THE SPACE OF INNOVATION AND PRACTICE ON WELFARE, HEALTH AND SOCIAL CARE EDUCATION AND PRACTICE IN ROMANIA AND NORWAY

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Abstract

The challenge of continuum change can know variate ways. *CompED* project, as an example, was focused on opportunities for innovation in the welfare system and health care for the elderly and disabled. Study-analysis aimed and opportunities for involvement of former service users, as equal persons who can provide help (peer support workers) in supporting innovative services based on needs and oriented reintegration, rehabilitation, risk mitigation, respectively towards development. A seminar, two international workshops and a final conference facilitated direct interaction between teachers and students of the two universities, between specialists in the field of social and public health in Romania and Norway, together with the beneficiaries, service providers and peer workers. Thus, they succeeded to develop a common joint research capacities, to discover mechanisms for effective collaboration between the fields of social welfare systems and public health in Romania and Norway. Conclusions raise the challenge to employ peer workers as a new approach that might conduct to significant changes in the welfare system, in education and in the roles of social workers and health service providers. This will create innovation in the welfare and health system and a new dynamic in services for disabled and elderly persons in both countries.

Key words: *social innovation, innovative process, elderly, disabled people, integrative approach*

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1. Innovation. Conceptual options

One well acknowledge definition of innovation has be created by Crossan and Apaydin (2009) based on an academic research on *innovation* in management and a systematic review of literature published over the past 27 years. They consider innovation as:

production or adoption, assimilation, and exploitation of a value-added novelty in economic and social spheres; renewal and enlargement of products, services, and markets; development of new methods of production; and establishment of new management systems. It is both a process and an outcome. (Crossan & Apaydin, 2009, 1154–1191).

As this definition indicates, innovation is something going on in many sectors and includes both renewal of products and services. Innovation has often focused on creation new technology, but it has been important to our understanding that innovation also can be achieved without technology by finding new ways and procedures to carry out work or services.

More recently, the empowerment dimension was added:

social innovations are new solutions (products, services, models, markets, processes etc.) that simultaneously meet a social need (more effectively than existing solutions) and lead to new or improved capabilities and relationships and better use of assets and resources. In other words, social innovations are both good for society and enhance society's capacity to act. (Young Foundation, 2012, 18).

Service innovation has been a main topic in our project. This consists of a combination of new technology, new procedures and often
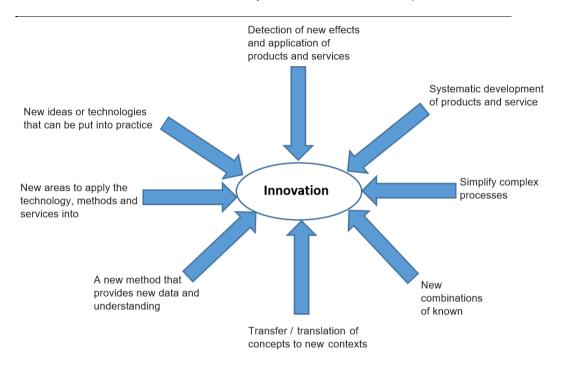
leads to organizational change. But there are important requirements that have to be achieved before a change can be called an innovation: the new creation must be an real improvement and be possible to reproduces or replicate/recreate and transfer to others and new settings. To make this possible there must be a description and documentation of how the innovation is made, how it works and how you can use it for the purpose it is meant to be.

If it is not possible to replicate and transfer the new creation it is nothing but a coincidence. If you are working with development of product or services, it is therefore important to work systematically and ensure that the steps you are carrying out are well documented and can be verified. Thus, there are many similarities between research and innovation even if there is significant differences also.

2. Reaching innovation

The innovation is not something that arrives from nowhere. Even if there are innovators that are willing to fight for changes, there are certain elements as ideas, thoughts and circumstances that had to be facilitated. To illustrate this, we have made the figure beneath.

Fig. 1 - Elements that affects innovation

As illustrated, there are many elements that can affect and be part of the initiating of innovation. Often this will be a combination of several elements, but sometimes it's a single element that lead to innovation.

3. The innovative process

Simply explained, the innovation process is form by the pathways, steps and dynamics that leads to innovation. It's not only one single road that leads to a good result, there are many ways. That's what makes innovation so exciting: innovation is a creative process where innovators must use their experiences, theoretical, logical skills and abilities *to see*

things form new perspectives and then they must have willingness to find and try new concepts.

It might be that every innovator on a micro level have their own recipe about how to achieve this, but even if there are differences between how innovators conducting their work, there are also similarities.

Innovation is working systematically to identify, develop and implement new ideas that add value for customers and thereby value for business. It will ordinary contain the following steps:

1. The *exploring* phase is about creating, collecting and structuring knowledge in key areas.

2. *Setting* direction phase is about defining challenges and plan interventions.

3. *Create* phase is about generating, detect and prioritize ideas.

4. *Assess* phase is all about studying and testing selected ideas, in addition to determining the execution.

5. The *implementation* phase is about to implement ideas.

6. *Launch* phase is about to launch the idea in accordance with existing processes and procedures

The process could be described as in the figure below.

Fig 2 - The innovative process

Explore ⇒ Set direction ⇒ Create ⇒ Assess ⇒ Implement ⇒ Launch
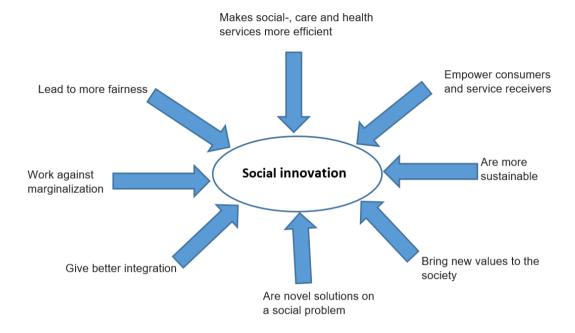
4. The social innovation

Innovation is a term from the business sector and is most often made for creating more profit. However, innovation can be made for other reasons also.

Innovation can seek to solve a social or society' problem or needs in a new and better way, which can be used in a business, a product or a service that can be spread and used within different sectors and actors. The definition of social innovation can be formulated as below:

> *A novel solution to a social problem that is more effective, efficient, sustainable, or just than existing solutions and for which the value created accrues primarily to society as a whole rather than private individuals.* (Phills, Deiglmeier, Miller, 2008, 36-43).

In the CompEd project we have focused mainly on social innovation when it comes to possibilities to improve social, care and health services. When it comes to bettering the education it has been more tradition innovation, but indirectly this can lead to social innovation, as better education can lead to more competent profession and therefore personnel that can doing a better job and be able to solve or handle social problems in a better way.

Fig 3. - Elements of social innovation

Makes social-, care and health
services more efficient

Lead to more fairness

Empower consumers
and service receivers

Work against
marginalization

Social innovation

Are more
sustainable

Give better integration

Bring new values to the
society

Are novel solutions on
a social problem

To be categorized as a social innovation the change might fulfill one or several of these elements and of course not counteract any of the others.

In this article, we have been working with the understanding of innovation, innovative process and how *CompEd* project carried out to stimulate such a process.

5. Areas for innovation and practice. The *CompEd* Project

The CompEd project has been creative meeting place for academics, students and persons from the practice field in NTNU, Trondheim and UAIC Iasi having the opportunity to interact and discuss the status and need for changes in the education and health, social care and welfare systems. In this space facts based on research and experiences have influenced the

dialog and given input to the common understanding of the situation. The participants has put forward different perspectives and area in the dialog. The purpose of the space created through this collaboration have been to clarify how we should be able to start acting for change and initiate innovative processes.

Partner institutions were: Department of Sociology, Faculty of Philosophy and Social-Political Sciences, "Alexandru Ioan Cuza" University (coordinator) and the Department of Applied Social Sciences, Faculty of Health and Social Sciences, Norwegian University Science and Technology in Trondheim, Norway. During the project (September 2016 - January 2017), the two universities have conducted a comparative study on education and practice in health and social welfare system in Romania and Norway. In the study were involved teachers, students and partners from the economic and social field of both universities.

The project was aimed at strengthening the collaboration between the University "Alexandru Ioan Cuza" University and the Norwegian University of Science and Technology in Trondheim at the institutional level but also between teachers and students of the two universities. Thus, they succeeded to develop a common joint research capacities, to discover mechanisms for effective collaboration between the fields of social welfare systems and public health in Romania and Norway. Romanian and Norwegian students actively involved in the program received a multidisciplinary framework, multinational, multicultural and transdisciplinary practice skills useful on the labor market.

General Aims of this project were:

5.1.   Developing interinstitutional collaborations between UAIC and NTNU

5.2.   Identify and develop collaboration on education programs and practice in the welfare, integrative health and social care for elderly and disabled persons in both countries

5.3.   Identify areas for innovation in education, research and practice

5.1. Interinstitutional cooperation

All activities have been performed by a common effort: study-analysis' design was developed by skype and face to face meetings; collecting and interpreting data has been performed in each country by partners teams, but based on common understandings; results were interpreted and reported by all participants: manager, collaborating partners, teachers, researchers, students from both countries; common presentations of Romanian and Norwegian students, of teachers and researchers from both countries were encouraged and done on workshops and final conference. Thus, participants developed their working team and intercultural competencies on face-to-face meetings, virtual skype meetings – bimonthly, but more often when it was needed – and videoconferences.

Participants learned to organise scientific meetings together, learned about how the project was designed and carried out, how the welfare systems are organised on Norway and Romania. They have also learned

about each other' professions and targeted beneficiaries, create networks among staff and students and have initiated further collaboration about articles and research. For the academic staff its offers opportunities to analyse and compare the curricula and to look for adaptations of the education programs at NTNU and UAIC. The common results will improve bilateral academic and students' exchange.

5.2. Identify and develop collaboration. Study-analysis design and research methods

One of the specific objectives of the project is to build and develop collaboration on a joint study-analysis. In order to achieve that, we developed a common methodology for (1) mapping the professions involved on integrative health and social care field and welfare for elderly and disabled persons in Norway and Romania, and (2) finding the views of important informants on integrative health and social care field and welfare, on service innovation and peer workers for elderly and disabled persons in both countries.

The method used for mapping the professions involved in social and health care services is based on a desk research type of approach and it involved the analysis of governmental acts and statistical data specific for the social and health services for elderly and disabled persons from Norway and Romania.

In the first stage of the desk research, Romanian research team analyzed the Governmental Act (HG) No 867/2015. The Act issued in 2015

sets the standards for The Nomenclature of the social services and the regulations framework for organization of the social services. Norwegian research team analyzed The Norwegian Public Health Act (ACT 2011-06-24 no. 29). This Act represents a major shifting and sets the regulations framework on the area of health services in Norway. To compare the systems from both countries we gathered statistical data from different data bases such as The National Institute of Statistics from Romania, Eurostat, and Statistics Norway. We analyzed and compared several sets of indicators (demographic, social, economic, health). We monitored indicators at the national level and regional level. For the comparison of the integrative health and social services at the regional level had been chosen The North-Eastern Region of Romania and Sør-Trøndelag Region from Norway. The main criterion for comparison of the regions was the volume of population. The finding of this stage of the study were reported and discussed during the seminar "Joint study-analysis in welfare, health and social care," held on 27-28 October 2016 at Norwegian University of Science and Technology in Trondheim, Norway. This seminar served us as a platform for building the qualitative methodology and the research instruments for second stage of the study.

The qualitative methodology required the construction of a semi-structured interview guide with research participants' profile and four main dimensions: (1) the system for health and welfare (a general overview; positive things and problems, barriers and opportunities), (2) resources of any type (technical, financial and human resources), (3) personal and practical experiences, and (4) proposals for better change regarding the quality of services and more efficient and innovative use of the resources.

We interviewed key informants from ministries, academic area, different governmental bodies, non-governmental organizations and representatives of the beneficiaries' agencies, different municipality bodies, and also users and beneficiaries of social and health services in Romania (N=21) and Norway (N=16).

We collected the data after setting a meeting with the research participants. Before doing the interviews, participants were presented the study objectives, the interview guide, and the discussion topics. In addition, we asked the participants' consent for recoding the conversations. The research instruments were discussed and validated by the Ethics Committee of the Faculty of Philosophy and Social Political Sciences ("Alexandru Ioan Cuza" University Iasi).

After transcribing the interviews, we verified the accuracy of transcriptions. Data analysis included codifying the text and outlining certain categories that express the elements and phases of migration process and of migrants' experience in their space of arrival. Codification consider the topics outlined in the interview guide, the research questions, the discussion themes not included within the research instrument and the objectives specific to the research framework.

## 5.3.	Identify areas for innovation in education, research and practice

Use of peer workers has been a special topic that has been emphasized though the project. To employ peer workers is a new

approach that might lead to huge changes both in the welfare system, in education and in the roles of social workers and health service providers. This will create innovation in the welfare and health system and a new dynamic in services for disabled and elderly persons in both countries.

CompEd activities were framed from a sustainable perspective seen as the: "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" as it is stressed by Brundtland Report (1987) and many European documents on Sustainable development since then.

Considering the CompEd project, we have concluded on the opportunity of innovation processes on future education, researches and exchange programs.

Including *innovation* as future topic in education, research and practice, with a stronger emphasize on the service users and service providers' perspectives is one of proposal. We believe that they have valuable information and knowledge about how the services are working and that we need this to make changes and develop the service system in both countries. Academic approaches will consider inclusion of these perspectives, to raise chances to be close to workforce market.

From an *integrative* and *practical* point of view, innovation is considered as the tool for entrepreneurship. To be able to make practical impact of innovation it is necessary to have an entrepreneurship approach. After that, to implement social innovations into societies so called society entrepreneurship, a broad collaboration of cross borders and sectors is needed.   A main design in society entrepreneurship is to explore and

develop new ways of working and new combinations of resources to create economic and social values, across the four sectors as public, private, academic and voluntary. On the literature, this is often named as *quadruple helix* (Woo Park, 2014).
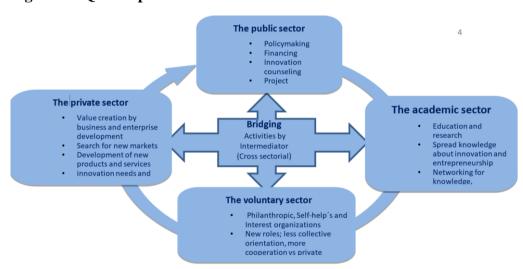
Fig. 4 The Quadruple Helix dinamic

Because of CompEd project, we have seen the contours of such a collaboration, but we have not proposed to work systematic along these principles, without having first the activity proposed on the project application. However, we have seen the potential of such an approach and would have liked to develop more if we had had resources and time. Thanks to CompEd project, the topic and approach are on the attention of the project partners for developing future extensive, integrative and innovative cooperation.

6.   Instead of conclusions

The project helped the universities in developing better exchange programs within these topics and helped students and teachers to get a better understanding of the differences and similarities between the two countries and how they are working with innovations and changes in their health, social care and welfare systems. One of the successful factors assured the actions of both universities as equal partners, sharing responsibilities on the project. Thus, UAIC and NTNU increased mutual knowledge and understanding on educational and practice know-how, on joint implementation, results and experiences, framing positive conditions to develop future collaborations.

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