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## Innovation in home based services for the elderly

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**PUBLIN WP5 NORWEGIAN CASE STUDY**

# INNOVATION IN HOME BASED SERVICES FOR THE ELDERLY

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# 1 Case summary

In this report from Norway, the main focus is set on presenting and analyzing two related cases of innovations in service provision for elderly living at home:

- Managerial and organizational innovations, cf. 3.1

- Policy innovations defining standards of welfare for elderly, cf. 3.2

The reason for choosing these two cases is that they are from the same district of Oslo, yet very different; as these cases contrast in a number of dimensions, they will render justice to the richness, variety and wide scope of innovations found in the study.

The first case, managerial and organizational innovations related to service provision to elderly living at home, is set in the administration of one of Oslo's districts and was initiated by introduction of what was called the "purchaser-provider"-model. Subsequent to its introduction, other innovations were developed. The basic principle in the "purchaser-provider"- model is to divide the organization of the district administration related to service provision in two: One part that has the role of purchaser, the other part has the role of provider. The purchaser part allocates services to eligible clients (helpless elderly) based on requests and applications. In this, the services are specified (i.e. what kind and how much) in requests (orders) to a provider unit, i.e. a contractual relationship is established. Afterwards, the purchaser controls if and how the service has been performed (quality assurance) – and pays the provider for services rendered.

Traditionally, the provider role was bundled into the organization of the district administration. Introduction of the "purchaser-provider" model enabled the administration to 'unbundle' itself, initially in order to enable opening for market competition in service provision. Prior to the introduction of the "purchaser-provider" model, the providers of the home based care services were themselves responsible for defining the needs of the elderly of home care services, creating a problem of subjectivity when assigning the services. Development of the "purchaser-provider" based organisation was done by a team of mid-level managers in the district administration, i.e. administrative managers and professionals with managerial responsibilities (i.e. head of nurses) who worked with providing services to the elderly in the existing organization. The introduction of this model enabled the administration to develop other managerial and organizational innovations related to providing services to elderly living at home.

The second case, the policy innovations defining standards of welfare for elderly, is interesting because it is very different from the first case, and, by this, the case gives an indication of the complexity and variety in innovation processes found in the study. In these innovations, the policy initiative in a "Security Contract" was basic. The idea of a "Security Contract[1]" was conceived early in year 2000 by local socialist politicians in the former district of Bøler; the district of Bøler was later merged with its neighbour Manglerud (the origin of the "purchaser-provider"-model described above) and is now

[1] Translated from Norwegian "Trygghetsavtale"

part of the new, larger Østensjø district. As a policy initiative, the idea of "Security Contract" was launched as an alternative to the NPM[2]-inspired policy measures that the ruling right-wing government of Oslo wanted to introduce. After winning the elections in September 2003, a majority based on a coalition of socialist politicians from the Labour Party and the Socialist Left Party in the new Østensjø District Council decided to develop further and implement the "Security Contract" as a policy measure. Designed to guarantee welfare for the increasing number of elderly citizens living in the Østensjø district, the contract describes four levels of public commitment and obligation in providing care services, responding to the needs of each individual elderly, cf. 3.2 for details. According to the socialist politicians who drafted the "Security Contract", the four levels constitute a comprehensive chain of measures and initiatives based on fundamental values embedded in the socialist democratic legacy of Norwegian society.

The goal of the system is to enable elderly citizens to stay on the lowest possible level as long as possible. The basic assumption in this is that the welfare and dignity of elderly is best served by enabling them to live as long as possible in their own homes – and that public service providers are superior in ensuring this. The socialist coalition's electoral victory in the district of Østensjø in 2003 was interpreted by socialist politicians as a "request from citizens to implement a socialist policy in the Østensjø district", i.e. development of welfare services, local community and protection of the local environment. These policy goals were spelled out in a "Statement of Østensjø" after the election, formally constituting the ruling coalition of socialists. The statement also signalled a countermove to privatisation of social care services advocated by the right wing government of Oslo, at least within the jurisdictions of the district of Østensjø, provision of public health care and social services to the elderly being one of the top priority items on this agenda.

The dynamics that initiate innovations are multifarious – a great variety of sources is observed in the material. Most of these are clearly political responses to problems or crisis in existing systems of service provision – others emerge primarily as political countermoves, however, these may be accompanied with goals that are designed to amend inadequacies or dysfunctions in existing systems. Introduction of the "provider-purchaser" model in the former district of Manglerud was initially an NPM-inspired attempt at coping with pressures and crisis related to provision of home based nursing and care services.

The "Security Contract" was initially primarily a political manifesto, however, its implementation initiated a host of reforms and novel measures designed to improve existing sub-standard service provision that the socialist politicians feared would be outsourced to private sector if these did not make radical performance improvements. Whereas the first may be classified as an initially reactive initiation, the latter was clearly proactive because of its origin in a political manifesto. Although the latter was proactive in its character, both cases originate in a social context and public discourse that has set welfare and care of elderly, helpless citizens on its agenda. In these there is a sense of apprehension that the conditions for elderly will deteriorate because of the expected

[2] NPM = New Public Management

increase in number of elderly, i.e. a sense of general, looming crisis surrounds these issues in public discourses. These issues are reflected in a number of different settings; however, political interests are significant for public sector debates and advocacy – and for the innovations that are generated.

# 2 Context

## *2.1 Historical perspective on home based care for elderly*

The first publicly financed system for home based care in Norway was introduced in the 1950s, on a small scale. At the time, these services were intended mainly as a relief for the hard-pressed hospitals. The large scale introduction of home services for elderly and other groups began in the 1970s. Prior to this, the public provision of care for elderly was done in either in nursing homes or in public housing schemes for elderly[3].

The total number of receivers of home based services in Norway in 2002 was just above 162.000 people, having increased with approximately 20.000 people in ten years. Although elderly people by far are the largest group of recipients of home-based services there are also other disadvantaged groups receiving such services included in these numbers (e.g. physically disabled young people, mentally retarded, etc.).

The increase in service provision to elderly has been related to home nursing services, in combination with practical, household services (cleaning, shopping, etc.). The number of individuals receiving practical support only has in fact decreased. This development is closely related to the goal of keeping particularly elderly persons in their own home as long as possible, which means that the users of the home based services tend not to be as healthy and fit as earlier times. As shown in table 2.1, there has been a general decrease in users of home based services amongst the "young" elderly, from 67 to 80 years of age and a marked growth in the group of recipients of 80 years and above.

**Table 2.1: Receivers of home based services, by age, 1992 and 2002**

| | 1992 | 2002 |
|---|---|---|
| Total | 142272 | 162112 |
| Under 67 | 24870 | 41634 |
| 67-74 | 24413 | 17946 |
| 75-79 | 28758 | 24797 |
| 80-84 | 34613 | 35651 |
| 85-89 | 22530 | 28362 |
| 90 and above | 9854 | 13722 |
| Unregistered age | 1234 | 0 |

*Source: Statistics Norway*

[3] Cf. Christensen, K and S. Næss, *Kunnskapsstatus om de offentlige omsorgstjenestene [Knowledge status of public care services]*, Bergen: Senter for samfunnsforksning, 1999

## 2.2 The Norwegian health and social care system

In the Norwegian welfare state model, provision of health and social care has become a public sector responsibility. Although most of health service provision in Norway is public, NGOs also provide and operate health and social care services in urban areas. In Oslo, the size and role of NGOs is significant. In the provision of ambulatory health care (physicians, dentists, physical therapists, etc.), a large private system has coexisted with the public system throughout the post war period. In addition, a few privately owned, for-profit hospitals have been established in the 1980s and 1990s. Private actors and NGOs receive a considerable part of their income from public funding, the National Insurance Scheme being the most important source in this.

The planning, regulation and supervision of the Norwegian health care system is centralised, but during the 1970s and early 1980s, the provision of the services was transferred to the counties[4] and municipalities. The central supervisory authority, the Norwegian Board of Health, receives instructions from the Ministry of Health and Care Services.

Since 1984, municipalities have been given responsibility of providing primary health and social care services. This is funded over the budgets of central authorities and the National Insurance Scheme. In this, the municipalities are obliged to offer services for disease prevention and health provision, diagnosis and treatment of illness, rehabilitation and long-term care, often in "health centres". Dental care for children, adolescents up to 18 years of age, disabled persons, patients in nursing homes or elderly receiving home care services, is provided free of charge by specialised services owned by the counties. In January 2002, the responsibility for the public hospitals was transferred from the counties to the national authorities. Formally, the hospitals are now operated as public health enterprises owned by the central government. In 1988, the responsibility for nursing homes was transferred from the counties to the municipalities. Three years later, the care of mentally retarded was also transferred from the counties to the municipalities.

Social care in Norway encompasses social welfare services (i.e. help for the poor), care for elderly, the disabled and psychiatric patients, and care for alcoholics and drug addicts. In the past ten years this has increasingly become a responsibility for municipalities.

Table 2.2 gives an overview of health and social care provision in Norway.

[4] Since 1974 the 19 counties have been grouped into five so called health regions headed by regional health committees.

**Table 2.2: Overview of health and social care provision in Norway**

| Government level | Political decision making body | Executive body | Responsibilities |
|---|---|---|---|
| Nation | Parliament | Ministry of Health and Care Services<br><br>Ministry of Labour and Social Affairs | -Preparation of legislation<br><br>-Approval of capacity expansion<br><br>-Budgeting and planning<br><br>-Information management<br><br>-Policy design<br><br>-Hospitals (somatic and psychiatric) |
| Counties (19 of which Oslo is both a county and municipality) | County councils (town council in Oslo) | County Administration Authority | -Specialist health services<br><br>-Institutions for the treatment of drug and alcohol abuse<br><br>-Dental services |
| Municipalities (435) | Municipal councils | Local administration | -Municipal health and social services plan |
| | Municipal executive boards | Municipal executive boards | -Primary health care<br><br>-Social services/social security administration |
| | Mayors, Sector committees for health and social affairs | Health and social services | -Nursing homes<br><br>-Care of mentally handicapped persons |

*Source: Ministry of Health and Care Services*

### 2.2.1 Regulatory frameworks

In Norway, the *Municipal Health Services Act* (Kommunehelsetjenesteloven[5]) of 1982 assigns responsibility for health services to local authorities. The objective of this law was to set a national standard ensuring equal access and quality of public health services. Advocating a comprehensive approach to the public provision of health services, it also encouraged cooperation among service providers for this purpose. In 1988, an amendment to the law also made local municipalities responsible for running nursing homes (the nursing home reform).

[5] http://www.lovdata.no/all/hl-19821119-066.html#map0

The *Social Services Act* (Sosialtjenesteloven[6]) of 1991 stipulates the rights of individuals for claiming public social services. It also defines the role (obligation) of local and regional authorities in providing these services. Contrary to its predecessors, this law states that administrative decisions related to provision of services to individuals should be done in accordance to the Public Administration Act[7], i.e. that the decisions must be based on an assessment of the particular needs of each individual. In the new law, what is termed "practical aid and training" (earlier "home help") could in principle include help for doing most daily functions and household chores. In this, the term "training" was novel and had the objective of making the individual as independent as possible. A third important change in the law was that practical aid should be given to the recipient according his or her needs, i.e. regardless of his or her economic means. Accordingly, the economic status of the applicant should not be taken into consideration in making the needs assessment. However, the law allows public authorities to charge fees for the services provided on an income based scale for self-financing, i.e. the rich paying much – the poor little or nothing.

In an indirect way, a number of other laws are relevant for the provision of home based services for elderly, such as:

- Public Administration Act (1967),
- Public Accessibility Act (1970),
- Health Personnel Act (1974),
- Working Environment Act (1977),
- Planning Act (1982), and
- Elderly Council Act (1991).

### 2.2.2 Institutional structures on national level

As shown in table 2.2, the overall national responsibility for home based for the elderly services rest on:

- The Ministry of Health and Care Services
- The Ministry of Labour and Social Affairs

The Ministry of Health and Care Services has the overall responsibility for public health contingency and standards, municipal health services (except nursing and care services), dental health services, specialist health services, mental health therapy, medical

[6] http://www.lovdata.no/all/hl-19911213-081.html

[7] http://www.lovdata.no/all/nl-19670210-000.html

rehabilitation, the medicine and drug area, the public health area, policy within genetic therapy and biotechnology, and, finally, nutrition and safety of food. This ministry is now (as of 2002) formally the owner of all public hospitals in Norway, i.e. it owns the public enterprises that own and run Norwegian public hospitals.

The Ministry of Labour and Social Affairs has the overall responsibility of the National Insurance Scheme and social benefit programs in Norway. The National Insurance Scheme funds unemployment benefits, sickness and disability benefits, maternity benefits and old age pensions. The National Insurance Scheme has a separate national network of branch offices for servicing its clients. However, the municipalities (or in Oslo, districts) are responsible for funding and providing social benefits and other social services. The social services are regulated through the Social Services Act.

The Ministry of Labour and Social Affairs is also responsible for the government's employment policy, administration and personnel policy, work environment and safety policy, competition and income policy and measures to make government more efficient and service-oriented.

## *2.3 The national action plan for the elderly*

The increase in home-based services has been attributed to a policy shift based on the recommendations in a white paper from 1992[8]. The white paper recommended that public services to elderly and physically handicapped should, as far as possible, be provided so as to enable recipients to live at ease, just as if they still lived in their own homes. This could be implemented either in the original homes of the recipients, or by allowing the elderly the choice of living in small communities of "care homes" designed for elderly or physically impaired. Four years later, this policy was reaffirmed in new white paper[9], however, this white paper spelled out a four years action plan for improving care and welfare for the elderly in Norway. Acknowledging an increase in the population of elderly needing help, the white paper specified a number of measures, such as strengthening of the home-based services, the building of care homes, increase the number of nursing homes for the elderly and the number of single-bed-rooms, etc. The white paper also restated that public services should to a large extent be provided in the receivers own home or in special care homes designed for elderly.

In the action plan, the stated goals of the government was that all local municipalities should build up a 24 hour service providing coverage for 25 percent of the population 80 years of age and above, either in nursing homes, homes for the elderly or care homes. The total public investment of the action plan has been about NOK 28 billion, and the running expenses increased from NOK 500 million in 1997 to NOK 3.7 billion in 2001.

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[8] Gjærvold, Olav, *Trygghet – Verdighet – Omsorg [Security – Dignity – Care]*, NOU 1992:1, Oslo: Ministry of Social Affairs, 1992.

[9] St.meld.nr.50 (1996-1997) "Handlingsplan for eldreomsorgen: Trygghet – respekt – kvalitet"

http://odin.dep.no/sos/norsk/publ/stmeld/030005-040010/index-dok000-b-n-a.html

The municipalities were given freedom to design and organise the elderly services in ways they considered proper for achieving the service goals.

## 2.4 City of Oslo

In Norway, the operational responsibility of providing home based services to the elderly is placed at the local authority level, in municipalities or, in the larger cities, in districts. In this case study, the focus will be set on Oslo, on the provision of home based services for elderly one of Oslo's districts. At the start of this study, this was the district of Manglerud. In 2004, Manglerud was merged with two of its neighbouring districts; this new district was called Østensjø. In Oslo, the districts are comparable to the municipalities in the rest of Norway. However, Oslo is formally a county. This is different from other cities in Norway, because these cities are municipalities, i.e. a unit within a county.

Politically, Oslo is governed by a city parliament, or the City Council, consisting of 59 elected representatives, and chaired by the mayor. The City Council selects a "government" or "cabinet" of six commissioners and a Chief Commissioner to administer city departments. This cabinet is responsible to the City Council and has to get its approval on policy matters (including annual budgets) and implementation of its resolutions. Oslo is divided into 15 districts, Østensjø being one of these. Each district has a district council and an administrative body headed by a director who is appointed by the Chief Commissioner. The members of the District Councils are appointed by the City Council on a political basis, proportional to the political composition of the City Council. Each District Administration is responsible for providing primary health and social services within budgetary allocations made by the City Council. The District Council allocates funding and sets priorities within this framework, however, the work of the District Administration is supervised by the offices of commissioners; the office of the Commissioner for Welfare and Social Services supervises the provision of health and social services to the elderly in the districts. Needless to say, this system of checks and balances is considered complex.

Although Oslo, having a population of 521,000 people, is minuscule compared to large capitals such as Mexico City or Paris, the city is socio-economically and culturally distinct from the rest of Norway. This distinctiveness is typically metropolitan and reflected in a number of characteristics: A large segment of wealthy and highly educated people, but also a large segment of poor, destitute, unemployed, etc. Furthermore, due to immigration, Oslo has a large population segment of people who are ethnically non-Norwegian, and a large segment of elderly people who may be characterized as first generation Oslo citizens. As a metropolis, Oslo also has large segments of marginalized people and deviants who for a number of reasons (e.g. social expulsion) end up living in Oslo instead of other parts of Norway. Simultaneously, Oslo is a magnet attracting young people from others parts of Norway; they move into Oslo for education and careers – and, not the least, let themselves be seduced by the richness of city life and its cosmopolitan culture. These aspects contribute to making Oslo different from the rest of the nation.

Politically, the city of Oslo is also distinct because it is not a member of KS, the acronym for the Norwegian Association of Local and Regional Authorities. KS is primarily a powerful lobby organization for promotion of the interests of municipalities and counties

and the public enterprises they own. KS is also an employer's and central bargaining organization; KS negotiates on behalf of employers (KS members) of approximately 370 000 public employees, e.g. teachers, nurses, public road technicians, etc. Not being a member of KS, Oslo has a different salary and personnel system than other municipalities in Norway. However, as an associated member of KS, some of the districts in Oslo participate in organizational development projects under the leadership of KS, some of these are relevant for innovation activities related to the provision of public health and social services to the elderly.

## *2.5 Non-governmental organisations (NGOs) in Oslo*

Oslo is also distinct from the rest of Norway because some NGOs play an important role in the provision of welfare and care to its citizens. Possibly because of their independent status as NGOs, they seem to have an innovative capability in creation and provision of services related to welfare and care, as will be elaborated further later. Tracing their ancestry to various charity movements, the NGOs have existed for a long time, either as uniquely local NGOs, or as affiliates of larger international charity organizations, such as the Salvation Army, the Red Cross or the Franciscan movement. Formally, they usually are established as non-profit, charitable foundations. Some of the local charitable NGOs are affiliated with parish churches and congregations in Oslo. One of these, Oslo Hospital, was established as a foundation in 1538. This in turn was based on impounded property owned by Catholic monasteries in Oslo, such as the Dominican and Franciscan orders. In the course of the Lutheran reformation in 1538, the Crown impounded all property owned by the church, however, the citizens of Oslo were allowed to keep some of this for the purpose of establishing Oslo Hospital. Most of these local NGOs were established for charitable purposes, for the benefit of community members who for some reason had become destitute, impaired or otherwise helpless. In present Oslo, these NGOs own and run hospitals, homes for elderly, clinics, all kinds of day care centres, homes for destitute, alcoholics, addicts and prostitutes, etc, orphanages, employment training schemes, etc.

In terms of funding these activities, the NGOs receive much support from public sources, this having a longstanding justification as beneficial for the Oslo community, i.e. the NGOs provide services that are perceived as public obligations. Formally, much of service provision is done on contract for the city of Oslo. These relationships have existed for a long time and have, until recently, evolved as a stable symbiotic co-existence between the city's public service provision system and the system of NGOs. However, with the influx of NPM (New Public Management) ideologies, this has changed, because the current right-wing city government of Oslo wants to introduce contestability among its service providers. In this process, the NGOs have been classified as private firms, and they have been forced to submit tenders for their services, just as any other for-profit company. Needless to say, this has been controversial, even within the right-wing political parties. In one case, in the wealthy suburb district of Nordstrand where many right-wing voters live, a home for elderly (Nordstrandshjemmet, built in 1957) owned and run by a charitable foundation associated with the congregation of the local parish church, the foundation abandoned their ownership, forcing the city to take over responsibility of the home. Decrying the city commissioner's demand for

submission of tenders as “senseless and brutal” and antithetical to the Christian values professed by the right-wing parties, this incidence was just one of numerous controversies that have emerged following the attempts to introduce NPM governance in Oslo. Still, as will be explained, the NGOs, because of their independence and organizational flexibility, have been able to adjust to this new political climate, and by this continued being innovative.

# 3 Innovations in home based services for elderly in Oslo

As explained, in Oslo a number of different actors provide or are involved with different aspects related to the provision of health care and welfare services to the elderly living at home. Although the NGOs are important in this, the main responsibility for the elderly rests on the districts of Oslo, i.e. the system for provision of services operated by the public administration of the districts and their employees. In analyzing the data, a salient result seems to be the variety of innovations and innovation processes; however, these are created within different systems, processes and contexts. Below, two cases based on data from the district of Østensjø in Oslo will be presented:

- Managerial and organizational innovations created by the introduction and implementation of NPM in provision of home based services to elderly,

- Policy innovations defining standards of welfare for elderly.

## *3.1 Managerial and organizational innovations*

Going back to 1999, the former district of Manglerud in Oslo (Manglerud was merged with two neighbouring districts in 2004 and is now part of the new Østensjø district) introduced a ”purchaser-provider” model. A few years later, in 2002-2003, the district also reorganised its service provision for home based services for the elderly system by introducing the Rota Scheme and SmartWalk. Simultaneously, it started development of what may be translated as an “achievement based financing model” for the budgetary management of its service provision. All these measures were innovative because they were novel in the management and administration of the district. The diving force for introducing these novelties was implementation of NPM, i.e. innovative responses to a new policy (NPM) introduced/imposed by the commissioner in the city hall responsible for care and welfare, a right-wing politician.

### 3.1.1 Purchaser-provider model

The basic principle in this model is to divide the organization of the district administration related to service provision in two: One part that has the role of purchaser, the other part has the role of provider. The purchaser part allocates services to eligible clients (helpless elderly) based on requests and applications. In this, the services are specified (i.e. what kind and how much) in requests (orders) to a provider unit, i.e. a contractual relationship is established. Afterwards, the purchaser controls if and how the service has been performed (quality assurance) – and pay the provider for services rendered. Traditionally, the provider role was bundled into the organization of the district administration. Introduction of the ”purchaser-provider” model enabled the administration to unbundle itself, thus opening for market competition in service provision.

Prior to the introduction of the ”purchaser-provider” model, the providers of the home based care services were themselves responsible for defining the needs of the elderly of home care services, creating a problem of subjectivity when assigning the services. The

demands or requests could come from hospitals sending elderly people back home from hospitals, from the elderly themselves or from concerned next-to-kin. One of the objectives of introducing the ”purchaser-provider” model was to achieve a more just assessment and distribution of home based services for elderly, i.e. compliance with the equality principle. Another was to shield the home based service providers from the storm of demands and requests for services put forward by the elderly users or their relatives. A third objective was to streamline and standardize the needs of the users. The policy goal of keeping elderly in their own homes as long as possible has also contributed to an increasing pressure for providing services offered to elderly at home. Simultaneously, as budgets did not reflect this increase, this became an incentive for finding new, more efficient and effective ways of allocating resources for home based care services. In this context, the ”purchaser-provider” model was introduced.

Development of the ”purchaser-provider” based organisation was done in a lengthy process. This work was done by a team of mid-level managers in the district administration, i.e. administrative managers and professionals with managerial responsibilities (i.e. head of nurses) who worked with providing services to the elderly in the existing organization. Defining roles and criteria for allocation and services were important in this. After introducing the new model, the criteria have been revised several times, making adjustments based on feed-back from both the purchaser and the provider units. According to informants, one of the managers had an entrepreneurial role in the development. In addition to being energetic and creative, she was empowered by the top-management of the district administration to develop and implement the new model.

### 3.1.2 Roster and SmartWalk

In 2002, the former district administration of Manglerud did a time study of service personnel in the home based health and care services in their district. The goal of this was to explore new ways to increase the amount of time spent in the homes of the users (elderly), this being defined as “good practice”. The results of the time study gave a surprisingly diversified picture of home based services. However, although the providers of the home based services had a feeling of working very hard, one of the main findings of the time study was low efficiency of providing the home based services, this indicating organizational weakness. Subsequently, SmartWalk and a new roster were developed and introduced.

*SmartWalk* is a computer-based (spread-sheet) management support application developed by one of the entrepreneurial managers in the former district of Manglerud. SmartWalk links lists of service personnel (home nurses and home helpers) with lists of clients and lists specifying exactly what kind of services they should be given. SmartWalk provides managers (e.g. the head nurse) with a planning tool enabling them to optimize manpower resources needed for providing the required services.

After introducing SmartWalk, management decided to enrol most of its service personnel in a *roster*. Traditionally, the home helpers had only been working on day time, while the home care workers, such as nurses, worked according to a roster on an around-the-clock basis. Introduction of the roster provided more flexibility in the use of the various occupational groups among the personnel. In introducing of the roster, home helpers were also given responsibility for simple care tasks related to the elderly at home, and not only

household chores such as cleaning, shopping etc. Helping elderly in and out of bed, dressing, bathroom support, making breakfast, etc. now became new care tasks for home helpers.[10]

### 3.1.3 Achievement based financing

In contrast to lump-sum budgeting, in the concept of achievement based financing, a district or public institution gets remuneration for public services rendered, on a piecemeal principle. Being the first district in Oslo to introduce the ”purchaser-provider” model, the former district of Manglerud volunteered to become a pilot district for development, introduction and implementation of achievement based financing in Oslo. In this, representatives from the district of Manglerud participated in a national development project aimed at developing “good practice”, coordinated by KS. Named “The Efficiency Network Project”, the project had participants from a few other Norwegian city districts and municipalities.

However, the city council of Oslo eventually rejected the proposal for introducing the pilot trail of using achievement based financing in the former district of Manglerud. In spite of this, Manglerud continued its participation in the “Efficiency Network Project”. According to informants, their knowledge and ideas contributed substantially to further development of this model in other municipalities. Oslo’s rejection of introducing this model was because it was perceived as incompatible with their policy of “service guarantees” – i.e. a standard for the quality and cost level of each individual service offered to clients. The present status of the project is that the Østensjø district (i.e. the former district of Manglerud) is granted pilot city district status together with three other Oslo city districts[11].

## *3.2 Policy innovations defining standards of welfare for elderly*

The idea a “Security Contract[12]” was conceived early in year 2000 by local socialist politicians in the former district of Bøler; the district of Bøler was later merged with its neighbour Manglerud and is now part of the new, larger Østensjø district. As a policy initiative, the idea of “Security Contract” was launched as an alternative to the NPM-inspired policy measures that the ruling right-wing government of Oslo wanted to introduce. After winning the elections in September 2003, a majority based on a coalition of socialist politicians from the Labour Party and the Socialist Left Party in the new Østensjø District Council decided to develop further and implement the “Security Contract” as a policy measure. Designed to guarantee welfare for the increasing number of elderly citizens living in the Østensjø district, the contract describes four levels of public commitment and obligation in providing care services, responding to the needs of each induvidual elderly:

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[10] The home helpers were paid extra to work in the afternoon and evenings.

[11] The future of the project is still not clarified, but the mandate of this working group of pilot city districts is to develop an achievement based financing model particularly adopted the specific framework conditions which apply to the city of Oslo and its governing and financing structures.

[12] Translated from Norwegian “Trygghetsavtale”

Level 1: For the healthy and self-reliant elderly: Access to *Senior citizen service centres* and provision of *contact and security services,* such as security alarms and regular telephone calls making inquiries of their health and wellbeing.

Level 2: For elderly in need of some help, but still capable of living in their own homes: *Home based care services.*

Level 3: For elderly who are frail or physically impaired and incapable of living in their own homes, but still able to manage most of the daily routines alone: "*Care homes"*, i.e. apartments in small communities especially designed for them, often in proximity to other health- and social service centres.

Level 4: For elderly in need of nursing for coping with daily routines and incapable of living by themselves (e.g. level 3): *Nursing homes*; traditional institution based care and medical treatment for physically and mentally impaired elderly.

According to the socialist politicians who drafted the "Security Contract", the four levels constitute a comprehensive chain of measures and initiatives based on fundamental values embedded in the socialist democratic legacy of Norwegian society. The goal of the system is to enable elderly citizens to stay on the lowest possible level as long as possible. The basic assumption in this is that the welfare and dignity of elderly is best served by enabling them to live as long as possible in their own homes. In contrast, providing care to elderly in institutions is not only very expensive (i.e. heavy burden on public finances), but gives elderly little autonomy of their own life.

The socialist coalition's electoral victory was interpreted by them as a "request from citizens to implement a socialist policy in the Østensjø district", i.e. development of welfare services, local community and protection of the local environment. These policy goals were spelled out in a "Statement of Østensjø" after the election, formally constituting the ruling coalition of socialists. The statement also signaled a countermove to privatisation of social care services advocated by the right wing government of Oslo, at least within the jursidiction of the district of Østensjø, provision of public health care and sosial services to the elderly being one of the top priority items on this agenda.

In their strategy, the majority of socialists in the city district of Østensjø also recognised the need for reforms in the traditional public health and social care services. For this reason, they retained the "purchaser-provider"-model that had been introduced in the city district of Manglerud as early as in 1999, in spite of its non-socialist origin. The socialists also recognized the need for making radical organizational changes in service provision, specifically in the nursing homes. However, in their thinking, the basic belief is that public service provision, if managed optimally and given proper working conditions, is superior and serves the needs of society in the best way. Private sector companies and NGOs are not necessarily more efficient and better in the providing of public services that public owned service agencies. In these and other types of service provision, the socialist politicians initiated comprehensive organizational development projects designed simulatneously to increase quality of service provision and quality of working life for the employees. One of the aims of these measures was to reduce turnover rates and employee sick leave, while making them more professionally qualified through enrollment in educational training programs. Some of the socialist politicians who

initiatied and followed-up these reforms had long experience with organizational development from private sector industy and large public corporations; these experiences made them expert in suggesting changes and reforms, however, within a socialist rationale and as an alternative to the liberalistic interpretations of NPM professed by the right-wing government of Oslo.

The reorganisation of one of the nursing homes in the area, the Langerudhjemmet, was given as a good example of the innovation potential in public sector. The employees were actively involved in the reorganisation, and developed ideas of new job descriptions, new work concepts, career planning, etc. in cooperation with the politicians. The nursing home established an internal educational scheme for educating low skilled attendants to become licensed practical nurses. This program has significantly lowered the turnover rate of the personnel, decreased the job stress and level of sick leave and increased the job satisfaction – the beneficiaries of these measures were the elderly living in the home.

## *3.3 A political context for innovations?*

The innovations in home based services to elderly should be understood in a broader context because they were initiated and funded by the national level in Norway, cf. section 2.3, on the national action plan for the elderly. The action plan was not implemented as a top-down process at the local level; the municipalities were stimulated to develop their own implementation strategy. In spite of this freedom, innovative initiatives on local level are hampered by several barriers. First of all, policy goals become generally ambiguous because of the number of actors and interests try to influence the decision-making process. This ambiguity is amplified in large systems such as in Oslo because policy goals are more complex and intertwined with large, interdependent bureaucratic systems. Bureaucracies and the public services tend to stabilize in institutionalised ways of doing things, hence they become change aversive. Within these regimes, service providers work hard to attain performance indicators, and by this, they become institutionalised in their role as mere service providers. Traditionally, the service providers have not been expected to take innovative initiatives, but rather to implement the ideas framed at the policy level. However, the cases presented above contradict most of these assumptions. What then really caused the development of innovations in the district of Østensjø?

# 4 Discussion of statements and questions

## *4.1 Initiation*

### 4.1.1 Service innovations

Statement 1: *Public sector innovation at the service level is problem driven*

The dynamics that initiate innovations at the service level are multifarious – a great variety in sources is observed in the material. Some of these are clearly responses to problems or crisis in existing system of service provision – others emerge primarily as political countermoves, however, these may be accompanied with goals that are designed to amend inadequacies or dysfunctions in existing systems. Introduction of the provider-purchaser model in the former district of Manglerud was initially an attempt at coping with pressures and crisis related to provision of home based nursing and care services. The "Security Contract" was initially primarily a political manifesto, however, its implementation initiated a host of reforms and novel measures designed to improve existing sub-standard service provision that the socialist politicians feared would be outsourced to private sector if these did not make radical performance improvements. Whereas the first may be classified as an initially reactive initiation, the latter was clearly proactive because of its origin in a political manifesto. Although the latter was proactive in its character, both cases originate in a social context and public discourse that has set welfare and care of elderly, helpless citizens on its agenda. In these there is a sense of apprehension that the conditions for the elderly will become worse because of the expected increase in number of elderly, i.e. a sense of general, looming crisis surrounds these issues in public discourses. These issues are reflected in a number of different setings; however, political agendas are significant for public sector debates and advocacy.

Statement 2: *Performance targets are a driver for innovation. Performance targets are a facilitator for innovation*

In our study, performance targets emerge as broad, multi-level concepts. At the operational service provision level, these are fairly exact because each item of service and how much time service personnel are allowed to expend on these (e.g. 5 minutes for changing bandages, 10 minutes for helping an elderly take a bath, etc.) have been set by management, based on time studies and experience. These types of targets did not play an important role as drivers for innovations. In contrast, on a managerial and policy level, performance targets were important as drivers of innovation. Although some of these are fairly precise, most of these were diffuse and contextual, i.e. subject to comparative analysis and political interpretations. Thus, introduction of the "purchaser-provider model" enabled qualitative improvements on allocation processes of scarce resources (equity) and management (e.g. roster and deployment of work force). These innovative measures in management and organization may be considered as performance targets in so far as these were expected to improve performance. Ideological and normative factors – and expectations associated with these – may be interpreted as performance factors driving innovation processes. Thus, right-wing politicians advocated introduction of contestability (market competition) and private sector participation in service provision

because they believed that this would contribute to better quality, higher cost effectiveness, more creativity in provisioning of services – and, not the least, empower citizens ("customers", "user choice") to participate in quality assurance of services. Socialist politicians, in contrast, believed in the excellence of public governance, and having political majority in the District Council of Østensjø, they were able to implement policy measures according to the standards (i.e. performance targets) set in the "Security Contract". The political interests – ideology and normative values – were perhaps the most significant drivers of innovation in our study.

Statement 3: *This innovation is "top-down" (i.e. policy-led) as opposed to "bottom-up" (i.e. practice-led).*

The dichotomy "top-down" vs. "bottom-up" is simplistic because reality is much more complex; innovations emerge from *both* bottom and top – and from external sources (e.g. NGOs) and from interactive processes involving all these and many different levels (e.g. mid-level management) and entities. Still, "top-down" defined as policy measures and decisions taken by a ruling political majority are perhaps most significant to the extent these initiate innovation processes, variously termed as "reforms", or introduction of "private sector providers", "contestability", etc. Various innovation models are inherent or anticipated in these; in political debates these models compete with other, alternative models for providing public services. Introduction and development of the "purchaser-provider" model in the former district of Manglerud came from mid-level management; however, this initiative was encouraged by the ruling political majority in Oslo, i.e. the political environment was favorable to this initiative – the initiative could be interpreted as a response to a top-down political signal. In this process, the entrepreneurial activity of one manager was significant. Although this is a sensitive issue, this person was also a member of one of the right-wing political parties, i.e. a convergence of private political agenda, sympathies and informal networks with entrepreneurial personality and a political climate favorable to these types of innovation initiatives. In other innovation processes different, but complex configurations of actors interacting in the initiation stage were observed.

In terms of diffusion processes, in the public sector these are qualitatively different from those associated with consumer choice (e.g. depicted in S-curves): Implementation of innovation, which initiates the diffusion process, is typically done by political or managerial fiat, or a mixture of both. Thus these are essentially top-down, with spatial extensions limited by the boundaries of an administrative or political entity and its jurisdiction. Needless to say, political and managerial power is a good predictor for diffusion of an innovation.

### 4.1.2 Policy learning

Statement 1: *Public policy learning innovation is problem driven.*

Due to the political nature of many innovation processes that are led by public policy, analysis and learning in terms of policy are subject to political interpretations and rhetoric. In Oslo, introduction of NPM-inspired contestability in service provision of care for the elderly has been subject to debates because this has so far not enjoyed much

success, as evident in many evaluations. When the commissioner for social welfare (right-wing politician) in Oslo was asked to comment[13] why private service providers that run homes for elderly funded by the City of Oslo on contract are more expensive than homes run by public organizations, she replied that competition from private firms in the service provision market have made the latter more efficient, i.e. contestability spurs efficiency. While she now states that her approach is "pragmatic" in terms of who should provide services, she and other right-wing politicians have earlier advocated that private sector firms "by nature" are more efficient and better than public entities, and that, anyway, market competition and user choice are fundamental principles for how society should be organized; these principles are incompatible with a public service model. Thus, in terms of policy learning, the magic of privatization seems to have waned, however, this is still defended as essential for giving users (elderly) freedom of choice: The elderly themselves should be allowed to choose their own providers; the higher prize of private sector providers is now justified as a basic human right. The right-wing policy learning now seem to be: Contestability in who should provide services is more important than privatization and, ultimately, user choice and associated freedom is worth paying a higher price than less expensive public sector provision of similar services.

In analyzing the material in our study, one may observe that some innovations have enjoyed success in terms of becoming institutionalized and permanent. The “purchaser-provider”-model and its associated unbundling of various roles and functions has been retained in the district of Østensjø under the socialist coalition rule. This may be interpreted as a tacit acknowledgement of its success, however, the justification for retaining this is now “pragmatic”, i.e. it facilitates budget discipline and equity in allocation of services to the needy. Thus innovations are subject to interpretive flexibility in terms of policy learning – and adaptability to both reactive and proactive processes.

Statements 2: *Policies directed at performance measurement are a driver for policy innovation. Policies directed at performance measurement are a facilitator of policy innovation.*

In the right-wing, NPM-inspired political rhetoric, a basic assumption is that privatization of public service provision will contribute substantially to increasing efficiency, i.e. private sector is capable of providing much greater volume of services to a higher quality than the costs of running existing public systems. This was seen in the election campaigns in 2001, when right-wing political parties proclaimed that they would be able to “get more out of [your taxpayer’s] money” by privatization of publics health care services. Although no explicit figures were presented (there were no precedents to point to), figures of savings from outsourcing of public works such as road maintenance, cleaning services, etc were quoted as illustrations. Thus, promises and tentative indications of performance improvements and potential savings of public expenses were presented. Outsourcing of homes for elderly and other services for the elderly to private

[13] Cf. *Aftenposten* (Norway's largest newspaper), afternoon edition, 27 November 2004, article "Skulle spare, privatisering ble dyrere" [Intention of saving, privatization became more expensive"]

sector in Oslo has not obtained any savings; on the contrary, private sector has proven itself to be more expensive and ordinary in terms of quality[14]. Still, the agenda of introducing NPM-inspired policies, in particular introduction of the "purchaser-provider" model was essential as a facilitator for policy innovations, irrespective of what type of policy. Although this model was introduced in order to facilitate introduction of NPM in the Manglerud district, the model was retained because it was useful (i.e. facilitator) for the innovations that the left-wing politicians wanted to introduce later.

Statement 3: *This innovation is "top-down" (i.e. policy-led) as opposed to "bottom-up" (i.e. practice-led).*

In a policy learning perspective, there is a bias towards a "top-down" understanding of the world – and the role of policy for promoting innovations. Thus inherent innovation models (variously labeled as "reforms", "initiatives", etc.) in policy articulate political interests, this being the "strong" dynamic in innovations in public sector. Still, in terms of implementations, some of these policies advocate solutions that assume participation and even leadership of actors outside the political sphere. This is evident in the minimalist approach to public sector in right-wing policies; the role of government should be as small as possible – its size and scope should be limited to the extent of assuring that a few basic services are available to citizens. The unbundling of public roles implied by the "purchaser-provider"-model could be interpreted as a policy measure to encourage more "bottom-up" innovations based on assumptions of a innovative creativity in contestable markets. Socialists, in contrast, favor a strong role for public policy and public institutions and solutions. However, within this, they are also favorable to bottom-up processes. Although this may seem paradoxical, evidence of this is found in the organizational reengineering of homes for elderly (e.g. Langerudhjemmet) and service provision models that involve close cooperation with local NGOs. In these, bottom-up initiatives are encouraged. This is congruent with the notion of "democracy at work" (i.e the Scandinavian quality of work model)[15], which professes flexible, "flat" hierarchies

[14] An evaluation undertaken by the consulting firm Asplan Viak AS, cf. *Asplan Analyse*, October 2003, commissioned by KS (pro-NPM) and comparing privatization of care services in Oslo and Trondheim with public service provision, observed no differences in the quality of services. Although privatization gave some initial public savings, the evaluation also points to the fact that private service providing firms involved did not make any profit and were accumulating high deficits. The interpretation of this was that the firms miscalculated the costs of providing the services in their tenders and that in the long run their level of cost would be similar to those of public providers. A year later, Norway's largest newspaper (liberal-conservative) *Aftenposten* (afternoon edition, 27 November 2004), ran an article "Skulle spare, privatisering ble dyrere" [Intention of saving, privatization became more expensive"] in which a number of other evaluations were presented and interpreted. According to this, private service providing firms are more costly than public organizations. Some of the private firms are now bankrupt.

[15] Cf. Fred E Emery, Einar Thorsrud, Eric L Trist, *Form and content in industrial democracy: some experiences from Norway and other European countries*, London: Tavistock, 1969

and high degree of empowerment of employees, combined with training and educational programs.

## *4.2 Design and development*

### 4.2.1 Service innovation

Statement 1: *This innovation is developed through imitation of private sector practice.*

The exact origin of the "purchaser-provider" model in the former district of Manglerud is not known, however predecessors, i.e. organizational constructions that unbundled organizations, have often been introduced in the process of deregulation, such as in various monopolistic utilities and common-carriers. By unbundling, various roles and functions are separated and made autonomous with clear-cut interfaces to other entities, making entry of private sector actors and market competition possible in service provision. The organizational reengineering implemented at Langerudhjemmet was inspired by socialist politicians who had experience with this from working in large private sector industrial companies. In this case, private sector practice was imitated, however, this was done according to the tenets of "democracy at work" (i.e. the Scandinavian quality of work model), which professes flexible, "flat" hierarchies and high degree of empowerment of employees, combined with training and educational programs.

Statement 2: *The choices and features of this innovation is influenced by underlying organisational politics, dominant values and belief systems*

The dominant role of policy and political interests in how innovations are promoted and implemented makes this generally transparent because agendas are spelt out clearly in political programs, debates, etc. Thus the basic values and normative platforms of politicians are well-known. However, within public organizations, the matter is different because ideally, public employees are "servants". Needless to say, private and hidden agendas are assumed to play an important role in how employees in particular adapt to changes introduced in implementation of the innovations – and how these changes also may represent opportunities for individuals in terms of careers and increased power. But these questions are difficult to research within the framework of this study. However, some evidence was found: In the organizational reengineering at Langerudhjemmet, the politicians encountered opposition from the nurses; this group of employees felt that the new organizational structure would devalue their power and prestige. At one point in the reorganization process, they were asked either to cooperate (i.e. accept the changes) or resign. Most of the nurses agreed to cooperate, which was crucial for the success of the reorganization – and proved beneficial for the nurses themselves, according to the politicians.

Statement 3: *The end user was involved in the innovation process*

Generally, end users have not been involved in designing the innovations in our study. Most of the entities had some type of system for collecting information about users and their needs. However, analysis and design of innovations was a matter for politicians and

managers. When asked, some informants explained that the problem with involving users is their inability to articulate (senility being one reason often given) – or the "insensibility" of what they expressed as their needs, e.g. some elderly because of loneliness preferred someone to drink coffee and gossip with, instead of cleaning and washing, etc. One type of concern among politicians was the inability of the system to recognize elderly with needs, typically this was described as a problem with older, single males living alone, being shy, introvert and senile – consequently often undernourished, depressed and filthy.

### 4.2.2 Policy learning

Statement 1: *This innovation is developed through imitation of private sector practice.*

For right-wing politicians in Oslo, private sector practice and business culture represent ideals that should be emulated in public sector, however, this is just one aspect of a larger scenario of a minimalist public sector based on privatization of large segments of the existing public sector. These views are also shared by the national right-wing coalition that holds office in Norway now; it is part of a dominant *Zeitgeist* in Norway. In their thinking, private initiative, profit-driven creativity and accountability are aspects that they think would contribute to increased efficiency and higher quality of service provision if private sector practices are introduced: Service providers perform best if they are forced to think of recipients of services as demanding or spoilt customers that are at liberty of choosing competitors – private sector providers will exert their outmost if they can expect a profit-related reward for doing their best. Although privatization of service provision so far has not been successful as explained earlier, the right-wing rhetoric now is that users should be allowed the liberty of choosing service providers; this freedom is a basic human right best attained by having many actors offering services, i.e. that private firms should be allowed to compete in a market for providing public services. The policy learning in this seems to be that private sector service provision has not been capable of providing services that are better or less costly than public entities, but that they are essential for creating a competitive market for service provision – which is indispensable for giving users freedom of choice.

Paradoxically, the innovations initiated by the socialist politicians is truly imitations of private sector practice, however, these initiatives have been justified and presented in a socialist rhetoric. As explained earlier, the models and precedents for the type of reorganization seen at Langerudhjemmet were originally developed in Norwegian private sector industry in a number of highly successful organizational development projects aimed at increasing quality of work and company productivity, variously labelled as "Democracy at work", the "Scandinavian participatory work model", etc. The "change agents" in this were socialist politicians with past careers in private industry and long experience with industrial organizational development. However, this type of private sector industrial culture is very different from the liberalistic culture of right-wing politicians.

Statement 2: *The choices and features of this innovation is influenced by underlying politics, dominant values and belief systems*

Political interests – and associated struggles, tensions and competition between different political interests - are fundamental in innovation dynamics in public sector. In a democratic or semi-democratic system as in Oslo, holding power of office at various levels is strategic. In these, confrontations and countermoves are part of the game. Some of the innovative initatives in the district of Østensjø, such as introduction of the "Security Contract" and the organizational reengineering of Langerudhjemmet were partly motivated as countermoves, i.e. to demonstrate that public provision of health care services to elderly could be done much better and more efficiently by public service providers. The policy learning of this should be that pluralism or heterogeneity is important in the political system because this generates variety in different approaches of developing and improving service provision, i.e. the climate for innovation activity is better than in a homogenous, non-experimental or monolithic political environment.

Statement 3: *The end user organization was involved in the innovation process*

In our study, a number of NGOs represented directly or indirectly end users, such as the Norwegian Association for Dementia or the local senior citizen councils whose members are nominated by local political parties and community associations (church congregational counsils, associations of retired, etc). Some political parties claimed that they are de facto end user organizations because they have many elderly members, reflecting a large segment of elderly in their constituency. End user organizations were enrolled in the implementation of the "Security Contract" in the Østensjø district as one NGO (Bøler Volunteers' Center) representing these was contracted as a partner for providing some of the services. In this, informants pointed to "zealots" in these associations as significant contributers to implementation of the innovation. Enrollment of these also contributed to giving legitimacy to the "Security Contract". In contrast, in the development and implementation of the initially NPM-inspired "purchaser-provider"-model, this was basically technocratic, i.e. end users organizations or representatives were not involved. The reason for this is not known, however, the attention of the people working with the innovation was system and peer oriented, i.e. oriented towards the district administration and networks in other districts, municipalities and counties working with similar type of developments.

## *4.3 Selection, diffusion and utilization*

### 4.3.1 Service innovation

Statement 1: *The diffusion of the innovation required effective networking, competence building and alternative thinking.*

Political power and skills are basic in public sector diffusion of innovations. These assets usually imply effective networking capability; networking is essential for making alliances and partnerships, obtaining information (e.g. ideas and inspiration for alternative, lateral thinking and creativity) and negotiations, etc. – skills that are also essential for successful entrepreneurship. Even though the political power of politicans depend on their success in elections, some of the politicians involved in the innovations were distinctly "strong personalities", i.e. very assertive and articulate, in addition to

having extensive networks in political systems and elite circles of Norwegian society. These aspects were prominent in socialist local district politicians, and may explain their civic courage. The innovations they promoted as countermoves to the right-wing policy of Oslo may have been interpreted as a provocation, but the socialist politicians were adamant in implementing these. In contrast, in the technocratic approach observed in the development of the "purchaser-provider"-model, the people involved were members of networks dedicated development of these types on innovations, as evident in the "Efficiency Network" promoted by KS[16]. In these networks, sharing experience and learning, i.e. a kind of competence building, was one of the goals that would simultaneously contribute to diffusion of "best practice" in terms of introducing NPM-inspired management models in public provision of services.

Statement 2: *The diffusion of this innovation required co-ordination between different governmental institutions and/or departments.*

Implementation of the innovations in the two cases presented in chapter 3 and most of the other innovations in our study did not involve governmental institutions or departments at the national (state) level because they were carried out within the jurisdiction of local/municipal authorities. In general, the national action plan for elderly (cf. section 2.3) which provides funding also encourages municipalities to create arrangements that cut across administrative and institutional boundaries if this will contribute to innovative solutions. Informants pointed to budgetary restraints ("The current crisis in municipal finances") as the most severe roadblock in service provision innovation activities. Some informants also pointed to labor unions, in particular nurses who are members of the Norwegian Nurses Association (NNA), as being "inflexible". NNA has for many years attempted to keep licensed practical nurses[17], a rival vocational group, away from what they consider to be their domain of medical responsibility and professional expertise.

### 4.3.2 Policy learning (Selection and deployment)

Statement 1: *The diffusion of the innovation required effective networking, competence building and alternative thinking.*

As stated earlier, political power and skills (e.g. networking) are most essential, however, in a policy learning perspective, the approach of the local socialist politicians seems to have been more successful. Although this may be contested and subject to different interpretations, the local socialist politicians were more capable of alternative thinking because of their broad industrial and political experience – and ability to be pragmatic. In comparison, the right-wing NPM-inspired approach seemed to create ideological blinkers, this putting restraint on alternative thinking and competence building.

Statement 2: *The diffusion of this innovation required co-ordination between different governmental institutions and/or departments.*

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[16] KS is an acronym for the Norwegian Association of Local and Regional Authorities.

[17] Licensed practical nurses are trained at vocational high-schools. "Real" nurses are educated at colleges or universities; to become a nurse requires a bachelor's degree (BA) in nursing, i.e. minimum 3 years of higher education. Some Norwegian universities offer MA and PhD degrees in nursing.

As explained above (cf. 4.3.1 – statement 2) this issue was not so relevant in our material.

## *4.4 Evaluation and learning*

### 4.4.1 Service innovation

Statement(s) 1: *Evaluation played a critical role in the innovation process. Research institutions played a critical role in the innovation process. Interaction with other institutions/firms played a critical role in the innovation process.*

In the implementation of the "purchaser-provider"-model and its succors (cf. section 3.1), the team from the administration in the former district of Manglerud reaped knowledge from services provided by a management consultant firms hired by the city of Kristiansand as advisors for helping the local administration with establishing administrative routines and organizational structure. The mechanism for this was the KS-project, the "Efficiency Network", where employees from the former district administration of Manglerud worked with colleagues in other local and municipal administrations in developing what they termed "best practice", i.e. essentially a technocratic-administrative optimization approach. This type of interaction was considered beneficial by informants. Academic research institutes were not involved in any of the innovations in our study. According to Oslo-based newspapers, a number of different evaluations have been done on privatization of homes for elderly in Oslo. These indicate that privatization has not been very successful; however, the evaluations were done ex-post, not during the innovation process[18].

### 4.4.2 Policy learning

Statement(s) 1: *Evaluation played a critical role in the innovation process. Research institutions played a critical role in the innovation process. Interaction with other institutions/firms played a critical role in the innovation process.*

As explained above (cf. 4.4.1), several ex-post evaluations have been undertaken to study the impact of service provision privatization in Oslo. The conclusions of these may have changed the political rhetoric of Oslo's right-wing government; this change could possibly indicate policy learning: Asked to comment[19] why private service providers that run homes for elderly funded by the City of Oslo on contract are more expensive than homes run by public organizations, the commissioner for social welfare (right-wing politician) in Oslo replied that competition from private firms in the service provision market have made the latter more efficient, i.e. contestability spurs efficiency. While she now states that her approach is "pragmatic" in terms of who should provide services, she and other right-wing politicians have earlier advocated that private sector firms "by nature" are more efficient and better than public entities, and that, anyway, market

[18] Cf. note no 14 above.

[19] Cf. *Aftenposten* (Norway's largest newspaper), afternoon edition, 27 November 2004, article "Skulle spare, privatisering ble dyrere" ["Intention of saving, privatization became more expensive"]

competition and user choice are fundamental principles for how society should be organized; these principles are incompatible with a public service model. Thus, in terms of policy learning, the magic of privatization seems to have waned, however, this is still defended as essential for giving users (elderly) freedom of choice: The elderly themselves should be allowed to choose their own providers; the higher prize of private sector providers is now justified as a basic human right. The right-wing policy learning now seem to be: Contestability in who should provide services is more important than privatization and, ultimately, user choice and associated freedom is worth paying a higher price than less expensive public sector provision of similar services.

In the innovation process, the use of management consultant firms instead of academic research institutes could be interpreted as bias towards the former because many academics who are experts in welfare policy have expressed scepticism towards NPM in public debates. In contrast, some of the large management consultant firms such as PriceCooperWaterhouse claim that public sector will increase its cost efficiency dramatically by introducing NPM – and, of course, that they are expert consultants who will help them in this process. Being multinational, these firms also seem to have played a role as organizers of a number of "political excursions", i.e. make arrangements for local city and district politicians and high-level administrative managers to visit their clients in other countries, such as Sweden, Denmark and UK. These client organizations, usually municipal administrations, were presented as showcases, accompanied with expert testimonials from employees and politicians on the benefits of introducing NPM – and the indispensable help from their consultants. One policy learning of this may be that academic research should make themselves relevant as advisors to public service policy making – their academic scepticism is not very useful.

## *4.5 Entrepreneurs*

Some of the people involved in the innovation processes related to home based services for elderly in the former district of Manglerud and the present district of Østensjø may be characterized as entrepreneurs. Their role in the innovation processes was essential. Furthermore, they were instrumental in inspiring others to become entrepreneurial in the local communities of these districts. This is evident in the implementation of the "Security Contract" (cf. section 3.2), which originated in the former district of Bøler (now merged into the new district of Østensjø). According to informants, the chief administrator of Bøler district had entrepreneurial skills and an innovations oriented mindset which were important for creating solutions in the implementation of the "Security Contract". In the local jargon some of these entrepreneurs are characterized as "zealots" because of their enthusiasm, idealism and relentless energy in implementing and developing innovations. The woman in charge of Bøler's Volunteers' Centre was identified as a zealot because of her role in implementing the "Security Contract". First, she took charge of making a register of all the elderly in the district. Then she made telephone calls and other inquiries to find out if they were lonely or had specific needs. In doing this, she informed the elderly of the public services they were entitled to, such as home help, medical care, phone calls and visits, etc. - and of the activities at the service centre for the elderly. Contrary to apprehension, one of her findings was that most of the elderly who were neither clients of the local senior citizen centre nor public service clients were people living harmoniously – and that they had their own personal and private contacts and helpers in their daily life.

Whereas the zealots described above were entrepreneurial they could also be considered as local or communitarian activists. The managerial entrepreneurs who were instrumental in implementing the "purchaser-provider"-model were different because of their orientation and skills were more technocratic and policy oriented. As mentioned earlier, one of the key entrepreneurs was member of a right-wing political party promoting the NPM-inspired innovations – and also an elected member to a municipal council outside Oslo on this party's ticket. Thus it seems safe to assume that this person had close connections (network) to powerful politicians and their confidence – both factors important in entrepreneurial activities. Generally, material or pecuniary incentives for encouraging entrepreneurial activities are absent. On the contrary, one may ask why entrepreneurs seem to be present in all context, even in environments that are aversive to change and hence do not really appreciate entrepreneurs. Idealism, dedication to a cause, or a "sense of mission" may be factors that explain what fuels entrepreneurs – their seemly relentless energy and enthusiasm.

## *4.6 Interaction policy level and service level*

In the two cases presented, the interaction between the levels differed: Whereas in the "Security Contract" case, there was a strong interaction between local politicians having a distinct policy agenda and operational strategy for implementation on the service level, in the "purchaser-provider"-model, an intervening management level was important as far as this level had a leadership role in the shaping of this innovation. In this case, the policy level appears to have been more abstract and theoretical/ideological, based on NPM-inspired paroles such as privatization, introduction of contestability among service providers, and, ultimately, when these did not succeed, "user choice" as a reason of last resort. Thus, the policy learning in this case seems to have been more defensive (trail and many errors), although some of the mechanisms developed for this purpose have been retained, such as the "purchaser-provider"-model.

In our material, the distinction of policy level and service level is at times problematic; specifically in cases where entrepreneurial individuals or organizations are instrumental in developing innovations. In these cases, the two levels are often intertwined; however, political interests are most fundamental. Because NGOs play an important role in Oslo and are influential, they are de facto accepted. By their presence and activities, they represent local variety generating capabilities in terms of innovations. The case of local socialist politicians promoting the "Security Contract" and other measures to retain a public hegemony in service provision to the elderly clearly represents a political countermove to the central level of Oslo, which is ruled by right-wing politicians. Hence, this may be considered as a power struggle, however, the term rivalry or ideological struggle would be more appropriate for this and the other innovations that are promoted, specifically those developed by NGOs. This is seen in the case of helping destitute and homeless drug addicts in Oslo. One NGO which has developed a program for helping these was criticized by the right-wing commissioner for health and social services as a program for maintaining their misery; according to the commissioner helping these undermined the city's policy of coercing the addicts into what they termed as rehabilitation programs. The NGO's reply was that the city's policy was inept and brutal towards society's most powerless and miserable, etc.; their real agenda was to chase addicts away from the business district where they were hanging around – the destitute

addicts represented a sore in the eyes of "beautiful people" in this district. In the debate, the question of ideologies towards society's helpless members became central issues.

## *4.7 Policy recommendations*

Generally, respondents in our study gave the policy recommendations that are according to their political agendas. To the extent these also embody prescriptions for changing existing order they may be considered as innovation models, either potential or as being implemented. Most of these political agendas, hence policy recommendations, are clearly ideological; however, some are more purely normative (e.g. increase aid to elderly with dementia and train people who help them to become aware of their idiosyncrasies).

As analysts, to make judgement on political agendas is beyond our scope. However, analysis of our material makes it possible to make some recommendations in terms of more general innovation policy measures:

- Pluralism in different approaches to improving service provision to the elderly is important and should be encouraged. As seen in the Oslo material, the pluralism in terms of many different organizations (political parties, NGO, stakeholders' associations, etc.) has generated many different models and "experiments". Although this is not a result of design, the situation is beneficial in terms of public debates and political awareness – and ultimately, for policy learning.

- Entrepreneurs are important in development of innovations in public services. Although entrepreneurs always are emerging, in the public domain (such as service provision and care for the elderly) the challenge is to leverage their creativity and channel their energy into activities that give them a sense of meaning. If possible, policy should be able to recognize these persons and bestow them with resources – and responsibilities. Some of the local Volunteers' Centres may serve these purposes; these and similar organizations should be given larger opportunity to work.

- NGOs and the civil society they represent are very important for a number of reasons: Being agile and flexible, they seem to have a type of creativity and climate for entrepreneurship which is not possible in public organizations. Although one may possibly claim that these are not representative, they nevertheless represent interests that are committed to humanitarian causes. In this, they have networks to dedicated people and local chapters which represent potentially powerful resources of human capital and creativity. In a policy perspective, the significance of civil society should be recognized and given opportunities for development.

- Just as in industry, good ideas for innovations need to be developed, tested, redeveloped, etc. - some for a long time. Entrepreneurs and professionals who work with developing new ideas should be considered as R&D-people, i.e. people who work with ideas that may prove to be very beneficial if implemented. In Oslo, some of the private charitable funds (old family fortunes) function as "venture capital" for

development projects in NGOs. This model – venture capital logic - is very interesting and public money should be used in a similar manner.

- Although many people work with innovations in services to elderly living at home and by this produce and accumulate much relevant knowledge, learning and dissemination of knowledge seems difficult. One reason for this may be the highly political nature of these innovation processes – all actors seem to have political agendas or think that others have hidden agendas if these are not open. The challenge is to construct arenas or institutions for sharing knowledge and learning, e.g. some mechanism for demonstrating "best practice" (or "worst practice"). These should be action oriented, i.e. demonstrate to actors what kind of measures, approaches or techniques that are efficient, etc. Some large management consultancies (e.g. PriceCooperWaterhouse) are efficient at providing prescriptive, tangible advice to clients; however, they seem to have a strong ideological bias towards NPM. Academic research seems to be irrelevant as sources of knowledge and advice for many reasons, one possibly being their lack of innovation understanding. A starting point should be that public research institutes start taking interest in how to create viable futures for elderly in modern societies.

# Annex 1: Facts & figures related to home based services

In the period 1995-1998 in Norway, the average amount of hours or work (services offered) per user per week of home based services has increased somewhat. However, adjusted for what is called "nursing burden", i.e. the amount of care (work) that a recipient needs to attain a defined standard of wellbeing, for users has also increased during the period.

## Production and employment

In Norway, the municipalities usually provide home based services and employ the personnel working in this sector. Private actors offering home based services like food provision and other practical services are present in some municipalities, but for traditional home based services such as nursing and practical support (including cleaning services and transportation), the municipalities are still major service suppliers. Some nursing homes and day care centres are owned and managed by non-profit voluntary organisations (usually charitable foundations). These employ professional health personnel and are mostly funded by the municipalities. Until now, few enterprises are involved in private, commercial service provision in Norway, however in Oslo, these have been introduced in some districts as part of the NPM-inspired policy of the current right-wing government of Oslo.

**Table I.1: Man-years in the nursing and care services[20] (full time equivalents), 1992 and 2001, in Norway**

| | 1992 | 2002 |
|---|---|---|
| Total man labour years | 66 430 | 93 690 |
| Man labour years per user[21] | 0,35 | 0,46 |
| Man labour years per 1000 inhabitants 67 years and above | 107 | 155 |
| Man labour years per 1000 inhabitants 80 years and above | 397 | 457 |

Source: Statistics Norway

Save a few technical professions, women working part-time constitute a large majority of the work force in service provision of elderly. In Oslo, a large segment of this work force is made up of non-Norwegians. Whereas work in service provision previously required

[20] Nursing and care services employment includes all employees both within the home based services (home nursing and practical support) and in institutions, which means that not only the functions related to the users are included, but also administration and management, cleaning and kitchen personnel.

[21] Man labour years per user us calculated from the sum of users of practical support, home nursing and the number of places in institutions.

little education, there is a tendency towards specialisation and professionalisation in the sector. In the mid 1990s a new occupational group, "licensed practical nurses", were increasingly employed in the nursing and care sectors. Licensed practical nurses are trained to work in institutions and in home based care with all types of patients; however, they seem to be attracted to jobs working with mentally handicapped patients.

**Table I.2: Man-years expended in the nursing and care services[22], by profession. 1994 and 2000**

| | 1994 | 2000 |
|---|---|---|
| Total man-years | 68 331 | 89 669 |
| Psychiatric nurses | 416 | 1 006 |
| Geriatric nurses | 283 | 626 |
| Other nurses | 10 655 | 14 483 |
| Nurses working with mentally retarded | 1 443 | 2 918 |
| Licensed practical nurses | 23 406 | 28 984 |
| Ergo therapists | 462 | 519 |
| Home helpers | 15 620 | 8 547 |
| Other personnel in administration and management | 3 431 | 2 897 |
| Other personnel in service functions[23] | - | 7 990 |
| Other personnel in client directed services[24] | 10 664 | 21 699 |
| Unspecified | 1 951 | 0 |

Source: Statistics Norway

As may be seen in table I.2, the total man-years related to nursing and care services in Norway has increased quite substantially from 1994 to 2000. The largest groups of employees in 1994 were licensed practical nurses, home helpers as well as trained nurses of various kinds. The figures from 2000 show a marked drop in the number of home helpers in the sector and a significant increase in the category of "other personnel in client directed services". This is most probably due to the introduction of the new

[22] Nursing and care services employment includes both the home based services (home nursing and practical support) and employees in institutions.

[23] Personnel in "other personnel service functions" include occupations such as kitchen personnel, janitors, etc.

[24] "Other personnel in client directed personnel" includes categories such as social worker, child welfare officer, environment therapist, child and youth worker and care worker.

occupational group of licensed practical nursed which is included in the latter personnel category of "other personnel in client directed services".

## Statistics of home based services for elderly in Manglerud

Statistical information from the 2003 annual report of Manglerud shows that there was a slight decline in the population of elderly in the city district during the last four years. In 2003 the population group of elderly above 67 years of age in Manglerud was, however fare higher than in the city of Oslo as a whole, particularly for the group of elderly in between 67 and 79 years of age. In Manglerud about every fifth inhabitant was more than 67 years of age, as to only about 12 percent in the city as a whole. This indicates that the city district has particular incentives for efficient provision of services to the relatively high proportion of elderly in the city district, and thereby also possibly high incentives for renewal thinking and innovation activities.

**Table I.3: Population of elderly (more than 67 years old) in the former district of Manglerud**

| Year 2000 | 2001 | 2002 | 2003 | Share of elderly in the district 2003 | Share of elderly in Oslo 2003 |
|---|---|---|---|---|---|
| 2,649 persons | 2,629 persons | 2,636 persons | 2,596 persons | 20,5 % | 12,4 % |

Source: Annual report of Manglerud 2003

At the overall level Manglerud spent about NOK 150 million on measures for elderly and physically disabled persons in 2003, about NOK 6 million more than the previous year of 2002. The running expenses spent on home based services for elderly in particular in 2003 amounted to about 20 percent of the total expenses for elderly and disabled, i.e approximately NOK 30 million.

**Table I.4: Running expenses for "Measures for elderly and physically disabled and home based services for elderly" (in 1000 NOK)**

| | Accounts 2002 | Orig. budget 03 | Reg. budget 03 | Accounts 2003 | Divergence reg. budget/ accounts 2003 |
|---|---|---|---|---|---|
| Measures for elderly and physically disabled total | 143 977 | 148 068 | 151 848 | 149 242 | -2 605 |
| Home based services for elderly | 26 457 | 28 530 | 29 496 | 30 055 | 559 |

Source: Annual report of Manglerud 2003

# On the PUBLIN case studies

*The following general presentation is based on the PUBLIN guideline report for case study researchers. See also the introduction to the case study summary report.*

The overall aim of this PUBLIN study has been to gain insights into the processes of innovation and the associated policy learning in the public sector. These should contribute to the development of a theory (or theories) of innovation in the public sector, and contribute usefully to policy analysis. Within this study framework, the aims of Work Packages 4 and 5 (the case studies) have been *to understand the interplay between policy learning and innovation at the policy level, and innovation at the service level within the public sectors under study*.

More specifically, the objectives of each Work Package are:

1. To understand the innovation processes present within national public health systems/social service systems.

2. To understand the learning processes underlying policy development in publicly regulated health/social service sectors.

## Innovation

Green, Howells and Miles (2001), in their investigation of service innovation in the European Union, provide a suitable definition of the term innovation which denotes a process where organisations are

> "doing something new i.e. introducing a new practice or process, creating a new product (good or service), or adopting a new pattern of intra – or inter-organisational relationships (including the delivery of goods and services)".

What is clear from Green, Howells and Miles' definition of innovation is that the emphasis is on *novelty*. As they go on to say,

> "innovation is not merely synonymous with change. Ongoing change is a feature of most… organisations. For example the recruitment of new workers constitutes change but is an innovative step only where such workers are introduced in order to import new knowledge or carry out novel tasks".

Change then, is endemic: organisations grow or decline in size, the communities served, the incumbents of specific positions, and so on. Innovation is also a common phenomenon, and is even more prominent as we enter the "knowledge-based economy".

An innovation can contain a combination of some or all of the following elements:

- New characteristics or design of service products and production processes *(Technological element)*

- New or altered ways of delivering services or interacting with clients or solving tasks *(Delivery element)*

- New or altered ways in organising or administrating activities within supplier organisations *(Organisational element)*

- New or improved ways of interacting with other organisations and knowledge bases *(System interaction element)*

- *New world views, rationalities and missions and strategies. (Conceptual element)*

## Case study statements

In an effort to define a common methodological framework within which to study innovation in the public sector, several research orientation statements were put forward and related policy questions suggested.

These give a '*problem driven view'* of the issue under study. It should be strongly emphasised that this list was only intended to be indicative of what propositions might be tested and it was revised during the course of the PUBLIN study.

For instance, the following statements were added to the ones listed in the table below:

Entrepreneurs played a central role in the innovation process

- Was there a single identifiable entrepreneur or champion?

- Was the entrepreneurs assigned to the task?

- Had the entrepreneurs control of the project?

- What was the key quality of the entrepreneurs? (management, an establish figure, position, technical competence, access to policy makers, media etc)

- Incentives

There was no interaction between policy and service level (feedback)

- To what extent was the policy learning a result of local innovation?

- Are local variations accepted, promoted or suppressed?

- To what extent does the innovation reflect power struggles at the local and central level?

- Was there dissemination of the lessons learned, and was this facilitated by specific policy instruments?

- Where there evaluation criteria? (When?)

- Who where the stakeholders that defined the selection criteria? Did problems arise due to the composition of this group of stakeholders?

- How did the interaction and/or the interests of the stakeholders influence the selection of the indicators used?

**Policy recommendations**

Based on your experience from case studies, give concrete policy recommendations.

1. Preset also policy recommendations given by the respondents

2. Are the any examples of “good practice”?

The case study reports all try to comment upon these statements.

Moreover, all participants were also asked to use a comparable design for the case study itself and for the case study report.

| Service Innovation | | Policy Learning | |
|---|---|---|---|
| **Statements** | **Questions** | **Statements** | **Questions** |
| **Initiation** | | **Initiation** | |
| Public sector innovation at the service level is problem driven | What was the primary rationale for the innovation under study?<br><br>Were there supporting rationales?<br><br>Was the innovation developed proactively or reactively?<br><br>Where did (recognition of) the need for the innovation originate? | Public policy learning innovation is problem driven. | How can specific problem-orientated policy innovations be transformed into more general forms of policy learning?<br><br>Is policy learning largely a reactive or proactive process? |
| Performance targets are a driver for innovation.<br><br>Performance targets are a facilitator for innovation. | What are the most appropriate incentives and drivers for innovation in the public sector system under study?<br><br>Be aware that it may be a driver and not a facilitator | Policies directed at performance measurement are a driver for policy innovation<br><br>Policies directed at performance measurement are a facilitator of policy innovation | What are the most appropriate incentives and drivers for innovation in the public sector system under study?<br><br>Be aware that it may be a driver and not a facilitator |
| This innovation is "top-down" (i.e. policy-led) as opposed to "bottom-up" (i.e. practice-led). | Does the location of the pressure for the introduction of an innovation impact its diffusion and development?<br><br>Each country case should describe to what extent it is a top-down or a bottom-up innovation | This innovation is "top-down" (i.e. policy-led) as opposed to "bottom-up" (i.e. practice-led). | Does the location of the pressure for the introduction of an innovation impact its diffusion and development?<br><br>Each country case should describe to what extent it is a top-down or a bottom-up innovation |
| **Design and Development** | | **Design and Development** | |
| This innovation is developed through | Where did the innovation arise? Does it | This innovation is developed through | Where did the innovation arise? Does it |

| | | | |
|---|---|---|---|
| imitation of private sector practice. | have models outside or inside the public sector? | imitation of private sector practice. | have models outside or inside the public sector? |
| The choices and features of this innovation is influenced by underlying organisational politics, dominant values and belief systems | To what extent have the choices and features been driven by conflicts (specify: power, funding, belief systems … etc) between different stakeholders?<br><br>How did the introduction of the innovation overcome the resistance to change at the service level? | The choices and features of this innovation is º influenced by underlying politics, dominant values and belief systems | To what extent have the choices and features been driven by conflicts (specify: power, funding, belief systems … etc) between different stakeholders?<br><br>How did the introduction of innovations overcome the resistance to change at the policy level? |
| The end user was involved in the innovation process | What was the role of the end user? Were they involved in order to improve the design features or to increase acceptance of the innovation and/or for other reasons?<br><br>If they were not involved, explain why. | The end user organization was involved in the innovation process | What was the role of the end user organisation?<br><br>Were they involved in order to improve the design features or to increase acceptance of the innovation and/or for other reasons?<br><br>If they were not involved, explain why. |
| **Selection, Diffusion and Utilisation** | | **Selection and Deployment** | |
| The diffusion of the innovation required effective<br><br>1. networking,<br><br>2. competence building and<br><br>3. alternative thinking | | The selection and deployment of the innovation required an environment that encouraged effective<br><br>1. networking,<br><br>2. competence building and<br><br>3. alternative thinking | |

| | | | |
|---|---|---|---|
| The diffusion of this innovation required co-ordination between different governmental institutions and/or departments | How can inter-governmental roadblocks be by-passed?<br><br>To what extent does intra-governmental co-ordination depend on direct political interaction?<br><br>To what extent does intra-governmental co-ordination depend on stimulus from a crisis situation?<br><br>Does fragmentation of government create a barrier? | The most challenging public policy innovation takes place at the intra-governmental (inter-functional) level. | How can inter-governmental roadblocks be by-passed?<br><br>To what extent does intra-governmental co-ordination depend on direct political interaction?<br><br>To what extent does intra-governmental co-ordination depend on stimulus from a crisis situation?<br><br>Does fragmentation of government create a barrier? |
| **Evaluation and Learning** | | **Evaluation and Learning** | |
| Evaluation played a critical role in the innovation process<br><br>Research institutions played a critical role in the innovation process<br><br>Interaction with other institutions/firms played a critical role in the innovation process | Did the innovation meet the expectation of the stakeholders at various stages of the innovation process?<br><br>Did the innovation have unintended consequences (e.g shifting bottlenecks)?<br><br>Did the innovation induce other innovations?<br><br>Is there evidence of policy learning and any associated structure?<br><br>Had lessons been drawn from earlier innovation processes? | Evaluation played a critical role in the innovation process<br><br>Research institutions played a critical role in the innovation process<br><br>Interaction with other institutions/firms played a critical role in the innovation process | Did the innovation meet the expectation of the stakeholders at various stages of the innovation process?<br><br>Did the innovation have unintended consequences (e.g shifting bottlenecks)?<br><br>Did the innovation induce other innovations?<br><br>Is there evidence of policy learning and any associated structure?<br><br>Had lessons been drawn from earlier innovation processes? |