisfy directly the demand for social services that both the economic and demographic context and the extended recognition of social services to the dependent have generated. The public sector thus, makes use of their economic and regulatory capital to generate episodes of contention in the field. As legislation advances towards recognizing social services as subjective rights it also consolidates the private provision of social services. Half of the residential centres existing in 2013 were private [including for profit and non-profit, as no disaggregated data is available] (IMSERSO, 2015). In practice, the new laws have structured the field around a model of social services of public regulation and funding and mixed provision, which while recognizing the pillar role of the third sector, opens the door to the commercialization of services traditionally provided by TSOs thus, increasing the power of market organizations (Marbán Gallego & Rodríguez Cabrero, 2013). The power of business organizations in the field is based on their human, financial capacity. In this sense, advances towards the implementation of a demand that had for long being in the agenda of the third sector (higher recognition of dependent rights to (customized) care and support) has also challenged its privileged position in the field.

The participation in the SAAD of multiple levels of the public administration, the market, and the third sector in the field requires specific coordination efforts. The different laws establish the relationship with the private sector for the delivery of social services both within and beyond the direct public supply system. The different levels of the public administration are responsible for decision-making through the Territorial Council, the organ responsible for organizing cooperation between the different territorial levels, for setting access and certification criteria, and evaluation. Despite state-level coordination, in practice the Autonomous Communities gather most of the public power in the field as they have full competences on social services, which they can finance through taxes. Local administrations also have an installed capacity in particular when it comes to nursing homes and day-care centres; however, they depend on funding and delegation of competences from the respective regional government.

As regards the third sector, the three special charter organizations and the organizations representing the dependent are incumbent actors in the field, i.e. well-established, powerful organizations operating in the field. Their power derives of their historic tradition in providing care to the dependent, their extensive territorial coverage and proximity to the beneficiary, their ca-

pacity to mobilize social support, as well as from their key role in providing support and training to caregivers. They bring to the field the power of their social base yet TSOs lack financial capital being heavily dependent on public funding to operate. They participate in the system through the Advisory Committee (trade unions and business associations); the State Council of Elderly People (state-level confederations, federations and associations of elderly people); the National Council of Disability (public-utility state-level associations of organizations of the different types of disability); and the State Council of Social Action NGOs (social action and services organizations). Therefore, the new legislative framework facilitates the participation of the third sector in the SAAD as representative of the beneficiaries in the state-level organs of the system. Still, while public administration agreements within the Territorial Council usually translate into legislative initiatives, TSOs are consigned to a consultative status. At the same time, the Dependency Law explicitly recognizes the historic role of the third sector in providing care to the dependent complementing family support and the role of local authorities yet, when it comes to the implementation of the system and public commissioning of social services, TSOs and commercial businesses do not seem to be differentiated within the Law.

The social services TSOs have traditionally provided have now turned into targets of market activity. TSOs currently have to compete not only between themselves for public grants but also with businesses for public commissioned services. While market organizations have not been included in the different governance mechanisms of the SAAD, their power derives for its capacity in terms of human resources and in managing private and concerted-private nursing homes and day-care centres. A first consequence of the above is that smaller TSOs often lack the technical and/or economic capacity required by largest public contracts resulting on the one hand, in the displacement of the sector by businesses and on the other, in the indirect favouring of incumbent organizations (Fundación Luis Vives, 2012). Another consequence, which derives of the demand for services being higher than the supply capacity of the government (Montserrat, 2004), is that those who fall under the public system are usually the lowest income segments of the population, other being capable of copying with co-payments in concerted-private or the costs of private social services (commonly perceived as of better quality). The Dependency Law actually establishes that the beneficiaries of the SAAD should participate in the funding of the social services, according to the type and cost of the service and their personal financial capacity.

Finally, in addition to traditional businesses two other actors are emerging in the field as **challengers,** i.e. organizations that have entered the field recently and have a lower relative power, yet may that may affect the traditional power balances in the field. These are social entrepreneurs and new social movements originating from the 15M that count with an increased social support and are proposing new ways of organizing social and economic life challenging and questioning the legitimacy of traditional institutional forms and governance.

3.3.4. Main innovation processes dealing with the social services gap under a resource based approach

Building on the academic and practitioners literature and on the analysis of the legislation, policy packages on social innovation and the third sector, and the perception of the field in the media, we have identified two main categories of innovation in social services oriented towards filling the resources-needs gap for the most vulnerable citizens, namely dependent people: One happens at the **meso-level** and is related to changes happening in the third sector organiza-

tions participating in the field; the other happens at the **macro-level** and is related to innovative rationale for both conceptualization and provision of social services.

3.3.5. Meso-level: Innovations in the organizations in the field

In a context of increased concerns about the sustainability of the social services system in face of raising and new demands and scarcity of resources, as well as within a generalized distrust of Spaniards in the institutions, the key actors in the field get under the spotlight. As actors with an historic role in the provision of social services and with an increased recognition of their advocacy role as regards the dependent, TSOs are the organizations where we can appreciate most innovations triggered by the exogenous shocks in the field of social services.

Against this background, we have identified the following innovative processes dealing with the social services gap under a resource based approach, which are mostly oriented to building social/relational and cultural capital of the TSOs operating in the field.

Emerging transparency, self-regulation, evaluation and certification initiatives

TSOs working in the field are starting to implement transparency practices, informing on issues that are relevant to external stakeholders, such as funders and society at large. Some have recently included a specific **section on transparency in their websites** informing on economic-, governance- and results/impact-related issues.

This transparency trend can only partially be explained by the coming into force as of December 2014 of the so-called Transparency Law (Ley 19/2013, of December 9, 2013 on transparency, access to public information and good governance) imposing disclosure obligations to private (for –profit and non-profit) entities managing public funds, as it is the case of the large majority of social action and services TSOs. However, the fact that no specific control or sanctioning mechanisms have been established makes us believe that the emerging transparency initiatives that we observe derive mostly of a voluntary commitment of the TSOs to transparency and of pressures from donors and concerned citizens. Recalling the generalized distrust of Spaniards in the institutions, citizens and donors still trust TSOs but currently also verify how, by who and for what their money (taxes, donations) is being used, uttermost when competing providers of social services operate in the field. Thus, **social evaluation** practices are starting to be developed within social services TSOs so that they have updated, rigorous and relevant information to share with interested stakeholders.

In parallel, we observe a trend towards **self-regulation** (adoption of ethical or good governance codes) and external **certification** practices (e.g.: EFQM, ISO, Fundación Lealtad certification on transparency and good governance, (http://www.fundacionlealtad.org/). Examples of TSOs operating in the field that are implementing these practices are the Spanish Red Cross, the Spanish Caritas, POAS, CERMI, FEAPS, LARES, ASPACE, which are incumbent organizations in the field.

Transparency, self-regulation and certification practices represent a concern with **good governance** and with consolidating social legitimacy, which constitute the basis of support of TSOs in the field, as a way to increase its visibility and improve communication with external stakeholders (Fundación Luis Vives, 2012).

New funding sources and procedures

The TSOs in the field are operating in a context of a significant decrease of their traditional funding sources (namely the public sector and savings banks) combined with increased demands for social services. This is forcing them to search for alternative sources of funding and to innovate in fundraising channels in order to guarantee first, their immediate capacity of responding to high social demands and expectations and, secondly their long-term sustainability. As a consequence, we appreciate a trend towards attempting to diversify their funding sources, namely through online fundraising, seizing CSR possibilities and increased commercial activity. A key challenge related to the diversification and alternative sources of funding for TSOs is to retain donors and, eventually, to transform individual donors into members or volunteers, and businesses into strategic partners that can facilitate both their financial sustainability and enlargement of their social base.

Online fundraising & volunteer attraction. Increasingly more TSOs operating in the field use ICTs to relate with their (potential) funders and volunteers. For the last few years they have started to facilitate online donations, both monetary and in-kind, many including in their websites a section for that purpose. Alternatively, TSOs are starting to utilize crowdfunding online platforms managed by third parties in order to finance their social projects although, according to a recent study, to a much less extent that other fields, such as culture and solidarity yet, significantly increasing (Valls, 2013). As an example we can refer projects specifically oriented to providing services to the dependent, including elderly and disabled people that currently appear in Microdonaciones.net (http://microdonaciones.hazloposible.org/) or MiGranoDeArena.org (http://www.migranodearena.org/). By contrast, online platforms designed to match demand and supply side for volunteering in social services have grown considerably, most notably www.hacesfalta.org (for social volunteering in general) and www.voluntariadocorporativo.org (for corporate volunteering in particular). These two platforms, as is the case with microdonaciones, are managed by Hazloposible Foundation (http://hazloposible.org/), the main actor in the field of facilitating civic engagement at a donor and volunteer level through online platforms in Spain.

Increased commercial activity, as a way to generate own resources that try to compensate for the decrease in public funding (Fundación Luis Vives, 2012). TSOs increasingly more charge the users for the services and/or provide the service for free but commissioned by the public administration.

Corporate social responsibility (CSR). TSOs are increasingly approaching businesses (and their corporate foundations) trying to seize funding opportunities within the framework of their CSR strategies and actions. CSR has been shifting its orientation from culture and sports to social action and solidarity sponsorship, in particular in the field of dependent people on the reasons of disability (Rodríguez Cabrero, 2012).

Impact investing. A debate about the need for a funding ecosystem that supports the new model for service provision has slowly emerged, mainly around the ESADE Institute for Social Innovation, Compromiso y Transparencia Foundation and its magazine Compromiso Empresarial, BBVA Bank and its corporate foundations, and Spainsif (Foro Español de Inversión Socialmente Responsible, http://www.spainsif.es). Spainsif is a non-profit association, founded by 32 organizations interested in promoting Socially Responsible Investments (SRI onwards) in Spain, that integrates financial institutions, management companies, SRI service providers, non-profit organizations linked to the SRI and trade unions. The association aims to be a plat-

form to generate and disseminate knowledge on Socially Responsible Investing, as well as to promote and raise awareness on changes in the investment process and the investment community, such as governments, businesses and the public in general. Spainsif integrates several of the key players in social services for the most vulnerable segments of population, such as ONCE Foundation or CERMI. However, whereas Spainsif has recently presented its green bonds strategy, a strategy for social bonds and impact investments in the specific field of social services is still to be developed.

Specialization

In parallel, and in a context where the government is increasingly commissioning social services to for-profit actors, we can witness an incipient specialization process of TSOs operating in the field towards prioritizing people with disability. Competition for public service contracts is leading to a specialization in the provision of services for **people with disability** (where economic benefits are either scarce or non-inexistent and less attractive to for-profits); this in contrast to businesses that are focusing in the provision of services for the elderly (such as nursing homes where demand is stable) (Fundación Luis Vives, 2012). This paves the way for a relationship of complementarity instead of competition between TSOS and businesses when it comes to providing services to the dependent.

3.3.6. Macro-level: Innovations on the rationale for social services and dependency

In parallel to innovations in the organizations (and in cases driving them), we can see innovations happening at the macro-level that relate to an innovative understanding or conceptualization of social services and dependency, their provision. At the same time, these innovative approaches represent attempts to, at least in the medium or long run, save costs by entailing a reduction in the intensity of the use of residential social services and an increase in the quality of life of the dependent. First, social services are increasingly understood as subjective rights of the citizens; second, the increased participation of the beneficiary in the system.

Yet, for the time being, most of these innovations have not been fully implemented in the field due to budgetary concerns and fiscal reforms in the consequence of the economic crisis. Although the underlying objective of the Dependency Law was to prioritize technical services, the fact is that economic benefits ended up being the most implemented alternative (MarbánGallego & Rodríguez Cabrero, 2013). Yet, they represent innovation needs and the desired directions the field of social services should evolve in order to bridge the gap between the demands and the existing resources and capabilities in the field.

A new model of care: From providing care to facilitating personal autonomy

The Dependency Law passed in 2006 was a decisive step towards approaching social services as subjective rights of the citizens; this meaning that citizens are entitled to social services that respond to a specific need (dependency), instead of unspecific care that is provided to citizens in a situation of vulnerability (usually those with lower socioeconomic resources) (Tornos Mas & Galán Galán, 2007). By framing the approach to dependency within a broader context of equality and access to welfare, we can social see the field moving away from a model of providing care to people who cannot be integrated in society towards a model where the dependent take an active role and gains increased control over of its own care with support.

This new approach favours staying in the home, **delaying institutionalization** and the need of care as much as possible. The objective is not only to save costs but also to avoid destroying the social networks of the dependent person. The change is towards favouring personal autonomy, instead of providing care. This affects both the type of services that are demanded and supplied, such as tele-care, professional home assistance, help with household tasks, or family relief services and support and training to care-givers.

Caregivers, be it family, friends, volunteers or professionals acquire a more relevant role in this context and needs specific support and training to provide care to the dependent. In this context, a recent phenomenon is the appearance of **Mutual Aid and Support Groups** [Grupos de Ayuda Mutua, GAM]. The GAM are non-hierarchical groups that gather people affected by a common problem with the objective of providing emotional support, exchange of information and experiences, leisure time activities, services, etc. TSOs participating in the field are including specific services oriented to caregivers and promoting GAM. An example is the Spanish Red Cross, which in collaboration with the Ministry in charge of health, social services and equality, and IMSERSO, have created the web portal **Ser Cuidador** [Being a Caregiver, http://www.sercuidador.es/] where caregivers may find information on training opportunities, web applications and other services that facilitate their role and capacitate them to care better for the dependent.

In this context, where the dependent person moves away from being a passive recipient of care, we can see increased **co-responsibility and participation of the beneficiaries in the social services system**. This is also related to objectives of fostering a customization or personalization of care to respond to the specific needs and choices of the beneficiaries thus, allowing them to shape the care they receive. Increased involvement of the beneficiaries themselves entails thus, on the one hand, the possibility of reducing costs (either because the dependent take charge of part of the costs and because they perform part of the assessment work that otherwise would have to be carried out by a paid individual) and on the other, increases the chances that the specific needs of each individual are satisfied and in the way that matches his preferences. Participation of the beneficiaries is achieved, mostly by three different ways:

- Co-payments of the services received in function of the economic capacity of the beneficiary (participants in the costs of the services). Yet this has been, and still is an instrument often criticized by the dependent and their representative organizations;
- Self-assessing their level of dependency and intensity and choosing the preferred type of care and the provider;
- Through their representative organizations (associations of elderly people, of people of disability and other TSOs) in policy formulation (e.g.: representation in the advisory organs of the SAAD) and the provision of social services.

3.3.7. Relation between innovation in social services and overall country-level innovation policy, media perception and roles played by the different actors

Four policy documents currently framing the field in a context of innovation and the third sector refer explicitly to social services to the most vulnerable segments of the population, included dependent people. Two of them, Social Innovation Strategy. A window of opportunity for Euskadi (Innobasque, 2011) and III Basque Plan for Active Inclusion (2012-2016) (Gobierno Vasco, 2012), are regional-level documents that facilitate understanding social services in the context of social innovation initiatives in the Basque Country, one of the most innovative

Spanish autonomous communities. The other two are state-level documents, both addressing the field of social services within broader social inclusion objectives: The National Plan for Inclusion of the Kingdom of Spain 2013-2016 (MSSSI, 2013) and The Promotion of Social Inclusion through the European Investment and Structural Funds (Period 2014-2020). Guide on practical orientations and recommendations (MSSSI, 2014). The latter provides orientations on how European Social Funds can be used for funding projects that contribute to social inclusion and services.

Recurring issues within the policy discourse on innovation and the third sector, include the following aspects directly related to the field:

- **Focus on vulnerable people**. The most vulnerable segments of the population appear as priority targets of social services. They require specific services and an effort to facilitate their access to specialized services should be made. By vulnerable segments of the population policy documents refer to a broad range of individuals (potentially) facing situations of social exclusion however, specific references are made to dependent people, including people with disability and the elderly in all the policy documents. It is worth to be noted that the government of the Basque Country makes an effort to dissociate social exclusion and access to social services from poverty. People in a situation of dependency have needs (e.g: relational) that require the intervention of the social services irrespective of their economic situation (Gobierno Vasco, 2012).
- **Increase coordination and collaboration** first, between other interconnected fields and secondly, between the different actors involved in the provision of social services. On the one hand, in a context of a more integrated approach to social inclusion, other fields appear as proximate and interconnected to the field of social services; particular emphasis being put on work integration/employment and health-care. On the other, coordination should be enhanced, not only between the different departments and the state, the regional and the local levels of public authorities but also between them and the third sector. In a context of searching for efficiency and efficacy increased coordination is seen a way of avoiding duplication in the provision of services and securing integrated services adjusted to personal social needs.
- **Evaluation**. The documents refer in general to the need to develop adequate mechanisms to evaluate both the implementation and results of social policies, and social needs. Evaluation is often mentioned in a context of improving efficiency in the use of resources and/or transparency objectives. The National Plan for Social Inclusion, makes explicit reference to the need to establish quality indicators to evaluate the quality and safety of the centres and services for the dependent (MSSSI, 2013:79).
- **Third sector institutionalization**. The third sector appears as a key agent in the field of social inclusion in general and also when it comes to social services, being that the SATS is explicitly mentioned in the National Plan for Social Inclusion. TSOs provide services to the dependent (and their caregivers and family) and they should participate in the formulation and evaluation of social policies and services, for instance through the State Council of Social Action NGOs (MSSSI, 2013:79).

As regards the way the field is mediated, we have identified 104 articles related to social services (see Brink Lund & Lilleør, 2015). The analysis of the content of those articles returned 28 items directly related to the particular aspect of filling the resource needs gap for the most vulnerable citizens, namely dependent people; other articles addressing broad issues in the field of social services or proximate fields such as poverty and social exclusion, or examples of

volunteering or solidarity initiatives. These 28 items constitute the sample we have used to identify the following **prevailing issues and perceptions of the field in Spanish mainstream media:**

- **Concerns with the cuts in public spending on social services**. This concern is present in an overwhelming majority of the articles; the perception being that government is failing to satisfy the demand for social services in a moment of increased needs due to the economic crisis.
- **Concerns with cuts in public funding to TSOs**. The decrease in public funding is having serious negative effects on the capacity of TSOs to satisfy the demands on social services. In Catalonia, we can find explicit references to the impact of the restructuring of the savings banks (traditional funders of projects and services of the TS through their social action initiatives, 'Obras Sociales'). This situation is forcing TSOs to search for alternative ways of funding and increase their efficiency to be able to satisfy the demand with shrinking human and financial resources.
- **High expectations on and recognition of the role of the TSOs in the field**. In a context of increased demand and reduced availability in public funding media pictures the third sector as critical to supply governmental failures in the provision of social services, in particular to the dependent or people facing severe situations of social exclusion. Most often, the media refer to incumbent organizations with broader aims that also provide services to the dependent (e.g.: Spanish Red Cross, ONCE and caritas) and to associations/federations/confederations providing services and representing dependent, their family and caregivers. An exception that worth to be mentioned is an article referring that incumbent organizations represent a minority, most organizations working with people with disability and the elderly being of recent creation and operating at the local or regional level in Catalonia.
- **Focus on disability**. 15 of the 28 articles in our sample explicitly refer to the needs and social services provided to people with disability.
- **The public sector is relevant**. Within the public sector the focus goes to the state and the Autonomous Communities, namely when it comes to regulating, coordinating and funding third sector supply of social services.

Summarizing, media and policy discourses emphasize expectations on the role of TSOs in addressing social problems. These expectations however are in contrast the reality where the third sector is still fragmented and lacking adequate funding to satisfy increased demands for social services to the dependent. In addition, the field appears as proximate to other ITSSOIN fields, most notably work integration and health. TSOs are seen first as service providers and then as advocates and representatives of the most vulnerable segments of the population, including dependent people. The state in turn, is given an overall coordination and regulation role and the Autonomous Communities are important service providers and regulators in their respective regions. A cross cutting concern is the sustainability of the public social services system in a context of increased demand, which needs increased efficiency in the use of the resources. At the same time, the way the field is mediated aligns to what we have identified as the object of interest to the field, revealing the importance of social services to the dependent.

When combining structural data on the size of the third sector, the government social spending, and the degree of civic engagement and following Social Origins theory and the Welfare Regimes approach, Spain as a country is expected to have a low social innovation potential. However, an analysis based on the Varieties of Capitalism, reveals that Spain has passed from

being a coordinated market economy (CME) with a high state control, to being a liberal market economy-like (LME-like) country with an increasing engagement of citizens, the third sector and the business sector, thus, with a higher potential of innovation (Anheier, et al., 2014a; Preuss, Krlev, Mildenberger & Anheier, 2015). This seems to be the case of the field of social services to the dependent innovations, yet timid, can be identified. The fact that the state is increasingly commissioning social services to the private for-profit and non-profit sectors, facilitating beneficiaries participation in decision-making structures through TSOs representing their interests, and increasing co-responsibility of the beneficiaries, may disrupt established power balances and generate conflicts of interests between the different actors in the field. However, at the same time it can contribute to generating an environment that favours innovations.

3.4. Sweden

3.4.1. Introduction to national context. Relevant exogenous factors

The exogenous factors impacting the most in the field of social services in Sweden are of **policy and legislative** nature.

The current approach to the provision of social services to the dependent results of major reforms launched during the 1990s. These reforms have transferred **full responsibility to municipalities** on social services to people with disability and the elderly (Stockholms Läns Landsting 2004). They have also embraced the principle that **the state should provide assistance** to elderly and disabled people so that they can **live autonomously in the home**, avoiding institutionalization, or at least delaying it as much as possible. These two principles together were expected to enhance both quality of life of the dependent and cost-effectiveness of the social care system. These reforms have generated a steady and significant increase in both the number of people eligible for assistance and in the number of hours granted per person (Socialstyrelsen, 2015). Only the costs for personal assistants have increased with a multiple of six (Dahlberg 2013); Sweden being an extreme case regarding the level of support the dependent are entitled to. The total costs for the care of represent 2.3% of GNP while EU average is 0.5% (Dahlberg, 2013).

Adding up to extended rights to the dependent, we have to consider **demographic** changes. On the one hand, people are living longer and care should be provided for longer periods of time. On the other, the increased share of women in the workforce is interfering with the capacity for informal family care. However, in a moment when economic crisis has brought additional financial constraints, some municipalities are restraining assistance to the dependent who can count with family support. The result is that the dependent are turning to informal support from family and friends and buying assistance from private companies (Socialstyrelsen 2004). The RUT-tax reduction from 2007 for housework (cleaning, laundering, snow removal, cooking) has also contributed. The current political debate about the **participation of private providers** in the welfare market focusses on if, and if so how, commercial firms should be prevented from participating and, related to it, on how to facilitate a higher number and size of TSOs in the field.

Another factor affecting the field in Sweden is that media is exposing schemes of **large scale organized cheating** on payments under the Act concerning Support and Service for Persons

with Certain Functional Impairments. One study has estimated the cheating representing around 9–15% of total payments (Billum, 2012).

3.4.2. Relevant actors, resources & capabilities

The public sector

As legislator, the **government** is behind the disability reform and there are currently no signs of intentions to reduce the generosity of the system despite the exceptionally high and ever increasing costs. However it has urged the Swedish Social Insurance Agency that incorrect payments must be reduced. In cooperation with the Left Wing Party, the government has initiated an investigation on how to prohibit or restrict companies to make profit on tax-financed activities in the welfare area (Regeringen, 2015). However, both actors together, do not reach the needed parliamentary majority to change current regulations. Furthermore, the Social Democratic Party is strongly divided internally when it comes to the question of profits in welfare (Edman, 2012).

The **municipalities** are responsible, as primary financiers of the support, service and assistance to people with disability. Rising costs have led some municipalities to become more restrictive in providing help and support, in some cases to such an extent that the law's intent or even the law itself seem to be disregarded (e.g. Grunewald 1998).

The **Swedish Social Insurance Agency** is responsible for financing the help and support for individuals that need assistance more than 20 hours per week. After a court decision in 2008 the Agency redefined and restricted what should be called basic needs which have led to many disabled losing the right to assistance (Bylund, 2014). More sophisticated control functions have also been established in order to limit cheating.

The third sector: Rights organizations

TSOs active in the field are mostly rights organizations including both a large number of organizations of people with disability that guard the interests of their members, and some organizations representing the interests of dependent people who are entitled to personal assistance under the LSS. These organizations might give elementary legal support mostly by FAQs and websites or through short and basic telephone consultancies however, their main resource is their voice capacity.

The business sector

The stability of the market for assistance provision has led to the establishment of at least three different trade associations of assistance providers –PULSS, www.pulss.se; Assistansanordnarna, www.assistansanordnarna.se; Vårdföretagarna, www.vardforetagarna.se- with the goal of promoting adequate conditions for business service providers to operate under the LSS and that the dependent entitled to services should be free to choose among a variety of providers (Pulss, 2015).

Commercial and cooperative assistance providers. The dependent may choose from different social services providers or hire a professional assistant directly with the funds granted by the system. Hence, besides the municipality, we can find both commercial firms and cooperatives owned by people with disability themselves that provide the social services they are entitled to. Cooperative assistance providers are often seen in the public debate in similar ways to

rights organizations. The commercial assistance providers seem in turn, to be dedicated to providing legal services to the dependent so that so that they can be granted more hours of personal and home assistance.

News media

Many of the **rights organizations** have their own magazines and news mails where news are reported and rights debated. Their reach should however, be in general primarily limited to organizations' own members.

There is also a specialized independent and commercial bi-monthly magazine about issues of children with disabilities, **Föräldrakraft** (Parental Power, http://www.foraldrakraft.se/). When compared to the magazines of the rights organizations, this magazine has a unique breath because it is comprehensive and not focused on any individual diagnostic area. The magazine's main target audience is parents and relatives of children, adolescents and young adults, but the magazine is also read by professionals who meet the families in the school, health, care, government, etc. A third group of readers are elected representatives in municipalities, county councils and parliament. The circulation is 20,000 copies.

In the last couple of years **mainstream media** have had more reports about personal assistance in accordance to LSS, due to a number of fraud disclosures. They have been cases with large scale organized cheating but also cases were families have forced their children to play disabled in order to get money for hiring one of the parents as assistants.

People with disability

People with disability raise their voice about the difficulties in obtaining their rights and the perceived increase in legal uncertainty. In order to increase their voicing and advocacy capacity they often engage as members of organizations, cooperatives and private firms that provide personal assistants and at the same time give legal advice.

3.4.3. Structure of the field

Following a prevailing debate of an economic crisis in the Swedish public sector, a number of large reforms were launched in the 1990s in order to raise the quality of and make social care more cost effective. Within these reforms, **municipalities gained increased power** in the field as they got the responsibility to care for the elderly and disabled people, being economically compensated for that by the state (Stockholms Läns Landsting, 2004).

Two laws regulating the governmental responsibilities were then passed: **The Social Services Act** (Socialtjänstlagen) and the **Act concerning Support and Service for Persons with Certain Functional Impairments** (Lagen om stöd och service till visa funktionshindrade, LSS). Amongst other things, they established the conditions for receiving state financial support for hiring a personal assistant. The basic principle for the Social Services Act is that all citizens are of equal value and have the same right to social and financial security, care and assistance. The Act stipulates that municipality should secure that the dependent, among others, elderly people, people with functional disabilities and people caring for relatives, receive the support and assistance they need, on the municipal authorities. Each municipality is free to organise social services according to local conditions. Yet, services should be of high quality, based on free choice and autonomy, and adapted to individual circumstances. Driven by a mix of lack of financial resources and a genuine believe that this approach will enhance the quality of life of

the dependent, municipalities in general seek to let people live autonomously in the own home as much as possible.

In this context, public operation monopoly disappeared and private providers have entered the field; the municipality often financing individuals, foundations, private companies or associations to provide social services on their behalf. **Traditional business firms** have taken most of this new market while third sector organizations have traditionally been, and still are, a marginal phenomenon in Swedish welfare services (Socialstyrelsen, 2004).

TSOs have great difficulties to compete as social services providers due to a series of reasons. First, they often lack expertise or financial resources to start operating at a larger scale. Secondly, they are traditionally dedicated to advocacy thus, seeing service provision falling outside of their organizational mission. Thirdly, public procurement laws promote open competition thus tending to benefit the market over the third sector (Deiaco & Sjögren, 2012). In this context, the power of TSOs in the field lies on their capacity to advocate the interests of the dependent. As an example when the committee of personal assistant remuneration (Rönn, 2014) reported that the hourly rate for a personal assistant was unnecessary high, many TSOs protested loudly. Dahlberg (2013) described the result as an event that no politician or opinion-maker would dare to defy, even if at the expenses of other public obligations. Protests also took place against the government-Left Wing Party's intention to prohibit or restrict the possibilities to make profit in the welfare market; arguments being that it would lead to the disappearance of many quality service providers thus, debilitating the exercise of the freedom of choice (Ekensteen, 2015).

The 1990s legislative reforms have also contributed to increase **the power of the dependent** themselves by giving them control over the services they receive. Having an entitlement character, legislation has changed the power structures in the field by attributing a moral superiority to both people with disability and rights organizations. Those that could be interested in arguing for reduced support and service would have to explain why people in a situation of dependency should have fewer rights to live "a full life" than other people. Before the reform people with disability were mainly supposed to be thankful for being granted the possibility to live in institutions provided by the municipalities or regions, which basically helped them to survive. With the reform, they became entitled to a series of services and incentives to live in their own home instead of residential care centres, such as:

- Practical assistance, e.g.: household duties, shopping, bank errands, and help with cooking or ready-cooked meals.
- Personal care, e.g.: help with eating and drinking, getting dressed and personal hygiene.
- Services to prevent isolation and to feel safe in the home or the assignment of a companion.
- Support for family members providing care to a dependent entitled to support, including part-time assistance.
- Support for adapting one's home in order to be able to live independently.
- When needed, the dependent may live in special facilities, such as nursing homes.

Should the individual be dissatisfied with the services received and he is entitled to appeal to the municipality, to the supervising agency, the County Administrative Board (Länsstyrelsen), and finally to the courts. In this context, expectations of people with disability have increased

fast and steadily since the reform was first launched. This is arguably because they could see the type and quality of the services the system could provide; because assistance in carrying out basic needs have released time, energy and motivation to further defend their interests; and because companies have appeared that provide legal advice on how get more support from the municipality or from the Swedish Social Insurance Agency.

3.4.4. Main innovation processes dealing with the social services gap under a resource based approach

The system as a whole gives little incentive to innovate around the resource-needs gap. The entitlement law means that the battle for resources has been moved to a legal sphere.

The introduction of freedom of choice of the type of services and of providers has represented an innovation in itself, already a few decades ago, but it has also spurred additional innovations. On the one hand the beneficiaries can be involved in what, how and by who the service should be performed. On the other, it constitutes an incentive for private actors to innovate so that they can attract more clients, by increasing the quality of services or increase profits by lowering costs. However, uncertainties related to the directions of the current debate about stopping private for-profit companies in the welfare area is reducing the willingness of commercial operators to invest in the field and to try new ways of working. This is likely to reduce the pace of innovation.

The objective of both beneficiaries and private providers of social services is to obtain as many hours as possible in accordance with the law. Taking into consideration the system in place, this might be more effective in increasing the resources available than trying new paths. At the same time, the legitimacy of the system could be questioned if individuals were able to satisfy their need for assistance on their own thus, not needing the support of the social services system.

The municipalities and the Swedish Social Insurance Agency, which in many cases are financially pressed, on their turn, try to reduce costs by trying curb cheating and also, and perhaps primarily, by attempting to change the practice through their decisions. They have incentives to reduce the costs of the services they directly provide. However, they face the pressure of keeping the perceived quality in order to avoid individuals choosing a private provider or hiring his own assistant directly with the money granted by the system. One of the examined municipalities does however engage in two activities that are relatively new in the Swedish public context:

- In cooperation with a number of TSOs it is **advertising for volunteers** for elderly care, which potentially could both lower costs and lead to a qualitatively different care, support and service.
- It has established an **award** to TSOs or companies that work actively in the integration of people with disability through enhanced physical accessibility, access to information, employment opportunities, or social participation.

3.4.5. Relation between innovation in social services and overall country-level innovation policy, media perception and roles played by the different actors

According to Social Origins theory, Sweden can be classified as having high civic engagement (with half of the population engaged in volunteering) but a small third sector in the field of welfare services. Similarly it can be typified as a country with a social democratic welfare regime, with reduced market influence (and thus high decommodification) and high solidarity (meaning low stratification). Following theoretical reflections on structural data on country-level, third sector-level and on the level of civic engagement, Sweden's potential for social innovation can be described as medium. However, its classification as LME-like country from the Varieties of Capitalism approach offers good conditions for radical innovation rather than incremental innovation (Anheier et al., 2014a; Anheier, Krlev, Preuss, Mildenberger, Bekkers & Lund, 2014; Preuss et al., 2015). While overall regulation and financing remains within the public sector, the provision of social services has been heavily deregulated during the last few decades. Despite different initiatives to increase the presence of the third sector and civil society, the result has been the extended participation of commercial rather than third sector providers.

The policy discourse of social innovations in Sweden is only just emerging and mostly imported from the EU. There are **no policies especially aimed at social innovation**. Some adjacent discourses can however be found in policies that refer to innovations in general or in policies and programs for growth, as they do also refer to innovative activities (Flening et al. 2015). When social innovations are discussed the societal problems are identified from EU goals rather than from domestically experienced and discussed problems, reflecting a still generalized understanding in Sweden that a strong public sector should take care of social problems. In this context, none of the policy documents analyzed specify which problems social innovation should or could address. Nevertheless we can find two common views within the policy documents: One is that social innovation is more likely to happen at a local level; the other is that TSOs are crucial to successful development.

In a similar way the media writes very little about the third sector as such. While there are many articles referring to TSOs and their activities the media do not seem to conceptualize the third sector as a cohesive whole. Furthermore, media articles seldom refer to TSOs as innovative organizations and the search term 'social innovation' did just come up a few times in the last four years (Brink and Lilleör 2015).

On the question of if we can we see differences between the potential for social innovation at the country level and in the field of social services, in particular to dependent people, the strong position of the state in both regulating and providing social services and the relative small involvement of TSOs predict a the field less innovative than the overall country level. Although, the elements of volunteering found in the third sector and, increasingly, in some of the public actors may balance up the prediction of reduced innovativeness. Even though recent reforms aim at the inclusion of market actors as well as third sector actors as service providers, the heavy state and municipality coordination of the field of social services to the dependent makes it more like a coordinated market economy rather than a liberal market economy as the country has been classified. Moreover, the whole field of social services to the dependent revolves around an entitlement law. Both aspects together make the field of social services to the dependent more prone to incremental innovation rather than radical innovation.

3.5. United Kingdom

3.5.1. Introduction to national context. Relevant exogenous factors

Population **ageing**, the predicted **increase in the frail elderly** combined with growing **financial pressures** and **changing social structures** are among the principal exogenous factors necessitating a rethinking of social care models including how services are organised and delivered. The expectations regarding the quality of care also continue to grow and individuals are likely to demand and expect access to high quality of care (Knapp, 2013), together with different relationships between service users, informal caregivers, professionals and other interests. Public financial resources are increasingly shrinking, particularly during the economic recession the public expenditure on social care has been reduced. Between 2010 and 2014 spending on Adult Social Care fell by 12% in real terms when the number of individuals looking for support was reported to increase by 14% (ADASS, 2014; Fernandez, Snell & Wistow, 2013) and current social care system arrangements in England are commonly viewed as unsustainable (Barker, 2014; Curry, 2006; R. Humphries, 2010; R. Humphries, 2013).

In this context **policy changes** were introduced in the field over the last decade, most notably in order to reduce costs, introducing a new funding model, promote people's autonomy and wellbeing, or integrate health and social services. The escalation in needs, the changes in expectations and national economic difficulties generate questions about how to use available resources to attain the best outcomes (Knapp, 2013) and improving the efficiency and cost-effectiveness of social care systems is imperative to accommodate increasing pressures. This changing balance between needs and resources has provided the background against which the case has increasingly been made for adopting innovative solutions such as, for example, exploiting modern technology, personalization, prevention and early intervention to improve cost-effectiveness and sustainability of the system simultaneously improving the quality of life of users and their caregivers (Clark, Bradford & Robertson, 2010; Colombo, Llena-Nozal, Mercier & Tjadens, 2011; Empirica & WRC, 2010).

3.5.2. Relevant actors, their resources & capabilities

The public sector

The Department of Health (DH) leads, shapes and funds health and care in England and is the driving force behind many innovative policies such as dementia care, health and care integration, prevention and early integration. About £1 billion a year on R&D in health and social care through the National Institute for Health Research (NIHR) and the DH Policy Research Programme (PRP).

Local Authorities. The adult social care budget constitutes the biggest area of discretionary spend for councils. The National Audit Office estimated that in 2012/2013 overall LAs provided/commissioned £19 billion worth of care for adults, out of which local authorities net spending was £14.6 billion, service users contributed 13% and 10% came mainly from the National Health Service (NHS) (National Audit Office 2014).

The Local Government Association (LGA) (http://www.local.gov.uk/). LGA is a politically-led, cross-party advocacy and lobbying organization gathering all but three English councils (in April 2015). It aims to influence and set the political agenda on the issues that matter to coun-

cils, from example through the current 'Show us you care' campaign calling for the Government to commit to protecting social care funding in councils.

Directors of Adult Social Services (ADASS) (http://www.adass.org.uk/home/). ADASS is the representative body of (current, past, deputy and assistant) directors of adult social services in English local authorities. It advocates the interests of users by promoting high standards of social care services and influencing the development of social care legislation and policy, being an integral part of core public policymaking networks in the field.

Third Sector Organizations

The Social Care Institute for Excellence (SCIE) (http://www.scie.org.uk/). SCIE is a leading improvement support agency and an independent charity, which works to improve the quality of social services for adults and children. It receives public funding to develop a series of free services to improve the knowledge, skills and practice of care staff and commissioners. It also provides a range of paid-for services including training, consultancy, research and product development.

The College of Social Work (TCSW) (http://www.tcsw.org.uk/home/). The College is a registered charity and company limited by guarantee that works to ensure high standards in social work and effective engagement with beneficiaries and caregivers. It is campaigning for more recognition of social workers from government and employers and it supports the policy focus on choice and control for service users.

The Alzheimer's Society (http://www.alzheimers.org.uk/). The charity operates throughout England and Wales (as well as in Guernsey, the Isle of Man and Northern Ireland), its objectives including relief and treatment for those suffering from Alzheimer's disease and related disorders. It provides local services (e.g.: day care or home care, dementia Cafes), conducts research and advocates and lobbies for the rights of people with dementia and their caregivers.

Age UK (http://www.ageuk.org.uk/). It is the largest charity in England dedicated to support the elderly and caregivers, currently incorporating a network of 170 local Age UKs in England. The charity has the following objects: preventing or relieving the poverty of the elderly, preventing or relieving sickness, disease or suffering in elderly people, research, raising awareness and advocating the interests of and services for the elderly.

Marie Curie (https://www.mariecurie.org.uk/). It conducts research and offers expert care, guidance and support to help terminally ill people. It manages a range of research centres and hospices and also advocates the improvement of end of life care through innovation and free and personalized care for the terminally ill.

In Control (http://www.in-control.org.uk/). The charity, which receives public funding, has been at the cutting age of innovation in adult social care. It aims to develop and test new innovative ways for people to be in control of their lives; measure the impact of self-directed support and personal budgets on people's lives; and influence and improve the delivery of self-directed support.

Research institutions funding social care institutions or advocating social care policies

School for Social Care Research (SSCR) (http://www.sscr.nihr.ac.uk/). The SSCR was founded in 2009 by National Institute for Health Research (NIHR) and it is a partnership between six

leading academic centres in social care research in England. Research is organized into key programme themes addressing five core questions: Prevention and promotion; empowerment and safeguarding; care and work; service interventions, commissioning and change; and resources and interfaces.

Personal Social Services Research Unit (PSSRU) (http://www.pssru.ac.uk/). PSSRU is one of the leading social care research groups in the UK and internationally. The unit has had considerable impact on national social care policy, its research has informed the key national policy debates and reforms affecting social services.

The Nuffield Foundation (http://www.nuffieldfoundation.org/). The Nuffield Foundation is a charitable trust, funded solely by investments' interests, that works to improve social wellbeing by funding research and innovation in education and social policy. Nuffield has funded research grants for social care projects in such areas as the economics of ageing.

King's Fund (http://www.kingsfund.org.uk/). The Fund is an independent charity set up to improve health and care in England. It aims at influencing policy and practice through conducting research and it collaborates with the government, charities and private business.

Informal care networks and supporting institutions

Carers UK (http://www.carersuk.org/). It is a national membership charity for caregivers and a movement for change, its goal being to improve the life of caregivers through campaigning for lasting change and innovation in supporting them. Carers UK work collaboratively with the voluntary, statutory and private sector.

Other organizations relevant to the field

The Care Quality Commission (CQC) (http://www.cqc.org.uk/) is the independent regulator of health and adult social care in England. Their goal is to ensure that health and social care services provide people with safe, effective, compassionate and high-quality care. CQC monitors, inspects and regulates services then publishing the findings on good and bad practices.

Research in Practice for Adults (RiPfA) (https://www.ripfa.org.uk/) is a registered charity formed at the request of ADASS, which promotes the use of evidence-informed practice based on academic research, practice experience, and the views of the beneficiaries and their caregivers. Its members are LAs in England, independent organisations, national voluntary and provider organisations RiPfA sits on advisory and steering groups.

Putting People First
(http://www.local.gov.uk/home//journal_content/56/10180/3511414/ARTICLE). This is a concordat (of 2007) establishing a three-year collaboration between central and local government, the sector's professional leadership, providers and the regulator (including the Local Government Association (LGA), ADASS, the NHS) for the reform of adult social care emphasizing prevention; early intervention and re-enablement; personalization; information, advice and advocacy.

The Think Local Act Personal (TLAP) (http://www.thinklocalactpersonal.org.uk/) succeeded Putting People First in 2011 and brought together more than 30 national organizations and TLAPs, representing the beneficiaries and caregivers, providers of services and representatives from central and local government. TLAP works for identifying the challenges faced by the

beneficiaries and caregivers, sharing innovative solutions and enabling choice and control of the beneficiaries.

The Young Foundation (http://youngfoundation.org/) is a non-profit think tank which collaborates with the government, business and the community to build new movements, institutions and companies and to tackle the structural causes of inequality in society. Its works across a range of areas including a few that may be related to social services, such as health or wellbeing.

Nesta (http://www.nesta.org.uk/) is an innovation charity dedicated to supporting ideas that can help improve individuals' lives, with activities ranging from early stage investment to in depth research and practical programmes. Nesta's goal is to advance the study of innovation by promoting research in a wide range of areas, including the efficiency of public services, the voluntary sector and social enterprises.

3.5.3. Structure of the field

Policy reforms over the last decade have had in impact in the structure of the field. In 2006 the White Paper '**Our health, our care, our say**' promoted prevention, autonomy and coordination of services as ways to reduce costs and promote efficiency in acute care. A few years later, in 2012, the government published the White Paper **Caring for our future: reforming care and support** (HM Government 2012) in response to the recommendations of the **Dilnot Commission** on a new funding model for dealing with an inadequate, unfair and unsustainable social services system. The core of the reformed system is the promotion of personal autonomy, personalisation, choice and control over care for beneficiaries, new investments such as Social Impact Bonds, specialist housing for the elderly and people with disability. In this context it gives increased responsibilities to Local Authorities (LAs) as regards commissioning and direct provision of social services. The **Better Care Fund** pooled budgets between health and social services from April 2015 to support integrated care and improved outcomes for dependent people. Local plans for the use of this money [£3.8 billion] were agreed between the LAs and Clinical Commissioning Groups; but signed off by the Health and Wellbeing Boards. Protection of social care remained a top priority in using the money, and the plans had to reflect this policy intention. **The Care Act 2014** aimed to modernize the social care sector, LAs being given key responsibilities in the promotion of personal wellbeing and delaying the need for care, integration with the NHS and other key partners, guaranteeing that the services are provided and that a sustainable market for social services is in place. The objective of delaying the need for care and assistance entails extended support to caregivers and tailored information and counselling services to all dependent people (self-funders included). The new funding model nonetheless is often considered by the third sector to be limited as the pressures on the social care system are growing while the funding is being cut (R. Humphries, 2013).

Even when many actors are in favour of a particular agenda, as it is the case of personalisation and prevention, they approach the topic differently because they have different resources and different motivations. For example, TCSW uses their knowledge capital and professional power to provide guidelines for practitioners and promote practices among social workers. The government funds a substantial part of social care in England (Laing, 2014); state actors employing their policy making, economic capital and commissioning powers to drive developments in the field. They also attempt to create a favourable environment for the participation of TSOs in the design and delivery of social policies and services (e.g.: through the Compact); the rationale

steaming from the assumptions of strong links, knowledge and access to local communities that TSOs have (see for example HM Government (2007, p. 3). TSOs can use their social capital to mobilize support and gain power in the field (examples are the recent advocacy actions of College of Social Work and Marie Curie). LAs in particular, were reported to be often influenced by evidence and/or advice from central government-funded pilot studies and TSOs' reports on the needs of the elderly (Miller & Allen, 2013). TSOs-LAs cooperation takes often place as regards the design of personalised services and supporting Personal Budgets (PBs) holders through advocacy, brokerage, training, information and advice (Dickinson, Allen, Alcock, Macmillan & Glasby, 2012); being that TSOS are best placed in brokerage or payroll roles, but less so in more personal services such as support planning (Glendinning et al., 2008). Literature on DPs overall highlights the importance of involvement of Centres for Independent Living (CILs), which are run by beneficiaries themselves and have a broader role as a partner of LAs (Dickinson et al., 2012).

Conversely, translating policy into practice can challenge the power structure in the field since they empower the beneficiaries of social services (e.g.:, self-directed commissioning, personalization), for example because it requires culture change among care workers and puts pressure on informal caregivers (whose numbers have grown in recent years) (National Audit Office, 2014; Slocock, Hayes & Harker, 2015). The increased engagement of the beneficiaries and service customization leads to less predictable and more fragmented patterns of demand that can undermine financial stability of existing providers and can create more conflictual relationships between purchasers and providers (Needham & Duffy, 2012).

LAs in England, as the only large scale population-based purchasers in their localities, were also reported to use their economic capital and power position to push profit margins below the level needed to sustain or invest in existing or new facilities, or to train staff (Laing, 2014; National Audit Office, 2014). The transaction costs associated with tendering procedures, learning the commercial language, time, expertise and capital can hinder third sector providers (particularly small organisations) to participate in bidding processes (Dickinson et al., 2012; Slocock et al., 2015). Furthermore, current commissioning arrangements make planning of services challenging for providers and can hinder the development of innovative services as well as lead to conflicts in the field (Dickinson et al., 2012).

Another characteristic feature of the field is the lack of transparency and information asymmetries between purchasers and providers (mostly private for-profit and voluntary providers) and the latter were often reported to have more knowledge in relation to services supplied (Dickinson et al., 2012; Glasby, 2012; Laing, 2014). This can lead to the preference of certain providers over others based on perceived provider trustworthiness[1]. The third sector has criticized the common mutual misunderstanding and poor communication between public commissioners and TSOs (Baines, Wilson, Hardill & Martin, 2008). On the other hand, there is an insufficient knowledge of policy tools, such as the Compact, to improve relations between government and the third sector (Quinn et al. 2008, cited in Dickinson et al., 2012, p. 17). The Care

[1] For example, an English study demonstrated that public and non-for-profit providers tend to be perceived as more altruistic by LA commissioners, and for-profit organisations as more concerned about profit-maximizing (Matosevic, Knapp & Le Grand, 2008).

Act 2014 highlights the importance of collaboration and information transparency between LAs and providers (HM Government, 2014). However the imperative to contain costs in recent years encouraged more detailed specifications in the contracts of the nature and timing of services to be provided, on occasions generating conflicts between providers, care staff as well as clients (UK Homecare Association, 2012; UNISON, 2012).

3.5.4. Main innovation processes dealing with the social services gap under a resource based approach

Innovations representing a shift in the models of care: Prevention and personalization

In the last decade there has been a shift away from models of care based around long hospital stays and residential care towards models that reduce, prevent or delay the need for intensive and expensive social services (Knapp, 2013; Lombard, 2013). The underlying assumption is that such services will promote individuals' well-being, quality of life, health and autonomy, which in the long term will decrease the demand of high-cost services thus, lowering costs (Curry, 2006). Consequently, the government has made increased efforts in recent years to **promote early intervention and prevention**. Examples of prevention-related innovations are:

- **Reablement**, which focusses on helping people to re-learn the skills necessary for daily living that have been lost through deterioration in health (Francis, Fisher & Rutter, 2011).
- **Use of ICTs** to promote independence of service users allowing them to stay at home for as long as possible and to reduce reliance on more expensive residential care and hospital stays. There has been particular interest in the potential for tele-care and tele-health to achieve improved outcomes and increased independence for service users, while achieving cost savings (Department of Health, 2011; Miller & Allen, 2013; Steventon & Bardsley, 2012).

Another transformation, which is still under way, is a shift towards approaches based on **personalisation, choice and control**. An increased emphasis on personalisation led to engaging users in the commissioning process with the key goal of empowering beneficiaries to exercise consumer sovereignty, together with cost reduction by using their expertise and self-interest in favour of cost-effectiveness. The onset of contention here was linked to the rationale that users are best placed to judge what services will maximise their wellbeing and that they have higher incentives than state agents to ensure that the financial resources available will spread as far as possible, which is of particular importance in the context of fiscal austerity (Watt, 2012).

- **Personal Budgets (PB) for social care** have been recently introduced building on the experience of the existing Direct Payments (DPs). Users of DPs have more freedom to select not only a provider, but also the type, time and mode of care (Brennan, Cass, Himmelweit & Szebehely, 2012; Glasby & Littlechild, 2009). PBs for social care, with the option of taking those budgets as a direct payment, greatly extended the potential scope for personal commissioning (National Audit Office, 2011). From 2011, all new publicly funded users of home care in England were provided with PB which could be used as a direct payment or managed by the local authority on behalf of the user, taking the latter's preferences into account. A third option is that a third party, including a provider, can be chosen by the user to manage their PB. In practice, the uptake of direct payments remains comparatively modest among elderly (Rodrigues, Leichsenring & Winkelmann, 2014)Health and social care integration.

One of the core underlying rationales for integrating health and social care is to deliver better value for money in the context of raising demand and reduced financial resources, although continuity of care and smooth transitions for users also play a role. Health and Social Care Act 2012 established **Health and Wellbeing Boards** to facilitate collaboration of key leaders from the health and care system to promote integrated services. The King's Fund report (R. Humphries & Galea, 2013) on how LAs and health partners implement the boards reported that relationships between clinical commissioning groups (CCGs) and LAs were very good and that most boards produced joint strategic needs assessments (JSNAs) and health and wellbeing strategies. The study however noted that 'there is little sign as yet that boards have begun to grapple with the immediate and urgent strategic challenges facing their local health and care systems' which include development of integrated care and transforming services to reflect the demographic changes (R. Humphries & Galea, 2013, pp. 1, 16). The core function of the health and wellbeing boards to promote integration has been reinforced by recent policy developments in this area. Although, weak communication between the health and social care agencies, professional differences, lack of trust and rapport between different actors have nonetheless been raised as potential barriers to effective integrative approaches (The Institute of Public Care, 2013).

Dementia strategy

The Department of Health launched the first **National Dementia Strategy for England** in 2009, trying to prevent and address the negative impacts dementia has on the quality of life of the affected, as well as on economic prosperity. The objective of the Strategy is to provide excellent treatment and support to these individuals at affordable costs. The Strategy set out a plan including recommendations to the LAs, NHS and others focused on awareness raising, early diagnosis and support, and living well with dementia.

Social impact bonds (SIBs)

Social impact bonds (SIBs) are a new tool to unlock private finance and public investment for services that would otherwise struggle to be funded (e.g. early and preventative action on complex and expensive social problems). SIBs allow commissioners to capture the expertise of the voluntary, community and social enterprise sector in solving social problems and are believed to stimulate innovation. SIBs allow the government to attract private investors and innovative service providers which are prepared to cover the upfront costs and accept performance risk while assuring that public money is not spent unless desired outcomes are achieved.

For example, **The Manchester City Council (MCC**) has used a SIB to test and build evidence for Multi-Dimensional Treatment Foster Care – Adolescents (MTFC-A) which allows MCC to trial this intervention, as its effectiveness is supported by research, without investing any financial resources upfront (Cabinet Office, 2015).

The evaluation report describing the progress of 9 Trailblazer projects that were investigating the feasibility of setting up SIBs projects[2] highlighted some shortbacks in SIBs projects, such as: they necessitate complex negotiations among numerous actors that had not worked together

[2] Projects included covered a variety of health and social care issues in different stages of development.

before; they have high transaction costs; whereas some are motivated by an **aspiration to develop innovative services**, others were focusing on **scaling up established service models;** they tend to lead to extensive and considered techniques of data collection and analysis (Tan et al., 2015); definition and pricing of outcomes is difficult; some interventions are sensitive to policy changes thus, uncertainity is high.

3.5.5. Relation between innovation in social services and overall country-level innovation policy, media perception and roles played by the different actors

Historically innovation policies in the English care sector relied on adapting market mechanisms. Overall the Anglo-Saxon or liberal welfare arrangements relied on promoting the privatisation of public services, low taxes and low welfare provisions targeted at the poorest people with means-testing (Taylor-Gooby, 2012). As a response to financial crises and fiscal austerity in recent years many initiatives have been undertaken to develop new solutions to social problems. The underlying idea is that social innovation is not exclusively about responding to societal challenges but it can also stimulate systemic change.

The UK is considered to be a leader in the advancement of legislation to support social innovation e.g.: The Community Right to Challenge, the Social Investment Tax Relief or the Social Value Act. The government has also taken steps to strengthen its own role in social innovation by, for example, appointing Behavioural Insights Team to assist organisations in the UK and abroad to apply behavioural insights to social purpose goals.

The Big Society agenda was endorsed by the Conservative –Liberal Democrat Coalition Agreement in 2010 to shift the power from the state to local people and communities, opening up public services (where public organisations, charities, social enterprises, private companies and individuals can demonstrate innovative ways of delivering public services) and stimulating social action (where individual donations of time, money and other resources is encouraged). The Agenda aims to support, among other issues, the formation and expansion of mutuals, cooperatives, charities and social enterprises so they participate more in the provision of public services, including social services (Boelman, Kwan, Lauritzen, Millard & Schon, 2014; Slocock et al., 2015). However, in 2015 by the Big Society Audit called the attention to these objectives being missed. First, because TSOs perceive that public contracts favour large private organizations. Secondly, because the sector is struggling to meet demand, due to cuts in public grants, affecting small organizations the most, and resulting in declined volunteering and social action, (although more young people were volunteering in recent years) (Slocock et al., 2015; The Panel on the Independence of the Voluntary Sector, 2015). The Audit nonetheless noted positive aspects about the third sector (namely its social support, its resilience, resourcefulness and capacity to tackle social problems and voice social needs) and about some public services and LAs (namely the engagement of TSOs and community groups in decisions and services through new partnerships and cooperative councils that work to deliver services and strengthen communities and Community Budgets[3]) (Slocock et al., 2015).

[3] Community Budgets enable commissioners of local services to pool funds for a given area so that, supported by enhanced community engagement in decision making, they can be allocated to meet local needs more holistically and to co-ordinate service provision more effectively and efficiently.

Similar points were made in the media, which on the one hand, voiced charities' concerns regarding their inability to meet rising demand in the context of budgetary cuts during the economic crises. Media also covered government's concern over low volunteering and on the other, refer numerous examples of successful voluntary projects in communities in various areas.

We can find in the field of social services to the dependent similar dependencies and power relations as at the country level. The market mechanisms in the care sector involved outsourcing of social services to private for-profit providers, rather than using in-house or direct provisions, with limited outsourcing to the third sector Allen et al. (Allen, Bednárik, Campbell & et.al., 2011). Another prominent feature of market mechanisms adapted in the English care sector is consumer/user choice. These mechanisms are believed to increase the quality of services and promoting the more cost-effective use of resources (Le Grand, 2007; Le Grand & Bartlett, 1993). LAs are free from direct responsibility for provider interests and by exercising their purchasing power on behalf of users; they have greater freedom to adjust the mix of services available and to commission most cost-effective services (Street, 1994). Conversely, the government's response to the economic crises in 2008-9, influenced by liberal economic theories, was retrenchment, which makes it difficult for pro-welfare state actors to make a case for more generous welfare provisions in the social services sector (Taylor-Gooby, 2012). Although on the supply side private for-profit providers dominate the field, there may be more opportunities for TSOs to become involved in the provision of services and for creating partnerships that cross the traditional sector boundaries as the government policy increasingly emphasises the importance of creating a vibrant care market and plurality of providers to give users more choice (e.g. Care Act 2014).

On the basis of combining Social Origins theory with figures on civic engagement the innovation potential of the UK has is expected to be high; the UK having a large third sector, high civic engagement and low government social spending. Moreover, under the Welfare Regimes and the Varieties of Capitalism approaches, the UK can be classified as a liberal regime and a market-dominated economy (Anheier et al., 2014a). This potential for social innovation at the country-level seems to be corroborated by what is happening in the field of social services to the dependent, which has undergone a series of innovation practices and policies. The innovation agenda in the field of public services on a country level related to the Big Society model of empowering individuals, communities and engaging voluntary sector in running public services is reflected in the field of social care.

4. Summary

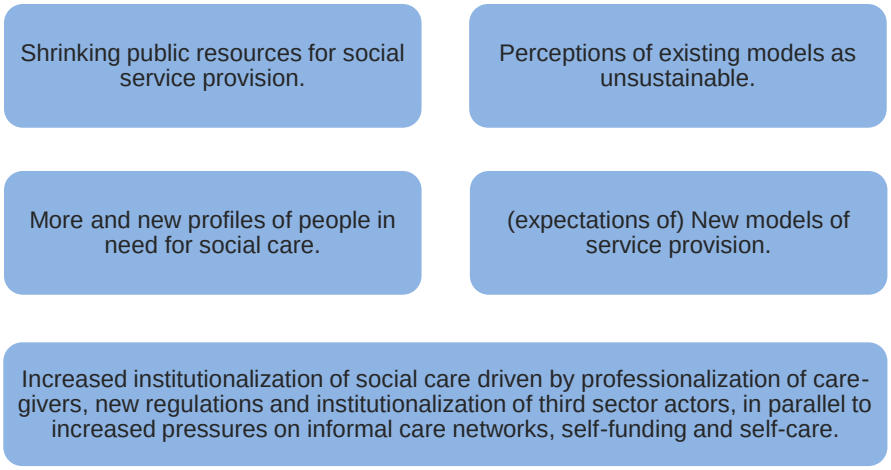
The detailed descriptions show large commonalities but also significant differences in the field in the four countries analysed. Main field commonalities and differences between Italy, Spain, Sweden and the UK are summarized as regards the level of the supply & demand and general social innovation trends; the dynamics of organizations; the social innovation themes.

Supply & demand and social innovation trends in the field

The shared economic, social and demographic exogenous shocks and the preliminarily identified common trends underlying the dynamics of innovation in social services for the most vulnerable citizens in the four countries analysed have been thoroughly confirmed by the field descriptions. In a context of economic hardship –both relative to country financials and employment magnitudes- and profound socio-demographic change, Italy, Spain, Sweden and the UK also share: (1) increased pressures upon shrinking public resources for social service provi-

sion, (2) increased perceptions of existing models as unsustainable, (3) the emergence of (expectations of) new models of service provision (based on increased market competition, cross-sector collaboration or coordination, customization or personalization of services, and integration of social services with proximate fields, most notably health care, work integration and social inclusion), (4) an increase in size (e.g. people live longer and age is commonly associated with dependency, elderly people with dementia) and new profiles (e.g. long-term unemployed, working poor) of population segments in need for social care, and (5) a paradoxical combination of increased institutionalization of social care with increased pressures on informal networks (family, friends, neighbours, immigrant caregivers), self-funding and self-care in order to cope with the escalating resources-needs gap.

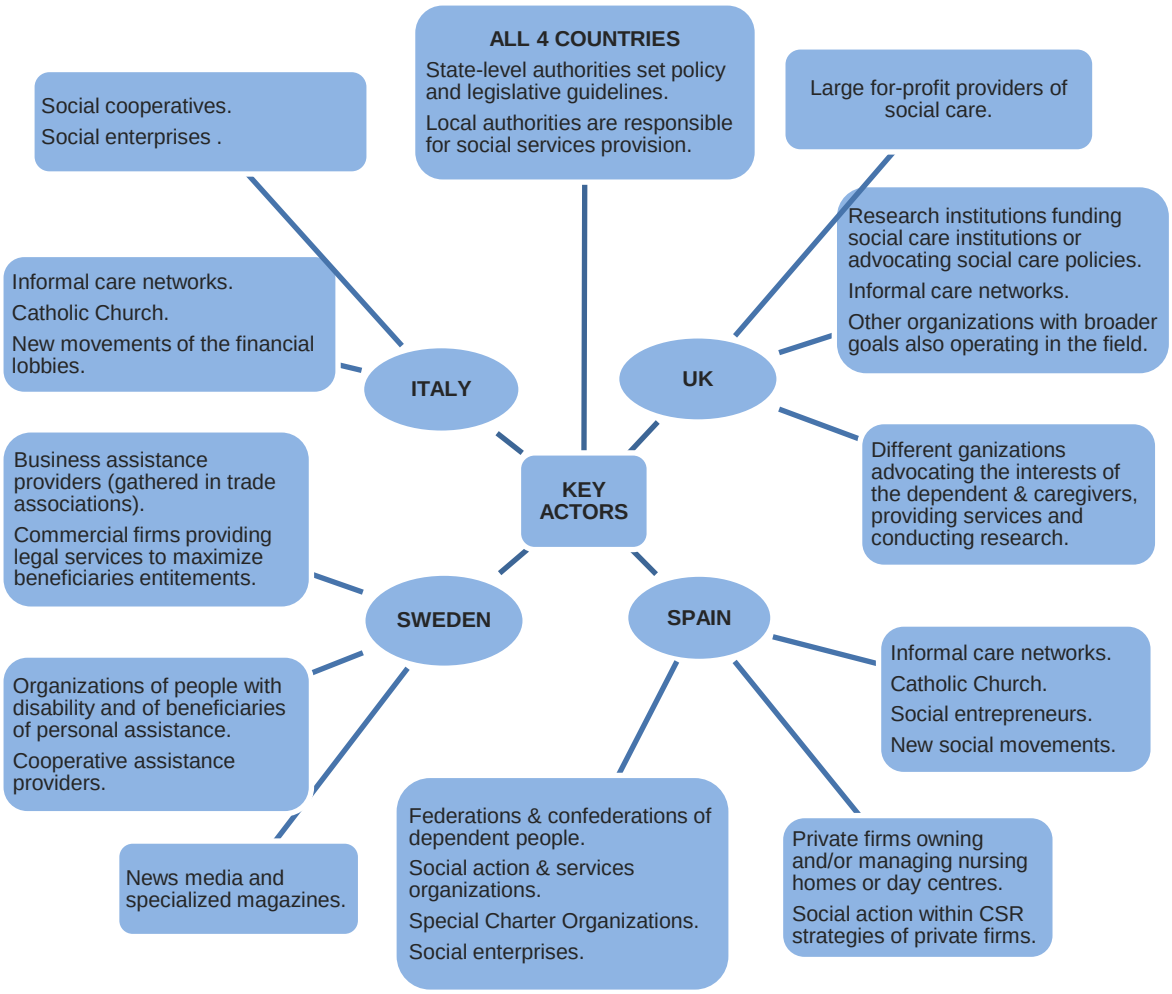
Figure 1. Five field-specific trends shaping innovation dynamics in Italy, Spain, Sweden & the UK



Dynamics of organizations operating in the field

In **all four countries** a range of different organizational types participate in the field; being that state authorities set the major policy and legislative guidelines, but local/regional authorities bear the main responsibility for social service provision, due to the application of subsidiarity principles to social policies. However, important differences between the countries emerge as soon as a more detailed description of the field is performed with the support of field theory and a resource-based view of organizations in the field. The different actors from the public, the business and the third sector operating in the field are displayed in Figure 2, followed by illustrative examples of main commonalities and differences in their motivations, (power) relationships, and incentives for social innovation in the four countries. The State plays a pivotal role providing economic capital and setting the rules of the game in all four countries analysed, and all of them foresee a mixed provision model with the participation of the three sectors and increased co-responsibility of citizens. However in Sweden and the UK large business actors dominate social services provision, with weakened State-third sector relationships (and a weak third sector itself in the case of Sweden). In Spain and in Italy the third sector is expected to play a key role relative to the government in social services provision, under the principle of horizontal subsidiarity between the State and civil society. Paradoxically enough, the social action third sector in Spain and Italy still depends upon public funding to a substantial extent.

Figure 2. Actors participating in the field



In the **UK** the field reflects the innovation agenda in the field of public services inspired by the Big Society model of empowering individuals, communities and engaging the voluntary sector in running public services. The State's strong position in the field has been weakened by a neoliberal shift towards privatization of supply, enhanced human rights movements and collective power of users. Its relationships with the third sector have weakened. As in the case of **Sweden** –and unlike **Spain** and **Italy**- the provision of public services is dominated by large private-for-profit providers and there is a limited margin for third sector actors to enter the market.

The model of social services provision that designed in **Spain** with the Dependency Law shares most of the principles that underlie the **UK** model, most notably integration of social and health care; personalized assessment and service provision; recognition of informal caregivers; freedom of choice; co-responsibility of beneficiaries in the prevention, funding and even provision of services; coordination of the state with non-state actors; and increased market orientation of the field based on growing intervention of business players. However, the degree of

implementation of such model in Spain remains substantially behind relative to that of the **UK**, mainly due to lack of public funding to implement the new model in **Spain** during a long period of economic crisis. In the **UK** systemic social innovations related to prevention, personalization, health and social care integration, coordination of actors in the field, and social impact investments (particularly social impact bonds) have substantially developed during recent years. Whereas in the **UK** the "Big Society" agenda has permeated from the government downwards, dynamics of the field in **Spain** are clearly bottom-up, with empowered citizens self-organizing, co-producing, self-funding and self-caring through informal networks developed with the help of ICTCs.

The main social innovation in **Italy** and **Spain** has consisted of the appearance of formal and informal networks bridging both sides –funders and providers, supply and demand- beyond the limits of those directly involved (from solidarity to the crowd): citizens and firms willing to donate to or volunteer for social services, and organizations funding or providing the services. In **Spain** a social services model has emerged based on public regulation and funding and mixed provision, where market organizations have increased their power, but highly-institutionalized third sector organizations have equally increased their perceived role during the crisis. Paradoxically enough, informal networks and social movements have also gained in importance, demonstrating an increasingly active role of civic engagement in the social services field. By contrast, in **Italy** third sector organizations remain retrenched, its relationship with the State is still based on clientelism, and social services delivery is highly fragmented in parallel to an ongoing but uncertain reform process based on participative governance of social services.

By contrast, in **Sweden** the role of third sector organizations seems marginal. The model of social services emerging in Sweden in the 1990s can be characterized as an outlier in this context. Similar to **Spain** the underlying idea was to support as much as possible that dependents live in their own homes, and similar to the **UK** the principle of freedom of choice was implemented. However, **Sweden** presents the most powerful business actors, the largest increase in both the number of people eligible for social services benefits and the number of hours, combined with the most generous welfare system as entitlements go beyond traditional care (practical assistance for "survival") to include personal assistance (where beneficiaries assess quality of services received and keep control of their "independent living"). Incentives are to exploit a generous, publicly funded system, either through cheating by beneficiaries and their informal networks, or through market players advising customers on how to maximize their entitlements. The utilization of volunteer caregivers by some municipalities seems a modest incremental social innovation in this context.

Categories of social innovations

Most of the social innovations that have been identified in the preceding field description for UK, Spain and Italy can be classified primarily as process, marketing and organizational innovations according to the adapted framework of the Oslo Manual proposal (adapted from OECD/Eurostat, 2005, pp. 48-51).

Illustrative examples are presented in Table 1.

Table 1. Examples of the three main categories of social innovations identified

Process innovations New ways of generating, performing and measuring services	Customization of services, tele-care, social impact investment, impact measurement and evaluation practices.
Marketing innovations New ways of managing stakeholder relationships	New funding procedures (pay-per-performance, social impact bonds). Use of ICTs in order to manage stakeholder relationships in more efficient and effective ways: donation and volunteer attraction through ICTs-mediated platforms, online accountability and transparency.
Organizational innovations New organizational forms and institutional settings, new governance arrangements	Self-regulation, institutionalization and certification systems. Hybrid social enterprises Coordination networks such as the generative networks (Italy). Cross-sector partnerships and citizens' networks

Social innovation themes

In light of the shared exogenous shocks and common trends underlying social innovation dynamics in the field, social innovation events emerging in the social services value chain in the UK, Spain and Italy revolve around five emerging social innovation themes: (1) attraction of new actors and resources, (2) integration of services, (3) customization of services, (4) co-responsibility of citizens, and (5) cross-sector and citizens partnerships. Illustrative examples of social innovation events that have been identified as taking place under each of the five themes are presented in Table 2 below.

Table 2. Examples of social innovation events under the five social innovation themes

Attraction of new actors & resources to the field	Decrease in public funding driving down prices and leading to concentration of social services provision on large for-profit private organizations. Increased market competition fuelling a new race towards accountability, transparency and impact evaluation rituals on the side of third sector providers. New resources (both financial and non-financial, e.g. volunteers) being attracted by new formulas based on pay-per-performance, such as social impact bonds, or donation- and volunteer-based crowdfunding through online platforms.
Integration of services	New formulas emerging for integrating social services with proximate fields, most notably health care, work integration and social inclusion, such as the Dementia strategy (UK), the Integrated system of interventions and social services (Italy) or the customized work integration itineraries for the most vulnerable segments of population (Spain).
Customization of services	At least at the level of expectations, social services have evolved from "one size fits all" to segmentation of needs and personalization of services. Whenever the State cannot customize social services, both private-for-profit providers and third sector providers, on the one hand, and informal initiatives, on the other, enter the picture under the pressure of citizens' demands.
Co-responsibility of citizens	New formulas to reduce, prevent or delay demand of social services which rely on the engagement of individual citizens; whereas at the same time citizens are expected to self-care, self-fund and co-produce social care to a greater extent.
Cross-sector and citizen partnerships through informal and formal networks	Empowerment and increased participation of individuals, communities and the voluntary sector in a field that used to be fully public has been combined with institutionalization of social action third sector organizations (both service providers and advocates) and with the emerging engagement of businesses through corporate volunteering or corporate philanthropy.

In each country-field, the specific policy and legal framework, and actors and relationships among them, generate specific conditions for the emergence of nets of social innovation. Furthermore, when comparing the picture that is drawn on the innovations in the field and the innovative potential of the countries on the basis of a combined approach of Welfare Regimes, Social Origins theory, and the Varieties of Capitalism (Anheier, et al., 2014a; Preuss, et al., 2015), preliminary conclusions point to the following:

- **Italy** and **Sweden** have been classified as countries of medium social innovation potential however the actual innovation at the field level might be lower. In **Italy**, because of traditional political and regulatory instability in the field; in **Sweden**, because of the strong position of the state in both regulating and providing social services and the relative small involvement of the third sector in the field.
- **Spain** has been classified as having a low social innovation potential at the country level. However, the recent increased engagement of citizens, the leading role of the third sector, and the involvement as partner of the business sector as part of networks seem to be increasing the innovation potential of the field, where a range of innovations can be identified, though some timidly or recently implemented.

- The **UK** has been classified as a country with a high social innovation potential, and it seems also in the field where a series of innovation practices and policies have been implemented for the last few years.

Regarding case studies to be developed, our unit of analysis will consist of social innovation nets in the field of social services for the most vulnerable citizens. These nets will include both organizations from the three sectors involved (State, business, third sector) and citizens. Therefore our unit of analysis will be more macro- than meso-level. For each net the categories of social innovations taking place will be identified, and they will be ascribed to the social innovation themes for the sake of enhanced comparison of results. The field description points to the conditions and the ecology for social innovations in the field of social services for the most vulnerable being worth of further study, by tracing processes behind innovation events. Some relevant questions to be addressed by case study research include: Which social innovation categories are actually being implemented in the field for each country analysed and across each theme, by whom and with which level of success? What organizational resources and capabilities and system conditions favour and what hinder the success of social innovations that have been implemented in the field? Which categories of social innovations are mostly implemented by which type of actors and resources?

Suggestions on basic commonalities and differences between the fields 'Innovation in social services: Filling the resources-needs gap for the most vulnerable citizens' and 'Social model of health'[4]

Social services and health appear often as proximate fields within the different countries that have been analysed. Actually, from the field descriptions on 'Innovation in social services: Filling the resources-needs gap for the most vulnerable citizens' and 'Social model of health', in Italy, Spain, Sweden and the UK, and in the Czech Republic, Denmark, France and the UK, respectively, we can see examples of confluence between social and health policies, services and actors. It is not surprising that both fields share policy formulations, innovations or expectations of new models for social services and health based on integration, cross-sector partnerships, and personalization.

All country-field combinations largely share the same economic and socio-demographic exogenous shocks. Recent legislative and policy changes have both affected the structure of the two fields and, at the same time, have being driven by field dynamics and social innovations. However, in the Czech Republic (in the field of health) and in Sweden (in the field of social services) social innovation policies were mostly imported from the EU. Furthermore, all countries, but the Czech Republic, have implemented public social and health policies. There are also recurring thematic priorities, such as prevention and customization of health care and social services and beneficiaries/patient participation. In addition, in both fields the public, the third sector and the business sector, although to different extent, participate in the supply side, being that beneficiaries' or rights organizations are relevant advocates in both fields.

The main differences we can appreciate between both fields pertain perhaps to the level at which innovations are taking place and to the pressures behind social innovations in the two

[4] Elaborated by UDC on the basis of D 5.1 Report on the field of health. Draft version. June 5, 2015

fields. First, in the field of social model of health we can find a high level of innovation at the grassroots level (although system barriers prevent scaling up). By contrast, the local level cannot be pointed as the main level where innovation oriented towards filling the gap between resources and needs takes place. Social innovation in social services for the most vulnerable segments of population mostly in UK, followed by Spain and, to a lesser extent due to fragmentation, also in Italy, has taken place at several levels, including process, marketing and organizational innovations. In the UK in particular social innovation has apparently escalated to a systemic level. Secondly, budgetary pressures seem to influence more the field of social services than the field of health, as in the first one more responsibility has been transferred to self-funding, self-care, prevention, informal networks of support and third sector organizations; likewise TSOs working in the field of social services seem to be playing a far more relevant role, with the exception of Sweden, and are consequently more affected by the increase in demand than those working in health care.

To summarize, in general the State seems to play a more relevant role in the health field, whereas in social services cross-sector partnerships and third sector organizations combining advocacy and service delivery roles have increased in importance in parallel to a growing involvement of businesses. In the particular case of social services, citizens in general (not only direct beneficiaries or patients) and the informal networks surrounding them have clearly increased their participation in the field, with Internet-based ICTCs as notable facilitators for the case of Spain.

The field descriptions point to the abovementioned basic commonalities and differences between the two fields; they also clearly indicate that additional information and a more in-depth analysis of what innovations are actually being implemented, by who and with which level of success. The case studies to be conducted are expected to provide more solid evidence-based conclusions and eventually, additional commonalities and differences between the two fields.

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