Innovation in the Public Sector

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Residential Care for Elderly in Slovakia

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INNOVATION IN SOCIAL SERVICES:

Residential Care for Elderly in Slovakia

PUBLIN WP 5

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CONTENT

1. Case Summary

The case study focuses on innovations in social services, notably in the state and non-state residential homes for elderly. Social policy and social care in Slovakia is undergoing transition simultaneously with reforms in social, economic and political spheres. The original social protection system that functioned under communist regime was challenged and new welfare relations had to be established, including system changes in the provision of the social services and introduction of efficiency measures and new forms of financing. At the same time, changes in demographics[1] similar to other developed countries have forced new considerations on the provision and financing of social services on policy level.

The context of residential homes for elderly was selected following the changes in the Law on Social Aid in 1998 that enabled to combine services for the elderly and a new move occurred from 'institutionalized care' to a more service oriented facilities of smaller and 'family/community' care. This trend is to be even more intensified with the preparation of a draft Law on Social Services that is currently being discussed (and influenced) by the 'practitioners and service providers' in the field of social care. At the same time decentralization processes both in general competencies, including social services as well as within the care for elderly meant a new distribution of responsibilities and bigger power for the residential homes to participate in the system changes from bottom up perspective.

The case study under closer investigation is a senior residential home in Bratislava region providing care for elderly within the field of social services in the newly established non-state facilities. Thus, the case has been chosen as it reflects an innovative approach to care for elderly. An important and decisive part of the mission of the facility was 'humanization' and 'individualization' of the social services for elderly, with the vision of providing complex services (both social and medical) tailored to specific needs and abandoning system of strict division into social and medical care. At the same time, the boarding house has introduced innovative processes in the structure of

[1] In 2002, population segment over 65 reached its historic peak of 11,6%, which accounted for a 6% increase since 1995 (Government Report on Social Services, 2002). In the same year the proportion of economically active population dropped by 12,8% since 1995 (Statistical Office, Report on population structure 2002).

its facility in order to achieve higher standards of quality in the services provided with two ultimate aims: first, to individualize and humanize the care for elderly (as opposite to institutionalised care of the previous regime) in the service level and in this way to influence the system of financing of facilities in a way that would reflect the individualized care on policy level.

The case study represents the complex picture of ongoing transformation, search for new innovative approaches, interaction between policy and service levels in a new environment where the relations between the 'client', 'service provider', 'facility founder', 'facility establisher' and 'policy maker ' are yet to be defined. Nevertheless, the boarding house started to work with politicians, elected representatives, as well as with the clients themselves in order to medialize and raise awareness on the new approach in the social service provision and central role of the client. The experience and newly piloted services have become part of the legal provisions in the law in 1998 as well as some of the experience in the introduction of standards of quality on the service level are now being discussed as a benchmark for introducing standards of quality on policy level (and thus national level) for the new Law on Social Services.

In-depth interviews have been conducted within the staff of the investigated residential home for elderly (front line employees and top managers) as well as with practitioners of other residential homes in the region, policy makers on municipal, higher territorial unit and ministerial levels and NGOs that are active in this field. Also, documents have been studied that are relevant for the field of elderly care in order to be able to test the statements on the innovation process and dissemination on both service and policy levels.[2]

2. Context

Under communist regime the public sector and state were identical terms where state dominated and interfered into all aspects of society. Thus, at the beginning of transformation in the nineties, the governments had to confront multiple internal

[2] The statements as well as the case study framework has been developed earlier in the PUBLIN stages and for more details see relevant documents, such as 'Innovation in the Public Sector', 'Publin Guideline Report for Work Package 4 and Work Package 5', PUBLIN, 2003.

challenges such as distrust of public sector, and higher demands for public services, fiscal deficits, simultaneously with economic, political and institutional transition (Agh 2001, Elster, Offe and Preuss 1998). The innovations studied in the case study of social services provided in residential home for elderly have been introduced against the background of overall macro reforms in the society. In the first years of transformation, too many changes were happening to ensure economic and political reconstruction, which was reflected also in the policy and administrative side of social service transformation. The influence of 'Western' models is apparent throughout public sector reforms.

The basic principle of state socialism concerning public sector was unitary power, i.e. state ownership meant at the same time political control over all spheres of social life. Thus, the ultimate aim of the transition was to devolve power from the central state, on the one hand to self-governing authorities (de-concentration and decentralization processes) and, on the other hand, to private owners operating in a free market (privatization and restitution processes). As a result, not only alternative forms of service providers were formed (ranging from church, non-profit organizations to private sector), but also self-governing municipalities and other levels of territorial self-governments were strengthened in its autonomy. The functional and fiscal decentralization brought them powers and competencies which formerly had been exercised directly by the state ministries or state territorial offices. Furthermore, on the basis of the functional and institutional aspects, the decomposition of the old and the composition of the new public sector was a process of functional differentiation, at various levels of administration and paralleled by intergovernmental coordination at each level.

First government reforms in measures were aimed at the abandonment of the policy of full employment, along with the abolishment of the institutions of direct central regulation (including control over services provided), creation of social and health insurance, tax reform, and other matters. The ultimate aim of the reforms was to create conditions that would increase the responsibility of the citizen for his or her own social situation and only if the circumstances are unfavourable the state will intervene to offer assistance and services in order to sustain adequate quality of life.

2.1. Public Sector Reforms and Provision of Social Services

In the period of 1990-2004, a new administrative organization of the entire public sector system and its financing had to be introduced which had immense impact on the overall philosophy, mechanism and quality of organization and provision of public services, and social system in particular. Reforms in the public sector in transition countries, including Slovakia were inspired by New Public Management (NPM) principles which in practice meant the beginning of employment of other than just state sector in the provision of services. At the same time, the providers of services became independent legal units with freedom to decide within set limits about the direction and scope of services provision.

In 1990, Law on Municipal Establishment renewed the local self-governments on the level of municipalities. The administrative re-organization started with Law 221/1996 Coll. on Territorial and Administrative System of the Slovak Republic when new administrative divisions were created. In 2002 regional level of the self-government was established within the borders of territorial regions – so called Higher Territorial Units. The state administration was separated from the agenda of the self-governments (municipal and regional) and a new division of responsibilities between municipality, region and state occurred with the aim to achieve an increased efficiency and improve quality of public services. This law has formally given the power to municipalities to provide social services, however, without any additional finances they were not able to exercise it fully.[3] Only the introduction of the so-called Competence Law in 2001 (Act No. 416/2001 Col.) that set out 5 phases (1 January 2002, 1 April 2002, 1 July 2002, 1 January 2003 and 1 January 2004) for the transfer of individual responsibilities/competencies from state to the self-government for more than 400 types of public services meant radical and crucial change in the division of responsibilities between state and self-governments. From 1 July 2002, the obligation to provide social services was transferred to self-governments which had to assess the needs and accordingly establish facilities providing such services. The existing facilities providing

[3] Bratislava municipality immediately took the opportunity of providing social services 10 years before the Competency Law obliged all of the municipalities to do so (since 1990). Bratislava municipality has secured the necessary financing via Fond for housing development. This enabled higher motivation from the side of facilities providing social services to elderly to introduce innovations sooner than anywhere else.

social services to elderly were transferred to the executive competencies of the self-governments on various territorial levels and thus became formal establisher of the facilities providing social and other services.

Beside the transfer of competencies, the decentralisation process also included changes in the field of financing of public services and thus 'fiscal decentralization' has changed the system of financing of facilities that provide residential care for elderly. In the period of 1990 – 2003 municipalities were funded mostly by transfers from the State Budget through shares on state taxes and special-purpose subsidies. The main objective of the fiscal decentralization was to strengthen the financial autonomy of municipalities in order to be able to provide services in the field of transferred competencies, to increase stability of income base, increase the pressure on more efficient use of own incomes and linking the scope and quality of services provided by self-governments with tax burden of population and in this way to imitate market conditions in the public service provision. However, fiscal decentralization (financial support for transferred competencies) was lagging behind the decentralization of competencies and occurred only since 1 January, 2005.

During the transition years of 2002-2005 a so called ‚decentralization subsidy from the state to individual self-governments was supposed to bridge the gap. The decentralization subsidy was provided for a scale of competencies (e.g. social services, education, health, etc.) and its further redistribution among individual facilities providing services within a given field (e.g. in the field of social services further redistribution was needed among such facilities as boarding homes for elderly, children homes, crisis centres, etc.) was done by the self-governments. All providers (not only municipality run but also church and non-governmental) are entitled to receive the decentralization subsidy. In theory this means that the regional state office contributes originally 50% and from 2003 100% of the difference between facility's average expenditures and its income. The total amount is subsequently allocated according the number of clients in the facility; changes in 2004 changed this and instead of percentual allocation it specifies an exact minimal amount indicated per persons in year-long care:

Table 1: Decentralization subsidy

Number of clients in the facility	The amount of contribution (in Sk) per head in year-long care
Under 29	111,500
30 – 50	94,300
Over 60	71,300

Source: http://www.nrsr.sk/Bin/Tmp/NR518.doc

In this way, the transition years should have provided a basis of a more objective financing ratio between state and self-governments' own revenues. Finances were re-distributed through self-governments (municipal or higher territorial unit) and the amount depended on the perceived need of individual providers of social services by self-governments and on the number of clients that the facility accommodates. In practice, however, the facilities were not receiving even the minimum amount that would correspond to the number of clients in the facility and were facing serious financial problems.[4]

In 1998, the Law on Social Assistance brought also a possibility for the facilities providing social services to diversify their income in order not to be fully dependable on the state/self-government finances. Today, the income of social service facility comes from following sources:

1. state budget (via regional state offices)
2. budgets of the self-governments (municipal or higher territorial unit)
3. grants, subsidies
4. fees from the clients

Primarily, facilities rely on contributions from the state budget that is being distributed through regional state offices to self-governments in the form of decentralization subsidy. Client fees cover approximately 30-40% of all financial incomes of the facility, depending on the founder. The law stipulates exactly types of facilities and services which clients are obliged to pay for. Particularly, clients of residential care homes for elderly have to pay for the core services as accommodation,

[4] Interviewers of most of the facilities providing residential care for elderly as well as higher territorial unit admitted this practice. As a reason it was stated that the priorities lie in different field of social service providers, such as child care, etc.

general care and catering.

Thus, the financing system is based on type of facility and number of clients accommodated in the facility rather than on the type of services and individual actions provided. Moreover, the division between social and health systems causes non-effective, non-flexible re-distribution of finances and care as the concrete client has to address two various systems.

2.2. From Social Assistance to Social Services

The reforms on macro level were reflected in the adoption of new laws regulating the system of social services. Law on the provision of social services (135/1992), Law on Social Assistance (195/1998) and Law on Social Services (currently being prepared at the Ministry) are the main legal documents that specify the form and role of providers of social services (under what conditions can state/municipal and alternative forms of providers offer social services), its scope (range of social services provided) and types of facilities providing social services. In general, they encompass the most important principles necessary for efficient provision of social services.

The legal and institutional changes in 1992 introduced new social security system anchored on three pillars: a) social insurance for foreseeable situations (pensions, illness benefits), b) special social assistance in situations of social or material emergency (social benefits), and c) state social support and services. Government Decree approved the Concept for Transformation of the Social Sphere in Slovakia in 1995. The long awaited reform in the social services provision came as late as in 1998 with the adoption of the Law on Social Assistance. This act specifies in more detail the right for minimum standards and social services offered by the state, including care for elderly.

The inherent nature of philosophical change in the social system during the transition years is apparent already from the names of the legal regulations: Law on Social Security in the communist regime defines the state as a main founder and provider of social care mostly in institutionalised form and in this way the state is a guarantor of social protection for its citizens. Law on Social Assistance in the mid of transformation shifts the responsibility for social situation from the state towards the citizen and

determines conditions when the citizen is eligible for social assistance. These conditions are defined as material or social poverty and social assistance is offered in the form of: a) social counselling; b) socio-legal protection; c) social services; d) social benefits e) social services in monetary terms. The law provides a list of facilities that can provide social services for long term care. Finally, Law on Social Services, currently under preparations at the Ministry of Labour and Social Affairs and Family, instead of enumeration of facilities providing social services, lists types of social services that can be combined in any possible way to best fit the needs of providers and clients. The following section will focus on the changes that have a profound influence on the environment within which innovativeness can nourish.

Table 3: Summary of Changes for Facilities Providing Social Services for Elderly

<table>
<tr><th>Period</th><th>Source of Finances</th><th>Establisher</th><th>Founder</th></tr>
<tr><td>Until 1990</td><td>State</td><td>State</td><td>State</td></tr>
<tr><td>Since 1990</td><td rowspan="2">Line items in the budgets of the regional state offices or Municipality budget (e.g. Bratislava municipality utilizes finances from Fond on housing development)</td><td rowspan="3">State (deconcentrated power on lower levels + providers became independent legal entities) or Municipality on the voluntary basis (Law on State Administration of Social Security)</td><td>State</td></tr>
<tr><td>Since 1992</td><td rowspan="4">Law on the Provision of Social Services by legal and physical entities (1992) introduces non-state actors such as church, non-governmental organization and other</td></tr>
<tr><td>1998</td><td>In addition to the above, the Law on Social Assistance (195/98) enables the providers to seek additional financing via grants, sponsor donations, contributions etc.</td></tr>
<tr><td>Since 1 July, 2002</td><td>Line items in the budgets of the regional state offices and transfers in the form of ‚decentralization subsidy‘ to the budgets of individual self-governments for social services as a bloc payment
Self-governments redistribute ‚decentralization subsidy‘ to various providers of social services, including residential homes for elderly</td><td rowspan="3">Self-governments: municipality or higher territorial unit (Law on Transfer of Competencies)</td></tr>
<tr><td>2003 – 2004</td><td>Decentralization subsidy from regional state offices via self-governments to residential homes</td></tr>
<tr><td>2005</td><td>Formula from municipal taxes + subsidy for ‚facilities providing social services‘</td></tr>
</table>

Source: compilation by authors from existing legal framework

When introducing institutional pluralism in the provision of social services, legal regulations have firstly empowered self-governments to provide social services (on a voluntary basis from 1992 and as an obligation via decentralization processes where last responsibilities/competencies for social services were transferred in July 2004). Secondly, new providers were enabled to offer social services, including care for elderly, such as church, private facilities, civic associations and non-governmental organizations

(see table 3).

Today, social services for elderly are managed by self-governments (local municipalities or higher territorial units) but increasingly we can observe provision of those services by alternative providers. In 2002, there were 251 registered non-governmental facilities providing social services for 29,303 clients (Government's report on Social situation, 2002). The majority of alternative providers focus primarily on provision of basic care, consultations and catering for elderly and only few (30) provide residential homes with full social services (Guide on Social Services in Slovak regions, 2003). Creation of alternative social services facilities like residential homes for elderly is much more problematic due to the unclear financing.

The number of places in residential homes for elderly still does not satisfy the demand for the placement in the facility. The amount of application for the placements increases every year. In 2001 there have been 11 405 clients whose application were rejected because of capacity reasons.

2.3. Providers of Social Services (Forms and Types of Services)

The ultimate aim of the social policy reforms was to create conditions that would increase the responsibility of the citizen for his or her own social situation and enable his/her participation in determining what type of social services suit his/her conditions (Haulikova, 2000). Thus, residential homes for elderly become to offer assistance and services in order to sustain adequate quality of life.

One of the first steps in the reform was that individual facilities of social care became independent legal entities and in this way the directors of the facilities had relative freedom in the re-organization of their facilities, setting the vision and mission and actual run of the facility. This step was an important pre-requisite for any innovative thinking and was stressed by all directors interviewed as the main factor.

The Law on Social Assistance enumerates exact number and type of social service facilities that can provide an exactly set type of social services, such as home for single parents, rehabilitation centre, centre for nursing services, etc. It also established a new type

of social service facility – Residential homes for elderly. For the placement in the home for elderly can apply those elderly persons who (i) have no other means of finding accommodation, (ii) are in the receipt of pensions, (iii) are over 60 years of age and (iv) his/her condition does not require permanent health care.

The law strictly defines the types of services that can be provided by residential homes for elderly as follows:

1. accommodation
2. general care like laundry and ironing
3. counselling
4. enhancing activities of different kinds
5. enhancing participation on societal life
6. provides conditions for food preparation

From the above it is apparent that the social services are not linked to the provision of any kind of health services, either organizationally or financially. The Law literally forbids provision of social services to a client that requires institutionalized health services. The social and health system are regulated by different laws that are based on different principles and administered by two different Ministries: Ministry of Labour, Social Affairs and Family and Ministry of Health, respectively. Still, social services are mostly linked to institutionalized care and there are only limited possibilities for the provision of social services in its natural setting – home or community.

The new Concept paper on long – term care and the new draft Law on Social services intends to address these drawbacks by merging the social and health care into one complex system, organizationally and financially. Also, it intends to highlight range of services that will become the unit for calculating any financial support, quality standard and also accreditation for providing such services. In practice this would mean that there will not be a differentiation among various types of facilities with a set number of services but the facilities will may to choose the number and type of services according to their own needs. The key concept will be the client and his or her needs that can be satisfied by the family, community and only as a last resort by an institution.

3. Process: Introduction of Quality Standards in the Residential Home for Elderly of St. Anne in Bratislava[5]

In 1991 the Congregation of St. Anne was established on the basis of a new Law (308/91) on Freedom of Religion and Position of Church and Religious Associations. The congregation founded its Residential Home for Elderly of St. Anne which started its operation on 1 April, 1993 when the building of its current operation was restituted6 and reconstructed to provide residential services (in the legal form of a pension) for elderly women with the capacity of 22 places. The mission of the facility is to bring people hope and offer respect towards human dignity by professional work and quality services according to the highest standards in caring and nursing. In 1999, due to the new Law on Social Assistance, the residential home broadened its services to provide nursing/social care as well. The residential home for elderly of St. Anne provides the following services:

- residential nursing services (until April 2003);
- nursing services for seniors in their places of residence;
- residential care for elderly with the capacity of 24 places.

The social services in the residential care are the following ones: a) accommodation b) catering c) health services d) basic services (laundry, bathing, etc.) e) extended social services (cultural, spiritual activities) f) rehabilitation g) working therapies.

3.1. Search for Humanization and Individualization of Services

At the time of arrival of a new director in 1999, the residential home for elderly of St. Anne was preparing for an anniversary of its creation. The board of the residential home (Congregation of Salvator) decided to mark this anniversary with the reconstruction of the whole building that would increase the capacity and introduce more client friendly environment. With the reconstruction started, a new director in the

[5] This chapter is based on interviews with individuals involved in the innovation process and staff of the residential home for elderly of St. Anne

[6] Return of the property to the original owner after the fell of communism

management, the staff of the facility and the director herself felt this to be a right time for introducing further changes that would assist in the increase and sustainability of the quality of services to be provided to the clients.

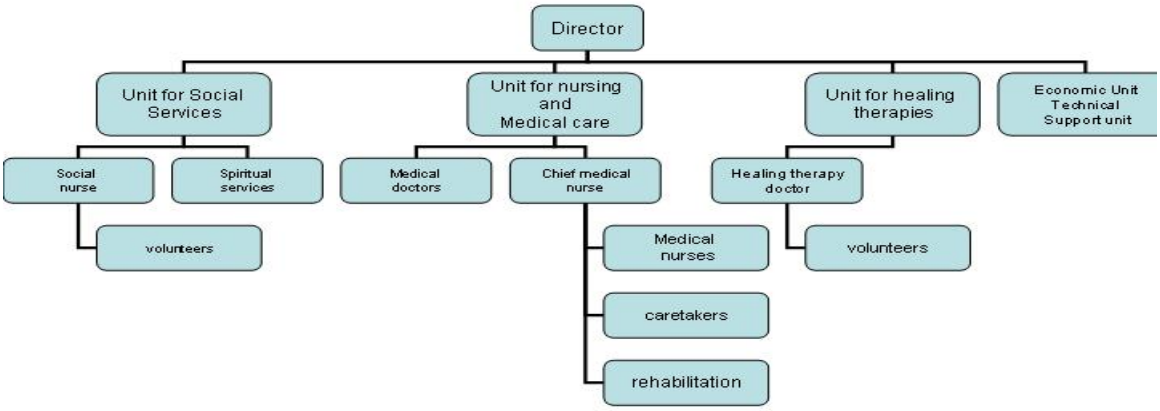
The main reason for striving to introduce innovations in the field of quality of services was the director's belief that the care for elderly provided by both state and non-state facilities still bears the elements of very formal institutionalized care from the previous regime. She felt that the care is focused on technical aspects of assistance to an elderly person rather than complex services taking into account individual needs, traditions and culture and thus the quality of services provided is not adequate. She was very motivated and eager to improve the situation, had all the theoretical knowledge and vision of how things should work, however, she felt she does not have enough working experience to identify where to start.

In addition, problems arose with the decentralization process as the finances that were supposed to be provided by the 'founder' (higher territorial unit – self-government) via the so-called ‚decentralization subsidy' was of a lesser amount than the law prescribed and thus did not cover the expenses encountered. The facility had to face and look for additional financial resources and it was extremely important to prove the quality of the facility. At the same time, the complaints from the side of the relatives on the level of services provided to the clients also became an important inhibitor of the changes in the system of provisions of high quality services. The aim became not only to provide the quality services on certain minimum standard but also to be able to document that such services have been provided and in this way to avoid any potential complaints and suits that may reduce the chance for alternative financing.

As a first step an organizational change was introduced to reflect a more collective way of decision making. Thus, a new management was created – new director, chief medical nurse and social nurse, headed by the new director. Also, a system of regular staff meetings was introduced where all important issues were discussed among all of the staff members, with space provided for raising problems and giving feedback on all of the changes introduced. Deliberate attention was given to complaints, from side of the clients, their relatives, staff, subcontractors and all the others that were coming into contact with the facility. The director herself started regular visits and discussions

with the clients and their relatives to map their perceptions of current services provided as well as their ideas for possible improvements. The changes introduced in the organizational set up further deepened the atmosphere of willingness to introduce innovations where every single employee and client felt involved. Still, the director was not satisfied with the situation and wanted to introduce something more sustainable that would remain in place even when the initial enthusiasm will be over.

Figure 1: Organizational Chart of the Facility



3.2. Developing the Idea of Quality Standards

As a part of a bigger network of church facilities caring for elderly (belonging to the network of Congregation), the director asked for a possibility to visit a similar facility in Germany to see how services are provided there, to map every single activity in the facility and see and ask questions on how things and issues are solved over there. The first visit was conducted in 1999 by the director and a selected team of her staff. Although the visit has further deepened her belief on the necessity to introduce innovation in the field of individualization of services and quality of services, it did not provide the answer as to how to tackle the issue in the environment of a transition country

facing serious financial difficulties and rigidness on the side of the regulations of social services.

During this period an invitation came from a non-governmental organization ‚Council for advice in social work' (Rada pre poradenstvo v sociálnej práci) for a 1-day training on ‚quality in social services'. This NGO (director of the NGO himself used to be a director of a facility providing social services to children) as a first one analyzed the level of quality of provided services in the facilities of senior care on the basis of set indicators of quality. This analysis was published and became a source for subsequent trainings organized by this NGO. The director together with her close management immediately signed up for the training and participated. This was the first time the director heard about standards of quality in social services.

Moreover, they realized that they are not the only facility striving to achieve higher quality and therefore started to regularly visit monthly trainings provided by the NGO ‚Council for advice in social work'. Although the director was satisfied with the contents and skills learned during the trainings, she wanted more and initiated a personal meeting with the head of the NGO. On the meeting she explained her vision and strive to introduce innovations in the field of quality services and that she would like to start cooperation with the NGO on the issue. They agreed that the residential home for elderly of St. Anne will become a part of a pilot study of the NGO that wanted to map the current level and standards of services in the residential homes for elderly (both state and non-state) in Slovakia.

The mapping exercise helped the director to recognize the strengths and weaknesses of the facility and to start an informal network of facilities that also were striving for higher quality in order to exchange any information, experience from the field and have a bigger pressure power for negotiations with the self-governments and Ministry. During this period, the director came across another non-governmental organization TABITA which wanted to find a facility for residential care for elderly that would be willing to participate in an international project 'EU Senior Bench'.

The project 'EU Senio Bench' was organized by a German Institute for Quality Mangement (Diakonisches Institut fuer Qualitaetsmanagement) and involved 12 countries from Western Europe. The head of the NGO Tabita, at the time working in the

Brussels, was asked to join the team. Thanks to her pressure, the research was broadened by facilities in the accessing countries and she started to search for a facility in Slovakia. The only condition from her side was the willingness and openness of the management of the facility to undergo harsh measuring and documentation for a longer period of time. The director agreed and the project started in November 2000 and run until July 2003.

The project employed the method of 'benchmarking' that further detailed the strong and weak sides in the provision of the social services in the facility. One of the key findings, according to the director of the facility, was the realization of the fact that "although we tried our best in the provision of the services, we were doing it by intuition and heart… and this could not be sustainable in long term, because every single person looses his or her enthusiasm and energy with time and then the quality of the services will reflect this". Thus, the director became persuaded that if she wants the facility to provide certain guaranteed (minimal) standard in the services, she should do something about it. Having the knowledge of the benchmarking results from the project with the NGO Tabita „EU Senio Bench", the experience of the study visits in partner organizations in Germany and trainings on ‚quality standards in social services' from the NGO „Council for advice in social work", the director with the management team and employees started to develop its own standards. The basic form of documenting social services (not only medical ones as prescribed by law) was inspired by the partner organization in Germany. An incident that occurred in the facility – the relatives of the client were not satisfied with the services and claimed that certain type of a service was not provided, and the staff were not able to prove the opposite – further emphasized to map all the individual actions involved in the provision of services and develop a system for its documentation. The main purpose was to a) assist the staff on following the minimal procedure and quality in the services provided; b) have documentation of all the actions of the services for either possible improvement of the services or as a proof for the protection of the staff in the case of complains; c) monitor the performance of the staff and be able to reward/punish accordingly.

In the development of the standards all stakeholders were involved, experts from both NGOs, partners from Germany, staff, clients and their relatives. Every single action documented was firstly discussed on the meetings, tested in the practice and only then put

into paper. The director stressed that „if we were not involving the staff, it would not work .... it would just be another routine asked without understanding the reasons... and the ones who are in direct contact with clients would not implement it“. During these meetings and discussions new suggestions came from staff members as to the scale and depth of services provided, such as rehabilitation and medical services which were not part of the social services as stated by the Law of that time.

The problem of rigidness in the Law in terms of exact enumeration of social services that can be provided and that were linked to the financing of the institutions was a challenge that the director wanted to solve not only in her facility but as a principle on policy level. It was clear to her that the current system of financing did not differentiate among the facilities which provided high quality services or low quality services as the main criterion was the number of clients in the facility. Furthermore, even facilities that wished to provide higher quality services did not have an opportunity for its staff to be trained as there was not a system in place for further education.

All these issues were brought up on the forum where all ‚active‘ directors of the residential homes for elderly were meeting (seminars organized by the NGO ‚Council for Advice in Social Work‘ and NGO‚Centre for the development of Municipalities‘) and a decision was made to meet with the representatives of the Ministry of Labour, Social Affairs and Family and discuss them with the policy makers. The Ministry accepted the issues (and as one of the interviewees said „we do not have financial sources, energy and system in place that would map the practice and in this way identify opportunities for improving the policy, but we are very happy if the practitioners come to us and discuss their problems with us, particularly if they have data from studies and pilot programs“) and created a working group with the representatives of the facilities. The working group started to address the issue of quality standards in the Concept for Long term care and draft Law on Social Services.

The issues addressed by these policy papers were not narrowly defined as ‚national standards of quality‘ but they encompassed all related issues, such as:

- provision of complex services (social and medical) that already were piloted in the facility;
- accreditation linked to the quality standards;

- financing linked to the quality standards according to the actions within the services rather than per capita;
- differentiation of social services with the possibility of the facility to choose and combine services according to its own wishes, rather than having a rigid form of a facility with a set of services that can be provided;
- creation of new study field on both secondary and tertiary levels that would encompass complex social services for elderly.

The director was fully aware that if further progress is to be made, awareness on the issues have to be increased, including general public, other facilities and clients themselves. Therefore, she started to organize seminars (again with the NGOs) for other facilities, staff of the self-governments and clients. She also applied in the National Competition for Quality, although the competition targeted small and medium size enterprises but one category was for 'public services'. In this way she wants to disseminate the idea. She also started cooperation with secondary school were a new subject was introduced and where she takes volunteers as a way of practicum.

4. Innovations in the Social Service: Discussion of Findings

4.1 Initiation

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

Innovation in the creation of quality standards reflects a combination of shift of philosophy in the provision of services (belief system) and need to solve specific problems that arose in the transition period (decrease of finances flowing into the social services on one hand and increase of demand for social services). In this case study, the innovation was born out of two main reasons: perception of the director about low level of services provided to clients (focus on provision of technical institutional care rather than individualized care) and processes within organization (management efficiency, staff professionalisation, expansion of services targeted to the client needs, etc.) and drive to improve the system of redistribution of finances from self-governments to facilities. In the latter, she perceived the system of redistribution to be non-transparent and rigid as it was anchored on the number of patients in the facility, regardless of what type and quality of services does the facility provide. She wanted to introduce a system that would take quality into consideration and be a prime criterion for the redistribution of finances as well as quality services would attract additional finances.

The orientation towards client[7] became a centre of all innovative efforts that focused on the 'humanization' of the environment and improvement of the relations between the staff / facility and the client – a senior citizen. This innovative approach in the transition context, though common in the developed countries, was reflected from physical improvements in the facility, introduction of new (personalized) services according to the clients' needs and accordingly free-time activities for senior citizens, to the introduction of quality standards and performance management to secure minimum standards in the services provided. At the same time, the second type of innovations dealing with processes of social services provision focused on the efficiency and effectiveness of the resources used that would also enable the facility to secure additional financing. Also, the

[2] Orientation towards clients (and philosophical shift) is reflected in the language use as well. For example, the term 'client' gradually replaced terms such as 'patient' or 'inhabitant' which were more common during the communist regime.

process innovations looked at the improvement of working environment for the staff in order to simplify the working procedures and increase the quality of services provided. It is interesting to note, that innovations directed towards clients' needs were perceived as more difficult to implement than process innovations as one needs a leader with strong character and creative skills.

Statement 2: A) Performance targets are a driver for innovation. B) Performance targets are a facilitator for innovation.

Performance targets as a concept is a new phenomenon in transition countries and is only being gradually introduced as a part of New Public Management practices that are being implemented in Central and Eastern European countries on both policy and service levels. In that sense, the innovation itself can be seen as a vision for performance targets and as such they are drivers and facilitators of public sector innovations. However, the quality standards are seen as a tool for achieving better quality services and humanization of services to the clients. Thus, prime driver (also for the introduction of quality standards) is **belief** in the improvement of the situation of elderly in the institutionalised care. Barely any of the respondents was using criteria to measure innovation success, except for the client satisfaction.

On policy level, the introduction and adherence to quality standards is a driver for introducing market elements among facilities providing social assistance and services with a minimum standard that can be easily monitored. On a more general level, it is very difficult to have performance targets on policy level in transition countries. As one of the respondents on policy level stated "*when one makes such fundamental changes to the system, institutions and financing, it is almost impossible to find out the causality of particular components. All reforms take place at the same time (economic reform, tax reform, social system reform, etc.) so there is an element of unpredictability. However, it is very important to know WHY we are making all these reforms. We can assess the results of the reform only after certain period when reforms will be more settled*".

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

The chief initiators of innovations are directors of the facilities regardless whether the source/idea comes from inside or outside. In this sense, the innovations on service level are 'top-down' initiated although the process of implementation observers all kinds of directions: feedback on practice, additional ideas from the staff follow bottom-up pattern, however, the overall management of the innovation implementation is based on top-down with feedback from the bottom and 'sides', such as fellow facilities and other institutions and stakeholders.

On policy level, the overall system innovations in the transition period are mostly initiated by the government, thus top-down pattern. However, very important source of ideas is the legislation and practice of other countries and the practice in the service level. Once the works on new Law on Social Services have been initiated, input from the service level (thus bottom-up approach) was very much welcomed although, there was no system in place that would facilitate such an approach.

In sum, all directions can be observed:
Top-down innovation: idea of quality standards in the residential home for elderly (director leading); Introduction of new Law on Social Services that would reflect philosophical change in the provision of services (not based on institutions type but on service type that can be freely combined by providers);
Bottom-up innovation: internal feedback and additional ideas within the facility, pressure from the side of providers on the self-governments and Ministry of Labour, Social Affairs and Family to incorporate quality standards into the new Law in a way that would change the system of financing, facility typology, etc. into more 'client' oriented service type provision
Top-down and bottom up innovation simultaneously: management of innovation implementation

4.2 Design and Development

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

The first market elements started to be introduced into the transition countries only after 1990, with privatization and liberalization of state set economy. Only few respondents

had a direct or indirect experience with management in private sector and perceptions of the private sector varied from fear, distrust to misperceptions of its operation. Most of the respondents where thus not familiar with the private sector, had only vague idea how it operates and have not considered it as a source of innovative solutions.

Nevertheless, many of the service innovation solutions were indirectly developed outside of the public sector as they were imitated and learned from public sector in 'western countries'. Thus, important source of innovation solutions on service level are **partner organizations** abroad and at home, such as church charities and network of senior residential facilities, particularly in Czech Republic, Austria and Germany. In the monitored case study, elements for quality standards such as records keeping and management of type of service operation for each client has been taken over from partner organizations in Germany whereas NGO (Council for Advice in Social Work) took some elements of quality standards from the law and practice in Czech Republic. Another important source of ideas and transfers are pilot projects initiated or enabled by **donor organizations**, such as Council for Advice in Social Work's pilot project on quality standards was enabled to do research and pilot studies (including our case study of residential home for elderly of St. Anne) on quality of social services thanks to ASHOKA international organization, supporting innovative ideas and environment.

The legislation and practice of particularly EU and Czech Republic are inspiration for the introduction of innovations. To this end, there are a number of external consultants employed in the working groups when preparing big reforms, such as decentralization, financial schemes or long-term care. Some of the respondents on policy level, however, said that they use the reference to other countries for negotiations and persuasion rather than source of inspiration.

In sum, transition countries imitate the private sector indirectly via innovations that are being taken over or serve as a source of inspiration from the public sector in Western countries, where these might have been taken over from the private sector.

Statement 2: The choice and features of this innovation is influenced by underlying organisational politics, dominant values and beliefs systems.

The transition period brought about changes in the beliefs and overall organization of society which had influence on the innovation features in the studied case. The devolution of power from the central state to lower levels of self-governing authorities (decentralization of competencies to self-governments) and to independent agents (creation of new founders – church) together with introduction of legal independence of facilities created an environment where the providers were formally enabled and motivated to introduce innovations. The scare finances available to the facilities further accelerated this process despite the fact that the field is not yet competitive enough.

However, the internal perception of the 'entrepreneurs' in innovations resides chiefly in the altruistic dedication and belief that the innovation will bring positive results to the client. Client satisfaction thus became the biggest driving force on the service level.

Innovation is influenced by underlying organizational politics, dominant values and belief systems. Therefore, the experience of the studied case showed (and it was also stressed by the director of the facility) that in transition countries it is extremely important to have a ‚change agent' who is in charge of designing of the plan for the change, however, who *„should have not experienced the routine of the old system for a long time"* but is familiar enough with the system so that his/her vision of the new can overcome obstacles arising from it.

In regards to innovations on policy level respondents added that the length of the innovation implementation in public sector is caused by the fact that "*while introducing innovations in the public sector the continuity of service provisions has to be preserved although the reforms change the overall concept and philosophy and thus adjustment period is necessary"* and "*transition country has accumulated a number of problems that have to be dealt with simultaneously"*. It was perceived that the unavoidable adjustment period of mixing old "routine" and new "innovative" elements on big scale complicates the implementation process.

Regardless, whether policy or service level were observed in the case study, innovation process was influenced by the ability of the actors to negotiate, lobby and communicate

with stakeholders, such as politicians, media, founders, establishers etc. The director of the case study stressed that it was important to "*make members of city council and facility board be interested and take part in solving the problem*".

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

The end users in the studied case are senior citizens living in the residential homes and their relatives. Their role in the innovation process was primarily "a source of ideas and critique" for introduction of quality standards, i.e. they were constantly in the process of discussion between the 'agents of change' as well as evaluating the progress made. Relatives where also involved in the process via questionnaires and discussions with the director.

On the service level, clients and their relatives together with the staff and its needs are considered to be the prime source of information for the improvement of the processes. Most of the respondents agreed that having trust and showing respect to every employee and client is the most important facilitating force. To this end staff is being included into a bigger circle of managerial considerations in regular meetings to discuss objectives, new procedures, what needs to be tackled and improved and in this way the acceptance of the proposed innovations is much higher. Also, the director of the investigated case study pays regular visits and talks to the clients and their relatives to have a better idea of what works or does not work and what possibilities there exist for improvement. She stated at several occasions that the key to success in implementing innovation is „*to listen carefully, collect ideas, and requirements regularly and solve problems around the table*". Also, finding ***committed members of staff*** and working with them on motivation of the rest of the staff together with ***close supervision*** is perceived to be the most important way for overcoming potential resistance from the side of the employees. *„Spending more time on explaining advantages and disadvantages of every reform/innovation"* will increase the probability of its acceptance.

4.3 Selection, Diffusion and Utilisation

Statement 1: The diffusion of the innovation required effective 1) networking 2) competence building 3) alternative thinking

Both policy and service level respondents see huge importance in networking and two-way communication from bottom up and top down and complain about the non-existence of a system that would enhance such networking. After decentralization of competencies the system of information flow collapsed. This unintended consequence of the reform cut off Ministry from the practice, the new founders (municipalities and territorial self-governments) do not provide feedback and it is difficult to gather data from the field for the development of new laws. The success of innovation diffusion on policy level (incorporation of the quality standards into the draft law at ministerial level) was enabled thanks to ad-hoc networking and vertical communication based more on personal contacts. The active directors of the facilities have regularly visited municipality, higher territorial units and Ministry when they wanted to bring the innovation on policy level and networking became an integral part of the strategy.

On service level, the situation is similar - there does not exist any formal body that would facilitate interaction among facilities providing social services for elderly or between the facilities and policy makers. It was the active and innovative directors of the facilities in the region who have created an informal network with the impulse coming from and facilitated by a non-governmental organization (Centre for local self-government support). This informal forum became critical for inspiration, experience sharing and initial trainings that have inspired the director of the studied case for introducing the innovation. Also, this informal network served as a basis for competence building of the staff. In the case study, the director has developed a system for better internal communication which asked every staff member who returned from a course, seminar or conference to make a short presentation/summary to others. The director added that „*explaining to others makes the person understand better and others gain some information too*". In this way, also higher identification with the innovation was achieved as the staff members experienced on their own what might be the possibilities if asked for alternative thinking.

Lifelong learning and competence development has been conducted on ad hoc basis (as there is no system in place), though the director has encouraged her staff to participate in any relevant educational seminars or trainings organized by NGOs, municipality or Ministry (there are only few). In the past years the Universities introduced new courses on social care and social work (including care of seniors) where directors of the facilities themselves (3 cases) study part time and are very encouraging of their staff to do so too. The director of the studied case admitted that „*a lot of ideas come from my studies at the University when I try to apply theoretical knowledge and improve it*". Some of the other directors are even involved in building up a new course at University level that would correspond to the demand from the service level on the provision of social services to elderly.

Non-governmental organizations focusing on social services are not only an important source of ideas but an extremely important provider of trainings, seminars and informal networking. For example, the idea of introducing and way of using quality standards were spread on both service and policy level via NGOs which provided written materials, helped in piloting and testing it in the facilities, supervised and provided trainings in this area. The NGO also is part of the working group at the Ministry that is preparing a new law where minimum quality standards are to be included and form a bridge between the facilities and policy makers.

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

The case study gives no information regarding this statement, although co-ordination between the Ministry of Labour, Social Affairs and Family and Ministry of Health is a pre-requisite for the new Law on Social Services that should introduce quality standards on national level.

4.4 Evaluation and Learning

Statement 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.

The whole innovation idea was born out of critical evaluation of the status quo in the provision of services. On the basis of identified drawbacks next steps were undertaken, however, constant evaluation and feedback from both clients and employees became part of the gradual change. A critical role on both levels was played by non-governmental organization (Council for Advice in Social Work) which assumed a role of a research institution as the organization conducted initial analyses of the problem (low quality in social services), published the results, prepared discussion for a where various indicators of quality have been discussed and started piloting quality standards in some of the providers of services. The contact of the director of the facility with German sister facility (via the network of church founder) was critical for the birth of the idea for innovation. The director became inspired by an existing system of high quality service provision during her study trip, which was further developed thanks to the contacts with Council for Advice in Social Work and their mutual interaction resulted in a pilot project on quality standards. The interaction among directors of residential homes for elderly was secured by other non-governmental organization that facilitated discussions between providers of services and establishers (self-governments). This interaction was crucial for dissemination of the innovation, brainstorming, etc.

4.5 Other Issues

Statement 1. "Entrepreneurs" played a central role in the innovation process

Key role in the innovative idea development and implementation in own organization as well as dissemination both vertically and horizontally was played by the director of the facility providing services to elderly. The director of the studied case was a true "entrepreneur" together with the closest team, without their persistency and hard work in getting as much information as possible on the existing ways of achieving high quality services standards, acceptance from the church board and managing the innovation process, it would never had been accomplished. As the director noted „i*t is possible to make fundamental changes of rules (laws) if one wants to*" and *„literature or consensus*

will not tell whether this is right or wrong, innovation and willingness to pursue it is more about belief in ideology, philosophy, and certain principles…and persuading others about your truth". Internally, it was important to create 'agents of change' in the words of the director from the employees who could motivate the rest of the staff and assist in overcoming internal resistance. Externally, alliance with the municipality and other facilities was created. Thus, in order to be successful in implementing innovations both on service and policy levels, one has to be persistent and have managerial, negotiation and communication skills.

Statement 2. There was no interaction between policy and service level (feed back)

Although there is no systematic or direct flow of information in place, active directors of facilities approach policy makers at municipalities, territorial self-government and Ministry where they are involved in the working groups. Some of the policy makers prepare an analysis of the practice prior to the start of drafting works of a new legislation. All of the respondents stressed that if innovations are to be implemented on a bigger scale, it is important to have legislative framework for that.

On the policy level, the service providers (directors of the facilities and NGOs dealing with the quality issues in social services) have been involved in the drafting of the national standards that are to be a part of the new Law on Social Services. However, the involvement was initiated from the provider side rather than the Ministry of Labour, Social Affairs and Family, although the Ministry appreciated and welcomed this co-operation.

Appendix 1: Summary of Statements and Discussion

	Statement	Policy Learning	Service Innovation
Initiation			
	Public sector innovation and policy learning is problem driven.	Partially confirmed. Due to the overall environment in a transformation country where the reforms reflect change in philosophy, including social care/provision into social services approach, innovation and policy learning comes as a synergy from both specific service related problems as well as a result in the change of the belief system and policy learning from different countries' experience.	Confirmed. Due to the changes in competencies and by introducing legal independent of facilities providing services, the directors felt more confident to initiate innovations on the basis of problems identified. Innovation in this case study was problem driven (client and relatives satisfaction in combination with financial difficulties). Innovation has been predominantly initiated and enforced top-down, however, on the basis of feedback from clients and employees – bottom up. Regular meetings and systematic approach to identify the needs of clients and employees have to be established from the side of the top management.
	Performance targets are a driver for and facilitator for innovation. Policies directed at performance measurement are driver and facilitator for innovation.	Partially confirmed. Performance targets are in the process of introduction into social services; however, they already are a driver for achieving higher quality service to the clients or restructuring the system for economy and efficiency. Additionally, intrinsic motives of the innovation leaders (particularly beliefs) also drive the innovation.	Partially confirmed. Performance targets are in the process of introduction also on service level and similarly as on policy level they are drivers for achieving higher quality services for the clients. Besides striving to set and confine with higher quality performance targets, which are prime drivers for innovations, beliefs (humanization of services and client orientation) are the next

			strong drivers.
	The innovation is “top-down” (i.e. policy-led) as opposed to “bottom-up” (i.e. practice-led).	Confirmed. Top-down innovations on policy level derive from macro perspective of overall reforms in the transition society that focuses on the a) introduction of institutional pluralism (decentralization of social services to lower levels of the government and establishment of new providers of social services) b) increase of efficiency by introducing multiple sources of financing. Bottom-up supported innovations emerge from the needs in the field and can only be successful if there already exists initiative on policy level to introduce innovations on large-scale.	Confirmed. Top-down innovations on service level derive from beliefs and are facilitated by director of the facility. Bottom-up innovation derives of staff members' needs to response to problems on micro, functional level that may arise from the implementation of the innovation, or due to a new insight or learning that is influenced by external information. Service-level innovation is top-down, but bottom-up supported as come from the need in the field.
Design and Development			
	The innovation is developed through imitation of private sector practice.	Invalid. In transformation countries, public and private sectors are developed simultaneously, there is only little inherent experience and direct learning from the private sector. Outside innovation solutions come mostly from foreign countries’ public sector or are introduced by innovators who studied / experienced private sector in ‘western’ countries.	Invalid. Similar to policy level, service level innovations that are from outside have adopted trends from ‘western’ models.
	The choices and features of this innovations is influenced by underlying organizational politics,	Confirmed. Organizational politics and belief systems determine to a large extend the speed and possibility for introducing and implementing innovations. Communication skills and negotiations are as important as leadership and creativity, particularly towards	Confirmed [implied]. Though, pressure on service level is less apparent, organizational politics and belief system are dominant when implementing innovations. Successful innovators regularly communicate with elected representatives of municipalities, its

	dominant values and belief systems	government members, parliament and public in general (media).	own staff and media.
	The end user was involved in the innovation process.	Partially confirmed. Policy level innovators do not have a system for involving end users for getting service level information. However, whenever service level users pro-actively contact policy makers, they are very happy to utilize the information from the field to improve the design of innovation features and increase acceptance of the innovation.	Confirmed. Service level recipients (clients and their relatives) are regularly and systematically involved into innovation process by successful innovators.
Selection, Diffusion and Utilisation			
	The diffusion of innovations required effective 1. networking, 2. competence building and 3. alternative thinking	N/A. Due to the non existence of official networking system and recent decentralization that further increased the crisis in networking and competence building, no relevant data was collected.	Confirmed. Service-level innovations have been disseminated via networking and collaborative learning in benefit of the service provision. Although, no official network exists among residential homes for elderly, NGOs are playing a crucial role in a) organizing seminars, meetings and other events among facilities to create a network of professionals b) in creating a bridge between service level and policy level innovators.
	The diffusion of the innovation required co-ordination between different governmental institutions and/or departments.	N/A	N/A
Evaluation and Learning			
	Evaluation played a critical role in the	Confirmed. Innovation and policy learning in the public sector is a result of communication	Confirmed. Innovations are initiated in the field on the basis of critical evaluation of

	innovation process. Research institutions played a critical role in the innovation process. Interaction with other institutions played a critical role in the innovation process.	and pressure, both horizontally and vertically. Horizontally, competing ministries' interests (e.g. Ministry of Labour and Social Affairs and Ministry of Health) have to be negotiated. Vertically, field experience together with research in relevant agencies are brought and discussed in joint committees. Research has played lesser importance, although indirectly (pilot testing in field) it influenced the processes on policy level.	current issues. It is also a product of research, however, with active involvement of non-governmental institutions rather than research institutions per se. Based on active involvement of the innovators in study trips with specific focus on finding solutions (ideas and inspiration) from the experience of other facilities, the innovative process was fostered. Pro-active approach of the top managers in field level is crucial for interaction with other institutions.
Other Issues			
	"Entrepreneurs" played a central role in the innovation process	Confirmed. For the innovation to be incorporated into national policy, it was important (though to a lesser extent than on service level) to have a person who would listen and test the experience of service level.	Confirmed. The active role of the director was a central issue, without her belief, vision, dedication and persistence the innovation would have not taken place.
	There was no interaction between policy and service level (feed back)		

Appendix 2: Glossary of Terms[8]

Establisher (Zriaďovateľ) – Public administration entity (state, self-government on municipal level or higher territorial level) with the power to formally (and legally) establish and/or terminate a facility providing social services

Founder (Zakladateľ) – Legal entity (self-government, church, non-profit organization) that runs the facility providing social services

Provider (Poskytovateľ) – Facility providing social assistance / services

Social service facility (**Zariadenia sociálnych služieb**) – care in these facilities is provided to those individuals whose social and material need cannot be adequately covered by other types of social services. There exists a possibility to merge different types of social service facilities;

Social service homes (Domov sociálnych služieb) – care in these facilities is provided to disabled persons and persons suffering from mental health problems; care includes accommodation, catering, laundry but also therapies, cultural activities etc.

Residential home for elderly (Domovy dôchodcov) – type of a social service facility providing various kinds of institutionalized care for elderly, including accommodation, catering, laundry, social activities and basic medical services etc; it is aimed for those elderly whose health conditions deteriorated to such an extent that it is not possible to provide care in the natural surroundings.

Residential home - pension (Domovy – Penzióny pre dôchodcov) – type of a social service facility providing various kinds of care for seniors, particularly accommodation, whose age is over 60 and whose health conditions do not require a constant care of other person.

Residential Nursing Facility (Zariadenie opatrovateľskej služby) – type of a social service facility providing care for those who are in need of basic every-day-life assistance and it is not possible to provide it in their homes;

Social services (Sociálne služby) – a set of specialized activities defined by Law on Social Assistance with the aim to tackle social or material need; these include: a) nursing, care taking b) organization of common catering c) transportation d) care in social service facilities e) social loan**.**

Nursing, care taking (Opatrovateľské služby) – is provided to those individuals whose health condition require a) basic every-day-life related assistance (care) b) assistance in keeping the household, c) assistance in contact for social life; Nursing should be provided mostly in the home of residence of the client. Other clients eligible for nursing are listed in the Law on Social Assistance, but are not relevant for the case study (e.g. child, single mother, etc.).

[8] Please note that the glossary provides only basic explanation of the terms used in this case study for a better orientation of the reader. It is not the intention of the authors to provide precise legal definitions, although the explanations are derived from the Law on Social Assistance.

Social care taker (opatrovateľ) - provides personal help with dressing, bathing, toilet, feeding, physical help with activities such as walking, practical help – meals, housework, shopping, other sorts of help – medication, accompanion etc.

Medical care/health services (ošetrovateľské služby) – health services are not part of social system in Slovakia, they are regulated by a different set of regulations and cannot be provided by social service facilities.

Medical nurse (ošetrovateľ) – provides basic medical assistance.

System of social care (Sociálne zabezpečenie) – fundamental pillar of social policy; includes a) social insurance, b) system of social support, c) social assistance.

Social assistance (Sociálna pomoc) – combination of social prevention and system for addressing social need of persons with disability; also provides compensation of social consequences of disability.

Social need (Sociálna núdza) - persons in social need are those who are not able to take care of themselves and their household; who are not able to exercise and fulfil their rights and interests because of their age, health conditions or loss of job

Material need (Hmotná núdza) - persons are in material need when their net income is lower than the minimal income guaranteed by government and they are not able to increase their income by any other means

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Concept Paper on social and long-term care in Slovakia

National Program on protection of elderly

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? Were there supporting rationales? Was the innovation developed proactively or reactively? 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? Is policy learning largely a reactive or proactive process?
Performance targets are a driver for innovation. Performance targets are a facilitator for innovation.	What are the most appropriate incentives and drivers for innovation in the public sector system under study? Be aware that it may be a driver and not a facilitator	Policies directed at performance measurement are a driver for policy innovation 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? 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? 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? 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 imitation of private sector practice.	Where did the innovation arise? Does it have models outside or inside the public sector?	This innovation is developed through imitation of private sector practice.	Where did the innovation arise? Does it 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? 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? 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	The end user organization was involved in the innovation process	What was the role of the end user organisation? Were they involved in order to improve

	acceptance of the innovation and/or for other reasons? If they were not involved, explain why.		the design features or to increase acceptance of the innovation and/or for other reasons? If they were not involved, explain why.
Selection, Diffusion and Utilisation		**Selection and Deployment**	
The diffusion of the innovation required effective 1. networking, 2. competence building and 3. alternative thinking		The selection and deployment of the innovation required an environment that encouraged effective 1. networking, 2. competence building and 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? To what extent does intra-governmental co-ordination depend on direct political interaction? To what extent does intra-governmental co-ordination depend on stimulus from a crisis situation? 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? To what extent does intra-governmental co-ordination depend on direct political interaction? To what extent does intra-governmental co-ordination depend on stimulus from a crisis situation? Does fragmentation of government create a barrier?
Evaluation and Learning		**Evaluation and Learning**	
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	Did the innovation meet the expectation of the stakeholders at various stages of the innovation process? Did the innovation have unintended consequences (e.g shifting bottlenecks)? Did the innovation induce other innovations? Is there evidence of policy learning and any associated structure? Had lessons been drawn from earlier innovation processes?	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	Did the innovation meet the expectation of the stakeholders at various stages of the innovation process? Did the innovation have unintended consequences (e.g shifting bottlenecks)? Did the innovation induce other innovations? Is there evidence of policy learning and any associated structure? Had lessons been drawn from earlier innovation processes?