Exploring Social Innovation (SI) Within the Research Contexts of Higher Education, Healthcare, and Welfare Services—A Scoping Review

Anne Marie Lunde Husebø*

Department of Public Health
University of Stavanger, Norway
Faculty of Health Sciences, Research Group of Nursing and Health Sciences, Stavanger University Hospital
E-mail: anne.m.husebo@uis.no

*corresponding author

Marianne Storm

Department of Public Health, Faculty of Health Sciences
University of Stavanger, Norway
E-mail: marianne.storm@uis.no

Atle Ødegård

Faculty of Health Sciences and Social Care
Molde University College, Norway
Nordland Research Institute, Norway
E-mail: atle.odegard@hiMolde.no

Charlotte Wegener

Department of Communication and Psychology,
Aalborg University, Denmark
E-mail: cw@hum.aau.dk

Marie Aakjær

Centre for Leadership and Experience Design,
Absalon Univeristy College, Denmark
E-mail: maaa@pha.dk

Anne Lyngby Pedersen

Department of Communication and Psychology,
Aalborg University, Denmark
E-mail: alp@socsci.aau.dk

Maja Boelsmand Østergaard

Department of Communication and Psychology
Aalborg University, Denmark
E-mail: mboe@socsci.aau.dk

Elisabeth Willumsen

Department of Public Health, Faculty of Health Sciences
University of Stavanger, Norway
Molde University College, Norway
E-mail: elisabeth.willumsen@uis.no

Abstract

Introduction: Nordic countries face societal challenges for which social innovation may represent solutions. The aim of this scoping review is to explore the concept of social innovation within the research contexts of higher education, healthcare, and welfare services.

Method: A scoping review methodology was used, including a literature search and the identification of eligible studies published between 2007 and 2019, in addition to data extraction and synthesis. Forty-three studies were included in this review.

Results: Across the research contexts, social innovation is conceptualized as a set of novel, creative, human-centred, and value-driven processes aiming to bring about change. Qualitative research methods dominate social innovation research. In welfare services, social innovation concerns the relationship between policy and praxis, new forms of leadership and management, and the promotion of societal inclusion and cohesion. Social innovation in healthcare comprises the use of technology to digitalize service, enhance patients' well-being, and improve service quality. In higher education, social innovation research focuses on educational reforms involving non-profit stakeholders.

Discussion: Social innovation is a multifaceted concept related to change at the organizational or societal level, often with various stakeholders working together to create improvements. The lack of a common definition and framework of social innovation makes this concept difficult to measure or quantify, reflecting the dominance of qualitative research methods in the selected research contexts. Across these research contexts, social innovation can be defined and used for various research purposes, which are often political and value-based, with the latter connected to the common good and people's well-being. Moreover, few social innovation studies have been performed in Nordic countries.

Keywords: Social innovation, higher education, healthcare, welfare services, scoping review

Introduction

This scoping review explores the concept of social innovation (SI) as it appears in three specific contexts: higher education, healthcare, and welfare services. In this study, welfare services are understood as social services provided to citizens to meet societal needs. Exploring the concept of SI is useful because SI has become a significant concept in policy and management rhetoric, often put forward as a crucial element in strategies aimed at making better use of scarce resources. In addition, the expectation that SI can drive societal change and maintain welfare services under economic constraints has become evident in public and academic discourses. In fact, SIs seem to be gaining importance over technical innovations in dealing with societal challenges (Howaldt & Kopp, 2012). While innovation carries technological and economical connotations, SI emphasises value-creation beyond fiscal growth, including better health, wellbeing, and safety of the SI target group. Some analytical definitions use the term 'social' to distinguish SIs from technical innovations (Borzaga & Bodini, 2014). Moreover, this term often refers to the ways in which this value can be achieved through new ways of working (together) as well as empowering actors (i.e., professionals and citizens) to take part in the production of welfare (Avelino et al., 2019). A popular definition of this concept came from Murray et al. (2010), who defined SI as 'new ideas (products, services and models) that simultaneously meet social needs and create new social relationships or collaborations. In other words, they are innovations that are both good for society and enhance society's capacity to act' (p. 3).

As this definition implies, the concept of SI is often understood as processes that spring from real-life problem-solving, but it simultaneously addresses a basic level of capacity-building in groups, organizations, or society (Murray et.al, 2010). In addition, SI is deemed relevant when addressing challenges concerning societal changes (macro level), social needs, and people's well-being (micro level) (Mulgan, 2015; Nicholls et al., 2015). Such innovations are not only beneficial for society because they solve problems in practice, but they also enhance society's capacity to act. This means that they generate newer, better infrastructures and competencies for innovation beyond the demands of the actual situation (Caulier-Grice et al., 2012). SI is thus associated with social change for 'the common good', indicating that SI is meant to create social value and must be experienced as useful in a given field of practice (Mulgan, 2015).

The diagnoses of societal challenges vary, yet there seems to be agreement regarding the role of SI: its potential in empowering and mobilising civic creativity in addition to problem-solving. This agreement is especially manifested in policy discourses across the EU (Avelino et al., 2019). Policy documents emphasise the social dimension of societal challenges and the immediate social challenges that shape the process of social interaction to improve individuals' well-being (Commission of the European Communities, 2008). Hence, SI is regarded as a response that 'can offer a way forward in coping with the societal challenges and the crisis that EU is facing (Bureau of European Policy Advisers [BEPA], 2011, p. 7). The somewhat optimistic assumptions that SI can 'save' welfare states, however, seem to underestimate the systemic complexities of these challenges (Rittel & Webber, 1973). In fact, there is a growing concern in both theory and practice regarding the systemic level of SI and ways in which systems are rewired, which is considered crucial for lasting change and for understanding the concept (Mulgan, 2012).

SI is a complex, contested concept, and knowledge about its nature, management, and facilitation in specific contexts is limited. Thus, further research is necessary to develop knowledge about how SI appears within different scholarly contexts, how (and if) it is conceptualized, the methods researchers apply, and the foci of relevant research.

Nordic countries are facing some of the same societal challenges affecting other European societies, including increased income inequality and a higher risk of poverty (Fritzell et al., 2012). The Nordic welfare states are experiencing cutbacks on? public spending/budgets, and innovative public service models are needed (Norwegian Institute of Public Health, 2019). Hence, SI combined in healthcare, higher education, and welfare services may become a strategy for addressing the societal challenges facing these Nordic welfare systems.

Globally, in welfare fields such as higher education, healthcare, and welfare services, work practices are continually evolving due to changing demographic, political, and economic circumstances. The need for alternative conceptions of traditional processes and product models of innovation is relevant because the contexts of welfare innovations mainly take place as part of everyday interactions between people. The concept of innovation is often

associated with technological development and private enterprises associated with products and markets, and it does not easily translate to health and welfare services in the public sector (Hartley, 2005). A literature review on innovation within healthcare, education, and welfare services in Europe noted the following distinctive features of innovation in these contexts : 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 the innovation are never fully accomplished; and iii) the interactional dimension, as the generating and dissemination of innovation unfold within a complex system and among different systems, contexts, and implementing environments (Crepaldi et al., 2012). Therefore, innovation in various welfare fields is often initiated in specific contexts, and its value is evaluated by the actors in each of these contexts (Tanggaard & Author, 2016).

With the growing interest in SI, there has also been increased attention toward not only the social ends (problem-solving) but also the social means (new ways of collaborating and the mobilization of new actors). These new social means often involve changes in power relations, enforced ethical considerations, and the need for situated decision-making by various professionals working with individuals in need of care, support, and/or learning (Author, 2016). Since the outcomes of innovations are not solely new and measurable, products, services, or processes accordingly become a mix of human-to-human interactions, methods of collaborating during problem-solving, and the quality of relations between the innovation stakeholders (Author, 2014). Although SI requires distinct professional competencies and a managerial strategy, it also involves sensemaking and commitment, the support of experimentation, critical dialogue, and risk-taking in expansive learning environments (Fuller & Unwin, 2004; Fuller et al., 2018).

Despite a growing interest in the social aspects of innovation, there is still little knowledge about the practice of SI (Phillips et al., 2019) nor consistency in the use of the concept across EU policy and national policies (Krlev et al., 2020). In the same vein, there is no reliability in discussions of this concept across scholarly fields. Additionally, Mulgan et al. (2013), stated that social innovation is 'theoretically underdeveloped with few, if any, accepted concepts or causal relationships' (p. 426). Accordingly, in this paper, we will ask the following: How is SI conceptualized and studied in the contexts of higher education, healthcare, and welfare services, and what are the foci of the related

research? Thus, the aim of this scoping review is to contribute to a description of research on SI across these three scholarly fields.

Materials and Method

Scoping Review Design

The study applied a scoping review method following the framework of Arksey and O'Malley (2005). This framework suited our aim of making a broad mapping of the concept of SI in an interdisciplinary context and allowed the inclusion of studies that applied various methodological approaches. It comprises five steps: 1) identifying the research question, 2) performing a literature search to identify relevant studies, 3) selecting relevant studies, 4) charting the data, and 5) synthesizing the data (Arksey & O'Malley, 2005).

Identification of Research Questions

The study's scope and research question were discussed and developed by the authors during a workshop in March 2017. The starting point for the workshop involved this question: What definitions and meanings does the term SI take on, and what knowledge gaps must be addressed in future SI research?

The scope of this study included exploring and describing the concept of SI, which resulted in the following research questions:

1) Which methodological approaches were applied in the various studies analysed?
2) How has SI been conceptualized in research within the contexts of higher education, healthcare, and welfare?
3) How does SI unfold as a process within the welfare research contexts of higher education, healthcare, and welfare services?

Literature Search

The scoping study method requires a comprehensive approach. Therefore, all kinds of literature and studies within SI that intersected the contexts of interest were initially determined to be relevant (Arksey & O'Malley, 2005). To obtain an overview of the three research fields, a literature search was performed using Google Scholar, resulting in a high number of retrieved titles (n = 103,300). This led to a more restricted, manageable approach to our search strategy, which involved a second, identical search performed during March

2017 in the databases of Scopus, the Web of Science, Cumulative Index of Nursing and Allied Health Literature (CINAHL), and Political Science by a university librarian together with two co-authors (ALP, MBØ). Broad search terms such as 'education', 'health', and 'welfare' were applied in combinations with 'SI' in all of the searches (Table 1). Subsequently, we decided to narrow 'education' to 'higher education' and to include only studies that explored and/or reported on higher education in the health and welfare sectors. The first author (AMLH) conducted a second, updated search in the same databases in August 2019, which yielded 173 new records. All of these searches were limited to the documents' titles or abstracts. The publication period was set to January 2007–August 2019.

Table 1 Search history

Context	Search terms	Scopus	Web of science	Cinahl	Abstracts read	Full text included
Higher education	Education AND SI	203	153	n.a.	132	8
Health care	Health AND SI	151	73	51	76	13
Welfare	Welfare AND SI	115	82	n.a.	82	20

n.a. = not applicable

The searches identified 828 records. After screening the titles and removing duplicates, 290 abstracts were included in the study selection stage (Table 1).

Study Selection
This stage began with two of the authors sorting the identified records from the initial search (n = 655) into different files in Google Docs (ALP, MBØ), with each file representing one of the three research contexts. In each file, titles and abstracts were sorted under the predefined headings of 'Education',

'Health', and 'Welfare' to aid further review. The records identified in the updated literature search (n = 173) were subsequently added to the bibliographical files from the first search. During study selection, the authors worked in pairs according to their research context of interest and professional expertise: higher education (CW, MKAA), healthcare (AMLH, MS), and welfare (EW, AØ). First, each pair independently read the identified records, which was followed by a joint review of abstracts eligible for full-text examination. Disagreement regarding eligibility was resolved through dialogue. Across the three research contexts, the texts of 290 abstracts were selected to be read in full. Next, full-text versions of eligible abstracts were obtained and independently read by each pair to determine which articles met the inclusion criteria.

Inclusion and Exclusion Criteria
The criteria for the inclusion and exclusion of articles were made post hoc based on our increasing familiarity with the literature following a comprehensive reading of abstracts. In reading the abstracts, we developed an overall idea of the focus of each paper. During this process, the documents were sorted into two categories: 'Research about SI' and 'Documents that define SI'. We then developed the following refined criteria for inclusion:

1. SI on an individual, group, or organizational level within the context of higher education, health, or welfare;
2. Education innovations within social work, healthcare, or higher education (bachelor's degree);
3. Welfare innovations, including social services, the public sector, and civil society;
4. health innovations within the health care system;
5. peer-reviewed articles;
6. empirical studies; and
7. case studies.

The final and more detailed criteria for inclusion further guided the abstract evaluation process, thus studies that reported on urban environmental innovations, workplace development innovations, or innovations in the development of medicines were excluded. In addition, scientific papers that described innovation without the social context or described SI as limited to policy were excluded. Beyond this, we excluded review articles, book chapters, study protocols, and non-empirical studies.

Data extraction and charting

In Step 4, the authors extracted and charted data from each research context in a pairwise manner. Data was extracted from each of the identified articles and coded according to the following descriptive information: author(s), country of origin, research context, study population, and research methods. This information is charted in Table 2.

Data Synthesis

In Step 5, each pair of authors synthesised the results from each article in text paragraphs. In a synthesis workshop, all authors read the text paragraphs from each research context (higher education, healthcare, welfare services) to elaborate on and identify common themes across these contexts (to be discussed in the final section).

Results

A total of 43 empirical studies were included, eight in the research context of higher education, 13 in the healthcare research context, and 22 in the welfare services research context. The included studies were published between 2010 and 2019. Six of the studies had been performed in Nordic countries (Andersen & Bilfeldt, 2017; Bjerregaard et al., 2018; Gawell, 2014; Johansson & Stefansen, 2019; Rantamaki & Kattilakoski, 2019; Svensson & Bengtsson, 2010), and all addressed the welfare services research context. Three of the studies featured multiple study sites across various countries (Bjerregaard, et al., 2018; Casanova et al., 2019; Giraud et al., 2014). None of the studies were performed in African countries. For detailed information regarding the study origins and other characteristics, see Table 2. Across the studies included, numerous methods, definitions, and theoretical frameworks were employed, and a variety of study aims were presented. In the following section, the findings of this review will be presented according to the three research questions.

Table 2. Characteristics of included studies

Authors (year)	Aim	Origin	Research context	Target group level*	Research methods
Andersen & Bilfeldt (2017)	To show how action research can contribute to social innovation	Denmark	Welfare	3	Case study
Bjerregaard et al. (2018)	To reveal how collaboration processes mobilise resources among countries with different logics of welfare	Poland, Lithuania, Sweden, and Denmark	Welfare	1	Qualitative interviews
Alden Rivers et al. (2015)	To identify a theoretical framework supporting the embedding of social innovation (SI) education in the academic sector	UK	Higher education	2, 3	Theory-informed learning design intervention
Ballard et al. (2017)	To study beliefs and attitudes toward SI for health	UK	Health care	3	Qualitative interviews
Casanova et al. (2019)	To investigate how welfare systems have been dealing with long time care (LTC)	Israel and Italy	Welfare	1, 2	Qualitative interviews
Cavalcante et al. (2016)	To study the promotion of problem-solving and creative thinking among students	Spain	Higher education	1, 2	Educational intervention
Cheema & Mehood (2019)	To study the impact of a pilot programme for improving reproductive health while helping women volunteers establish their micro-businesses	Pakistan	Health care	1	Qualitative interviews

Cools & Oosterlynck (2019)	To analyse changing relations as an interactive social learning process	Belgium	Welfare	2	Case study
Dai, Lau & Lee (2019)	To examine the operation and cultural penetration of workers' cooperative societies in Hong Kong and to demonstrate the dynamics among different sectors	Hong Kong	Welfare	3	Case study
De Rosa (2017)	To discuss and analyse the effects of disruptive technologies on health and social services in order to propose a framework consistent with the social innovation paradigm	Italy	Welfare	3	Case study
Farmer et al. (2018)	To examine grassroots innovations in oral health as co-designed services	Australia	Health care	1	Case study
Gawell (2014)	To problematize and analyse how social entrepreneurship and social enterprises relate to public sector management and governance	Sweden	Welfare	3	Observational study Qualitative interviews Document analysis
Giraud et al. (2014)	To assess the implementation of SI in the field of local domiciliary long-term care	Switzerland, Scotland, and Germany	Welfare	3	Case study

Gravili (2013)	To explore how social media are used strategically to promote SI	Italy	Health care	1	Quantitative survey
Grindel et al. (2018)	To explore the acceptability and usability of the iStep-prototype as a novel social innovation to encourage intergenerational physical activity	UK	Health care	1, 2	Qualitative interviews
Grohs et al. (2015)	To study the impact of social entrepreneurship movements in elderly care and youth welfare	Germany	Welfare	2, 3	Case study
Grohs et al. (2017)	To explore the role of 'social entrepreneurs' in the German welfare state	Germany	Welfare	3	Case study Quantitative survey
Huq (2019)	To examine how social innovation can be encouraged in professional exchange fields (healthcare and social services)	Canada	Health care	1, 2, 3	Case study
Johansson & Stefansen (2019)	Explore the diffusion of the Barnahus model.	Nordic countries	Welfare	3	Document analysis
Kickul et al. (2012)	To explore the role of social business education and its potential in educating a new generation of SI leaders	Germany	Higher education	1, 3	Qualitative interview
Kim et al. (2019)	To examine the impact of the key elements of family meetings and their dynamic effects on child welfare outcomes	USA	Welfare	2	Quantitative registry study

Kitamura et al. (2016)	To study the effectiveness of a resource-mapping system and key issues related to medical facilities and administrative service offices' information availability	Japan	Health care	1	Quantitative survey
Lindsay et al. (2018)	To explore how features of programme governance and management can contribute to innovation in the delivery of personalized employability support	Scotland, United Kingdom	Welfare	2	Qualitative interviews
Merickova et al. (2015)	To identify co-creation in SI and the relevant drivers of and barriers to co-creation processes in the fields of welfare and the environment	Slovakia	Welfare	3	Case study
Nandan et al. (2015)	To explore SI, social intrapreneurship, and social entrepreneurship among social workers in human service organizations and to promote dual-degree graduate programmes	USA	Higher education	1, 2	Qualitative interviews

Norman & Yip (2012)	To study the different ways social media can facilitate conversations about health among youth	Canada	Health care	1	Case study
Okada & Igarashi (2014)	To create new knowledge of social issues related to dementia and describe the value of creating a 'shared issue' among multiple stakeholders	Japan	Health care	1,2	Observational study Stakeholders mapping Qualitative interviews
Pitt-Catsouphes & Berzin (2015)	To identify aspects of the SI cycle and suggest SI content for a macro social work curriculum	USA	Higher education	3	Case study
Rantamaki & Kattilakoski (2019)	To understand the factors contributing to the development of social innovations addressing welfare needs in a local context, to reflect on the measures that are required at the policy level with a desire to secure and improve the welfare of rural communities	Finland	Welfare	3	Case study
Sabato et al. (2017)	To explore how SI became part of the European Union agenda and how SI is used creatively to advance policy goals	Belgium	Welfare	2, 3	Document analysis Qualitative interviews

Sabato & Verschraegen (2019)	To explore how and to what extent EU resources have been used in local SI initiatives and their consequences for welfare state reforms	Belgium	Welfare	3	Case study
Shier & Handy (2016)	To identify factors within the intra-organizational environment that support an SI orientation	Canada	Welfare	2	Qualitative Interviews
Shier & Turpin (2019)	To pilot an evaluative framework for human service organizations that include a performative social innovation approach	Canada	Health care	1, 2	Case study
Stavreva-Kostadinova & Polina (2018)	To describe the elements of specialists' personality development by incorporating it into social innovations teams	Bulgaria	Higher education	1	Qualitative interviews
Svensson & Bengtsson (2010)	To address sources of SI as major contributors to economic growth and welfare services	Sweden	Welfare	1	Case study
Tafel-Viia et al. (2012)	To investigate networking among teachers and how it relates to perceptions of educational change; to investigate how networking influences the effective implementation of educational reforms	Estonia	Higher education	2, 3	Quantitative survey

Traube et al. (2017)	To explore the elements of social work education, professional organizations, and practice environments that impede innovation and offer recommendations for changes in each sector that can facilitate innovation	USA	Higher education	3	Essay study
Vechakul et al. (2015)	To provide an overview of human-centred design (HCD) or the 'design thinking' process and its relevance to public health	USA	Health care	1	Case study
Visentin (2018)	To present an emerging welfare model that seeks to devise new ways to manage such services, starting with the practices and knowledge stemming from the world of the sharing economy	Italy	Welfare	3	Document analysis Ethnographic observations
Weinzierl et al. (2016)	To describe an SI initiative and investigate how SI can complement or modify the governance structures of the welfare state to combat homelessness	Austria	Welfare	1, 3	Case study

Windrum et al. (2017)	To study the link between institutional change and the development and diffusion of an SI comprising patient-centred education within diabetes care	Austria	Health care	1, 3	Case study
Xiao et al. (2015)	To study and identify design opportunities related to an interdisciplinary SI 'Smart Healthcare' course within elderly care	China	Health care	3	Case study
Xie et al. (2018)	To evaluate the effects of the Xiao En Intelligent Robots on the development of rural children	China	Welfare	1	Qualitative interviews

Applied Methodology

The characteristics of the methodological approaches used in the studies are presented in Table 2. More detail on the research methods is provided below.

Higher Education

Four of the included studies were based on qualitative methods—either interviews or case studies (Kickul et al., 2012; Nandan et al., 2015; Pitt-Catsouphes & Berzin, 2015; Traube et al., 2017). One study reported on an educational intervention (Cavalcante et al., 2016), and one study adopted a four-step methodological approach to supporting and enabling a theory-informed learning design (Alden Rivers et al., 2015). Another study was based on a quantitative survey of teachers situated in vocational and professional schools (Tafel-Viia et al., 2012), and one was a think piece on social work education (Traube et al., 2017).

Healthcare

Qualitative research designs were applied in the majority of the studies regarding healthcare. These studies combined the qualitative methods of

document analysis, interviews, observation, and the use of smart technology and social media platforms to create communication data. Five studies applied a case study design (Farmer et al. 2018; Huq, 2019; Norman & Yip, 2012; Okada et al., 2014; Windrum et al., 2017). Seven studies (Ballard et al. 2017; Cheema & Mehmood, 2019; de Freitas et al., 2017; Grindell et al., 2018; Vechakul et al., 2019; Shrimali & Sandu, 2015; Xiao et al., 2015) were qualitative interview studies. Two studies used a quantitative research design, involving methods such as surveys and the quantification of technology users' behaviour (Gravili, 2013; Kitamura et al., 2016).

Welfare services

Most of the studies applied a qualitative methodology and, more specifically, case studies comprising methods like participatory observations, semi-structured interviews, fieldwork, website analysis, process analysis, and document analysis (Bjerregaard et al. 2018; Cools & Oosterlynck, 2019; Dai et al., 2019; De Rosa, 2017; Gawell, 2014; Giraud et al., 2015; Johansson & Stefansen, 2019; Lindsay et al., 2019; Rantamaki & Kattilakoski, 2019; Sabato et al., 2017; Sabato and Verschraegen, 2019; Shier & Handy, 2016; Svensson & Bengtsson, 2010; Weinzierl et al., 2016; Visentin, 2018; Xie et al., 2019). Three of these studies also included findings from previous survey data (Grohs, Scneiders & Heinze, 2015; 2017; Meričkova et al., 2015) or register data (Kim et al., 2019. The studies of Lindsay et al. (2019) and Rantamaki and Kattilakoski (2019) used longitudinal case study designs, whereas Andersen and Bilfeldt (2017) applied an action research design in their two studies.

Conceptualization of SI

Higher Education

In the research context of higher education, SI was defined by novelty and improvement, a definition requiring every new practice to be more effective than its pre-existing alternatives (Cavalcante et al., 2016; Jiang & Thagard, 2014; Kickul et al., 2012; Nandan et al., 2015; Pitt-Catsouphes & Berzin, 2015; Rivers et al., 2015; Tafel-Viia et al., 2012; Traube et al., 2018). Also found was an interest in distinguishing SI from related terms, such as 'social entrepreneurship' (Kickul et al., 2012), as well as in distinguishing 'social intrapreneurship' (i.e., an entrepreneurial behaviour exhibited by employees within an organization) from 'social entrepreneurship' (i.e., innovative, community-based approaches to social work that have been nationally replicated) (Nandan et al., 2015). Nandan et al. (2015) also provided a more elaborate definition, with SI described as 'a novel mechanism that increases

the welfare of the individuals who adopt it compared with the status quo' (p.6) . Moreover, social innovations were defined as creative products and changes that are motivated by social needs and bring value to society by meeting those needs (Jiang & Thagard, 2014).

Healthcare

Within the healthcare context, most of the studies provided a definition of SI or placed themselves within an SI theoretical framework. SI was explained as a creative process involving community members or users (Cheema & Mehmood, 2019; Farmer et al., 2018; Grindell et al., 2017; Vechakul et al., 2015) and as creating opportunities to explore SI in existing service delivery programs, professional work, and values, directions, and insights (Gravili, 2013; Huq, 2019; Shier & Turpin, 2019). Ballard et al. (2017), de Freitas et al. (2017) Windrum et al. (2017), Cheema and Mehmood (2019), and Huq (2019) considered SI to refer to new responses to pressing social needs. SIs were found to create new social relationships; they were 'social' in both their ends and their means and could include products, production processes, or technologies. In addition, SI could be a principle, idea, piece of legislation, or social movement in addition to being community-based, which includes micro-entrepreneurship, or serve as an evaluation approach, an intervention or a combination thereof (Cheema & Mehmood, 2019; Grindell et al., 2018; Huq, 2019; Shier & Turpin, 2019). A common understanding among such studies was that SI is a set of technical innovations in which innovators, users, and communities collaborate using digital technologies to co-create knowledge and solutions to a wide range of social needs. Moreover, SI was considered in relation to initiatives and how involved participants become and interact collaboratively to leverage power through, for example, the use of digital technologies.

Despite building on SI processes and presenting their study as a SI study, three studies did not provide an explicit definition of SI or discuss their research within an SI theoretical framework (Kitamura et al., 2016; Norman & Yip, 2012; Okada et al., 2014).

Welfare services

In the welfare services research context, almost all of the included studies employed definitions of SI and/or presented models of SI (Bjerregaard et al., 2018), except for Weinzierl et al. (2016), Grohs et al. (2017), Visentin (2018), and Dai et al. (2019)— although the latter study was related to value-based

social change. Several authors elaborated on different approaches to define SI, and concluded SI as being loosely defined or multifaceted (Casanova et al., 2019; Cools & Oosterlynck, 2019; Gawell, 2014; Giraud et al., 2015; Johansson & Stefansen, 2019; Lindsay et al., 2018; Sabato & Verschraegen, 2019; Svensson & Bengtsson, 2010). The social aspect of the innovation was seen as central along with socially oriented services for solving social problems—at the individual level and societal level—to support improved social outcomes and evaluations (Andersen & Bilfeldt, 2017; De Rosa, 2017; Kim et al., 2019; Rantamaki & Kattilakoski, 2019; Sabato et al., 2017; Sabato & Verschraegen, 2019; Shier & Handy, 2016; Xie et al., 2019). Another dimension, 'process', consists of openness and the active involvement of many stakeholders, including civil society and end users, in interactions that pursue change and novelty (Meričkova et al., 2015). The transformation of relationships between involved stakeholders has resulted in new concepts regarding SI, such as co-creation, social entrepreneurship and intrapreneurship, and social enterprise. Furthermore, these concepts have contributed to the dynamic character of SI (Gawell, 2014; Grohs et al., 2015, 2017; Meričkova et al., 2015; Sabato et al., 2017).

SI Emphases in the Included Studies

Higher Education

Within the educational context, the focus is was twofold: the first was on SI for networking, educational change, and solving social issues, while the second was on SI in academic programmes (i.e., to prepare students for SI, to spearhead societal change in the community, and to stimulate creativity and problem-solving). A majority of the studies focused on educational reforms and the conditions of their successful or not-so-successful implementation (Kickul et al., 2012; Pitt-Catsouphes & Berzin, 2015; Tafel-Viia et al., 2012; Traube et al., 2017).

The practice of SI was also seen as offering promising approaches to social issues. Pitt-Catsouphes and Berzin (2015) employed insights and tactics that have emerged in the SI field and used them to strengthen current macro practices, Alden Rivers et al. (2015) proposed a theoretical framework to support the embedding of SI education in existing academic programmes. Moreover, one study provided implications for the programmatic challenges of integrating social business concepts and initiatives into curricula and pedagogy (Kickul et al., 2012).

In addition, some studies focused on recommendations for SI actors, who were often seen as educators who can prepare students to recognize and implement new SIs in their communities (Kickul et al., 2012), and on recommendations for social workers, who were seen as capable of leading and facilitating social changes that could have lasting impacts on communities (Nandan et al., 2015).

Cavalcante et al. (2016) reported on a study aimed to promote problem-solving and creative thinking among students as a means of SI. This study also aimed to enhance students' knowledge and their willingness to help build society and shape key societal values. Another study took an explicit learning approach asking how SI education can be defined, which learning theories best support SI education, how such learning theories relate to existing models of learning in higher education, and what implications an SI pedagogy may have in learning design (Alden Rivers et al., 2015). Stavreva-Kostadinova (2018) found that the encouragement of self-inclusion, volunteering, and active implementation in educational group sessions helps students develop opportunities to participate actively and meaningfully in social innovation teams.

Healthcare

The foci of the SI studies regarding healthcare were found to involve digital technology, healthcare policy driving shifts in healthcare practices, and the use of SI to meet societal needs related to aging populations, family and reproductive health, youth mental health, and substance and addiction services. The purpose of these studies was also to assess and evaluate SI within service delivery and interprofessional work.

In Gravalli et al. (2013), Grindell et al. (2018), Kitamura et al. (2014), and Norman et al. (2012), SI appeared to be an innovative use of diverse digital tools to meet a social need. Norman et al. (2012) illustrated how social media and online resources have been used to overcome literacy barriers in youth to promote mental health. Grindell et al. (2018) demonstrated the usefulness of the IStep as a motivational tool and increased awareness of engaging in physical activity across generations, whereas Gravili et al. (2013) demonstrated a case of SI as digital communication regarding medical issues among medical doctors as well as between doctors and their patients. Beyond this, Kitamura et al. (2014) promoted SI as a provision of medical resources and information to aid cancer survivors. In Windrum et al. (2017), Ballard et al.

(2017), Shier and Turpin (2019), and Huq (2019), SI was connected to policy, system and institutional change, and the implementation of programmes in mental health, healthcare, and social services organizations.

In addition, SI appeared as processes engaging public and private actors, family caregivers, and service users to meet health and societal needs. Okada and Igarashi (2014) aimed to deepen the societal understanding of social issues related to dementia using an innovative design process. In a study by Vechakul et al. (2015), innovation appeared in the context of health and social care organizations and sectors, with the aim of applying human-centred design (HCD) to create innovative products, services, and strategies. Xiao et al. (2015) combined smartphone technology with social digital activity to engage community residents in current health challenges and social problems. De Freitas et al. (2017) identified social innovation support strategies for patients and families to cope with rare diseases. Farmer et al. (2018) described a grassroots initiative aimed at improving the oral health of community members using SI theory to implement innovative ideas from community-based processes. Elsewhere, Cheema and Mehmood (2019) described how challenges to maternal and reproductive health services in remote and rural communities in developing countries could be approached using an SI model.

Welfare Services
The studies included in the welfare services context appeared to mainly explore the interplay between policy intentions and implementation related to SI. For instance, Giraud et al. (2015) focused on the discourses underlying different types of innovations and showed that the contexts of local policy and SI change simultaneously with the development of the welfare state. Gawell (2014) found that a combination of social entrepreneurship, welfare services, and public management contribute to the problematisation and alignment of the emerging field of SI. Grohs et al. (2015) argued for a dual perspective, accounting for both organizational form and specific styles of action. At the same time, they highlighted the institutional embeddedness of social entrepreneurship and the potential of new actors in established governance arrangements. In another study, Grohs et al. (2017) focused specifically on this institutional embeddedness and suggested an institutionalization of civic commitment.

Elsewhere, Shier and Handy (2016) focused on direct social service nonprofit organisations—addressed through cross-sector partnerships—as particularly related to the role of nonprofits in meeting the emerging needs of service user groups.

Two studies focused on SI in the form of user-driven and co-creative processes. For example, Meričkova et al. (2015) highlighted local governments and civil society in the fields of welfare and the environment, whereas Svensson and Bengtsson (2010) stated that sources of SI are major contributors to economic growth and welfare services, illustrating that the management of SI combined with user innovation could facilitate innovation diffusion and the acquisition of resources.

Concerning the development of policy goals and government structures, Sabato et al. (2017) investigated how SI was used to advance distinct EU policy goals related to welfare system reforms in the field of poverty and social exclusion during the period 2006–2014. A study by Sabato et al. (2019) examined how the EU supports SI local initiatives, including both micro and macro perspectives related to the multi-level governance (MLG) concept. On the other hand, Casanova et al. (2018) concentrated on multidisciplinary case and care management and analysed the delivery of a family-based care model. Johansson and Stefansen (2019) studied the implementation of 'the Barnahus model' in both the Nordic region and broader European context, indicating that this model seems to be implemented quite differently across countries. Weinzierl et al. (2016) investigated how the SI case 'Housing First' complemented and modified the governance structures of the welfare state to better combat homelessness and promote social cohesion. In addition, Kim et al. (2019) investigated the interaction between teamwork and parent engagement, whereas Bjerregaard et al. (2018) focused on how collaboration processes unfold in an ageing society across countries facing similar societal problems. Dai et al. (2019) examined support and recognition from the government, the market economy, and general society in creating innovations in local contexts. Elsewhere, Rantamaki and Kattilakoski (2019) studied how vulnerable rural communities have managed to change the direction of mainstream development, addressing the withdrawal of welfare services. Xie et al. (2019) explored how children evaluated the effects of using robots for educational functions, self-care, and parental care. In another study, De Rosa (2017) highlighted the functions of technological factors in welfare services across Europe, showing how different types of innovations used a function of

'disruptive technology'. Visentin (2018) studied the emerging logic of welfare-sharing, particularly in terms of service design and the social processes involved. Lindsay et al (2018) focused on how co-governance and co-management as a model could improve services for single parents. Beyond this, Cools and Oosterlynck (2019) showed how to implement a socially innovative service developed by local actors of work trajectories for foreign language newcomers in Belgium. Andersen and Bilfeldt (2017) presented how action research may be an interesting approach to the study of SI and empowerment within the welfare system to create possibilities for positive change.

Summarising and Comparing Results

Table 3 provides an overview of the results. To summarise, qualitative research methods dominated the field of SI research. SI as a novel and value-based concept was found as prominent and related to addressing social needs and values. In addition, SI processes comprised creativity, engagement, social inclusion, and cohesion, focusing on change and innovation at both the micro and macro level for the benefit of society.

Table 3. Summary of results

Context	Education (n = 8)	Health (n = 13)	Welfare (n = 20)
Methodological approaches	Qualitative approach (n = 6) Interviews, case study, essays Quantitative approach (n = 2) Survey	Qualitative approach (n = 11) Interviews, case study, observational study, document analysis Quantitative approach (n = 2) Survey, quantification of technology behaviour	Qualitative approach (n = 19) Interviews, case study, document analysis Quantitative approach (n = 1)
The concept of SI	SI is defined by novelty and improvement SIs are creative products and changes motivated by social needs SI brings value to society	SI is a human-centred process, creating and implementing new solutions to meet community members' needs and values SI is a product, a production process or technology, a principle, an idea, a piece of legislation, a social movement, an intervention or a combination thereof	SI relates to public values as well as social needs and values SI is an open and dynamic process related to co-creation, networking, and civil society and involving all stakeholders in making changes

The scope of SI	SIs as educational reforms and the conditions of their implementation Nonprofit organizations are key players in SI reforms SIs as commendations for SI actors (e.g., educators preparing students to recognize and implement new SI and social workers to lead and facilitate social change) Creativity is a means to make changes and innovate	SI as an innovative use of social media, smartphone technology, and online resources put into practice to meet a social need SI is connected to policy, systemic and institutional changes, and the implementation of programmes in healthcare organizations SIs as processes engaging public and private actors, family caregivers, and service users to meet health and societal needs	SI involves the relationship between policy and praxis Discussions of how system structures must change to support SIs SI as contributing to social inclusion and cohesion SI is strongly related to a range of other concepts (e.g., co-creation, social entrepreneurship) SI is discussed in relation to changes in economic situations closely associated with new forms of leadership and management

Discussion

The aim of this study was to investigate how SI unfolds within three research contexts. Our study results have identified an array of methodological approaches, definitions, and conceptual understandings of SI as well as complex SI emphases. Later in this article, the results will be discussed in relation to common methodological approaches used in SI research, how we can understand SI as a social concept across interprofessional contexts, and how SI unfolds within welfare research.

Considering Methodological Approaches in SI Research

The complexity of SI may cause problems for researchers trying to apply research methods in its study. This review suggests that research on SI is in its early stages and that possible next steps could include the development of a broader range of research methods. To guide this development, there seems to be a need for conceptual evolution and clarification regarding the

definition of SI, especially when considering the vague nature of the concept. The development of conceptual models of SI may form an interesting point of departure for the development of SI interventions. As the present review has revealed, SI is used in different contexts and at different levels, including the policy level, organizational level, and relational level. This necessitates the question of how conceptual clarification distinguishing these different levels could improve research efforts. For example, this could include examining how stakeholders perceive SI at the organizational level, what kinds of changes are regarded as innovative, how these changes come about, and what values drive organizational change.

Based on the review results, it is unsurprising that attempts to measure SI are still in a very early stage, and few attempts have been made to this end (Caulier-Grice et al., 2012; Mulgan et al., 2013). On a related note, explorative and qualitative approaches dominate the research field of SI. For example, quantitative studies were few in the sample of included studies, a finding supported by other researchers (Nicolls et al., 2015). Moreover, the results here showed that the methods applied in the welfare context are more diverse than those applied in higher education and healthcare. In addition, the lack of SI research within the welfare fields of higher education and health care in Nordic countries may reflect a lesser focus on scientific, empirical investigations for the benefit of non-empirical, theoretical discourses.

As argued above, the development of SI research methodology may focus on the development of conceptual models. The qualitative approach found in much of the SI literature has likely contributed to these possibilities. As shown in this review, it should be possible to develop conceptual SI models within different contexts and at different levels, with certain core model elements revealing the inner meaning of SI.

This review partly supports the notion that SI can be defined somewhat differently across various contexts. Several conceptual models may be developed based on different theories and experiences. For example, a researcher focusing on organizational elements (e.g. resources, leadership, competencies) may include other concepts in a model in comparison to a researcher focusing on team elements (e.g. members, characteristics, processes). Hence, the development of a research instrument, such as a questionnaire, will look quite different depending on which conceptual model is developed and how it is operationalized. In summary, these results may

provide information about very different aspects SI. This is basically an issue of validity— that is, the question of what is being measured. Without a sound contextual understanding of the meaning of SI (e.g., content, process, value), the concept is shrouded in confusion.

How can we understand innovation as a social concept across research contexts? In this review, only four of the included SI studies were performed in Nordic countries, and all of these were within the research context of welfare. One reason could be that the global economic crises that hit the EU in 2008 had less impact on Nordic countries, which may reflect the EU's commitment to welfare development and research in countries that faced recession and thus had a greater need for change, including in terms of social innovation. Additionally, the economic crises may mirror the role of the Nordic welfare model, in which the state and local government play a pivotal role and the principles of universality and egalitarianism constitute ideals and, consequently, a robust financial base for the citizens' welfare (Pedersen & Kuhnle, 2017), and possibly less strain for change. However, new SI research initiatives are present in Nordic countries. A recent review by Jungsberg et al. (2020) on community-driven SI in rural areas in Nordic countries adds to our understanding of SI from a Nordic perspective, as the authors points to important characteristics of innovation actors and suggest a building capacity for SI implementations among local innovators.

Our findings showed that SI is not a straightforward concept and that it has been used to describe policy goals related to national, regional, community, and organization change (societal level). Moreover, SI has been used to describe partnerships involving specific service user groups and stakeholders in collaborative work (individual level). In the included studies, SI was not always defined, and when it was, this was done in a variety of ways. Thus, there seems to be significant uncertainty about what the concept actually entails (Murray et al., 2010). According to Caulier-Grice et al. (2012), SI must do the following: 1) represent something new for their site, market, or users or represent a new application; 2) include implementation—not just new ideas; 3) meet a current social need; 4) show higher functionality than existing solutions and create measurable improvement; and 5) empower the recipients of services, create new roles and relationships, develop new tools, and strengthen these services' abilities to deliver accurate solutions. Although social innovation has positive connotations and is meant to protect the common good (Tidd & Bessant, 2014), it is important to be critical and ask

oneself who will benefit from the innovation in question as well as what disadvantages it entails and for whom.

This review revealed that within all three research contexts, the concept of SI is associated with value creation although this concept is connected to a degree of uncertainty in terms of a lack of agreement on definition and delineation, outcomes, and processes of involvement. Moreover, innovation as a change strategy in higher education, healthcare, and welfare mayinvolve the recognition and application of perspectives and concepts that have not been developed in terms of this context. We believe that social innovation can embrace these social aspects and contribute to a more nuanced understanding of innovation related to interpersonal interactions. Therefore, social innovation can be an appropriate approach and supplement to traditional theories of innovation (Caulier-Grice et al., 2012).

Additionally, the meaning of SI is often blurred by its intersection with other similar concepts, such as social entrepreneurship, social intrapreneurship, and co-creation, which involve both organizations and actors (Grohs et al., 2015). Social entrepreneurship is also central in the context of higher education, where it functions as a value-based service development to enrich student welfare while familiarizing them with SI and providing tools to conduct SI. Within the healthcare context, the majority of the studies examined here applied SI frameworks emphasizing value-based processes, digital technologies, user involvement and collaboration between stakeholders, and creativity. In other words, SI is a multifaceted concept and can be used for various—often political—value-based and research agenda purposes, thus valuing the common good (Borzaga & Bodini, 2014). SI can be understood as central in discussions related to where and how innovation arises and who can and is allowed to contribute in the innovation, as well as those regarding democracy and public value creation (Author, 2020).

How Does SI Unfold in Welfare Research?

Across research contexts, SI unfolds at different levels: at the societal level, SI is connected to policy, systemic, and institutional change and implementation; it may strengthen current macro practice and complement or progressively modify the governance structures of the welfare state (Weinzierl et al., 2015; Windrum et al., 2017). Studies of individual-level SI in this review were mainly founded within the research contexts of higher education and healthcare. The latter was reported in studies aiming to develop interventions for improved

student performance, participation in workplace innovations (e.g., Stavreva-Kostadinova, 2018), and patient care. It appears that SI associated with technology is more prominent within the healthcare context and is less prevalent in higher education. In the latter context, SI involves networking—that is, creating social relationships between groups such as teachers, social workers, and students; stimulating creativity; and increasing student capacities for SI processes.

Common findings across the three research contexts included understanding SI as involving three dimensions—relational, processual, and interactional—which is in line with the meta-study of Crepaldi et al. (2012). The processual and interactional dimensions of SI were revealed in the studies to be significant across various contexts and levels. In the processual dimension, the SIs are ongoing interplays dependent on a context; in the interactional dimension, there is a requirement of human relations and co-creation to make SI work within and between complex systems. However, the relational SI dimension in higher education seems more bottom-up-oriented when compared with the healthcare and welfare contexts, where the drivers of SI are policy and industry. Although policy also appears to play an important role within higher education, it may remain in the background of the discourse in favour of a larger interest in the relational and processual dimensions. This suggests that certain dimensions of SI are sensitive to context.

Strengths and Limitations of the Review

The methodological strengths of this scoping review included the involvement of several researchers knowledgeable within the research fields of interest. Moreover, the review collaboration involved two workshops and digital meetings for the authors to discuss, illuminate, and establish a sound and rigid review methodology to produce trustworthy results. However, certain limitations should be recognized. The broad approach of our literature search with a limited use of keywords and databases may have resulted in missing relevant articles, even though we included a search of reference lists. In addition, we excluded all document types other than peer-reviewed articles. In the current review, systematically identifying grey literature within three research contexts was a challenging task expected to result in an unmanageable amount of data. However, the inclusion of grey and white literature is recommended in a scoping review and may have broadened the understanding of this research field, especially in terms of SI in the Nordic context. Finally, an evaluation of a possible risk of bias in the included studies

was not performed due to great variation in the primary data sources and a lack of well-established quality assessment criteria (Whittemore et al., 2014).

Conclusion and Implications

In summary, this scoping review illustrates how the concept of SI is used and understood within and across the research contexts of higher education, healthcare, and welfare services. Clearly, SI as a concept has gained prominence in these research fields and in EU policy during the last ten years. Despite this development, Nordic empirical studies, especially within higher education and health care services research, are still limited. Thus, future research may focus on the role of the Nordic welfare model in the development of SI within Nordic countries.

The findings of this review also suggest that the 'social' component of SI is a relevant but problematic suggestion as to how welfare should be understood and exercised. SI may appear to be yet another 'buzzword' serving diverse political agendas, while it cannot be meaningfully encapsulated by only one definition. We suggest that empirical and conceptual development takes place in term of the common SI dimensions identified in this review: relational, processual, and interactional. Despite its various definitions and, in some studies, deficient definitions, SI holds the potential to emphasise collaborative, creative, and value-based aspects of innovation. Thus, further studies could work toward identifying generic elements of SI as well as empirically exploring its uses and effects in various social contexts—within and beyond higher education, healthcare, and social work.

References

Alden Rivers, B., Armellini, A., Maxwell, R., Allen, S., & Durkin, C. (2015). Social innovation education: Towards a framework for learning design. Higher Education, Skills and Work-Based Learning Article, 5(4), 1-20. https://doi.org/10.1108/HESWBL-04-2015-0026

Andersen, J., & Bilfeldt, A. (2017). Social innovation in public institutions in Denmark: The role of action research. In 9th Action Learning Action Research and 13th Participatory Action Research World Congress (pp. 15-37). Sydney University Press. https://doi.org/10.3224/ijar.v13i3.02

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. International Journal of Social Research Methodology, 8(1), 19-32. https://doi.org/10.1080/1364557032000119616

Avelino, F., Wittmayer, J.M., Pel, B., Weaver, P., Dumitru, A., Haxeltine, A., Kemp, R., Jørgensen, M.S., Bauler, T., Ruijsink, S. & O'Riordan, T. (2019). Transformative social innovation and (dis)empowerment. Technological Forecasting and Social Change, 145, 195-206. https://doi.org/10.1016/j.techfore.2017.05.002

Ballard, M., Tran, J., Hersch, F., Lockwood, A., Hartigan, P. & Montgomery, P. (2017). Supporting better evidence in generation and use within social innovation in health in low- and middle-income countries: A qualitative study. PloS One, 12(1), e0170367. https://doi.org/10.1371/journal.pone.0170367

Bjerregaard, L. B. S., Maciulskyte, S., Acienė, E., & Christensen, J. (2018). Towards A model of social innovation: Cross-border learning processes. Social Welfare: Interdisciplinary Approach, 1(8), 8-23. https://doi.org/10.21277/sw.v1i8.377

Borzaga, C., & Bodini, R. (2014). What to make of social innovation? Towards a framework for policy development. Social Policy and Society, 13(3), 411-421. https://doi.org/10.1017/S1474746414000116

Bureau of European Policy Advisers (BEPA) (2011). Empowering people, driving change: Social innovation in the European Union. file:///C:/Users/2900933/Downloads/NJ7911114ENC_002.pdf

Casanova, G., Tur-Sinai, A., & Lamura, G. (2019). Innovating long-term care provision in Mediterranean welfare states: A comparison between Italy and Israel. Journal of Aging & Social Policy, 1-28. https://doi.org/10.1080/08959420.2019.1589888

Caulier-Grice, J., Davies, A., Patrick, R., & Norman, W. (2012). Defining social innovation. A deliverable of the project: The theoretical, empirical and policy foundations for building social innovation in Europe (TEPSIE). Brussels: European Commission, DG Research. http://siresearch.eu/sites/default/files/1.1%20Part%201%200defining%20social%20innovation_0/pdf

Cavalcante, M. T. L., Riberas, G., & Rosa, G. (2016). Fostering innovation in social work and social education degrees: Multilingual environment and tools for social change. International Journal of Educational Technology in Higher Education, 13(1), 31. https://doi.org/10.1186/s41239-016-0031-0

Cheema, A. R., & Mehmood, A. (2019). Reproductive health services: 'Business-in-a-Box' as a model social innovation. Development in Practice, 29(2), 196-207.https://doi.org/10.1080/09614524.2018.1541166

Commission of the European Communities (2008). Renewed social agenda: Opportunities, access and solidarity in 21st century Europe. Brussels. https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2008:0412:FIN:EN:PDF

Cools, P. & Oosterlynck, S. (2019). Social service innovation and welfare recalibration: A case study of a local training to work trajectory in Belgium. Innovation: The European Journal of Social Science Research. http//doi.org/10.1080/13511610.2019.1594715

Crepaldi, C., De Rosa, E., & Pesce, F. (2012). Literature review on innovation in social services in Europe: Sectors of health, education and welfare services. INNOSERV Work Package, 1.

Dai, H., Lau, Y. & Lee, K.H. (2019). Social innovation, value penetration, and the power of the nonprofit sector: Workers' co-operative societies in Hong Kong. Nonprofit and Voluntary Sector Quarterly, 1-19. 10.1177/0899764019863107

De Freitas, C., Dos Reis, V., Silva, S., Videira, P. A., Morava, E., & Jaeken, J. (2017). Public and patient involvement in needs assessment and social innovation: A people-centred approach to care and research for congenital disorders of glycosylation. BMC Health Services Research, 17(1), 682. https://doi.org/10.1186/s12913-017-2625-1

De Rosa, E. (2017). Social innovation and ICT in social services: European experiences compared. Innovation: The European Journal of Social Science Research, 30(4), 421-432. https://doi.org/10.1080/13511610.2017.1348936

Farmer, J., Carlisle, K., Dickson-Swift, V., Teasdale, S., Kenny, A., Taylor, J., . . . & Gussy, M. (2018). Applying social innovation theory to examine how community co-designed health services develop: Using a case study approach and mixed methods. BMC Health Services Research, 18(1), 68. https://doi.org/10.1186/s12913-018-2852-0

Fritzell, J., Bäckman, O., & Ritakallio, V. M. (2012). Income inequality and poverty: Do the Nordic countries still constitute a family of their own? Changing Social Equality: The Nordic Welfare Model in the 21st Century. LIS Working Paper Series, No. 563 https://www.econstor.eu/bitstream/10419/95444/1/68220689X.pdf

Fuller, A., & Unwin, L. (2004). Expansive learning environments: Integrating organizational and personal development. In H. Rainbird, A. Fuller, & A. Munro (Eds.), Workplace learning in context (pp. 126-144). Routledge. https://doi.org/10.4324/9780203571644

Fuller, A., Halford, S., Lyle, K., Taylor, R., & Teglborg, A.-C. (2018). Innovating for a cause: The work and learning required to create a new approach to healthcare for homeless people. Journal of Education and Work, 31(3), 219-233. https://doi.org/10.13639080.2018.1447654

Gawell, M. (2014). Social entrepreneurship and the negotiation of emerging social enterprise markets: Re-considerations in Swedish policy and practice. International Journal of Public Sector Management, 27(3), 251-266. https://doi.org/10.1108/IJPSM-11-2012-0143

Giraud, O., Lucas, B., Falk, K., Kümpers, S., & Lechevalier, A. (2014). Innovations in local domiciliary long-term care: From libertarian criticism to normalisation. Social Policy and Society, 13(3), 433-444. https://doi.org/10.1017/S1474746414000153

Gravili, G. (2013). Healthcare social media for a social innovation: The key to improve a collaborative model of organizing, transforming doctor-patient communication. Proceedings of IFKAD-ISSN, 2280, 787X.

Grindell, C., Mawson, S., Gerrish, K., Parker, S., & Bissell, P. (2019). Exploring the acceptability and usability of a novel social innovation to encourage physical activity: The iStep prototype. Health & Social Care in the Community, 27(2), 383-391. https://doi.org/10.1111/hsc.12656

Grohs, S., Schneiders, K., & Heinze, R. G. (2015). Social entrepreneurship versus intrapreneurship in the German social welfare state: A study of old-age care and youth welfare services. Nonprofit and Voluntary Sector Quarterly, 44(1), 163-180. https://doi.org/10.1177/0899764013501234

Grohs, S., Schneiders, K. & Heinze, R.G. (2017). Outsiders and intrapreneurs: The institutional embeddedness of social entrepreneurship in Germany. International Society for Third-Sector Research, 28, 2569-2591. https://doi.org/10.1007/s11266-016-9777-1

Hartley, J. (2005). Innovation in governance and public services: Past and present. Public Money and Management, 25(1), 27-34.

Howaldt, J., & Kopp, R. (2012). Shaping social innovation by social research. In Challenge Social Innovation (pp. 43-55). Springer. https://doi.org/10.1007/978-3-642-32879-4_3

Huq, J. L. (2019). Conditioning a professional exchange field for social innovation. Business & Society, 58(5), 1047-1082. https://doi.org/10.1177/0007650318758321

Jiang, M., & Thagard, P. (2014). Creative cognition in social innovation. Creativity Research Journal, 26(4), 375-388. https://doi.org/10.1080/10400419.2014.961774

Johansson, S. & Stefansen, K. (2019). Policy-making for the diffusion of social innovations: The case of the Barnahus model in the Nordic region and the broader European context, Innovation: The European Journal of Social Science Research. https://doi.org/10.1080/13511610.2019.1598255

Jungsberg, L., Copus, A., Herslund, L. B., Nilsson, K., Perjo, L., Randall, L., & Berlina, A. (2020). Key actors in community-driven social innovation in rural areas in the Nordic countries. Journal of Rural Studies, 79, 276-285. https://doi.org/10.1016/j.jrurstud.2020.08.004

Kickul, J., Terjesen, S., Bacq, S., & Griffiths, M. (2012). Social business education: An interview with Nobel Laureate Muhammad Yunus. Academy of Management Learning and Education, 11(3), 453-462. https://doi.org/10.5465/amle.2011.0500

Kim, J., Trahan, M., Bellamy, J., & Hall, J. A. (2019). Advancing the innovation of family meeting models: The role of teamwork and parent engagement in improving permanency. Children and Youth Services Review, 100, 147-155. https://doi.org/10.1016/j.childyouth.2019.02.039

Kitamura, Y., Yamamoto, H., & Yamaguchi, K. (2016). Promoting sustainable regional health care in Japan: Developing a public online map of health care resources and information. Home Health Care Management & Practice, 28(4), 195-200. https://doi.org/10.1177/1084822316629614

Krlev, G., Einarsson, T., Wijkström, F., Heyer, L., & Mildenberger, G. (2020). The policies of social innovation: A cross-national analysis. Nonprofit and Voluntary Sector Quarterly, 49(3), 457-478. https://doi.org/10.1177/0899764019866505

Lindsay, C., Pearson, S., Batty, E., Cullen, A. M., & Eadson, W. (2018). Street-level practice and the co-production of third sector-led employability services. Policy & Politics, 46(4), 571-587. https://doi.org/10.1332/030557317X15120417452025

Merickova, B. M., Nemec, J., & Svidronova, M. (2015). Co-creation in local
public services delivery innovation: Slovak experience. Lex Localis,
13(3), 521. https://doi.org/10.4335/13.3.521-535(2015)

Mulgan, G. (2015). Foreword: The study of social innovation-Theory, practice
and progress. In: Nicholls, A., Simon, J. & Gabriel, M. (Eds.). New
frontiers in social innovation research (pp. x-xxi) Palgrave.

Mulgan, G., Joseph, K. & Norman, W. (2013). Indicators for social innovation.
In Gault, F. (Ed.). Handbook of innovation indicators and
measurement (pp. 420-437). Edward Elgar.
https://doi.org/10.4337/9780857933652.00030

Murray, R., Caulier-Grice, J., & Mulgan, G. (2010). The Open Book of Social
Innovation (p. 2). National Endowment for Science, Technology and
the Arts.

Nandan, M., London, M., & Bent-Goodley, T. (2015). Social workers as social
change agents: Social innovation, social intrapreneurship, and social
entrepreneurship. Human Service Organizations Management,
Leadership & Governance, 39(1), 38-56.
https://doi.org/10.1080/23303131.2014.955236

Nicholls, A., Simon, J. & Gabriel, M. (2015). Introduction: Dimensions of social
innovation. In Nicholls, A., Simon, J. & Gabriel, M. (Eds.). New
frontiers in social innovation research (pp. 1-26). Palgrave.
https://doi.org/10.1057/9781137506801_1

Norman, C.D., & Yip, A.L. (2012). EHealth promotion and social innovation
with youth: Using social and visual media to engage diverse
communities. Studies in Health Technology and Informatics, 172, 54-
70.

Norwegian Institute of Public Health (2019). Indicators for health inequality in
the Nordic countries. [Indikatorer på sosial ulikhet i de nordiske
landene] Report. Oslo: Norwegian Institute of Public Health. Retrieved
March 20 2021, from http://norden.diva-
portal.org/smash/get/diva2:1316114/FULLTEXT01.pdf

Okada, M., Igarashi, Y., Nomura, T. & Tokuda, T. (2013). The Dementia
Project: Innovation driven by social challenges. Fujitsu Scientific
Technology Journal, 49(4), 448-454.

Pedersen, A. W., & Kuhnle, S. (2017). The Nordic welfare state model. In
Knutsen, Oddbjørn P. (Ed.) The Nordic models in political science:
Challenged, but still viable? (pp. 249-272). Bergen: Fagbokforlaget.

Phillips, W., Alexander, E. A., & Lee, H. (2019). Going it alone won't work! The
relational imperative for social innovation in social enterprises. Journal

of Business Ethics, 156(2), 315-331. https://doi.org/10.1007/s10551-017-3608-1

Pitt-Catsouphes, M., & Berzin, S. (2015). Teaching note-Incorporating social innovation content into macro social work education. Journal of Social Work Education, 51(2), 407-416. https://doi.org/10.1080/10437797.2015.1012947

Rantamaki, N. & Kattilakoski, M. (2019) On the trail of local welfare innovations in rural Finland. Regional Science Policy and Practice, 11, 329-343. https://doi.org/10.1111/rsp3.12213

Rittel, H. W. J., & Webber, M. M. (1973). Dilemmas in a general theory of planning. Policy Sciences, 4(2), 155-169. https://doi.org/10.1007/BF01405730

Sabato, S., Vanhercke, B., & Verschraegen, G. (2017). Connecting entrepreneurship with policy experimentation? The EU framework for social innovation. Innovation: The European Journal of Social Science Research, 30(2), 147-167. https://doi.org/10.1080/13511610.2017.1282308

Sabato, S., Verschraegen, G. (2019). The multi-level governance of social innovation: How the EU supports socially innovative initiatives. Rivista Italiana di Politiche Pubbliche, 14(1), 35-66.

Shier, M. L., & Handy, F. (2016). Executive leadership and social innovation in direct-service nonprofits: Shaping the organizational culture to create social change. Journal of Progressive Human Services, 27(2), 111-130. https://doi.org/10.1080/10428232.2016.1155429

Shier, M. L., & Turpin, A. (2019). An evaluative approach to identify social innovations within human service organizations: Case examples of a pre-formative stage of developmental evaluation. Human Service Organizations: Management, Leadership & Governance, 1-17. https://doi.org/10.1080/23303131.2019.1612806

Székely, I., & Noord, P. V. (2009). Economic crisis in Europe causes, consequences and responses. Brussels European Commission Directorate General for Economic and Financial Affairs. Retrieved December 17, 2020 from https://hdl.handle.net/11245.1/ed564edd-c5d7-4b9f-b117-086c532e17e5.

Stavreva-Kostadinova, P. (2018). Training of social management specialists for participation in social innovation teams. TEM Journal, 7(2), 348-354.

Svensson, P., & Bengtsson, L. (2010). Users' influence in social-service innovations: Two Swedish case studies. Journal of Social

Entrepreneurship, 1(2), 190-212.
https://doi.org/10.1080/19420676.2010.511813

Tafel-Viia, K., Loogma, K., Lassur, S., & Roosipõld, A. (2012). Networks as
agents of innovation: Teacher networking in the context of vocational
and professional higher education reforms. Vocations and Learning,
5(2), 175-193. https://doi.org/10.1007/s12186-012-9077-x

Tanggaard, L., & Author (2016). Why novelty is overrated. Journal of
Education and Work, 29(6), 728-745.
https://doi.org/10.1080/13639080.2015.1040379 (Details omitted for
double-blind reviewing).
https://doi.org/10.1080/13639080.2015.1040379

Tidd, J. & Bessant, J. (2014). Strategic innovation management. Chichester:
Wiley.

Traube, D. E., Begun, S., Okpych, N., & Choy-Brown, M. (2017). Catalyzing
innovation in social work practice. Research on Social Work Practice,
27(2), 134-138. https://doi.org/10.1177/1049731516659140

Vechakul, J., Shrimali, B. P., & Sandhu, J. S. (2015). Human-centered design
as an approach for place-based innovation in public health: A case
study from Oakland, California. Maternal and Child Health Journal,
19(12), 2552-2559. https://doi.org/10.1007/s10995-015-1787-x

Visentin, M. (2018). Welfare sharing: An emerging paradigm? An explorative
study based on two cases. Sociologia del Lavoro, (152), 139-154.
https://doi.org/10.3280/SL2018-152008

Wegener, C. (2016). Driving forces of welfare innovation: explaining
interrelations between innovation and professional development. In
Billett, S., Dymock, D., & Choy, S. Supporting learning across working
life. Dordrecht: Springer. (pp. 113-127).

Weinzierl, C., Wukovitsch, F., & Novy, A. (2016). Housing First in Vienna: A
socially innovative initiative to foster social cohesion. Journal of
Housing and the Built Environment, 31(3), 409-422.
https://doi.org/10.1007/s10901-015-9467-0

Whittemore, R., Chao, A., Jang, M., Minges, K. E., & Park, C. (2014). Methods
for knowledge synthesis: An overview. Heart & Lung, 43(5), 453-461.
https://doi.org/10.1016/j.hrtlng.2014.05.014

Willumsen, E. (2020). Samskaping. Sosial innovasjon for helse og velferd.
Universitetsforlaget (NOK). (pp. 278–291)

Windrum, P., Schartinger, D. & Warig, J. (2017). Co-creation of social
innovations and new professional institutions: Diffusion of therapeutic

patient education (TPE) for diabetes in Austria. Industry and
Innovation. https://doi.org/10.1080/13662716.2017.1295363

Xiao, D., Gong, M., & Li, X. (2015). Defining design opportunities of healthcare
in the perspective of digital social innovation. International Conference
on Cross-Cultural Design, 384-393. https://doi.org/10.1007/978-3-319-
20934-0_36

Xie, X., Huang, C.-C., Chen, Y. & Hao, F. (2019). Intelligent robots and rural
children. https://doi.org/10.1016/j.childyouth.2019.03.004
Children and Youth Services Review, 100, 283-290.

Aakjær, M. K. (2014). Reconfiguring boundaries in social innovation: co-
creating new meaning and practice in a prison context. PhD-Thesis,
Professionshøjskolernes Videndatabase, Denmark. Retrieved April 6
2021 from: https://www.ucviden.dk/da/publications/reconfiguring-
boundaries-in-social-innovation-co-creating-new-mea