Final Innovation Report – Intellectual Output 5

The LIFE project partners:

APCC, Coimbra, Portugal
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FINAL INNOVATION REPORT

CONTENTS

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EXECUTIVE SUMMARY

1.   Background to the Project

1.1 The LIFE Project is the result of extensive primary research by the partners. It was initiated by the Research and Development Centre Linkoping, Sweden and the other partners were the Centre for the Child Welfare Research and Innovation at the Norwegian University of Science and Technology (NTNU) Trondheim, Norway, the Faculty of Social Work at the University of Ljubljana, Slovenia, the Associacao de Paralisa Cerebral de Coimbra (APCC) Portugal, and the Commune de Cervia in Emilia Romagna, Italy.

1.2   The overall aim of the project was

'To develop new skills, competencies, training products and methodologies to enable social workers and other professionals to innovate and adopt more effective interventions in working with families experiencing multiple and complex difficulties'.

1.3   The project's specific objectives were;

(i)   To map the common vocational competencies required by social workers and other professionals working with vulnerable families and develop a Competency Framework.
(ii)   To develop a Knowledge Triangle model using abductive learning to strengthen links between researchers, education / trainers and practitioners.
(iii)   To develop a transferable Innovation Skills Development Programme and a 'toolkit' of supporting learning materials and analytical / assessment frameworks.
(iv)   To test these products through a pilot programme involving professionals from each partner region who will each work with families during the programme.
(v)   To review the results and amend the products.
(vi)   To produce a Final Innovation Report and organise national and transnational dissemination and mainstreaming.

2.   Theoretical Framework; Research on Multi Challenged Families and Innovation in Social Work

2.1 Defining Multi Challenged Families
    The partners carried out a Baseline Study / Needs Analysis which identified the following common characteristics and challenges facing multi challenged families;

- Parents are often unemployed or in insecure part time work.
- Many are one parent families, usually single mothers
- Low incomes.
- Parents traumatised by abuse suffered as children or maltreatment with partners in early adulthood.
- Strained relations between parents.
- Low educational levels.
- Poor health.

- Substance abuse / alcohol problems.
- Poor social networks.

Families with 4 or 5 of these characteristics can be defined as multi challenged although they may have a wide range of differing needs.

2.2 The concept of social innovation is discussed, using EU definitions and wider research. The working definition of social innovation used by the LIFE project is:

"A new solution, or an approach to a social problem, a combination of practices in areas of social action prompted by certain actions or constellations of actions with the goal of better coping with needs and problems than is possible by use of existing practices"

3. Social Work in the Partner Countries

The Baseline Study

3.1 The Baseline Study / Needs Analysis found that there were some differences between partner countries on the needs of multi challenged families. In Portugal, Slovenia and Italy austerity and retrenchment in service provision had made supporting struggling families more difficult. In Norway and Sweden who hadn't experienced austerity, inequality had nevertheless increased and the labour market had become more difficult for those with limited education and skills.

3.2 The Baseline Study reviewed existing professional training provision relating to work with multi challenged families in the 5 partner countries. It concluded that there were few directly relevant programmes and gaps in existing programmes included;

- Too much emphasis on intra family relationships and too little on inequality and marginalisation.
- Thinking underpinning interventions fails to recognise the complexity of issues faced by practitioners.
- Professional education is too specialised and discourages holistic and multi-disciplinary approaches.
- There is insufficient focus on practical work.

3.3 The main challenges facing services and practitioners working with multi challenged families include;

- A lack of professional focus on multi challenged families and competencies in working with them.
- Individual support services are over specialised and coordination between them is inadequate.
- Management and organisational structures can obstruct inter agency multi-disciplinary working.
- There is a need for a more holistic approach including inter agency case managers.
- There is a need for greater emphasis on families' perceptions of their situations and co creation of solutions.

4. The Competency Framework (IOP1)

4.1 The distinctive perspectives, priorities and target groups of each of the partners are summarised.

4.2 Based on these, the partners identified the following common elements of the Competency Framework;

- The understanding and skills required to implement a holistic approach to working with the family in which the totality of issues and problems facing them are considered, analysed and continually reviewed.

- The capacity to identify areas with the potential for change in the family situation and to prioritise interventions accordingly.
- Understanding innovation in social work in a family environment.
- Co creation of solutions with the family, valuing their perceptions.
- The ability to work in a multi-disciplinary environment and address the fragmented nature of multiple professional interventions.
- Case management skills, including the ability to jointly assess and plan interventions with professionals from other disciplines and manage the implementation of these interventions.
- Generic and functional skills and competencies including reflection on theory and practice, problem solving, team work and communication.

4.3 The Competency Framework provided the basis for the development of the Innovation Skills Development Programme.

5. The Knowledge Triangle (IOP2)

5.1 The Knowledge Triangle focuses on the interaction between (i) Practice based knowledge, (ii) Knowledge in training and education, (iii) Research based knowledge. It is a fundamental issue for the LIFE project as well as the role of abductive learning in assisting practitioners to reflect on their work with the users of services in order to find improved and more innovative ways of working.

5.2 The report focuses on the testing of the Knowledge Triangle in practice in Portugal and how the involvement of 3 university Faculties of Social Work supported the pilot training programme by assisting participating practitioners to reflect on the development of micro interventions with a multi challenged families during the programme. The Knowledge Triangle operating through a stakeholders' forum acted as a platform for learning, producing new knowledge and co-creating actionable ideas for solving complex problem faced by vulnerable families.

5.3 The collective experience of the partners during the LIFE project showed that by breaking down traditional boundaries between teachers, researchers and social workers and getting them to think, reflect and work together, new knowledge, and more effective and innovative interventions could be developed.

6. Innovation Skills Development Programme (IOP3)

6.1 This output was based on the first 2 outputs, the Competency Framework and the Knowledge Triangle. The programme is based on an abductive learning approach in which space is provided to enable practitioners to discuss and develop practical approaches to problems they encounter in their everyday practice with multi challenged families without undue reliance on prevailing doctrines and theories. The innovation skills that the programme is designed to develop are seen as a combination of cognitive skills (the ability to think creatively and critically), behavioural skills (ability to solve problems and manage risk), functional skills (e.g. basic skills such as reading, writing), and technical skills.

6.2 Content and Structure of the Programme.

6.2.1 The programme was based on 13 learning goals covering skills, knowledge and general competencies identified in the Baseline Study / Needs Analysis. A key feature is that practitioners participating in the programme need to be actively working with multi challenged families, and to develop innovative approaches during the course of the programme.

6.2.2 The training programme includes 4 main components; (i) An introduction to innovation theory and practice, (ii) Reflection in Groups, (iii) Individual work with Practice based Innovations, (iv) Written presentations by individuals/groups.

It includes both transnational (2 weeks, one each at the beginning and end of the 12 month programme) and national components, representing an average 160 hours and details of the content of these are provided. There are many similarities in the national training programmes but also some differences and this flexible structure means that the programme will be readily transferable throughout the EU.

6.2.3 Details are provided of the rich and varied range of Practice Based Innovations undertaken by participants in the pilot programme carried out to test the relevance of first 3 intellectual outputs. 27 practitioners took part in the pilot programme (7 from Sweden, 5 from each of the other partners) and the innovations related to the client / family Level, the role of the social worker, and activities at group /team level.

7. The Innovation Toolkit (IOP4)

7.1 The innovation Toolkit is designed to be a practical set of tools to assist service managers, social workers / practitioners and other key stakeholders seeking to implement innovation in work with multi challenged families. The rationale for the toolkit is that practitioners are currently not taught innovation practice in their basic training and are often subjected to top down change strategies designed to enhance managerial control, and ration services rather than to improve practice in work with families.

7.2 The toolkit describes the range of skills and competencies required by practitioners and managers to develop innovation in work with multi challenged families and summarises the key features and content of the first 3 Intellectual Outputs, The Competency Framework, Knowledge Triangle and Innovation Skills Development Programme. It summarises promoting and impeding factors in working with practice based innovations based on the experience of the LIFE Pilot Programme.

7.3 Guidelines are provided for managers and social workers / practitioners who want to introduce innovation into practice with multi challenged families. These include (i) Identifying organisational requirements and changes needed to facilitate innovation, (ii) Promoting interaction between research, practice and education (the Knowledge Triangle), (iii) Developing and implementing training/education programmes to promote innovation in social work with multi challenged families together with practical tools and materials.

8. Final Discussion

8.1 The experience of the LIFE programme has demonstrated that the products developed can be effective tools in seeking to understand the conditions and experiences of families in a different way and opening up new strategies for addressing them more successfully. The Knowledge Triangle promoted interaction between key actors addressing the challenges faced by many families and provided a favourable context for the development of experimental approaches (Living Lab).

8.2 The main practical skills and competencies needed by social workers and managers to implement innovation and overcome potential obstacle to it are summarised. In order to move forward, successful service providers need to be simultaneously focused on existing activities, emerging ones and more radical possibilities that could be mainstream activities for the future.

1. Background

1.1 Background to the project

A particular strength of the LIFE project is that it was based on extensive primary research undertaken by the partners, most of whom had worked successfully together in related transnational projects. The main research results reviewed during the design and preparation of the project included;

(i) The study carried out by NTNU Trondheim in Norway and the R&D Centre Linkoping into families with complex needs using child welfare services in both countries (Fauske et al, 2009; Bredmar et al, 2014; Clifford et al, 2015). This research found that despite a considerable investment of resources, there had been relatively little change in the situation of these families over time. Professionals from a wide range of services (social work / child welfare, mental health, education etc.) often intervened simultaneously addressing individual problems through their different specialisms with limited coordination and the families themselves often felt disempowered and inadequately consulted over their difficulties and how they should be addressed. The key issues identified by the research included the need for a more holistic approach capable of prioritising issues and effecting real change, and the lack of innovation skills at practice level which would enable professionals to get to grips with the challenges posed by the most vulnerable families.

(ii) The "Helping families in the Community; the Co-creation of Desired Changes for reducing Social Exclusion and Strengthening Health" study undertaken by the Faculty of Social Work, University of Ljubljana in Slovenia and NTNU Trondheim in Norway (Mešl & Kodele, 2016a; 2016b; 2016c.) The project was implemented within the 2009-2014 Norwegian Financial Mechanism, and sought to identify the main components of a model in which social workers could work with families facing multiple challenges to co create solutions.

(iii) Additional relevant research and practical projects carried out by individual partners. This included the 'Family Pilot' project led by the R&D Centre Linkoping which involved intensive work with 18 families and sought to identify new ways of working which could more effectively meet the needs of families with complex needs (Davidsson, 2017a; 2017b). The project involved a more coordinated and holistic approach among professionals and disciplines involved with each family, with case management to ensure this, a reduced level of overall professional intervention based on agreed priorities, and a proactive rather than reactive approach and this resulted in significantly improved outcomes for families in a number of areas.

(iv) The partners also reviewed existing best practice and research into work with multi-challenged families elsewhere. This included the European Foundation for the Improvement of Living and Working Conditions report "Families in Economic Crisis; Changes in Policy Measures in the EU" and the UK Government's Troubled Families initiative which emphasises the need for a 'Whole Family' approach and more coordinated, multi-disciplinary interventions.

1.2 AIMS

The overall aim of the LIFE project identified in the application was;

> *"To develop new skills, competencies, training products and methodologies to enable social workers and other professionals to innovate and adopt more effective interventions in working with families experiencing multiple and complex difficulties."*

The application identified the following specific objectives for the project;

(i) To further explore existing research, and experience within the EU and elsewhere to 'map' the common vocational competencies required by social workers and other professionals in working with vulnerable families and develop a Competency Framework.

(ii) To develop a 'Knowledge Triangle' learning model which will use abductive learning to strengthen links between researchers, education / trainers and practitioners working with vulnerable families.

(iii) To develop a transferable Innovation Skills Development Programme together with a 'toolkit' of supporting learning materials and analytical / assessment frameworks.

(iv) To test these products through a pilot programme involving professionals from each partner region who will each work with a small number of families during the course of the programme.

(v) To review the results of the pilots, including the impact of the testing on work with the families and to amend the products as a result of this.

(vi) To produce a Project Innovation Report and organise national and transnational dissemination and mainstreaming, including through ECVET.

These objectives and the activities and time scales required to achieve them were brought together through the application's Intellectual Outputs. The 3 year project was approved in the summer of 2016 and began work in October 2016.

1.3 Partners

The LIFE Erasmus Plus proposal was initiated by the Research and Development Centre City of Linkoping which is a collaboration of 9 municipalities in the Region of Östergötland and Linkoping University and has close working relations with a network of public and private providers of care, social services and social work within the region as well as with the national R&D Centres in Sweden. The other 4 partners in the project were;

The Centre for Child Welfare Research and Innovation at the Norwegian University of Science and Technology (NTNU) in Trondheim, Norway.

The Faculty of Social work at the University of Ljubljana in Slovenia whose joint research with NTNU 'helping families in the Community; the Co Creation of desired Changes for Reducing Social Exclusion and Strengthening Health' contributed to the development of the project concept.

The Associacão de Paralisa Cerebral de Coimbra (APCC) in Portugal which was identified as a suitable partner through its experience of developing innovative approaches to supporting people with disabilities and their families.

The Municipality of Cervia in Emilia Romagna in Italy who have developed innovative community based approaches to supporting families with complex difficulties.

1.4 Methodology and Intellectual Outputs – products (IOP 1, 2, 3, 4)

The project developed a range of products designed to support the development of innovation skills among social workers and other professionals working in multidisciplinary teams in order to bring about more effective interventions and positive outcomes in work with vulnerable families experiencing complex problems.

The key components of the methodology of the project were based;

(i) In a Baseline Study/Needs Analysis exercise to bring together the existing relevant experience of the partners, including the joint research by the R&D Centre Linkoping and the NTNU, Trondheim on vulnerable families using child welfare services, and evidence elsewhere both within and outside the EU.

(ii) Development of the following intellectual outputs based on this research;

- A **Competency Framework** which describes the core competencies required by social workers and related professionals working with vulnerable families;

- The **"Knowledge Triangle"** learning model based on an abductive learning approach which seeks to promote links between practice knowledge, research based knowledge and education and training as well as a more holistic, flexible approach which also incorporates the perceptions of the service users.

- The **Innovation Skills Development Programme** which underpinned by the above products and includes a full curriculum and supporting learning materials focusing on the practice based innovative skills, knowledge and competencies required to support innovation in work with vulnerable families.

- The **Innovation Toolkit** which includes details of the above products as well as guidance for practitioners and management on the implications of issues involved in working on innovatory approaches within multidisciplinary partnerships in work with vulnerable families.

- The **Final Innovation Report** which describes the project's activities and results to be used to inform work by the partners to mainstream the products developed by the project, to disseminate the results to local, regional, national and transnational stakeholders and identify how delivery organisations can incorporate the findings/products into their provision.

(iii) The piloting of the products was the main learning, teaching and training activity of the project. This consisted of a training programme for 27 practitioners which included a strong transnational component, with each practitioner working with a selected number of families, whilst undergoing the training and reporting back on the impact of the training on their practice and on outcomes for the families.

(iv) **Dissemination and Exploitation** - To ensure the maximum effectiveness of all project activities and the projects' ability to achieve its intended outcomes in the long term a plan of dissemination was developed by the partnership with special attention to influence and change mainstream practice and policy. Multiple events, including national launch events and national and transnational events.
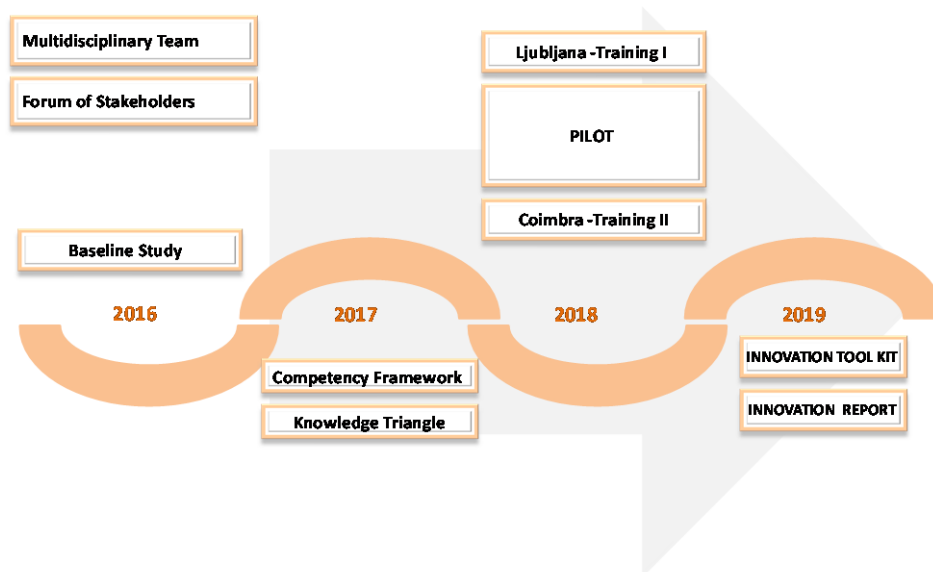
Figure 1.1 The LIFE project timeline.

All partners brought together a Stakeholder Forum; these consisted of policy and practitioner bodies working in/with responsibilities for provision to support disadvantaged/excluded groups into society. These Forums helped to review the development work undertaken by the partners, commenting on the design, interim and final versions, identifying how useful they feel it to be to their work, the extent to which it adds value to what was otherwise available as well as, where appropriate, design and usability issues. The results of any testing/piloting activities carried out were supported by them.

The LIFE project had external evaluation, and consists in the assessment of the conception and detailed planning of the project and its applicability; the monitoring and assessment of the stage of applicability of the pilot training (analysis of results and potential impact of intervention) and the identification of the factors of success and critical aspects; the support of the dissemination process, namely through the evaluation of the possible dissemination routes of the Project.

In the next section we will provide more details of the background to the project, including the prior research undertaken by the Swedish, Norwegian and Slovenian partners, defining and identifying some of the key characteristics of multi challenged families, and considering the concept of social innovation in this context. We will then go on to examine the findings of the Baseline Study undertaken by the partners into current professional practice in work with families current training provision for professionals together with gaps in this provision. The report will then describe the intellectual outputs and products developed through the project, and in particular the Competency Framework, the Knowledge Triangle of practitioners, professional training providers and policy makers, the Innovation Skills Development Programme, the LIFE Work Assessment Tool, and the Innovation Toolkit. Finally, we will analyse the experience and results of the piloting of these products and make conclusions and recommendations.

The purpose of the report is not primarily to provide a record of the work of the project, but more to describe and provide innovative products and tools resulting from it which can be used by practitioners and policy makers working with multi-challenged families in the partner countries and other EU member states.

2.   Theoretical Framework – Research on Multi-challenged families (MCF) and innovations in Social Work

During the first phase of the LIFE project, the partners carried out a Baseline Study / Needs Analysis exercise to bring together the existing relevant experience and research, analyse existing practice and professional training relevant to work with the target group and identify gaps in provision. The overall purpose of the study was to provide a sound basis for joint development work on the projects' main intellectual outputs / products.

2.1 Defining multi-challenged Families

Although all of the partners recognise and have experience of working with multi-challenged families there is a question of definition. Based on previous research a definition of what characterizes a multi-challenged family is presented, that the parties apply in the project (e.g. Clifford et al, 2015; Bredmar et al, 2014; Davidsson, 2017; Mešl, 2018). A multi-challenged family can be characterized by a combination of a number of challenges:

1. Parents are often unemployed or have at best insecure, part-time work.
2. There are many one-parent families, usually single mothers.
3. Low income.
4. A significant number of parents have been traumatized by abuse or neglect suffered when they were children, or by maltreatment and dysfunctional relationships with partners in early adulthood, or have suffered both these deprivations.
5. Relations between parents, even when they live apart, are often strained.
6. Low education.
7. Poor health.
8. Substance abuse and/or alcohol problems
9. Poor network.

It was broadly agreed that a family with 4 or 5 of these characteristics could be defined as multi-challenged. However, it must be emphasised that families with multiple challenges also have a wide range of different needs and the response of support services needs to recognise the need for a flexible approach which can be adapted to the specific needs of individual families.

2.2 Social Innovation as a Concept

Social innovation is an outstanding paradigm that is increasingly attracting the interest of research, companies and policy makers (Andrew & Klein, 2010; Trettin & Graskamp, 2010). Despite its popularity[1] social innovation rarely appears as a specific and defined term and its presence in research literature is still scarce (Beham, Drobni & Verwiebe, 2009; Goldenberg et al., 2009; Howaldt & Shwarz, 2010; Echeverría, 2010).

There is no shared understanding of social innovation (including a clear differentiation from other concepts such as social entrepreneurship or technological innovation). There are many definitions of social innovation[2] but there hardly is any consensus (Amanatidou et al., 2018; Edwards-Schachter & Wallace, 2017; Howaldt & Hochgerner, 2018; Van der Have & Rubalcaba, 2016).

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[1] Social innovation has been reflected in multiple respects since the beginning of the century, including the rising number of centres devoted to promoting social innovation, such as Canadian inter-university Centre de Recherché sur les Innovations Socials (CRISES) in 1986, the Vienna-based Zentrum für Soziale Innovation in 1990, the Social Innovation Generation at the University of Waterloo, Stanford University in the US in 2000, etc.

[2] The concept of social innovation is born from the on-going debate and critique on traditional innovation theory with its focus on material and technological inventions, scientific knowledge and the economic rationale of innovation. It points at

Social innovation as understood by the European Commission/European Union is meant as "about new ideas that work to address unmet needs" to "empower people, and driving change" in the sense that it leads to social change that produces sustainable social inclusion (Fougère et al., 2017). It is also a major component of aid programmes targeted at developing countries (Hubert, 2010). The Renewed Social Agenda, which was adopted by the European Commission in June 2008 emphasizes the role of social innovation as an opportunity to shape Europe's response to new social realities, to generate new solutions, connecting with the citizens and promoting a better quality of life. Social innovation is seen as a powerful instrument to affront the economic crisis which requires both quick solutions to pressing social problems and the long term development of a sustainable social system (BEPA, 2009). As underlined by the Lisbon Agenda, some of the most important social challenges facing Europe will also require innovation that cuts across sectoral boundaries, straddling public and private sectors. For example, responding to disability issues requires changes to everything from employment law and pensions to new models of care, interlocking changes in hardware, infrastructures, accessibility, local government and lifestyles. Struggling against new risks or inequity demands innovative initiatives in social fields not only in applying new technology, manufacturing and services innovation but also in proposing innovative organization and new methods of collaboration, bringing together novel sets of social actors (Schumpeter, 1934). Knowing more about the processes of social innovation and the forms of support for social innovation would help societies to act more effectively on these 'wicked' problems. As Mulgan argues, social innovation is especially oriented to "fields where there is the greatest gap between needs and current provision, which can often be gauged by how angry or dissatisfied people are" (Mulgan, 2006).

Phills, Deiglmeier & Miller (2008) have underlined the mechanisms involved in bringing about positive social change, bolstered by the "cross-fertilization" of the non-profit government, and business sectors in response to the increasing complexity and global scale of issues in recent decades. These authors identify three critical mechanisms of social innovation: 1) Exchanges of ideas and values; 2) Shifts in roles and relationships; and 3) Integration of private capital with public and philanthropic support. These mechanisms of social innovation and their dialogical processes favour the increasing access to resources and fostering mutual consideration of all involved parties. Laville (2005) have analysed the process of social innovation, looking at the ways in which the overall inadequacy or lack of the response to social needs has led to different kinds of locally based activities and local services. In the European countries, these services are the origin for the development of organizations that contribute both to social cohesion and to employment creation. Andrew and Klein (2010) considers that those using the services, as well as the institutions themselves, should become actors in the democratization and the decentralization of the administration of the services, contributing to social innovation initiatives.

Lundvall (1985) recognized the usefulness of applying a user-producer perspective to innovation since several decades, considering innovations as the result of collisions between technical opportunity and user. From his point of view, the interaction between user and producer can adopt three different forms: exchange of products, exchange of information and cooperation. He affirms that "the interaction between innovation and user-producer relationships is far from harmonious and states of disequilibrium - reflected in unsatisfactory innovations - prevail".

The applied working definition of social innovation taken in LIFE is *"a new solution, or an approach to a social problem, a combination of practices in areas of social action prompted by certain actors or constellations of actors with the goal of better coping with needs and problems than is possible by use*

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the need to take notice of society as a context that influences the development, diffusion and use of innovations, but also points at the possibility that innovations bear risks as well as opportunities for society.

of existing practices"[3]. Innovation, in this context, is therefore social to the extent that it varies social action, and is socially accepted and diffused in society throughout society, larger parts, or only in certain societal sub-areas affected.

While "innovation" can be defined as the invention, development and implementation of new ideas (products, services and models), social innovation implies that these ideas have the purpose to combat social problems. Social problems are any situation that prevents individuals, groups or communities to be included into society as is understood in "inclusiveness" and "participation"; or, conversely, any individual, group or community that is socially excluded from social welfare and well-being. Social inclusion is the process by which societies combat poverty and social exclusion[4] (Atkinson & Marlier, 2010). At the same time, social innovations are gaining in importance not only in relation to social integration and equal opportunities, but also in respect to the innovative ability and future sustainability of society as a whole.

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[3] In this context, LIFE project explored perspectives of innovation at micro level, exploring the interrelationship between innovation and quality of life of multi-challenged families.

[4] It is argued that empowering these groups helps to overcome the daunting problem of resource shortcomings by enhancing peoples' quality of life through empowerment of individuals to engage in society which strengthens integration, welfare, and social cohesion in the long-term. In this sense, exclusion is not viewed as individual inadequacy, but is imputable to institutional blockings and shortcomings, market failures, public sector silo thinking and growing fragmentation of the civil society.

3. Social Work in the partner countries – The Baseline Study

During the first phase of the LIFE project, the partners carried out a Baseline Study / Needs Analysis exercise to bring together the existing relevant experience and research, analyze existing practice and professional training relevant to work with the target group and identify gaps in provision. The overall purpose of the study was to provide a sound basis for joint development work on the projects' main intellectual outputs / products.

3.1. Organization of Social Work - The Impact of Changes in Social Conditions and the Policy Environment

The Baseline Study found that there were some differences between partners on the needs of multi challenged families and how to work with them, and that this was influenced by differing social conditions and policy environments within the countries represented in the partnership. The most important contrast was between the negative impact of economic problems and austerity policies in Italy, Slovenia and Portugal and the more stable economic conditions and stable or expanding social and health services budgets in Sweden and Norway.

In partner countries experiencing austerity and retrenchment in service provision, efforts to combat social exclusion and social interventions to support struggling families had become increasingly difficult. In Norway and Sweden who haven't had to contend with austerity, the picture is more complex; although services have expanded, inequality has increased and the labour market has become more difficult for those with limited education and skills with a focus on higher skills requirements in many jobs, and less permanent, reliable employment. Immigrants also tend to be overrepresented among low income households. Research demonstrates that there are significant number of multi challenged families in both countries in which both adults and children often have significantly greater health problems, poor school attainment and other challenges.

3.2. Existing Professional Training

During the Baseline Study the partners reviewed existing professional training relating to work with multi challenged families and concluded that there were few directly relevant programmes available at either basic or advanced levels in the 5 countries. Sweden, for instance, probably has the most comprehensive social work education system among the partner countries, with relatively large numbers of students at masters or doctoral levels, but has few courses at these levels that could be considered very relevant for social work with multi-challenged families. Equally in Norway there is little focus on work with multi challenged families in basic or post graduate training. Similarly in Italy the emphasis tends to be on specific client groups such as migrants and people experiencing addictions rather than multi challenged families as such. In Portugal however, there are examples of more relevant courses e.g. a masters' degree with a focus on families at risk at the Lisbon Catholic University, whilst the University of Ljubljana in Slovenia have developed training programmes / models at bachelor level focusing on multi-challenged families.

3.3. Perceived Gaps in Training and Education

Based on this review, the study concluded that there were severe shortcomings in existing education and training provision relevant to the LIFE project's primary target group. In addition to concern at the general lack of provision further concerns identified included the following;

- There is too much emphasis on intra-family relationships and too little on inequality and marginalisation in analysis of the challenges facing families, within education and training programmes.
- Thinking underpinning interventions with multi challenged families is not sophisticated enough and the complexity of the issues and situations faced by practitioners is not adequately addressed in existing programmes.

- Professional education is too specialised and segmented and discourages a holistic analysis and multi professional approaches, even though everyone pays lip service to them. Training programmes need to include a focus on multi-disciplinary and inter organisational working, as well as innovation in family environments.
- Existing programmes have an insufficient emphasis on practical work which hinders learning about how to apply theoretical knowledge and there is often a tension between what students learn in social work training and what they encounter in practice settings.

3.4. Recent Policy Changes that affect work with Multi-challenged Families

All of the partners report policy changes that for the most part have had a negative effect upon multi-challenged families or upon work that sets out to improve their situation.

Table 3.1 Recent policy changes that affect social work with MCF in the partner countries.

Type of policy change	Slovenia	Sweden	Italy	Portugal	Norway
Budget/cuts	X			X	(X)
Stricter rules	X	X	X	X	X
Legislation	X		X	X	X
Reorganisation					X
Privatisation	X			X	

The most common type of change is the introduction of stricter rules that affect access to services or entitlement; all of the partners report such changes. Legislative changes have also occurred in most countries. Only Norway reports reorganisation, and only Slovenia and Portugal mention privatisation.

3.5. Changes in social conditions

The partners from southern Europe all report adverse economic conditions, unemployment and austerity policies that have had serious negative impacts for multi-challenged families.

Cervia point to the continuing economic crisis in Italy and continued high unemployment. Families with multiple challenges have difficulty in obtaining housing and access to economic support has become more difficult. Cervia point out that there are jurisdictional differences in the various regions of Italy. A regional Children´s Commissioner has been set up. Cervia are also affected by the influx of large numbers of immigrants from Africa, who are essentially destitute on arrival and badly in need of employment as well as other forms of assistance.

The situation in Slovenia is depicted in quite similar terms. Poverty is increasing and vulnerable families risk social exclusion and poor health. Unemployment and increasing numbers of single-parent families are important factors here, but families with parents who work can also experience poverty. These problems are compounded by severe austerity policies. To quote from their baseline report:

> *Families face a variety of complex problems: poverty, social powerlessness and lack of skills to deal with many problems, they can experience social exclusion, the burden of disease, addiction, abuse, violence, oppression, homelessness, limited mobility in the environment and inactive lifestyle, etc.*

Coimbra APCC also describe an economic crisis, leading to austerity policies that directly affect the ability to meet basic needs for citizens. There are profound inequalities and many have a low standard of living that threatens their dignity and integrity. Service structures have partly broken down, and services are not accessible for many. Coimbra point to the factors that also are at work in Italy and Slovenia; unemployment, declining disposable income for families, and the emergence of structural poverty

affecting about a fifth of the population. All this leads to greater demand for social security, but as Coimbra point out there has been a marked retrenchment, public provision is being cut, and responsibility for services is being transferred to private organisations. In addition, rehabilitation and health services more generally are being cut. A general conclusion is that efforts to combat social exclusion, and social intervention on behalf of struggling families have become very difficult: long-term trends toward social integration and support for the vulnerable have been put into reverse.

Norway and Sweden have not had to contend with austerity associated with retrenchment after government debt and deficit. Most areas of social and health services are expanding. Norway has seen a quite pronounced shift toward greater inequality of incomes, though it is one of the most affluent countries in Europe, and has had a lengthy, sustained period of economic growth and affluence from the mid 1990`s onward. Family poverty is on the increase too, though Norwegian central government insists on only admitting to child poverty. Parents, seemingly, cannot be poor, or perhaps among those living in low-income households. As the NCR research has shown, there are quite significant numbers of multi-challenged families in both Norway and Sweden, and both the adults in these families and their children have significantly higher rates of health problems (and especially mental health problems) than prevail in the general population of families. Children in such families have poor attainment at school and often drop out at upper secondary level. What seems to be emerging is a gradually more difficult labour market for those without education and skills. The knowledge economy can exclude those who do not manage to keep up with demands imposed by a rapidly changing labour market. These impacts especially heavily on those who did poorly at school, including the parents in many multi-challenged families, and is an obvious risk for their children, whose school attainment is so often poor.

The baseline material from Linköping provides insight into the everyday consequences of these labour market problems. Job opportunities for unskilled workers have often been outsourced in recent years. This is also associated with a move away from permanent, reliable employment, to short-term work or to a situation in which individuals will have to change jobs more often, one can`t expect to have a job for life any more. Digitalisation has also led to a reorganisation of daily life. Service is often provided via a laptop, and citizens have to organise themselves. Housing is also an area in which there is discrimination or marginalisation. Social service clients may find it difficult to find a landlord who lets them get a lease on an apartment.

3.6 Partners Views about Work with Multi-challenged Families

The partners considered the most serious challenges facing services and practitioners working with multi challenged families. They identified the following;

- A lack of professional focus on multi-challenged families and serious shortcomings in knowledge and competencies in working with them.
- Individual Support Services were over specialised and coordination and cooperation between them is inadequate, which creates problems when the families concerned were in receipt of a range of services.
- Management and organisational structures could obstruct effective inter agency and multi-disciplinary working.
- There was a need for a more holistic approach, including inter agency case managers to provide better coordination between services and a better overview of the families' situations and prioritising of interventions to achieve greater impact and change.
- There was a need for enhanced emphasis on the families' perceptions of their situations and co creation of solutions.

The results of the Baseline Study reinforced the central idea underpinning the LIFE project that local innovation can play an important role in developing better quality services for multi challenged families. It concluded that current education in training for social work and other relevant professions was not

providing the grounding in the competencies and skills required for innovative practice, and practice itself, with its day to day pressures, was not likely to generate a pressure for innovation. The importance of innovation skills in working with vulnerable families is due to the fact that the families require help from a range of support services, so that effective cooperation is required between these services. The families also often need sustained support over a lengthy period to overcome their difficulties and organisational barriers and resource constraints can obstruct efforts to help, so that for practitioners, skills required to think outside established frameworks are at a premium.

This means that a combination of practice, research and skills development inputs will be required at the local level, organised on the premise that new ideas and ways of working must come from inside the practice itself, must be thoroughly thought out and prepared, and be capable of being put into effect.

4. The Competency Framework for the LIFE Project (IOP1)

This section deals with issues relating to competencies and skills. It is based on contributions from each partner. Those from partners in Portugal, Slovenia and Italy were provided in coordination meetings in the beginning of May 2017. Sweden and Norway have presented their ideas since then. Each partner has their own aims and priorities within the general set of common aims set out in the original project proposal. Here we present an outline of the partners´ thinking and progress so far, briefly summarised, especially those that are substantially the same as presented in earlier material (University of Ljubljana, University of Trondheim)

4.1 The Partner Countries Views and Contributions

APCC Coimbra describes its target group as follows: Families of disabled people from 0 to more than 45 years old, with diagnosis of Cerebral Palsy and/or other neurological disorders, or intellectual and multiple disabilities.

APCC is currently adjusting to pressures due to the impact of austerity. There have been changes in the resources available for service provision to the target group, and substantial changes in entitlement to service. Not only specific services for disabled children and adults are involved, but also provision of basic health and social services which disabled persons are so often dependent on. For Coimbra this amounts to severe pressure, especially on Case Management functions, which have become very difficult to perform. So this will be one focus in the training APCC will offer. A review of caseloads has shown that 84 families meet the criteria defining multi-challenged families that have been set up in the LIFE project.

APCC Coimbra has already chosen six participants for their training course (three social workers, two occupational therapists and one psychologist). This reflects the respective professions` involvement in the organisation`s work with the target group.

Skills that are specified by APCC include:

1. Understanding of innovation.
2. Critical reflection about intervention models and their underlying concepts, practice with multi-challenged families, Case Management and the client system.
3. Reflection about assessment of problems.
4. Analysis of existing instruments.
5. Skills required for scientific production (practice and evidence).
6. Ethical issues (the role of each professional and how this articulated in the organisational setting).
7. Organisational skills.
8. Knowledge about evolution of social policies.

APCC has a complex interplay with a variety of agencies and organisations. This has been described in their presentation, but is omitted here. APCC has set up a stakeholder group.

R & D Centre Linköping and the Municipality of Linköping define their target group as multi-challenged families with low income and social benefits/welfare from the member municipalities of the R&D-centre. They provide an explicit rationale for this choice based on earlier research carried out in Linköping and Trondheim. These have shown that:

• Multi-challenged families have difficulties in benefitting from social services.
• Multi-challenged families may have many contacts with the welfare system; this complicates support.
• If parents and/or children have neuropsychiatric diagnoses this complicates the situation further.

They identify two major factors underlying this:

- A lack of relevant working methods that focus on the family as a whole and;
- The highly specialized organization of Social and Health Care that leads to fragmentation of support.

The project Family Pilot conducted in Linköping set out to design, test and evaluate working methods for social workers as family pilots in order to effectively help and empower multi-challenged families. This project had positive and interesting results. Innovative aspects in the project were the development of new working methods for social workers as Family pilots. The methods involved:

- Focus set on the family as a whole.
- Acting on behalf of the family.
- Working flexibly to support the family at home and in relation to other partners, i.e. School, Health Care, Social insurance etc. This can include everything from everyday activities at home to supporting families at meetings with representatives, "interpret" documents, help to plan and organize activities etc.
- The results show that the families' home situation improved, stress was reduced, the school situation improved for the children, placements could be avoided, and parents could move from unemployment to work, training or education.

The working methods for the Family Pilots can be characterized as more generalist than specialist oriented and inspired by Case Management. They addressed unmet needs (lack of proper assessment and co-definition of the problem, need for key person /coordinator, poor definition of social worker roles, fragmented professional interventions, and a general need to clarify professional roles and remits). Their innovative content was:

- Co-creation of solutions with the families, valuing their perceptions.
- Case Management as part of an interdisciplinary approach.
- Need for reflection and perspective (with others).
- Focus on practical skills and solutions.
- Identifying areas of potential for change in the family situation.

Linköping specify a set of skills required to work with multi-challenged families:

- Work holistically with the family as a whole (generalist).
- To be able to act in a complex and fragmentized context.
- Work in a multi-professional team.
- Work in a cross-organizational and coordinating professional role.
- Coordinate work of inter-organizational and multi-disciplinary teams.
- Work with innovations in social work in a family environment.

A generalist role in social work means a shift from specialized social services, where every problem requires its specific contribution and where the mission is clearly defined, to provide support and treatment with width and a system theoretical perspective, to focus more on prevention work, to interact with all relevant partners and the family. A generalist should also be able to judge when there is a need for specialized treatment and be able to motivate and direct on to the current instance.

This can translate into different competencies and skills needed such as:

- Reflection on theory and practice
- Analyze complexities of life in multi-challenged families
- Analyze context and structural factors
- Assessment

- Team work
- Disabilities

The participants will be chosen from the member municipalities of the R&D-center. The participants should have a connection with client work and have a formal professional education relevant to the field, e.g. in social work, psychology, behavioural science, physiotherapy etc. Furthermore, the participants should have some connection to area based social work, i.e. focus on the local conditions in each area and how to improve a family's situation by strengthening and supporting natural networks and collaborative forums in the local community. Area based social work should build on a co-creation approach in which citizens should be involved in the planning and implementation of the actions. A stakeholder group has been established.

The University of Ljubljana, Faculty of Social Work defines its target group as families with multiple challenges, especially those threatened by social exclusion and the risk of poor health. Their aims are similar to those pursued in the project "Helping families in the community: co-creation of desired changes for reducing social exclusion and strengthening health". This project sought to develop social work with families as the main vehicle of training. The Faculty has had a distinctive approach to training for social workers within the framework of bachelor- and master level education, encouraging students to reflect on their practice experience together with faculty members and field supervisors. Their aim has been to train social workers to co-create approaches and solutions together with the users of services.

The Slovenian partners are concerned about the impact of social change and poverty. There are some parallels to descriptions provided by Cervia and APCC Coimbra, but a difference is that Ljubljana describe a situation in which the basic functioning of the family unit and community may be increasingly threatened. As an example they point to the increasing frequency of situations in which mothers leave their families, most often with a background of very adverse circumstances. In the LIFE project the Slovenian partners will begin to extend their distinctive approach beyond social work training, into the work of the social work centers that provide service to local communities.

Ljubljana`s approach to working with multi-challenged families is that it is primarily a matter of good up-to-date social work practice. This has to be individual in the sense that the practitioner is the key to good work, and practitioners must be able to operate in situations of uncertainty. Learning is seen as always involving practical learning, and the approach to skills is that characteristic of clinical practice, in the sense that the relationship with the family and the possibilities opened up by this are in sharp focus (see the LIFE Research Summary February 2017 pp. 25-26).

The Faculty in Ljubljana would ideally want to offer training to some social workers from communities outside Ljubljana, but there are resource constraints that may make this difficult. The Faculty has established a stakeholder group.

The Centre for Child Welfare Research and Innovation, University of Trondheim (NTNU) defines its target group as families with multiple challenges that are in contact with child welfare services. In practice these will be mostly families that have long-term contact with child welfare. Trondheim devised the master degree level course in innovation that has served as a forerunner for the training envisaged in the LIFE project. In the light of that experience it has been judged as important to adopt a broad definition of innovation (it being especially important to include low-level practical innovations such as changes in administrative routines, the precise framing of assessment work, and follow-up routines for work with families). In the project "Working with Neglected Families" designed as a follow-up to the New Child Welfare, financed by the Norwegian Research Council, the centre in Trondheim attempted to establish an innovative approach to work with families in four local authorities. The results were by no means as positive as those of the Linköping Family Pilot project, but very interesting all the same. They

suggest that social work in child welfare in the Norwegian setting is seriously constrained by management styles that use sub-optimal output measures to regulate work, management styles that have been much assisted by digitalisation of records and reporting procedures. In a sense management is not motivated to foster innovation unless the government imposes it, and may indeed actively oppose initiatives if they originate at the front line.

Trondheim specify a range of skills that somewhat resemble those provided by Linköping. The view of underlying problems connected with working with multi-challenged families is very similar, but Trondheim has perhaps a less optimistic view of the potential for general change due to their experience with Working with Neglected Families:

- Working with the whole family.
- Listen and learn from family members.
- Good communication skills including written presentation.
- Understand the importance of practical help.
- Understand the value content of models and methods and think critically.
- Learn how to assess and utilize research findings.
- Working with other agencies and professionals.
- Teamwork.
- Ability to constructively question approaches and routines.
- Helping others to reflect about work and accept others` contributions.
- Attaining an engaged and helpful but realistic and critical approach to management.

The centre in Trondheim is working with two local authorities to select child welfare staff to follow the training. A stakeholder group has been established.

Cervia has decided to focus on families in which parents have difficulty in obtaining employment. Little research dealing with quality issues at national level is available and too little attention is paid to inequality and marginalisation issues. Cervia is also concerned with community awareness of services and the importance of securing community supports. Cervia have interesting approaches to enlisting community support, as for example with their work with volunteers who can identify and channel families in need toward the services.

Cervia have to contend with more adverse circumstances than the other partners in the project. One aspect of this is that the municipal services they operate are under severe pressure due to austerity and legislative changes that have led to worsened circumstances for the target group, as we have seen in the Baseline Study. Services in Italy are much more regionally differentiated and organised than services in the other partner countries.

4.2 Concluding Remarks

All the partners have their own focus due to their particular situation. This is not surprising. But it extends to the definition of what skills the training programme should set out to develop in that phase. There are fairly close similarities between Linköping, Coimbra and Trondheim, though Coimbra specifies a broader range of skills. Case Management is a common interest they have with Linköping. Trondheim and Linköping have much the same reasoning about the needs experienced by families and the shortcomings of conventional service approaches, but in the case of Linköping this has led to a trial of a specific innovatory service model. Trondheim has been more preoccupied with a general reframing of service approaches, and has seen that there are obstacles to this. Ljubljana is much influenced by an agenda of establishing social work education and has chosen a model in which basic clinical skills in social work have first priority.

All the partners however agreed on some core skill components and principles that training should embody:

1. An approach that deals with the problems encountered by the family as a whole.
2. Understanding that service structures and ways of working do not necessarily serve the best interests of multi-challenged families.
3. Working in cooperation with the family, respecting and working on the basis of their experience and viewpoint.
4. Paying attention to communication skills.
5. Understanding the nature of disadvantage and disempowerment.
6. The importance of teamwork skills.
7. Working towards a dialogue with the owners of services and their management.

Based on these conclusions the key elements of the Competency Framework included the following:

- A holistic approach to working with the family.
- Co-creation of solutions with the family, valuing their perceptions. This contrasts with much current practice which tends to assume the families are fundamentally dysfunctional and that their perceptions are therefore of little value.
- The need for a multi-disciplinary approach to address the fragmented nature of multiple professional interventions.
- Case Management as part of this and understanding the challenge that this represents to professional and management hierarchies.
- Understanding innovation in social work in a family environment.
- Identifying areas with potential for change in the family situation and prioritizing interventions accordingly (being proactive rather than reactive).
- Practical Skills and Solutions required to implement innovation.
- Generic Skills e.g. analyzing needs of families, reflection on theory and practice, problem solving, teamwork, communication.

5. The Knowledge Triangle in the LIFE Project (IOP2)

5.1 Some reflections on the LIFE program and the work with the Knowledge Triangle

The knowledge triangle (the interaction between practice based knowledge, knowledge in training and education, and research-based knowledge) is a fundamental issue in the LIFE project, which sets out to develop new skills, competencies and training products and methodologies to enable social workers and related professionals to innovate and adopt more effective interventions in working with families experiencing multiple and complex difficulties.

Practitioners in services face challenges in assimilating, analyzing and applying their own practice knowledge as well as knowledge based on research. This can be a barrier to innovation, the more so because practice-based knowledge and research-based knowledge must be seen as *different forms of knowledge.* Practice-based knowledge develops in the context of a particular workplace and is usually shared between those who work there. It is *situated knowledge* that often enough is not fully articulated and not shared with outsiders, but it shapes the workplace and the perceptions and preferences of those who work there nonetheless. Workplaces that function entirely on the basis of practice-based knowledge will risk becoming resistant to change and will operate within the comfort zone of their practitioners.

Research-based knowledge is developed using *universal criteria for validity and is often assumed to be applicable in many settings or even in any setting,* but such knowledge is, as experience tells us, not always readily adaptable to a particular setting. Applying research-based knowledge in a service setting and achieving a proper balance between practitioners´ experience and research-based knowledge takes time and requires respect for the culture of the workplace. The point is that some kind of balance between practice-based and research-based knowledge has to be sought.

On the other hand we need to be able to develop ways of training practitioners that are responsive to the needs and experiences of service users. Practitioners must be able to reflect upon their work with users of services in order to find improved ways of working. An important idea in the LIFE project is that trainees will benefit from open-ended reflection about their clients, their work and their workplace. This is especially important in a situation in which we want to develop innovation skills. If information provided by clients can be deployed and used in training, so much the better.

The work with the knowledge triangle focus on the interaction between: 1) practice-based knowledge, 2) knowledge in training and education, and 3) research-based knowledge and is a fundamental issue in the LIFE project. Given the thorough background description of research on work with multi-challenged families and how the education systems are organized in the different countries we know broadly how the situation is regarding points 2 and 3. The challenge in the design of the knowledge triangle is to integrate this knowledge with results and experiences from the LIFE training program that focus more on practice-based knowledge. In the work with the knowledge triangle we noticed that we can formulate clear implications for both knowledge in training and education, for example in higher education and continuing education, as well as for research on social work with multi-challenged families, based on experiences from the LIFE training program.
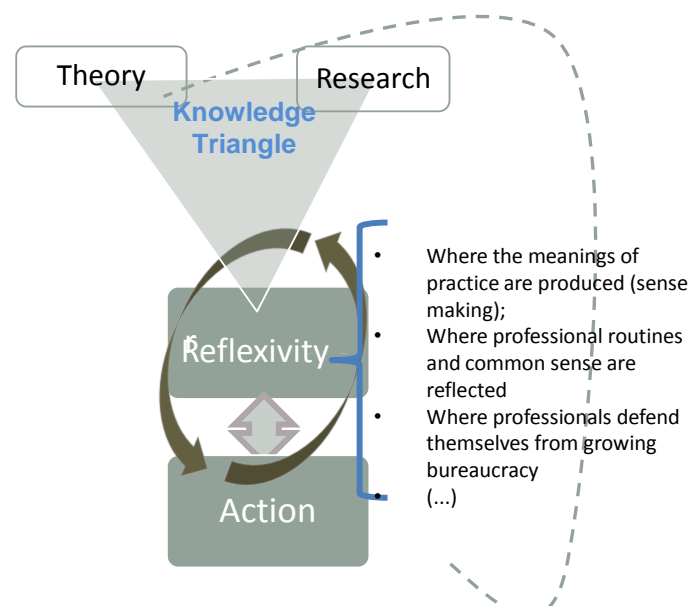
Although the different partners in LIFE overall agree on the definition on multi-challenged families as used in the project, there is some variation on the perceived challenges social work with this group of clients can entail. As described in The Baseline Study:

1. The most important contrast in the baseline material is the impact of economic problems and austerity policies in Italy, Slovenia and Portugal, which contrasts with more stable economic conditions and stable or expanding social and health service budgets in Sweden and Norway.
2. Social workers and psychologists appear to be the professional groups most often involved in work with multi-challenged families.
3. There are very few directly relevant courses of study that could provide a good training for work with multi-challenged families available in the partner countries.
4. The partners perceive what they see as gaps in available training rather differently.
5. The most common types of policy change that have affected partners` work with vulnerable families are stricter rules for benefits and access to services, and legislative changes.
6. Generally unfavorable social and economic conditions as well as austerity threaten work with multi-challenged families for the partners in southern Europe. The Scandinavian partners emphasize organizational problems and the impact of managerial approaches that hamper social work.

5.2 Social Innovations with multi-challenged families in relation to the Knowledge Triangle – the Portuguese case

The Knowledge Triangle (KT) in Portugal was particularly useful as a conceptual tool for thinking up the new ways of experimental learning pilot. Linking together Research, Education and Innovation, with processes on its three sides and orchestration tools at its heart, APCC put the Knowledge Triangle in practice together with 3 Faculties of Social Work - ISCTE –IUL[5] , FPCE-UC[6] and ISMT[7] - thinking in the challenge to integrate knowledge with results and experiences from LIFE training program and reflect about the development of micro innovations with multi challenged families. The model is based in the reflexive approach and the collaborative production of new knowledge (see Ferreira, Amaro, Pena & Alvarez-Pérez, 2017).

Theory Research

Knowledge Triangle

Reflexivity

Action

- Where the meanings of practice are produced (sense making);
- Where professional routines and common sense are reflected
- Where professionals defend themselves from growing bureaucracy
- (...)

Source: Ferreira, Amaro, Pena & Álvarez-Pérez/2017

Figure 5.1 The Knowledge Triangle in practice – the Portugal case

[5] ISCTE – Instituto Universitário de Lisboa
[6] FPCE-UC – Psychology and Education Sciences – University of Coimbra
[7] ISMT – Instituto Superior Miguel Torga

The way to operate with KT was through the Forum of Stakeholders[8]. The Universities were chosen because they possess excellent assets that can contribute to learning pilot in the context of Knowledge Triangle. They are able to detect weak signals, potentialities to be explored by providing information about bibliography, recent theses that present results related to topics of discussions, critical analysis, suggestions and joint validation of decisions within the scope of the project and so help professionals to more effectively develop their strategies, as social workers are confronted with at an earlier stage of LIFE. By implementing the Knowledge Triangle since the beginning, education and discussion of practices contributes more strongly to focus on innovation with multi challenged families aspects.

In the APCC Coimbra context, the Knowledge Triangle acts as a platform for learning, producing new knowledge, and co-creating actionable ideas for solving complex challenges of families and the practice of Social Work (Living Lab). For example five micro innovations were chosen by APCC, to analyze the practice based knowledge obtained from the individual social workers work to think about, experiment new solutions with families and report in the LIFE templates.

In the core of the process was 1 year of innovation but the forum worked actively with the team during the entire period of the project. It operated in a multidisciplinary, critical friend and dialogue-oriented way allowing all participants collaborating in the pilot learning[9]. This cooperation helped to put in practice results related into research, an issue that brings out the need for new research-based practice knowledge and for new and better concepts for using both existing and new knowledge.

Conceptually, the Knowledge Triangle (KT) combines practice based knowledge, education and innovation to enhance renewal capabilities and efficiency of interventions with multi-challenged families. The goal was to break the borders between traditional practices and create synergy by integrating teachers, researchers and social workers to think, reflect and work together. Thus KT (Living Lab) experience acts as a:

- Contributor of innovation methodologies: learning , research and enriching social work interaction;
- Content contributor: APCC produces knowledge, solutions and innovation based on real-life needs and complex challenges of multi-challenged families;
- Driver of change : whole concept as an operational mode is a driving force;
- Booster for innovation culture of organization.

In its simplest form, APCC Knowledge Triangle based concept consists of three basic elements:

1. Concrete Experience of multi-challenged families (practice based knowledge, research-based knowledge);
2. Ongoing training for updating and deepening of the necessary knowledge for professionals (knowledge in training and education);
3. Knowledge Production with process of reflectivity which promote the innovation process and its impact in MCF and professionals.

The contextual dynamics of families was the fundamental basis of the Portuguese pilot, and these processes were under continuous discussion & reflection concerning (a) the patterns and dynamics of schools of thought and (b) methods for accelerating the contextual evolution of social work intervention.

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[8] Forum of Stakeholders was previewed in the Application of LIFE.
[9] The team was supported by multiform and timely facilitation. 1 coordinator, 5 social workers and 4 Professors of Social Work (PhD) represented field experts, researchers, and professionals from linking innovation and families facing multiple problems. The sessions has given the opportunity to reflect critically on working methods normally taken for granted, offering interesting insights and opening up wide spaces for reflection.

This approach ensures that pilot findings were easily translated into improved interventions with MCF, updated LIFE core content and new learning methodologies.
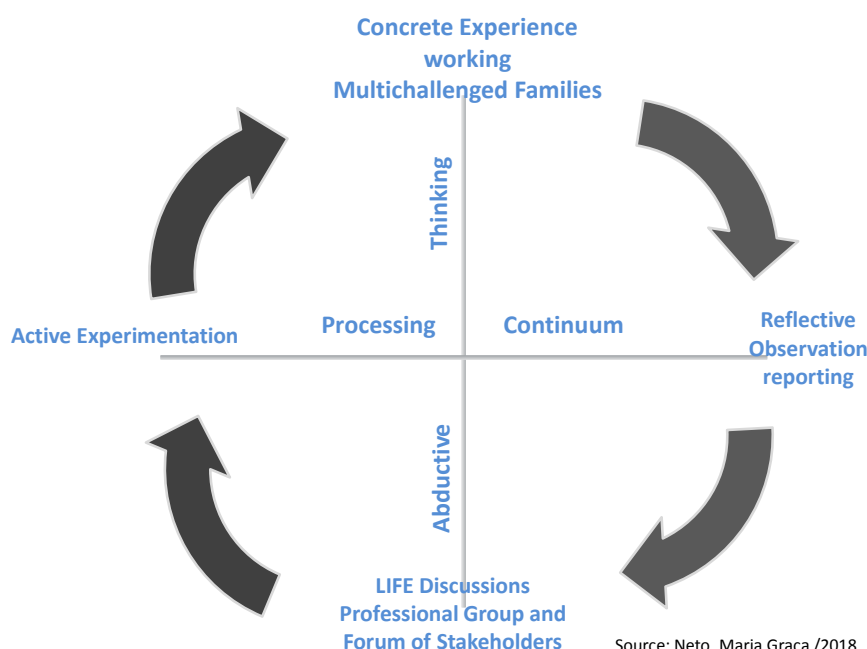

Figure 5.2 The Knowledge Triangle in Practice.

Learning outcomes are strengthened by collective, reflective[10] and introspective learning processes. Participants benefited from the highly inspiring cognitive elements of the energetic process. All educational activities are adjusted to produce focused results, such as the quality of families' life.

Coordination and facilitation supported collaborative sense making and the generation of common purposes over the entire process. This makes a supportive leadership process and an accelerator for both sides – social intervention and educational transition.

5.3 Concluding Remarks

Work on developing the knowledge triangle in the LIFE project should be seen as a process rather than a finished product. Practical knowledge creation needs stimulus for development and innovations, a critical perspective and scientific approach, support for implementation, systematic follow-up and evaluation, development of a learning organization and interaction with surrounding actors.

The participants in the training program must have enough scope to try out new and alternative solutions and to design alternative action strategies and solutions. Employee driven innovations assumes access to research-based knowledge to support the understanding and evaluation of the problems and phenomena that occur in everyday work. This requires ongoing dialogue between practitioners and researchers. Furthermore, the relationship between research and practitioners based on an interactive design must balance a clear division of roles with an equal relationship where experience-based and scientific knowledge can enrich each other.

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[10] The empirical data from LIFE project demonstrated that abductive approach might be difficult to implement .It appears that social workers felt a need to use /be informed by integrated theoretical, ethical and organizational frames. They used deductive learning rather than abductive leaning (almost in all countries).

The national teams need to support the participants in the training program so that the development of practice-based knowledge is given optimal conditions and also documented and reported in such a way that it provides a good basis for the process of creating a knowledge triangle.

These new ways of co-creation knowledge made it possible provide the new solutions for intervention with indisputable competitive advantages (practice research-education and research-innovation platforms).

6. The Innovation Skills Development Program (IOP3)

The innovation skills development program (Intellectual Output 3) is based on Intellectual Outputs 1 (Competency framework) and 2 (Knowledge Triangle). Those three intellectual Outputs were tested through a pilot training program which were implemented over a 12 month period, January – December 2018. One central element in the training program is the focus upon practical innovations in social work with families with multiple challenges. The participants are chosen because their everyday work includes tasks related to such families. The explicit aim of the training program is to devise new ways of organizing social work that can offer improvements for children, adults and parents.

The framework for the training program:

Two international training weeks were organized in which participants from all the five partner countries worked together. These meetings took place in Ljubljana, Slovenia at the end of January 2018 and in Coimbra, Portugal, in November 2018[11].

6.1 Pedagogical Framework and Starting Points

The training program set out to provide participants with a "free space" within which they could discuss and develop practical approaches to problems that they encountered in their everyday practice with multi-challenged families. It is to be based on *abductive reasoning and learning.* This contrasts with the two more common learning approaches termed *deductive* and *inductive.*

Deductive approaches emphasise structured presentation that starts with basic concepts and then uses examples that demonstrate these. They are as such teacher or instructor-centred. Training in methods or procedures that are systematic and manual-based uses a deductive approach. This can be both effective and efficient provided that that the instructor or trainer knows what has to be done, and the aims for the methods being taught are sufficiently clear.

Inductive approaches are based on a different premise. It is assumed that knowledge is mainly built on a basis of learners´ experience and their interaction with phenomena. So learners are encouraged to discuss examples of the concepts to be assimilated and applied, and to discuss these. The instructor or trainer provides guidance. Inductive learning can be appropriate in many contexts. Learners have a more active role, and take part in "constructing" the concepts to be learned by referring to their own experience and perceptions.

In the LIFE project we are at or probably beyond the limits of what can be learned using deductive or inductive approaches. Innovation requires actual changes in practice, primarily designed to provide better, more appropriate help for families. Practice is complex, and heavily influenced by a whole series of pressures, and takes place within an arena (an enclave) in which practitioners have to make judgments and decisions in a constant flux. Work with families may be conducted in bureaucratic settings that set out to enforce set procedure and predictability, but there may be a considerable tension between this mode of organization and the demands imposed by maintaining readiness and rapid response, as for example in child protection. Practice is often regulated to secure measurable and preferred outcomes and this regulation may restrict the freedom to reflect or attempt new strategies. In the LIFE project we think that organizations and structures affect the ways in which practitioners perceive and think. This may make innovation at local level quite difficult to achieve.

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[11] Schedules of the transnational meetings are presented in the appendix as the list of reference literature and learning materials.

Abductive reasoning and learning has become popular in various applied contexts of late, for example in work with artificial intelligence (AI). But its roots go a long way back, to the natural philosophy of the ancient world and late medieval/renaissance epochs, before the emergence of modern empirical and experimental science. The simplest way of explaining the concept is that inference from observation and experience is an essential step in developing new ideas and hypotheses, *without undue reliance upon or reference to* prevailing doctrines and theories. Inference in this connection means a summarization and weighing of observation and experience to find likely or plausible explanations for a phenomenon or problem. *Educated guesswork* is the everyday English expression that comes closest. But abductive learning involves more than this, rather a process in which inferences are challenged, and their practical applications discussed in terms of feasibility, and ultimately tested out by using new approaches and devices based upon them in practice. Abductive reasoning may lead to incorrect inferences, but it is still creative and productive in that a range of avenues toward better practice can be opened.

A question that arises is whether abductive reasoning and learning and *critical reflection* as practiced in social work (and many other professional settings) are in effect much the same. Brookfield (1990) explains that critical reflection involves three phases:

1. Identifying the assumptions ("those taken-for-granted ideas, commonsense beliefs, and self- evident rules of thumb") that underlie our thoughts and actions;
2. Assessing and scrutinizing the validity of these assumptions in terms of how they relate to our 'real-life' experiences and our present context(s);
3. Transforming these assumptions to become more inclusive and integrative, and using this newly-formed knowledge to more appropriately inform our future actions and practices.

It is obvious that there are some strong similarities between critical reflection and an abductive learning approach, but our focus in the LIFE training program is upon setting up a learning environment for the participant groups. On the whole, it seems that much use of critical reflection is directed at *individual* awareness. In the LIFE courses, we want to encourage participants to look at the aims, approaches, and constraints agencies of various kinds apply in helping multi-challenged families *in the light* of families' needs. In effect a somewhat "cooler" approach that devotes less attention to the individual social workers´ relations with families. It has to be admitted that this distinction cannot be very hard and fast, and perhaps only is to be regarded as a nuance. And it would be undesirable to prohibit use of a critical reflection approach if course leaders have substantial experience of using it. The limitations of time available are determinant to restrict or potentiate very thorough use of critical reflection as an approach in the LIFE training program.

6.2 Skills in Social Work with Multi-challenged families

When we use the term *skill,* we refer to what we must be able to do to work toward a goal or support a task (Billett, Dymock, & Choy, 2016). Skills are not abstract, intellectual entities that organizational psychologists have dreamt up. Skills are operational, what one needs to be able to do the job. Some tasks require several skills from their executor, to be deployed simultaneously or in rapid flux, which is obviously complicated. Skills are usually thought of as individual capabilities and this most often seems reasonable. Even when working with others on a complex task, there will usually be some skill requirements that individuals have to satisfy.

Competencies are essentially jobs described in terms of the skills required as well as the professional background and theoretical knowledge deemed most appropriate. Many social workers, like other professional employees, are expected to be adaptable and in large measure self-regulating, and these two requirements are part of what are defined as competencies.

In the LIFE project the starting point has to be different. *Our organization and ways of doing things are often part of the problem multi-challenged families have to deal with.* We want to develop *innovation*

skills. To accomplish this, we have to be prepared to redefine tasks so that they relate better to a family´s needs, and we have to be critical about the assumptions built into prevailing practices that do not help us to deal with the needs and difficulties a family experiences. This may require *reframing*, that is revising the assumptions involved in assessing the problems that affect a family and the ways in which we set out to help them.

> *Innovation skills are practically the types of skills that allow individuals to become innovative in what they do. These are usually a combination of cognitive skills (e.g. the ability to think creatively and critically), behavioral skills (e.g. the ability to solve problems, to manage risk), functional skills (e.g. basic skills such as writing, reading and numeracy), and technical skills (such as research or organizing and analyzing information).*

The question that arises from this is whether there are generic innovation skills that can be identified when partners drawn from very different professional settings, in different national contexts with pronounced cultural differences, work to define aims and the skills required to deal with varying legal systems and levels of resource constraint. LIFE is obviously set up to enable a severe test of what might be domain-specific, and what could be seen as generic. So this was one of the questions relevant to the content of the toolkit.

A social innovation is new solution or an approach to a social problem. This can mean changes in patterns in a field at micro, national, or global level, making use of the self-organizing power in society and how to use this power of individuals and communities e.g. social work with multi challenged families, education, health, etc. The European Commission describes social innovation as "about new ideas that work to address unmet needs. We simply describe it as innovations that are both social in their ends and in their means".

We have emphasized that our focus in LIFE is upon low-level innovations that improve help for families, good ideas that can be realized using available resources. The discipline this requires is to be able to think beyond what each agency sets out to provide, and this can of course be demanding.

Looking back to the pre-project stage in which we set up the outline for LIFE, there was an emphasis on avoiding top-down innovation strategies that at any rate in our Scandinavian experience have been unsuccessful in reducing the burdens, privations and discrimination suffered by multi-challenged families. Nor were we convinced that methods or models often taught in social work education would be effective. (Some of these however, are probably relevant if nowadays unfashionable or partly forgotten, such as task-centred social work.) What we were concerned about was the necessity of re-thinking work with the families. This involved a fresh approach to learning in which the traditional didactic models based upon deductive and inductive strategies would have to be abandoned. Instead we wanted to focus on abductive learning that would draw on the experience of group participants and the dialogue.

6.3 Choice of Participants

Partners´ thinking about choice of participants has been dealt with in the Intellectual Output 1 *Competence and Skills Framework.* The important point is that all participants should have their everyday work with multi-challenged families. In practice most participants were social workers, but some of the partners included personnel from other occupational groups[12].

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[12] It was the case of Coimbra APCC. Initially 2 occupational therapists participated in the project however after the 1st session of training in Ljubljana they decided do not proceed because of the contents of training be focus on Social Work matters.

6.4 Content and Basic Components of the Innovation Skills Development Training Program

The content of the training program is related to the knowledge base and approach outlined in the baseline study, knowledge base papers, and Intellectual Outputs 1 and 2[13]. Participants are expected to develop innovative approaches and devices in their work with *the individual families.* Partner organisations and field agencies have given their consent to participant´s following the training program, but they hadn't direct influence on any of the working methods and approaches proposed by participants. It should be noted that the focus in LIFE is upon low-level innovations that can benefit particular families; our intention is not to work toward sweeping changes and reorganisations, though changes and organisational issues are inevitably part of the discussions that emerge. Working toward low-level innovations that are useful for families involves a realignment in which the following the principles presented in the Competency Framework.

1. A holistic approach to working with the family.
2. Co-creation of solutions with the family, valuing their perceptions. This contrasts with much current practice which tends to assume the families are fundamentally dysfunctional and that their perceptions are therefore of little value.
3. The need for a multi-disciplinary approach to address the fragmented nature of multiple professional interventions.
4. Case Management as a working methodology to understand the challenges this poses on professional and management hierarchies.
5. Understanding innovation in social work in a family environment.
6. Identifying areas with potential for change in the family situation and prioritizing interventions accordingly (being proactive rather than reactive).
7. Practical Skills and Solutions required in implementation and innovation.
8. Generic Skills: analysing needs of families, reflection on theory and practice, problem solving, teamwork, communication.

In the Baseline study 13 learning goals was formulated for the pilot training program:

(1) Skills
- Initiating and carrying through innovation processes
- Meeting standards for argument and presentation
- Cooperation with partners in innovation processes
- Identifying areas of work where innovation is needed
- Understanding preconditions for inter-professional cooperation and communication

(2) Knowledge
- Knowledge of innovation and innovation processes
- Understanding of what can promote or hinder innovation
- Better understanding of child welfare work with families in difficulty
- Innovation as a perspective in child welfare
- Innovation in learning organizations
- Knowledge of different types of innovation strategy
- Learning to see own practice and experience in the light of theory and societal issues

(3) General Competence
- To be able to reflect upon users´ situation and needs
- To reflect on the interplay of organization, structure and culture influencing what help users can obtain

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[13] THE COMPETENCY FRAMEWORK FOR THE LIFE PROJECT (IOP1) and THE KNOWLEDGE TRIANGLE IN LEARNING TO INNOVATE WITH FAMILIES (2).

- To acquire an inter-professional and interagency mentality
- To acquire ethical insight and standards for practice

The training program consists of four different components:
1. An introduction to innovation theory and practice (Learning, Learning organizations, Knowledge production, expertise and reflection, the relation between scientific/ knowledge based structuring and reflection, social workers background and competence lifeworld, citizens voice and monitoring practices).
2. Reflection in groups.
3. Individual work with practice-based innovations.
4. A written presentation from each participant/country group.

Ljubljana and Coimbra – Transnational Activities
The training program was organized in two international meetings at the beginning and end of the training program in which participants from all the five partner countries worked together and interim national activities. The activities covers a total of 160 hours of work for each participant divided in 60 hours for the international meetings and 100 hours of work in each country.

Transnational meetings:
- January/February 2018 In Ljubljana, Slovenia (30 hours)
- November 2018 in Coimbra, Portugal (30 hours)

National:
- February - November 2018 (approximately 100 hours)

Each partner had to organize introductory meetings before the first transnational meeting in Ljubljana and Coimbra and collect information and viewpoints from participators and to give some tuition relating to innovation theory. National project teams and participants where participating at both events.

The Training in Ljubljana, January 2018, were organized with the presentation of the program and practical issues, as well as theoretical themes and lectures, as research on MCF and Social Work, Innovation and Evaluation.

The Training in Coimbra, in November 2018, were organized to cover different themes, namely: the training program and work with MCF, micro innovations and organizational factors and policy in social work with MCF. In addition the program concludes by linking to the theoretical starting points: Multi-challenged families, innovation, the knowledge triangle and abductive learning. The ambition was to get a good balance between presentations from partners about the meta templates[14] and discussions as well as analyzing the similarities and differences between the countries to report their experiences from the national training programs and the micro innovations that have been worked out and it was used as one of the starting points for the work with the Innovation toolkit.

A significant part of the Training program consisted of group work, round table discussions in mixed groups where the participants from the different partners have the task of collectively processing

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[14] A template was used by that course participants in each country to report their experiences from the national training programs and the micro innovations that have been worked out. A meta-template was used as a tool to create the basis for the presentations based on the same structure, to facilitate the round table discussions. The topics were, as follow: 1.The common features of the families' everyday situation and needs; 2.The purpose and the key components for the innovations with the families; 3.The content of the work done with the families and the social workers' experiences of this; 4.The innovations in relation to the role as social worker; 5.What skills and competencies in social work should be available to work with the selected micro innovations; 6. The innovations in relation to organizational policies and practices; 7.Summing up the most important experiences and knowledge gained in the work with micro innovations with MCF.

experience from the national training programs and micro innovations with MCF. These discussions were led by facilitators from the project team who have the task of supporting reflection and analysis of the participants' experiences as well as summarizing in two points about what was enabler of the innovation, and two points on the barriers for their innovation, and to summarize together with each group what is coming up. Learning materials consisted of articles, reports, case studies, micro innovations and power point presentations.

6.5 Transnational part of the Innovation Skills Development Program

Table 6.1. First transnational training week, early 2018.

First transnational training week, early 2018 , Project teams and participators from the different countries	
Introduction	**Practical arrangements, presentation, introduction**
Themes	**Theme: Innovating with multi-challenged families** • What is the practice experiences/actual challenges of multi-challenged families' situation in the partner countries/organizations? • What does research tell us about the situation for families with multiple challenges? The importance of an everyday life perspective, what do we mean by this? • National groups discuss the challenges families face. Do existing approaches and methods help? What are the gaps in knowledge and in services for the families about? **Theme: Innovating with multi-challenged families** • Innovation: what competence and skills are required for work with multi-challenged families? What do we mean by innovation? • Practice knowledge and Research knowledge in work with multi-challenged families. **Theme: Innovation approaches and challenges** • Innovation research and challenges in partner countries. **Theme: Evaluation and Research**
Activities	**Lectures** **Group work** • Groups discuss the challenges families face. • Do existing approaches and methods help? • What are the gaps in knowledge about, and gaps in services for the families? • National groups discuss need for new approaches to multi-challenged families. **Round table discussions** **Presentations**
Materials	Presentations based on templates from participating partners. Articles, power point presentations etc.

Table 6.2. Final transnational training week, late 2018.

Final transnational training week, late 2018, Project teams and participators from the different countries	
Introduction	**Practical arrangements, presentation, introduction**
Themes	**Themes focusing on experiences from the national training programs and micro innovations in social work with MCF** *National training programs* • organization of the training program • theoretical input and study materials • meetings and exchange with others • support • supervision • learning and outcomes *Social work with MCF* • Challenges in social work with MCF • Competencies and skills needed *Micro innovations* • How to identify micro innovations to work with • Challenges to work with micro innovations • The role of social worker in relation to work with MCF and micro innovations **Themes focusing on the conditions for working with micro innovations** • Factors that facilitate and hinder the work with micro innovations. • What support and skills is needed in the work with MCF and micro innovations? • Work with micro innovations in relation to organizational policies and practices • Implications for training and education.
Activities	• Reports by the individual partners on national training programs, learning and micro innovations in social work with MCF based on the participators reports (template). • Round table presentations and discussions focusing on experiences from the national training programs and learning. Mixed seminary groups from participating countries. • In group sum up from round table discussions focusing on experiences from the national training programs, learning and micro innovations in social work with MCF. Mixed seminary groups from participating countries. • Round table presentations and discussions focusing on skills, training, organizational factors and policy in social work with MCF. Small mixed groups from participating countries. • Conclusions in the light of the theoretical starting points: MCF, innovation, the knowledge triangle and abductive learning etc. • Reflections and evaluation of the training program.
Materials	Presentations based on templates from participating partners.

Regarding the national training programs, there are great similarities but also some differences. The similarities include training on putting the families' situation in focus and being able to develop innovations in order to give better support to the clients. In this context, theory, tools and various methods are applied, as well as dialogue, reflection and feedback from the project teams. What differs is the number of meetings and if the focus is on individual families, team work or on the organization of social work.

6.6 National programs

Table 6.3 National parts of the training programs – February to October 2018.

	Italy	Norway	Portugal	Slovenia	Sweden
Local curriculum aims/goals	Acquire tools (Triangle, Ecomaps, micro-planning grid) and methodologies able to support work with MCF.	Develop family centered innovations for child protection users.	Improve working model centered on the clients/family through intervention in multidisciplinary teams, to involve, strengthen and empower MCF.	Support SWs who collaborate with MCF for reflexive use and development of knowledge and self-confidence. Implement innovations for SWs working with MCF.	Develop skills for innovations in social work with MCF.
Content / themes	Methods and tools to analyze and design interventions with families. Theoretical and methodological tools connect to the Italian national program P.I.P.P.I.	Protection. The quality of SW. SW and the approach to the families is the key issue. Re-framing. How to communicate with and involve families and to design help for them.	Innovation theory and practice. Theory of resilience, communication, literacy in inter professional practice, action-research, and co-construction. Relational skills, the attitude of the intervener.	Support, reflection and implementation of innovative SW with MCF. Working relationship of co-creation. Solution focused approach with families/children in community/at home. Narrative approach. Gestalt approach in working with children.	Research on SW with MCF, Learning and innovations in working life, case management, systemic perspective. Interpretation of collected material. Implications and applications.
Course design: lectures, group exercises, discussion, reflection	Lecture on tools for innovation. Discussions. Monitoring and reflection on work with MCF. Exercises. Preparation for TN meeting.	Reflection in group, support from project staff, ongoing support from two dedicated staff.	Meetings with project team. Feedback. Sessions with Stakeholders and professors from Universities. Supervision.	Short lectures, discussions, experiential workshops, reflections about each project SWs projects. Homework after each meeting,	Lectures, group discussions, presentations and reflection on application of tasks in work with innovations. Work with TN report.
Participation of teachers, facilitators and supervisors	1 researcher from Padua University, project team.	Support from project team, stakeholders and guest lecturers.	Reflection Group, Social Workers, MCF.	2 researchers from Faculty of Social Work, project team.	1 professor from Linköping University, project team.
Number of meetings	7	2 events, 3-day sessions.	5 Sessions with Stakeholders. 36 meetings with SW.	10 half-day meetings.	7 half-day meetings.
Instructions and tasks for participants	How to use tools with clients. Analysis of situations, resources, needs and to define objectives and actions.	Group developed own dialogue, interchange and infrastructure.	Learning through reflection on practices with MCF, peers and stakeholders, abductive thinking, reflexivity, innovativon in daily work.	Homework after each meeting, reading texts and recording meetings with families with pre-prepared forms.	Instructions for tasks, homework and critical reflection for each theme in the local training program.
Learning materials and tools	Selection of chapters in the handbook of the P.I.P.P.I. program.	Intellectual products, background study and selected literature.	Articles, theses. Evaluation tools, template report.	Articles, book, power point presentations, demonstrations of new approaches.	Texts, power point presentations.
Abductive learning and work with micro innovations	Tools were used for inference from observation and experience during the interaction with families in creation of meaning and understanding of situations.	Strict abductive approach, minimal input from project staff. Encourage contact and dialogue with users.	Micro innovations, holistic, understanding of complex systems. Cooperating with stakeholders, building alliances and networks. Putting the family in the center for long term solutions.	Reflexive learning as starting point for the training program and each meeting.	Participants defined their own cases for innovation. Application of theory for learning, innovation and social work. Analysis of factors for change.
Feedback to participants e.g. regarding tasks and individual templates	Periodically researchers and participants met in order to discuss, reflect and support the innovations and the relation between practice and theories.	Periodically researchers and participants met in order to discuss, reflect and support the innovations and the relation between practice and theories.	Templates to help participants to work and (re)think. Important to invest in training concepts and reference theories before the development of micro innovations.	Continuous support from project team. Professors from FSW read and gave written feedback for participants. Feedback on each meeting and finial assignments.	Written feedback on texts/templates from project team, discussions in group.

6.7 Practice based Innovations

The rich and varied Practice based Innovations that has been carried out by the different partners in the training program based on the templates prepared by the partners within the context of learning to innovate with families for analytical reasons are presented in different levels: Clients/families, Social workers and Group/team.

Table 6.4. Practice based innovations.

	Italy	Norway	Portugal	Slovenia	Sweden
Clients/ families	Multi-dimensional Assessment Framework in order to involve and give voice to families and children and to share information between operators. Pre-assessment, Child World Tringle, Micro-planning grid, Ecomap (Network model).	Innovate in collaboration with families. Approaching the families without own goals or tasks, offering support or practical help. Trying out new solutions to old problems. Observing, discussing and changing the relation.	Ensure safety, well-being and quality of life by providing services that involve, strengthen and empower families. Dialog as a tool to understand the problems and working solutions with families.	Strengthening the power of parents, social network of families, financial situation. Improving mutual relations between family members. Achieving school performance of children.	Empower extended family system/ private network. Reduce the number of professional contacts. Empower network. Engage clients in planning of service. Starting from the family situation. Engage parents, children and participating parties. Create structure and process flow.
Social workers	The process of learning, understanding and testing participatory evaluation and tools with families. Child in the center, agree with the family on tasks and responsibilities, develop in-depth knowledge of family situation. Individual study. Testing with the families. One-to-one coaching.	How to be different in the same context? Time and engagement. Creativity. Extended home visits, increased frequency and time. Available, accessible outside the office. Coordination. Do social work in action not in words.	Think Social Work in family environment. Thinking "outside of the box". Critical mind to develop innovative practices. Abductive thinking.	Knowledge about theoretical concepts of social work and consistent use in practice (e.g. personal contact and working relationship with family, working from strength perspective and ethics of participation). Creating secure space for conversations, getting new experiences and learning.	Guiding the families in their meeting with society. Case management. Empowering both professional and private systems. Supporting the professional system to cooperate. Reduce power imbalance in the meeting with clients. Systemic work.
Group/ team	Provide concrete guidance to facilitate the participation of all who cooperate in the work with empowerment of MCF. A shared guide among operators for assessment. Periodic group meetings.	Cultural approach, attitudes, internal dialogue about the project and families. Experiencing differences.	To improve the working model centered on the clients and family. Multidisciplinary team. Team Building and inter-organizational networking. Social Diagnosis & Strategic Planning.	Focus on support and reflection of implementation of new social work knowledge in practice.	Cooperation between professionals. Multi-professional teams. Teamwork.

Given the cultural and structural differences that exist for the partners in LIFE, it is still possible to see some aspects regarding innovations at the client/family level that are common.

Innovations in relation to the Client/family level
- To consider the family as a whole.
- Focusing on relationships in the family.
- Not to have preconceived notions about what problems the family has or what help is needed.
- The ambition to involve families in solutions and to strive to empower families.
- Dialogue and involving clients in the planning of support and help.
- To use different tools, such as assessment tools.
- Strengthening the family's network and reducing the number of contacts with professionals.

Innovations in relation to the role of Social Worker
- To embrace a learning perspective.
- To have an open mind, to be critical and creative, and to think outside the box.
- To test new ways to work specifically in the family context.
- Involve the professional system.
- To know and be able to apply theoretical perspectives to social work.

Innovations in relation to the Group/team level
- To work with multidisciplinary/-professional teams around the families.
- To have a dialogue with colleagues about the work with the families and to share experiences.
- To reflect on support and implementation and being able to work with common instruments for assessment.

The similarities found in the material can be explained in different ways. One possible explanation is that the challenges and demands social workers face in meeting multi-challenged families are relatively invariant, despite the fact that cultural and structural differences exist. Another similarity is that multi-professional teams are emphasized in social work with multi-challenged families and the requirement this places on management and the organization. If this is true, it supports the interpretation that there would be generic competences involved in working with innovations with multi-challenged families. An alternative interpretation may be that the LIFE training program and the forms of collaboration that have been applied in LIFE in some way align the participants and their interpretations of the target group and how to work with them. However, it is our opinion that what is presented in the templates are characterized by more similarities than differences.

Investing in empowerment of clients means to find strengths in capabilities and potentialities, reducing costs in social support services and health and gaining benefits. This requires that all actors involved should be open to new ideas and sensitivity and responsiveness and to maintain transparency in the process of collaboration with families in order to empower the extended family system/private network. The social workers need a flexible working environment, acquiring new skills, self-reflection and feedback.

7. The Innovation Toolkit; developing and supporting innovations in social work with multi-challenged families (IOP4)

The Innovation toolkit (IOP 4) aims at describing a range of skills and competencies that can be deployed in social work in services for multi-challenged families as well as a possible design and content of a training program for social workers. The rationale for this element in LIFE is that social workers (and indeed many other professionals) are not taught innovation practices in their basic training. They are often exposed to top-down innovation strategies designed to enhance managerial control, ration services, or even discriminate against users of service, and have by virtue of their training little skill and insight that might support innovations that would actually offer some benefit to users.

7.1 The Innovation Skills Development Program and social innovations

In view of this section, the ambition was to design and test an Innovation training program that include a curriculum focusing on practice based innovation skills, knowledge and competencies required to enable professionals working with families to develop a holistic, flexible and constructively critical approach in social work with multi-challenged families. The program is intended to be interactive, linking families with researchers, educators and practitioners and designed on a modular basis for delivery on a standalone basis or to complement existing professional development programs.

The objective of the program is to be transferable on a transnational basis with core competencies and content which can be customized to national requirements and specific target groups.

Analysing the more detailed LIFE micro innovations, there is "a pattern that can be generalised: successful, scaling innovations are characterised by their compatibility and connectivity (in a non-technical sense) with their institutional and also cultural and normative environments". This implies a certain incrementalism. Innovation needs support from management structures, engagement of stakeholders, networks and learning perspective from professionals, to have open mind, unconventional thinking and creativity in accepting a different logic of family life to test new solutions. We can affirm that innovation involves the wish to do things differently, to think in terms of transformation to institutions and to social practices. We appoint that many micro-innovations resulted in the reconfiguration of social-spatial relations; in new ways of locating social activities in space (social innovation is contextual - socially and spatially embedded). We consider that "social innovation requires learning and institutional capacity to learn. "Learning institutions" are therefore critical elements in the social innovation process" (Andrew and Klein, 2010).

Some common characteristics emerged from the micro-innovations, which are:

- Co-creating value with multi-challenged families and tapping knowledge from them ;
- Knowledge and collaborative networks;
- Challenges as driver for innovation;
- Social innovation friendly environment still has to be developed at organizational level with the management structures.

Multi-challenged families were involved in the development or improvement of the solution in about majority of the mapped micro-innovations. More precisely, families provided knowledge throughout the innovation process in form of dialogues, feedback, testing and experimentation and suggestions for further improvement. These findings correspond with the observation that those families have a substantial role in innovation processes that goes beyond the mere utilization of the solution provided by others. Moreover, it suggests that micro-innovation initiatives rely on users' specific knowledge and feedback to meet their needs properly. This is further substantiated by the involvement of multi-challenged families as solution providers, and clients as co-creators. It can be assumed that the success of the solution strongly depends on multi-challenged families acceptance and active participation. Social workers should invest in

empowering clients and families as a possibility to find strengths in capabilities and potentialities rather than spotting deficits, reducing costs in social support services and obtaining benefits.

Resources, constraints and capabilities are as manifold as micro-innovations developed. During the pilots we saw that they differ within the innovation development stages. Human resources, knowledge and empowerment are continuously developed by mutual learning of all actors involved within micro-innovation processes, leading to capacity building and new capabilities. Empowerment is an important result and a driver, concerning not only beneficiaries and professionals but also societal actors including (parts of local) communities. Lack of time is one of the main barriers for up-scaling and all professionals experience funding constraints; different sources have to be harnessed. Main drivers are (local) social demands and societal challenges as well as individuals/groups/networks; main barriers are scarcity of innovation culture inside the organizations, missing (policy) support mechanisms, lack of personnel and (managerial) skills.

To unlock the potential of innovations results it is necessary to set-up an innovation friendly environment inside structures: supporting relevant and appropriate resources fitting to different stages of the innovation process, fostering new (organisational) capabilities and overcoming process and system related constraints.

The different stages or steps in the pilot training process the main differences verified are that ideas come from social demands and that social objective are, at least, as important as economic ones. In this context, the main barrier to put innovation into practice is the lack of a general framework offering 1) a clear idea of what a social demand is and how to assess and gather them as a source of opportunities, as well as 2) indicators to assess monitor and compare the effectiveness of initiatives.

The mobilization for citizen participation in decision-making is also a factor behind the greater importance social intervention with those families; encouraging the self-organization and therefore producing new forms of participation to meet these demands produce positive results. One of the inputs of the LIFE project was to underline that micro-innovations can complement organisational innovation at upstream level to achieve systemic, long-lasting changes in social work and families. When families instigate change themselves and develop the innovation pathways, it is more likely to be successful and endure. One of the central messages of these micro-innovations of LIFE is that they are the opposite of quick-fix solutions. The lifecycle of innovation (processes of emergence, stabilisation and scaling up) are very conditional and are not available simply at the press of a button.

7.2 Key skills among practitioners and managers for developing innovations with multi-challenged families

Based on the presentation of practice based innovations above, some preliminary characteristics regarding key skills for developing innovations with multi-challenged families can be formulated.

Social workers need to be able to communicate with clients in such a way that they can acquire in-depth knowledge about the families' situation in general, understand the families' situation and needs, to value the families' perceptions and combine this with good system competence. Furthermore, social workers need to understand innovation in social work in a family environment and identifying areas with potential for change in the family situation and prioritizing interventions accordingly by being proactive rather than reactive. Generic skills include reflection on theory and practice, problem solving, teamwork and communication. Being able to work in a multi-professional team is also an asset.

Based on this knowledge social workers need to be able to design the best support for the family based on the current situation and to support empowerment and strengthen the clients' natural networks. This means having good communication skills, being creative, critical thinking, theoretical knowledge and the ability to reflect and an abductive approach.

Managers need to be able to support the work and give room for action to social workers, to support reflection and learning and to facilitate collaboration with other organizations that the family and social workers encounter. Service is not to be based on taken for granted assumptions or how social work is traditionally conducted and the social worker should be able to combine practical help with coordination and work with network and other professions.

7.3 Promoting and impeding factors in work with practice-based innovations

Based on the perceptions of the participants, we will present some conclusions on promoting and impeding factors for work with practice-based innovations in LIFE.

Table 7.1. Promoting and impeding factors in work with practice-based innovations.

	Promoting factors	Impeding factors
Professional level	• Personal engagement and motivation of SWs, openness for learning, orientation for co-creative ways of collaborating with families. • Promotion of a culture of innovation. • Availability of adequate time. • Construction of a less formal setting that favors more dialogue and listening. • Availability of tools to give voice to clients. • Thematic areas to be explored during interviews/dialog. • To develop a more in-depth knowledge of the family situation. • To agree with the family on tasks and responsibilities. • To support the relationship among services and families. • To have a shared guide among operators for the assessment of the situation. • Possibility for the tools to be used by different operators (e.g. social worker, educator, psychologist, health care).	• Low professional self-confidence of SW. • SW are overburdened. • The need to intervene in emergency situations. • SWs do not record meetings with families in a proper way. • The Knowledge Triangle is not properly powered and supported.
Organizational and Structural level	• A culture of innovation. • Support from management to SWs. • Regular meetings where SWs could reflect on the processes of collaboration with families. • Feedback to SWs on the innovation process. • Structure of meetings. • Cross-sectorial collaboration and networking, exchange of ideas and triggering of collaboration potentials. • Support structures such as continuous training and workshops. • A good network of institutional and private partners, opportunities for exchange and dissemination of practices. • A small town provides close contact between SWs and management, making it easy to implement effective and innovative practices. • Clear goals and structure of the program. • Linking innovations to national guidelines. • Interim and final evaluation.	• Bureaucracy. • Standards, norms and routines that hinder innovation. • Management does not support innovation. • Split up of social work, e.g. child interviews is prohibited for SWs. • SWs and other professionals use different approaches when collaborating with families (co-creative vs. authoritarian approach). This place only the single person at the center of the project and not the whole family. • Other organizations, in particular in the healthcare field, often has objectives that are different from the Social Services'. • Reorganization which bring more pressure and more procedural work within for SWs.
Transnational development program	• The introduction of tools and methodologies that were useful in order to integrate with families. • Use protocols of collaboration. • Collaboration for guidance of the process and to sustain interaction. • Support to management to create a culture of innovation. • Guidance of theories and critical discussions. • To involve the stakeholders from the beginning of the project. • Stakeholders and management can reduce organizational obstacles, make sure that participants have sufficient time and resources, help in building networks and link different professions and sectors.	• Unclear idea on the international level about what to implement on national level. • A clearer common structure and model is needed for implementing the international program. • To involve stakeholders and management in planning and developing new practices and structural changes you have to have support in research and how the new way of working is better from others and what financial consequences it will bring. • Stakeholders and management need to understand the aims, design and theoretical starting points for the project and to be able to support the participants and the national project team.

If we try to interpret the outcome of the practice-based innovations in LIFE in order to describe promoting and impeding factors, some general conclusions can be drawn.

As far as the social workers are concerned, it is necessary that they are able to reflect and critically examine their professional role and how to perceive social problems, that they are able to see the whole in a family or clients' situation and to take the family/client's point of view and to be able to test unique solutions. In this context, a professional identity that limits the possibilities for this is an impeding factor.

Managers need to be able to support an innovative way of working, offer room for manoeuvre, support reflection and provide the opportunity to work in multi-professional teams. If leadership fails to do this it is an impeditive factor.

At organizational and structural level, all factors that limit innovative work or lead to fragmentation of support are barriers. Especially when social workers and managers who meet multi-challenged families are confronted with other organizations with other objectives but who still affect the lives of the families, this can constitute an obstacle. Cooperation between professionals can make the support system more effective. One aim for the professional systems should be to reduce the number of professional contacts that the families have. The fact that the educational systems generally do not train future social workers to work with innovations or with the special challenges that the meeting with multi-challenged families entails this also constitutes an obstacle.

Despite the clear expectation and indication that innovation in social field has gained prominence as a way to address social problems and needs it is also clear that there is an increasing need to be able to demonstrate the impact of innovation. There is a need for an effective evaluation system focused on the results of social innovation processes.

8. Final Discussion

8.1 Background to the LIFE Project

LIFE was based on the idea that social workers and other professionals do not always have the skills and competencies that are required to provide adequate help for multi-challenged families. In particular, they lack innovation skills. Their practice should provide the best vantage point for "seeing" the family and what needs the family has. But often enough this does not help. A Norwegian project showed that attempts to reframe service for multi-challenged families were liable to founder (Clifford et al, 2015). Efforts to change ways of working were stifled through lack of time. The Swedish family pilot project showed that reframing was entirely possible, given that social workers had enough time to support users (Davidsson, 2017a). So the projects in Sweden and Norway that built upon findings from research carried out in 2007-2012, supported a more resolute approach in which new ways of working were central. Routine approaches to social work with multi-challenged families do not work. Social workers must have the time to listen to family members and on this basis find ways of helping that deal with the real problems.

Changing our way of perceiving family life and thinking about service users´ needs is of course very challenging. LIFE built on a particular view of practice learning, an abductive approach, in which practitioners would be expected to suggest and justify new ways of working. They would get some support and input, but their view of problems experienced in practice and their understanding of what users said about their needs and concerns, would be the basis for making changes. Project managers in LIFE would not "know best" or provide guidance. This espousal of abductive learning principles reflected our perception that organizational rules, adherence to dogma that affects professional ways of thinking, and a desire to do everything as cheaply as possible often become the overriding aims in services, drowning out the users´ voices and interests. LIFE was a radical venture in the sense that its design excluded managers, owners and stakeholders from deciding what innovations should be pursued. The idea was *not* that managers, stakeholders and owners should have no role in innovation. Of course they should. Our concern however was that practice itself, and direct contact with users, should generate new approaches to helping families.

There are serious obstacles in testing and implementing service strategies that might foster inclusion of groups likely to be marginalized both in the north and the south of Europe. In the view of the Scandinavian researchers who initiated LIFE this was due to a displacement of focus, in social work just as much as in other occupational groups. *The everyday life issues and challenges the families faced were treated as subordinate to professional and administrative agendas, and service providers were not sufficiently concerned with the family seen as a whole.* Attempting to secure quality by insisting on procedural standards simply made the problems worse.

Why do social workers experience such difficulty in helping multi-challenged families? Difficulties, it has to be said, that other professions also encounter. Our idea, based on the Scandinavian research projects, was that multi-challenged families cannot be helped using standard approaches and methods.

Social workers are trained using a mixture of approaches and methods. There is *classroom teaching provided by qualified experts in various relevant disciplines as well as in social work itself.* This should be research-based where possible. Its objective is to provide relevant background knowledge that is scientifically validated, and once student social workers have demonstrated adequate knowledge they apply what they have learned in practice at their own discretion. Social workers must also *work in practice under supervision* in order to be qualified. Supervisors are experienced professionals. The objective of this practice is to start a process in which the trainee assumes responsibility for his or her own professional learning and practice. Practice learning draws upon a broad and long-standing tradition in professional learning, in which the experienced professional serves as a model for the trainee. *Training* in the strict sense is also a component in social work education. It is used when learning methods and skills. It is a limited and

systematic activity, its object being to obtain a uniform and invariant practice in a restricted area. But none of these educational components can foster, let alone guarantee, a flexible innovative practice.

There have been signs that social work training and education are nowadays not so well adapted to conditions in practice, which have changed a great deal. We need services that can be adapted to needs without exhausting and disruptive innovation enforced from above. The kind of stable practice environment that traditional approaches to social work education assumed, no longer exists. This changeover to a dynamic, shifting practice landscape places a premium on practitioners´ ability to find the best solutions for users and apply these without undue friction in the organization. The trend toward bureaucratically enforced uniformity of procedures we have seen in recent decades has been a disservice to users with special and complex needs, as Munro (2011) argued. The gap between managerial and professional perceptions and concerns is also widening and this is a complex issue. Information technology has given management access to ongoing work processes. This has enhanced the potential for internal control. Some maintain that this has effectively limited professional discretion. Research findings from Norway suggest that managerial perceptions have colonized supervision of students in certain service settings. As users of services, parents in multi-challenged families often resent managerial participation in decision-making. They want to relate to social workers that they know and trust (Clifford et al., 2015).

8.2 The Knowledge Triangle, Abductive Learning and the Innovation Skills Development Program

The Skills Innovation Training Program was developed through the perspective of the Knowledge Triangle, i.e. integrating practice based knowledge, research-based knowledge and knowledge in training. The starting point was the reflexive approach and the collaborative production of new knowledge (see Mešl, Kodele[15], 2016; Ferreira, Amaro, Pena & Alvarez/Pérez, 2017) used in periodic meetings with social workers[16].

The concept of the Knowledge Triangle is based on reflective processes which can provide potential answers to social problems by promoting interaction between different actors in addressing the acute challenges faced by multi-challenged families and proactively influencing and improving operational environments. The opportunities that the Knowledge Triangle opens for private organizations (3rd Sector), public and universities working together can create a favourable context for discussion of experimental approaches (Living Lab). All actors can bring distinctive knowledge but all have a great deal to learn from each other, and from more extensive and rigorous reflexion on how innovation happens. The 'Living Labs' of Stakeholders Forums tested through the project, brought together like-minded organisations from different fields to share ideas and experiences with the aim of enhancing and accelerating our ability to treat, and even solve, some of the pressing professional /organisational /policy challenges involved in working with families, and proved to be innovative with a possible multiplier potential.

A key requirement for progress are management structures which cooperate and support the build-up of a new culture of collaboration and knowledge co-creation based on a context in which organizations, social workers and families together are the drivers of innovation and transformation. Our common view is that success is based on continuing learning - lifelong learning - measured increasingly in abilities to connect and manage partnerships and practical innovation processes.

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[15] The circular process of the theoretical and practical upgrade of knowledge (Mešl, Kodele, 2016) and
[16] The National Training differed between countries according each specific context and systems and respecting the Transnational Training matrix.

8.3 Holistic approach and Case Management

A fundamental aim of the LIFE project was to overcome the common problem experienced by professionals working with families facing multiple challenges i.e. that there are often too many people involved in helping one family, with relatively little impact and a lack of effective collaborative working.

One potential solution to this tested during the piloting was that there should be one social worker (as a key person) or case manager to oversee collaborative work with the family[17]. This was the one of main starting points in work undertaken with families during the project. One of the most important findings of this work was that this holistic model of working with multi-challenged families could be more effective and achieve greater impact.

The project also tested the views that more attention should be given to the complex contexts that social workers observe daily in their interventions and that a greater sensitivity and receptiveness should be shown to the needs and expectations of families. In this context, initiative and creativity in the use of internal and external resources and the motivation to provide a quality service and self-improvement was identified by social workers participating in the piloting as critical factors.

In order to implement the innovative LIFE model in practice, participants concluded that it is crucial that social workers should receive ongoing support in addressing the concrete challenges they meet in everyday practice, helping them reflect on their practice and the use of knowledge in concrete situations. A big obstacle is also a lack of professionals employed in CSW, who do not have time to work with people in the wider community.

A key conclusion of the project is that every social worker working with multi-challenged families should have the opportunity to collaborate in a small mentoring/supervision group, where through ongoing reflexive learning (based on concrete cases, social work experiences and theory) the Knowledge Triangle could be realized and innovations could be supported. Social workers would need time to attend meetings and supervisors would be paid for this kind of work.

But did all the partners set out to use an abductive learning approach? In any strict sense, the answer has to be negative. There was a divergence *of approach* that reflected the partners` very different situations and the impact of prevailing policies on their activity. In the sense that social workers did discuss users´ predicament and attempt to communicate with them in more open, appropriate ways, important elements of the LIFE concept were realized. But the rather ambiguous role played by abductive learning in some of the settings on the whole reflected the partners` overriding concerns and priorities, as we shall see.

8.4 Skills in social work with practice based innovations with multi-challenged families

The project has identified some of the prerequisites, skills and competencies that are required to work with the selected practice based innovations. They include;

- Knowledge about theoretical concepts of social work with families and their consistent use in practice (e.g. establishment of personal contact with family, establishment of working relationship with family, safe space for conversation, working from a strength perspective and ethics of participation, personal leading to desired outcomes etc.)

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[17] For example a micro-innovation developed in Portugal was focused in one structure to support inter-Institutional case management of a family followed by seven different entities through a committee driven approach. It was proposed only one social worker from one institution (legitimized by all parties - elected) which is the main interlocutor - mediator / case manager – for interconnecting the services that are accompanying the family. The plan is inter-institutional and is designed with all entities involved in the process. The key was the link created between the various stakeholders making the process a management cycle where the main "actors" are the household elements that can assess the effectiveness of actions and resources.

- Knowledge about theories that can support SW when collaborating with families and their consistent use in practice (e.g. the family's psychology, solution focused social work, ethics in social work etc.)
- Consistent use of language of social work.
- Recording in social work.
- Knowledge about team work – the family as our important co-worker in team, SW as a coordinator of all involved in a team approach.
- Knowledge about the system of social security.
- Inter personal skills (etc. active listening, non-verbal communication, empathy).
- Professional self-confidence and autonomy of SW.
- Continuing professional education and training.
- Support of the leader of the organization and the organization itself for innovative social work with family.

In order to innovate with families, social workers involved in the piloting recognized the importance of capacity building that favors reflection as a process, the ability to interpret verbal and non-verbal language, understand families' experiences, and make them partners in the process. The capacity for critical analysis and self-criticism, as well as analysis and synthesis, work organization, collection, treatment and interpretation of information were also considered of great importance. The ability to communicate both orally and in writing, and work in multidisciplinary teams was referenced.

The main factors facilitating influence in the innovation process with families included an organizational culture favorable to innovation, namely functionality and integration (e.g. policies, procedures, norms and flexible roles, norms easily adaptable to the circumstances of clients and families) active participation in decisions (e.g. trust and respect including accepting criticism), interpersonal communication (e.g. communication based on respect and honesty), peer relationships (e.g. cooperative and respectful, not based on a rigid, hierarchical authoritarian or destructive competing). Limiting factors included the bureaucratization of the processes and limited receptivity of some families.

Through various reflections of LIFE learning, it has been concluded that innovative practices consist of actions and attitudes that are relatively simple provided that they add value in terms of experience and creativity. In the perspective of better promoting the benefits of innovative practices, it will be important in the future to consider the impact they can have on learning / work in general (policy, management structures, and professionals from different areas, among others).

Despite the importance of skills and competencies of professionals it was also concluded that to go forward, organisations which provide services for families need to continually renew themselves. A successful organisation needs to be simultaneously focused on existing activities, emerging ones and more radical possibilities that could be mainstream activities for the future and that is a major challenge.

8.4 Transnational aspects of the LIFE Project

The national groups of social workers in LIFE who worked to devise innovations that could help the families chose approaches and devices that had a good deal in common. LIFE was a successful project in the sense that it uncovered many common interests and potentials for improvement among the partners. The contents of this report provide the detail that supports this conclusion. Social workers absorbed the arguments the project was based upon and worked with enthusiasm. Our interpretation has been that social workers in the project wherever they were situated, displayed certain preferences and interests. Improved relationships with users, more contact and communication between social workers and users were central issues

It should be remembered that part of the rationale for LIFE was that services in northern and southern Europe have been exposed to very different pressures. It might be appropriate to think of there being different welfare regimes. In the north services are usually well funded. Inputs from volunteers and voluntary organizations are few, professional and publicly employed providers predominate. This does not

necessarily lead to straightforward, easily comprehensible service structures seen from users` vantage point. Indeed many have difficulty in understanding the division of responsibility among agencies or resent many agencies being involved in their case, the latter being a quite frequent complaint. Practitioners feel that the services and social work are constrained by rules and procedures. In the south public services are not well funded and have in recent decades suffered from drastic austerity policies. There may or may not be voluntary elements in service provision. Service structures are perhaps less weighed down by rules and procedures, but shortage of resources often sets limits for the impact of services. So here too social workers feel that they are constrained and that multi-challenged families do not get the help that their problems require.

So far as the partners in LIFE are concerned, it is important to remember that they have operated within quite different contexts and constraints. University departments have greater autonomy than service agencies and better access to expertise. Centers that provide project support and expertise for agencies in the practice field have to fund all their work and must be responsive to their stakeholders. Service agencies under severe funding constraint are forced to make unenviable choices an often have to operate at the limit of their capacity.

We have concluded that the partners tended to make rational decisions about developing innovation within the LIFE framework:

1. Cervia in Italy developed and applied very well thought out instruments to collate information about users: a very reasonable strategy in view of the large number of agencies and individuals involved in working with the families, with public and voluntary providers working side by side.

2. The Faculty of Social Work in Ljubljana is the only provider of social work education in Slovenia. The development of social work knowledge is closely connected with practice based research. Slovenian concept of co-creative working relationship was used in the context of NFM project "Helping families in the Community; the Co-creation of Desired Changes for reducing Social Exclusion and Strengthening Health". They were concerned with implementing new developed knowledge in this action-research project to everyday practice of Centres for social work.

3. APCC in Coimbra, Portugal is an agency providing support on a life cycle basis to the families of CP sufferers (and other user groups with serious disability issues). Its work has been severely affected by austerity. APCC has used the opportunities offered by LIFE to develop better case management and assessment procedures. It has also been able to draw on close and ongoing relationships with researchers and academics in Portugal that have been built up over many decades.

4. R&D Centrum in Linköping Sweden is a service development centre. It led the LIFE project and took the initiative in designing and securing funding for the project. Besides participating in research on user families in cooperation with the University of Trondheim, R&D Centrum conducted a trial project *The Family Pilot,* which set out to trial various innovations based upon the Trondheim/Linköping research. This trial was also set up to monitor the cost-effectiveness of intensive social work with multi-challenged families. In the LIFE project R&D Centrum were mainly concerned with implementing changes in some of the local authority services in their region.

5. The Institute of Social Work in Trondheim University, Norway worked with a group of social workers drawn from two local authorities (Malvik and Trondheim), applying the abductive approach as used in their pilot study in 2015-16. These local authorities want to use LIFE as a service development strategy on a broader basis. The institute in Trondheim had the major role in the research that gave rise to LIFE and contributed to the intellectual outputs.

In conclusion we can sketch out a broad view of what we have learned in the LIFE project. LIFE was an attempt to get to grips with some difficulties that multi-challenged families face in a variety of settings in Europe. Although social conditions and service organization differ very greatly in the countries that the five partners in LIFE represented, there was broad agreement in the project about these difficulties multi-

challenged families face, and the lack of adequate service that often prevails. This general agreement suggests that there are overriding issues involved in the lack of proper service, issues that are not confined to one kind of professional setting, policy domain or national polity. As we have seen, retrenchment and austerity have emerged in several of the countries represented in the LIFE project. This has hit services and their users very hard, and changes concerning entitlement to services, of a restrictive nature have also been fairly general. Changes in thinking about individual responsibility and collective responsibility have affected all the countries represented in LIFE. But though Sweden and Norway have not been affected by severe cuts in public service provision, they still have serious difficulties in providing service for vulnerable multi-challenged families. It seems that ways of thinking about vulnerable and hard-pressed families are implicated in the general failure to provide effective help for multi-challenged families.

9. Summing up the LIFE Project

9.1 Conclusions and recommendations

When considering the social innovations in the LIFE training program, we can see great similarities as well as differences. Overall, however, the similarities are evident. This applies to the descriptions of the innovations in relation to the families (empowerment, dialogue, activating etc.), the role of the social worker as an innovative generalist, the work at group/team and organizational level.

The similarities found in the material can be explained in different ways. One possible explanation is that the challenge and demands social workers face in meeting multi-challenged families is relatively invariant, despite the fact that cultural and structural differences exist. Another similarity is that multi professional teams are emphasized in social work with multi-challenged families and the requirement this places on management and the organization.

If this is true, it supports the interpretation that there would be generic competences involved in working with innovations with multi-challenged families. An alternative interpretation may be that the LIFE training program and the forms of collaboration that have been applied in LIFE in some way align the participants and their interpretation of the target group and work with them.

Based on the presentation of experiences and results from the LIFE project, some key recommendations for managers and social workers who want to work with innovations for development of social work with multi-challenged families were expressed in three parts, namely: Identify organizational requirements and changes needed to facilitate innovation, Promote Interaction between research, practice and education (the Knowledge Triangle) and Develop and implement training / education programs to promote innovation in social work with multi-challenged families together with practical tools and materials:

(a) Identify organizational requirements and changes needed to facilitate innovation
- Involve management and stakeholders from the start of the project.
- Stakeholders and management can reduce organizational obstacles; make sure that participants have sufficient time and resources, help in building networks and links to different professions and sectors.
- If possible link innovations to national guidelines.
- Create a network of partners for exchange and dissemination.
- Organize cross-sectoral collaboration and networking, exchange of ideas and triggering of collaboration potential.
- Map and describe other activities or organizations who are involved in the intervention system for multi-challenged families. Consider that other organizations often have objectives that differ from the social services'.
- Map "bureaucratic" obstacles and factors that hinder the development and testing of innovations.
- Create a culture of innovation.
- Have a long-term perspective on implementation of innovations so that good results are utilized after the project.
- Design management support for development and testing of innovations.
- Design support also for managers of the project.
- Support continuous learning and reflection i.e. in training programs, workshops, seminars, web-based platforms etc.
- Adopt a case management approach with management responsibility being devolved to case managers.
- Create a multi-disciplinary approach in which individual professionals work together under the direction of the case manager.
- Create space and time within caseloads for professionals concerned to intervene effectively and intensively with the families.

(b) Promote Interaction between research, practice and education (the Knowledge Triangle)

- Share research-based knowledge of multi-challenged families' needs and living conditions and social interventions aimed at the target group.
- Relate the research-based knowledge to local conditions regarding: a) practice, b) practice based knowledge and c) knowledge in training and education. Are there specific conditions in your organizational context and educational system that you must take into account?
- Use the conclusions from above as a starting point in your Training program. Analyze how you work with multi-challenged families at present and why? What are the gaps between the current situation and a desirable state? Which skills, competencies and innovations are needed to fill the gap?

(c) Develop and implement training / education programs to promote innovation in social work with multi-challenged families together with practical tools and materials

- Formulate clear goals for the training program and anchor it at all levels of the organization.
- Define responsibilities for those who are to lead and participate in the training program.
- Organize management and design of the program so that it is optimal for the local context.
- Select a group of social workers with high motivation and relevant experiences'.
- Free up time for management and social workers' to participate in the program.
- Create a local curriculum for the training program specifying: goals, content and themes.
- Organize theoretical input and tools for assessment and follow-up of innovations.
- Design course activities so that there is a good balance between lectures, group work, exercises, reflection, collection of information, analysis, and formulating and testing of innovations.
- Organize instructions and tasks for participants, along with learning materials and tools.
- Create a local project team of teachers, facilitators and supervisors.
- Organize for interim and final evaluations of the program.

9.2 Epilogue

LIFE set out to foster close and productive relationships between practitioners, educators and researchers. This knowledge triangle was seen as a prerequisite for work on innovation. LIFE was research-based, this conferred considerable advantages, and most of the partners had already viable structures and relations that helped to bring about close and productive interaction. Where there were difficulties, these were satisfactorily dealt with. But a consensus in the project was that the difficulties families encounter often have to with professional perceptions and practices, and are to be seen as generic rather than national or local.

A lesson to be drawn from LIFE is that there is no standard solution to the difficulties encountered in working with multi-challenged families. The problem of how to learn from practice was fundamental in LIFE. A key to this learning is the knowledge triangle. Social workers, social work educators and researchers must work together, and strive to interact. However, we would do well to avoid a naïve understanding in which it is assumed that research findings can be "translated " into effective service, falling into the trap of what has been called *neopositivism.* Practice knowledge is always *situated.* It belongs to those who occupy the workplace and is very often not shared with those who do not belong. It is impossible to envisage workplaces subject to pressure, dealing with conflicted and essentially contested issues, that do not develop this type of situated, internal knowledge system. In contrast research-based knowledge is acquired by using methods that have universal validity, and this is its strength and its weakness. Sound criteria exist for judging the validity of research findings. There are rules. But applying research findings to practical contexts is a matter of skill rather than science, since we have to interface with the workplace and its knowledge forms. This understanding of the complex relationship between practice knowledge and scientific knowledge has been basic to LIFE. Changing practice requires getting to grips with the situated knowledge of the workplace. For this reason alone, the abductive learning principles that LIFE adopted have to be seen as essential. There can be no innovation without change at the workplace.

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