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More of the same or a break with the past? A mixed methods study of the extent, nature and process of innovation in adult social care

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Submitted for the degree of Doctor of Philosophy in Social Policy

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February 2020

Abstract

The pressures on the adult social care sector are significant and increasing. Innovation is promoted as one way for adult social care to deal with an unstable environment of limited resources, high demand for services, widespread management reforms and rapid technological advances. Little is known about innovation in this area and the aim of this thesis is to explore the extent, nature and process of innovation in the adult social care sector. One hundred and twenty six adult social care innovations were identified through applying a Literature Based Innovation Output Indicator to the Social Care Online database for the period 2006 to 2015. These were analysed to establish their nature and characteristics. From this sample, six innovation case studies were selected and interviews conducted with key individuals to explore the influencing factors on the process. This was supplemented by the analysis of documentary evidence about each of the cases. The organisation and management literature was the tool used to examine the main influencing factors on each stage of the innovation process. The research identified that the majority of innovation in adult social care is evolutionary, where new services are delivered to existing client groups and that type of innovation can be associated with location in a particular sector and the size of an organisation. The significant influencing factors on the innovation process in adult social care are both external and internal and can occur at more than one stage. For example, management support, funding and structural determinants influence whether innovation takes place and the form it takes. Innovation characteristics (particularly relative advantage and compatibility) influence whether an innovation is adopted. Finally, resources, the attributes of the people involved and institutionalisation for example, influence whether the innovation moves from adoption to implementation. The findings contribute to an area that is under-researched and the thesis concludes by considering what lessons can be learnt about how innovation can be encouraged and supported in adult social care.

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Chapter 1 Introduction

1.1 Introduction

Innovation in adult social care can occur as the result of recognition that existing ways of working are failing to achieve goals, or through the introduction of new ideas to do things differently to improve aspects of care and support. Changes can also be stimulated through the need for greater efficiency or effectiveness. The process of transformation can be incremental, radical or somewhere in-between, in some cases motivated by policy changes or the introduction of new legislation. In recent years, there has been growing interest in the development of innovative activity in public services and in the lessons that can be learnt from the private sector. The United Kingdom (UK) government believes that to address some of the current societal challenges we face innovation in public services is essential. The adult social care sector is one area where this may be more challenging than for other public services.

1.2 Background to the research

The idea for this research came from a scoping study of personalisation conducted by the author during 2010 and 2011 (Brookes et al. 2015). Since 2007, personalisation has been the overarching idea guiding UK government policy in social care (Department of Health, 2007). In simple terms, personalisation is about starting with the person at the centre of any process concerned with responding to social care needs. The scoping study attempted to identify examples of innovative practice in the move to personalising services, some innovation examples were identified, but it became apparent that innovation in the adult social care sector was largely hidden, not clearly defined, poorly understood and rarely evaluated. This thesis is an attempt to uncover, define and understand innovation in this sector. It is argued that we need a comprehensive understanding of how, why and where innovation happens in adult social care, if we are to understand how best to encourage the development of new services to improve people's lives.

1.3 Research questions

The scoping study and the literature reviewed raised certain issues that could be translated into the research questions for this research.

1. What is the extent of innovation in adult social care?
2. What is the nature of innovation in adult social care?

3. What are the influencing factors on the innovation process in adult social care?
4. How do these factors influence the innovation process in adult social care?
5. What lessons can be learnt that might support innovation in adult social care?

1.4 Theoretical concepts

One of the main issues with the study of innovation is that there is no one theory or unified body of knowledge that can explain the process. However, there is a wealth of literature that could be drawn upon to help understand this phenomenon. The study touches upon many different disciplines and theoretical concepts that could be used to help explain the innovation process. There is no one theory that can explain the entire process, but there are relevant concepts including those that begin to address some of the difficulties involved in implementing innovation. This research looked to the organisation and management literature (including innovation studies) and combined different elements of this to explore innovation in adult social care. These elements included the nature and characteristics of innovation (Zaltman et al. 1973; Abernathy et al. 1983; Osborne, 1998), attributes of innovative organisations (Rogers and Shoemaker, 1971), and the influence of organisational context, including structure, internal culture and external environment (Burns and Stalker, 1961). The literature also provided a conceptual framework for classifying innovation (Osborne, 1998).

There are two main aspects to the design of this study and they aim to address the research questions set out above. The first aspect uses a Literature Based Innovation Output Indicator (LBIOI, a bibliographic measure) that in the past has been applied mainly to the private sector, to assist in identifying the extent and nature of innovation in adult social care. The analysis of the innovations identified used the typology created by Osborne (1998) as a starting point to describe the innovations. The second aspect of the study is a series of case studies of six innovations in adult social care. A range of work is drawn on here such as Van de Ven et al. (1999), Zaltman et al. (1973), and Rogers (1995; 2003) who look specifically at innovation in organisations. They describe a staged approach to the process of innovation, and offer a useful structure that can be used to examine the innovation processes employed across the six cases. Whilst there is a great deal in the existing literature on the origination and generation of innovative ideas, there is little on the mechanisms and processes through which innovations are adopted and implemented by organisations. The analysis and findings from the LBIOI and case studies combined should enable lessons to be drawn from these examples of innovation in adult social care. There is currently a dearth of research around innovation outside of the private sector and this

research aims to contribute towards filling these gaps in the literature, and specifically for the adult social care sector.

Before providing an overview of the content of each chapter it is important to define what is meant by 'adult social care' and 'innovation' and provide background and context to these two main areas of focus.

1.5 Adult social care – what is it?

Adult social care in the UK covers social work, personal care and practical support for adults with a physical disability, a learning disability, or physical or mental illness, as well as support for their carers. Adults with care needs usually cannot perform some activities of daily living such as washing, dressing, cooking, and shopping without support. A significant proportion of adult social care services aim to support individuals to maintain their independence, to help them improve their quality of life, and ultimately to enable individuals, families and communities to lead fuller and enjoyable lives. Adults often have multiple and interrelated needs, therefore adult social care is often part of a complex system of related services and forms of support (National Audit Office, 2018).

This research uses a broad and inclusive description of social care but focuses on the range of care and support that is available to and used by adults in England (not children's services). The main area of interest is innovation with a direct connection to service delivery. A list of the key adult social care services provided can be found in Appendix 1. Social care is a devolved policy area, and there are differences in approach between the countries of the UK. Given the need to focus time and resources this research focuses on England.

1.5.1 Adult social care – who provides it?

Given the focus of the research is innovation in service delivery it is important to have a broad understanding of the mixed economy of care and support provision in the sector. The private, third and public sector all play a role in the delivery of adult social care services. Mapping a breakdown of involvement by different sectors is challenging due to the dynamic nature of the market and the variety of functions within adult social care. Currently, there is also a tendency for the private and third sectors to be described together as the 'independent sector' that makes disentangling this even more difficult. As a 'snapshot' of provision, for adult social care services the breakdown in terms of number of services registered with the social care regulator was 75 per cent private sector, 17 per cent third sector and 8 per cent public sector in 2010 (Care Quality Commission, 2010). A brief

description of the scale and nature of involvement in adult social care by sector is provided below.

Private sector

The private sector is constitutionally separate from government and profits earned may be distributed to owners. The majority of domiciliary (support for people who live in their own homes) and residential care is provided by the private sector. Private sector provision for all social care user groups has been dominated for some time by family businesses, many running single residential or nursing homes. Most care providers are small in scale and providers join and leave the adult social care market frequently. However, corporate ownership (ownership by an overarching 'brand') is increasing. There were 182,000 available residential and nursing home beds in corporate owned care homes (39 per cent of the total of around 465,000 beds) at the end of 2013/14, compared with 172,000 (37 per cent) at the end of 2012/13 (CQC, 2014).

Third sector

Third sector providers have been involved in the delivery of social care services long before the advent of the 'contract culture' that started in the 1980s. The third sector have maintained an important role throughout all the changes to how social care is organised and who is involved over the years. Relatively recent changes such as personalisation, the push for integration of health and social care services and reductions in public expenditure have influenced the current environment in which third sector organisations operates.

The term 'third sector' is one of many terms used to describe voluntary and community organisations, charities, mutuals, social enterprises, co-operatives amongst others. In practical terms, the boundaries and the constituent parts of the third sector are not clear, for the purposes of this study however, it was important to have a wide and inclusive definition but confined to the delivery of adult social care services. The voluntary sector spent £2.9 billion in 2010/11 from its own fundraising on care and provided a further £6.2 billion of care commissioned largely by local authorities. This represents nearly a quarter of voluntary sector activity (National Audit Office, 2014).

Public sector

The public sector includes local authorities and health services. Local authority provision, dominant for so long, has waned over the past few decades across all social care areas. In 2012 just 6% of residential and nursing home care was provided directly by local

authorities and 11% of domiciliary care (Hudson, 2016).The commissioning role of local authorities has increased and strategic shaping of local social care markets has become a major responsibility.

However, the largest provider of care and support is the informal sector, mainly comprising of individual unpaid family and other carers. Some carers are involved in mutual support groups and therefore cross into the 'self-help' limb of the voluntary sector, to the extent that they organise formally. The focus here is on organisations and so this sector of provision is not covered by the thesis.

1.6 Background and context to adult social care

This section briefly describes the background and context to adult social care to illuminate some of the debates connected to the sector. It is difficult to understand adult social care and therefore innovation in adult social care without having some awareness of the scale of provision and some of the key developments that have shaped policy and practice. There are 1.3 million adults receiving publicly funded social care services in England, and they include some of the most vulnerable people in our society (Burchardt, 2015). The social care workforce has been estimated at around 1.5 million people, employed by over 17,000 organisations (Skills for Care, 2014). The scale and significance of social care as a policy area is without doubt, and yet until recently it has received comparatively little attention in everyday public and political debate. This may be due to social care being the responsibility of local rather than national government, although national actions have a knock-on effect locally. Social care is also delivered by a large number of organisations with no combining description (for example, unlike the National Health Service), and people do not routinely come into contact with it (Burchardt et al. 2015).

The origins of social care are connected to the establishment of the welfare state. The 1948 National Assistance Act set out broad responsibilities for local authorities, but the most significant development was that health care was to be provided free at the point of use, whereas social care services could carry charges and be means-tested. The National Health Service (NHS) was viewed as a service for everyone, but social services were viewed as marginal not universal (Means, 1986). From the 1950s through to the 1970s community care began to develop as a concept (earlier than this in children's services), that is treating and caring for people in the community rather than institutions. This shift in approach was driven by concerns about financial pressures on state provision, but also growing evidence that residential care was not providing a good quality of life for people needing support. Over this period, a series of policy documents set out different objectives for different

client groups all of which shared an emphasis on redirecting service developments towards the community and away from residential and institutional facilities.

In the 1980s social care services became a leading area for the neo-liberal policy of outsourcing public services to the private sector. Sir Roy Griffiths (1988) was asked to examine the development of community care by the Conservative government led by Margaret Thatcher. His report recommended that local authorities be responsible for assessing local community care needs, and at the individual level responsible for assessing needs and arranging packages of care. The idea of the local authority as broker and care manager but not necessarily as a direct provider of services was radical at the time. Viewing the role of the public sector as to ensure that care was provided, but not necessarily to deliver it required a new way of working and a shift in the role of local authority social services departments. The NHS and Community Care Act of 1990 legislated for this and resulted in local authorities becoming ‘enabling’ authorities rather than providers of care services. Central government required that 75 then 85 per cent of social care funding was to be spent through commissioning independent providers. Whilst many of the developments were highly controversial at the time, the agenda was very similar to the one facing policymakers in the 21st century.

The Labour government of 1997 did not endorse a return to public sector delivery of services but took the opportunity to set out a ‘third way for social care’. This third way fell between the previous government’s move to privatisation and the standardised approaches of traditional local authority provision. The stated intention was to move the focus away from who provides the care to the quality of services and outcomes achieved for individuals, their carers and families (Department of Health, 1998). A Royal Commission on the funding of long-term care was set up in December 1997 to explore a way to fund long-term care that would be reasonable and affordable for the individual and taxpayer (Royal Commission, 1999). The Royal Commission looked at the system of funding arrangements at the time, which mostly still exist today, and highlighted a series of problems. The Commission was critical about the unfairness of the system, particularly its penalising of those with savings or homeowners. The social care system was also criticised for offering limited choice for people needing support, being inconsistent, and operating in a way that incentivised care home use.

In 1998 a White Paper was published which reinforced a broad commitment to promoting community-based care and encouraging people to live independently (Department of Health, 1998). It also contained a statement that indicated a shift in the position of social

care from being on the margins to being for everyone. It highlighted that most people were likely at some point to need social services for support, whether for themselves or for a family member (Department of Health, 1998).

This was a continuation of previous policy objectives with the exception of the idea of targeting support on greatest need, this was now recognised as problematic. It was acknowledged that the policy had led, for example, to an increase in the level of home care services, but this was a higher level of service provided for a smaller group of people, and those most likely to lose support were those receiving lower levels of help. The short-term nature of this strategy was acknowledged in that this increased the likelihood of these people needing more support in the future. The White Paper was designed to emphasise helping people achieve and maintain independence wherever possible through prevention and rehabilitation strategies.

The objectives of promoting independence, developing intermediate care, and improving partnership working were featured in a number of health and social care policy documents from the mid-1990s onwards. These remain the key objectives of current policy, and their continued presence as a policy aim is an indication of how difficult it is to achieve the significant changes required to deliver these objectives. The difficulties of managing two parallel but separate systems of health and care have also been an enduring problem, and various strategies have attempted to integrate these but with limited success.

A Green Paper on adult social care was produced in March 2005, and outlined the introduction of an approach that would create an entirely different dynamic characterised by more personalised services. Whilst the focus of social care remained on promoting independence, the developments proposed were more concerned with the nature of support and with the ways in which it was provided. The Green Paper stated that it was not acceptable to continue to deliver social care as it was currently and the underlying values that should steer this were restated as independence, empowerment and choice (Department of Health, 2005). The emphases of the Green paper were familiar themes from previous policy documents.

In 2007 Putting People First was a significant milestone in transforming social care with personalisation at its centre. There was a strong emphasis on placing the service user, or their representative, at the centre of planning and delivering care (Department of Health, 2007). This aimed to ensure independent living for all adults through a joined up and collaborative partnership between local and central government, the voluntary sector, providers and the social care regulator. To manage the decision-making around the

allocation of resources local authorities were encouraged to develop resource allocation systems that linked eligible needs to specific contributions towards care, although the final budget remained subject to means testing (ADASS, 2010). This was to be managed through personal budgets that gave people a choice between taking a direct payment and organising their own care or asking the local authority to commission all or part of their care (Means, et al., 2008). Beyond a short-term transformation grant, no new money was made available to local authorities, as the expectation was that giving control to individuals would lead to increased efficiencies in resource use (Department of Health, 2008).

Not long after this the global financial crisis occurred and a period of Conservative-Liberal Democrat Coalition was characterised by austerity measures that resulted in significant budget cuts for public services. The government set up the Commission on Funding of Care and Support in 2010 (Dilnot, 2011). To summarise, the recommendations of the Commission included: raising the means-testing threshold; having a cap on care costs; keeping disability benefits as part of support as these helped with independence; and having a national threshold for care eligibility rather than local variation. The White Paper, Caring for Our Future, was published in 2012 (Department of Health, 2012), informed by the Law Commission report on the legal framework relating to adult social care, and recommendations from the Dilnot Commission on the funding of care (albeit in modified form). Whilst some of the details resulted in debate, the overall approach had multi-party support with the Care and Support Bill published in 2012. The Care Act received Royal Assent in May 2014 and came into force in 2015, at the end of the time-period covered by this research.

1.6.1 Contemporary challenges

Adult social care in England has been described as a system in crisis. The main challenge being the gap between demographic demand and public funding. Social care was already under-funded before the Coalition government of 2010 but this intensified under austerity policies introduced in response to the financial crisis of 2007/8. The Coalition introduced cuts of around 40 per cent to local authority core funding (Local Government Association, 2014) with substantial knock-on effects to social care budgets. Adult social care spending rose faster than the growth in demand in the first half of the 2000s it then levelled off just when there was an increase in the numbers of older people. Since 2009/10, for example local authority spending on social care for older people fell in real terms by 17 per cent. Various strategies were employed by local authorities to minimise the impact of cuts on service users including changing procurement practices and shifting provision to less

costly settings (Association of Directors of Adult Social Services, 2014). However, withdrawal of services from people with anything less than substantial needs was and continues to be an issue and community based services for working age people were cut by a third.

In addition to reduced resources, people are living longer and improvements in living standards and treatment have changed the nature of the population's health and care needs. Between 2000 and 2012 there was a 13 per cent increase in the number of disabled adults of working age (ONS, 2013). The population in England aged 65 or over grew by 17 per cent between 1997 and 2012. For adult social care the older age group is particularly relevant and there was an 18 per cent growth in the population aged 75 or over and 37 per cent growth in the population aged 85 or over in the same period (Office of National Statistics, 2013).

In summary, over the past twenty years there have been twelve White Papers, Green Papers and other consultations about social care in England, as well as five independent reviews and commissions (Wenzel et al. 2018). From the 1950s onwards social care became increasingly concerned with trying to support people in the community rather than institutional care. Over time, there has also been a shift in perception from it being seen as a highly marginal service likely to be required by a small segment of the population, to something far more mainstream and likely to be of relevance to everyone at some time in their lives. This has been accompanied by an emphasis on making care more responsive to individual needs and recognising the vital role of services in contributing to people's quality of life. Since the 1990s the challenges facing social care have increased, including funding shortfalls and increasing demand for services, this will either result in a spur to faster transformation (and innovation) or pursuit of more traditional cost-cutting measures (Duffy, 2010). Securing a sustainable social care system has been called 'one of the greatest unresolved public policy issues of our time' (Care Quality Commission, 2017, p.2).

1.7 Innovation – what is it?

One of the issues in capturing information about innovation is the difficulty in defining what innovation is. Definitions are disputed, and it is therefore important to precisely define what it means for this thesis. The word 'innovation' is often associated with private sector organisations who are perceived to be more able than other sectors to respond to pressures, adapt their practice and embrace change. This has been the case for decades, even in 1969 Mohr noted that the concept of innovation was often used in an ambiguous

way, and in many cases confused with invention. There are dozens of definitions in the literature and no clear agreement has yet emerged (Rogers, 1995; Abernathey et al. 1983; Hage and Dewar, 1973; Osborne, 1998a; Tushman and Nadler, 1996). One reason for this definitional issue is the contrasting nature of studies of innovation and the fact that many researchers do not define it at all. However, it is still possible to suggest features that form a core definition of innovation (this is discussed in more detail in Chapter 2).

The first of these features is that an innovation represents ‘newness’, most studies have preferred to use a relative definition meaning something new to a specific person, organisation, society or situation irrespective of whether it represents a genuine ‘first use’ (Pettigrew, 1973; Zaltman et al. 1973). It does not need to be novel in the sense of not having existed before. Instead, something can be called an innovation if it is new to a particular context or situation. The innovation may have been implemented in one organisation but for another represents a product, behaviour or way of working that is new. The second element of innovation is the relationship to invention. Whilst there is agreement that invention refers to the production of new ideas, there is no overall agreement as to whether this is an inherent part of innovation. It would seem that innovation always involves the adoption and implementation of new ideas but may also involve their actual invention or discovery. The third aspect of innovation is that it can be both a process (innovating) and an outcome (an innovation). The final feature is that innovation must involve change or discontinuity (Nystrom, 1979; Robert and Weiss, 1988). The key is to separate developmental change from innovation, both are forms of organisational change that over time can lead to significant modifications to the structure of an organisation and the market.

For this study, innovation is understood to comprise of the following aspects: ‘new’ to the social setting; involves the adoption and development of new ideas; involves change; is both process and outcome; and in the case of adult social care aimed at producing a certain benefit.

1.8 Innovation as policy

This section briefly looks at the evolving role of innovation in public policy. Innovation has been one of the key ‘buzzwords’ used by policy-makers and practitioners since the early 1980s (Borins, 2001; Eshima et al. 2001). The late 20th century neo-liberal approaches to the management of public services delivery included a belief that private sector business management methods were preferable to those traditionally found within public administration, often referred to as New Public Management (Hood, 1991). A key

influence on government were the think tanks of the 1980s who promoted ‘competitive advantage’ (Porter, 1985) as the central mechanism through which to drive improvement in public services delivery. This mechanism placed innovation as key to the effective working of the market (Nelson, 1993).

The Conservative government of the 1980s and 1990s adopted a model of public services reform based upon the assumption that the introduction of competition and market principles to public services would lead to more cost-effective public services delivery (Wistow et al. 1996). It was argued that competition would require public service providers to innovate in order to maintain an advantage over their competitors, and that this process of innovation would lead to increased efficiency and effectiveness. However, the model was based on manufacturing industries and that led to an approach to the development and support of innovation in public services by central government that concentrated on the design of ‘innovation products’ rather than ‘service processes’ (Osborne and Brown, 2011).

Innovation was also part of the Labour government’s agenda and public organisations were encouraged to adopt innovative and flexible approaches to service delivery. Subsequently, national government initiatives were based upon the expressed need to promote successful innovation and to deliver better public services. Nesta, the influential innovation foundation charity, also emphasised the links between innovation in public services, public procurement policy and the efficient and effective provision of public services (Nesta, 2007).

Linked to this was the government's desire for policy and practice to become much more 'evidence-based' and less reactive. In 1999, the UK government published the white paper Modernising Government. This was seen as an essential part of their long-term modernisation programme of improvement, renewal and reform. One of the five key commitments was policy making with an emphasis on looking forward and not reacting to short-term pressures. It emphasised an aspiration to 'provide public services of the highest quality, matching the best anywhere in the world in their ability to innovate, share good ideas, control costs and above all to deliver what they are supposed to' (Cabinet Office, 1999a, p.5).

The white paper acknowledged that policymaking in the past had taken the form of incremental change to existing systems rather than adopting new long-term ideas that dealt with the cause of the problem. A number of recommendations were made to tackle this issue including a joined up and inclusive policy making approach, learning lessons from

abroad, basing decisions upon knowledge about what works and being innovative and creative in approaching policy development. An evidence-based ethos with an emphasis on 'what works' came into being, as was a renewed interest in international policy transfer.

Alongside this commitment to learn lessons from elsewhere and to develop an evidence-base was an increasing interest in the role that innovation could play in influencing policy makers and changing practice. The private sector was traditionally viewed as the source of the development of innovation and encouraging entrepreneurs, but there had been a growing interest in this type of activity in the public sector in the UK since the 1970s. Governments around the world had a growing expectation that public service organisations would innovate to improve performance. Evidence of this policy drive can be seen in the growth of non-state providers in adult social care, and initiatives such as Best Value (introduced in 1999 to improve local services in terms of both cost and quality).

In 1999 Professional policy making for the twenty-first century published by the Cabinet Office (Cabinet Office, 1999b) recognised that innovation was important but there were barriers identified to establishing an innovative culture. A number of ideas were highlighted including the use of prototypes and trials (Cabinet Office, 1999b). By 2003 the Cabinet Office had commissioned and published a review on the role of pilots in policy making, established the Innovations Unit and invested in funds such as the Invest to Save Budget established to support innovation in public services.

The government's aspiration to facilitate and foster innovation in the public sector did raise its status. Public sector organisations wanted to be seen as innovative and they clearly viewed this as a positive, attractive quality. The interest in innovation in the public sector persisted and the Cabinet Office (2003) published a consultation paper called Innovation in the public sector. This put forward a framework to help support public sector organisations in promoting successful innovation. The paper stated that 'Effective government and public services depend on successful innovation to develop better ways of meeting needs, solving problems and using resources and technologies...It should be seen as a core activity...' (Cabinet Office, 2003, p.5). Whilst innovation was seen as an essential part of policymaking and change processes, clearly one of the drivers for this was to deal with cost pressures, and increase the efficiency of public services.

Osborne (1998) identifies two key reasons for the interest in innovation and social policy in the UK. Firstly, as a result of resource constraints and to meet the needs of a growing population innovation is required to ensure that services are operating as efficiently as possible. Secondly, Osborne identifies effectiveness as a driver, for example generated by

pressures for social services to meet individual definitions of what their social needs are (Osborne, 1998). Regardless of the reasons for or the nature or process of change, what is certain is that innovation in adult social care is inevitable. However, facilitating innovative behaviour in the absence of incentives such as the increased sales and higher profit margins motivating the private sector may prove difficult to achieve.

In summary, innovation has continued to be portrayed by policy makers as essential to public services in their contribution to society and the economy. Albury (2005) makes the specific argument that innovation is necessary to shift public services from mass provision to provision based on personalised services, 'These are services which are responsive to the needs and aspirations of individuals and communities, which treat users with respect and dignity, and which enable greater individual and collective engagement (and greater self-organisation) in the achievement of desirable social outcomes….To meet this challenge requires all public service organisations to be innovative, for public service managers and professionals to have the skills, opportunity and motivation to innovate effectively and successfully' (p.51).

In 2008, the Cabinet Office urged that 'government must embrace a new culture that celebrates local innovation' (Cabinet Office, 2008). Similarly, the influential White Paper Innovation Nation asserted that innovation in public services will be essential to meet the economic and social challenges of the 21st century (Department of Innovation, Universities and Skills, 2008; Audit Commission, 2007). Government sponsored policy discussion documents added further impetus and support to the process, for example referring to 'the innovation imperative' and highlighting the need to accelerate innovation in public services to tackle the current economic and social challenges that faced the UK (Harris and Albury, 2009).

Therefore, one reason for innovation taking centre stage is that existing structures and policies have found it impossible to tackle some of the current issues facing society. The classic tools of government policy on the one hand and market solutions on the other have proved inadequate. Organisations currently operate in an unsettled environment, with limited resources, increasing demand for services, widespread management reforms and rapid technological advances. The responses of organisations to such environmental pressures is expected by policy makers to be directly tied to performance improvement (Subramanian and Nilakanta, 1996; Parna and von Tunzelmann, 2007), whether measured in terms of efficiency, effectiveness or access to services, through some sort of innovation. However, despite the interest of policy makers there have been no nationally instigated

innovation programmes targeted specifically at adult social care services, except for current support for digital innovation (from assistive technology to data analytics) from the Local Government Association and NHS Digital, and a children's social care innovation programme supported by the Department for Education (which was set up in 2014).

The second reason for the popularity of innovation is that as a concept it implies a resolve to change things for the better. Innovation tends to be seen as a good thing but often with no clear statement of what this means. Some authors (Knight, 1967; Rosner, 1967; Kimberley, 1981) have identified that innovations can have negative effects. For private companies, for example innovations can be expensive to develop and competitors may copy and improve their innovations whilst not risking the development costs. For society, an innovation can have social costs even if it has economic benefits. Van de Ven (1988) argued against assuming an implied link between innovation, goodness and usefulness. Harris and Albury (2009) describe social innovation for example as innovation 'for the social and public good' that contributes to assumptions that innovation must always be positive. However, whilst innovation and improvement have often been assumed to equate to the same thing, this is by no means always the case (Hartley, 2006). For any innovation there is always the potential for winners and losers.

There has been very little research into the promotion of innovation as a policy goal in its own right, research in the United States suggested that this emphasis on innovation was an example of 'conspicuous production', a way of managers proving their effectiveness in areas where few objective measures of success existed (Feller, 1981). What is clear from examining the rise of innovative practice is that very little is currently known about such activity. Although some authors have tried, measurement is difficult due to the complex nature of the process and the range of different types of innovation (Borins, 2002; Osborne, 1998). Academic interest in innovation is a response to its perceived importance in the eyes of decision-makers in the public, private and third sectors that can be attributed to the political and economic climate. The most recent stimulus in England has been austerity, politicians and managers frequently urge organisations to respond to challenges 'innovatively'. The position of this thesis is that innovation is an important subject of research because it is a universal phenomenon that can have significant effects (both positive and negative).

1.9 Adult social care and innovation

Adult social care is evolving and changing all the time in different ways and for a variety of different reasons. The majority of small changes to service delivery tend to occur

incrementally and might be as a result of frontline staff having been introduced to a new way of doing something or as a result of feedback from service users. Often such small-scale changes occur following a review of a service, a common activity in adult social care. Therefore, change can be brought about through the development of new ideas, or as a result of highlighting problems with existing services leading to the need for modifications to be made.

More major changes can occur in the adult social care sector through the introduction of new legislation, guidance or government initiative. The process for effecting this change might be clearly visible through a top-down approach using regulation, recommendation or legislation to modify the existing system. The nature of the change might be to alter the type of service being offered or the way in which it is delivered. For example, wide-ranging changes such as the community care reforms and the introduction of direct payments changed the role of social services and the way in which services were structured and delivered. Changes to practice might be encouraged by a recognition that what is currently being delivered is not working or prompted by a new idea, or a combination of both.

Organisations delivering adult social care are not widely viewed as innovative. That perception could perhaps be because innovation in the adult social care sector is more likely to involve changes and adaptation to the relationships between service providers and service users rather than the development of new products or new technologies (as is often the case in the private sector). Adult social care is also an area where innovation success is unlikely to be assessed on financial terms alone and therefore, it is harder to obtain the concrete evidence that innovation has taken place.

There is no doubt that innovating in adult social care is likely to be difficult due to the unique challenges that the organisations delivering services face. One challenge is the complex and dispersed nature of the adult social care system involving different groups of actors, organisations and sectors. Pressure to innovate helps to explain the growing number of private companies and third sector organisations providing many of the services that local government used to provide directly before the push for privatisation and contracting out (innovations in and of themselves) began in the 1980s. This has led to local government divesting itself of service provision in favour of working through the third and private sectors to reduce costs.

As mentioned earlier, during the last three decades, financial, workforce, market, consumer and quality pressures have escalated to the point where adult social care is described as a

system 'in crisis' and at a 'tipping point'. Organisations delivering adult social care services need to find ways to use shrinking resources effectively and deliver improved individual and organisational outcomes. However, innovation and adult social care are embedded in and affected by political and economic circumstances and this wider context influences what type of care is available and the potential for innovation. Innovation has been a theme of social policy since the 1980s but policy documents do not assist in understanding the innovation process and offer little guidance to managers and practitioners about how to instigate and support innovative processes. Innovation is being promoted but with no clear evidence base or instructions about how to go about this. By exploring innovation in the adult social care sector this research should contribute to understanding how innovations happen and the different influences that impact on the process of innovation.

1.10 The aim and contribution of this research

In the private sector, innovation is an established field of study that tries to explain why and how innovation takes place (Fagerberg et al. 2005). General literature reviews and systematic reviews have been carried out to assess the state-of-the-art in this field as well as to generate new avenues for theory building and research (Perks and Roberts, 2013). There are also some meta-analyses, such as that of Damanpour (1991), that pull together the results of empirical research on the relationships between organisational variables such as slack resources and innovation.

The literature on innovation outside of the private sector is limited but has advanced considerably in recent years, there is evidence that after 2005 the number of studies grew significantly. All of the studies have created some new and more empirically grounded knowledge of why and how innovation takes place. However, they all have different shortcomings, for example, they only focus on one sector (whether that be public, private or third), neglect hindering factors, and have methodological issues. The majority of the research conducted has been at an organisational rather than a service level, for example the Audit Commission (2007) asked about innovation at the level of local government rather than departmental or about specific services. There has also been no research focusing on the innovative capacity and innovative processes within adult social care, there are some descriptions of innovative practice and features (Dibden and Bartlett, 2001; Bartlett and Dibden, 2002; Healy, 1989) but this was limited and not related to theory (this is discussed more fully in Chapter 2).

As mentioned there is no one theory of innovation, several adequate, but limited theories of innovation exist but each applies under different conditions. This research seeks to contribute to the evidence base by providing a framework for defining, categorising, and studying innovation in adult social care and presenting case studies of innovation across sectors and innovation types. In addressing this the research questions are linked to the view that the innovation process is a result of complex interactions between internal factors, external environmental factors, resources and actors. This interaction assumes a relationship between an organisation and the environmental context in which it operates, and results in facilitators and barriers (Chesbrough, 2003). Therefore, the factors that need to be further explored through research include both the environmental and the organisational contexts in which innovations take place, their nature, and also the enabling antecedents and their underlying contingencies. In addition, there is a need to look into the goals and effects of the innovation process since, as while innovation and improvement have often been assumed to be one and the same, this is by no means always the case (Osborne and Brown, 2013; Hartley, 2005).

1.11 Structure of the thesis

After this introductory chapter, this thesis is divided into a further five chapters. Chapter 2 outlines and distils the relevant literature on innovation and offers ways to understand innovation in adult social care more clearly. It highlights the low level of academic interest in this specific area. It identifies gaps and opportunities to use the organisation and management literature in this context. The research gap identified by the review is that simply not enough is known about innovation in adult social care, and what needs to be in place to encourage and support innovation. The research questions that emerge from this focus on understanding the extent, nature and process of innovation in adult social care. It is suggested that a productive approach to categorising innovation is to look at types of innovation from the perspective of the change they bring or require (total, expansionary, evolutionary, developmental). Acknowledging criticisms of current studies of innovation, which often conceptualise the process as linear, viewing the process of innovation in stages holds promise of providing a more nuanced understanding of the dynamics involved.

Chapter 3 describes the methodological approach for this research. The methodology chapter draws on the literature set out in Chapter 2 and employs a mixed methods approach. A Literature Based Innovation Output Indicator was applied to a database of social care bibliographic sources and basic analyses conducted. Innovation case studies were created from semi-structured interviews with 15 individuals involved in their

development and delivery. This was supplemented by analysis of documentary material. The chapter discusses the methods of data collection and analysis and provides a reflection on the process. It then addresses the main ethical considerations such as anonymity, confidentiality, informed consent and storage of data.

The findings of the study are presented in two chapters. The findings from the LBIOI are set out in Chapter 4 uncovering to some degree the extent and nature of innovation in adult social care. This chapter makes an original contribution to knowledge by examining the type of innovation and their characteristics across the different sectors involved in adult social care – private, third and public. In Chapter 5 the process of innovation is explored by identifying influencing factors at each stage in the process using the innovation case studies. Some aspects played a significant part (relative advantage), some a minor one (involving users) and others not at all (regulation).

The final discussion and conclusion in Chapter 6 brings together all elements of the study to explain the influencing factors on the process and to understand the implications for innovation in social care. It aims to develop our understanding of issues relating to the role of innovation in the delivery of adult social care services, for both an academic and a professional audience. Finally, potential areas for future research discussed.

Chapter 2 Literature review

Innovation is far too important to be left to scientists and technologists. It is also far too important to be left to economists or social scientists. (Freeman, 1974, p. 309)

2.1 Introduction

Innovation is not a new phenomenon and it is part of human nature to think of new, better ways of doing things and then to try them out in practice. Without innovation, the world would be a very different place, for example, there would be no cars, no internet or no books. In spite of its obvious importance, innovation has not always received the academic attention it deserves. In recent years, this has started to change. There are a vast number of different disciplines interested in innovation, covering psychology, sociology and other social sciences, management, economics and engineering to name but a few. Within these different disciplines are a number of interconnected theoretical frameworks that could be used to help explain and understand different aspects of the innovation process. It is acknowledged that there are many areas of study that could usefully have made a contribution to this research, to name just a few, contingency theory, network theory, systems theory and institutional theory. There are theories that could explain how ideas are generated and understood, decision-making and learning organisation theories that could help account for different rates of adoption of new ideas (Gould, 2000). The policy implementation literature could address many of the issues relating to the problems with disseminating new ideas and resistance, highlighted by Hogwood and Gunn, (1994) and Ham and Hill, (1984). Sabatier and Mazmanian (1979) even produced a guide to help identify the conditions that are required for effective implementation.

Traditionally, economics dealt primarily with the allocation of resources to innovation and its economic effects. The innovation process itself has been more of a focus for disciplines such as sociology, organisational studies, management, and business studies. The cross-disciplinary nature that characterises a lot of the work in this area reflects the fact that no single field deals with all aspects of innovation. This particular study however is concerned with the process through which an innovation has travelled, that is the idea and development phase and the factors that have affected the adoption and implementation process. Whilst relevant, many of the above theories only deal with specific points in that

process, and were not considered adequate to explain the whole of the process being explored in this study. Therefore, the strategy adopted for this thesis was to select the parts of those that might be relevant to specific points in the process. The organisation and management literature was considered most appropriate as combined it addressed the whole of the process being considered, from the idea and initiation stage through to its use in practice. This body of research is separate from the implementation or organisational change literature and although much of the innovation literature deals with individuals and how their behaviour is influenced and changed, the level of analysis in this study is the organisation as opposed to the individual.

The framework provided by Wolfe (1994) is helpful in determining which literature could be most relevant to help explain the process being studied here. Wolfe suggests that innovation research can be broken down into three types of research questions with corresponding empirical data and hypothesised examples. They are 1) What is the pattern of diffusion of an innovation through a population of potential adopter organisations? 2) What determines organisational innovativeness? 3) What are the processes organisations go through in implementing innovations? The study uses this in part to structure the research, review the literature and to select an appropriate methodology. The question most relevant to this study is question three.

A traditional literature review was conducted using the abstract and citation databases Web of Science and Scopus, and key texts as a starting point. This chapter provides a framework for the whole study and reviews the key contributions from the literature, relying heavily on the much more extensive knowledge about innovation in the private sector. Through a review of the literature surrounding innovation studies, the chapter searches for a structure to help understand the process being analysed for this study. The chapter investigates what is known about innovation, and uses a staged approach to explore the factors affecting the process. The literature about innovation from the fields of organisation and management studies is reviewed. It begins by reviewing attempts to define innovation and discusses the need to have a conceptual typology of innovation and to be able to link this to the perceived attributes of innovation and innovative organisations. It also highlights the three most significant propositions about the causal factors that can be linked to innovative capacity (structural characteristics, internal culture and external environment).

2.2 The early theorists

Early studies of innovation were in the field of economics, concentrating on the role of innovation in change at the economy level. This concept was largely developed through the work of Kondratiev and Schumpeter. Schumpeter did more than any other twentieth century economist to explain growth in terms of technical innovation, for example, identifying connections between the development of the market and innovation, and emphasising the role of the entrepreneur. In his analysis of innovation diffusion, Schumpeter emphasised the tendency for innovations to cluster in certain industries and time periods, and the possible contribution of this clustering to the formation of business cycles and "long waves" in the world economy (Schumpeter, 1939). This suggestion has proven to be enduringly controversial. Kondratiev (1978) linked innovation to a cyclical pattern of invention, expansion and depression, with each "wave" linked to a key invention (the fifth and latest wave being computerisation).

The second half of the twentieth century saw a greater emphasis on the implications of innovation for individual parts of the economy, together with a widening of its study to include sociological, political and psychological perspectives. Key areas of study were those concerned with the links between the competitive environment and the drive for firms to innovate to gain a competitive advantage (Porter, 1985; Gomulka, 1990), and those looking at the role of innovation in the development of an organisation (Bessant and Grunt, 1985). This led to the study of innovation becoming an increasingly important element of the organisation and management studies field.

2.3 Defining innovation

As mentioned in the introductory chapter, one of the key issues for the study of innovation is one of definition, to be able to measure something you need to be able to describe what it is. There are numerous definitions in the literature but no clear agreement about what innovation is has yet emerged (Rogers, 1995; King, 1992; Abernathey et al. 1983; Hage and Dewar, 1973; Osborne, 1998; Tushman and Nadler, 1996). One reason for this definitional issue is the contrasting nature of studies of innovation, Pollitt (2011) suggested this is because rather than being a concrete concept innovation is a label given to a concept, and therefore open to debate.

Osborne (1998) looking specifically at innovation in social policy in the UK, identified 23 definitions, which he then used to establish four core characteristics. Osborne concluded that an accurate definition of innovation includes: newness (relative to a specific

organisation); relationship to invention (innovation being more about the diffusion of invention); both process and outcome (innovation is a process and a product of the process); and change or discontinuity (it must change the existing paradigm of how things are done or configured). These are explained in more detail below.

The first characteristic of innovation is usually that it involves something ‘new’. Beck and Whistler (1967) argued for a definition of newness as literally the ‘first use’ of a piece of new knowledge. However, most studies preferred to use a relative definition meaning something new to a specific person, organisation, society or situation irrespective of whether it represents a genuine first use (Pettigrew, 1973; Zaltman et al. 1973). These two definitions actually represent different forms of innovation, and Kimberley (1981) brought them together by suggesting the dual concepts of objective and subjective innovation. Objective innovation is substantially different from what has gone before, closest to first use. Subjective innovation is new to those involved in its adoption, but is not necessarily its first use. It usually represents the diffusion of an idea or process developed elsewhere to a new situation, and may involve its modification or adaptation. Downs and Mohr (1976) made a similar distinction between intrinsic and extrinsic innovation.

The second feature of innovation is the relationship to invention. There is agreement that invention refers to the production of new ideas, but not whether this is a fundamental part of innovation. Some studies differentiate innovation from invention and see innovation as being the process of adoption or implementation of the new idea, where the new ideas are converted into an actual product or service (Aiken and Hague, 1971; Twiss, 1987). This might be the first use of such new knowledge or its diffusion to a new situation. This would suggest that innovation always involves the adoption and implementation of new ideas, and may sometimes involve their actual invention or discovery.

The third feature of innovation is that it is both a process and an outcome. Many studies concentrate upon innovation as a process of transformation, that is innovating (Pettigrew, 1973; Urabe, 1988), but innovation can also be considered as the actual product of this process (Kimberley and Evanisko, 1981). However, the emphases of these two approaches are different and it is important to be clear which is being addressed in any particular study.

The final feature is that innovation must involve change or discontinuity, both related to the transformation of an idea into reality and its impact upon its host organisation (Nystrom, 1979; Robert and Weiss, 1988). The key is to separate developmental change from innovation, both are forms of organisational change that over time can lead to

significant changes in the structure of an organisation and the market. However, organisational development occurs within the existing product-service-market model, but may be modified and developed over time. This change in approach alters the nature of the product/service and the market. The issue of discontinuity is an important distinction to make (Tushman and Anderson, 1986) as whilst, in the long term, incremental change can lead to significant alterations in the production process or in the nature of goods or service, these changes occur within the existing product-service-market model.

This thesis builds upon these four factors with a definition of innovation that includes: 'new' to the social setting, including values and schools of thought (the difference between invention and innovation); the adoption and implementation of new ideas; involves discontinuity or change; can be both process and outcome; and in the case of adult social care, aimed at producing a certain benefit. Therefore, it encompasses the concepts of newness and change and does not combine invention and innovation. Importantly it also includes an explicit statement about innovation being a process.

2.4 Classifying innovation by motivation and type of change

In order to measure innovation and to be able to understand it, it also needs to be categorised (Wolfe, 1994). There are many typologies for classifying innovations. These different classifications are inter-related, ambiguous at times, and even confusing (Partanen et al. 2014). Several typologies were originally developed in the context of research on innovations in manufacturing, and later adapted to public service organisations.

Some examples are described here, but the simplest typology classifies innovation according to its original motivation. In this approach innovation is classified as resulting from either research push (that is, from the development of an innovation based on research) or market pull (that is, from the development of an innovation on the basis of marketing analysis). Although useful in explaining the origins of innovation, this typology has limitations. Freeman (1982) highlighted that push and pull factors are often both involved in the origin of an innovation, and so it is important to understand the relationship between them. This also suggests that invention is an essential part of the innovation process, which may not always be the case.

A second typology also focuses on the origins of innovation, although in this case at an organisational level. This approach originated from the work of Cyert and March (1963) who argued that innovation could be classified as either 'distress' innovation (occurring because an unsuccessful organisation needs to change to survive) or 'slack' innovation

(occurring because an organisation is successful and has sufficient surplus resources to carry the risks of innovation). This approach is useful as it focuses attention on the resource issues involved in innovation and relates them to their organisational context. However, there are limits to this typology, for example, it does not take into account other factors that might stimulate innovation and does not allow for the analysis of innovation by organisations that are not in either of these situations.

Another classification is based on the perceptions of the beneficiaries or users of an innovation. Daft and Becker (1978) suggested that innovations are not a uniform group but can have a range of different features. The features given the most emphasis will depend on the views of the most significant stakeholders. This approach was developed further by Von Hippel (1978; 1982) who adopted a 'who benefits' approach. In particular, the differing level of benefit achieved by the user and manufacturer of an innovation was examined, and it was argued that it is the views of these groups, which are the most helpful in defining the nature of an innovation. This makes an important contribution to understanding the different types and perceptions of innovation by focusing attention on this producer-user/beneficiary relationship.

The approach most commonly used to classify innovation is to look at whether the innovation is genuinely a new product or service for the end-user or if it is a new process for producing existing products and services (Bessant and Grunt, 1985). Knight (1967) added organisational structure and personnel innovation to this product and process classification; Starkey and McKinley (1988) incorporated work organisation and management innovation; and Zaltman et al. (1973) suggested five types of innovation: product, process, organisational, personnel and policy. This product-process way of classifying innovation has the benefit of simplicity and draws attention to one of the core characteristics of innovation, whether it is a process or an outcome.

A further development of this kind of typology is where this is used as the starting point for a larger model of the process of innovation as a whole. In this model, product innovation is seen as radical innovation, which represents true discontinuity with the past and which redefines the organisational environment. Abernathy and Clark (1982) called this 'creative destruction' because it allows a move forward that can make all existing organisational capabilities irrelevant. Process innovation by contrast is seen as incremental which provides continuity with the past by refining existing organisational capabilities for more efficient production. This classification is a way of differentiating between 'true' innovation and organisational change.

An additional version of this model links these two processes together with the life cycle of organisational development. Radical product innovation is linked to new industries and firms, where technological advances are being made. By contrast, incremental process innovation is linked to established industries and firms where efficiency and profitability can be developed by refining existing product processes (Holman, 1980; Urabe, 1988). This approach to classification is found in its most developed form in Bessant and Grunt (1985).

As with the typologies discussed previously, this approach has its strengths. It makes links between innovation, its organisational environment and its impact upon that environment. However, whilst the process-product contrast can be useful, when used alone it does have some drawbacks. It means a focus on process or product, when in fact both might be of interest. A fundamental characteristic of innovation is that it has both a process and an outcome element; this typology conceals this by making them alternatives.

Another model is the life cycle model of innovation but this can also be too static and undeviating; it mixes the discontinuity of innovation with the incremental development of organisational change. An innovation might be incremental across an industry or sector but for an individual firm the impact is to produce discontinuity, marking a break with its practices of the past. Abernathy et al. (1983) also stated that this life cycle is not a one-way process as it is possible to return to an earlier stage of this life cycle. Abernathy and Utterback (1982) stated that an innovation can be a product innovation for one company but a process innovation for another. This does not mean that the distinction does not matter, it can be important to explore the differing impacts of an innovation upon its creators and end-users. However, as a means of classifying innovations in a mutually exclusive way it means it has limitations.

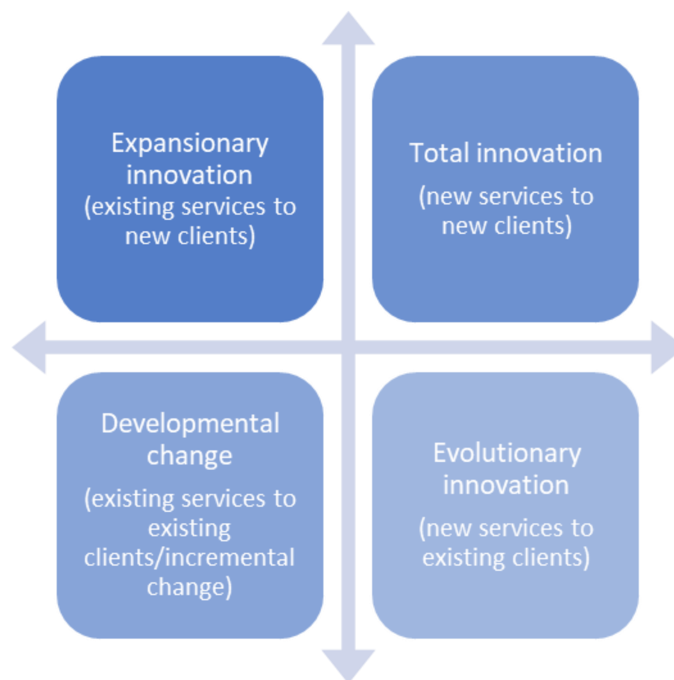
Another classification derives from the work of Abernathy in the 1970s and 1980s. Initially Abernathy (1978) also adopted a linear life cycle model, through combining concepts from Burns and Stalker (1961) of organic and mechanistic organisations (organic being linked to radical innovation and mechanistic to incremental innovation). However, Abernathy et al. (1983) reconsidered this view of industrial development and argued that it was possible for organisations to move away from the standardised mass production of a mature company, with an emphasis on process innovation, to diversity of product production and a re-emphasis on radical innovation. It is argued that this could be brought about by a major change in the environment of an organisation.

Abernathy went on to develop a two dimensional typology of innovation based on its impact on the production processes of an organisation and the existing markets and users of a product or service. Therefore, architectural innovation changes both the markets for a product or service and its production (the classical radical innovation) and regular innovation by contrast refines existing production processes and markets (incremental innovation). Niche innovation is one that preserves existing production competencies but creates new markets and users for a product or service, usually by re-packaging or re-marketing. Finally, revolutionary innovation applies new technology to the production process for existing products and markets leading to increased efficiency.

This approach is important because it does not treat product and process innovation as separate things but explores the relationship between the two, as it does between the producers and end-users of a service or product. It separates the concepts of product and of process innovation to explore their relationships with the user group of an innovation as well as with each other. It does not necessarily link one type of innovation to a specific point in the life cycle of an organisation, instead it allows for this cycle to be quite literally cyclical and encounter the same conditions again. It also allows the issue of discontinuity and continuity to be explored in terms of the impact of a new process or product/service, allowing true innovation to be differentiated from organisational development. This is a move away from the traditional linear classification.

Osborne (1998) developed an approach to understanding innovation in public services which differentiates between total innovation (architectural) and two types of incremental innovation (expansionary and evolutionary), as well as separating innovation from gradual service development (see Figure 1). In this classification, total innovation would equate to a new service developed for a new client group, evolutionary innovation a new service for an existing client group, expansionary innovation the same service for a new client group and developmental change that equates to gradual service development. This typology makes an important distinction between innovation and development. However, it does not capture the range of attributes that innovations display and should be part of a two stage approach examining innovation.

Figure 1. Classification of innovation in public services (Osborne, 1998)



All of these approaches to classifying innovation highlight important aspects. Contemporary innovation theory differentiates between four types of innovation, radical, architectural, incremental, and modular. One of the easiest types of innovation to describe, but not often seen, is radical innovation (Osborne called this total innovation). This type of innovation is a complete departure from past practice that is, a disruption to current practice. When radical innovations occur during the later stages of an organisation's life cycle they can fundamentally change or replace the old system (Abernathy et al., 1983). If they occur in the early stages, they can create entirely new processes, products and services, and set the stage for future changes (Akenroye, 2012; Osborne, 1998). Given organisational tendency to path dependency, the implementation of radical innovation can be expected to elicit responses that interfere with implementation (Piening, 2011). Implementation in this case can require new skills and competencies and so lead to 'winners and losers' (de Lancer Julnes, 2009; Henderson and Clark, 1990).

The second type is architectural innovation; however, confusingly different authors use the same term to refer to different types of innovation. Osborne and Brown (2013) suggested that architectural innovation is that which results in changes both to organisational skills and competencies and to the market/needs that an innovation is addressing, but occurs within the existing production model. Henderson and Clark (1990) defined these innovations as those that changed the way components of a product are linked together but left the core design concepts untouched. This is not the same as architectural (radical) innovation used in Abernathy et al's (1983) original typology, Henderson and Clark

developed the typology further, and Osborne and Brown attempted to adapt it to the context of public sector organisations.

The third type of innovation is often called incremental innovation (Osborne called this developmental) which involves minor changes to existing processes or changes that do not depart significantly from current practice. The changes represent a refinement of current processes and services and are not dramatic, introduced in small doses. However, over time these may add up to significant changes. When the organisational climate is delicate or complex, this might be the most promising strategy for innovators to achieve radical change and making changes at the margins often happens due to the political reality of organisations (Broom and Jennings, 2008).

The fourth type, modular innovation, sits between incremental and radical innovation, Osborne (1998) called this expansionary innovation. The private firm would make product changes that are more attractive to a subset of the market to improve market penetration. In the context of the public or non-profit sector, this might include adaptation of a service to reach new or expanded target populations.

In distinguishing between these four types of change, it is important not to make assumptions. Over time, a series of non-innovative developments can be as significant for a service as one incident of innovation, whilst incremental innovations may be more significant or enduring than architectural ones. The key issue is to understand the different policy contexts and approaches to management that different types of change and innovation require.

2.5 Classifying innovation by area of focus

Innovations can also be categorised based on the kind of work they involve as well as by motivation and type of change described in the previous section. In the context of private companies, Damanpour et al (1989) introduced two broad categories of innovation that are still relevant to other sectors, administrative and technological. These are discussed below along with two other types, service and ancillary.

The concept of administrative innovation (also known as process innovation) refers to innovation that deals with the business of managing the organisation, and is affected by the organisational culture, its environment and its members (Damanpour et al 1989; Walker et al 2011). The adoption and implementation of a new administrative process or innovation changes activities, procedures and rules that staff are accustomed to and therefore may have an impact on interactions between members and beneficiaries.

Technological or technical innovations refer to the basic tools, equipment, techniques and systems that change the way an organisation delivers its services. These could include a single point of contact through a centralised web portal or providing online electronic transactions. Administrative and technological innovations can be linked, for example, an organisation that introduces performance-based management will not only change its internal social structure but will need to adopt an information system that can support the data requirements for this type of management.

Service innovations are those related to the product or service delivered. Administrative and technological innovations may lead to new products or services delivered; authors have argued for keeping these separate as that may enhance capturing the subtle distinctions in adopting and implementing a service or product innovation. Miles (2013) identified six types of service innovations (see Table 1 below).

Table 1. Types of service innovations

Type of service innovation	What this involves
New service concept	May involve a new way of solving a customer's problem or meeting a need, perhaps by combining existing service elements in a new configuration.
New customer interaction	Focuses on innovation in the interaction process between the provider and the customer.
New value systems	Entails new sets of business partners involved in jointly coproducing a service (often a new service).
New revenue models	May involve charging a fee for services.
Personnel, organisational and cultural elements of a new delivery system	Enable workers to perform new jobs and to develop and offer innovative services.
Technological elements of a new service delivery system	Application of new technology to allow for improved production and use of services by allowing new interfaces and ways of delivering services or service elements.

Source: adapted from Miles (2013)

A related type of innovation is ancillary innovation. This is where an organisation links with partners to help address a particular need. As a result, the organisation is no longer in

control of the outcomes, as this will also depend on the performance of partners. This could lead to an assumption that organisations might tend to avoid entering into such arrangements, but there are many public and non-profit organisations who collaborate with others to improve their innovative capacity and outcomes.

In summary, innovation can be classified by its nature (technical or service for example) but it will also belong somewhere on the continuum between radical and incremental innovation. This will have a strong influence on the process of adopting and implementing the innovation. In addition, innovation may display secondary attributes that may also interact and affect the process. Therefore, rather than seeing the typologies as mutually exclusive they should be seen as complementary. This study uses the Osborne (1998) typology as a starting point for classifying innovations, as it is the only one applied thus far to any area of social care service delivery (voluntary sector provision). It does not identify the origin of the innovation or the effect of the social environment, and it cannot capture the range of attributes that innovations display. However, it can make a contribution to understanding the complexity of innovation in social policy and adult social care services in particular, and as stated earlier should form part of a two stage approach to understanding innovation.

2.6 Innovation and the internal environment

Over the past two decades, a large number of studies have been conducted on the factors that appear to inhibit or support innovation in organisations, and some of those studies included a focus on the public and non-profit sectors. However, they do not amount to a unified body of knowledge. There are both organisational and individual characteristics that influence the process of innovation both positively and negatively. They also suggest that context matters and that these influences may interact to facilitate or hinder innovation. This section will review the literature about the attributes of innovation, the process of innovation and the issues in relation to the innovators themselves.

2.6.1 The attributes of innovation

Rogers and Shoemaker (1971) explored this aspect of innovation in most detail. They identified four attributes that users of an innovation require in order for it to be successfully adopted. All of these attributes do not need to be present but if one is missing this suggests where effort needs to be made in order to manage the process. An innovation has to have relative advantage over what proceeded it, in the case of social care this could be for the organisation, the practitioner or the service user, for example in cost-savings or

outcomes for clients. Innovation has to be compatible with existing technologies/skills and fit with the values, experiences and needs of stakeholders, for example current social work practice. Ease of comprehension by end-users is also an important factor (complexity), for example how easy an innovation is to implement and how much staff training is required. The extent to which the innovation can be used on a limited basis before making a total commitment to it (trialability), and how visible results and achievements are (observability) will all be taken into consideration. Other authors have developed this further stressing the importance of identifying which attributes are necessary for success and which are of secondary importance. Daft and Becker (1978) combined this with a typology of innovation outcomes to develop a matrix for the analysis of successful innovation. However, it is not possible to use them in a predictive way as they are based on a range of factors. These attributes are discussed in more detail below.

Relative advantage is the degree to which individuals might perceive the innovation to be better than the current practice arrangements that it supersedes. The advantage would need to be seen to be in relation to either the organisation, for example, cost-saving; the practitioner for whom it might be quicker, less stressful, more rewarding, or produce better outcomes for the service user. Rogers (2003) stated that in studying diffusion researchers have found relative advantage to be one of the strongest predicators of an innovation's rate of adoption.

Related to relative advantage is the issue of incentives, which could be used to increase the perceived advantage of an innovation. There are different forms of incentives, although financial incentives are the most common. Incentives are particularly interesting when discussing adult social care innovation, as it is perhaps more difficult to imagine what these might be. Bartlett and Dibben (2002) in their study of twelve case studies of innovation in local government argued that performance indicators could help institutionalise innovative changes where they are being driven forward by innovation champions. They suggest that initiatives where efficiency and effectiveness is already key could be used as levers.

Compatibility is the degree to which an innovation is viewed as compatible with existing values, experiences or needs. For example, how compatible the innovation might be with the existing social care arrangements and the values of that system. Another consideration might be to what extent does the innovation meet practitioners or service user needs. Evidence of compatibility will be looked for in the case study data to see whether this occurs.

The degree to which an innovation can be adapted to meet local needs will also affect adoption. The findings from the literature are clear that where innovations can be adapted and organisations can use them in a flexible way they stand a much greater chance of being adopted. Rogers (2003) identifies how some innovations are so radical that they create a high degree of uncertainty and are more difficult to implement. Smale (1998) stated that most innovations in public services need to be 'reinvented' for each new set of situations. Rogers introduced the idea of reinvention into the literature, and Smale (1998) suggests that adaptation is not only unavoidable, it is desirable and even essential.

There is evidence that the degree of complexity or perceived difficulty in using the innovation can affect the rate of adoption. Rogers (2003) uses the example of the spread of home computers which was initially slow as they required people to learn a whole new set of skills, such complexity can act as a barrier to adoption. For the case studies it will be examined how easy they were to implement and the amount of training staff were required to undertake.

It is generally accepted that the easier it is to try out new ideas the more easily they will be adopted (trialability), which links in various ways to the previous issue of complexity. Through being able to try out or pilot something new the uncertainty of it can be reduced. It might also be possible for the innovation to be adapted during a pilot phase so that it becomes more compatible with local circumstances. There is evidence that people who more readily adopt innovations see trialability as more important than do late adopters. Observability is important in affecting the rate of adoption as the more visible new ideas are to others the more likely they are to spread (Rogers, 2003). The literature is clear that the degree of visibility of the innovations would have been an important factor in their up-take.

In summary, this section describes the characteristics of innovations or the 'attributes of innovations' as they are sometimes referred to and their importance when considering the take up of an idea. Many studies have been criticised for concentrating on isolating variables rather than their relationships to each other. Clark and Stanton (1989) argued that the attributes are dynamic and relational and need more than a static and discrete analysis. Smale (1998) argued that different innovations have to be managed differently and reinforced that it is important to explore this area as the individual attributes can affect adoption.

2.6.2 Innovation as a process

Innovation is a process and therefore to understand it each stage needs to be explored. Traditionally innovation was viewed as a linear process, however some authors have argued that it is cyclical (Wilson, 1966) or multi-dimensional and multi-directional as discussed earlier (Petz, 1985; Clark, 1987). There are differing views as to the actual stages involved but there are generally three dimensions proposed, invention (although optional), adoption and implementation. In the private sector, the concept of innovation relates to both the process of bringing ideas for new products themselves and the process of bringing new products or ideas into use (Rahim and Wolfe, 2000). Similarly, in the public and non-profit sectors, Osborne (1998) has maintained that in studying innovation it is important to clarify whether innovation is being looked at as a process of transformation or change or because of the process.

In general, there is agreement in the literature that innovating involves a process that leads to change (Walker et al. 2011; de Lancer Julnes, 2009; Rogers, 1995). By implication, this process has stages or steps and a more detailed breakdown could include: idea generation and discovery; evaluation and selection; acceptance; routinisation; diffusion or implementation; confirmation; and reinforcement (Rogers, 1995; Eggers and Singh, 2009; Schneider, 2007; Piening, 2011). There is criticism of some innovation studies where innovation has been represented as a single concept such as ‘adoption’ or ‘diffusion’ that approach has been described as too narrow and ambiguous. It has been suggested that this is not very useful in predicting outcomes or providing insights into the levers that innovators could use to support innovation.

There have been studies that have systematically analysed the stages of the process. A common view is that there are at least two key stages, adoption and implementation. Adoption has been described as an organisation building the capacity to act. This can include the initiation of an innovation that can involve identification of problems that require a solution, the matching of solutions to the problem and the attainment of resources (Damanpour, 1991; Rogers, 1995). This is not in itself enough to cause any observable change as implementation has to take place, that is when an innovation is actually used. There are clearly differences in the rate at which different people adopt new ideas, this is sometimes referred to as innovativeness. It is related to human behaviour, decision-making and a whole host of other variables such as resources, organisational context and the characteristics of particular innovations.

Implementation is often seen as the central to innovation, as this is when an innovation is actually ‘used’. Four factors have been identified in the literature as important to understanding implementation. The first is organisational characteristics and research has suggested that different organisational characteristics are relevant to different stages of the innovation process. An open decentralised organisation for example is seen as required for the generation of ideas, a hierarchical and centralised one considered more effective for implementation (Aiken and Hage, 1971; Rowe and Boise, 1974). The relationship between the open communication required in the invention stage and the management direction needed in the implementation stage, which often involves negotiating opposition to change, can create conflict. A separate but linked analysis concerns the relationship between efficiency and innovation within organisations and the extent to which it is possible to achieve both these simultaneously (Heap, 1989).

The second factor is the importance of an internal organisational environment committed to innovative change. The key issue here is the development of organisational values and an environment which encourages and stimulates innovation (Starkey and McKinley, 1998). The third factor is the role of individuals in the process of implementation. Schon (1973) and Knight (1987) both pointed to the role of the ‘product champion’ in managing the implementation of a new product or service. In contrast, Hage and Dewer (1973) and Hage (1980) emphasised the role of senior management in providing leadership and promoting innovative values for an organisation.

The final factor in the implementation stage is the process within the organisation, the debate centres on whether this is predominantly a rational or a political process. Carson (1989) and Adair (1990) make a case for a wholly rational approach in which the implementation of innovation is rigorously planned. However, this is strongly challenged by a number of authors such as Kimberley (1987), Golden (1990) and in the seminal work of Pettigrew (1973). In the late 1980s efforts were made to bring these schools of thought together in a ‘contingency’ model of managing change (Beer and Walton, 1987; Nadler, 1988). These emphasised the importance of bringing both rational and political processes together, dependent upon the specific environmental format of an organisational innovation.

Diffusion is the final stage of the innovation process, this is the means by which a specific innovation is transmitted from one user to other individuals or organisations. Despite the lack of a single coherent theory that can be used to explain the innovation process, there is a significant body of evidence that confirms the theory relating to the rate at which new

ideas are adopted. The fundamental work in the study of diffusion is that of Rogers and Shoemaker (1971). They specified a process by which awareness of new knowledge is followed by persuasion by its advocates then subsequent testing, through to final decision making. Basing their work on an extensive review of diffusion studies and communication theory, they argue that the pattern of diffusion of an innovation will follow a normal curve, moving from innovators through to “dawdlers”. If this distribution is viewed cumulatively rather than discretely, it forms the ‘S’ curve (a pattern of innovation characterised by slow initial progress then rapid progress followed by slow progress again as it matures and reaches its limits). This study has formed the basis of much analysis of the diffusion process, though it has been criticised for an emphasis on the role of the individual rather than of the organisation.

Some modifications to the traditional model of diffusion have been suggested. Mohr (1987) argued that it excludes the importance of evaluation in the process. Mort (1991) also argued against the use of diffusion and favours ‘percolation’ as this concentrates attention on the environment in which the innovation takes place rather than seeing it as a self-contained process. Herbig (1991) contended that the ‘S’ curve implies an incremental continuity to the process which might well describe the diffusion process for an industry or to a market as a whole but not the impact of innovation on an organisation.

However, implementation for Rogers (1995) involved adapting a solution, diffusing a solution and finally routinising a solution. Routinisation is consistent with the idea of institutionalisation of the innovation, at this point it becomes part of what the organisation consciously or unconsciously does, and therefore ceases to be an innovation per se (de Lancer Julnes, 2009). Implementation or diffusion is supported or not by factors that include external political pressures, citizen demands, level of risk-taking, openness to change, as well as availability of resources and technical knowledge (de Lancer Julnes and Holzer, 2001).

It is clear from previous research that a more nuanced understanding of the dynamics that occur when organisations try to innovate requires that each stage of the process is systematically analysed. This separation of the stages should help clarify understanding of the levers that can be managed at different points in the process as well as better predict the outcome of innovation efforts. This study will specifically focus on each of the most easily recognisable stages, initiation, adoption and implementation. The following section will use the staged approach to review the relevant theories and knowledge relating to the

stages in more detail. It will use the stages described by Van de Ven (1999) where appropriate and will identify the factors that are known to impact upon the process.

The MIRP (Minnesota Innovation Research Program) was a programme of research that tracked a wide variety of innovations throughout the 1980s and developed an empirically grounded model of the innovation journey (Van de Ven, 1999). Using data drawn from fourteen research teams, they established a model that incorporated the common patterns they observed across the studies. Whilst the model is presented as a series of stages, they did not view the process as linear but witnessed a *'much messier and more complex progression of events'* (1999, p.23). In recognising that this process is not necessarily linear certain choices and decisions were made to identify some characteristics with specific stages. What is clear though is this may not be the case in reality as these characteristics might appear in one or more stages of the process or be overlapping.

The initiation stage

This phase of the process encompasses the generation of the idea, and the literature has many examples of how new products emerge (Rogers, 2003). Rogers (2003) questioned whether it is the need that came first, or the awareness of the innovation. He highlighted the work of Hassinger (1959) who argued that individuals would not expose themselves to messages about an innovation unless they first had a need that required a solution (Rogers, 2003). For Rogers initiation involves two additional stages which he labels *'persuasion'* and *'decision'* (2003, p.174). This involves the individual or organisation seeking information about the innovation and deciding whether or not it is something that they want to get involved with. At this point individuals may reject an idea or adopt it.

The developmental stage

Once an idea for a new product, service or process has emerged, it needs to be developed further. Van de Ven (1999) used a model of adaptive learning to explain the process, which involves trials and feedback loops between outcomes and action. It is during this phase that negotiations can occur between entrepreneurs and those who control resources. The theory suggests that if the course of action being followed is considered to be successful then confidence in it increases and those in senior positions are more likely to relinquish control, allowing greater discretion to pursue the course of action. If failure is perceived as likely then the opposite arises as uncertainty leads to those controlling the resources intervening and keeping control. The role that evaluation plays here might be critical.

The MRIP study identified that this part of the process is characterised by 'controlled chaos' as the idea is rolled out and faces set backs. A key issue to emerge from this phase is the important role that managers play in this part of the process. Leadership is crucial and different managers adopt different roles. Van de Ven (1999) refers to four types of leadership roles: sponsor, critic, institutional leader and mentor. Innovations can need each type and where any one of these is absent innovations can face significant hurdles.

The developmental stage also requires individuals and organisations to network. The innovations will not be successful unless relationships are formed to support the different aspects of the process. These relationships lock the innovation into a particular course of action and produce an infrastructure to take the idea forward. The partnerships might be formed with competitors, in this case partnerships with voluntary agencies or the government might be important. Rogers (2003) discussed diffusion networks through which information is exchanged between people who are alike. Although it is clear that such networks play an important role, very little is actually known about the dynamics of these networks, how they emerge, grow or the processes they go through.

The adoption and implementation stages

This part of the process occurs when the idea, product, or new service is put to use. The innovation moves from being an idea, a decision has been made to adopt it and the process of putting it into practice begins. For individuals this often requires a change of behaviour, for example for organisations it might require staff to change working practices alongside organisational restructuring. It still may not be clear exactly what the outcomes of this change will be and this uncertainty and period of change can lead to resistance or even conflict. Theories and models of what makes implementation successful are common in the literature, offering different perspectives on the process, from mandate design models (May, 1993) to street-level bureaucrats (Lipsky, 1980). In addition, change management theories offer models through which this change process can be understood and managed.

A number of inter-related factors can affect the implementation stage of the innovation process. Firstly, the nature of the innovation can have an impact upon the ease with which innovations come into use. Van de Ven (1999) found that ideas that were 'home-grown' were usually implemented by linking the new with the old and hence required less radical upheaval. Secondly, the adoptability of the innovation can be important, for example, how compatible the new process is with the attitude, skills and perceptions of those upon whom the innovation is going to have an impact. Glor (2001) in her study of innovation in government also recognised how the nature of the innovation can affect its

implementation. She found that the level of change involved in the innovation also presents a challenge to employees. Associated with the idea of adoptability is the issue of the degree of reinvention that is required to take place. Rogers (2003) has suggested that the higher the level of reinvention that can take place the faster the adoption and the greater the sustainability. Therefore, if adult social care innovations are flexible enough to allow for reinvention this might assist with its use.

Depending upon which of these factors are seen as most important or problematic, different theories and models can be applied to guide the innovation through. Smale (1998), for example, believed that it is relationships that are the key dimension. Thus in his work the emphasis is on working with people. Smale describes the role of change-agents, communication strategies and support for individuals as being crucial. Alongside this Smale sees merit in 'learning organisations' that can help to facilitate more open communication pathways within organisations. Rogers (2003) on the other hand supports a more rational model for managing change.

Communicating the idea

There is considerable evidence in the literature supporting the importance of communication in the innovation process and its impact upon adoption. Through networks, which might involve similar organisations spreading the word or imitating ideas seen elsewhere, the process begins. Social learning theory lends itself to understanding this type of observational modelling, viewing the innovation process as a huge learning system (Bandura, 1977).

In relation to the importance of communicating a new idea there is much overlap in the innovation literature with that of the implementation theorists. The diffusion researchers, for example, Zaltman (1973), discuss the way in which a gap can occur between an idea and it being put into practice. They refer to this as the 'performance gap'. Implementation theorists also describe the potential for gaps in the process from idea through to implementation. Pressman and Wildavsky (1973) noted a gap between national aspirations and the reality of what actually happened in local situations. They also highlighted the relationships and communication between different organisations as central to the implementation process. Similarly, Barrett and Hill (1981) raised the importance of bargaining and negotiation, which overlaps with many of the ideas from the diffusion literature.

Whilst implementation theory helps to explain elements of the innovation process, the literature on the diffusion of innovations is more specific and looks in detail at the way in

which different types of communication assist at different times. During the initiation stage the most effective form of communication has been found to be mass communication, whilst communication between individuals is more important in the latter stages (Rogers, 2003).

The role of key individuals

As stated earlier in this chapter whilst much has been written about organisational structure and culture in relation to innovation, little research has been conducted on the role of individuals. There is a lack of available evidence when considering the role of front-line staff in initiating, developing or implementing innovation. Etzioni (1971) identified the importance and contribution of both individual and collective consciousness in facilitating autonomy and innovative behaviour. He argued that the capacity to innovate was related to the capacity individuals had for autonomous direction. Hence, for some adult social care innovations it will be important to consider how much autonomy teams had when implementing the innovation.

There has been a great deal of work done within the private sector about the role of particular individuals or entrepreneurs, the characteristics of these innovators and the part that they play at the beginning of the innovation process. As an innovative idea moves into the implementation stage there is evidence that individuals can be identified who play a key role in moving the process forward. Rogers and Smale (2003; 1996) refer to such people as *'change agents'*, however they are also described in the literature as *'product champions'*, *'network entrepreneurs'* and *'individual champions'*. Individuals in the adult social care sector who are identified as playing a significant role will tend to be managers. Bartlett and Dibben (2002) differentiate between *'public champions'* and *'empowered champions'* who were both important in seeing ideas implemented in a public sector (local authority) environment. In their study, the public champions were managers who were implementing change following service user feedback. The empowered champions were the members of staff who were motivated much more by personal concerns and interests.

The research conducted by Smale (1996) within social work practice identified the importance of individuals who might be part of the network on an informal basis, or who might be formally and strategically employed to lead change. These are described as the network entrepreneurs, the individuals who maintain the links and make the communication networks happen. Rogers (2003) describes a champion as being *'a charismatic individual who throws his or her weight behind an innovation, thus overcoming indifference or resistance that the new idea may provoke in an organisation'*

(2003, p.414). Champions tend to have excellent people skills and Goodman and Steckler (1989) found the most effective champions to be those who were senior but not too senior, they highlighted the example of assistant directors who were senior members of staff but not too removed from other staff. Rogers (2003) suggests that such individuals must be credible, competent and trustworthy. The case study innovations will be examined to identify whether such champions were present.

The role of policy

The factors that influence innovation can fall into two categories, those that have a push-effect and those that have a pull-effect. In the private sector, incentives and profit margins act as pull factors to increase performance. Performance targets could also be seen as push factors. It is argued that in the absence of financial incentives (usually the case in adult social care), the equivalent push factor would be a policy directive, and therefore the role that government plays may be more crucial (Ling, 2002). Ling states, *'When innovating in public services, government has a role to pay in overcoming.., barriers. They have a unique role to play in stimulating a shared language, establishing agreed time-frames, managing risks, and negotiating amongst conflicting interests'* (2002, p.19). It was noted earlier how performance indicators had the potential be used in a positive way to persuade organisations to innovate. The government setting standards or investing in initiatives could also assist innovation. Again, it will be important to consider the role of government and policy in the implementation of innovation in adult social care.

Challenge to innovation

One of the most clearly defined barriers to the adoption and implementation of innovations or any form of change is resistance from staff. This is most likely to occur at the implementation stage when the impact of the innovation becomes a reality. The resistance can be active or passive. A number of factors have been identified as causes of resistance and these include: a lack of resources; the impact or disruption caused to the organisation systems and staff; a lack of need; local pride; compatibility with existing values and beliefs; the degree of risk and whether a change in professional identity is needed (Coe and Barnhill, 1967; Havelock, 1970; Rogers, 2003; Smale, 1996).

Argyris (1970) linked resistance to top-down models of implementation. Borins (2000) found resistance to be an issue in the work that he did within public sector organisations and believes that change agents must take their opponents seriously, use persuasion, accommodation and appropriate channels to build support for their ideas. Glor (2001) looked at innovation in government and adopts the term 'challenge' rather than resistance.

She identified challenges to innovatory behaviour in the public sector arguing that, *'staff are not intrinsically motivated by innovation'* (2001, p.6). Unlike the private sector where financial incentives can be used to motivate individuals, the public sector has difficulties in trying to persuade its staff to think of new ideas. In areas of adult social care where getting it wrong can have serious consequences and where front-line staff have much to lose in terms of career and reputation, being innovative may require a significant means of motivation or persuasion. These issues are not fully addressed in the literature.

Activities that have been identified as being able to help address potential resistance include feedback, pilots, trials and legitimation through routinising the activity or making it mandatory. Smale (1998) specifically addressing social work practice identified a solution to problems of resistance and implementation. His advice to managers was to adopt the following approach: set up a pilot to debug the innovation; tell them to change in writing; add the innovation to custom and practice; leave dissemination to natural forces; and lead through reorganisation (Smale, 1998, p.70). There is evidence that resistance can clearly lead to an innovation failing to be adopted or implemented.

Organisational structure

Organisational structure has been identified as an important influencing factor on innovation. An organisation is defined as ‘a social system created for attaining some specific goals through the collective efforts of its members’ (Zaltman et. al. 1973). Initial research on the relationship between organisational structure and innovation emphasised the importance of the overall structure of an organisation. Burns and Stalker (1961) and Thompson (1965) suggested the idea of the mechanistic organisation in contrast to the organic one which relied on highly specified and distinct specialisms amongst its staff and strong vertical line management. The organic organisation had a high degree of task complexity and a more horizontal organisational structure. Burns and Stalker hypothesised that the mechanistic organisation was most suited to stable conditions whilst the organic one was more adaptable in unstable conditions, and therefore by implication more innovative. This model was supported by Thompson who contrasted the bureaucratic organisation with the innovative organisation, the latter possessed more participative management inviting input from employees and freedom of communication.

Later studies concentrated on breaking down these types of organisational characteristics into their constituent parts in order to examine their impact. In particular the issues of centralisation of power, formalisation of roles and organisational complexity were explored. Some of these studies confirmed the model of Burns and Stalker. Hage and

Aiken (1967) for example stated that centralised decision making did indeed inhibit the ability of an organisation to innovate, whilst organisational complexity encouraged openness and the exchange of ideas.

Wilson (1966) argued that there was a contradiction between the types of organisational structures required for the generation (or invention) of innovative ideas and for their implementation. Invention required open non-hierarchical structures and implementation benefited from a centralised structure. This position was subsequently argued by Sapolsky (1967) and Zaltman et al (1973). Aiken and Hage (1974) subsequently altered their position to suggest that the ability of organisations to be innovative could vary over time, dependent on needs and environment. The static model of innovation was replaced by one that acknowledges organisational structure is a significant predictor of innovative capacity. However, innovation may well require different organisational structures at different stages of the process, or that a specific organisation will need to be able to move between different styles of structure, dependent on its needs in relation to innovation.

There is empirical evidence which shows that bottom-up innovatory behaviour in the public sector for example occurs much more frequently than established wisdom would indicate (Borins, 2002). This suggests that the interest and drive to develop innovation in practice may add weight to the learning organisation model. It is clear, however, that *'the learning organisation in the public sector is itself under theorized and under researched'* (Taylor, 2004, p.75). In relation to the role that learning organisations might play in facilitating innovation, there is even less information and literature to draw upon. Karvinen-Niinikoski (2004) began to make the connections between critical reflection, the importance of supervision in organisational learning and innovative learning. This is clearly an area that needs to be further addressed if the learning organisation model is to be further developed. It is in this area that this research aims to make a contribution to the small, yet growing body of literature available on innovation in the UK. In examining the adoption and implementation of innovation in adult social care it will be important to consider the relationship between this bottom-up innovatory model and the top-down centralised systems that can dominate the adult social care sector.

Despite the potential offered by less centralised systems, it might be helpful to note some of the potential disadvantages in order to identify whether they have been a factor or not in the implementation of adult social care innovations. Rogers (2003) identifies three main difficulties. Firstly, ineffective innovations might spread, as there is a lack of technical expertise and quality control at a more local level, secondly there may be a lack of

knowledge about innovation strategies and finally, there may not be a need for the innovation. Matching an innovation with a need is the key to it being sustained over time. The advantages might be that local practitioners may be better at identifying the innovations that might best meet their needs and they might meet less resistance than a centralised, imposed idea.

Internal culture

Another group of studies that have attempted to explain the innovative capacity of organisations are those concerned with internal culture. Some sectors have specific characteristics that restrict the degree of innovativeness that can be allowed to grow, for example to what extent it is possible to take risks in adult social care when this is focused on vulnerable people. The studies about internal culture have tended to concentrate on three issues, the size of an organisation, the nature of organisational leadership and the nature of organisational life such as the communication channels and processes within an organisation.

With regards to organisational size, a whole range of early studies found a clear relationship between the greater size of an organisation and its ability to innovate (Mansfield, 1963; Becker and Stafford, 1967; Mohr, 1969; Langrish et al 1972). However, later studies have taken a different view starting with the seminal Scientific Activity Predictor from Patterns with Heuristic Origins (SAPPHO) study which associated small organisational size with innovativeness (Freeman, 1973; Stroeatman, 1979; Ahlbrandt and Blair, 1986). This debate continued with Pavitt (1991) and Havemen (1993) advocating the significance of small size and Azzone and Maccarrone (1993) that of large size.

Da Rocha et al (1990) summarised the arguments suggesting that advocates of large size as a predictor of innovation are actually using this as a proxy for resource availability (in terms of capital, personnel and expertise), whilst those supporting small size are using it as a proxy for a less bureaucratic organisational structure and greater freedom for individual action. Damanpour (1996) argued for a model that relates the significance of organisational size to environmental uncertainty. Overall, the relationship of size to innovation is still an area of debate, there is no one clear conclusion relating it to innovation as a whole. It remains to be seen whether more specific studies can link organisational size to different stages or types of innovation.

In terms of organisational leadership there is little dispute in the literature over the extent to which senior management commitment to innovation is a key factor in innovative organisations. The implementation of innovation can require a direct managerial approach

at a senior level if innovative ideas are to be turned into reality. Boeker (1997) also argued that the positive performance of teams is also a key determinant of successful organisational transformation. A more standard version of this argument is the emphasis on entrepreneurship as a key trait in senior management for innovative organisations where the emphasis is upon acquiring resources and its transformation into products or services (Robert and Weiss, 1988).

A second role for management in innovation is the creation and management of an appropriate organisational culture. This was first suggested by Burns and Stalker (1961) and has been given considerable prominence in the work of Hage (Hage and Dewar, 1973; Hage, 1980). This role is not about the proactive development of innovation but the creation of a climate that supports innovation throughout the organisation. This requires a distinctive managerial approach to be taken. Nystrom (1979) and Heap (1989) pointed out that there is a tension between the needs of an organisation to be efficient and to be innovative. They maintain that a choice needs to be made between the mass production of standardised products and services with limited risks but often small profit margins, and innovation of new products and services with greater risks but also potentially greater profits. It is argued that the two approaches require different leadership styles. Despres (1991) maintained that the failure to understand this has been one of the major constraints on the innovative capacity of organisations. Another leadership role is that of the 'innovation champion' who supports an innovation at its early stage of development, authors contend that this is required due to the inability of formal organisations to respond to change (Fischer et al 1986).

Aiken and Hage (1971) and Iwamura and Jog (1991) argued that the educational and professional level of the staff group of an organisation is important in promoting innovation. Doudeyns and Hayman (1993) have also claimed for this as an indicator of the innovative potential of organisations. The role of communication channels and patterns within organisations as a factor in innovative potential has been examined most influentially by Poole (1981, 1983a, 1983b,) and Van de Ven et al (1989). Albrecht and Hall (1991) also maintained that internal communication is the key factor in organisational capacity to innovate. The literature suggests that organisations with a culture that supports open communication and that have less task complexity have a greater capacity to innovate. Given the complexity of organisational life, Rickards (1985) recommended an approach that examines the interplay of these and other internal factors for example, these should be considered in the context of their relationship with the external environment of an organisation.

2.7 Innovation and the external environment

The majority of the work recognising the importance of the external environment in innovation has been concerned with for-profit organisations in the marketplace. Most of the focus has been on the issue and impact of the competitive environment. The innovation studies literature has been criticised for its neglect of wider environmental issues. Organisations are open systems and as such are subject to the influence of their external environment, for example they respond to external pressures such as demands for services from the public and to media attention in the current policy environment (Altschuler, 1997; Walker et al. 2011; De Vries, 2014).

In the private sector studies have tended to focus on the competitive environment and its impact on the innovation process (Osborne, 1998). The goal of firms in the private sector is to increase profit and in highly competitive environments they need to stay ahead of other companies. In contrast, in the public and non-profit sectors one of the most important factors in building capacity and facilitating the process of innovation has been identified as collaboration (Sorenson and Torfing, 2012). However, this is not to deny that organisations may compete to avoid being disadvantaged, an increase in alternative providers of public services, for example can create competition for scarce resources (Walker et al. 2011).

Competition can also become a source of strength as this leads to the creation of networks which helps build capacity and facilitate innovation because of the transfer of information that occurs among network participants (Berry and Berry, 1990; De Vries et al. 2014). The same is true for participation in professional networks. In network theory, innovation is seen not to arise out of competition between organisations but from their interaction. Alter and Hage (1993) argued that there has been a move away from competitive relationships with other organisations within particular markets and towards collaboration. Nohria (1992) agreed, arguing that organisational networks are now an essential component to gaining competitive advantage. Innovation often can only occur through collaboration, which brings together the knowledge, capital and personnel necessary for its realisation.

Laws and regulations (social care for example is highly regulated) are often viewed as barriers to innovation (Borins, 2002a). However, the findings of Walker et al. (2011) and de Lancer Julnes and Holzer (2001) for example counter this assertion and call for a more nuanced analysis of the impact of laws and regulations. These studies suggested that when the process of innovation is disaggregated, different effects may be found at different stages, positive, negative or no effect. Also, some research suggests that laws and regulations may interact with the type of innovation introduced and this produces variation

in the significance of the effect of these when the level of innovative capacity of an organisation is also taken into account (Walker et al. 2011).

Another group of studies emphasised the interrelationship between the structure and internal environment of an organisation with its external environment as being the key trigger to innovative activity (Astley and Van de Ven, 1983; Rickards, 1985). There are two views of the impact of this interrelationship, one linked to the relationship of an organisation to its end-users and its overall strategic orientation to the market. The role of end-users in shaping innovative capacity of organisations has been a consistent theme in much of the organisation studies literature, and views marketing as one of the prime motivators of innovation. An alternative view places the relationship to end-users within the overall strategic orientation of an organisation. This concerns the direct commitment to innovation as a goal of an organisation, but it also concerns the wider strategic orientation to its environment (Berry, 1994).

Organisational context is an area of the literature that is still relatively underdeveloped, with the empirical studies being found largely in the science and technology fields. Although studies in health care and medicine have been carried out, there have been few in other sectors. Whilst these are beginning to emerge little is currently known about innovative processes in the adult social care context. Kingston states in his work, *'the typical technological innovator links the world of ideas with the world of which money is the measure, and is interested in a project because it is ingenious as well as because it is money-making'* (1977, p.79). As Ling comments, *'there may be fewer incentives for customers and suppliers to innovate in the public sector'* (2002, p.5).

Some sectors have specific characteristics that prevent or restrict the degree of innovativeness that can be allowed to flourish, but it has not been established whether there are specific barriers within the adult social care sector. For example, in relation to risk, the evidence is clear that taking risks is an important part of innovative behaviour, a characteristic observed in the early innovators. To what extent it would be possible to take risks in the adult social care context when the focus is on vulnerable people needs further exploration. The UK government in their desire to promote innovatory practice amongst policy-makers highlighted that innovation is closely tied to the issue of risk (Cabinet Office, 1999). A National Audit Office Report published in 2000 identified that *'good risk management is desirable for a number of reasons and one reason is that it promotes innovation'* (NAO, 2000, p.4).

The public sector is viewed as being risk-averse and the sector plays a key role in adult social care both as a commissioner and provider of services. Aversion to risk has been seen as a barrier to innovation that must be overcome, *'innovation in the public sector requires high quality risk management and safe spaces in which to test and develop promising ideas'* (Cabinet Office, 2003, p.17). Bhatta (2003) considered the issue of risk in innovation in the public sector to be much more complex and difficult to manage than UK policy documents suggested. He argued that *'while the notion of risk has been well discussed in and of itself its juxtaposition with innovation in a public sector context still needs further research'* (2003, p.1).

Miles and Snow (1978) argued that organisations have a choice in the way they relate to their external environment. This environment is multi-faceted and managers can choose what they focus on, and how they interpret what they see there. Miles and Snow developed four managerial mind-sets through which to analyse these strategic approaches. The defender who seeks stability and offers a limited product line with a focus on efficiency. The prospector who seeks a dynamic environment and offers a broad or changing product line to respond to this. The analyser who seeks a balance between stable and dynamic markets and who offers a mix of efficient and flexible products. The reactor who reacts on the spur of the moment with no consistent strategy. The prospector and the analyser are more likely to unlock the innovative potential of an organisation through their dynamic approach to the environment. However, there have been criticisms of these descriptions as being too simplistic (Greenhalgh et al. 2004)

The environmental approach to innovative capacity includes two views as to its causality. The first concerns the impact of that environment itself, usually whether the search for increased profits has promoted innovation through competition or collaboration. The second approach concerns the strategic response of organisations to their environment and the extent to which innovation or stability is seen as the best means through which to achieve organisational survival and growth.

2.8 Motivation to innovate

There is little disagreement that innovation is important within the private sector to keep profits rising and businesses competitive. Yet, very little is known about why individuals or organisations such as those within the adult social care sector would seek out, adopt and implement new ideas. Given that developing and implementing new ideas can be a difficult and complex process, what reasons would individuals or organisations have for doing it. The policy transfer literature is helpful in identifying why organisations become interested

in innovation but the innovation literature contributes little to the question of why some individuals or organisations are more innovative than others.

There are two main reasons that can be identified from the literature as to why individuals or organisations have chosen to adopt and implement new ideas. Rose (1991) identifies dissatisfaction as the main stimulus to search for new ways of doing things and states *'a gap must be created between present aspirations and achievements'* (1991, p.11). He goes on to identify that dissatisfaction can be created by people or by a crisis leading to enough dissatisfaction that people are convinced something needs to be done. He notes the following as causes of dissatisfaction: a crisis; uncertainty; changes in the policy environment; the effects of a programme becoming negative; changes in political values; and electoral competition. Dissatisfaction suggests a sense of a service failing, hence the impetus to do something arises from being responsible for something that may be losing support and may be threatening someone's position. This dissatisfaction may result in an individual beginning to search elsewhere for a solution. In relation to adult social care innovation, did the innovation ideas come about because practitioners or service users were dissatisfied with an element of practice.

A different yet related reason for engaging in the process of looking for new ideas can occur when policy makers make a judgement that a policy is failing and a solution is looked for, or a problem has arisen that requires a solution. It is important to understand the context of such decisions, as they will undoubtedly shape the way in which a problem is defined and the range of potential solutions. The decision that a policy has failed and when are important aspects of this context.

Rogers (2003) saw this as the first stage of the innovation development process. He discussed how this often begins with recognition of a problem or need, which may then result in research activity to solve the problem. Evans and Davies (1999) highlight dissatisfaction or necessity as producing the potential for voluntary policy transfer. They go further to suggest that the absence of an acceptable alternative or solution also leads to policy makers searching for new policy ideas. Other authors suggest that the change process is much more complicated than that and that there may not be a point at which problem definition occurs.

Lindblom and Woodhouse (1993) suggested that action can also occur through new opportunities, not just from "problems". Therefore, innovations can be triggered by dissatisfaction or a solution to a problem presenting itself. This process might be planned,

might occur on the spur of the moment or may be triggered by 'shocks' from internal or external organisational sources (Van de Ven, 1999, p.23).

In summary, the organisation and management studies literature does highlight a number of key points. Firstly, innovation is about the introduction and adoption of new ideas that produce a change in the existing relationships between an organisation and its internal and external environments. Secondly, any typology of innovation needs to take into account its impact on both these environments. Thirdly, the process of innovation involves an optional stage (invention) and two compulsory ones (adoption and implementation). Fourthly, it is vital to emphasise the issue of discontinuity in discussing innovation and in differentiating it from other more incremental forms of organisational change. Finally, the management of the changes inherent in innovation involves both rational and political components. The precise balance between these needs to be analysed for any particular innovation.

2.8 Innovation within the adult social care system

This section will draw together some of the empirical literature on innovation in adult social care. Despite centuries of academic work around the phenomenon of innovation, this has been predominantly located in the private sector. Therefore, theories, data and tools are nowhere near as advanced for innovation outside of this sector. Authors increasingly stress that to be able to improve our knowledge and understanding of the rate and degree of innovation as well as its incentives, processes and impact, there is a need for more systematic and comparable data on innovation in the public sector (Koch and Hauknes, 2005), but this could also apply to public services more generally. Osborne and Brown (2013) also emphasise that the innovative capacity of public organisations is under-researched and that the literature is full of normative assertions and/or pejorative arguments.

Currently, more research still takes place about innovation in the private sector but there has been a shift, for example, just over half of all journal articles examining public sector innovation were published between 2006 and 2008 (Matthews et al. 2009). There has also been a growth in non-academic literature published by public service organisations themselves, ‘grey’ literature, technical reports, working papers, consultancy reports and so on. Together with the theoretical literature it should provide a comprehensive view on how innovation is theoretically understood and how much is known about innovation in adult social care in practice. As social care services operate within the public, private and third sectors, relevant literature about innovation in these sectors will also be included here as a starting point.

2.8.1 Innovation within public services

One of the factors that makes innovation in adult social care complex is that service provision is organised and delivered by the private, third and public sectors. There has been discussion for many years as to whether public services should be provided by public institutions, private and/or the charitable sectors. Preferences have been constantly changing but there has also never been an absolute distinction, as not all organisational forms fall easily into these classifications (for example, joint ventures between public and private sector, contracted out services). However, one of the typical concerns is the lack of a competitive market within the public sector that may mean a lack of incentive to control costs, improve quality or respond to the needs of consumers. In addition, public services have a wide stakeholder base and can have abstract social values and goals which can lead to potentially conflicting demands. How these are dealt with can have consequences for their activities, outcomes and the degree of trust in them by the public.

This section briefly considers some of the evidence about innovation specifically related to the third and public sectors, as the private sector is covered extensively elsewhere.

Public services and the public sector

Although not as well developed as that concerned with business there have been studies of innovation in the area of public services. Research in the 1960s focused on the traits of innovative organisations (Mohr, 1969; Gray, 1973), and in the 1970s and 1980s researchers turned to public service values and motivations for innovation. In the 1990s significant work took place to understand overall patterns of public innovation (Altshuler, 1997; Behn, 1997) and the following decade a European research network examined some of the dynamics of public innovation (Koch and Hauknes, 2005).

Daft and Becker (1991) conducted an important early study that focused attention on the political nature of the innovation process, whilst Berry (1994) looked at strategic approaches to innovation and public management. Altshuler and Behn (1997) conducted a series of case studies of innovation in the federal government in the United States. There has also been a focus on leadership, Roberts and King (1996) explored the nature of entrepreneurship in American public services, whilst Cohen and Eimicke (198) and Light (1998) have explored the managerial challenges of leadership of innovation in social services. Borins has probably made the greatest contribution through a series of studies exploring the contingent factors that impact upon the innovative capacity of public services (Borins, 2000; 2001a; 2001b; 2001c; 2001d; 2002). Borins argues that innovation is

difficult to achieve because in public services the rewards for it are not great while the consequences of unsuccessful innovation can be serious.

Rogers (2003) is the only academic to include public sector examples consistently as part of his work on innovation diffusion. Greenhalgh et al. (2004) expanded on this work to outline the factors crucial to the development of an innovative organisational climate. Borins (2000; 2001) conducted one of the few major cross-national surveys of innovation in the public sector (in the United States), which indicated that most innovation is initiated by frontline staff and middle managers, is not a response to crisis, cuts across organisational boundaries, and is motivated by recognition and pride rather than financial reward. Another area of research has focused on places including work on creative cities (Landry, 2006) and on innovative environments (Hall, 1998).

In the UK, there has been an increase in research in the public sector innovation field in recent years. The Cabinet Office published a report on public sector innovation in 2003 (Mulgan and Aldbury, 2003) and research by the National Audit Office (2006), Audit Commission and other bodies examined the processes of innovation within both national and local government. A one-off survey conducted by the Audit Commission (Audit Commission, 2007) found that 43 per cent of local authorities surveyed reported that ‘a great deal’ of innovation was taking place. Nesta piloted a survey to measure innovation across the public sector and the factors that enable it (Hughes et al. 2011). The pilot survey found that over 90 per cent of respondents reported introducing new or significantly improved services over the past three years. Hartley (2006) explored how innovations spread and as most research suggests, the degree to which organisations are willing to adopt innovative ideas is affected by how easily the idea can be adapted.

Research into innovation in the public sector is relatively young. Given the role of public sector activities in modern society this is surprising, although the frequently complex and varied nature of public sector innovation are no doubt explanatory factors. The benefits of innovation in the public sector according to the Audit Commission include improved value for money, achieving more effective service delivery and building stronger community engagement and representation (Audit Commission, 2007). These can be summarised as efficiency, effectiveness and connectivity, the associated factor of choice being an important recent consideration in the area of public policy.

Care should be taken in applying theoretical understandings about innovation from the private sector directly to other sectors, and this has been done frequently usually through a lack of data or awareness. Nevertheless, they do have things in common, both have

employees in place to deliver products or services, both have ‘customers’, both have a supply chain behind the delivery of products or services and both generally attempt to reduce administrative overheads and improve service/product delivery (Oracle, 2003). The main difference is that private sector organisations who do not innovate effectively may be at a disadvantage in the market place compared to those who do but on the whole, public service organisations do not have that same competitive pressure to innovate.

According to Hartley (2006) one element of complexity for public service organisations over private ones is that they are embedded in society and not only produce benefits for individuals, providing goods and services, but also contribute to wider societal purposes. Therefore, analysis of innovation needs to consider not just immediate improvements in service quality (or the introduction of new services) and fitness for purpose, but wider issues of public value. There are differences between private, third and public sector motivations in management decisions, balancing the needs and demands of stakeholders.

Roste and Miles (2005) also argue that differences between sector innovation are less distinct and more subtle than a simplistic view implies. This is relevant for measurement and the question of whether different tools are required (Bugge et al. 2010). In the private sector success is ultimately measured in terms of increased revenue, increased profits, increased shareholder value or a combination of all three (Bason, 2010). Public service innovation is concerned with maximising societal welfare created through public investments, therefore value creation is much broader in scope than for businesses (Kelly et al. 2002). This means that innovation plays an essential but also more complex role in increasing the quality and productivity of public services.

The following typology of innovations in the public sector has been proposed see Box 1 (Per Koch and Hauknes, 2005).

Box 1. Typology of public sector innovations

New or improved service: for example home-based care for older people.

Process innovation: a change in the manufacturing of a new service or product.

Administrative innovation: as a result of policy change.

System innovation: for example the establishment of a new organisation or new patterns of cooperation and interaction.

Conceptual innovation: a change in the outlook of actors accompanied by the use of new concepts.

Change of rationality: the world-view of the employees of an organisation is shifting.

However, largely these could be mapped onto the types of innovations described earlier.

The relative complexity of public sector innovation stems largely from the broader range of factors that drive it. The role of profit is replaced by an array of possibly equally weighted economic, social, political and environmental objectives. One of the most important drivers for public sector innovation is politics. Strategic change in the public sector frequently requires a strong, top-down, political will coupled with the political recognition that change requires the allocation of resources (Hartley, 2006). This may be ideologically based or in response to critical events and pressures. It may also include the adoption of new world views and concepts, thus in several countries successive political ideologies have sought to find free-market solutions mainly to ameliorate the enormous financial burden imposed by a ‘free’ at the point of delivery public service and also, indirectly to provide incentives for improved service delivery (Per Koch and Hauknes, 2005). Pressures for economy and improved efficiency are always present at both central and local levels of administration, and currently this is one of the strongest drivers of innovation at a local level.

Public services and the third sector

The third sector has a significant role in social care service delivery and has often been thought of as the source of local innovation in the UK, especially in the delivery of specialist services for marginalised or vulnerable groups. Osborne et al. (2008) conducted a survey to determine the extent of innovation in the third sector and results suggest that innovative activity was at 19 per cent, development work 36 per cent and traditional activity at 45 per cent. However, innovation activities seemed to be driven largely by the behaviour of public authorities as a source of funding (Osborne et al. 2008). The Select Committee on public services and the third sector reported problems with generalising claims about distinctiveness and increased innovation based on existing evidence. The problems were not about finding good examples of positive impact and innovation within third sector services, but that these ‘do not add up to conclusive evidence that the sector is inherently more innovative’ (Wright, 2008). Kendall (2003) identified that the voluntary sector may be relatively innovative generally but under particular conditions.

This section draws parallels between the innovation process in different sectors. This brief review indicated that differences between the sectors are less distinct and more nuanced than they might appear. However, care should still be taken in applying the knowledge and

theory from private sector studies to other areas, and this supports the need for more research focusing on innovative behaviour outside of the private sector.

2.8.2 Innovation within adult social care

This section will begin by reviewing existing studies of innovation in social care and draw some conclusions from these. It will be argued that there is a lack of both good empirical evidence about innovation in social care and a framework by which to analyse it. Key papers will be reviewed in this section focusing on the management and organisation of social care and social care services for adults.

The 1980s saw a series of innovations in the delivery of community care services in the UK. The literature about social services in particular has produced a large number of studies of innovation. The majority of studies of innovation in the area of social care services have been descriptive and often written in the context of professional social work. This does not mean that they have not made a valuable contribution to the development of efficient and effective social work services, but they have not taken into consideration the important organisational and managerial issues that innovation raises which would have contributed much to an understanding of these issues. The Personal Social Services Research Unit (PSSRU) at the University of Kent has been influential in focusing attention on the need for a managerial approach to innovation in social services deriving from the use of their theoretical framework, the production of welfare model (Knapp, 1984). However, though more rigorous than other work in the field, it still lacked any analysis of the nature and process of innovation itself.

There are several examples of studies providing good descriptions of the work undertaken and valuable lessons for future practice (Dibden and Bartlett, 2001; Bartlett and Dibden, 2002; Healy, 1989) but these still did not attempt to analyse the innovation process itself. There have been studies of innovations in non-metropolitan areas (Barritt, 1990) and on the problems of sustaining innovations beyond the pilot stage (Barnes and Wistow, 1992). There have also been studies of innovations within particular client-based services such as, mental health services (Marks and Scott, 1990; Ramon and Giannichedda, 1991), people with learning disabilities (Grant and McGrath, 1987) and people with physical disabilities (Connelly, 1990; Ross, 1995).

The largest group of studies, although now conducted some time ago, have concerned services for older people. Ferlie and colleagues conducted numerous studies, focusing upon the efforts of statutory authorities to find more efficient ways of meeting the needs of

older people within their own communities (Ferlie et al. 1984a; 1984b; 1989). Other examples included, Myrtle and Willer (1994) who provided overviews of a range of developments of services for older people in different national contexts. The innovation process is a feature not examined in any of these studies.

All of the studies identified provided valuable insights into new types of services developed in the social care field and an excellent resource for those wanting to design new services. Some have evaluated the impact of the innovations, but there have been few attempts to address understanding the nature of the process of innovation in social services. An early study highlighted this to be the case in the 1970s (Delbecq, 1978) and little seems to have changed since then. This following section will review the limited number of attempts to develop such an understanding.

Hasenfeld and Schmid (1989) highlighted the life cycle of social services organisations as the key factor in the development of the development of innovative services. This draws on a sizeable theme in organisation studies but little evidence was provided to support their position and no attempt made to develop the implications of this for the management of innovation within social services.

A second approach to understanding innovation was through studies concentrating on the role of strategic management and planning (Rothman 1974; Rothman et al. 1976). This work was brought together in the social marketing model of Rothman (1980) and later Berry (1994) and provided a rationalist model of planning to produce innovation. This model has been challenged by later studies, in particular Golden (1990) argued that rather than requiring careful planning successful innovation in social services was the result of 'groping along'. Both these approaches draw attention to the managerial and strategic role in innovation in social services, but were too narrow in their focus to provide a holistic understanding of innovation.

Another approach adopted by a number of studies related innovation specifically to the need to counter the bureaucratic nature of public services. Young (1976) argued that the bureaucratic nature of public services inhibited their ability to innovate and Brodtrick (1998) that a learning organisation approach was needed with a focus on communication to counteract the bureaucratic tendencies of organisations.

Ferlie et al (1989) did produce a framework embedded within the production of welfare model. Evidence was also produced to support analysis of the relationship between innovation and the need for efficiency. The drawback of the study is that it was limited to a subset of social service innovations, that is, those in established mature services where

environmental factors (demography and funding) had produced pressure for change. Therefore, it did not address innovative developments that came about because of other reasons such as a newly defined need.

Baldock (1991) and Baldock and Evers (1991) pointed to two possible pressures to innovate, the first was for 'bottom-up' innovation where a social or demographic change led to pressure for a new form of service and which produced ad hoc innovation. This was often on a small scale, hard to replicate elsewhere or to integrate into existing statutory services. Innovation was based explicitly on meeting the expressed needs of the local community and frequently used existing resources in a new way. It often expanded choice but at the expense of the welfare system as a whole. 'Top-down' innovation sprang directly from resource constraints of statutory welfare services and this was directed at meeting an already recognised need more efficiently. This was done by targeting existing services more accurately, sharpening the boundaries between different services to use the cheapest or by developing new cost-effective forms of service.

This approach is helpful in understanding innovation in social services as it takes into account both organisational and environmental factors in the development of innovation. In presenting a simple contrast between needs-led and efficiency-led innovation however it ignores cases where the boundaries of innovation could derive from both imperatives. For example, the development of community-based living arrangements for adults with intellectual disabilities is both a needs-led pressure, because it is recognised that this is a far more appropriate way for people to live, and an efficiency-led pressure, due to the closure of residential-based accommodation and community living, other options needed to be provided by social service departments.

As mentioned earlier, Osborne (1998a; 1998b; 1998c) did take some steps to describe innovations in social services in his exploration of the innovative capacity of voluntary organisations working in this field. He developed a model that drew explicitly on the management and organisation studies literature and emphasised the significance of environmental factors.

Innovation is a recognised concept in adult social care and areas where this occurs usually fall into one of the below see Box 2 (Clark et al. 2008).

Box 2. Innovation types adult social care

System innovation (eg. direct payments to enable people to buy the services they need). Conceptual innovation (eg. the transition from a deficit model to a social model of disability). New or improved services. New or improved processes (eg. new approaches to multi-agency co-operation). Technological innovation (eg. telecare and purchasing services and rating providers online). User-led innovation.

Many studies attempting to understand innovation within social services lacked an empirical base and adopted a simple linear or rationalist model of innovation that did not acknowledge its dynamic nature or complexity. Several were narrow in focus and did not take into account the breadth of innovative activity within social services. There was also little reference to relevant bodies of literature such as the organisation and management studies to enhance understanding.

The diffusion of innovation tends to be more problematic in adult social care (Bacon et al. 2008). One reason might be the 'not invented here' syndrome but another is financial. Around 80 per cent of budgets are tied up in existing services which means there is only scope for innovation at the margins. Radical innovation requires major organisational changes and rearrangements. So far there have been no attempts to measure innovation in the adult social care sector (Nesta, 2008). As it is a strongly regulated sector with licences to trade it operates within minimum national standards which are the benchmark for commissioning services, these can act as a barrier rather than a driver for innovation and there is no one outcome approach in the measurement of social care.

One challenge facing innovation is that private suppliers dominate the adult social care sector. Nesta (2008) suggests that they can be tempted to offer the same traditional (and lucrative) services rather than to innovate. Service users may find it hard to push for innovation such as tailored home-based care rather than nursing home because they are in a situation of crisis. Likewise, local authorities may find it hard to press for innovations as their purchasing power is weak compared to private providers, especially the large ones.

2.9 Summary

In summary, this chapter brought together some key contributions from the literature, relying heavily on the extensive knowledge from private sector studies. The literature is diverse but there is no one unifying theory through which to investigate innovation in the sector but rather a number of different disciplines and theoretical concepts that can be used to explain innovation. Rather than using or creating a model, theoretically relevant building blocks from the literature for advancing understanding of innovation have been identified. This research used the management and organisation literature in order to do this and four main themes were identified as important: the nature and characteristics of innovation; attributes of innovative organisations; the influence of organisational context, including structure, internal culture and external environment.

This chapter brings theoretical and empirical work together to guide the analyses for this research with the ultimate goal to identify and describe innovation within adult social care, and understand the factors influencing the development and implementation of innovation in this area. A classification system is adopted to describe and organise innovation (Osborne, 1998), a useful tool but limiting if used in isolation. Therefore, the research also incorporates an organisational and process view of innovation. Innovation is an organisational issue and using this perspective allows the exploration of internal and external factors that influence the process. The process view of innovation 'stages' increases analytical options and provides a wider lens through which to study and analyse innovation. These would seem to hold the most promise in helping understand the drivers and barriers of innovation within organisations, providing a flexible but comprehensive approach.

Innovation can be influenced by the nature of the innovation and its organisational context, this can include the nature of the innovation; the degree of re-invention or adaptability that is possible; its adaptability; the degree of risk involved; the perception of staff to its impact; and the skills and knowledge of those charged with implementation. With innovation being applied to adult social care where risk is an issue, this might be one of the factors that are identified as affecting the implementation process.

The adoption and implementation of an innovation, whether it be a new product, process or service, is a complex process. The process can be understood as a series of stages, albeit not often occurring in a strict linear fashion. A range of different factors can impact upon the process. There are two key reasons identified as to why individuals or organisations adopt innovative ideas. They arise out of dissatisfaction with existing systems or they are

seen as a solution to a presenting problem. This study will examine the extent to which these factors played a part in adult social care innovation. From reviewing the literature it would appear that successful implementation of an innovation requires both leadership (top-down) and learning (bottom-up). A successful innovation process would place communication by and to, individuals at the centre. They are key in their role as champions and managers, and key to understanding and overcoming any resistance. This study will identify whether champions were present in the process of implementing the case study innovations in adult social care and the extent to which resistance was an issue.

The majority of the literature is based upon studies that have looked at successful innovations and this pro-innovation bias does represent a limitation. There is still very little known about why innovations fail. In addition to the pro-innovation bias there is also an emphasis within the literature on individuals and how to influence their behaviour. There is relatively little information about organisations, individuals' behaviour within organisations or empirical work that informs individuals within organisations how to use this knowledge to inform and manage the innovation process.

Rogers (2003) identified a gap in process research claiming that much of the research so far has been concerned with the factors related to innovativeness and also in relation to the private sector. Osborne also highlights a gap in the research evidence around studies, which try *`to understand the nature and process of innovation.., studies of the different pressures to innovate in social policy and their impact on service development'* (1998, p.1136). This study aims to contribute towards filling that gap in knowledge.

There have been literature reviews and meta-analysis carried out to understand the state-of-the-art of innovation and the private sector (Mueller et al., 2013; Perks & Roberts, 2013; Slater et al., 2014). There is evidence that after 2005 to 2006 the number of studies outside of the private sector has grown significantly, and there has been increasing interest from national and international organisations over recent years. All of the studies have created some new and more empirically grounded knowledge of why and how innovation takes place in these sectors. However, from the perspective of the current research and its research questions they all have different shortcomings. For example, they only focus on one sector, do not reflect the breadth of social care activity, neglect hindering factors, and have methodological issues. The majority of the research was very broad and often conducted at an organisational rather than a service level, for example the Audit Commission asked about innovation at the level of local government rather than departmental or about specific services. There was also no research focusing on the

innovative capacity and innovative processes within adult social care, there were some descriptions of innovative practice and features but this was limited and not related to theory.

Innovation in the social care sector is a complex phenomenon and entails a variety of innovation processes. Innovation might be to develop new technical products, new services, new ways of delivering services and administrative processes. The processes occur in various parts of the social care sector and at different levels, involving a wide range of different institutions and actors both within the governance system at various levels, citizens, companies, employees and so on. Within the literature on innovation in social care services there have been limited attempts to conceptualise innovation and even those are more descriptive than analytic (Baldock and Evers, 1991). The method of production is not usually a technological process that is transformed by the application of new scientific knowledge, it is frequently an interpersonal or sometimes inter organisational process but changed by the introduction of new knowledge, whether that is the needs of service users or the efficiency and effectiveness of methods of care.

Given the fact that the area has not been the subject of a great deal of research, the first two research questions are exploratory in nature. At present, there is no readily available source of information about innovation in adult social care and so the initial research questions were:

Research question 1: What is the extent of innovation in adult social care?

Research question 2: What type of innovation takes place in adult social care?

The literature highlighted the benefits of viewing innovation as a process and that this could produce a more nuanced understanding of innovation. Therefore, the additional research questions were:

Research question 3: What are the influencing factors on the innovation process in adult social care?

Research question 4: How do these factors influence the innovation process in adult social care?

A final question attempts to draw these together into implications for policy and practice.

Research question 5: What lessons can be learnt that might support innovation in adult social care?

Chapter 3 Research methodology and design

3.1 Introduction

This chapter outlines the aims of the study and its design, locating it within the main research paradigms. There is a discussion of the main principles of the underlying philosophical debate surrounding the methodological approach, along with details and justification of the methods chosen for recruitment, data collection and analysis, in terms of their 'fit' with the selected methodology and ultimately the aims of the research itself. A discussion of the strengths and limitations of the methodology and design is provided throughout the chapter.

3.2 Outline of study design

This study adopted a mixed methods approach and addressed the aims of the study using a sequential explanatory design with two phases of data collection from two theoretical paradigms. Quantitative data was generated through the application of a Literature-Based Innovation Output Indicator (LBIOI), followed by a qualitative phase which adopted a case study approach utilising semi-structured telephone interviews, documentary review and archival records. The quantitative data are used as context for the qualitative data. This helps with triangulation, to validate findings and expand upon the quantitative data.

3.3 Methodology

Wolfe (1994) identified that there was relatively little 'process research' that *'helps to discern the stages and processes involved in organisational innovation'* (1994, p.412). This study incorporates a piece of process research examining the sequence of events that have occurred over time in order to gain an insight and understanding of the process. Chapter 2 identified that there was no information available regarding the extent and nature of innovation in adult social care. To address these gaps in knowledge and to answer the research questions it is necessary to adopt a mixed methods approach. Approaches to research are based on a particular paradigm, a set of assumptions concerning reality (ontology), knowledge of that reality (epistemology), and particular ways of knowing that reality (methodology) (Guba, 1990). This section provides an overview of the main research paradigms and demonstrates that the use of mixed methods in research, as in this study, is both methodologically and philosophically sound. It then describes the design applied for this research.

3.3.1 The quantitative versus qualitative debate

The quantitative paradigm is based on positivism, which emerged from the 'Enlightenment' at the end of the seventeenth and early eighteenth century. It is characterised by empirical research and the view that all phenomena can be reduced to observable indicators that represent the truth. The ontological position of the quantitative paradigm is that there is only one truth, an objective reality. Epistemologically, the investigator and investigated are independent of each other, therefore, the investigator is capable of studying a phenomenon without influencing it or being influenced by it, "inquiry takes place as through a one way mirror" (Guba and Lincoln, 1994). Post-positivism emerged in the nineteenth century recognising that it is more difficult to be 'positive' about claims of knowledge when studying people.

Positivism remained virtually unchallenged until the twentieth century and the emergence of interpretivism (Altheide and Johnson, 1994; Secker et al., 1995) and constructivism (Guba and Lincoln, 1994). Ontologically these took an opposing stance to positivism, based on the assumption that there are many realities or truths and that reality is socially constructed (Berger and Luckmann, 1966). On an epistemological level, this means there is no access to reality outside of people's minds, and no external reference exists to compare claims of truth (Smith, 1983). This viewpoint is associated with the qualitative paradigm, the investigator and the object of study are linked so that findings are mutually created within the context of the situation which shapes the inquiry (Guba and Lincoln, 1994; Denzin and Lincoln, 1994). This suggests that reality has no existence prior to the activity of investigation, and reality ceases to exist when there is no longer a focus on it (Smith, 1983).

The debates surrounding research paradigms have a long history, the so-called "paradigm wars" over which paradigm had superiority (Gage, 1989; Hammersley, 1992). Advocates of one view or the other saw their paradigm as the most appropriate for research, and, implicitly if not explicitly, they supported the incompatibility thesis (Howe, 1988), which suggests that qualitative and quantitative research paradigms, including their associated methods, cannot and should not be mixed. A feature of the paradigm wars was the focus on the differences between the two orientations. The two dominant research paradigms have resulted in two research cultures, "one professing the superiority of 'deep, rich observational data' and the other the virtues of 'hard, generalizable' . . . data'" (Sieber, 1973).

Neumann (2006) and others argued against a rigid dichotomy between the two styles of social research, and that the goal of a better understanding of the social world came from an awareness of what both approaches have to offer. Although there are many important paradigmatic differences between qualitative and quantitative research, there are some similarities. One example of this is that both quantitative and qualitative researchers use empirical observations to address research questions. Sechrest and Sidani (1995) described the fact that both methodologies described data, constructed explanatory arguments from data, and speculated about why the outcomes observed happened as they did. In addition, both incorporate safeguards into their studies in order to maximise validity (or trustworthiness) a common goal for every research study (Sandelowski, 1986).

Regardless of paradigmatic preference, social research represents an attempt to provide assertions about people (or specific groups of people) and the environments in which they exist (Biesta and Burbules, 2003). In the social sciences, this goal of understanding leads to the exploration of many different phenomena, including intentions, experiences, attitudes, and culture (de Jong, 2003). Although certain methodologies tend to be associated with one particular research tradition, Dzurec and Abraham (1993) suggested that the objectives, scope, and nature of inquiry are consistent across methods and across paradigms.

Increasingly the paradigm debate has shifted to question whether one theoretical position is capable of explaining and capturing the workings and relationships of the social world (May, 2001). Advocates of mixed methods research have been linked to those who identify with the pragmatic paradigm, summarised by Johnson and Onwuegbuzie (2004): "We agree with others in the mixed methods research movement that consideration and discussion of pragmatism by research methodologists and empirical researchers will be productive because it offers an immediate and useful middle position philosophically and methodologically; it offers a practical and outcome-oriented method of enquiry that is based on action and leads, iteratively to further action and the elimination of doubt; and it offers a method for selecting methodological mixes that can help researchers better answer many of their questions." (2004, p.17).

This research study is most closely aligned with pragmatism rather than situating itself in one 'camp' or the other, based on the belief that neither theoretical position alone can fully explain and encapsulate the complexity of the phenomena being studied. The focus here is on whatever approach can best answer the research questions identified, which led to

incorporating both quantitative and qualitative approaches to both describe and explain innovation.

3.3.2 The mixed methods approach

Mixed methods research has a short history that can be traced back to the early 1980s. In the social sciences mixed methods developed primarily between 1985 and 1990. The early ideas, basic terminology, and defining of the mixed methods field, were brought together by Tashakkori and Teddlie (1998). This was followed by a rapid expansion in the acceptance and use of mixed methods, and by 2003 Tashakkori and Teddlie described mixed methods as a distinct third methodological movement.

Despite diverse opinions and many ongoing debates, there is now growing consensus that, like quantitative and qualitative methods, mixed methods research is a legitimate methodological approach (Johnson, Onwuegbuzie, and Turner, 2007). Creswell and Plano Clark (2007) defined mixed methods as follows: "Mixed methods research is a research design with philosophical assumptions as well as methods of inquiry. … Its central premise is that the use of quantitative and qualitative approaches, in combination, provides a better understanding of research problems than either approach alone." (2007, p.5)

There has been increased interest in mixed methodologies over the years across several disciplines, particularly in the areas of applied social research and evaluation. Its logic of inquiry includes the use of induction (or discovery of patterns), deduction (testing of theories and hypotheses), and abduction (uncovering and relying on the best of a set of explanations for understanding results) (de Waal, 2001). Mixed methods research is also an attempt to support the use of multiple approaches in answering research questions, rather than restricting or constraining researchers' choices. It proposes that researchers take a diverse approach to method selection when thinking about the conduct of research.

Many research questions and combinations of questions can be answered most fully through mixed research approaches. In order to mix methods effectively, researchers first need to consider all of the relevant characteristics of both quantitative and qualitative research. The major characteristics of traditional quantitative research for example are a focus on deduction, confirmation, theory/hypothesis testing, explanation, prediction, standardised data collection, and statistical analysis. The major characteristics of traditional qualitative research are induction, discovery, exploration, theory/ hypothesis generation, and the researcher as the primary instrument of data collection.

Gaining an understanding of the strengths and weaknesses of quantitative and qualitative research (see Appendices 2 and 3) enables the researcher to mix or combine strategies, and to use what Johnson and Turner (2003) identified as the fundamental principle of mixed research. According to this principle, researchers should collect multiple data using different strategies, approaches, and methods in such a way that the resulting combination is likely to result in complementary strengths and limitations that do not overlap (Brewer and Hunter, 1989). Effective use of this principle is a major source of justification for mixed methods research because the outcome by implication should therefore be better than for single method studies. If findings are verified across different approaches then there can be greater confidence in the conclusions reached; if the findings conflict then the researcher can use this knowledge to modify interpretations and conclusions accordingly. In many cases however, the goal of mixing is not to search for confirmation but to expand understanding (Onwuegbuzie and Leech, 2004).

After determining the research question(s), a decision can be made as to whether mixed research offers the best potential for an answer. The strengths and limitations of mixed methods research have been widely discussed in the literature (Cresswell, 2002; Creswell, Goodchild and Turner, 1996; Green and Caracelli, 1997; Moghaddam, Walker and Hare, 2003). These are summarised below in Table 2.

Table 2. Strengths and limitations of mixed method research

Strengths	Limitations
Text and narrative can be used to add meaning to numbers.	Can be difficult for a single researcher to carry out both qualitative and quantitative research, especially if two or more approaches are expected to be used concurrently; it may require a research team.
Numbers can be used to add precision to text and narrative.	Researcher has to learn about multiple methods and approaches and understand how to mix them appropriately.
Provides strengths from both quantitative and qualitative research.	Methodological purists contend that one should always work within either a qualitative or a quantitative paradigm.
Can generate and test a grounded theory.	More expensive.
Can answer a broader and more complete range of research questions because the researcher is not confined to a single method or approach.	More time consuming.
Specific mixed research designs have specific strengths (and weaknesses)	Some of the details of mixed research remain to be worked out fully by research methodologists (e.g., problems of paradigm mixing, how to qualitatively analyse quantitative data, how to interpret conflicting results).
Can use the strengths of an additional method to overcome the weaknesses in another method by using both in a research study.	
Can provide stronger evidence for a conclusion through convergence and corroboration of findings.	
Can add insights and understanding that might be missed when only a single method is used.	
Can be used to increase the generalisability of the results.	

Qualitative and quantitative research used together produce more complete knowledge necessary to inform theory and practice.	

(Adapted from Johnson and Onwuegbuzie, 2004)

Qualitative and quantitative research methods have grown out of different paradigms, but this does not mean that multiple methods cannot be combined in a single study if it is done for complementary purposes. For this study, the strengths of including a quantitative element meant that descriptive data of a relatively unexplored phenomenon could be gathered. However, this would not go far enough to explain how innovation occurs in the different contexts and settings in which adult social care operates. It was felt that incorporating a qualitative element would enable this to occur and allow exploration of the 'cause' of a particular event (in this case innovative activity). Incorporating both approaches should potentially increase the generalisability of results if findings from one approach mirrored in some way those found through the other. The intention ultimately was that this would lead to more complete knowledge to inform theory and practice, highlighted as one of the strengths of mixed methods research.

One of the issues raised in connection with mixed methods research is that a researcher or research team needs to be familiar with both quantitative and qualitative research and with multiple methods and approaches. In this case, the researcher had experience of conducting research studies involving both elements, and so this was not perceived as problematic. Concurrent data collection was not required for this study and so not as resource or time intensive as may occur in other mixed methods research.

3.3.3 A mixed methods process model

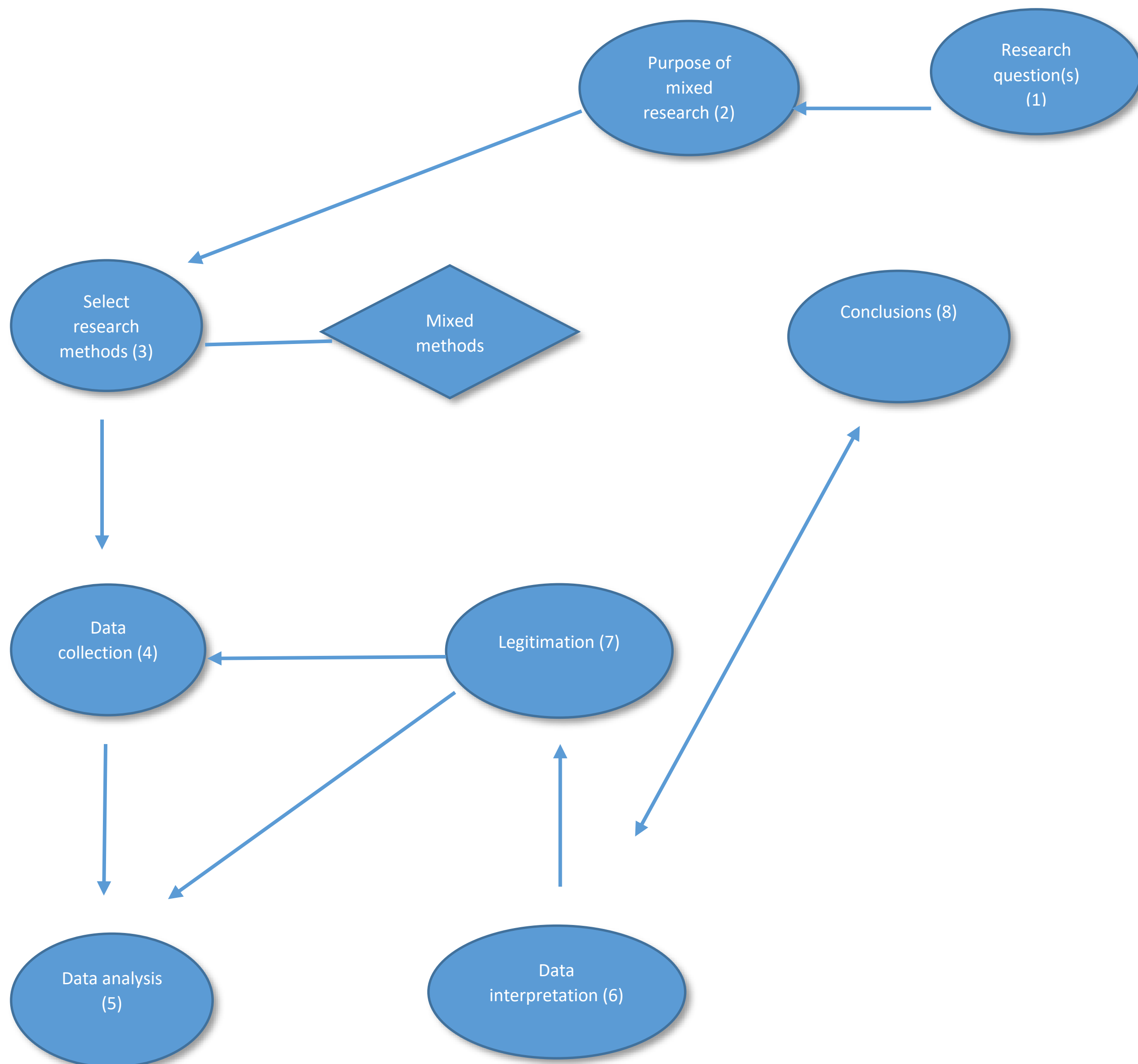
Green et al. (1989) highlighted that there are five major purposes or rationales for conducting mixed methods research and this influenced the selection of mixed methods design used:

- Triangulation, looking for convergence and corroboration of results from different methods and designs studying the same phenomenon;
- Complementarity, seeking elaboration, enhancement, illustration, and clarification of the results from one method with results from the other method;
- Initiation, discovering paradoxes and contradictions that lead to a re-framing of the research question;

- Development, using the findings from one method to help inform the other method and;
- Expansion, to expand the breadth and range of research by using different methods for different inquiry components.

The mixed methods research process model utilised as a starting point for this study is that developed by Johnson and Onwuegbuzie (2004). The model comprises eight steps: (1) determine the research question; (2) determine whether a mixed design is appropriate; (3) select the mixed method or mixed model research design; (4) collect the data; (5) analyse the data; (6) interpret the data; (7) legitimate the data; and (8) draw conclusions (if warranted). See Figure 2.

Figure 2. Mixed research process model (adapted from Johnson and Onwuegbuzie, 2004)



3.3.4 Mixed methods typologies

As described earlier, mixed methods is a procedure for collecting, analysing and most importantly 'mixing' or integrating both quantitative and qualitative data at some stage of the research process within a single study (Tashakkori and Teddlie, 2003; Creswell, 2005). The rationale for mixing is that neither quantitative nor qualitative methods are sufficient by themselves to capture the details of a situation. When used in combination they complement each other and allow for more robust analysis (Miles and Huberman, 1994; Green and Caracelli, 1997; Tashakkori and Teddlie, 1998). The majority of mixed methods research designs can be developed from the two major types of mixed methods research: mixed model (mixing qualitative and quantitative approaches within or across the stages of the research process) and mixed method (the inclusion of a quantitative phase and a qualitative phase in an overall research study).There are about forty mixed method designs reported in the literature (Tashakkori and Teddlie, 2003). Creswell et al (2003) identified the six designs used most often, which includes three concurrent and three sequential designs. Creswell and Plano Clark (2007) built on this work to produce four typologies (see Table 3).

Table 3. Major mixed method design types

Design type	Timing	Mix	Weighting/Notation
Triangulation	Concurrent	Merge the data during interpretation or analysis	QUAN + QUAL
Embedded	Concurrent and sequential	Embed one type of data within a larger design using the other type of data	QUAN (qual) Or QUAL (quant)
Explanatory	Sequential: Quantitative followed by qualitative	Connect the data between the two phases	QUAN → qual
Exploratory	Sequential: Qualitative followed by quantitative	Connect the data between the two phases	QUAL → quan

Source: Adapted from Cresswell and Plano Clark (2007)

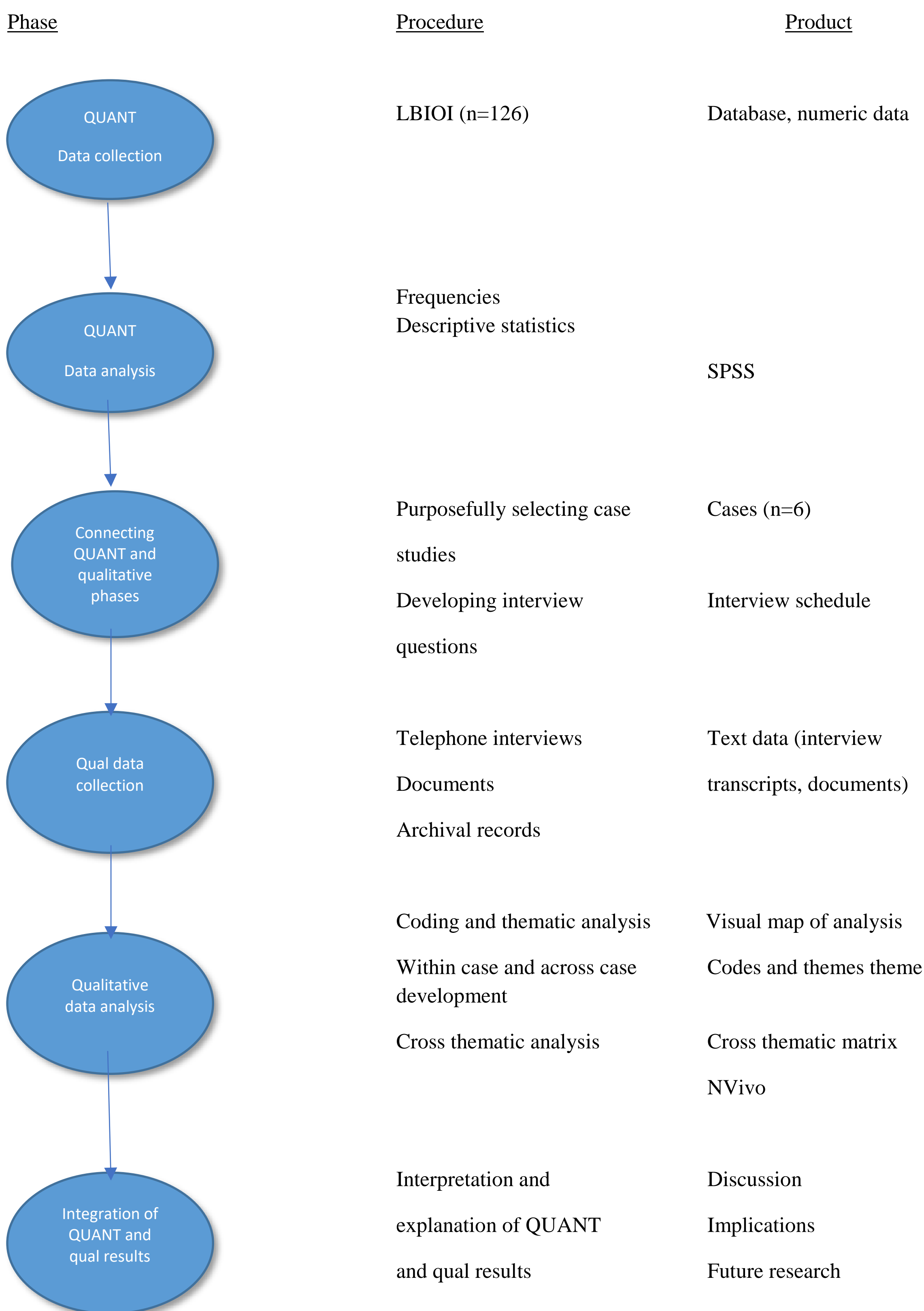
When designing a mixed methods study, three issues need consideration: priority, implementation and integration (Creswell, Plano Clark, Guttman and Hanson, 2003). Priority refers to which method, either quantitative or qualitative is given more emphasis. Implementation refers to whether the quantitative and qualitative data collection and analysis comes in chronological stages or in parallel. Integration refers to the phase in the research process where the mixing or connecting of data occurs.

This study applied a sequential explanatory mixed methods design, priority here was given to the first quantitative phase as there is little empirical evidence about innovation in adult social care, as highlighted in the literature review. With regards implementation, again the quantitative phase had to come first due to lack of knowledge about the innovative capacity of the adult social care sector. Connecting points for integration came in the intermediate stage when selecting case studies for the qualitative work, which was based on the results from the first phase. The first phase also informed the development of the data collection tools for the qualitative phase (the interview questions). Results were then integrated from both phases during the interpretation of outcomes for the whole study.

In the first phase, a Literature-Based Innovation Output Indicator approach was used to identify innovation in the adult social care sector and to describe and classify innovation. In the second phase, a qualitative multiple case study approach was used to collect data through individual semi-structured interviews, documents, and other materials to help explore external and internal influencing factors on innovation identified from the literature. The rationale for this approach was that the quantitative data and results provided a general picture of the research issue, while the qualitative data and its analysis refined and explained those results, using them as a starting point to explore the innovations in more depth.

Providing a visual model for mixed methods designs has been identified as important (Ivanovka et al. 2006)).The visual model of the procedures for the study is presented in Figure 3.

Figure 3. Visual model for the mixed methods study



3.4 Methods

This section describes the data collection methods and analysis procedures for the two phases of the study.

3.4.1 Quantitative phase

The aim of the first phase of the study was to explore the extent and nature of innovation in adult social care, answering the research questions:

- What is the extent of innovation in adult social care?
- What type of innovation takes place in adult social care?

This produced for the first time an empirical description of innovative activity, and also the application of the LBIOI to this sector. It allowed for purposefully selecting cases and informing data collection for the second phase.

Literature-based Innovation Output Indicator (LBIOI)

There is no defined or generally accepted measurement approach to innovation. Techniques developed in the 1960s and 1970s such as the Aston Measures, have been used by public service innovation authors such as Osborne (1998). However, these are measures of the structural characteristics of innovative organisations, a theme of research in its own right.

There is a longer history of innovation measures in the private sector, typically innovation is assessed through input measures such as, research and development expenditure, limited outputs such as patents or through primary survey work, but there are a number of problems with these. First, measures of research and development activity indicate levels of input into the innovation development process not outputs. Second, patents represent inventiveness or creativity and not innovation. They are also highly product focused and an innovation might not be patented. Third, surveys have been a more traditional approach in assessing the innovativeness of companies or the rate of adoption of innovations (Rogers, 1995; Wolfe, 1994), however questionnaire surveys have their own methodological problems and can be a burden to organisations.

The bibliographic techniques of the LBIOI were developed largely in the United States and the Netherlands in response to some of the issues highlighted above. It originated in the work of Edwards and Gordon (1984), and later work by Acs and Audretsch (1990, 1993) and Kleinknecht (1991, 1993) developed and refined the procedures involved. In the

private sector, the LBIOI approach samples the 'new product announcement' sections of technical and trade journals. Technical journals are chosen which have editorially controlled sections where new products are reported. This means that the details, though supplied by the companies, are not in the journals by virtue of being a paid advertisement, but by the decision of the journal editor to include them. They therefore represent a population of innovations that though not without bias or problems, is at least independent of the judgements of the researcher or the agency constructing the indicator.

If a spread of journals covering most industrial sectors is sampled over a period of time, it is relatively easy, if time-consuming, to generate a substantial database of new or modified products introduced into a national market place during a particular time period. Coombs *et al.* (1996) applied this technique in the UK private sector using technical journals as its information source and classifying the innovations. The classified innovations were then compared to variables such as organisational size and innovation origin.

A study conducted by Walker et al. (2002) was the first to apply the LBIOI to public services within the field of housing. A number of methodological issues did need to be considered, in particular that the sources of literature used in studies should be fully described to be clear about the use of reported innovations and to recognise the visible use of innovation by organisations. The LBIOI is not a substitute for primary research data on innovation, it can complement or supplement it, be used for scoping studies and to create simple databases. However, at a time when organisations are increasingly researched and stretched, bibliographic approaches do provide an alternative approach to data collection to build pictures of innovation activity. Using it as a technique to describe the nature or types of innovation in a sector, and not just describe the innovation (Ferlie et al., 1984) it can advance work in this field. However, research on why some organisations are more innovative than others, the structural characteristics of innovators or the ways in which these organisations manage and develop innovation would require additional primary research.

Walker et al (2002) did suggest that the LBIOI could be used in other areas of public services to establish wider databases, longitudinal studies of innovation and to make comparisons between different sectors. The possibility was also raised that the establishment of such data sets would make it possible to begin to explore the relationship between innovation and performance in public service organisations and to track changes in the nature of innovations developed by organisations and the context within which they work. Walker suggested that adopting the innovation typology to classify innovation

developed by Osborne (1998) described in detail in Chapter 2, in combination with the LBIOI provided a clearer picture of non-product based innovation and enhanced the classification system adopted by Coombs et al. (1996).

For this study, the LBIOI was applied for the first time to the adult social care sector and in doing this does raise some issues. Although there are a reasonable number of journals linked to this area, there is not a tradition of carrying 'new product announcements' as there is in the private sector. Second, social policy innovations are likely to be both product and process and the technique has previously tended to capture product innovations (Coombs et al. 1996). Third, the reporting of innovations in social care related journals is not necessarily independently controlled by an editor as it is in the private sector. It is therefore reliant upon the reporting of innovation, which could merely reflect how good organisations are at self-marketing or accessing funding opportunities for innovative work. Within adult social care there may also be differences between the information published about innovations across the third, private and public sectors. Sources do exist for innovations to be reported in the area of adult social care, there are various journals, books and a wide range of 'grey' literature where this can occur. This might be in the format of formal evaluations, case study descriptions, best practice examples, and news items for example.

The LBIOI model has a number of strengths relevant to the adult social care sector, most importantly the method does not burden organisations, unlike direct surveys or other techniques. Information can be gathered without having to contact busy services and professionals, and therefore avoids non-response to surveys. It also results in less misunderstanding of requests for information and the sometimes lengthy process of identifying the 'right' person to answer questions. Existing surveys of innovation are at an aggregated level, which means that many topics in innovation research cannot be addressed through this. The LBIOI has three main advantages, data collection can be done without contacting organisations, it is relatively cheap and can be extended into the past to allow comparisons over time.

Sources and inclusion/exclusion criteria

Sources for the LBIOI did not rely on sampling as such, as the selection of documentary sources needed to be comprehensive rather than representative. Social Care Online (SCO), the UK's largest free online database of information on all aspects of social work and social care, was used as a starting point. SCO is hosted by the Social Care Institute for Excellence, an improvement support agency and independent charity for social care and

social work. SCO was launched in 2005, and contains around 155,000 records from the 1980s onwards. Core subject areas where all relevant material is collected and updated daily include:

- People with social care needs or receiving social care services including older people, people with physical or sensory difficulties, people with learning difficulties, people with mental health problems, carers, children and young people, parents and families, seldom heard people such as black and minority ethnic people, LBGT people and refugees.
- Care services and care needs including home care, residential or nursing care, end of life care, dementia care, mental health services, safeguarding adults, children protection, looked after children, foster care and adoption.
- Key issues including integrated services, access to services, safeguarding, mental capacity, personalisation, dignity in care, equality.
- Social work and social care workforce including social work education, social workers, staff development and leadership.
- Government policy and social policy and legislation including key White Papers, consultation documents, Parliamentary Select Committee reports, and statistics that focus on the core subject areas.

It was hoped that using this particular resource would assist with coverage as the database includes legislation, government documents, practice and guidance, systematic reviews, research briefings, UK grey (informally-published) literature, books, text books and journal articles. A full list of the journals covered by SCO can be found in Appendix 3.

A basic search for ‘innovation’ was conducted for the years 2006 to 2015 to ensure a wide range of sources were included in the first instance (as stated in Chapter 2, 2005/2006 was also the time when there was a reported increase in the number of studies of innovation outside the private sector). References were imported from Social Care Online into Microsoft Excel for each year. The following format type and core subjects were **excluded** from this initial search to keep the literature focus (therefore, formats such as videos were not included) and a focus on adult social care and innovation in service delivery:

- Format type listed as digital media.
- Core subjects including: children and young people; parents and families; seldom heard groups; refugees; child protection; looked after children; foster care and

adoption; vulnerable children; social work education; staff development and leadership

- Supporting subjects including: benefits and personal finance; criminal justice, law and rights; education; training and employment; health and health care; housing; local government; management and organisational development; psychology.

Subscription-free professional press targeted at staff working in adult social care (and one third sector publication) were also reviewed for mentions of innovative practice between 2006 and 2015. These were:

- Care Magazine – a publication for those working in adult social care in England (3 times per year).
- Care Talk – a care industry magazine (bi-monthly).
- Care Industry News - for UK care providers of elderly care, residential and nursing care, assisted living, homes with care, social care, home care, domiciliary care, retirement villages, mental health and mental illness issues, acquired brain injury and all other types of adult care.
- Community Care – a publication "for everyone in social care" carrying news and views on UK social services.
- Third Sector – the UK's leading publication for "everyone who needs to know what is going on in the voluntary and not-for-profit sector".

Information collected for the database

As mentioned earlier, the study conducted by Walker et al. (2002) highlighted that documenting the sources of information was important. A database was created in two parts (see Table 4) with items on two spreadsheets linked by a unique identifier:

- Source references (an edited version of information imported from Social Care Online and elsewhere).
- Innovation descriptions.

Table 4: Items entered into the database

Source references	Innovation descriptions
Source ID	Source ID
Title	Innovation title
Format Type	Innovation description
Author Name	Innovation target group
Publisher Name	Organisation name
Publication Year	Organisation type
Journal Article Citation	Organisation function
Subject Terms	Organisation sector
Geography	Organisation age
Full text available	Organisation size (staff)
Abstract	Organisation size (£)
Journal title	Partnership
Content Types	Innovation origin
Audience	Region
Peer reviewed	Innovation classification
Web Link URL	
Frequency	
ISBN Paper	
ISSN Paper	
Khs Link to Guidance	
Associated SCIE Resource Title	
Associated SCIE Resource Web Link	

The research process was as follows:

- Abstracts were read and documents excluded if they did not include or describe innovative activity.
- Full reports and publications were retrieved where available, read, and excluded if not relevant (through university library and web searches).
- Information was gathered from documents and online sources about the specific innovations and organisations involved to complete the ‘innovation descriptions’ spreadsheet.

- Innovations were then classified according to Osborne's (1998) criteria as detailed in Chapter 2.

Some sources could not be accessed for example journals needing subscription (for example, the Journal of Dementia Care) and some practitioner journals/magazines where there was no open access option. The innovation description information is described in more detail in the table below (Table 5).

Table 5. Innovation descriptions

Innovative characteristic	**Information collected**
Innovation description	The innovation was briefly described.
Organisation identity	The organisation responsible for bringing the innovation to the sector was identified and its name recorded.
Organisation description	Type, main client group(s), function, age.
Organisation size	Two measures of size were adopted, first, the number of staff and second annual income.
Type of innovation	The innovation was classified using Osborne's typology (1998), total (new client group new service), expansionary (new client group existing service), evolutionary (existing client group new service) or developmental change (gradual service development). This part of the documentation of innovations was dependent upon the judgement of the individual creating the database.
Origin of the innovation	Information about replication and adoption from elsewhere.
Partnership	In the social care sector there has been an emphasis upon partnership working, multi-agency co-operation and opening up of the market and so this was included here.
Location of the innovation	To establish any geographical trends in level of innovation.

Data analysis

Data from the Excel database was transferred into IBM SSPSS Statistics for analysis. Descriptive statistics were produced: types of innovation; origin of the innovation; and partnership. Relationships between variables were examined: innovation type and partnership, size of organisation, and region. Descriptive statistics provide simple summaries about the sample and the observations that have been made. These summaries were sufficient for this research where the purpose was to describe the nature and extent of innovation. Chapter four reports on the findings from the LBIOI.

3.4.2 Qualitative phase

The aim of this phase of the research was to explore some of the causal and processual factors related to innovative capacity. It answered the following research questions:

- What are the influencing factors on the innovation process in adult social care?
- How do these factors influence the innovation process in adult social care?

Case study approach

A multiple case study approach was used to explain factors influencing innovative activity. The LBIOI would provide a picture of the extent and nature of innovation but was not designed nor had the capacity to explore the innovation process in detail. This would require a more in-depth qualitative approach. Perrin (2002) stated that case studies are an appropriate method as these *'permit exploration in detail of both apparent successes and failures to identify what it is that does or does not make them work and what can be learned in either case'* (2002, p.24).

The research questions meant that this study was concerned with answering how internal and external factors influenced innovative activity and the importance of exploring the different settings and context that adult social care operates within. The type of case study was explanatory as the research sought to explain real-life interventions seen as too complex for other research strategies. The concepts discussed in Chapter 2 and the findings from the LBIOI were used to create a structure for this part of the study. However, as Chapter 2 concluded that there was no one theory which could explain adoption and implementation of innovation, this pattern-matching allowed the case studies to test multiple variables and complex causal explanations. One of the aims of the study was to try and learn from these examples of innovation. It was hoped that this approach would

help develop the theoretical understanding as to what factors, such as the nature of the innovation, the organisational context, the type of knowledge available and the role of networks and interpersonal relationships, impact upon the process.

A case study is an exploration of a bounded system or case through detailed in-depth data collection involving multiple sources of information (Merriam, 1998). Yin (2003) bases his approach to case study on a constructivist paradigm and suggests a case study should be considered when:

- The focus of the study is to answer ‘how’ and ‘why’ questions.
- The behaviour of those involved cannot be manipulated.
- Contextual conditions are relevant to the phenomenon under study.
- Boundaries are not clear between phenomenon and context.

Yin identifies six data collection methods for case studies: documentation; archival records; interviews; direct observations; participant observations; and physical artifacts. Case studies are inherently multi-method which also helps with data credibility. Due to resource constraints, three data collection procedures were selected: documentation; archival records; and interviews. Observations are time-consuming, and it was decided that this would not necessarily contribute to answering the questions of interest. Table 6 illustrates the strengths and weaknesses of the selected methods.

Table 6. Strengths and weaknesses of case study methods of data collection

Source of evidence	**Strengths**	**Weaknesses**
Documentation	• Stable – can be reviewed repeatedly • Unobtrusive – not created as a result of the case study • Exact – contains exact names, references and details of an event • Broad coverage – long span of time, many events, many settings	• Retrievability – can be difficult to find • Biased selectivity – if collection is incomplete • Reporting bias – reflects (unknown) bias of author • Access – may be deliberately withheld
Archival records	• Same as above • Precise and usually quantitative	• Same as above • Accessibility due to privacy reasons
Interviews	• Targeted – focuses directly on case study topics • Insightful – provides perceived causal inferences and explanations	• Bias due to poorly articulated questions • Response bias • Inaccuracies due to poor recall • Reflexivity – interviewee gives what interviewer wants to hear

Adapted from Yin (2014)

Selecting the case study innovations

Maximum variation sampling was used for this study. This typically is a sample made up of extremes or chosen to ensure a wide variety of participants (and usually involves small numbers, from three up to about 50). Cases were selected from those identified through the LBIOI (the sampling frame of 126) operating in different sectors and representing different

innovation types. The sample reflected the range of innovation types identified in the first stage of the research. Although case selection was indicated as one of the connecting points in this type of design (Hanson et al. 2005), there are no established guidelines as to how researchers should proceed with selecting the cases for the follow-up qualitative analysis or the steps to follow. In this study, due to the explanatory nature of its second phase, it was decided to focus on examples from each sector involved in social care delivery. The criteria used were sector and innovation type (see below).

- Sector: adult social care is delivered by the private, third and public sector. There was one private sector innovation, three third sector and two public sector.
- Innovation type: using Osborne's classification there were three evolutionary innovations, two total and one expansionary (developmental was not included as was not considered 'true' innovation).

All of the cases selected also involved practical considerations such as a named contact person identified. The innovation cases were renamed to provide anonymity and are referred to as: Innovation Online Support; Innovation Adult Placement; Innovation Day Support; Innovation Peer Support; Innovation User Led; and Innovation Communication.

Six cases were selected in total to understand the central phenomenon. As to whether this number was enough for saturation to have occurred, this was based on the judgement of the researcher (which could be perceived as a limitation). However, Patton (2002) states that in qualitative research sample size is determined by what the researcher wants to know, the purpose of the research and what will be credible and this was deemed to have been met in this case. It was hoped that this number would produce replication of findings and would be more robust than a single site. It was not going to be possible to reach conclusions about the probability of something always happening, rather the aim was to produce general findings or Gomm et al. refer to it as *'empirical generalization'* (2000, p. 103).

Data collection

Semi-structured interviews

"The interview is a kind of conversation; a conversation with a purpose." (Webb and Webb, 1932, p.130)

The primary data collection method was semi-structured telephone interviews with key people involved with the innovations. Qualitative researchers generally rely on face-to-face interviewing when conducting semi-structured and in-depth interviews. Conducting an interview by telephone is typically seen as inferior or appropriate only for short structured

interviews or in very specific situations. Telephone interviews were selected for this study, firstly for practical reasons as time and resources were not available to visit organisations in person. However, this was weighed against the quality of the data which would be obtained. It was considered that that the subject of focus meant data quality would not be significantly enhanced by seeing people in their own environment or the absence of visual or non-verbal cues. It was also thought that this mode would encourage the participation of busy professionals as they could allocate a slot around their work commitments and remain at their place of work.

Telephone interviews are used extensively in quantitative research, but in contrast relatively little has been written about using the telephone with qualitative interviewing. Researchers who have made a comparison between field and telephone interviewing have generally concluded that it is an acceptable and valuable method of data collection (Sobin et al. 1993) and successful in obtaining completed interviews (Aquilino, 1992). Comparison of the quality of the data showed mixed results, but the overall impression is that they fared no better or worse than face-to-face interviews (Novick, 2008).

Interviews were semi-structured to ensure that the topics of interest were covered but this also allowed some flexibility around following up on unanticipated issues and areas of importance to interviewees, question wording and order of questions. They are the most common type of interview. Semi-structured interviews can be defined as: "Those where there is a list of questions to be asked, but the order in which they are covered and the words used to express them may vary from interview to interview." (Diaper, 1987). They allow flexibility to respond to language and interpretation of individuals, which would not be possible through surveys.

The interview questions as mentioned earlier were based on the results of analysis of data from the first phase, these covered: description of the innovation; external influences; internal influences; and innovation characteristics (the interview schedule can be found in Appendix 5). The interview schedule content was grounded in the quantitative results from the first phase. Due to the goal of the second, qualitative, phase being to explore and elaborate on the results from the first, quantitative, phase of the study (Creswell et al. 2003), the aim was to understand why certain variables contributed differently to innovation. The questions were also based around the influencing factors found in the literature. The interview schedule was piloted on one organisation, purposefully selected from those identified in the first, quantitative, phase of the study. Based on this pilot

interview analysis, the order of the schedule questions was revised and additional probing questions developed.

The research process

The names of initial contacts were obtained from the documentary sources obtained through the LBIOI. Potential participants were contacted by email to explain the purpose of the research and to ask if they were willing to take part in the study. All agreed to be interviewed. These initial interviewees identified at least one other person who could be contacted for interview. The number of individuals identified depended on how many people had been involved with the innovation. They were provided with an information sheet about the study and consent form (information sheet and consent form can be found in Appendices 6 and 7).

Table 7: Number of interviews and with whom at each site

Innovation	Number of interviews	Description of interviewees and ID number for quotes in text
Innovation Online Support	2	Public sector member of innovation steering group (manager, 1) Charity member of innovation steering group (manager, 2)
Innovation Peer Support	3	Charity innovation partner (manager, 3) Housing provider staff member (4) Innovation facilitator (5)
Innovation User Led	2	Innovation coordinator (staff, 6) Public sector initiator of innovation (manager, 7)
Innovation Adult Placement	4	Service manager (8) Innovation coordinator (staff, 9) Social work practitioner (staff, 10) Charity practitioner (staff, 11)
Innovation Communication	2	Innovation coordinator (manager/director,12) Innovation coordinator (manager/director, 13)
Innovation Day Support	2	Innovation coordinator (manager, 14)

		Public sector commissioner (manager, 15)
	15	

The interviews took place between July and November 2018. In total interview data were available from 15 individuals. Interviews lasted between 45 minutes to one hour and were audio-recorded with permission. They were transcribed by the researcher, and imported into QSR NVivo 10. Transcripts were not sent to participants as there were resource and time constraints. Instead summaries of the main points for each case were sent to one named contact for accuracy checking.

Other data sources

Secondary data collection involved the obtaining and review of documents, reports (in the public domain and internal), news items and other available records. Although there are weaknesses to documentary and archival evidence such as selectivity, reporting bias and access, they can be stable, unobtrusive, precise and have broad coverage over time, settings and events. The documentary information provided varied across the six innovations, some providing evaluation reports, funding applications or just advertising material.

Data analysis procedures

Data were analysed informally as data collection progressed. Immediately following each interview notes were typed up and added to the case file. The interviews were transcribed verbatim from audio files. The interviews were then analysed for themes or issues (Cresswell, 2003) and data from secondary sources integrated with the data from the primary sources. Word frequencies and key words were explored to identify patterns and themes and codes developed. Yin (2003) supports having a general analytic strategy for case study analysis and suggests providing a detailed description of each case and themes within a case (within case analysis), this can then be followed by a thematic analysis across all cases.

Within case analysis

Thematic analysis was used for within case analysis. Thematic analysis is a search for themes that emerge as being important to the description of the phenomenon (Daly, Kellehear and Gliksman, 1997). The process involves the identification of themes through careful reading and re-reading of the data (Rice and Ezzy, 1999). An initial coding frame was developed structured around the innovation stages. Within these themes more detailed

themes were developed as analysis progressed. This study incorporated both the data driven inductive approach of Boyatzis (1998) and the deductive a priori template of codes approach outlined by Crabtree and Miller (1999). Using both approaches complemented the research questions.

Cross case analysis

The within case analysis was followed by a thematic analysis across cases, referred to as cross-case analysis or cross-case synthesis (Cresswell, 1998).Using the themes established in the within case analysis, inductive analysis was used for cross case analysis. The emergent themes from all cases suggested categories to form broader concepts for consideration to begin the synthesis. Integration of the data involved expanding, collapsing, merging and creating categories that best represented initial interpretations of meaning. Summary tables and matrices were constructed, this visual tabulation of units of analysis facilitated comparison of data across cases (King and Horrocks, 2010). Final synthesis consisted of writing up the accompanying text highlighting the patterns drawn from these.

Integrating the outcomes

Results of the quantitative and qualitative phases were integrated during the discussion of the outcomes of the entire study. Results from both phases of the study were combined to more fully answer those questions and develop a more robust and meaningful picture of the research issue. Quantitative findings from the LBIOI were discussed, then the case study findings aimed at answering the research questions in the qualitative phase of the study. This process allowed for the findings from the second, qualitative, phase to further clarify and explain the results from the first, quantitative, phase. The study results were then discussed in detail by grouping the findings to the corresponding quantitative and qualitative research questions related to each of the explored factors. Combining the quantitative and qualitative findings helped explain the results of the LBIOI, which emphasised the relevance of using a mixed methods sequential explanatory design (Green, Caracelli, and Graham 1989; Creswell et al. 2003).

In summary, for this study the quantitative and qualitative phases were connected during the intermediate stage in the research process when selecting the organisations for the qualitative case studies from those highlighted through the LBIOI. The second connecting point included developing the interview questions for the qualitative data collection based on the results of the analysis in the first, quantitative, phase. The quantitative and qualitative approaches at the study design stage were mixed by introducing both

quantitative and qualitative research questions and integrated the results from both phases during the interpretation of the outcomes of the entire study.

Whilst the themes were undoubtedly motivated by the theoretical concepts outlined in Chapter 2, it was hoped that the research design would enable some of the theories and models to be further tested and refined, “The development of concepts is a process not a structure; it is constantly changing. Theories are consequently developed and the further refined and tested, in a continuous and unending process”. (Sarantokos, p.201).

3.5 Validity and reliability

There are several criteria proposed by Yin (2014) to demonstrate the validity and reliability in case study research and each are described in relation to the study below.

3.5.1 Construct validity

Construct validity refers to adopting the most appropriate design and methods. Yin (2014) suggested that this could be achieved by using multiple sources of evidence, establishing a chain of evidence and having key participants review some or all of the case study reports. For this study methodological triangulation was used, the mixed method approach. Using interviews as the main method for this element of the project and documentary analysis. A chain of evidence was established by transparency, statements and conclusions are backed up by links to specific quotes, and the methodology clearly described. Finally, summaries of case study findings were reviewed by one person connected to the innovation.

3.5.2 Internal validity

Internal validity refers to the steps needed to be able to make inferences. Cross-case analysis is the most appropriate way of achieving this in studies using multiple cases. This approach was adopted for this study.

3.5.3 External validity

The exploratory depth of the case studies may come at the expense of generalisability. Analytical generalisability was achieved by grounding the analysis in the literature. This can help generalise findings to similar cases but more emphasis was placed on whether findings are applicable and transferable to other contexts and organisations.

3.5.4 Reliability

Reliability is enhanced by the ability to repeat the methods. The methods are documented in detail to allow replication of the study.

3.6 Ethical considerations

The focus of the interviews is the innovation and not the individual respondents themselves therefore personal data was not collected. Interviews were recorded using a digital recorder, this audio data, the transcripts and notes were stored anonymously and securely on network drives using passwords. Access to the folders was restricted to a single researcher. Any paper consent forms were stored in a locked filing cabinet. Interview data will be kept for up to three years before it is destroyed in case of potential for further analysis or research. It is unlikely that the subject matter of the interviews would result in any risks to participants. The information discussed was not sensitive or personal in nature. However, participants were made aware that the interview can be halted at any time and/or they could choose not to answer particular questions.

Most of the innovators were happy for the name of their service/project to be used openly in the research but a decision was taken to anonymise the six cases. Identifying names and places from the interviews were removed during the transcription process. The nature of the innovations may make the small number of individuals involved identifiable to others working in the sector.

When participants were invited to take part in the study they received an information sheet explaining what the project was about and what taking part would involve. They were informed of what the information would be used for and assured of confidentiality. Opportunities to ask questions and receive further information was given. Written consent was obtained either electronically or by post given that the interviews did not take place face-to-face.

Some thought was given as to how the study would report findings where innovations had 'failed'. Perrin (2002) states that "traditional approaches to evaluation of innovation can fail to recognise the reactive nature of evaluation... The unintended result is to discourage people from trying anything truly innovative. Failures are usually viewed and treated negatively, with negative consequences for those judged to have failed even if the attempt was very ambitious." (2002, p.18). Perrin argues for a learning approach to be adopted which recognises that failure may represent work in progress and that the evaluation should examine the extent to which the organisations involved had the capacity to manage

innovation, such as the staff and skills. This was certainly possible to do for the case study innovations when looking at barriers to implementation.

This study was submitted for approval to the research ethics committee of the School of Social Policy, Sociology and Social Research at the University of Kent. It was obtained in June 2018 and interviews commenced in July 2018.

3.7 Reflections on the methods

The choices made in study design and methods were based partly on the research aims and objectives, and partly on the availability of resources. The use of the Osborne typology was relatively straightforward but as allocating innovations to innovation types was completed by one researcher, it would have benefited from accuracy checking. There were benefits in that it situates innovation as part of organisational change in general, allows different modes of innovation to be clarified and distinguishes it from incremental organisational development. The 'x' axis is concerned with the impact of an organisational change upon the actual services that an agency provides. The 'y' axis is concerned with the relationship of an organisational change to the clients of a social services agency. The four types of innovation allow organisational changes to be understood in terms of their impact upon the actual services that an agency offers and upon the clients it is serving, as well as the interrelationship between these dimensions. This interrelatedness is at the centre of service production, that services are produced and consumed simultaneously and that their consumers are as active in their production as their host agencies.

The typology allows innovation to be clearly separated from incremental organisational development. It is clear from the model that total, expansionary and evolutionary types involve discontinuity in terms of services and/or client group. Developmental change does not involve such discontinuity, it modifies existing services to an existing client group. Organisational development poses different managerial challenges, for example the difference between persuading staff to develop their existing skills and abandoning ways of working for new ones, which would be the case with total and evolutionary innovation. This classification exposes these differences for analysis by the researcher and for resolution by managers. The typology also allows the exploration of the relationship between the staff of an agency (the producers) and the end-users of a service (its market) in the process of innovation.

It has been argued that to be useful a new typology needs to combine an appropriate mix of four factors (Deutsch, 1966; Salamon and Anheier, 1994). These are relevance to the topic

and the empirical evidence which relates to it; its economism compared to alternatives; its predictive powers; and its originality. Relevance can be seen to the extent that it allows an essential distinction to be made between innovation and development, as well as allowing for different types of innovation to be determined. This is important both for research about innovations and their management. Given the lack of alternative typologies economism is less of an issue here. The typology has been shown to include a range of relationships between the mode of service production and the clients of an organisation (combinatorial richness) and to have the ability to incorporate different organisations and localities (organising power). Further work is required to test it across different organisations and fields, Walker et al. (2001) did this for the field of housing. It is original, in that it was the first typology to draw on the management and organisational studies literature in relation to public services.

This typology is clearly not the final answer in attempting to understand the nature of innovation in social services. It does not identify the origin of innovation or the effect of the social environment and it cannot capture the range of attributes that innovations display. However, it did assist in making a contribution to understanding the complexity of innovation in social policy and social services in particular as part of a two stage approach to classification.

Whilst it was time-consuming to review all the documents sourced through the LBIOI, it required no additional resources to access the information required. The LBIOI is not a substitute for primary research data on innovation but it can complement or supplement them. Its main advantages are that it does not burden organisations and that it can describe the nature of innovation not just describe the innovation. Here, it provided a useful first step in identifying reported innovation but obviously did not provide complete coverage.

Telephone interviews did have the disadvantage of a lack of direct contact and a resulting lack of complexity of questions. The semi-structured interviews with key stakeholders and analyses of qualitative data using a thematic coding framework is a design typical for research on the implementation of innovations (Damschroder and Lowery, 2013; Fredriksson et al, 2014). Whilst these choices were suitable given the level of information and resources at the time, it is important to reflect on them in light of the findings.

One of the main choices made was the method by which the case study innovations were selected and this is described in more detail earlier in the chapter. The case studies were selected from those identified through the LBIOI. The innovation literature suggests that the implementation of an innovation is influenced by contextual variables (McCullough et

al, 2015; Kaplan et al, 2010), and the case study innovations did vary on a number of contextual factors, for example geographically and in terms of whether located in the third, private or public sectors. It was anticipated that six case studies provided the contextual variation required to make conclusions applicable and transferable to policy and research settings (Yin, 2014).

When researching innovation, determining the scope of what is included in terms of the unit of analysis may influence the conclusions that can be made. For example, the unit of analysis here was the innovation itself as this was considered to be important given the macro level of other innovation studies, and the focus of the research on the process. However, had other organisations been included in the analysis, such as conducting interviews with staff at the organisational or national level, the conclusions might have been different. Due to the unit of analysis being at the innovation level, the influence it may have had on other spheres did not emerge from the case studies.

The role of individuals did emerge strongly in a number of cases. This may have been because the research was at the micro level, which identified key themes with regard to individuals and groups. A more multi-level approach that included the macro domain (organisation) may have been helpful where this occurred. However, operationalisation of a framework with limited resources inevitably means that some levels may not be able to be researched in depth. Nevertheless, the importance of the capacity to research multiple levels remains, as innovation occurs in a variety of contexts with a variety of aims and objectives.

Consideration should be given to when to conduct a retrospective analysis on an innovation. This is because the timing of when research is conducted may influence the conclusions made about a particular innovation. There does not appear to have been much debate in the innovation literature as to the appropriate time to conduct retrospective research. Evidence suggests that the effects of different variables on innovation are influenced by the stage of the innovation process. The research took place when different innovations had been initiated between twenty and three years ago. For the innovations initiated at the more recent end of the spectrum this should still have allowed enough time to adequately document the innovation process. However, waiting too long after the launch of an innovation, obtaining data through qualitative research methods may result in challenges such as interviewees having difficulty recalling events. These are issues that must be explored and debated in future innovation research.

Unlike other research projects analysing qualitative data, where a team of researchers would be involved and would work together checking for accuracy of interpretation, i.e. intra-rater reliability, in a thesis this does not occur. There is always the potential for researcher bias in the type of material selected out from the interviews and in the questions asked. It was hoped that the coding framework developed out of the literature would help address this. This was also the case for the LBIOI when the judgement of the researcher was used to classify innovation.

This study, unlike the majority of my previous research, did not place emphasis on service user participation. Beneficiaries can play an important role in the development and implementation of innovations but the research aim and objectives of this study were concerned with organisational issues, which meant a focus on data collection from those individuals responsible for setting up and running the innovative activity.

3.8 Summary

This chapter has outlined the two main aspects to the research process, the LBIOI and the more in-depth analysis using six case studies. The research design used a combination of both quantitative and qualitative approaches to data collection. The chapter discusses why these methods were deemed to be appropriate and how they addressed the research aims and objectives. The research tools have been included in the Appendices (1-7) in order to provide a more detailed account of the methodology. The study produced much information, which was collected in a systematic manner and analysed using a consistent framework. Whilst there are limitations to the research, it is clear that this design has produced data that can answer the questions identified.

Chapter 4 Findings – The extent and nature of innovation in adult social care

4.1 Introduction

This chapter describes the findings from the application of the LBIOI. It describes the extent and type of innovative activity and examines the basic characteristics of those organisations responsible for the innovations. As discussed in the previous methodology chapter this stage of the study is an exploratory one of an area where there is little empirical evidence. There is currently no available data on the extent to which innovation is occurring within the sector. This chapter presents findings from a LBIOI applied to Social Care Online for the period 2006 to 2015. It is a first step in gaining a more in-depth understanding of innovation in adult social care but not sufficient in itself to capture innovative processes. For this, a more detailed analysis is required and findings from the innovation case studies are described in the subsequent chapter. The LBIOI provides information about: target client group; partnerships; geographical region; sector; service provided; and function.

It seeks to answer the research questions:

- What is the extent of innovation in adult social care?
- What type of innovation takes place in adult social care?

4.2 The sources

The literature states that it is important to describe the sources used as an indicator of innovation (Walker, 2002). This section describes the number of sources available at each stage of the LBIOI and the format of these sources.

The table below (Table 8) illustrates the breakdown of the number of literature sources at each step of applying the LBIOI. Only a very small number of the initial documents identified were included in the final sample (2%). There was a big reduction in the number included after initial review of subject terms (to exclude health, education, clinical, young people/children, family) and abstract (to exclude theory, policy, public health, workforce, focus on practical examples and adult social care clients groups) due to the broad criteria used in the initial search. For all the years covered there were some literature sources that could not be obtained either through the university library or online.

Table 8. Number of literature sources at each stage by year

	Social Care Online search	After initial review	Full text retrieved	After full text review
2006	156	22	12	3
2007	153	34	16	0
2008	149	42	28	2
2009	162	33	18	2
2010	165	45	27	2
2011	144	36	24	3
2012	154	36	24	3
2013	122	23	14	6
2014	124	30	17	5
2015	172	50	30	10
Total	1501	351	211	35

The majority of the literature-based indicators of innovation were reports (47%), followed by journal articles (33%) and books (20%). Just over half described research related to the innovative activity (52%), the remainder described examples of innovative practice. The number of reports highlights the relevance of the LBIOI in going beyond a traditional literature search. The majority of the written examples of innovation were not produced by the services themselves (academics, journalists, commentators, membership organisations and government were amongst some of the authors), and so did not involve self-promotion.

4.3 Extent and type of innovation

The final number of innovations identified between 2006 and 2015 through the ILBOI was 126. Table 9 illustrates the number of innovations identified by year, there were none identified in 2007. Numbers increased dramatically in years 2014 and 2015, accounting for 59% of all the innovations identified. The increase in the final two years could suggest that innovations are becoming much more widely reported and over time this could increase the accuracy of a measure such as the LBIOI applied to this field. This could link to the overall increase in the number of innovation studies outside of the private sector discussed in Chapter 2.

Table 9. Number of innovations identified by year

Year	Number of innovations
2006	2
2007	0
2008	5
2009	9
2010	3
2011	12
2012	10
2013	11
2014	29
2015	45
	126

Table 10 illustrates the range of types of innovation for the whole sample using the Osborne typology. In most cases, the Osborne classification was not problematic to apply based on the information contained in the source literature. However, it was a subjective decision by a single researcher and checking interpretation with someone else would have been beneficial.

The overwhelming majority (96%) of activities captured in this sample could be described as innovations, developing new services or serving new users. Of these, the largest proportion of the innovations were new services for existing users as opposed to working with new client groups. It was also expected that public services like these would be more likely to innovate to provide new products or processes to known user groups rather than expanding to provide to new users given their nature and purpose. The findings would suggest that this does apply here given the level of evolutionary as compared to expansionary activity. Nearly a third were classified as total innovations, most often a newly established service which had not existed before. It had been anticipated that there would be more developmental activity than other types of activity, because of the nature of the vulnerable people adult social care works with and this carries less risk. However, this was not the case here, developmental activity only accounted for a very small number of the innovations identified (this could also be because this type of innovation is less likely to be described in the literature sources).

Table 10. Innovations by classification

Innovation classification	N	%
Evolutionary	76	60
Total	38	30
Developmental	7	6
Expansionary	5	4
Total	126	100

To illustrate the type of innovations developed, an example of an evolutionary innovation in the third sector was PETALS (Person-centred, Empowerment, Trust, Activities, Life history and Stimulation). This was the development of specialist dementia support including activities to stimulate and motivate people by a not-for-profit provider of home care and care homes. Learning for the Fourth Age was another evolutionary innovation example, a social enterprise providing learning opportunities to older people in care settings.

Total innovations were often associated with the setting up of new technology, for example, Lantern was a web tool that guided people through a short questionnaire about their daily life before presenting them with a personalised list of support providers in their local area. Mindings enabled people to share captioned pictures, text messages, calendar reminders and social media content with a digital screen that the receiver did not even need to touch. It aimed to connect socially isolated people to their family, friends and community. A different form of total innovation was the Grange Comedy Project that introduced comedy activities into a day centre for older people with dementia to engage them in reflecting on aspects of their care environment. It was a partnership between the centre, local university and specialist comedy provider.

Expansionary innovations were seen in the development of services to target new client groups, for example a community agents network in a rural area moved into targeted information and services specifically focusing on the over 60s. Developmental activities tended to focus on organisational development and training, for example a residential care provider moved from providing information to families about dementia on an informal, individual basis to providing family workshop days.

Innovations were largely developed for older people (64%). Table 11 illustrates the social care group of focus for the innovations. The number of innovations targeted at older people

is perhaps not surprising given the well-documented issues for social care services presented by an ageing population. There were much smaller numbers of innovations targeted at other adult social care client groups.

Table 11. Social care client group of focus for innovations

Client group	N	%
Older people	81	64
All groups	26	21
Mental health	6	5
Carers	6	5
Physical disabilities	4	3
Learning disabilities	3	2
Total	126	100

Over half (57%) did not develop the innovation in partnership with others but were solely responsible for its delivery. Partnerships that did exist were often between the public sector in the role of funder/commissioner and other sectors. For example, one local authority set up an Innovation Fund to support the development of personalised services and this aimed to promote the involvement of the third sector. The literature on innovation highlights collaboration as a way of bringing together the skills and knowledge required to deliver an innovation, perhaps here this just reflects who reports on the innovation.

Information was collected about the sector where an innovation was located. The results show that half of the innovations were located in the third sector (50%) followed by the public sector (33%) then private sector (17%). The lack of innovation reported in the private sector could possibly be due to a lack of access to funding streams for innovation or the type of services often provided by this sector, but is worthy of further investigation.

Over half (54%) of the organisations provided individual advice and support (usually signposting type services). A third (33%) were involved with direct service delivery such as supporting people to live independently. The remainder were described as 'service commissioners', these tended to be local authorities involved in innovative ways of funding and facilitating the development of services, but not direct providers of the service.

The age, number of staff and annual income of organisations was hard to disentangle in the majority of cases when innovation 'projects' were located within much larger organisations and so this is not included in the final analysis. Whether an innovation was

local, national or international was used as a measure of size. The majority of innovations were located in organisations providing local services, 59% could be described as 'small' by geographical coverage. Twenty eight per cent were 'large', with a national focus, followed by 'medium' covering a regional area (10%), and 'super' or international (3%).

Table 12 provides an overview of the location of innovations by region. It is useful to be able to examine where innovations are located as this may explain why innovations developed. The results indicate that all regions had innovative projects but to differing degrees. The LBIOI indicated that the largest number of innovations were initiated by national organisations (26%). Thirteen per cent were located in the South East followed by the South West and London (11%). Smaller and less significant numbers were identified across the remaining regions.

Table 12. Innovations by region

Region	N	%
National	33	26
South East	17	13
South West	14	11
London	14	11
East of England	12	9
North West	10	8
North East	9	7
Other	7	6
West Midlands	4	3
East Midlands	3	2
Yorkshire & Humberside	3	2
Total	126	100

Sector, region, partnership and size were tabulated against type of innovation. The small numbers attributed to expansionary innovation and developmental activity make inferences based on this limited. The greatest proportion of innovative activity taking place across public and third sectors could be classified as evolutionary. Half of the private sector innovation identified was total innovation, the other half evolutionary. However, over 60% of all total innovation took place within the third sector, which may suggest that this sector promoted the right conditions for more radical change.

Table 13. Innovation classification by sector

	Public	Third	Private	Total
Evolutionary	32	34	10	76
Expansionary	2	3	0	5
Total innovation	5	23	10	38
Developmental	4	2	1	7
Total	43	62	21	126

$Chi^2 = 13.014$ $p = 0.043$

Table 14. Innovation classification by partnership

	Partnership	No partnership	Total
Evolutionary	34	42	76
Expansionary	2	3	5
Total innovation	13	25	38
Developmental	5	2	7
Total	54	72	126

$Chi^2 = 3.620$ $p = 0.306$

Table 14 indicates that total innovations were largely described as a sole activity rather than a partnership. There was a much more even distribution of partnerships and sole activity for the other innovation types. However, the small numbers make any inferences limited and the results are not statistically significant.

Table 15. Region by innovation classification

	Evolutionary	Expansionary	Total innovation	Developmental	Total
London	10	0	4	0	14
South East	10	0	4	3	17
South West	14	0	0	0	14
East of England	10	1	1	0	12
West Midlands	3	0	1	0	4
East Midlands	2	0	1	0	3
North West	5	0	3	2	10
North East	5	0	3	2	10
Yorkshire & Humberside	1	1	0	1	3
National	11	1	20	1	33
Other	5	1	1	0	7
Total	76	5	38	7	126

$Chi^2 = 56.888$ $p = 0.002$

Table 16. Innovation classification by size of organisation

	Super	Large	Medium	Small	Total
Evolutionary	3	12	6	55	76
Expansionary	0	2	0	3	5
Total innovation	1	20	6	11	38
Developmental	0	1	0	6	7
Total	4	35	12	75	126

$Chi^2 = 25.472$ $p = 0.002$

The findings here would suggest that smaller organisations were more likely to develop innovations, whereas larger organisations were more able to cope with total innovation and more radical change.

4.4 Summary

This chapter summarises the findings of the LBIOI which aimed to identify the extent and nature of innovation in adult social care. The LBIOI collected basic data on the innovations from literature sources. The LBIOI provides the first available data on the extent of innovation in adult social care.

The analysis has provided a first step in answering the research questions, what is the extent and nature of innovation that takes place in adult social care, and also the type of organisations that get involved in innovative activity. This is by no means a comprehensive picture but provides the basis for further primary research to explore the issues highlighted in more depth, and a sample from which to select case studies.

The analysis has provided some evidence about the pattern of innovation in adult social care whilst raising some questions for further investigation. Between 2006 and 2015 reported innovation had risen from two to 45. The main feature of the results presented is the emphasis on evolutionary innovation to provide new services to existing user groups. Expansionary and developmental innovation are limited in the social care sector based on this sample. Location within a particular sector (third, public or private) appeared to influence the type of innovation developed. Large organisations with a national focus were the main instigators of total innovations, and there was a tendency for organisations to work alone on more ambitious innovations. The LBIOI also showed more innovation taking place in the South East of England. Some of these issues need to be explored further through primary research on the factors that influence innovation in adult social care. The case studies described in the next chapter will help to understand the process of initiation, development and implementation of innovations in this sector.

The next stage of the research involved a closer examination of six innovation cases in adult social care to try and understand the innovation process in more detail. The methodology builds upon the literature review and the LBIOI findings to examine what the innovation cases went through in their drive to implement them.

Chapter 5 Findings – The process of innovation in adult social care

5.1 Introduction

Chapter 3 outlined the three aspects of the methodology chosen for this study. These were the application of the LBIOI, the six case study innovations and the drawing together of findings. In addition, it set out the criteria used to select the six cases. The level of analysis for the case studies was an innovation in adult social care. The six innovations selected were; Innovation Online Support; Innovation Adult Placement; Innovation Day Support; Innovation User Led; Innovation Peer Support; and Innovation Communication (names were changed to give interviewees anonymity).

As mentioned earlier, this research sees the most useful way to analyse innovation is to treat it as a dynamic process. In order to understand the form an innovation takes, how it develops over time, its trajectory and its level of success, it is essential to explore the influencing factors on this process. This should lead to a better understanding and explanation of innovation in social care. Therefore, this qualitative aspect of the research seeks to answer what influences the innovation process in this sector and how.

The emphasis of the case studies is on the innovation journey from initial idea to status at the time of writing. Therefore, the main objectives of the case studies are to gain a better understanding of the influencing factors on the development, adoption and implementation of social care innovations, including consideration of sustainability issues. The process issues were drawn out through semi-structured interviews with people actively involved in developing the innovation, for example project organisers and delivery staff, complemented by documentary/archival analysis. Fifteen interviews took place across the six cases and 89 documents reviewed. Matrices were used to both analyse and display the processual data.

The first section introduces the six case study innovations and begins with a description and overview of each of the innovations. It provides information on the local context where each of the innovations took place. The second part begins to explore the initiation stage of the adoption and implementation process for each of the innovations (Rogers, 2003).

5.2 The six cases

This section introduces the six innovations. The cases were selected from the LBIOI database based on sector (public, private, third) and innovation classification according to Osborne's typology, with the number of each roughly mirroring the proportion of the sample as a whole. Each includes a brief description of the innovations and their development, including what their aims were, why they were interesting/innovative, what influenced the case, who was involved, the timeframe from idea to implementation/adoption, and current status of the innovation (still operating or ceased).

Five of the innovations were located in England and one in Scotland (though had national coverage). At the time that the interviews took place, the innovations had been running for different lengths of time. Innovation Communication was twenty years old; Innovation Day Support had existed for ten years, followed by Innovation User Led at eight years old. Innovation Peer Support had been running for two and a half years (however, there were questions of sustainability already being considered for beyond the grant period). All of these innovations could be described as 'established' at the time of the study. Innovation Online Support had run for three years and Innovation Adult Placement for just under two years but no longer operated at the time of the interviews.

5.2.1 Innovation Online Support

Innovation Online Support is an evolutionary innovation led by the public sector. It is a technological innovation using a new approach with an existing client group. The innovation took place in a unitary authority in the north west of England. The area is largely rural with a population of around 361,500. The building, transport and manufacturing sectors are the main employers. There are more people aged over 85 as a percentage of the population living in the local area than in any other local authority in the United Kingdom. One in 20 aged over 65 has a form of dementia.

Innovation Online Support is a social media resource and peer support network designed for people living with dementia. The aim of Innovation Online Support is to provide a platform to allow individuals with a diagnosis, their families, friends, carers and professionals to find and share information and resources locally to help those living with dementia remain independent and improve their quality of life. The website provides access to information, advice and helps build local peer support networks. It enables people living with dementia, their friends, families, carers and professionals to find and share resources and to have online conversations.

The case is interesting because of the way the innovation developed using co-production methods including people living with dementia (focus groups and consultation). The innovation idea came from previous work the local authority and partners had done with dementia service user groups in the local area in 2009 and 2010 to better understand their needs. People had expressed a desire to have a local perspective and connect with others who had been through the same situations. The evidence from these groups strongly suggested that people wanted help at the point of diagnosis and preferred to receive advice from their peers. Hence, the timing and nature of the information was important.

A steering group was established comprising of representatives from the local authority, a charity, primary care and a web developer to explore the possibility of using social media to address these issues. The team began by looking at figures for computer skills and there had been a 65 per cent increase in the number of people aged over 65 taking up courses since 2008. The steering group then consulted with local user groups as well as local professionals, carers and older persons groups about whether they would use a website for this.

A funding opportunity arose from a national programme that aimed to embed customer insight and social media tools within the public sector to improve service outcomes to further develop the idea. A web developer was commissioned and the design, language, look and feel of the site was developed in close consultation with groups of users and the wider stakeholder network. An experienced communications officer was seconded to the project from the local authority and a part-time community resource manager employed (by the charity) to populate the site with news, events, useful information and to stimulate conversations between users.

Innovation Online Support had a 'soft' launch in July 2010. The site was tested with potential users and advocacy work took place engaging with the local authority, health, third and private sectors. The website was launched in October 2010 alongside a concerted marketing campaign. By April 2011 there were 281 people registered with the site and during the first six months it had 2,113 visitors and 3,372 visits.

Funding was available for a year but the steering group was unsuccessful in obtaining funding beyond this. The steering group had hoped that other local authorities would buy in to the idea spreading the cost. The resource moved to a Facebook presence but in 2013 this also closed.

5.2.2 Innovation User Led

Innovation User Led is an evolutionary innovation (new service, existing clients) led by service users themselves. It is a service innovation operating in a shire county local authority area in the south east of England. The area is largely rural with a population of around 687,500. The major industries are education and tourism.

Innovation User Led is a user-run sports and social club for people recovering from mental health issues. The aim of the group is to build communication skills, help prevent social isolation and reduce anxiety by providing a stepping-stone from formal mental health services back into the community. As well as sports activities there are social aspects such as going to the cinema, theatre, concerts, for meals out, bowling and museum visits. Innovation User Led is a user-led mental health sports and social group about “recovery, relapse prevention, social inclusion and choice” (6). The innovative aspect is that it runs on days and times that suit the users themselves rather than based around staff working hours. There are afternoon sessions (as people can be drowsy in the morning from medication), evenings and weekends. The non-structured natural support “fits with the ups and downs of the recovery process” (6).

The idea originated from a sports group that had run from a day centre. In 2006 the day centre closed and the manager encouraged the service users to continue with the sports group but to run it themselves. They began meeting at sports halls and leisure centres and distributed publicity material to mental health professionals (obtained free through another day centre). One of the service users took on the role of coordinator.

After a year, the group applied for a grant from the Department of Health for start-up costs and received funding from a local fund to support user-led groups. A local authority manager encouraged the use of Direct Payments (money given directly to service users to fund their own care). This is paid into a community business account and goes towards paying for staff time, outings, gym memberships and so on. The group has grown from five members meeting once or twice a week to over 30 members meeting every day.

5.2.3 Innovation Adult Placement

Innovation Adult Placement is an expansionary innovation (new clients, existing service) led by the public sector. It is a service innovation in a county council in the south east of England. The area is largely rural with a population of about 1,846,478. Haulage, logistics and tourism are the major industries. In 2013/14 approximately 20,813 people aged over 65 were estimated to be living with dementia.

Adult Placement is used mainly for people with learning disabilities. A person needing support lives with or visits a paid carer, carers and the client are carefully matched to ensure compatibility by staff (schemes are usually run by local authorities). Following a review of care and support for people living with dementia the local authority senior managers and elected members supported the development of the model for this client group.

In 2012 an application was made to the national Dementia Innovation Adoption Challenge Fund by social services, local health services and charity partners for a pilot project. A grant of £55,000 was obtained for one year and this funding was matched through the local authority Transformation Budget for a second year. The process of building relationships with care management teams who would be responsible for referrals was started by the service manager in February 2013. Access to the service was determined by criteria set by the local authority, unless self-funders they would need to meet moderate level of need at least and be entitled to the full or part costs of care being covered by the council. A project manager was recruited to assist with recruitment and induction of carers, liaison, advertising and assisting identification of potential service users. Shortly before the end of the two years senior management decided to abandon the pilot as there had been no referrals or placements made.

The case is interesting because it is a relatively rare example of a service looking to serve a different client group, and could have provided a person-centred alternative to traditional models of dementia care (usually day centres and residential homes). The innovation was a response to the increasing numbers of people living with dementia and the difficulties in finding good quality residential care placements in the local area. It was also influenced by a piece of work carried out in another region looking at the potential of the model for people living with dementia identifying the benefits and pitfalls. This had filtered through commissioning networks.

5.2.4 Innovation Communication

Innovation Communication is a total innovation (new technology, new users) led by a social enterprise, though the innovation was first developed in academia. It is a technological innovation not based in one local area.

Innovation Communication developed from a research project conducted at a university in 1998. It was a study of the interactions of people with cerebral palsy using high-tech communication aids and their peers in a residential unit. When talking to users about their

systems and interactions, the vocabulary they needed was not there and so researchers began drawing and cutting up symbols. A grant of £500,000 was obtained to develop the tool from the research.

Innovation Communication is a low technology communication tool that aims to help individuals with communication difficulties express their opinions (children and young people, stroke survivors, people with learning disabilities and dementia). It uses a system of simple picture symbols that allows people to indicate their feelings about a subject by placing the relevant image below a visual scale, either on a physical textured mat or a digital space. Innovation Communication is used by clinical practitioners, carers and support workers in a wide range of health, social work, residential and educational settings.

Initially development took place within the university but there were issues with this due to the entrepreneurial flair needed to market the product. In 2011 Innovation Communication became a social enterprise, a business trading for a social purpose whose surpluses are invested for that purpose, or in the community, rather than established to maximise profits for shareholders or owners (DTI, 2002). It has two directors and nine associates who provide training in use of the tool. Innovation Communication obtains funding from government grants and contracts with services such as housing associations, local authorities and other health and social care providers.

5.2.5 Innovation Day Support

Innovation Day Support is a total innovation (new service, new users) led by the private sector. It is a service innovation in a metropolitan district council in the north west of England. The area is largely suburban with a population of around 235,493. The main employers are property and business services followed by retail and wholesale.

In 2007 the innovator (who had a residential care background) moved to the area and approached the local authority with a proposal for a new service. The idea was to set up a small ‘alternative’ day care scheme based in the manager’s family home for a mix of service user groups. The local authority commissioners agreed to support it and that they would publicise and promote the service while the manager set up the business. It was officially launched in March 2008. The local authority commissioned 14 places as a pilot. A further £10,000 was provided through an Innovation Fund to extend the number of places and activities on offer. The case is interesting as the council was open to commissioning a completely new type of service.

The aim of Innovation Day Support is to give service users choice and encourage independent living skills. People are encouraged to go out into the community as often as possible and access mainstream activities, “we don’t really access special groups…it’s all part of inclusion in the community” (14). There is no set programme of activities as each person chose their own personal programme. Examples of some of activities are, swimming, gym sessions, visiting the local market, voluntary taster jobs, learning time management, budgeting, and life skills. There are no signs, no uniforms. It is open to all service user groups and receives referrals from social services, primary care and memory clinics. The number of service users accessing the centre grew to 104 in eighteen months and there is currently a waiting list.

5.2.6 Innovation Peer Support

Innovation Peer Support is an evolutionary service innovation (new service, existing clients) led by the third sector. It runs in a London Borough with a population of around 156,197.

Innovation Peer Support groups were modelled on an approach previously used by the mental health charity for people living with dementia in extra care housing and this had led to noticeable demand from other residents who did not have dementia. Innovation Peer Support was developed in response to the previous project and evidence suggesting people living in residential care experienced loneliness far more than those living in the community.

Innovation Peer Support is a partnership between a national mental health charity and two not for profit housing providers (one local and one national). The charity received £290,730 from a national funding body to cover salaries, management costs, project running costs and overheads. The funding covered the period 2015 to 2018 and at the time of the interviews an internal evaluation by the charity research team was being conducted. Sustainability beyond the funding period has already been raised as a potential issue.

Peer support groups ran once a week for six months in nineteen extra care housing schemes across two housing associations. Each group was led by two trained facilitators to ensure that enough support was available for participants. Participation in the group was voluntary and comprised individuals living in the housing schemes who expressed interest in attending. Most residents found out about the groups through staff or noticeboards. However, isolated people were also actively encouraged to join the groups, often through visiting their apartments.

The role of facilitators involved engaging participants in discussions to share opinions, ideas and past experiences mutual among members. In addition, facilitators organised weekly activities designed to increase meaningful participation and aid cognitive stimulation, focusing on the participants' identity and their passions. Activities could include a film quiz or discussing as a peer group what practical things people do if they are having a difficult day.

Table 17: Summary of the six innovation cases

Innovation	Client group	Sector	Classification	Type	Source of resources
Online Support	**Older adults**	**Public**	**Evolutionary**	**Technology**	**Grant**
User Led	**Mental health**	**Third**	**Evolutionary**	**Service**	**Direct payments**
Adult Placement	**Older adults**	**Public**	**Expansionary**	**Service**	**Grant/matched funding**
Communication	**Learning disabilities**	**Third**	**Total**	**Technology**	**Contracts**
Day Support	**All**	**Private**	**Total**	**Service**	**Direct payments**
Peer Support	**Older adults**	**Third**	**Evolutionary**	**Service**	**Grant**

5.3 Defining and classifying the innovations

As stated earlier the innovation case studies were selected in part to reflect the types identified through the LBIOI. All of the cases selected could be described as innovations, and classified according to the Osborne typology. This section briefly describes how they fulfilled the definition of innovation used for this study and the classification decision.

Innovation Online Support was regarded as a new idea as there was no history of a similar approach in the local area. Whilst the use of websites and social media to provide peer support and access to information is not new, its application in this local setting with this particular client group was novel. The Innovation Online Support platform could be described as an evolutionary innovation, a new approach targeted at an existing group of

service users, people living with dementia and their families. The innovation was adopted and implemented, people did register with the online platform and/or visited the site. The process of change was innovative (such as including service user groups throughout development) as was the product. Innovation Online Support involved a new service (peer support) with a new form of delivery (online platform) with the aim of delaying the use of more costly services.

User led groups are not in themselves a new phenomenon but Innovation User Led was new to the local area and for that particular client group. Innovation User Led could be defined as an evolutionary innovation, a new approach targeted at an existing group of service users, people experiencing mental health issues. It involved a new form of delivery (peer support), governance (user-led) and resourcing (direct payments), and so was considered to be more than 'developmental'. Therefore, it was both process and product. It had been adopted and implemented, the numbers attending the group had grown over time. It aimed to support the recovery of individuals.

Innovation Communication was a total innovation, a new idea for use with a new group of people. The innovation came about because the people involved took an innovative idea and developed the technology, therefore totally new in that sense. It is a type of service innovation (as well as technological) because it focuses on the interaction between the provider and the service user. It involved discontinuity as it was a totally different way to communicate with those experiencing communication difficulties. It was not based on anything else but the idea had evolved from research. It had been adopted and implemented by a number of organisations who had elected to be trained in and use the communication tool. It was both a process and a product. It aimed to allow people with communication difficulties to be more engaged in their care and support.

Total innovation is when an organisation serves a new client group and provides new services and Innovation Day Support fell into this category. It was not an innovation by an existing provider of services and came about because the people involved took an innovative idea and developed the service, therefore totally new in that sense. It was adopted and implemented successfully gradually increasing the numbers of people using the day care service. It aimed to provide non-stigmatising person-centred care for a range of client groups.

The Innovation Peer Support groups were a new service set up in a setting already working with older adults and therefore could be described as an evolutionary innovation. Peer support groups are not a new idea but implementation in a residential setting was the

novelty (previous groups had targeted people living with dementia). The groups were adopted and implemented with a number taking place across two housing providers. It did involve a process of change for the extra care housing settings, the staff working there and residents. It aimed to benefit service users by reducing their feelings of loneliness and social isolation.

There was one example of expansionary innovation, Innovation Adult Placement, where an existing service was expanded to meet the needs of a new group of clients. An existing model of support, adult placement, was adapted for people living with dementia when the focus had previously been supporting people with learning disabilities. The innovation was new to the local area but had been used elsewhere. This expansion involved training for existing staff, identifying new groups of carers and raising awareness amongst potential referrers to the service. There was no benefit to service users. Therefore, a process of change had occurred but adoption and implementation had not occurred. Whilst not neatly fitting with all the features of an innovation it was felt that lessons could be learnt from including what was in effect a partially realised innovation in the research.

The previous section profiled the six case study innovations. The innovation journey usually begins with a set of events that set the stage for enabling innovation. This often results in an innovator developing a proposal, and obtaining support and funding for their idea. A developmental period follows during which concentrated efforts are undertaken to transform the innovative idea into a concrete reality. Finally, an implementation or termination stage takes place where the innovation is adopted and institutionalised, or it is terminated and abandoned (Van de Ven et al. 1999; 2008).

The main findings from the case study interviews are presented structured around the innovation stages. The factors highlighted are the most significant that emerged from the case studies.

5.4 Innovation initiation and development

The ‘richest’ period in terms of events and complex interactions is often the developmental period hence this is where the largest number of influencing factors could be identified. This first section describes the initiation and development stage. There were nine areas of influence: solving a problem; knowledge and learning; policy initiatives; involving potential users; management support; innovator credibility; starting with pilots; attitude to risk and organisational structure; and partnerships.

5.4.1 Solving a problem

Chapter 2 highlighted how new ideas often develop in response to a recognised problem or need. Problems may arise due to policy failure or existing services may no longer be 'fit for purpose'. It is important to understand the context of the problem as this will shape the way it is defined and the potential solutions available. For all the innovations there was a concern and a desire to do something to meet the needs of people using social care services. A need had been highlighted in all cases, generally in response to identified gaps in local service provision.

As described in the introduction, adult social care has been operating in an increasingly unsettled environment for some time, with limited resources and increasing demand for services. Aspects of the wider social care environment were an influence on the initiation and development of the innovations. The context of austerity and chronic under-resourcing of adult social care for example led to five of the six innovation examples indicating that they could reduce the need for more expensive services. The nature of the problems differed which led to different approaches to solutions, but generally the focus was on dealing with increasing demand and rising costs.

In the local area where Innovation Adult Placement was located, a review of care and support for people living with dementia and their families had taken place that had identified a number of issues associated with the increasing numbers of people living with dementia. Firstly, there was pressure on services as there were a lack of available care home places in the area for the rising numbers of people living with dementia. Innovation Adult Placement was a potential solution to meeting that shortfall by providing an alternative option to care home placements. Care homes would usually be used for respite and long-term residential support, adult placement already provided this for other client groups. A second related issue was the cost of care home placements for people living with dementia, increasing numbers meant rising costs. This was at a time of financial constraints for the local authority and support through adult placement was less expensive than a care home placement. It was also hoped there would be a knock-on effect in reducing costly hospital admissions, as a result of more placements being available. A third issue was the recognition that good quality care was not always available. The local authority believed that adult placement could provide a viable, person-centred option viable person centred option to care home placements for people living with dementia.

Innovation User Led was a response to the closure of a day centre that previously hosted a sports and social club for people experiencing issues with mental health. Service users who

had found this helpful to their recovery were keen to find an alternative to day or drop-in centres as they had negative experiences with unsuitable activities and other attendees being "much more ill than they were" (6). Running the group themselves was a potential solution to this that also reduced the financial burden on the local authority. The closure of local authority day centres had resulted in a growing shortage of community-based services and the innovation proposed would help to increase access and quality of the service provided. There was also a need to help prevent re-admission to mental health services and the local authority supported the idea of Innovation User Led as it appeared to have the potential to contribute to that.

Innovation Day Support was proposed as a solution to the problems associated with the closure of local authority run day centres, in particular the problem of a lack of available placements across client groups. The local authority had made significant changes to day services and worked with providers about developing 'meaningful activities'. The idea for Innovation Day Support contributed to these developments and by service users being able to choose their own activities increase the quality of the service provided. In the context of austerity as the proposed day centre would be run by the independent sector it was also significantly less expensive than local authority provision.

Innovation Online support was presented as a solution to the issue of supporting an ageing population in a rural area (in particular people living with dementia). It was strongly driven by the need to provide care and support over distance. Given the geography, finding a way to deliver this without face-to-face contact needed to be explored and a technological solution was proposed. Innovation Online Support was the only innovation idea to mention explicitly addressing cost issues in its documentation, highlighting that the innovation could reduce the need for people living with dementia to access services by the sharing of information and informal support. "Supporting people to resolve problems themselves more easily through information and support from their peers, both meets their preference for independence and also prevents recourse to more expensive public services" (1). It was suggested that a technological solution could increase access and in the longer-term provide information so that services could be tailored to the local area through the customer insight function.

Two of the innovations were not specifically proposed to deal with increases in demand or costs, they were to deal with an identified need and issues of access and quality of services provided. Innovation Communication was proposed to address the problem of a lack of suitable communication aids for people with communication difficulties to involve them in

care planning. There were concerns from academics and practitioners that they were not being involved enough in self-directed support and personal budgets. Innovation Communication was viewed as a potential solution to this by increasing the capacity to communicate effectively. Older people living in residential care experience loneliness far greater than those living in the community, and the proposal for Innovation Peer Support was a response to help deal with that problem. An interviewee from Innovation Peer Support stated that when they had introduced peer support groups for people living with dementia: "There was a noticeable demand from residents who did not have dementia" (3).

5.4.2 Knowledge and learning from elsewhere

For some of the innovation cases developments or knowledge gained from elsewhere was particularly influential, and the initiators referred clearly to learning from examples from other places. Some however relied on service user input to develop the ideas or generated their own knowledge and learning to take things forward. Where learning was used from elsewhere it tended to be used as the basis for the innovation ideas and then developed and adapted taking into account contextual factors. For example, Innovation Day Support was modelled on a similar family home being used as a day centre in another local authority area. However, there were differences in that the local authority there did not play a key role in promotion or referral and so the centre had a static service user base. Key to the development of Innovation Day Support was involving local authority commissioners in its promotion.

Innovation Peer Support was clearly based on previous peer support groups for people living with dementia in similar residential settings operated by the same innovators. These groups had proved effective and so learning from these was used as the basis for the innovation idea. "It was set up following the successful outcome of our previous peer support groups in extra care settings" (3). An evaluation report from the previous groups made recommendations for setting up similar groups in the future. These were taken on board when developing the proposal for Innovation Peer Support. Some of the recommendations included having a more embedded approach to peer support groups in housing schemes if the groups were to become sustainable (although working in collaboration with local services may help sustain groups) and frontline and housing staff needed training in understanding how peer support groups work, and how activities like these can enhance residents' lives. In particular, it recommended that any future peer support groups in extra care housing schemes should consider inclusion of other residents who do not have dementia or memory problems. This would begin to tackle stigma

associated with having dementia and a mixed group may attract individuals who do not want to categorise themselves as having dementia or a memory problem. This was the main feature adopted from lessons learned from the previous groups.

There were two innovations where knowledge and learning from elsewhere was less apparent. Innovation Online Support benefited from the overall growth in online communities that enable people to connect and exchange experiences virtually. Other online forums exist that connect people to others who have the same disease or condition and track and share experiences and the team did review some of these. Innovation User Led was also not particularly influenced by existing knowledge in the idea and development stage, user-led groups and organisations are not a new phenomenon but there is no evidence that this was based on learning from elsewhere. Both instead looked primarily to potential users of the service or technology to guide development.

Innovation Adult Placement was based on a three-year project conducted in the south west of England looking at how adult placement could support people with dementia and their families, what people with dementia and their families thought of services, and how such services could be developed had been conducted. The project's main purpose was to gather evidence to show whether adult placement could be a desirable service offer from a carer or person with dementia's perspective and to support adult placement schemes to gain the confidence and skills they needed to be 'dementia ready'.

The project found that family carers and people with dementia responded very positively to adult placement and that it appeared to be well placed to develop services for people with dementia. The core processes of matching, monitoring and supporting carers seemed to work well for this client group. The experience of schemes actively developing dementia services indicated that this expansion required specific investment in knowledge and capacity within the scheme. It was apparent from the project that adult placement as a concept or service model was not well known in the social and health care sectors that predominantly focus on older people or people with dementia. Recommendations from the project included the need to establish a higher profile as an option for care amongst the wide range of professionals who work with people with dementia and their family carers. Adult placement should be seen as a core component in the local implementation of the national dementia strategy, and be fully included in the range of options commissioned. The findings from the project had filtered through commissioning networks and led directly to this idea being developed within the local authority. The plans for Innovation

Adult Placement aimed to incorporate the recommendations and to use some of the training materials that had been developed for the initial project.

The knowledge and learning for Innovation Communication did not come from elsewhere but from an on-going process of learning and development based on research. The initial idea came out of a research project and the development of the tool took place through further research and "trial and error" (12) with different groups and services.

5.4.3 'Piggy backing' on policy

Social changes and shifts in social values linked to the ageing population created a policy environment that led to favourable conditions for a number of the innovations. Care for older adults was and is an increasing concern, particularly living longer with long-term conditions and social isolation and three of the six innovation ideas were specifically targeted at older adults, Innovation Peer Support, Innovation Adult Placement and Innovation Online Support. The majority of the innovation cases were associated with national policy agendas, such as personalisation, support for people living with dementia and reducing loneliness and isolation. Innovators acknowledged that this acted as a lever in two ways, access to funding and helping obtain support locally. However, rather than the ideas coming about as a result of the need to implement national agendas, the innovation ideas 'piggy-backed' onto them.

Two of the innovation ideas benefited from other societal changes such as the increasing capability and capacity of technology. More people than ever are increasingly technology literate and there is now widespread access to the internet. Social services are increasingly looking to technological solutions to provide and support care. Innovation Online Support and the digital version of Innovation Communication would not have been developed if this had not been the case.

Innovation Adult Placement is an example of where growing acknowledgement that dementia is becoming a greater issue for society and therefore a focus for policy, led to conditions favourable for support for the innovation. Since 2009, dementia strategies have been produced for England, Wales, Scotland and Northern Ireland with one central objective – to provide better care and support for people with dementia and their families. The appointment of dementia advisers, the setting up of memory clinics to spot and treat the early signs of dementia and providing improved support for carers are among the many initiatives that were launched in different parts of the UK. In 2012, Prime Minister David Cameron launched a challenge on dementia to ensure that England 'is the best country in

the world for dementia care and support and for people with dementia, their carers and families to live and is the best place in the world to undertake research into dementia and other neurodegenerative diseases'.

The NHS Dementia Challenge Fund enabled local communities to identify and implement practical solutions to the problems faced by people living with dementia. This led to senior managers within the local authority "seizing the opportunity" (8) to apply for resources to set up the Innovation Adult Placement project. Local political support was also an important influence. After a review of care and support for people living with dementia in the area, local councillors supported the development of Innovation Adult Placement and made funding available for a second year from the local authority transformation budget. As the service manager stated: "It fit with government agendas, local agendas, business planning and needs assessment" (8).

The innovator responsible for Innovation Day Support took the idea for the innovation to the commissioners who were responsible locally for implementing the personalisation agenda. She put together a proposal for a pilot and they were persuaded to release some resources to fund the innovation as they knew it would help deliver aspects of that initiative. Innovation Day Support would enable people using the service to decide on their own programme of activities each day and became part of their ambitious personalisation programme of local transformation, including the development of new models of service delivery and realignment of existing services in the local authority area. "I think everyone felt that sort of our systems really hadn't adapted to the spirit of personalisation, we weren't achieving levels of participation that we wished and the innovation would help with that" (15).

User-led groups or organisations are run and controlled by people who use support services, including people with disabilities, older people, and families and carers. They were set up to promote giving people more choice and control over how their support needs are met. The roll out of personalisation through the Putting People First programme gave user led organisations the opportunity to have a place in the social care community. A commitment to this became a key part of the personalisation agenda and was re-stated in the Putting People First concordat in December 2007: "Support for at least one local user-led organisation and mainstream mechanisms to develop networks which ensure people using services and their families have a collective voice, influencing policy and provision". Innovation User Led was a good fit with the policy of personalisation with the service focus on choice and control that encouraged support for the idea from the local authority. It

also came at the right time (around 2010) when local authorities were involved in the push for transformation of services. Innovation User Led would enable the people using the group to have control over when they met and what they did and therefore operated in a supportive local environment due to market development activities to support personalisation.

Innovation Peer Support benefited from the recognition nationally that loneliness and isolation had a negative impact on health and well-being that led to a national funding body making resources available to address this. At the time the innovation was initiated in 2015, there was no national strategy in place to deal with this issue. However, it was on policy makers radar nationally as an area of concern and initiatives such as the Campaign to End Loneliness had been running since 2011.

Innovation Online Support benefited from both the national priority given to dementia and interest in the use of customer insight to inform service delivery (through technology). This enabled access to a funding stream to set up the innovation. The innovation idea was also promoted as helping to deliver the national dementia strategy. As one of the partners stated: "It was also developed to support the national dementia strategy which includes promoting dementia advice and developing peer support networks" (2). It was also identified as supporting the jointly commissioned dementia care strategy for the area to deliver the ambition to help individuals remain independent for as long as possible.

However, political involvement locally was initially a barrier for Innovation Online Support, as elected members were sceptical of the idea of using social media to address the needs of people living with dementia and there was concern that the website would offer a platform for negative comments about the council. The innovators demonstrated through use of user feedback that this would not be the case. For Innovation Adult Placement local political support was a positive, following a review of care and support for people living with dementia it was clear there was local authority support to develop services in this area.

In contrast, Innovation Communication did not rely on policy developments. Enabling people with communication difficulties to express their views, needs and preferences is essential for the development of person-centred services and care and the national focus on this did help but was not essential to the development Innovation Communication. However, national support and backing for the idea may have driven the innovation forward.

5.4.4 Involving potential users in innovation design

Potential users of adult social care innovations are usually practitioners and service users. There is a growing recognition that people who use social care services have insight into their needs, and there has been a move to encourage co-produced services. In three innovation cases there was evidence of user involvement in the design and development of the innovation. For Innovation Online Support the local authority had been working with dementia groups to understand the needs of people living with dementia and their families in 2009 and 2020 that subsequently influenced the initiation and development of the innovation. During the development of the website, focus groups and other forms of consultation took place with potential users to ensure that it was relevant to their needs. It was designed in close consultation with groups of users and the wider stakeholder network, "consulted for their input both during development and after the 'soft' launch" (1). Therefore, this involved both practitioners and service users in the innovation design.

In the development of Innovation Communication people with communication difficulties and staff advised and fed back as this progressed in the early development stages. The Innovation User Led case was based completely around the involvement of users and did not involve practitioners in its design. However, it was not initiated by service users as the idea to continue the activities as a user-led organisation came from the manager of the day centre that closed, and he facilitated its development. Innovation Adult Placement, Innovation Day Support and Innovation Peer Support did not involve service users or practitioners in the form the innovations took (though what was actually delivered was very much tailored to the individual service user).

5.4.5 Management support

For all of the innovations there were individuals who had been 'sold' the idea. One of the factors that the majority had in common was the involvement of a middle or senior manager. One key feature in the process was to obtain their support very early on. Innovation Adult Placement involved two directors within the local authority in planning and supporting the innovation as well as the adult placement service manager. They were all involved in putting the proposal for funding together. One director assisted the process by supporting the development of the innovation within the social work teams. "She sent out quite a strong message early on saying the innovation is a good way of working" (9). There were two or three managers out in the local authority who described themselves as 'champions' of the project, "they have a role to play we'd agreed they'd champion it wherever they could" (8).

In the area where Innovation Day Support was located the need to re-focus services due to personalisation was being debated and encouraged by senior managers. They supported its development as another means through which they could focus on personalising services. It was seen as a way of putting the principles of personalisation into practice and redressing the balance of power between the local authority and people using services. The commissioning manager stated, “it fitted in with our emphasis upon personalisation... we had already made achievements with self-directed support but this offered an opportunity to do more” (15). This view was confirmed by another local authority manager who stated, “it fit with our thinking at the time” (15). Senior managers from the local authority promoted the innovation to potential referrers in the set-up phase so that they would highlight it as an option for service users.

Management support was key for Innovation User Led the manager at the local authority encouraged the service users to set up their own group, “he saw the benefits and that we could reach many more people outside of the day care setting” (6). The manager was also instrumental in getting the innovation started “he arranged for us to meet at another day centre, liaised with staff to help us print leaflets and posters printed for free” (6). Senior management from the mental health charity and the housing providers were involved in the funding proposal for Innovation Peer Support and so were instrumental in getting it off the ground. The project steering group for Innovation Online Support was also comprised of manager level staff from the local authority, primary care and local charity and again they were responsible for securing funding and promoting the idea of the social networking site within the wider organisations.

Innovation Communication was in a slightly different situation, they did need the support of management to commission and promote the use of the tool but not in its initiation stage. Once engaged with the communication tool managers were key in ‘spreading the word’.

5.4.6 Innovator credibility

All of the innovation cases were seen as having credible leadership and this resulted in support for the development of the innovation. For Innovation Day Support the individual responsible for setting up the innovation was held in high regard by the local authority for their ‘forward thinking’, professionalism and enthusiasm. For Innovation Communication credibility came from the innovators link to clinical practice (speech and language therapists) and academia. For Innovation User Led credibility came from the coordinator being part of the target group for the service (user-led) and the personalisation agenda at

the time increased their legitimacy. Innovation Online Support and Innovation Peer Support were partnerships of individuals from well-known and respected national and local organisations that gave them credibility. The national charity involved with Innovation Peer Support described themselves as a "key UK innovator in the development and implementation of programmes focused on self-management and peer support" (3). Innovation Adult Placement was connected to a well-established service and the manager of the host service was highly regarded in the local service setting.

The influence of leadership was particularly strong in the case of Innovation Day Support where the local authority was essentially investing in one person. It was the innovator's family home being used as a day service and she was described by local authority commissioners as 'charismatic'. In the case of Innovation Communication, it benefited from strong leadership. The two directors who had been involved with the communication tool from the start were the driving force behind Innovation Communication and extremely confident in selling the benefits of the innovation. Innovation Online Support and Innovation Peer Support were notable for not having one leader as such people worked together in a more collaborative fashion to develop the innovation. The leadership provided by partners was considered positively influential in both cases.

5.4.7 Starting on a small scale

Despite obtaining support from senior managers that could have led to a top-down approach, none of the innovations were imposed on staff or service users. Despite the enthusiasm of key individuals, management support and the work being done to bring other agencies on board, the majority started with a small-scale pilot. For some the pilot stage was about demonstrating the innovation could work in preparation for expansion, for others the intention was just to try out something new. For Innovation Adult Placement once the funding had been secured and a project manager appointed it began with a pilot project (it never got beyond this stage). "We piloted the service ... in one area where we had done the work or done as much of the work as we could, informing people on the ground, practitioners and so on" (9). Innovation User Led also started off on a small scale. "At first we just each paid a bit towards the sports hall" (6). The project coordinator described how: "We went round mental health professionals and gave out our publicity material and it grew from there" (6). The innovation continued on a small scale for about a year. "Then people started to recognise what we were doing....then we went to the council about funding avenues" (6).

Innovation Day Support also started small, they started with three service users and then the local authority commissioned fourteen places at the day centre as a pilot. The innovator was able to present evidence of a 'successful' pilot that led to expansion of the service. She was told this model of working was too different from usual practice but that if she could develop her business, the local authority commissioners would start 'changing mind-sets' to inform and train staff and partners about the benefits of commissioning this type of outreach service.

Once the steering group had obtained funding and appointed staff, Innovation Online Support started with a 'soft' launch (essentially a pilot) to try out and test the resource with a select user group. They built up enough of an online community to make it look sufficiently alive and functioning to build content and interest. The pilot was used to develop the social networking site further. Innovation Peer Support was launched as a small-scale pilot project across two housing providers with no plans for expansion as the project progressed.

The idea for Innovation Communication came out of a research project. Once funding was obtained further development of the tool took place before it was launched as a 'product'. This was essentially the pilot phase. There were only two people involved at this point.

5.4.8 Attitude to risk and organisational structure

Attitude to risk

In social care the stakes are often perceived to be high and this can contribute to a culture of risk aversion that does not leave sufficient room for experimentation. Interviewees were asked to rate the attitude to risk of their organisation and there were a spread of responses from low to high. There were also strategies to manage risk, and one way to do this is decisions about who the target group for an innovation is going to be, for example the level of need of the target group. For Innovation Adult Placement, having secured the funding the managers involved had to decide which cases would encourage care managers to refer and what types of support would be offered. They took the decision to start with people who had mild to moderate dementia and offer short breaks, respite and day support. If however someone requested a longer-term placement this would be explored if suitable carers were available. Adapting an existing model or way of working was a lower risk strategy than setting up something entirely new. Limiting the type of support available also meant it would not fulfil one of its aims which was to provide an alternative to care home placements. However, the idea was that when the systems were in place and they felt

confident enough they would extend the model. The local authority managers believed in the approach but not enough to put it to the test immediately. There were some potential areas of risk identified by potential referrers to the service that they tried to mitigate, such as reassurances about safeguarding when placements are located out in the community and information about training and monitoring carers.

Innovation User Led did involve an element of risk as while innovations utilising this approach hold potential for improved services, they can also expose people to the threats and pressures of self-responsibility.

Innovation Day Support was the most 'risky' innovation. Opening up your own home as a day care facility requires a risk-taking manager/homeowner but also specialist skills. The inclusion of a wide range of service users with differing levels of need was also potentially risky. However, the manager did not see it in those terms but as reflecting the 'wider world'. It was a new venture, never been tried before and open to challenge because it operated from a family home. The manager's view was that "there's a way round everything, if you sit and have a think and plan, everybody can do everything, you know, take swimming, there's hoists, there's supports, there's adapted changing rooms, why have special groups?" (14).

Most of the innovations could be considered low risk, the majority were not targeted at people with high levels of need or involved risky modes of delivery, for example Innovation Online Support and Innovation Communication. Innovation Peer Support was targeted at vulnerable people but was a low risk mode of delivery.

Organisational structure

Size, maturity, differentiation, specialism, slack resources and decentralisation of decision-making are all organisation structural factors that can influence innovation (reference). In terms of the physical and administrative characteristics of an organisation, organisational structure is not straightforward in social care and this was the reason it was difficult to disentangle this for the LBIOI in any meaningful way. Some innovations were embedded within wider organisations (Innovation Online Support, Innovation Adult Placement and Innovation Peer Support). These were 'projects' within the larger organisations, the wider organisations had formal structures and were divided into departments and smaller units (differentiated). Slightly different to the others, Innovation Adult Placement was operating as a project within an existing service, and interviewees were divided as to whether this was a positive (gave focus to the innovation) or a negative influence (could be interpreted as time-limited). The identification of the project as distinct from the main service was

described as both a barrier and a facilitator. The provision of dedicated resources and someone with specialist knowledge and skills was identified as a positive, whilst there was a feeling amongst other interviewees that labelling it a ‘project’ implied it was time-limited which might have deterred people from accessing it. The service manager highlighted that by doing this they, “hoped a dedicated project would push it forward” (8).

Other providers operated outside but were still connected to the service system through referral and assessment or funding (Innovation Day Support, Innovation User Led) which they reported gave them more freedom in terms of innovation design. One was a completely stand-alone organisation (Innovation Communication) as the bureaucracy encountered when trying to set up the enterprise led them to move out of the university sector and this gave them greater flexibility, “setting up the business within the university didn’t work, even using credit cards was problematic” (13).

Innovation User Led, Innovation Communication and Innovation Day Support were small, one-off services/organisations with relatively simple structures and low levels of formalisation and interviewees viewed this as a positive influence for innovation development. However, a key feature in all of the innovation cases was that decisions about the innovation usually resided with the key staff involved and so decision-making was de-centralised in that respect. This may have been due to the small amount of staffing tiers and communication channels that usually involved some form of management/steering group and project workers. Day-to-day decisions about Innovation Adult Placement for example, were made by the service manager and the project coordinator.

Slack resources are the ‘resources an organisation has beyond what it minimally requires to maintain operations’ (Greenhalgh, 2004). Resources can be personnel, financial or time. Most of the host organisations had financial pressures but were not in a particularly unique position when compared to the wider social care system. However, despite this there were two cases where slack resources were available to support the innovation. Innovation Online Support was able to take advantage of human resources and second an experienced communications officer to work as project manager from within the wider organisation, and Innovation Adult Placement had matched funding from the local authority to set up the innovation so that it could run for two years rather than one. These were also two of the larger organisations, but there was little to suggest any link between size and innovative capacity (although slack resources have been used as a proxy for this and vice versa). The smaller organisations were reliant on grants or individual contributions and had fewer staff

so there were no spare resources that could be re-deployed to support these innovations operating within or with the other organisations.

5.4.9 Partnerships

The interviews show that for all the innovations a small number of enthusiastic individuals took the ideas forward. Although the LBIOI indicated less partnerships existed than would have been expected given the importance given to this in the literature, the case studies highlighted that there was usually some form of partnership in place.

Innovation Day Support did not involve a wide range of partners in the development and initiation of the innovation idea. The main partner was the local authority and the commissioners who helped obtain support across the care management teams and worked to help promote the service.

Innovation Peer Support was a partnership between a mental health charity and two housing providers. They did not need to engage with wider partners in order to get the innovation up and running as it was essentially ‘in-house’. The close collaboration between those involved (and their previous history of working together on projects) meant that support for the groups had to be gained from staff working in the residential settings and potential users of the group. The development and initiation of Innovation Communication included health professionals, social workers and teachers.

For Innovation Adult Placement partners involved in the original proposal had no further involvement in the project which indicated a lack of ownership and commitment. Attempts were made to set up an advisory group involving social care and health professionals (from memory clinics and psychiatric services) and people living with dementia but this failed. This was largely to do with there being no resources to cover staff being bought out from busy clinics and services.

Innovation User Led did not have a steering group but there was recognition that they would need the support and backing of a range of agencies if it was to be successfully implemented. In this case it was largely in the form of people bringing the group to the attention of service users, for example mental health professionals.

For two of the innovation cases steering groups were established and the interview data clearly shows the importance of inviting representatives from other agencies to join these steering groups. Staff recognised that they were going to need to get the support and backing from a range agencies, if they were to be able to implement a new way of working. For having members on this group who were credible seemed to work “we had

[name] who is very well respected and has been around a long time" (2). For Innovation Online Support the role played by the multi-agency steering group was important "we had a multi-agency steering group the other thing we did try was to set up a structure where we could engage the stakeholders across agencies" (1). The project manager explained the importance of keeping the steering group going. "We have developed a multi-agency steering group, which we still have, to get ownership and commitment from other agencies. So we have excellent relationships with other agencies as well as with our users" (1). This led to good relationships with a range of local community services, the steering group worked with the local police, fire and rescue, and GPs.

All of the cases demonstrated levels of collaboration between different kinds of actors, although the structures and processes differed between case and context. Innovation Online Support for example came out of a strongly collaborative approach and having the charity partner act as trustee for funding enabled the project to progress swiftly and flexibly as they were not subject to the administrative protocols of the local authority. It was identified that to develop the innovation "securing buy-in from key stakeholders including technology partners has been critical" (2). The project needed IT expertise, but also an understanding of social care needs and how to address them. The project engaged with a wide range of organisations and "hoped this approach would encourage people to feel a sense of shared responsibility for the development and success of the site" (2).

Innovation Communication was developed from a collaboration between speech and language therapists, artists and people with communication difficulties. Staff working in the settings where Innovation Peer Support was implemented stated "collaboration between court staff and group facilitators was a success factor" (5) as this facilitated adoption of the innovation.

5.4.10 Summary

In summary, this section explored why these innovation ideas were chosen and how people went about developing them. A number of factors were highlighted as being significant in this respect. The first of these was that innovation development was facilitated by attaching them to finding ways of implementing the various policy initiatives. Innovation was often seen as a way to 'refocus' services towards the person at the centre of the process. Secondly, the innovations were supported as they offered a solution to a number of problems, including rising numbers and costs. There were some similarities across the innovations in the initial phase of development. All recognised the importance and value of obtaining the support of senior managers in their areas and using these managers to

promote the innovation. They also all used individual champions or enthusiasts to help promote their idea, and finally the innovations tended to start with small-scale pilot projects.

For the majority of the innovation cases there were background events that set the stage for a new innovative direction, this was then followed by developing a proposal and obtaining funding. A period of developing the idea then took place as to how it would work in practice.

5.5 Adoption: from idea to acceptance

The next phase for an innovation is adoption or acceptance of the innovation. The previous section demonstrates how the initiators of the innovations had overcome initial hurdles to develop the innovations. They had driven the innovations through on the back of national priorities, sold it partly as a solution to rising demand and costs, and managed to secure senior management support and resources. There were several influencing factors on this stage of the process such as: raising awareness; context; relative advantage; complexity; compatibility; and the nature of the adoption decision.

5.5.1 Awareness – telling people about the innovation

If people are going to use an innovation then they need to know about it. All of the innovations embarked on a marketing campaign in the early stages. There was a lack of awareness and understanding amongst practitioners about Innovation Adult Placement and more generally about the model. There were some interviewees who knew about adult placement but only in relation to learning disabilities, one practitioner stated "always felt like it was more learning disability than dementia so it was not something I ever got interested in really" (10). The project manager conducted a concerted campaign of awareness raising visiting care management teams, a wide range of local organisations working with older people. It was seen as essential to have someone who had the time to do all the necessary networking, advertising and liaison to make the project work, "you have to talk it through because people don't get it from just reading it" (9). Eventually it was highlighted as a concern that so much time was taken up with this element of the project.

Awareness and understanding of Innovation Online Support was facilitated by a concerted marketing campaign engaging with a wide range of local services to enable them to promote the site for example fire and rescue, local GPs, police and so on. A viral marketing campaign and a soft launch also enabled a wide range of stakeholders to interact

with the website. However, more people discovered the site through word-of-mouth than any other method and this may have hindered implementation. Innovation Communication was marketed through the website, publicising and publishing research and word of mouth.

Innovation Day Support was supported by local authority commissioners who made sure that potential referrers to the centre were aware of the service, what was being offered and how to make referrals. Mental health professionals were happy to distribute publicity material about Innovation User Led and understood what the group involved.

For Innovation Peer Support the staff stated that the facilitators kept them informed, “before the started they provided insights into the process of the group, objectives and outcomes which meant a smooth process” (5). Notice boards within the residential settings were used to promote the groups to potential attendees.

5.5.2 Context

The context an innovation takes place has also been identified as an important influencing factor in the literature.

Innovation Communication had a culture that ‘mistakes were OK’ and the move out of the university sector to a social enterprise was seen as creating more risk, but that was balanced against having more opportunities. For Innovation User Led it was developed in a context where new markets had been slow to develop and day time activities were the area in which it had been hardest to meet needs, people wanted to use ‘normal’ services and facilities.

Innovation Day Support took place in an environment that was embracing change, the innovation did not take place in isolation but was part of a wider re-design of systems and processes by the local authority. The local authority had been involved in a range of activities in the move to personalisation of services and offered a range of models of individualised support and unique methods of peer support. They had developed virtual budgets, piloted different approaches for different user groups. There had been changes to day services and a lot of work had been done with a range of providers around ‘meaningful activities’. Innovation Day Support was seen as part of this and commissioners were aware there was a need for a ‘cultural shift’. The manager of Innovation Day Support stated that setting up the innovation would not have been possible without the openness and creativity of commissioners to embrace other providers in their role as ‘market makers’. Commissioners identified Innovation Day Support as ‘ahead of the game’ and agreed that if arrangements were made to set up the business they would inform and train staff and

partners about the benefits of this type of service. The manager of Innovation Day Support commented, “We knew it worked, so when we came to [local authority] we said these individuals are not going to be guinea pigs, we know it works, please, you know, listen to us and give us a go. The commissioners at [local authority] are unbelievable, they're the ones who’ve listened to what the people of [local authority] want and, you know, it could have gone terribly wrong but at least we’re listening to the individuals and what they wanted--, And we've had so much support, without a doubt, it’s been incredible.” (14)

In contrast, those involved with Innovation Adult Placement were open to trying new things but this was confined to adapting an existing model of support rather than radical change. It operated in a social care system that was generally risk averse according to the interviewees and that influenced innovation adoption. Adoption of something new was also made more difficult because of wider organisational change. There was a feeling that a constant process of restructuring and ‘transformation’ taking place within the wider organisation that staff had to accommodate made taking on board new things less likely, “It’s culture, it’s practice and people out in the teams are change weary at the moment and not really taking on new concepts” (10). Another commented, “there’s a lot of change going on at the moment though with the whole transformation programme” (8).

Extra care housing where Innovation Peer Support took place is housing with optional care and support packages. There is usually a dedicated manager, an on-site care team and communal facilities. For staff the emphasis is on the ‘care’ aspect and so peer support groups are a change to how care and support is delivered as usually this takes place in people’s homes. However, this did not appear to impede the development of Innovation Peer Support.

5.5.3 Relative advantage

The intended user of an innovation has to perceive it as having an advantage over current practice. All of the innovations were viewed as an improvement on what already existed, met unfulfilled needs or filled a gap in services. The exception to this was Innovation Adult Placement where the innovation idea was viewed as a potentially good addition to the services available but the way it operated meant relative advantage was seen as low.

Most interviewees could identify the potential benefits of the Innovation Adult Placement project once it had been briefly described to them. They could see that it could be a viable alternative to residential care, the positive aspects of the home environment and being part of a family, and that it was person-centred. Interviewees on the whole believed the ‘idea’

of the dementia project to be a good one, “I can imagine it would be much better for somebody to feel that they have developed good relationships with people they know rather than a change of staff all the time” (11)

However, social care practitioners felt that their current approach to working with older adults and those living with dementia appeared to work, as this usually led to the effective management of the client. This meant that they were not convinced that there was an advantage to adopting Innovation Adult Placement. Staff who were potentially the main source of referral to the project utilised well-rehearsed management strategies for older people which typically included respite or respite in a care home setting. This created a barrier to the implementation of new practices which fell outside of these normal routines. As one practitioner and potential source of referral commented, “we tend to stick with what we know. So respite or respite at a care home is easier to organise than somebody going to somebody’s home” (10).

There was a perception from some potential referrers to the service that this was a learning disability service, was not appropriate for older people and not practical in the long-term. As one interviewee stated, “it was not really designed for dementia as it would be difficult for people to adapt to new surroundings.” (11)

The local authority saw Innovation Day Support as having many potential benefits for them. It meant they did not have the cost burden of retaining a council run service; service users had portable personal budgets, and community entrepreneurs with specialist care skills were seen to generate competition and good value for money in a dynamic market and funding environment. Commissioners believed that people using the day centre would get a more customer-focused service, an advantage over a traditional approach where activities are predetermined, and that this choice should lead to better outcomes for service users, “it would be much better for people to be able to choose what they want to do” (15). They identified that it would be 60 per cent cheaper to run than a council run day care service. Therefore, relative advantage was potentially high.

For Innovation Communication the tool should lead to better communication with service users. The potential for relative advantage for both service users and practitioners is high given that it should enable better decisions through the increased involvement in their care for people with communication difficulties. It should be more rewarding for staff and lead to better outcomes for service users. It is also low cost.

The benefits of gaining advice and support from other local people and the potential for stimulating a new way of sharing information were clear for Innovation Online Support. It

was seen as complementary to existing services as the use of technology meant it could be accessed quickly, was cheap to deliver and could potentially lead to better outcomes for service users. It would be difficult if not impossible for public service bodies to provide this kind of support, it provided an additional source of value in the area.

There were no services addressing loneliness and social isolation prior to the development of Innovation Peer Support therefore relative advantage was potentially high. Innovation User Led was perceived by service users as an improvement on accessing services through a day centre setting so relative advantage was potentially high.

5.5.4 Complexity

There is a need to ensure an intended innovation is perceived as clear and easy to use amongst its key target audience, "if you want something to be implemented it needs to be easy to understand" (9).

In some cases, the approach was to try and ensure it is as simple as possible, Innovation Online Support and Innovation Peer Support for example tried to do this as their potential users were people who may have multiple needs and required a quick and easy way to access advice or care and support or to attend peer support groups. However, Innovation Online Support "needed to balance simplicity with the need to educate people in social media language and conventions to enable them to participate in wider social networks" (2). Ultimately though there was still a deficit in terms of the "level of confidence and skill in using the internet of the target demographic" (1).

Innovation User Led was potentially easy to implement as it could be accessed without referral from social care or health agencies and no specialist knowledge was required. Social services did act as gatekeepers in terms of access to Innovation Adult Placement and Innovation Day Support. No specialist knowledge or skills were required to participate but potential referrers to Innovation Day Support did receive training as this was a different form of delivery than they were used to.

Innovation Adult Placement could only be effective if social care practitioners knew how to refer to the service, the process of placement and the potential benefits to their clients, which led to a concerted programme of awareness training and information sessions. A major barrier to adoption was the lack of knowledge about adult placement, interviewees stated that unless there was a constant round of awareness raising within social services people simply forgot about it as an option. The project manager spent a great deal of time and energy trying to rectify this situation "she's done an amazing lot of networking in

trying to get people involved and engaged with the project" (8). It was highlighted as a concern how much of the project had needed to be taken up with this. Social care professionals and staff from other organisations were not sure what was involved in referring someone to the service, the perception was that it could be time-consuming and complicated, "I could see why people may be uncertain about it..that the process could be lengthy and bureaucratic" (11).

Staff working in the housing facilities needed information about the groups to develop knowledge of the ethos of Innovation Peer Support. Peer group facilitators explained how the groups operated to staff and residents. The groups took place on the premises where people lived and so it was easy to participate in them.

Innovation Communication was designed to be used by social care professionals to facilitate communication with clients and training was required to use it appropriately. Training was offered at different levels and potential users were advised to do this to get the most benefit from the tool.

5.5.5 Compatibility

An innovation that fits with the existing values, norms, strategies, goals, skill mix and way of working of potential adopters is more likely to be implemented successfully. It also needs to meet service user and practitioner needs. Most of the innovations had improving services for people using social care services at their centre that was compatible with the goals and values of potential users of the innovation. In some cases whether an innovation fit with existing ways of working was less straightforward.

For Innovation Adult Placement this proved to be the most problematic and translated into resistance from social care staff. The project relied on referrals from care management teams and one of the aims of the project was to "change the culture in case management teams to be more proactive in planning for the long-term care needs of people living with dementia" (8). Therefore, its aim was to disrupt existing working practices and values. The perception of social care professionals was that it did not meet their needs and that this model was a poor fit with existing working practices.

Some interviewees believed that the adult placement model of support for older people and/or people living with dementia was 'at odds' with the existing model of service delivery, which was essentially crisis-driven. Time constraints and pressures intrinsic to social work practice also meant they were less likely to use adult placement. As one interviewee commented, "Ninety per cent of our older people's placements are made at a

time of crisis. A large percentage are made via a hospital admission, so this kind of matching and slow stream is at the moment at odds with our model of delivery". (10)

The work of the social care professionals was often 'routinised' making it difficult to deviate from existing practices and their workload made it difficult to take on board new developments. As one practitioner stated, "we try everything to keep someone at home and then we get desperate and we need it to happen today ….we tend to stick with what we know. So respite or respite at a care home is easier to organise than somebody going to somebody's home" (10). The project was an attempt to alter the "crisis model of working which meant most placements are made in haste at a time of crisis and often following hospital admission" (8). Social care professionals did not change the way they worked to accommodate the innovation. One particular problem the service manager acknowledged was that there was "no tool for care managers to work out the cost" (8), as this had not been ready by the time the service was due to be implemented. A second major challenge for Innovation Adult Placement identified was the difficulty, in practical terms, of fitting the innovative practice into existing procedures. One social worker identified how they were not embedded into routine practice, "I mean people actually think it is a good idea but we don't automatically say at our meeting why not adult placement" (10). The same social worker saw the difficulty as being part of the culture of the team which could be improved by routine inclusion through a form. "I think it's partly a culture thing... our referral forms have nothing on them like a tick box to say have you considered that ...I think that would be quite helpful to have a prompt. I know we shouldn't need it" (10). For Innovation Adult Placement professionals found it difficult to accept a new way of working because it required them not to rely on tried and tested reactions to situations and working in crisis mode meant a lack of space to think about new things. This fundamentally affected the development of Innovation Adult Placement.

For Innovation Peer Support groups were viewed as an external activity coming into the schemes. Embracing these required a shift in the work culture from a primary focus on only maintaining residents' independence to one maintaining residents' connectedness. There was a need to support an organisational culture and environment which focuses on community engagement and meaningful activity and supporting relationships. There was no direct evidence that this would impact on their ability to engage with the innovation but there was a feeling amongst staff that "people have their care delivered in time slots and they may not necessarily have the support at the time which is needed for them to come out of their room" (5).

A ‘customer’ of Innovation Communication had reported that “thought it was a really good fit for them….it looked right immediately because it was consistent with a lot of what they were doing already” (12). Another director reported how the innovation ‘is now embedded into their own Individual Learning Plans to ensure that staff are aware that this resource is a vital part of learning and communication” (13). It was flexible and adaptable to different staff groups and different service user groups.

Innovation Online Support was complementary to existing working practices but was not compatible with the skills of its target group, over half of those using the site had never used a social networking site before, “ongoing challenge is the level of confidence and skills in using the internet of the target demographic” (1). It was also not clear whether it met the needs of the professionals who were also supposed to engage with the platform.

Innovation Day Support was compatible with the values of the local authority and practitioners and was adaptable and flexible around specific activities. It appeared to meet service users needs and was not difficult to access.

Innovation User Led was compatible with existing values, experiences and needs of potential users. It appeared to meet the support needs of the particular user group in part because it was adaptable and flexible.

5.5.6 Observability

Observability is how visible a new idea is. Most of the innovations had a reasonably high profile locally, for example Innovation Online Support ran a local publicity campaign. One of the issues for the adoption of Innovation Adult Placement was the lack of observability, it was acknowledged that to bring people on board with the innovation they ‘needed real examples and case studies’ to demonstrate to practitioners the benefits of the service which was never achieved. The service manager stated, “if we can demonstrate that whatever was invested in terms of time and effort and money they would get something out of it and we could measure it, that makes it worthwhile, easier to do” (8).

The potential benefits of Innovation Peer Support were visible to some staff as they saw the numbers taking up the offer of peer support, “sometimes I couldn’t believe it when I went downstairs and I could see the attendance was really not what I expected” (5).

There was a perceived unmet need for ‘real world’ examples and case studies “the levers that help implementation a great deal are things like case studies. People love to see what other people have done and that makes it real for them” (8). The importance of providing case studies was not only seen as a matter of identifying best practice, respondents

believed case studies could demonstrate to practitioners the potential benefits of implementing the innovation, “it needed to be seen as a quality service to enable other agencies to feel comfortable to use it” (9).

5.5.7 Trialability and reinvention

Trialability is where potential users can try out the idea or pilot it to dispel uncertainty. This would have been possible for the majority of the innovations but did not take place. For Adult Placement the vulnerability of the service users and needing a quick result prevented testing out the service to see what would happen. They did not perceive they were in a positon to ‘try it out’ and so the uncertainty surrounding the innovation was not dispelled. It would have been possible to test out Innovation Communication as there were taster versions of the tool available. For the other innovations attendance or engagement was possible without commitment but this did not happen, for example one of the key features of Innovation User Led was that people could engage with the group on their own terms.

5.5.8 The adoption decision

The decision to adopt an innovation is rarely independent of other decisions. In the innovation cases the decision whether to use a product or service lay with the individual service user or professional.

Challenge to the innovation

The data clearly indicated that the greatest challenge for Innovation Adult Placement was the resistance by social workers and other professionals to refer people that they were working with to the service. The resistance experienced was described as “mostly passive resistance” (9). The project manager explained that social workers did not openly challenge the model but simply did not refer cases to the project “Mostly people don't challenge it hugely; they just go away and don't use it and do nothing. So its not very open opposition but opposition by not using it or how they sell it” (9). The project manager when talking about the resistance they experienced trying to implement the innovation, said “you're not going to change someone's view, they don't value it, however much you invest in that you are not going to make a change” (9).

However, there were two cases where difficulties were encountered through a lack of collaboration, for example the manager of Innovation Day Support stated, “this is one big hurdle I’ve come across from day one, other agencies not wanting to tell me about

themselves or I'll invite them to open days and they don't turn up. I invite them to reviews 'cause they may offer supported living to one of the individuals, they don't come" (14). For Innovation Adult Placement the outside agencies, including those who had signed up to the original project proposal, were described by project staff as 'unhelpful'. The agencies did not want to distribute information or did not see it as their role to promote local authority services, "not willing to disseminate our information and no local advisors, no local offices have actually agreed to a meeting…these were the people who signed up to this project in the first place" (9).

There was initial resistance from social workers to Innovation Day Support who were sceptical about what was being offered. The manager of Innovation Day Support commented, "Social workers in particular who really didn't get it because they're not allowed, or weren't allowed probably, to think out of the box. "How's this going to work? Where are your hoists? Where's this, where's that? I don't get it, I'd like to see it working" (14).

Nature of the decision

Engaging with the innovations was also optional in all cases for professionals. When there was a lack of referrals from social work teams to Innovation Adult Placement there was a discussion about whether caseloads should be reviewed independently for potential clients for the service, removing that optional element. The service manager believed, "the issue is with the care management teams who hold the budget and the people" (8). The care management teams themselves stated that they had not had a chance to discuss adoption of the innovation, "We've missed out on lots of opportunities to discuss issues, we're just fire-fighting, so when you get a development like this we don't have the benefit of those casual conversations. We might have talked about it when we came out of the meeting but then haven't discussed it since because we're literally just in fifth and sixth gear all the time" (10)

The factors that appeared to have contributed to a low adoption rate for Innovation Online Support were insufficient communication about the service to potential users and a lack of value of the service for the majority of users, and limitation of the functionality. It was also incompatible with service user preferences; and the characteristics of the service users, including their low level of internet literacy, lack of access to a computer or the internet at home, and a lack of experience with online services.

Adapting the innovation

Few of the innovations made major adaptations in response to issues or problems. Innovation Communication changed organisational form in response to the lack of flexibility available by being part of the university sector. For Innovation Adult Placement the barriers encountered to adoption led to greater flexibility, the innovation was described as 'evolving all the time'. The project manager had the support of the service manager in this who stated, "but if you think you should be doing it in a slightly different way then let's look at that and let's develop that" (8). Another response to a lack of acceptance of the innovation was "we allowed the project boundaries to drift so that we could attract self-funders" (9). This would mean they did not need to rely solely on the care management teams for referral. The project and service manager also altered the targets for the innovation, initially they had been 15 placements in year one and 5 in year two this was subsequently swapped round given the slow adoption of the innovation.

5.5.9 Summary

In summary research suggests that relative advantage, complexity and compatibility are often the main influencing factors, with trialibility and observability as minor ones. This was certainly the case for the innovation cases here.

5.6 Implementation: from acceptance to use

Implementation involves moving from the tentative arrangements that characterise adoption to more concrete steps. The difference between adoption and implementation stages is that the former can be built on agreement whereas the latter needs tangible action. All of the case study innovations could be described as moving to implementation except for Innovation Adult Placement. The case studies suggested the main influencing factors at this stage to be people and funding.

5.6.1 People

Successful implementation depends on the motivation, capacity and competence of individual practitioners. The manager of Innovation Day Support was the innovation organiser and responsible for the key values behind its operation. She had a firm conviction in the way the service was implemented and recruited staff specifically to 'fit with the ethos'. "Each staff member has been absolutely hand-picked, and this might be very wrong, I don't know, but I haven't been to a job centre for any of them. And that may sound very wrong but I know exactly what I want here … You could read a CV and think,

oh, my God, qualified to the hilt, they come here, they can't give the service users eye contact." (14)

Innovation Communication had two directors who were the organisers, entrepreneurs and networkers who were key to implementation. They believed "staff have a 'can do' attitude" (13).Innovation User Led had two key people responsible for implementation, the co-ordinator/user and the advocate and supporter from the local authority (the only risk here was the potential over-reliance on the co-ordinator without whom the service would cease to function). The key roles in Innovation Peer Support were the facilitators of the peer support groups who were the enthusiast and advocates for the innovation. Having skilled facilitators was seen as essential to run groups and engage with others. They worked as closely as they could with housing staff. Innovation Online Support had a member of staff responsible for implementation but also key to this were the steering group of partners. The case manager for Innovation Adult Placement was the organiser, enthusiast and enabler of the innovation. The service manager involved with Innovation Adult Placement described how at the very beginning of their project they had recognised the importance of appointing a strong project manager, "We wanted someone who was on fire about the innovation, so that the enthusiasm as well as the credibility would help to excite people. I think we made a fairly good choice" (8). The fact that this innovation did not get off the ground shows that this alone is not always enough to implement an innovation.

The community resource manager for Innovation Online Support was critical in stimulating conversations between users on the site and to populate it with news, events and useful information. As well as extending a personal welcome to each person who signed up, the manager paired up people with questions and people with answers, "for example if someone is looking for a dementia friendly pub or café they could be paired up with someone who was offered advice in the past". (10)

5.6.2 Funding

Dedicated resources are those that an organisation attaches to the implementation of an innovation. Greenhalgh et al (2004a) highlighted that it was not only the level of resources dedicated to a specific innovation that determines the success of implementation but also whether resources are recurring. Funding was a significant influence on the development and implementation of the innovations. Innovation Communication was funded initially through research grants and then needed to generate external funding once the innovation moved to being delivered by a social enterprise. Not having core funding was described by

interviewees a constant concern. Two innovations were funded locally in the set-up phase (Innovation Day Support and Innovation User Led) which was essential to enable the innovations to 'get up and running'. These innovations then quickly moved to being funded through direct payments from service users which provided more financial security.

Three innovations received resources from competitive bids to national funding sources, Innovation Adult Placement, Innovation Online Support and Innovation Peer Support. These were essentially 'pilots' as they were funded for two years, one year and three years respectively. Only one of these innovations was still running at the time interviews were conducted as the grant had yet to finish. Innovation Online Support had short term grant funding, this paid for the development and management of the website and social media platform for people living with dementia and their families. However, after a year the funding came to an end and the website needed ongoing support so that people were aware of its existence and would therefore access it. The website was known to a variety of organisations who could recommend it, but the lack of funding meant that publicity and further development could not be resourced. As there was no funding for extra care housing facilities to pay facilitators to run peer support groups themselves, there were sustainability issues already being discussed for Innovation Peer Support including the use of volunteers.

Funding issues caused a delay to the development of Innovation Adult Placement, the external funding was held by an NHS organisation and there were difficulties transferring the money between health and local authority budgets. The effect of this was that the service manager started to build the process of building relationships with some of the social work teams in the absence of a project manager, and initial plans were not made in consultation with that individual. The project did not continue once funding ended as no referrals were received.

5.7 Moving to the mainstream

Institutionalisation is the process by which an innovation becomes adopted and integrated within the sector and therefore becomes part of the 'mainstream'. There are different levels of institutionalisation, an innovation can be incorporated into the wider social care system and embedded within the working practices of professionals, or it can be occasionally commissioned by the wider system. Innovations that gain institutional support often have access to larger numbers of clients, infrastructure and other resources. It can also confer legitimacy to an intervention by show-casing or promoting the innovation, providing funds

and helping to build confidence in the innovation amongst others. The six innovation cases had varying degrees of success in becoming part of the local social care landscape.

Innovation Day Support was extremely successful in becoming embedded in local service provision, had increasing numbers of people using the service, and had no real competition from other services due to the unique circumstances of the model of delivery. Innovation User Led was also seen as successful and did not depend on external factors to continue running. The only threats to the innovation were if key personnel left (it was very dependent on one person) and if there were no new members to replace those moving on, given the reliance on direct payments to fund activities. Rather than becoming embedded in the social care system it operated alongside it tacitly supported by the local authority. The numbers using the group grew over time and there was little competition as it too retained a unique place in the support it provided for people experiencing mental health issues. There had been interest in this innovation from other areas of the UK.

Not all innovations become widely entrenched and some have a more modest customer base, have less options for institutionalisation or face greater competition, experience lower growth or can plateau quicker. This was the case for Innovation Communication and Innovation Peer Support. Widespread institutionalisation had not occurred for the Innovation Communication tool. As there was no core funding it was reliant on contracts with groups and organisations who access the tool and receive training. Growth has been steady but slow and there was a growing evidence base for the tool. It will need to evolve to keep its customer base and future-proof itself. There is an awareness amongst the innovators and there have already been developments such as a digital tool "we live in a technological world, need to keep up with technology…to future proof the business" (13). To sustain Innovation Peer Support the intention had been to have peer facilitators who could run the groups in other housing schemes, but this did not prove possible due to the ill health and frailty of residents. As an interviewee stated, "sustaining groups will be the challenging part of the project" (5), sustaining groups in the long-term may prove difficult with a reliance on volunteers and a lack of institutionalisation. The project ran 19 groups and involved over 320 people, and so was perceived as a success. Five peer support groups continued to meet once the facilitators withdrew, three with paid staff, one with a volunteer and one facilitated by tenants. For Innovation Peer Support it remains unclear how the project will evolve after the end of the funding period as a manager commented, "continued success is very dependent on the quality of the skills of the volunteers" (3).

Two of the innovations did not survive in the long-term. For Innovation Adult Placement not all staff were aware of the innovation, they did not have sufficient information about what it did or how to use it and there was no clear link as to how it would affect them personally (reduced cost, faster case closure etc.). Whilst the project manager spent a lot of time raising awareness, it was not possible to do this continuously and provide support as to how this fit into people's daily work. It was not possible to feedback the consequences of the innovation as no referrals were made and although adoption within organisations is often back and forth between the various steps, the dementia project was not given the time to allow this to happen, when after eighteen months there were still no referrals made the project ended. There was a dissemination strategy by the case manager leading the project tailored to different audiences but in a large organisation with a great deal of restructuring and staff changes, this was a complex part of the project. There was no real evidence for the innovation that could be presented, and so in the minds of managers there was no clear justification for continuing with the project.

The other innovation that did not survive was Innovation Online Support. There had been a concerted marketing effort to ensure that all those who could benefit from the Innovation Online Support website for people living with dementia and their families, knew of its existence but word of mouth was still the most common way that people heard about it (according to feedback). There were challenges of the skill and confidence of the target demographic in using the internet which meant people may not have had sufficient information about what it did and how to use it. There were some feedback examples about people getting advice and support but no concrete information as to what impact the innovation had. Whilst the project team spent a lot of time raising awareness amongst services who may come into contact with people diagnosed with dementia there is no way of knowing if they then highlighted the website as a resource (particularly as they may not have accessed it themselves). It was not possible to feedback the consequences of the innovation to commissioners or practitioners for example whether the site produced cost-savings in terms of reducing or delaying access to dementia services. There was no engagement with the site from practitioners or professionals (and although this was suggested as an aim, there was little information as to how this would work in reality). The time-limited funding meant there was not enough time to embed this locally and the lack of evidence may have made continued funding hard to obtain. The innovators had hoped diffusion to other local authorities would occur and therefore the platform would become self-funding.

5.8 Conclusions

Social care is an area where innovation could make a huge difference, but there is no denying that innovation in adult social care will be difficult due to the unique challenges faced. However, the reality is that despite this these local areas have been able to innovate. The cases described here are not exhaustive and cannot represent every facet of social care or innovation, but illustrate the variety of innovation in social care. Reviewing the cases and the LBIOI demonstrates the breadth of efforts organisations have undertaken across the social care sector to change what they do and how they do it. The goal was to help further understanding and explanations by identifying the relevance of some factors and establishing their influence on innovation in one or more cases. There is no one process of innovation and it is contingent on interaction between a number of factors. The complex nature of the process means that an understanding of context and dynamics will dictate the appropriate response to responding to challenges.

Chapter 6 Discussion and conclusions

6.1 Introduction

Innovation is seen as key to meeting the future social care needs of the population given the many challenges of growth in demand, budget pressures, concerns about quality, issues with recruitment and retention of staff, and rising public expectations. As a concept and a policy aim innovation is one few people would disagree with. To create a climate conducive to innovation within a social care system that is complex and diffuse it is vital to understand what innovation takes place and how external and internal factors impact on this process. This thesis has attempted to draw this out.

To answer the questions it was important to first define innovation, that is what is it being studied. This research adopted Osborne's typology (1998a) as the most applicable, the only innovation classification to have been applied to public services, voluntary sector social services and housing. What constitutes adult social care was described as well as a description of the background to social care in England, essential to understanding policy, practice and innovation in the twenty first century. Chapter two looked to the organisation and management literature (including innovation studies) to help describe and explain innovation processes, rather than adopting or adapting a theory or model, areas of potential influence on the innovation process were identified from the literature. Chapter three described the methodology and methods used to answer the research questions. Chapter four described the characteristics of a sample of contrasting adult social care innovations and chapter five described some of the influences on the process of innovation.

This final chapter is divided into two main parts. The first part presents the key findings to answer the research questions. The first four questions were addressed using empirical data gathered through a mixed methods approach. The first two questions concerned the extent and nature of innovation in adult social care. The findings from the LBIOI could only provide an indication of numbers and types, therefore six innovation cases were chosen to provide more detail and answer questions three and four about influencing factors. The second part of the chapter addresses the fifth and final question about what might support innovation and attempts to draw some implications for innovation in adult social care in practice. Finally, this chapter will consider an agenda for future research in this area.

6.2 Extent and nature of innovation in adult social care

It is problematic to estimate accurately the extent of innovation in adult social care and there is no current system in place that attempts to do this. The LBIOI is one approach that has been applied in other sectors and used with limited success here. However, given the increasing numbers of innovations reported over the ten year period studied this is already looking a more promising approach that could be developed further. It has the advantage of being relatively easy to update, could give an indication of trends and supplement primary research.

The findings for the LBIOI should be seen as a starting point, as an indication that innovation does take place in adult social care and involves a wide range of activities. Recently there have been some attempts to capture innovation in social care. Walton et al. (2019) aimed to identify and prioritise a shortlist of top priority innovations to evaluate in adult social care and social work (they identified 158). In 2019 a Social Care Innovation Network was set up by the Social Care Institute of Excellence, Think Local Act Personal and Shared Lives Plus. As part of this local areas were encouraged to register innovation in social care and support as part of a directory. However, no definition of innovation is provided and at present this only contains a small number of projects and approaches. How to identify the extent of innovation across the sector systematically still remains an unresolved issue.

The literature highlighted the different types of innovation and it would appear that the adult social care innovations identified largely sat in the middle of the scale between developmental and total innovation. The largest proportion of innovations identified were evolutionary (new services for existing client groups) and this was perhaps not surprising given that service provision tends to target particular client groups in social care. This has probably also a factor in the low level of reported expansionary innovation, as it may be more unusual for a service to expand into working with different client groups with different needs. It had been anticipated that there would be a high proportion of developmental activity due to the vulnerability of the people using adult social care services with small changes carrying less risk, but this was not the case (although this could also be because this type of activity is less likely to be described in the bibliographic sources). What is significant is that just under a third (and the second largest number reported) were classified as total innovations, the most radical form of change. The total innovations identified through the LBIOI and the cases studied tended to be small scale, completely new services or associated with setting up technological solutions. These were

projects part of larger organisations or new stand-alone services so although they were new services for new clients no large scale change of direction or mission was required to 'break with the past' and do things differently.

As mentioned previously it was not surprising that the focus of the majority of the innovations was older people. The need to identify new ways of providing services in response to the ageing population in the context of financial constraints has been well documented. These innovations ranged from new ways of providing individual advice and support to direct service delivery in supporting people to live independently, with many focused on dementia, social isolation and general well-being. However, the low number of innovations targeting people with learning disabilities was unexpected as there are approximately 1.4 million adults with a learning disability in the UK and local authority spending on learning disability services has increased over time; thirty-nine per cent of adult social care spend is on support for adults with a learning disability, the second largest after older people's services (HSCIC, 2015). Perhaps this is because people tend to transition from children's to adult services and there are still gaps in the evidence about the combination of services and support adults with a learning disability might require and their views on what works for them. It would be interesting to explore the reasons for this further but this was not within the scope of this research.

There has been little systematic empirical work on the innovative capacity of the third sector. There are many claims made about the innovative nature of third sector organisations, they have been perceived by institutional and government funders to be inherently innovative. The scope of the voluntary sector to act in an innovative and flexible way has been widely discussed (Kendall, 2004; Osborne et al. 2008b), with some authors suggesting that this is more a consequence of external factors than their organisational structure or culture. In this research over half of the innovations identified were located primarily within the third sector which would tend to support the former view. However, within the third sector those providing social services have been hardest hit by current financial constraints and so innovation may have been stimulated in response to this, making services more attractive to fund in a competitive environment.

In addition the majority of total innovation for this sample was located in the third sector which may also indicate that the sector promoted the right conditions for more radical change. The total innovations within the third sector highlighted in this research tended to be for older people, community based and focused on well-being initiatives. These services would not necessarily target the very vulnerable or include service provision that would be

subject to regulation which may have assisted in being able to develop and implement something new. Therefore they were new services for new client groups but not in the sense that they would extensively disrupt existing practices. The third sector is perceived to have certain qualities which in adult social care may have increased the potential to embrace new things: greater scope to be innovative and personalised; increased access and responsiveness to local populations; and increased involvement of volunteers and service users (Dickinson et al. 2012).

Perhaps total innovation was also possible because the sector offers the experience and independence to innovate which may give the third sector an edge over their public or private counterparts. Many ideas which are now central to statutory provision were incubated in the third sector before being rolled out nationally (House of Commons, 2008). The third sector is viewed as being closer to the 'action' and therefore able to respond to people's needs and concerns resulting in changes to how services are delivered and potentially more innovative practice.

Key for the third sector would appear to be flexibility both in having less bureaucracy to deal with than other sectors and perhaps when ideas emerge the relative flexibility of budgets (they may be able to call on reserves or access one-off grants for new work) or they may have the option of using charitable funds to 'pump prime' new services that can then be commissioned once they have proved that they work. This along with their place in local communities means that they may be able to create and deliver innovative services which could not emerge as easily within other sectors (House of Commons, 2008). There is certainly some indication here that the third sector could respond to the needs of innovation more flexibly than the public sector, for example the staff member employed to support Innovation Online Support was employed by the charity partner, as the process would have taken much longer through the local authority.

The private or commercial sector is considered as generally being more innovative than other sectors. However, the smallest number of innovations was identified in the private sector, although this is the largest provider of social care services. One possible reason for this could be providers on the whole respond to what the public sector wants as they commission the services (although the same could be said for the third sector). Service delivery models may also have an influence, for example in the case of domiciliary care there has been adoption of a 'task and time' model with units of as little as 15 minutes per client to reduce costs, this does not allow much time and space for innovation. This would appear to be an influence in the sole private sector case studied, the day care service fit

with public sector priorities but at the same time the service delivery model was a positive factor as it was able to operate with less constraints than if it was provided by the public sector.

The other reason for the lack of private sector innovation could be financial, grant funding which has supported innovations in the public and third sectors is not targeted at or necessarily available to the private sector. In addition, the large private care providers tend to adopt high-risk investment models designed to maximise short-term financial returns, and so they may not have surplus resources to stimulate innovation. This raises the question of whether innovation across the private sector in adult social care will need to be supported differently in order to stimulate it in this environment.

Around a third of innovation took place in the public sector, a sector often reported as being the least innovative of all due to risk aversion, bureaucracy and so on. This would suggest that there is potential within local authorities to be innovative, these tended to be system or process innovations that is new ways to fund, facilitate the development of services or new technologies. This research did have a focus on service delivery which may also account for the low number identified, the public sector may be more likely to have a role in stimulating innovation or in financing or governance not the focus here. As the shift for local authorities has been to organising rather than providing care this would appear to make sense. The literature suggests that innovation in the public sector is typically evolutionary or incremental in nature and this was the case here (also the lowest amount of total innovation identified across the three sectors).

The LBIOI identified more examples of innovation in smaller organisations, and there has been much debate in the literature about the influence of size on innovative capacity. Perhaps small size lends itself to easier decision-making, better communication and less complexity that allows innovation to occur. Certainly in other research conducted with micro-providers they felt they were able to do things more rapidly and responsively than larger organisations, working in more person-centred ways (Needham et al. 2015). They felt that they were more ‘available’ than larger services and could respond to the needs of people very quickly. The majority of the innovation case studies were small-scale operators or were working within larger organisations. There were more total innovations taking place within large organisations with a national focus, and within the adult social care sector this may be because they are better placed to absorb the risk associated with radical change (both financial and to service delivery).

As mentioned previously it was difficult to describe the organisational aspects of the innovations through the LBIOI as the information was not readily available or it was unclear at what level this should be captured. An innovation might be a 'project' with its own funding and staff but be part of a larger service or department, which in turn could be part of a larger organisation. This made the decision about at which level staff numbers and financial information should be used problematic and from the LBIOI sources it was not always possible to identify which might be of greatest relevance.

6.3 Influencing factors on the innovation process in adult social care

Understanding influencing factors on the innovation process in adult social care is key to being able to support new ways to improve people's lives. What is clear from this research is that many of the factors identified from the innovation literature were relevant here, but some were more important than others and at different points in the process. This section will provide an overview of the main influencing factors on the adult social care innovations and then discuss some of these in more detail.

Most innovation was initiated in response to solving a problem, involved at least some elements of learning from elsewhere and happened to fit with national policy agendas. Innovations in adult social care were not usually initiated by potential users but by professionals, although they were in some cases involved in the design of services. Management support and credible leadership were of fundamental importance in getting the innovations off the ground. Risk was managed in a variety of ways from starting on a small scale to not targeting the most vulnerable. Organisational structures were all different but most reacted in similar ways in the early stages of the innovation. Although not apparent from the LBIOI for the innovation cases there was usually some form of partnership or collaboration to take ideas forward. Media attention has also been identified as an influence, indicating a demand for services or public support or otherwise for an innovation. It was not influential for the innovation cases here, but it is only relatively recently that adult social care has received more attention in public and political debate. Regulation also played no part in the innovation cases.

When moving from the idea of an innovation to acceptance, awareness raising amongst potential referrers and users always played a part. The methods used varied from structured marketing campaigns to word of mouth. The context for innovation both nationally and locally was of major importance at this stage (but also in the initiation stage). Certain key

factors were influential in how people responded to the innovations, relative advantage, complexity, compatability and observability. There was no attempt to test out or adapt the innovations in response to issues or problems which had the potential to increase engagement with the innovations.

The implementation stage was influenced by people, there were always key individuals who were the organisers, the networkers and the entrepreneurs. A significant influence was funding both the source and whether this was time-limited. The innovation cases had varying degrees of success in embedding themselves in the social care landscape from being regarded a success to failure. Success was largely down to being able to minimise the impact of external factors, local authority support and a lack of competition. Failure was associated with time-limited funding and not being able to demonstrate impact.

Innovation initiation and development

Currently there are three important considerations in social care provision for policy makers, practitioners, and service users, these are the need to reduce the cost of care (whether to the state or the individual), the need to ensure access to care, and the need to increase the quality of the care provided. The innovations were able to sell themselves as new ways to create solutions that changed or improved one or more of these areas. All the innovations aimed to benefit the users of social care services in terms of access and quality. Some explicitly identified reducing costs as an aim usually by reducing the need to access more costly services.

Societal drivers and policy priorities were as predicted influential to some degree on the innovations. Drivers for innovation can come from systemic challenges, and the ageing population and changing public expectations are examples that have had an impact on social care. This will also heavily influence what form innovations take, for example, the public now expect more personalised, customer-focused provision, and people supported to stay in their own homes as they age and so innovation will mirror these expectations. The policy environment also influences innovation, for example, innovations attached to policy priorities makes the diffusion of those innovations much more likely, innovations that do not align with priorities may find it more difficult to get off the ground and will not be actively enabled through public funds or other forms of support (Fitzgerald et al. 2002). The timing of the arrival of new ideas in relation to policymaking cycles is also important. The innovation cases described here largely aligned to current policy priorities, but were not developed in response to these. They were able to use the policy focus however and this resulted in access to funding and/or support.

The lack of involvement of service users in the initiation and design of the innovations was not anticipated. Involving users in the co-design of innovation has been demonstrated to be an effective approach elsewhere (Trischlera et al. 2019). Similarly this has been an element in UK government policies for social care, person-centred care and individual budgets for example are guided by a form of co-production (Wilson, 2001). In a research briefing for the Social Care Institute for Excellence, Needham and Carr (2009) proposed that co-production in social care can have a transformative effect on the provision of services. The success of Innovation User Led highlights that enabling people with experience of using care services to establish and run care services can arguably unlock innovation by allowing those who understand and experience the needs of people in the local area to develop more responsive services. However, this does not guarantee success as Innovation Online Support consulted users in the design and development of the innovation but ultimately did not reach the target group as intended and ceased to exist.

The credibility of the innovators is important in the development of an innovation to help with future adoption and implementation. In social care credibility usually needs to be with the staff and professionals needed on board to make it happen and also with the end users or beneficiaries of a service or technology. The findings highlight that, in all the innovation cases the innovators or their host organisation were seen as a credible and trustworthy. This enabled support for the innovation but did not translate in all cases to implementation of the innovation. For example, in the case of Innovation Adult Placement whilst the host service itself had credibility it was considered to have strayed into an area where it was not perceived as having expertise (from people with a learning disability to people living with dementia).

The issue of slack resources has been widely studied as a determinant of organisational innovativeness. For example, both Damanpour (1991) and Nystrom et al (2002) found that there was significant positive association between slack resources and organisational innovativeness. It is interesting that in this research the innovations that directly benefited from this were located in the public sector but were also the ones that were not sustainable. Another point that may need to be explored in future studies is the extent to which ‘slack resources’ is a proxy for other factors influencing innovations.

Partnerships and collaboration are viewed as increasingly important for innovation but have only recently started to receive attention (Sorensen and Torfing, 2012). Collaboration has been proposed as of benefit for all stages of the innovation process and enables the sharing of costs, risks and benefits (Sorensen and Torfing, 2011; Torfing, 2019). This is

referred to in a number of ways including partnerships, alliances, networks and joined-up working. Partnership or collaboration for this study was assumed to be more than for example providing resources or referrals, but as a bringing together of the skills and knowledge required to deliver an innovation. The LBIOI findings highlighted that only around a half of innovations involved partnerships which contrasted with the current evidence that suggests that collaboration and cooperation are key for innovation. However, the in-depth study through the innovation cases revealed that collaboration did occur but with differing levels of intensity and number of partners. Collaboration was often necessary for getting the innovations off the ground but the service/technology delivery tended to involve single organisations.

The empirical evidence is supported by arguments about how collaboration can strengthen all stages of innovation (Eggers and Singh, 2009; Sørensen and Torfing, 2011). The definition and framing of complex problems is often improved when actors with different experiences and perspectives and forms of knowledge are brought together. The generation of new and creative solutions is enhanced when different ideas are developed, combined, challenged and built upon. The selection, prototyping and testing of promising ideas is strengthened when diverse actors help to assess gains and risks. Implementation of new and bold solutions can be improved when different resources are mobilised, exchanged and coordinated and joint ownership is created through participation and dialogue. Last but not least, innovative solutions are diffused when collaborators become external ambassadors for the new ideas and practices. In sum, collaboration can open up innovation processes for the active participation of a broad range of actors with different innovation assets (Bommert, 2010).

The collaborative approach to innovation is not only used in the public sector, but also increasingly in the private sector (Tidd and Bessant, 2009). Networks and partnerships between competing clusters of firms provide an important driver of innovation in high-tech industries (Powell and Grodal, 2004). Associations and networks of civil society organizations can also produce innovative projects and events through interorganisational innovation (Sørensen and Torfing, 2003). Collaboration is not only becoming a key innovation strategy within each sector, it also occurs across sectors, bringing together public authorities, private firms, civil society organizations as well as groups and individuals (Moore and Hartley, 2008; Sørensen and Torfing, 2011).

As stated it often requires different forms of knowledge to find innovative solutions, to understand how service users would engage with a service or technology, and the expertise

to be able to drive the solution forward. This can be a driver for collaboration. In some of the case studies there was a collaborative or partnership approach between leaders from different providers, and in others innovation appears to have been more clearly led by one provider. Of the case studies, Innovation Online Support and Innovation Peer Support were the only innovations very clearly involving partners in the design and delivery of the innovations. For Innovation Day Support, Innovation User Led, Innovation Communication

Even where barriers to collaborative public innovation are properly addressed through skilful leadership and management, some key challenges remain. One is that fiscal crisis will tend to strengthen the demands for secure administration and failsafe service production. Such demands strengthen risk aversion and reduce the prospects for innovation. On the other hand, the pressure to save money and make cuts while maintaining services may force politicians and public managers to seek out innovation (Pollitt, 2010). Another crucial barrier for collaborative innovation is that it requires a reformulation of the traditional roles of public and private actors. Public managers will have to relinquish technocratic perceptions that only they have the professional expertise to make sound decisions. Private firms and voluntary organizations will have to reframe their role perception from that of competitors, lobbyists and advocates for particular interests and groups to become responsible partners in the production of innovative solutions for public value. Finally, citizens will have to shift their identities to encompass their contributions as co-creators and co-producers rather than solely as clients, customers.

There is rarely one single person behind a successful innovation in social care, and one way to build the resources needed for an innovation is to convene a suitable group of people to be involved in the project. The literature would suggest that collaboration, in this context, requires working together across structural, organisational and/or professional boundaries while developing shared resources to deliver services more effectively and efficiently (Lowndes and Squires, 2012). Individuals thus work collaboratively on behalf of their organisations or units to decide on, or perform tasks around, cross-cutting issues which are of concern to all parties involved (Vangen and Huxham, 2010). Innovation is similarly seen as a means to deliver more for less (Gillinson et al., 2010). Here, individuals are required to engage in an intentional and proactive process of deliberate and informed intervention in order to enable, generate and support innovation. This was certainly the case for Innovation Online Support where a group of people with different areas of expertise came together to design and deliver the innovation – those working with people

living with dementia and their families, people with lived experience of dementia, service commissioners and information technology specialists.

The general policy assumption is that sharing resources with partners will create new and efficient approaches, this research found that innovation could sometimes be enabled by collaboration but also undermined by it. For example the partners who initially signed up to Innovation Adult Placement when the funding application was put together subsequently did not engage with the project. The idea and development of the innovation relied heavily on people from the public and third sector to be involved for example to raise awareness and act as a source of referral. Third sector organisations did not see it as their role to promote local authority services and so this did not result in 'real' collaboration for innovation. The literature suggests that collaborations can quickly become unstable because of significant issues being dealt with by individual organisations as a result of an uncertain environment and this may have been a factor here. This initial investigation showed that innovation through collaboration does take place in the adult social care sector but suggested that it takes different forms, tends to be small scale and is easily undermined. The most successful innovation cases involved a small number of partners.

It has been suggested in the literature that regulation can both promote and inhibit innovation, in a sector as highly regulated as social care the presumption was that this would act as an inhibitor. The regulations come through the Health and Social Care Act 2008 and the Care Quality Commission (CQC) 2009, but these only apply to certain social care services such as domiciliary care services, care homes and supported living, usually where some personal care is provided. Only one of the innovations would have been subject to these regulations, Innovation Adult Placement, and interviewees did not identify regulation as a particular influence on innovation ideas or design. However, due to case selection it is unclear whether the lack of innovations in regulated areas was because services not covered by the regulations are free to be more innovative or whether regulated services generally avoided innovation. The CQC itself has identified that it does not always do a good job of assessing the quality of innovative care, that inconsistent messages have been given to providers about innovation, and only 'successful' innovations have been rewarded, something which they aim to change in the future. The innovation displayed by microenterprises therefore stems from the flexibility of the owner (and small staff group) to run the organisation as they choose. The see themselves as being able to try out new ideas and develop services that are more flexible, responsive and centred around the needs of those they support. Most micro-enterprises for example are not registered with the Care

Quality Commission, since they are not providing regulated services such as domiciliary or residential care (Needham et al, 2015).

Adoption: from idea to acceptance

The importance of context on influencing innovation within organisations has been well documented in the literature (Fitzgerald et al, 2002; McCullough et al, 2015; Kaplan et al, 2010). The issue of contextual variation can be seen by the contrasting research of Goes and Park (1997) and Kimberly and Evanisko (1981). Context lies at the very heart of adoption, but also implementation and sustainability. It is not peripheral to innovation but an integral part of it. This has been key to the research described here. Very often these influential factors are linked to the specific context in which organisations operate. This underlines the importance in the innovation literature that innovations are often locally embedded, being the result of the co-evolution between different demands and pressures, stemming from different environments (Osborne and Brown, 2011).

Context was a major influence on this group of innovations. The key difference for innovation in the adult social care sector is the quasi-market in which it operates. The current arrangements by which adult social care is provided in England can be described as a quasi-market (LeGrand and Bartlett, 1993) and this has an influence on innovation. In a quasi-market not all providers are motivated by a desire to maximise profits; particularly in adult social care where there may be publicly owned or third sector organisations involved. At least some of the purchasing is done not by individual service users but by the local authority acting on their behalf. There needs to be an element of competition but this is not clear cut in the social care market as although some service users purchase their care directly from the provider others are funded by the local authority.

Implicit in much of the care policy literature is that a market-based system is the appropriate model for care services, given the scope it offers for competition-driven efficiency, diversity and innovation. It is recognised that markets in care services require careful steering from central and local government if they are to secure adequate, stable and high quality care services. The contextual factors in social care, particularly demand rising at a rate that outstrips available funding, suggest that the market alone is unlikely to provide the optimum combination of quality, price and coverage. The literature suggests that in the private sector the spur for innovation comes from the need to have an advantage over competitors and this defines the direction and nature of developments. Adult social care providers may still compete to avoid being disadvantaged, particularly with increases in alterative providers. However, even with the role of local authorities in enabling and co-

ordinating the social care market, direct competition for funds and therefore the push to be innovative on a local level appeared limited, competition existed for the innovation cases in applying for grants from national funding bodies.

Effective market shaping assumes that care providers will respond to the demands and preferences of a range of purchasers and commissioners, whether those are local authorities, people using direct payments or self-funders. This requires that providers are able to easily enter the market in order to respond to demand and to drive innovation. Once operating, care providers have to sustain demand for their services, working closely with local authority commissioners for framework contracts and/or marketing their services to individual purchasers. Providers need to be able to charge sufficient fees for their services to cover operating costs and also to service any capital costs and to have revenue to reinvest in the service. In the case of Innovation Day Support, Innovation User Led and Innovation Communication the services aimed to attract users as it was financed by direct payments and contracts, this enabled them to grow and be sustainable.

The role of commissioning is also key. Recently the Care Act (2019) stated that "The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better innovative and cost-effective outcomes that promote the wellbeing of people who need care and support". Commissioning practices will have influenced the innovations examined here for example through the initial funding made available through grants. Innovation Day Support was part of the local authority commissioner's attempts to shape the market by introducing a range of services to meet the personalisation agenda.

It has been argued that maximising profits may not be an accurate characterisation of the motivation of some providers and therefore for innovation in the adult social care sector (Knapp et al. 2001; Kendall et al. 2003). For example, small business owners may place value on the independence and sense of autonomy that derives from running their own business. The varied motivations among private providers may make the distinction between services in other sectors less clear cut. The motivation of providers from the public and third sectors is also unclear. Certainly in the case of the providers that are charities, their motivation could be to provide high quality care and therefore they would aim to do this even in the absence of competition, assuming that there are enforceable restrictions on their ability to distribute any surpluses to owners, employees or trustees

(Hirth 1999; Grabowski & Hirth 2003). They may not even need to break even financially if they have alternative, charitable sources of finance.

The importance of relative advantage of an innovation to it successful implementation has been well documented in the literature. Dramschroder and Lowery argued that the advantage an innovation has over the status quo or similar innovation is ‘an important antecedent to set the stage for successful implementation’ (2013, p.14). The findings here suggested that there was a connection between the needs of the various stakeholders (usually professionals and service users) and the perceived relative advantage of the innovations. Most were convinced that the innovations were advantageous, would have the necessary impact and add value. They were convinced that the innovation was a better use of their limited time, attention and resources than other services (or at least equal to). Ultimately Innovation Adult Placement fell at the first hurdle and this is supported by innovation research ‘the findings that attributes of innovations are evaluated sequentially rather than concurrently (specifically that innovations without a perceived advantage may not be evaluated further) is also important’ (Greenhalgh et al. 2004, p.115).

Innovations are more likely to be adopted when they are clear and unambiguous, have support from relevant professional groups and a minimal cost associated with them (or a good fit with national priorities) and when managers, practitioners and service users see the advantages. The findings highlight the importance of perceived advantage but more importantly relative advantage. This could be independent advantages to adopting the innovation but if those are less than the advantages of using other services or technology then the likelihood of implementation lessens.

The negative influence of the perceived complexity of an innovation is well documented in the innovation literature. For example Rogers (1995) argues that the complexity influences the rate and extent of adoption. It was clear that the majority of the innovations were not complicated, they were easy to understand and engage with. There has been research into the issue of an innovation’s compatibility with an organisation. Moore and Babasat (1991) and Rogers (1995) found that an innovation’s compatibility with existing practices and the values of implementers was an important determinant of innovation adoption. Innovations that were compatible with the values of practitioners were more likely to be implemented.

The case study interviews emphasised how essential consideration of existing working practices is when introducing something new. For Shared Lives Dementia the perception from social care professionals was generally that this model was a poor fit with existing working practices and this translated into a lack of ownership and engagement with the

project. Apparent from the interviews was that the work of the social care professionals was often 'routinised' making it difficult to deviate from existing practices. Social care practitioners felt that their current approach to working with older adults and those living with dementia appeared to work, as this usually led to the effective management of the client. This meant that a change of practice could be perceived as unnecessary, 'risky' or more open to challenge.

A process is required to engage individuals in the process of adapting an innovation to fit organisational settings, since adaptation is key to its successful implementation. This is particularly so with complex innovations which typically enter into an organisation as 'poor fit' and resisted by individuals (Damschroder et al, 2009). The limited capacity to fully engage with the target audience is important because it can affect the implementation. Limited adaptation took place across the six innovations and this was not identified as a major factor in their adoption.

Relative advantage, compatibility, complexity and observability are attributes of innovations which Rogers (1995) argues influence the rate and extent of adoption. These attributes came out strongly in the research, but other attributes trialability (able to experiment with in a limited way) and reinvention (able to change and modify) did not. There was no real evidence of experimentation with the innovations and this may be because of the ease of access and therefore withdrawal from some of the cases. Innovation User Led, Innovation Peer Support, Innovation day Support, Innovation Communication and Innovation Online Support could all be engaged with in a limited way. For Innovation Adult Placement this was not the case and because of the vulnerability of the client group (people living with dementia) this may not have been considered appropriate. There was a very limited amount of change or modification to the innovations, Innovation Adult Placement, Innovation Communication and Innovation Online Support made minor changes based on feedback or research but the rest did not.

The intended recipient of an innovation formally or informally decides whether to accept the innovation (and to use or implement it) or to reject the innovation. Whilst this acceptance/rejection phase may not be a binary decision or a single point, it is a stage that an innovation must go through in order to be implemented. In most of the innovation cases the adoption decision was voluntary and practitioners for example have a range of options to choose from in a mixed economy of care.

The intended recipient of an innovation formally or informally decides whether to accept the innovation (and implement it) or to reject the innovation. Whilst this

acceptance/rejection phase may not be a clear-cut decision or a single point in time, it is a stage that an innovation must go through in order to be implemented. One of the interesting things about the findings was that in two cases the innovation was formally accepted but at the same time de facto rejected by the users of the innovation.

Implementation: from acceptance to use

The implementation stage is the most difficult and the innovation literature provides little to explain or understand this part of the process or failed innovations. This research adopted a case study approach to examine the process in more detail and the following findings contribute to the literature particularly in relation to adult social care. We know from the literature reviewed in Chapter two that resistance is most likely to occur in the implementation stage. For Innovation Adult Placement the resistance was described as mostly passive with no open challenge but simply choosing not to refer to the service.

Funding was identified as a key issue. None of the innovations were centrally mandated, resourced and controlled and spread through official channels (for example, like in the case of the introduction of individual budgets). The change of government in 2010 and austerity measures were likely to be partly responsible for this. However, without competitive grant funding available from central funds three of the innovation cases would not have existed. Innovators frequently need funding in their early stages in order to develop, pilot and sometimes evaluate their innovation. This is often a finite amount and so in the longer term, the innovation needs to develop a sustainable model within the context it operates, for example through commissioning channels, selling to the public or by institutionalisation into the way that social care is provided. Two of the innovations clearly managed to do this, starting with some seed funding or free access to resources then marketing their services to users who funded the work through individual budgets. Others suffered from ‘pilotitis’, this refers to innovations which find support to pilot, but can find it difficult to fund the transition to sustainability and scaling up. Innovation Online Support and Innovation Adult Placement were both examples of this.

Moving to the mainstream

The findings suggest that some of the innovations had little impact and influence. In this chapter it is argued that the main reasons for this are that the characteristics of the innovation did not meet the requirements of the target audience and it was perceived to have no unique selling points in comparison to other services/technology. Whilst findings emerged for other themes, it appeared that the characteristics of the innovation presented

the first hurdle to adoption. Whilst this finding corroborates other research, it also highlights that the importance of this needs to be given higher priority.

Innovation stages

When looking at those overlapping factors between the first two stages of innovation (initiation and adoption), similar patterns can be found. For instance, on the organisational side there was a strong emphasis on both sides on the role of organisational structure and innovative leaders (Bartlett and Dibben, 2002). This implies that the differences between these two different innovation stages are not so evident when looking at relevant drivers and barriers. Some environmental, organisational and individual factors appear in both phases but innovation characteristics are only mentioned in the adoption phase. This may be due to the fact that innovation characteristics (for example relative advantage) are crucial to get an innovation adopted (Rogers, 2003). There was more demarcation between the adoption and implementation stages which separates the tentative from the concrete steps that need to be taken.

This research suggests that not all influencing factors are critical all the time and in all cases. However, a key point is that at the adoption stage the perceived characteristics of the innovation (particularly its relative advantage) and the external context in which the innovation takes place are more predominant issues than others. The difficulty is that the adult social care context is not static and variables and factors change over time. This means that developing recommendations that are applicable in all contexts an at all times is problematic. The influencing factors are not static, but affect one another, and as the context changes so does the level of influence in the factors shown to impact on innovativeness. The interplay between all these factors can be highly complex.

The second section of this chapter examines the implications of the research for the future of innovation in adult social care. Given the importance attached to innovation by the UK government it is likely to remain on the policy agenda for some time. This means that services are going to have to have to find ways of encouraging, fostering and facilitating innovative practice. This research suggests that initiating innovative ideas is not the difficult part of the process. The findings support previous work conducted in the wider public sector that shows frontline staff are quite capable of thinking of new and novel ways to deliver services.

6.4 The future for innovation in adult social care

The findings clearly demonstrate the importance of relative advantage to the acceptance of an innovation. Social care services have a duty to spend public funds in the most efficient way possible, which means that innovation should only be developed if it provides relative advantage or added value over and above existing services/technology. Even if relative advantage can be independently demonstrated, questions should be asked as to whether the resources used to develop an innovation and ensure successful implementation are justified. As identified in the literature innovation should not be normatively perceived as a good thing (Larsson and Brandsen, 2016).

Given the importance of innovation characteristics highlighted by this research when identifying possible areas for innovation consideration should be given to the following: the content and quality of the innovation; user satisfaction with the innovation; the market demand for the innovation; whether the innovation can meet the needs of the target audience better than existing services; the opportunity cost for the development of that particular innovation over another; the return on investment for the development of the innovation. In particular the adult social care sector needs to explore how it can add value to existing innovations, for example ensuring that the best evidence is used, rather than developing entirely new innovations all the time.

Innovation and emerging technologies are already having a major impact on all aspects of adult social care, and commissioners, providers, the workforce and experts by experience are often enablers of innovation. Many care commissioners and social care providers are already innovating to remain financially viable in the face of mounting cost pressures. Staff shortages, tight operating margins and demands for improvements in efficiency, whilst delivering new policy priorities and meeting quality criteria often requires a degree of creative thinking. However, this may not be described as innovation or it may be small changes made by individual managers and staff. Day to day pressures in adult social care may result in little time for innovation. The adult social care sector as a whole has developed in an ad hoc fashion, with innovation remaining unrecognised and subsequently not shared with others. A better approach would be strategic innovation or planned ways of investing in and developing new ways of working and services to improve the quality of care provided.

An obstacle to innovation in the adult social care sector is the difficulty in spreading innovative practice. Time-limited funding was obtained by some of the innovation cases but there was no evaluation of impact, or the costs of roll out which leads to no one really

knowing ‘what works’. Funding what are essentially pilot projects would not appear to be a way to produce sustainable innovation as too often not enough emphasis is given to what happens once this ends. There tends to be an assumption that if something appears to be working it will ‘survive’ but that is not always the case (as in the case of Innovation Online Support). Proposals for innovations should always incorporate how they will be sustained beyond the pilot period. Encouraging new innovations is important but a greater problem is finding ways to bring to scale models of care proven to work, change not just in pockets and for the few but across England. Many early stage evaluations find it difficult to present evidence of impact due to limit time and resources, for example the case studies it was perceived would help with the implementation of Innovation Adult Placement never materialised. Resources should be made available specifically to help innovators gather a proportionate level of evidence and there needs to be a shared understanding of what success looks like.

A lack of opportunities to share experiences and learn from others is a hindrance to the spread of innovation across the sector, and without this providers and commissioners may be reluctant to try ‘untested’ and ‘risky’ new arrangements. Local authorities may not want to invest in new ideas with an absence of evidence and currently examples gathered of innovative practice can only be described as ’promising’ without proper evaluation. However, innovations adopted and implemented across the care system such as individual budgets were driven centrally. The mass adoption of local innovations like the ones described here does not seem likely as the networks to facilitate this do not exist. Some of the most successful children’s social care innovation projects comprised a partnership of national lead working with a group of local sites to innovate and learn together (Sebba et al. 2017) and perhaps this is a model that could be replicated for adult social care.

The gap between general policy rhetoric on partnership or collaboration and the need for individual organisations to succeed means that there must be clear and significant mutual benefit to justify the investment of scarce resources in collaboration (Vangen and Huxham, 2003). Collaborative innovation is an uncertain outcome to invest in when individual organisations are under increasing pressure to deliver much more for much less. There is an urgent need to understand and describe how this approach can work successfully in order to look at new ways of working in a changing social care landscape. There is a role for the public sector in stimulating and supporting innovation in both the third and private sectors, nurturing those ideas generated in the third sector and promoting innovation in the private sector through commissioning practices.

Sustaining innovations in the longer term will require a continuity of commitment in an adult social care context that is unstable and constantly changing. There is a tendency to revert back to old practices when under pressure in a high risk environment such as this. Creating new services and practices in isolated pockets will not lead to the change required of the adult social care system to deal effectively with current challenges. For new approaches to be embedded, sustained and scaled, the local and national conditions that enable and constrain innovation will need to be taken into account. New commissioning, funding and delivery models will be needed to create a culture where innovation can grow and incentives to innovate identified. Building the capacity to innovate across the sector will require local authorities and providers to commit to learning and working together. This means organisations supporting one another to innovate, taking risks collectively and building an evidence base. It means learning about what does not work, as well as learning from success, and understanding better how innovation can be encouraged.

6.5 Future research agenda

In conclusion, the research made a contribution to the knowledge and understanding of innovation in adult social care. Further work now needs to take place. It allowed understanding of the relative importance of different factors influencing the innovation process. The research findings contribute to the literature on innovation in adult social care and enrich the academic debate about this important topic. The study of innovation in adult social care is still methodologically under developed and there is no quantitatively analysable innovation data available. Adult social care services need to innovate to survive the range of diminishing public budgets, growing citizen demand, societal and environmental challenges. Harris et al. (2009) argues that new approaches to new challenges require that the ingenuity and initiative of a diverse group of innovators from the public sector, private sector and third sector, alongside users and communities need to be combined to find solutions. This means that there is a need to add further to the evidence base by which innovations are discovered, developed and diffused in this service area.

From a methodological perspective there have been growing calls to use conceptual models throughout the whole research process, and to reflect on the use of such models in terms of both the academic and policy implications. However, when trying to use concepts ‘meaningfully’, it is easy to fall into the trap of focusing too much on the ‘checklist’ and not enough on the story of the case studies. Boaz et al. (2016) argue that a rigid use of conceptual models can lead to over simplification of the importance of context which is

one of the reasons a model or theory was not applied for this study. The rationale was to link data to concepts from innovation research, thereby ensuring analytical generalisability in the findings. This would allow the research to add to knowledge of innovation theory. However, focusing on the implications of the data to existing concepts might deflect the focus away from what the data means to the case studies themselves. Throughout the coding process, rather than focusing on the concepts from the literature, some data may have been better served by creating new concepts. However, the innovation cases had all been adopted even if not implemented and so the majority of the concepts already identified from the literature could be applied. Contextual information may not neatly fit where implementation has not occurred because concepts in the literature have on the whole been developed from situations where implementation has not 'failed'. Indeed, that some of the innovations studied here were no longer operational is an important finding in its own right, studies rarely include innovations that show little or no implementation. The use of concepts from the innovation literature applied to failed innovation is an area worthy of further research.

The influences on the innovation process highlighted were the most relevant that emerged from the interviews. Other themes were excluded because they were not mentioned or were not as prominent as those described. For example, trialability was not discussed in any real depth. Excluding these more minor themes was to ensure that there was focus in the analysis and discussion of the most salient issues. Innovation research provides four over-arching reasons why some concepts emerge over others. Firstly, it depends on the type of innovation (its attributes). The innovation itself interacts with other factors so that some emerge more strongly whilst others do not depending on the innovation (Greenhalgh et al, 2004). Secondly, some constructs may be more influential at the stage when an organisation attempts to implement an innovation. Thirdly, there is considerable research that suggests different contexts result in the emergence of different factors in innovation. Finally, whilst some factors may be important for general organisational innovativeness, they do not necessarily predict the implementation of a specific innovation (Greenhalgh et al, 2004). For example, an organisation might have the ability to implement innovation, but there may be something specific about a particular innovation that means the organisation does not want, or is not ready to implement the innovation at that time. How this plays out in the adult social care sector should be investigated further.

The research also highlighted some other areas that could benefit from further research. The typology developed by Osborne and applied here could be taken further to explore differences and types of innovation in adult social care. The mixed economy of welfare

and its impact on innovation in adult social care touched on briefly in this research could be explored further. There is also very little research on the potential incentives or motivation for innovation in adult social care. Due to different structures, funding avenues and other factors further research should identify whether the different sectors involved in the delivery of adult social care need to be treated differently when it comes to supporting innovation. Given the importance of whether innovations meet their objectives in adult social care, this should be an area of focus and something missing generally for innovation research. Finally, the burning issue for social care currently is how to scale up innovations, and whilst some suggestions have been made here about how to make this happen this is an area that requires further investigation.

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Appendix 1 - Social care services for adults

Short-term support is typically intensive periods of support aimed at regaining skills, confidence and independence lost as a result of illness, injury or disability, normally provided in someone's own home. Support is intended to be time-limited and should be provided free of charge by local authorities for up to six weeks, ending with a formal assessment or review to determine what support will follow.

Long-term support comprise the majority of expenditure. Long-term support can encompass any ongoing service or support provided to help maintain someone's quality of life, allocated on the basis of eligibility criteria/policies, and is regularly reviewed. The main types of service include:

Residential homes - offer care and support in a residential setting throughout the day and night, for example washing, dressing, help at meal times. Some homes offer specialist care, such as dementia care or specialise in learning disability care.

Nursing homes - offer the same type of care as residential homes, but with care from qualified nurses.

Supported accommodation - includes long-term placements in adult placement schemes, hostels and unstaffed or partially staffed homes.

Home care - provides support with personal care and/or domestic tasks in the person's own home, such as putting to bed, dressing, shopping or cleaning.

Direct payments – paid via a bank account or prepaid cards, for adults to buy their own care and support, often by employing personal assistants.

Supported living - schemes that support younger adults to live independently in their own homes. Support can include domestic and personal care, and help with tasks such as searching for jobs and claiming benefits.

Other long-term care includes day care and meals services.

Appendix 2 - Strengths and limitations of quantitative research

Strengths	Limitations
Testing and validating already constructed theories about how (and to a lesser degree, why) phenomena occur.	Categories used may not reflect local population perceptions.
Testing hypotheses that are created before the data are collected. Can generalise research findings when the data are based on random samples of sufficient size.	Theories that are used may not reflect local population perceptions.
Can generalise a research finding when it has been replicated on many different populations and subpopulations.	Miss out on phenomena occurring because of the focus on theory or hypothesis testing rather than on theory or hypothesis generation (confirmation bias).
Useful for obtaining data that allow quantitative predictions to be made.	Knowledge produced may be too abstract and general for direct application to specific local situations, contexts, and individuals.
Can eliminate the confounding influence of many variables, allowing a more credible assessment of cause-and-effect relationships.	
Data collection using some quantitative methods is relatively quick.	
Provides precise, quantitative, numerical data.	
Data analysis is relatively less time consuming (using statistical software).	
The research results are relatively independent of the researcher (e.g., effect size, statistical significance).	
It may have higher credibility with people in positions of influence.	
It is useful for studying large numbers.	

Appendix 3 - Strengths and limitations of qualitative research

Strengths	Limitations
The data are based on the participants' own categories of meaning.	Knowledge produced may not generalise to other people or other settings (i.e., findings may be unique to the relatively few people included in the research study).
It is useful for studying a limited number of cases in depth.	It is difficult to make quantitative predictions.
It is useful for describing complex phenomena.	It is more difficult to test hypotheses and theories.
Provides individual case information.	It may have lower credibility with some people in positions of influence.
Can conduct cross-case comparisons and analysis.	It generally takes more time to collect the data when compared to quantitative research.
Provides understanding and description of people's personal experiences of phenomena.	Data analysis is often time consuming.
Can describe, in rich detail, phenomena as they are situated and embedded in local contexts.	The results are more easily influenced by the researcher's personal biases and idiosyncrasies.
The researcher identifies contextual and setting factors as they relate to the phenomenon of interest.	
The researcher can study dynamic processes (i.e., documenting sequential patterns and change).	
The researcher can use the primarily qualitative method of "grounded theory" to generate inductively a tentative but explanatory theory about a phenomenon.	
Can determine how participants interpret "constructs".	
Data are usually collected in naturalistic settings in qualitative research.	
Qualitative approaches are responsive to local situations, conditions, and stakeholders' needs.	
Qualitative researchers are responsive to changes that occur during the conduct of a study (especially during extended fieldwork) and may shift the focus of their studies as a result.	

Qualitative data in the words and categories of participants lend themselves to exploring how and why phenomena occur.	
An important case can be used to demonstrate vividly a phenomenon to the readers of a report.	
Determine the causes of a particular event.	

Appendix 4 – Journals covered by Social Care Online

Adoption and Fostering

Adoption Quarterly

Advances in Dual Diagnosis

Advances in Mental Health and Intellectual Disabilities

Affilia: Journal of Women and Social Work

Age and Ageing Oxford University Press

Ageing and Society

Ageing International

Aggression and Violent Behavior

Aging and Mental Health

Attachment and Human Development

Australian Social Work

BMJ Open

British Journal of Clinical Psychology

British Journal of Guidance and Counselling

British Journal of Health Psychology

British Journal of Learning Disabilities

British Journal of Occupational Therapy

British Journal of Psychiatry

British Journal of Social Work

British Journal of Visual Impairment

Child: Care, Health and Development

Child Abuse and Neglect

Child Abuse Review

Child and Adolescent Social Work

Child and Family Social Work

Child and Youth Care Forum

Child and Youth Services

Child Care in Practice

Child Maltreatment

Children and Schools

Children and Society

Children and Youth Services Review

Clinical Social Work Journal

Clinical Supervisor (The)

Community Development Journal

Community Mental Health Journal

Community Work and Family

Critical and Radical Social Work

Critical Social Policy

Dementia: the International Journal of Social Research and Practice

Disability and Rehabilitation: Assistive Technology

Disability and Society

Drugs and Alcohol Today

Ethics and Social Welfare

European Journal of Social Work

Evidence and Policy

Families, Relationships and Societies

Families in Society

Family Process

Generations Review

Gerontologist

Groupwork

Health and Social Care in the Community

Health and Social Work

Health Expectations

Health Services and Delivery Research

Housing Care and Support

International Journal of Care and Caring Policy

International Journal of Care Coordination

International Journal of Geriatric Psychiatry

International Journal of Human Rights in Healthcare

International Journal of Integrated Care

International Journal of Mental Health Promotion

International Journal of Migration Health and Social Care

International Journal of Public Leadership

International Journal of Social Welfare

International Social Work

Journal of Adult Protection

Journal of Aggression Conflict and Peace Research

Journal of Aggression Maltreatment and Trauma

Journal of Applied Research in Intellectual Disabilities

Journal of Children's Services

Journal of Child Sexual Abuse

Journal of Clinical Nursing

Journal of Community Practice

Journal of Dementia Care

Journal of Dual Diagnosis

Journal of Elder Abuse and Neglect

Journal of Enabling Technologies

Journal of Ethnic and Cultural Diversity in Social Work

Journal of European Social Policy

Journal of Evidence-Informed Social Work

Journal of Family Social Work

Journal of Family Therapy

Journal of Forensic Practice

Journal of Forensic Psychiatry and Psychology (The)

Journal of Forensic Psychology Research and Practice

Journal of Gay and Lesbian Social Services

Journal of Gender-Based Violence

Journal of Gerontological Social Work

Journal of HIV/AIDS and Social Services

Journal of Human Behavior in the Social Environment

Journal of Integrated Care

Journal of Intellectual and Developmental Disability

Journal of Intellectual Disabilities

Journal of Intellectual Disabilities and Offending Behaviour

Journal of Interpersonal Violence

Journal of Interprofessional Care

Journal of Mental Health

Journal of Mental Health Training Education and Practice

Journal of Policy and Practice in Intellectual Disabilities

Journal of Poverty and Social Justice

Journal of Practice Teaching and Learning

Journal of Public Child Welfare

Journal of Public Mental Health

Journal of Religion and Spirituality in Social Work

Journal of Social Policy

Journal of Social Service Research

Journal of Social Welfare and Family Law

Journal of Social Work

Journal of Social Work in Disability and Rehabilitation

Journal of Social Work in End-of-Life and Palliative Care

Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community

Journal of Social Work Practice in the Addictions

Journal of Substance Use

Journal of Teaching in Social Work

Journal of Technology in Human Services

Journal of the Society for Social Work and Research

Journal of Youth Studies

Mental Health and Social Inclusion

Mental Health Review Journal

People Place and Policy Online

Policy and Politics

Policy Studies

Practice: Social Work in Action

Prison Service Journal

Probation Journal

Professional Social Work

Psychoanalytic Social Work

Public Administration

Public Money and Management

Qualitative Social Work

Quality in Ageing and Older Adults

Research on Social Work Practice

Research Policy and Planning

Residential Treatment for Children and Youth

Safer Communities

Scottish Journal of Residential Child Care

Seen and Heard

Sexual Abuse a Journal of Research and Treatment

Smith College Studies in Social Work

Social Policy and Administration

Social Policy and Society

Social Service Review

Social Work: A journal of the National Association of Social Workers (NASW)

Social Work and Social Sciences Review

Social Work and Society: International Online Journal

Social Work Education (The International Journal)

Social Work in Health Care

Social Work in Mental Health

Social Work Research

Social Work with Groups

Therapeutic Communities: the International Journal of Therapeutic Communities

Tizard Learning Disability Review

Voluntary Sector Review

Vulnerable Children and Youth Studies

Working with Older People

Youth Justice

Appendix 5 – Interview questions

More of the same or a break with the past: a mixed methods study of the extent, nature and process of innovation in adult social care

Semi-structured interview schedule

1.	**Introduction**
	Reminder of the purpose of the interview and any questions from interviewee. Some of the questions may not apply in every case.
2.	**Description of the innovation**
2.1	Please could you describe the innovation?
2.2	What was particularly innovative about it?
2.3	How long did it take to get up and running?
2.4	Did it turn out the way it was originally planned?
2.5	How long has it been since it was implemented?
2.6	Is it still operating or has it ceased to exist?
3.	**Environmental factors**
3.1	Has there been any media attention about the issue the innovation was addressing?
3.2	Has there been any media attention about the innovation itself?

3.3	How was the need for the innovation identified?
3.4	Did the innovation come about because of political demands?
3.5	Did the innovation involve collaboration with partners?
3.6	Did the innovation involve consumers/users?
3.7	Did regulation have any influence (positively or negatively) on innovative activity?
3.8	Did competition with other organisations have any influence (positively or negatively) on innovative activity?
3.9	Were other organisations adopting the same or similar innovation?
4.	**Organisational context**
4.1	How many people work in your service/organisation?
4.2	How many volunteers, if any, work in your service/organisation?
4.3	How many people were involved directly with the innovation?
4.4	How much funding was available for the innovation?
4.5	Where did funding come from?
4.6	How much time was available for staff to implement the innovation?
4.7	How did the innovation fit with the organisation's main purpose?
4.8	Did staff have existing skills and knowledge that could be utilised or did they need to learn new things?
4.9	Did the service/organisation have political support and contacts?
4.10	How would you describe the leadership style of your service/organisation?
4.11	Are there any incentives or rewards for coming up with new ideas?
4.12	On a scale of 1 to 10 how risk averse do you think your service/organisation is when it comes to trying new things (with 1 being extremely risk averse and 10 not at all)?

4.13	Do you think your service/organisation has the capacity to learn from innovation (what went well/what didn't)?
4.14	Is your service/organisation involved with any organisational networks?
4.15	How would you describe the relationship with other organisations working in the sector?
5.	**Innovation characteristics**
5.1	Do you think the innovation was complicated or easily understood by people using it?
5.2	Do you think the innovation was an improvement on what was being delivered/provided before?
5.3	Was the innovative activity compatible with existing technology/skills?
5.4	Were you able to pilot the innovation before it was more widely introduced?
5.5	Was this activity a one-off piece of work or part of a larger programme?
5.6	Were the achievements of the innovation easy to see?
6.	**Individual characteristics**
6.1	What level of staff within the organisation were responsible for the innovation?
6.2	Do you think there was a shared vision for the innovation?
6.3	What do you think led to the acceptance of the innovation?
7.	**Innovation outcomes**
7.1	What difference do you think the innovation made?
7.2	How was the success of the innovation measured?
7.3	Were there any barriers to implementing the innovation not already mentioned?

7.4	Were there any factors that helped get the innovation implemented not already mentioned?
7.5	What lessons can be learned from your experience for other services/organisations?
8.	**End of interview**
	Anything else to add. Thanks for taking part.

Appendix 6 – Consent form

More of the same or a break with the past? A mixed methods study of the extent, nature and process of innovation in adult social care

Consent form

Consent form for ____ (your name)

I understand that the information from the interview will be used to explore the factors that influence innovative practice in adult social care.

I understand that (please tick the relevant box):

It is up to me whether or not I take part and I can change my mind at any time.	Yes □ No □
All the information collected will be kept confidential and my name or organisation will never be used in anything that is written about the study.	Yes □ No □
Direct quotes may be used in reports, papers and summaries of the research.	Yes □ No □
I can ask to see the written record of my interview before it is used.	Yes □ No □
I am happy for the interview to be recorded on digital audio.	Yes □ No □
I am happy to be interviewed but do not want this recorded on digital audio.	Yes □ No □

Signed________________________________

Date____________________

If you have any questions about the study please contact Nadia Brookes: telephone: 01227 823807, email: N.K.Brookes@kent.ac.uk or Jeremy Kendall: telephone: 01227 827157 email: J.Kendall@kent.ac.uk

Appendix 7 – Participant information sheet

More of the same or a break with the past? A mixed methods study of the extent, nature and process of innovation in adult social care

Information for participants

What is this research about?

The interviews are part of research that aims to identify and describe innovation in adult social care and the influencing factors on the process. It hopes to do this by using a literature-based indicator to identify and describe innovations in adult social care as described in journals, reports and other sources, and by conducting case study research with a group of individuals/organisations involved in innovative practice. These interviews are part of the case study research.

Why have I been sent this information?

You are a key person involved with an organisation/product/service we have identified as innovative and we would welcome the opportunity to interview you.

What would you like me to do?

We would like to interview you about the innovation and if relevant your organisation. The interviews will cover: description of the innovation; external influences; internal influences; innovation characteristics; individual characteristics; and innovation outcomes. If you would like to see the interview questions in advance we can send these to you.

About the interview

Nadia Brookes will telephone (or Skype) on the date agreed and will talk to you for an hour maximum.

We would like to record the discussion to help us remember what was said. The recording will be kept securely to ensure that it remains confidential. Only people with permission will be able to listen to it. We will keep the recording until the end of the project in case we need to listen to what was said again at some point in the future.

Interviews will be transcribed into a Word document. Data will be stored in an anonymous format, and names and other personal information will not be written on anything we produce about the study. All personal information (e.g. contact information) will be kept securely so that only people with permission can access it. We will keep transcripts for three years just in case we need to do some more analysis or to inform future research.

Please note: Direct quotes may be used in reports, papers and summaries of the research. Quotes will not include your name. If you would like to, you can see a transcript of your interview, and withdraw anything you would prefer was not included in publications from the study.

We would be very grateful if you agreed to take part in the study. However, you do not have to take part and if you decide not to you do not have to give any reasons for this. Even if you decide to take part now, you can change your mind at any time and we will destroy any information we have collected from you.

How will the information be used?

The information from the case studies will be used in the following ways: summaries of the results will be produced; it will form part of a doctorate dissertation; it may be written up in academic journals; and may be used in presentations.

Questions about the study

If you would like to speak to someone about the research you can contact **Nadia Brookes**: telephone: 01227 823807, email: n.k.Brookes@kent.ac.uk. If you have any problems/complaints you can contact **Jeremy Kendall:** telephone: 01227 827157 email: J.Kendall@kent.ac.uk. **Postal address:** School for Social Policy, Sociology and Social Research/Personal Social Services Research Unit (PSSRU), Cornwallis Building, University of Kent, Canterbury, Kent, CT2 7NF