

Social Innovation and Intervention: Impact, Methods and Implementation in the Healthcare and Social Sectors (publication project)

Call for authors

1. Topic

Social innovation is a relatively recent reference which has gradually been defined as an alternative to technological innovation. It marks the rejection of economic growth as the sole perspective for development. As the authors of a widely acclaimed publication emphasize, social innovations have their own characteristics, even if all innovations have a social dimension (Klein et al., 2014, p. 10). According to the European Commission, social innovation is concerned with “developing new projects, services and models in order to be able to provide better answers to social questions” (Guide to Social Innovation, p. 6). Seen from this angle, it can then be analysed as a promise of a better social future as a result of a recombination of social relations, in particular by developing participation and involving civil society. As has been noted, “the essential condition for the existence of social innovation is participation” (Chambon et al., 1982). In the same line of argument, Julie Cloutier proposes a definition of social innovation that conveys the democratic hope raised with this new approach:

In general, social innovation is a “new response” to a social situation considered unsatisfactory, a situation that is likely to manifest itself across society. Social innovation responds in such a way because it aims to improve the well-being of individuals and/or communities. It is defined in action and through sustainable change... (Cloutier 2003, p. XII).¹

The *Centre de Recherche sur les Innovations Sociales* (CRISES) pushes this line of argument even further and highlights the transformative and global impact of social innovation as they are meant to imply:

an intervention initiated by social actors to respond to a goal, meet a need, provide a solution or take advantage of an opportunity to change social relations, transform a framework for action or propose new cultural orientations (Lévesque 2008).²

Given that interventions are at the heart of exclusion processes, touching a wide range of problems and diseases, actors in the healthcare and social sectors are called upon to take up the challenges of social innovation. As a field of practice and knowledge, social and healthcare interventions are blazing the trail for the production of new responses to contemporary healthcare and social challenges. Thus, in an attempt to overcome the vulnerabilities which people face across the life course, social innovation uses a wide range of means and gathers together actors from multiple horizons and professions, forming collectives which intervene and support, but also control, analyse, mobilise or emancipate (Staub-Bernasconi 2014; Walter 2014). This includes administrators, researchers, educators, carers as well as people in need of care and others.

Part of an initiative led by the National Centre of Competence in Research LIVES (*Centre LIVES*) and the University of Applied Sciences and Arts of Western Switzerland (HES-SO) that seeks to establish

¹ Translated from the French original by the editors.

² Equally translated from the French original by the editors.

a lab for social innovation, this publication project aims to make a significant contribution to the fields of study and practice of social innovation. More specifically, the goal of this publication is to shed light on the social innovation experiences of social and healthcare actors, following three main dimensions:

- **Observed or desired impacts:** unlike technological innovations, these are here conceived more as new social practices rather than as new products or commodities that can be commercialized (Bornstein, Pabst and Sigrist 2014, p. 7).
- **Knowledge production and methods:** contributions may relate examples of innovative collaborations between researchers and field partners and the challenges of such research, discuss the methods that were used and shed light on limitations or, more generally, reflect on the production of knowledge combining scientific methods and field experiences.
- **Implementation of social innovation:** contributions may discuss new forms of collaboration, new procedures, new policies and arrangements or a combination of one or the other.

For proposals, we call on all authors in the field of social and healthcare interventions who are dealing with questions related to social innovation and are keen to share their knowledge and experience, particularly within the context of Switzerland (but not only). Contributions may deal with ethical, conceptual or methodological issues and include the description, analysis or evaluation of results.

2. Formal aspects

We are considering three types of contributions:

- “Long” texts with a maximum of 40,000 characters (including empty spaces & excluding the bibliography) seeking to explore a question / theme in detail;
- “Concise” texts with a maximum of 20,000 characters (including empty spaces & excluding the bibliography) allowing, for example, for the description and analysis of a specific social innovation project or measure.
- “Short contributions” such as, for example, personal accounts, widening the standard scope of academic publications using illustrative insets and thus open the project to other forms of expression. These insets may consist of 2500 to 3500 characters (including spaces) or fill one page.

The editors are responsible for the quality and scientific integrity of the contributions. A peer review process will be initiated in order to apply for a grant from the Swiss National Science Foundation (SNSF) for an Open Access publication. Specific (writing) support in view of the evaluation process may be requested by contacting one of the editors.

Contributions will be published in French only with Seismo, a renowned Swiss social science publisher. Depending on the proposals submitted, 2 or 3 contributions may be translated at the expense of the editorial group. It is therefore possible to make a contribution in one of the following languages: French, German, Italian or English.

We invite all interested authors to submit proposals as follows:

- title
- 4-5 keywords
- proposed form of contribution (“long”, “concise” or “short”)
- topic of the contribution with the questions addressed and the link to one of the above-mentioned dimensions and, if applicable, brief description of empirical data (method of analysis, results) and 3 to 4 bibliographical references (maximum 1800 characters including empty spaces)
- a short biography of the author(s)

Please signal your interest to make a contribution **by July 15, 2019**, writing to pascal.maeder@hes-so.ch. Proposals may be sent to the same address until September 15, 2019.

Proposals will subsequently be selected by the editors. Authors will be invited to write their contribution at the end of September 2019 with a due date for final submission no later than 31 January 2020. A period of 2 months (mid-March to mid-May) will be given for revisions subsequent to the reviewing process. We expect to publish the book in November 2020.

For further information and questions, please contact: Pascal Maeder, pascal.maeder@hes-so.ch, mobile + 41 79 362 45 17, land line + 41 21 692 38 32.

3. Editors (listed in alphabetic order)

Milena Chimienti, Haute école de travail social de Genève, HES-SO

Viviane Cretton, Haute école de travail social Valais / Wallis, HES-SO

Pascal Maeder, Pôle de recherche national LIVES, HES-SO

Christian Maggiori, Haute école de travail social de Fribourg, HES-SO

Isabelle Probst, Haute école de santé Vaud, HES-SO

Stéphane Rullac, Haute école de travail social et de santé, EESP, Lausanne, HES-SO

5. References

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