

Chapter 6

Driving Forces of Welfare Innovation: Explaining Interrelations Between Innovation and Professional Development

Charlotte Wegener

6.1 Introduction: Innovation on the Agenda

This chapter discusses the potential and necessary interrelations between professionals' ongoing development and their engagement in innovative practices at work. A growing number of countries and organizations are putting great effort into integrating innovation in school curricula, as well as in staff and manager training programmes. Innovation strategies and government-sponsored documents throughout the world have stressed the need to accelerate innovation (Osborne & Brown, 2011). Innovation is no longer reserved for research and development departments or so-called creative professions. It has become a key goal towards which on-going professional development needs to be directed. Now perceived as germane and even necessary in almost all kinds of work, the innovation potential in everyday practices and ways of allowing for employer creativity have become highly relevant objects of study. As noted by Johansson (2010, p. 139):

The important issue is not to find those few people with creative talent or capacity, for all humans have this capacity. What is important is that innovations are allowed. Culture and structure tend to prevent creative behaviour. An innovative society is a society which allows creative actions to become innovations.

From this perspective, innovation can take place as a part of professionals' creative everyday problem solving, improvisation, and reflection at work. Thus, innovation requires employees to have access to and feel motivated to develop their creativity in the workplace (Glăveanu, 2010; Tanggaard, 2011). However, there is a need to know what people actually do in these potentially innovative practices (Johansson, 2010) and how cultural factors and managerial priorities can support creative actions to realize large-scale innovations.

C. Wegener (✉)

Department of Communication, Aalborg University, Aalborg, Denmark

e-mail: cw@hum.aau.dk

According to Ingerslev (2014), innovation research traditionally regards innovation as a set of phases comprising: (i) the invention, (ii) implementation, and (iii) dissemination of new products, services or processes. There are different ways to describe this threefold process of innovation: e.g. as a new idea, which is taken up and acknowledged as useful or valuable (Mulgan, 2007). Hartley (2013) advocates for the value of analysing the significantly different phases of innovation and describes the cycle of innovation as an analytical tool to help understand innovation as a complex and iterative process. However, the description of innovation in ‘phases’ throughout the literature might give the impression of linear change processes (Osborne & Brown, 2013). Although most phase models acknowledge the complex and iterative nature of innovation, this chapter proposes that phase models may be insufficient for studying and supporting the interrelations between professionals’ ongoing development and their potentially innovative practices at work.

What is proposed here is to enhance ‘phase’ models by adding to them a ‘driving force’ model which may provide an appropriate strategy for studying and supporting the innovation potential in professionals’ everyday work. The term driving force refers to the motivational, managerial, and structural factors that influence innovation potential in the workplace. The term ‘driving forces’ thus points to everyday creative actions that hold innovation potential if acknowledged and supported. First, the chapter will outline current international innovation strategies. Second, it will examine welfare innovation. Third, the chapter will present a field study of elderly care in Denmark. The field study will illustrate how the interrelations between professionals’ ongoing development and their engagement in innovative practices at work operate under three driving forces: (i) craft (i.e. professional skills and knowledge), (ii) levers (i.e. tools and routines), and (iii) purposes (i.e. values and long-term visions). To conclude, the chapter will propose how the three driving forces can be addressed in practice and further theorized.

6.2 Strategies for Innovation

According to Hartley, Sørensen and Torfing (2013), there is no agreement in the literature about how to define innovation. In order to separate innovation from creativity, they suggest that innovation involves not only the generation, but also the practical realization of new, creative ideas; that is, new ideas translated into new products and practices:

Hence, innovation can be defined as a complex and iterative process through which problems are defined, new ideas are developed and combined, prototypes and pilots are designed, tested and re-designed, and new solutions are implemented, diffused and problematized (Hartley, Sørensen, & Torfing, 2013, pp. 5–6)

What most definitions including this one do not address, however, are workplace cultures and managerial priorities that may restrict, permit, or support creativity becoming an innovation: in other words, the factors that mediate how innovation is

permitted to progress. Thus, these definitions restrict our gaze to specific phases that may or may not lead to innovation, while overlooking the driving forces that affect these activities.

Conceptualizing innovation in terms of phases is prevalent in policies as well as in research. Many national innovation policies are based on the OECD Innovation Strategy (OECD Publishing, 2010), which regards innovation as necessary for economic growth and job creation. The OECD Innovation Strategy encourages educational policies and practices to support innovation policies. In general, innovation is understood and addressed as competencies taught and learned in schools and higher education. Innovation is regarded as a competency or an outcome that can be achieved, exchanged, and measured. The 2014 Global Innovation Index report has the subtitle ‘The Human Factor in Innovation’ and states, “Innovation depends on people who are able to generate and apply knowledge and ideas in the workplace and in society at large” (Dutta, Lanvin, & Wunsch-Vincent, 2014, p. 69). The report stresses that although links between specific skills and innovation are difficult to establish, educational institutions play a key role in enhancing employee involvement in innovation processes. Employees with the necessary competencies are crucial to innovation in companies, public organizations, and national authorities. The report argues that enhanced focus on innovation in schools and higher education is the first step towards more innovative employees. Hence, ‘the human factor’ of innovation is mainly associated with competency building through school-based education and teaching, and less with professional development and how workplace culture and local management supports creative actions to become innovations.

Similar to these policies, contemporary innovation research mainly considers the generation and circulation of new knowledge as determinants of the capacity to innovate products, processes or services (Gherardi, 2012). This approach can be criticized as being preoccupied with school-based knowledge and innovation competencies acquired through education and teaching; however, there is also a growing body of literature that regards innovation as imbedded in social practices. A social practice, such as a workplace:

... needs to be understood in terms that include (a) participants’ interest, identities, and subjectivities; (b) the degree of consonance between these; and (c) the goals and continuities of the social practice, including the possibility for an active role in its remaking. (Billett, 2006, p. 62)

This making and remaking of practice involves continuing sensemaking and construction of knowledge (Billett, 2006), and not solely the transfer of knowledge in phases of invention, implementation, and dissemination. The research field of workplace learning offers promising perspectives such as employee-driven innovation (Høyrup, Bonnafous-Boucher, Hasse, Lotz, & Møller, 2012) and practice-based innovation (Ellström, 2010). These approaches engage with the practical conditions that make creativity and innovation possible, as well as the differences that can prevail among creative practices in different social fields and cultures (Tinggaard & Wegener, 2015). These research paradigms address innovation as a function of workers’ professional development that takes place through the production of goods

and services within and across organizations and through interaction with colleagues, users, and the tools involved in the work (Høystrup et al., 2012; Wegener & Tanggaard, 2013). Workplace learning and practice-based innovation research advocates paying attention to the innovative potential in professionals' everyday work practices and their problem solving in complex and dynamic work contexts. The main concern is that such practices might be overlooked by those whose frame of reference is traditional product and process innovation (Evans & Waite, 2010; Hillier & Figgis, 2011). In other words, employees may perform creative actions with innovation potential without knowing it and without managers, politicians, or researchers acknowledging these efforts as potentially innovative (Lippke & Wegener, 2014). Accordingly, innovation potential may be present while managers or politicians mistakenly conclude that an innovation policy has failed. This paradox can assist alternative conceptions of how innovation can be studied and supported. Therefore, approaches to generating innovation need to go beyond institutional practices and include human bases and processes of engagement.

6.3 Innovation in Welfare Domains

Welfare work requires adapting to changing circumstances through evolving practices, which makes it a particularly helpful model for studying how to foster innovation at work. The need for alternatives to phase models of innovation is relevant in many welfare domains because the contexts for welfare innovations are mainly everyday interactions with people in need of care or support. As 'outcomes' of innovation are not solely new and measurable products, services, or processes, the matters of concern accordingly become human-to-human interactions, ways of collaborating in problem solving, and the quality of relations (Aakjær, 2014). That is, innovation is not restricted to processes and outcomes that are 'de novo', entirely novel. These matters of concern are reflected in the literature in efforts to translate conceptions of firm innovation to welfare organizations (Halvorsen, Hauknes, Miles, & Røste, 2005; Hartley, 2005; Mulgan & Albury, 2003). A literature review on social innovation in Europe (which includes health, education and welfare services) notes that distinctive features of social innovation are (i) the *relational* dimension, as the relationship between the user and the service provider is direct, (ii) the *processual* dimension, as the process of innovating and the diffusion of innovation is never fully accomplished, and (iii) the *interactional* dimension, as the generating and dissemination of innovation unfolds within a complex system and amongst different systems, contexts, or implementing environments (Crepaldi, De Rosa, & Pesce, 2012). The authors conclude that the goals of such changes (i.e. more effective services, enhanced knowledge and skills building) may be difficult to identify, manage, and assess.

Due to the abovementioned features of welfare innovation, some researchers argue that there is an underdeveloped appreciation of what welfare innovation might mean in practice and how it can best be supported (Bessant, Hughes, & Richards,

2010). Everyday problem-solving practices in complex, demanding, and dynamic contexts tend to become invisible if professionals and innovation researchers associate innovation with phases leading to a measurable ‘outcome’ (Rogers, 1962/2003; Wegener & Tanggaard, 2013). Strategies for studying welfare innovation, thus, need to challenge the idea of innovation as the invention, implementation, and dissemination of new ideas. Rather, welfare innovations are comprised on one hand of interdependent change processes of professional development, and on the other, changing needs and conditions of work practices (Billett, 2012). Welfare innovation does not solely require distinct professional competencies and a managerial strategy based on phases. Welfare innovation strategy involves sensemaking and issues of professional identity and thus the support of experimentation, critical dialogue, and risk taking on an everyday basis. According to Gherardi (2012), innovation springs from the constant elaboration and refinement of the methods and meaning of the work and is, thus, closely linked to professional development (e.g. knowledge building and identity formation).

The following section illustrates these ideas by focusing on one specific welfare sector, to which innovation policies are directed: elderly care in Denmark.

6.4 Elderly Care Innovation

Based on pragmatic and situated notions of doing and knowing with reference to Lave (1993/2009) and Holland and Lave (2009), the study investigated the innovation imperative as it unfolded in everyday practices of elderly care work (Wegener, 2013). The study aimed to understand innovation through the shifting lenses of micro and macro perspectives, privileging sources of data from professionals and students in their everyday work practices in the light of the abovementioned innovation policies. In the words of Lave (1993/2009, p. 204), human doing and knowing are flexible engagements with the world in ‘open-ended processes of improvisation with the social, material, and experiential resources at hand’. Lave (1988) proposes that there are no fixed boundaries between activity and its settings; between cognitive, bodily, and social forms of activity; and between problems and solutions. The context and the individual constitute each other and cannot be studied as separate units. Thus, research on everyday practice should focus on the relations between persons acting *and* the social world; that is, the ‘improvisational, future-creating character of mundane practice’ (Lave, 1993/2009, p. 201). From a pragmatic and situated perspective, the *relation* between context and activity is the unit of analysis. In this case of elderly care innovation, this is precisely the relation between ongoing professional development and innovative practices addressed here. As the analysis below illustrates, innovation is studied by paying attention to workers’ changing participation in everyday shifting workplace practices. However, these everyday changes take place in the light of political-economic circumstances and rhetoric requiring innovation. Holland and Lave (2009, p. 2) aptly capture the shifting lenses between micro and macro perspectives, stating, ‘Our studies begin with ongoing,

everyday life and its differently located participants, historically related, always in conflict and tension through different political stances and relations of power.’ However, these local, everyday situations must be understood in light of activities on a wider scale as ‘local struggles are also always part of larger historical, cultural and political-economic struggles, but in particular local ways worked out in practice’ (Holland and Lave, 2009, p. 3). This means that those who aim to understand or support innovation in specific professional practices (e.g. researchers, policy makers, or local managers) must take into consideration that these practices operate within national and international innovation rhetoric and policies. Accordingly, a macro perspective on elderly care innovation is useful for understanding the actual local practices which will be presented subsequently.

6.4.1 A Macro Perspective

The emergence of the innovation concept in elderly care domains is part of a general movement within public welfare where innovation has both economic and social purposes (Shapiro, Haahr, Bayer, & Boekholt, 2007). The demands on innovation in elderly care practices are a more or less constant concerns among politicians and top managers in the field (Wegener, 2013). One reason is that the elderly care sector is subject to the so-called triple challenges: caring for an aging population, embracing costly technology (e.g. robots and new medical or surgical treatments), and responding to the rising public expectations of access to these innovations (Bevan, 2012). Baldock and Evers (1991) argue that the appeal for innovative ways to support patients and dependent older people reflects a shift from the passive care recipient to the active co-producer of care, a more pluralistic mix of care providers (i.e. state, family, and voluntary sector) and a service level increasingly determined by cost calculations.

Elderly care workers in Denmark, like in many countries, are low waged and thus often considered low skilled and not capable of innovation (Wegener, 2012). While elderly care used to occur in families, it is now largely a paid activity in a growing sector organized inside and outside of the welfare state. In Denmark, the government organizes elderly care and provides all aged people with basic help for household tasks, personal hygiene, and health care in their homes. If an aged person becomes too weak to stay at home, the government provides placement at a nursing home (Kamp & Hvid, 2012). Certainly, the sector has undergone gradual professionalism in the form of government-regulated education within the vocational education system and a variety of management principles have been tested both locally and nationally. Danish (and Scandinavian) elderly care may be interesting from an international perspective due to a wide range of organizational, managerial, and educational experiences. Within vocational education (which elderly care education is part of), the national innovation strategy has been transformed into curricular requirements, with a legislative stipulation that college teaching must provide students with the kinds of competencies that aim to promote and realise innovation.

Within the context of elderly care education and elderly care practice, however, it is unclear what is exactly meant by ‘innovation’ and in which areas of the work practices innovation is supposed to take place. So far, educational textbooks have applied phase models of innovation. One textbook provides training exercises structured in three phases: (i) creativity (‘the new’), (ii) innovation (‘the useful’), and (iii) the entrepreneurship (‘the utilized’). Another textbook suggests four phases: (i) understanding, (ii) ideation, (iii) realization, and (iv) evaluation. These phases reflect the most common innovation definitions, which require that innovations be new, implemented, and exert a positive impact on value creation. The following section reporting from the field of elderly care practice illustrates through micro analyses why these phase models found in innovation strategies and taught in class may not sufficiently acknowledge and support innovation in practice.

6.4.2 A Micro Perspective

The field study of Danish elderly care consists of 16 semi-structured interviews, policies documents, and teaching material. Subsequently, ethnographic observations were conducted over the course of 6 months at (i) a vocational college, (ii) elderly care facilities, and (iii) national seminars for elderly care professionals and educators. The initial aim was to study ways in which innovation was taught, learned, and practiced by elderly care professionals. However, it turned out that few local managers, home help assistants, and students were involved in activities explicitly referred to as innovation. Yet, simultaneously, they experienced innovation as a ubiquitous, but unintelligible, imperative from those ‘above’ them (e.g. media, top management, or politicians). In other words, they knew that they were expected to be innovative, but they did not know how and in which areas of their work they could be innovative. Additionally, many of the informants expressed concerns about not knowing the exact meaning of the innovation concept. A certain apathy and scepticism towards innovation imperatives was evident. Innovation was associated with product development and financial profitability: ‘It’s more about money than it is about people’, as one nursing teacher said. Meanwhile, another teacher associated innovation with New Public Management thinking, saying that innovation is about turning everything into ‘a big business’ and complaining that it is ‘the business language that’s conquering the care world’. Innovation imperatives gave rise to both “scepticism about the claim for improvement and concerns about one’s capability to handle it”, in the words of Mc Kee and Eraut (2012, p. 3). However, similar to the study reported here, Mc Kee and Eraut found that professional competence building and value-based activities led to small change initiatives in the short term as well as radical changes in the long term.

The present study eventually came to address innovation as a multifaceted concept that may evolve both through focused innovation efforts and through problem solving in situations requiring creative experiments or adjustment of routines. As pointed out by Billett (2009), provisions for vocational and professional learning

often fail to take sufficient account of those who engage with initiatives that attempt to motivate or direct their learning in particular ways. When professionals in the study rejected innovation, the most common explanation was that the concept was foreign to their profession and brought unwanted values into the elderly care sector. Thus, there seemed to be no well-working attempts to motivate and direct these professionals towards innovation in ways that corresponded with innovation policies. At the same time, during the field study, it was evident that students and staff did experiment and try to get involved in change efforts. Here, we will take a closer look at three situations where creative change efforts were observable. The situations serve as illustrative examples of professional experiment and development with innovation potential.

In watching people implement small change initiatives with innovation potential, we can observe the student intern, Winnie:

Winnie is carrying out her round of morning care for three residents at the elder care center. She enters George's room, says, 'Good morning,' draws the curtains and asks how he is feeling. Did he have a good night's sleep? After a while, George sits up on the bedside. Winnie says that she will be back in a little while to assist him to the bathroom. Winnie proceeds into Jennifer's room. Jennifer is already awake. After some small talk, Winnie and Jennifer go into the bathroom, and Winnie puts out two toothbrushes.

'This one is for your dentures, and this one is for your own teeth,' Winnie explains. 'When you have finished brushing, you must put on your dentures.'

'Yes, yes,' Jennifer says, 'but I'm not sure I can remember it.'

'You'll do fine, I'm sure,' Winnie insists. 'I will be back soon to help with the clothes.'

We leave Jennifer's room, and Winnie explains to me that she was instructed to do the morning care with one resident at a time. She did this for a while, but then she realized that she was pushing them to hurry up and that she carried out tasks that they were actually able to do by themselves.

'Now I mix up the morning care between the three of them', she says. 'They get more time, and I do not have to hurry them up anymore. Leaving them for a while also empowers them because they get the chance to do more themselves.'

Here, Winnie describes how she encountered a problem and how she solved it. She alters the workplace routine and explains this in terms of her professional knowledge of 'empowerment'.¹ She definitely did not get a new bright idea, decided how to carry it out, and then evaluated it. Her practice is deeply rooted in everyday work tasks and a vision to slow down the pace for her and the residents. Winnie would be surprised if we termed her behavior to be 'innovative'. However, Winnie's small-scale, but professionally well-argued adjustment, can serve as an important source of innovation. These kinds of change initiatives arise from everyday problem solving that constantly takes place in workplaces. However, if innovation strategies focus mainly on innovation competencies as knowledge acquired through school-based education and training activities, these change initiatives are easily overlooked. Yet, the study identified several situations in which managers nurtured a culture in which reflection and experiment became the norm thereby paving the way for innovations. In the interview below, the manager Beate explains how she works

¹Empowerment in health care refers to the balancing of rights and responsibilities of the individual, the community and the health-promoting agency.

to create a workplace culture based on basic values of the profession (i.e. inclusion, meaning and comfort). When asked how she supports the student interns, she explains that she does not separate student development from staff development. She organizes the staff meetings as mutual reflection processes within a framework of person-centered care:

- Beate: When I started as a manager here, the staff might say: ‘This lady with dementia who cries all the time that she must go to the toilet... there’s nothing we can do about it. It’s damn annoying to look at and listen to, but it’s due to her illness.’ Today, they know that the social context and how they interact with the residents have a crucial impact on the residents’ behavior. We use Tom Kitwood.
- CW: I’m not familiar with him.
- Beate: No, and that’s a crying shame. He is the pioneer in the field of dementia, and we use his ideas in our work with all residents because what is valuable for a person with dementia may be valuable for all the other residents as well. With Kitwood’s analytical model, we address the person as a whole. Often, you think that you know enough, and then you forget to be curious. With Kitwood, we can look at a range of things and support the identity when these persons may not be able to do everything on their own anymore.
- CW: Identity?
- Beate: Identity, yes. Do you feel you belong to a community? Do you feel included? Do you feel that you have meaningful things to do? Do you feel that comfort is there when you need it? These are the basic things that Kitwood says we need in order to thrive as human beings.

Beate attempts to implement a cultural change based on one tool, Kitwood’s analytical model. Over time, the model becomes familiar to the staff as they are invited into value-based dialogues about their professional work. Beate does not use the term ‘innovation’. However, in research on innovation in the elderly care sector, Kitwood’s ideas of person-centered care are highlighted as an innovative service and care form (Verleye & Gemmel, 2011). The staff are invited to engage in reflection practices, where they have the opportunity to gradually reconstruct their professional values and identity while simultaneously experimenting in their work practices. Hence, a phase model of invention, implementation, and dissemination seems rather inadequate as an analytical tool, if the activities are directed towards ongoing critical investigation and shared experimentation in everyday practice.

The final example highlights a similar managerial effort that may not be captured by phase models. However, this effort is explicitly addressed as an innovation. The nursing home manager, Susanna, is using the purchase of two laptops to direct the staff towards a new paradigm for work. Although at first sight this may look like a dull routine or even a misconception of innovation, this is not the case, as Susanna explains here:

- We had lots of adverse events. Our staff is responsible for giving or adjusting the residents’ medication, and there were lots of errors. We realized that these errors happened because of the timespan from giving the drug until reporting. Now we have purchased two laptops. The nurse assistant brings a laptop to the resident and reports on the medication on the spot. Our aim is that all reporting takes place as part of the care work together with the resident. Earlier, they had to walk long corridors and report at stationary computers in a noisy room interrupted by colleagues talking to them. They forgot what to report. Now they have the

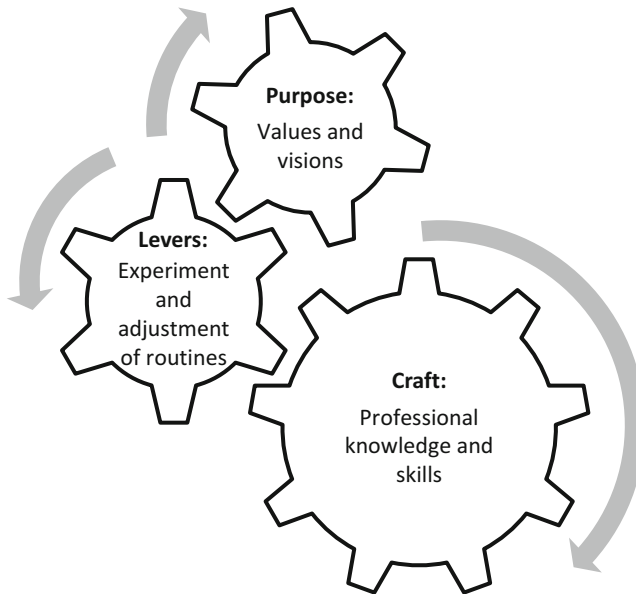
possibility to report instantly and avoid getting distracted. This innovation has several unanticipated outcomes, as well. They have more time because they walk less, and they are starting to learn that the residents – and their relatives – are important informants. This corresponds with the municipal strategy of citizen involvement and person-centered care. However, some of the care workers are reluctant to actually act out this new practice. They feel that writing requires more time and privacy. My responsibility as a manager is to make them realize that this is not something entirely new. It is closely linked to what we already do.

This interview quote illustrates how change efforts based on (i) an explicit need to reduce adverse events, (ii) adjustment of routines by the purchase of laptops, combined with (iii) a vision of person-centered care and citizen involvement makes it possible to link professionals' ongoing development with strategic innovation. These kinds of change processes may have taken place within contexts free from innovation imperatives and without the innovation concept being invoked to explain it. However, this manager is obviously supported by innovation terminology. We might even explain her leadership as a result of an innovative mindset. Does her staff develop innovation competencies? Will they be able to apply these innovation efforts to other areas in need of change? We cannot tell at this point. What she is doing, however, does involve three elements which can be generalized as: (i) professional knowledge and skills, (ii) experiment and adjustment of routines and (iii) a clear value-based vision. These three elements are translated into a generic model of welfare innovation that is displayed and explained below to augment those experiences.

6.5 A Driving Force Model

This section explicates a 'driving force' model for context sensitive research and management of innovation in welfare workplaces. The above situations of creative change efforts with innovation potential involve three elements which can be regarded as driving forces: (i) craft (i.e. professional skills and knowledge), (ii) levers (i.e. experiments and adjustment of routines), and (iii) purposes (i.e. values and visions). These are all required to initiate and support welfare innovation and can, accordingly, be the object of welfare innovation studies (Model 6.1).

The term 'craft', firstly, is based on Sennett's notion of craftsmanship as the basic human impulse to do a job well for its own sake. His proposed craft involves developing skills and knowledge and focusing on the work (Sennett, 2008). Craftsmanship points towards virtues such as hard work and collaboration, while craft as a driving force suggests an embedded perspective that places innovation in specific contexts of professional identity and professionalization. Thus, innovation strategies are of little relevance if they are not rooted in professional knowledge and skills (e.g. Winnie's knowledge of empowerment) and the awareness of problems and needs in the domain (e.g. avoid hurrying the resident during morning care). Secondly, levers as a driving force refers to adjustments of routine and the tools involved in change efforts. Based on a concept developed by Lévi-Strauss, Fuglsang



Model 6.1 Three driving forces of everyday innovation

(2010) suggests ‘bricolage’ as a term for elderly care professionals’ everyday adjustments, as they evolve through interactions with the care recipients and their dialogues with colleagues. Innovation as bricolage points to the idea of utilizing familiar and recognizable tools and routines to initiate change and solve problems (e.g. Beate’s continuous use of Kitwood’s model at staff meetings and Susanna’s introduction of laptops to the reporting routine). Purpose as a driving force for innovation, thirdly, indicates that the innovation imperative articulates real changes and differences in professional identity, values, and visions. Research on elderly care innovation concludes that a full account of innovations must not only illuminate strategic choices and management but also take into account the motivations and values of innovators” (Ferlie, Challis, & Davies, 1984). To do so, Weick’s (1995) concept of ‘sensemaking’ is useful, as it describes how changes, uncertainty, and ambiguity result in the active construction and negotiation of meaning. Sensemaking is an active process, involving individual energy and commitment (Weick, 1995). In this way, innovation strategies must continually be negotiated and practiced in relation to long-term purposes and goals (e.g. Winnie’s wish to empower the residents and Beate’s vision to make the staff acknowledge that they have a crucial impact on the residents’ behavior).

The model depicts the overarching elements that must be addressed to inspire welfare professionals to be innovative. The last section will return to the model and its practical and theoretical implications for professionals’ ongoing development and their engagement in innovative practices at work. The model indicates that innovation cannot solely (and sometimes not at all) be learned or performed through

phases, iterative or not. Rather, the concept of driving forces points to the necessity of basing innovation efforts on adjustments of existing routines (i.e. levers). In addition, the model acknowledges that professionals initiate new work practices and routines on the basis of their knowledge (i.e. craft) and values (i.e. purposes), and these efforts, sometimes subtle and unrecognized, contain the potential for innovation on larger scales. When innovation is regarded as integrated in work practices, professionals become key stakeholders in decision-making processes, and in the organization and development of professional roles and tasks (Chiatti, Fry, & Hanson, 2011; Ferlie, Fitzgerald, Wood, & Hawkins, 2005; Hanson, Magnusson, Nolan, & Nolan, 2006). What they must practice and what managerial and policy strategies must address are the ways in which these professionals can become informed stakeholders: professionals who are willing to experiment, engage in critical dialogue, take risks, and who have the skills and knowledge required to do so on the basis of the core values of their profession.

6.6 Practical Implications and Concluding Remarks

Which kinds of local management strategies support professionals in being or becoming informed stakeholders? The triple challenges referred to earlier explains that welfare professionals must continuously meet the needs and requirements from a growing and diverse group of care recipients, they must learn to handle new technology and treatments, and they must react to rising expectations, often with limited resources. In these ever changing contexts, the necessity of attaching innovation efforts to existing knowledge (i.e. craft), routines (i.e. levers), and values (i.e. purposes) becomes crucial. Innovative practices and innovation competencies in the context of ongoing professional development are thus distinct from those in the context of initial occupational preparation. While innovation competencies in primary school and high school can address a wide range of topics and contexts with the aim of supporting generic innovation competencies, innovation competencies in the context of professional development must be aligned with occupational goals and available resources at the workplace (Billett, 2012). The innovation efforts in this context are inextricably bound to work situations where problems must be solved and new needs emerge. Winnie's new way of organizing the morning care, Beate's continuous use of Tom Kitwood at staff meetings, and Susanna's purchase of two laptops are prime examples of initiatives with innovation potential. Winnie, Beate, and Susanna do not transfer innovation policies or perform innovation in phases of invention, implementation, and dissemination. The skills and knowledge involved in their efforts are not taught in educational institutions and transferred to the workplace; rather, these professionals are involved in processes of constant refinement within a texture of practices (Gherardi, 2012). They reflect, combine, and interact with people and things at hand. They adjust routines based on professional knowledge and values, and they try to increase the value of their practices and make them valuable to others.

Thus, the necessary interrelations between professionals' ongoing development and their engagement in innovative practices at work can be supported by including in local innovation strategies questions based on the following driving forces:

- (i) Craft: Which knowledge and skills already exist among staff and collaborating partners? In which ways do we support ongoing professionalization? Which professional knowledge and skills do we need to develop to meet new needs and requirements?
- (ii) Levers: Which routines are operating well, and which ones need to be changed? How do we encourage experiments and critical dialogue about our daily work? Which tools and strategies can support adjustments of routines?
- (iii) Purposes: What are the visions for our profession and for our workplace? Which values are at stake during professionalization or new routines? Which values do we wish to preserve or strive for? How can we support and make explicit sensemaking processes and issues of professional identity?

These questions based on the three driving forces are closely connected and interdependent. They also make explicit that all three driving forces need to be addressed for an innovation strategy to inspire professionals to be innovative. Thus, the model can assist the acknowledgment of initiatives that hold a potential for innovation, but risk being overlooked by phase models. The model points to the necessity to anchor innovation strategies in existing knowledge, routines, and values that are not necessarily perceived, performed, and changed in phases of invention, implementation, and dissemination. A pragmatic and situated perspective on welfare innovation suggests theoretical and empirical ways to support and study the interrelated macro and micro perspectives of innovation. This perspective acknowledges everyday adjustments of routines through experimentation and reflection as innovation strategies that can potentially materialize in practice. A conception of welfare innovation which is not translated from firm innovation, but derived directly from welfare contexts, might, then, involve theories of craftsmanship (Sennett, 2008), bricolage (Fuglsang, 2010; Lévi-Strauss, 1966), and sensemaking (Weick, 1995, 2009). Such conceptions of innovation involve the ongoing development of professionals and workplace cultures and management strategies where experimentation and critical dialogues are nurtured and supported. In other words, the craft, levers, and purposes inherent in each professional practice are key components in the creation of an innovative workplace culture. Hence, 'the human factor' as mentioned in innovation policies should include professional development and ways in which workplace culture and management strategies can allow everyday experiments and adjustments to become innovations.

References

- Aakjær, M. K. (2014). *Reconfiguring boundaries in social innovation: co-creating new meaning and practice in a prison context*. PhD dissertation. Copenhagen, Denmark: Aarhus University.

- Baldock, J., & Evers, A. (1991). Innovations and care of the elderly: The front line of change for social welfare services. *Ageing International*, 18(1), 8–21.
- Bessant, J., Hughes, T., & Richards, S. (2010). *Beyond light bulbs and pipelines: Leading and nurturing innovation in the public sector*. London, UK: National School of Government, Sunningdale Institute.
- Bevan, H. (2012). A trilogy for health care improvement: Quality, productivity and innovation. In P. Spurgeon, G. L. Cooper, & R. J. Burke (Eds.), *The innovation imperative in health care organisations: Critical role of human resource management in the cost, quality and productivity equation* (pp. 37–61). Cheltenham, UK: Edward Elgar Publishing.
- Billett, S. (2006). Relational interdependence between social and individual agency in work and working life. *Mind, Culture, and Activity*, 13(1), 53–69.
- Billett, S. (2009). Personal epistemologies, work and learning. *Educational Research Review*, 4(3), 210–219.
- Billett, S. (2012). Explaining innovation at work: A socio-personal account. In S. Høyrup et al. (Eds.), *Employee-driven innovation: A new approach* (pp. 92–107). London, UK: Palgrave Macmillan.
- Chiatti, C., Fry, G., & Hanson, E. (2011). *ICT-based solutions for caregivers: Assessing their impact on the sustainability of long-term care in an ageing Europe*. (Final report containing case-by-case detailed description and analysis of selected 12 Good practices). Vienna, Austria: European Centre for Social Welfare Policy and Research.
- Crepaldi, C., De Rosa, E., & Pesce, F. (2012). *Work package one: Literature review on innovation in social services in Europe (sectors of Health, Education and Welfare Services)*. European Commission, Seventh Framework Programme.
- Dutta, S., Lanvin, B., & Wunsch-Vincent, S. (2014). *The global innovation index 2014: The human factor in innovation*. Ithaca, NY/Geneva, Switzerland: Cornell University/INSEAD and WIPO.
- Ellström, P. E. (2010). Practice-based innovation: A learning perspective. *Journal of Workplace Learning*, 22(1/2), 27–40.
- Evans, K., & Waite, E. (2010). Stimulating the innovation potential of ‘routine’ workers through workplace learning. *Transfer: European Review of Labour and Research*, 16(2), 243–258.
- Ferlie, E., Challis, D., & Davies, B. (1984). Models of innovation in the social care of the elderly. *Local Government Studies*, 10(6), 67–82.
- Ferlie, E., Fitzgerald, L., Wood, M., & Hawkins, C. (2005). The nonspread of innovations: The mediating role of professionals. *Academy of Management Journal*, 48(1), 117–134.
- Fuglsang, L. (2010). Bricolage and invisible innovation in public service innovation. *Journal of Innovation Economics*, 1(5), 67–87.
- Gherardi, S. (2012). Why do practices change and why do they persist? Models of explanations. In P. Hager, A. Lee, & A. Reich (Eds.), *Practice, learning and change: Practice-theory perspectives on professional learning* (pp. 217–231). Dordrecht, The Netherlands: Springer.
- Glăveanu, V.-P. (2010). Principles for a cultural psychology of creativity. *Culture & Psychology*, 16(2), 147–163.
- Halvorsen, T., Hauknes, J., Miles, I., & Røste, R. (2005). *On the differences between public and private sector innovation. Public report D9*. Oslo, Norway: NIFU STEP.
- Hanson, E., Magnusson, L., Nolan, J., & Nolan, M. (2006). Developing a model of participatory research involving researchers, practitioners, older people and their family carers. *Journal of Research in Nursing*, 11(4), 325–342.
- Hartley, J. (2005). Innovation in governance and public services: Past and present. *Public Money and Management*, 25(1), 27–34.
- Hartley, J. (2013). Public and private features of innovation. In S. P. Osborne & B. Louise (Eds.), *Handbook of innovation in public services*. Cheltenham, UK: Edward Elgar Publishing.
- Hartley, J., Sørensen, E., & Torfing, J. (2013). Collaborative innovation: A viable alternative to market competition and organizational entrepreneurship. *Public Administration Review*, 73(6), 821–830.
- Hillier, Y., & Figgis, J. (2011). Innovation in VET: Networks and niggles. *Studies in Continuing Education*, 33(3), 251–271.

- Holland, D., & Lave, J. (2009). Social practice theory and the historical production of persons. *Actio: An International Journal of Human Activity Theory*, 2(1), 1–15.
- Høyrup, S., Bonnafous-Boucher, M., Hasse, C., Lotz, M., & Møller, K. (Eds.). (2012). *Employee-driven innovation: A new approach*. London, UK: Palgrave Macmillan.
- Ingerslev, K. (2014). *Healthcare innovation under the microscope. Framing boundaries of wicked problems*. PhD dissertation. Copenhagen, Denmark: Copenhagen Business School.
- Johansson, A. W. (2010). Innovation, creativity and imitation. In F. Bill, B. Bjerke, & A. W. Johansson (Eds.), *(De) mobilizing the entrepreneurship discourse. Exploring entrepreneurial thinking and action* (pp. 123–139). Cheltenham, UK: Edward Elgar Publishing.
- Kamp, A., & Hvid, H. (2012). *Elderly care in transition: Management, meaning and identity at work: A Scandinavian perspective*. Copenhagen, Denmark: Copenhagen Business School Press.
- Lave, J. (1988). *Cognition in practice: Mind, mathematics and culture in everyday life*. Cambridge, UK: University Press.
- Lave, J. (1993/2009). The practice of learning. In K. Illeris (Ed.), *Contemporary theories of learning: Learning theorists in their own words* (pp. 200–208). London/New York: Routledge.
- Lévi-Strauss, C. (1966). *The savage mind*. Chicago, IL: University of Chicago Press.
- Lippke, L., & Wegener, C. (2014). Everyday innovation – pushing boundaries while maintaining stability. *Journal of Workplace Learning*, 26(6/7), 376–391.
- Mc Kee, A., & Eraut, M. (2012). Introduction. In A. Mc Kee & M. Eraut (Eds.), *Learning trajectories, innovation and identity for professional development* (pp. 1–19). Dordrecht, The Netherlands: Springer.
- Mulgan, G. (2007). *Ready or not? Taking innovation in the public sector seriously*. London, UK: Nesta.
- Mulgan, G., & Albury, D. (2003). Innovation in the public sector. *Strategy Unit, Cabinet Office*. <https://www.google.dk/webhp?sourceid=chrome-instant&ion=1&espv=2&ie=UTF-8#q=mulgan%20and%20albury%202003%20innovation%20in%20the%20public%20sector>
- OECD Publishing. (2010). *The OECD innovation strategy: Getting a head start on tomorrow*. Paris, France: OECD Publishing.
- Osborne, S. P., & Brown, L. (2011). Innovation, public policy and public services delivery in the UK: The word that would be king? *Public Administration*, 89(4), 1335–1350.
- Osborne, S. P., & Brown, L. (Eds.). (2013). *Handbook of innovation in public services*. Cheltenham, UK: Edward Elgar Publishing.
- Rogers, E. ([1962] 2003). *Diffusion of innovations*. New York, NY: Free Press.
- Sennett, R. (2008). *The craftsman*. London, UK: Yale University Press.
- Shapiro, H., Haahr, J. H., Bayer, I., & Boekholt, P. (2007). *Background paper on innovation and education*. Danish Technological Institute and Technopolis for the European Commission, DG Education & Culture in the context of a planned Green Paper on innovation.
- Tanggaard, L. (2011). Stories about creative teaching and productive learning. *European Journal of Teacher Education*, 34(2), 219–232.
- Tanggaard, L., & Wegener, C. (2015). Why novelty is overrated. *Journal of Education and Work*. Ahead-of-print
- Verleye, K., & Gemmel, P. (2011). Innovation in the elderly care sector – at the edge of chaos. *Journal of Management & Marketing in Healthcare*, 4(2), 122–128.
- Wegener, C. (2012). Public sector innovation: Value creation or value loss? *Lifelong Learning in Europe*, (4), online publication.
- Wegener, C. (2013). *Innovation – inside out. Change and stability in social and health care education*. PhD dissertation. Aalborg, Denmark: Aalborg University.
- Wegener, C., & Tanggaard, L. (2013). The concept of innovation as perceived by public sector frontline staff – outline of a tripartite empirical model of innovation. *Studies in Continuing Education*, 35(1), 82–101.
- Weick, K. E. (1995). *Sensemaking in organizations*. Thousand Oaks, CA: Sage.
- Weick, K. E. (2009). *Making sense of the organization: Volume 2: The impermanent organization*. West Sussex, UK: Wiley.