

Summary in English

Purpose: The purpose of this study is to scrutinize and challenge the call for innovation in welfare domains. The study asks how social practices across boundaries unfold in the field of social and health care educations under innovation imperatives.

Methodology: The design is a multi-sited field study of collaborative practices in social and health care educations in Denmark, and it explores activities and interactions among people, the work tasks and the artifacts with which they engage. The multi-sited design is based on the theoretically informed hypothesis that crossing boundaries between different organizations and professions creates the potential for innovation.

The empirical field is a social and health care college, the student internship facilities at elder care centers and home care departments, and the municipalities and national authorities that develop and implement social and health care education. The empirical practice is thus understood to be cross-organizational. The study was carried out on three levels, macro, meso and micro: Policy requirements for change (macro level), managerial strategies and collaboration (meso level) and the daily work tasks in educators' and students' everyday practices (micro level). Based on a pragmatic notion of the 'situation' as the unit of analysis, innovation is studied as social practices, embedded in work and training activities and interactions -- in situations across sites where work tasks are performed, where change and innovation imperatives are encountered, and where knowledge and skills are learnt and transformed.

Findings: The dissertation consists of five articles framed by seven chapters. It shows how innovation is intricately woven into everyday practices of work life, affected by and affecting issues of professional skills, work practices and values. Many different stakeholders are involved directly or indirectly in collaboration in the field of social and health care educations, and actors have varying access to decision-making and dialogue across boundaries. Innovation imperatives and initiatives involve epistemological and ontological issues of both meaning-making and loss of meaning. Innovation is tentatively conceptualized as the dynamics between actors' intentional engagement and actual change in practice. Thus, innovation is understood as 'intended change', i.e., individuals' intentional remaking of the social practices. The study suggests that innovation is a pervasive public discourse characterized by ambiguity and contradictions, which the actors in the field are both subject to and co-creators of. Innovation tends to take discursive forms, sometimes at the expense of actions leading to actual change.

There are, however, numerous innovation initiatives among social and health care actors taking place at macro, meso and micro levels. The study develops the notions of *everyday innovation* and *boundary pushing*. These notions challenge (what I argue to be) the celebration of radical innovation within discourses of public innovation, and I suggest that innovation is more likely to occur in situations where actors are able to -- and get the change to -- balance change processes with a degree of stability. Routines, relations, skills and knowledge built over time are important stabilizing factors that are crucially necessary in order to create sustainable and desired change.

Value and suggestions for further research: When innovation is regarded as emergent practices and not just as a set of demands imposed from policy and management levels, educators, students and care recipients can then become key stakeholders in the development of the social practices.

The study argues that innovation is not the (only) answer to future welfare challenges. Established ideas and conventional insights about education and peoples' needs for care seem just as essential for a well-functioning welfare sector. If innovation is here to stay, then other than the traditional defining criteria 'novelty' and 'value' might be needed. Criteria that acknowledge that *desired change* is more important than novelty, and that value must be understood not only in terms of the value *creation* (economic or non-economic), to which frontline actors are required to contribute, but also as these actors' value-based practices.

Finally, the study suggests that elder care and the social and health care education may also be regarded as a pioneering sector. It is pioneering in so far as it offers a philosophical contribution to a wider field of public innovation. This contribution lies in the specifics of the care sector, whose main concern is human *care*: death is inevitable, as we are dealing with relief of pain and existential questions. Accordingly, the care sector can propose a distinctly modest approach about 'good', 'better' and 'bad' to the idea of innovation. This very modesty can inspire the general debate and research in the field on public innovation. When asking: 'How is the social and health care sector affected by innovation imperatives?' we may also ask the reverse question: 'How are innovation imperatives affected by the notion of care?'