



Exploratory Workshop Scheme

Scientific Review Group for the Social Sciences

ESF Exploratory Workshop on
AGEING AND SOCIAL INNOVATION

Lund (Sweden), 23-24 September 2013

Convened by:
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SCIENTIFIC REPORT

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1. Executive summary

The workshop was held at the Scandic Star Hotel in Lund, Sweden from 23 to 24 September. Participants numbered 25 people from 11 ESF countries and 3 non-ESF countries. The venue and surroundings were chosen and the schedule was structured to facilitate additional informal interaction. Many participants arrived on Sunday 22 September and began their collaboration with a networking meal. The formal program began the next day and consisted of brief presentations, breakout groups, and plenary discussions.

The general atmosphere was positive, friendly and enthusiastic with much conversation at breaks and lunches as well as during the scheduled discussion groups. During the breaks the excellent refreshments and the relaxed informal seating helped to stimulate and sustain the discussions and networking.

Aims

The scientific aim of the workshop was to focus on a largely unexplored topic; we aimed to map active and healthy ageing in relation to social innovation, and to outline a new research agenda intended to maximise the potential of social innovations in securing extended healthy life years. The workshop responded directly to the challenges set by HORIZON 2020 and, specifically, the European Innovation Partnership project on Active and Healthy Ageing (EIPAHA) to raise the average healthy life expectancy (HLE) in Europe by 2 years by 2020, as well as the overarching goal of increasing innovation within the EU. However, there is no general agreement about the definition and meaning of social innovation, and no discernible scientific research agenda behind it. Hence, there was an urgent need to scope the scientific and applied evidence base for social innovation by bringing together a range of scientists, policy makers, practitioners, business people and other end users. This was the first event of its kind and will serve as the benchmark for future developments in European research on ageing.

Thus, the main focus of the exploratory workshop was on social innovations for healthy and active ageing: the extent of existing knowledge and the research agenda required to ensure the fullest possible exploitation of its potential. The sparse nature of the existing evidence-base, the absence of a concerted research framework in this field and the lack of a commonly agreed scientific definition of social innovation mean that this topic was ideally suited to an exploratory and participatory approach.

Overall conclusions

Understanding of the social innovation concept and process is poor and hampers dialogue; many potential stakeholders, including those already involved in social innovation but who do not recognise the relevance of the expression, may find the term exclusionary and not understand how their activities relate to the concept. In contrast, for non-specialists, there is no real difference between the concepts of “active ageing” and “healthy ageing”.

The language used in the fields of both innovation and research is also a potential barrier to integrating effective research into social innovation. Also, it is clear that assessment of effectiveness requires rigorous evaluation but there is a dearth of flexible methodologies which reflect the transitional nature of social innovation. Consequently, researchers and innovators need to build a common understanding and recognition of the complementary nature of their skills.

Social innovation to support active and healthy ageing should not target only older people because interventions across the life course will support healthy ageing in later years, and the challenges commonly faced by older people, such as disability or caring responsibilities, are present in all ages. Small scale “micro” innovations have so far been missing from the

dialogue on social innovation; they are judged to be very early stage innovations which should, if they are successful, grow. It is clear that there are many micro innovations which are successful in their specific contexts and should not be ignored.

Understanding the impact of social innovation has been recognised as a major challenge and one in which researchers can make major contributions; the INNOVAGE project (co-sponsor) is taking the first steps in this area. There was strong consensus that evaluation of social innovations should be informed by both objective and subjective measures and the innovation process needed both support from and participation of end users, especially older people. Indeed the involvement of older people and stakeholders was considered essential to gain the best possible understanding of the structure, process and impact of social innovations.

In addition to evaluating social innovation, the research agenda for social innovation in active and healthy ageing should be framed in multiple areas:

- Further refining proposals for a model to map social innovations
- Identifying opportunities for potential social innovations from an evidence base showing which aspects of ageing affect health and activity levels the most, for example, preventing falls in older people, decreasing loneliness and isolation, encouraging people at younger ages to maintain a healthy weight to reduce risks of disease and disability
- Understanding the varied environments of localities, regions and nations to identify where successful social innovations may be effectively transferred
- Increasing the sophistication of implementation science by exploring the processes behind both successes and failures in the field
- Developing new and flexible yet high quality methodologies to bridge the divide between academic rigour and the changeable nature of innovation

Future actions

The substantial outputs gathered during the workshop will form the basis for sustained networking that will foster European research on ageing; the Convenors intend to apply for further funding - probably a COST Action – to sustain and expand the discussion.

Commitment has been made to a broad range of actions, including dissemination, theory development and exploration of attendees' local social innovation environments, and these actions will inform all our future activities in this field.

The Convenors judge the workshop to have been highly successful in both breaking new ground in the discussion of social innovations for active and healthy ageing and in building a solid foundation for further scientific work.

2. Scientific content of the event

Day 1: Monday 23 September

The workshop began in the afternoon, after a social and networking lunch.

WELCOME BY CONVENORS

The welcome by the Convenors introduced the workshop and its aims and outlined some of the key definitions and “buzzwords” which would be discussed during the workshop.

PRESENTATION “European Science Foundation (ESF)”

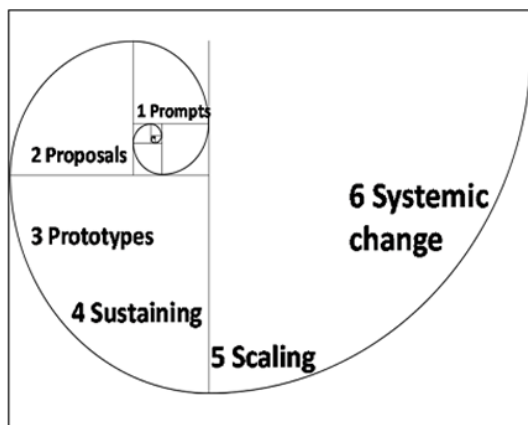
As an ESF representative from the Scientific Review Group for the Social Sciences was unable to join the workshop, one of the Convenors (Susanne Iwarsson from Lund University) delivered the presentation on behalf of the ESF. The presentation reviewed the ESF’s aims, activities and future plans before focusing on the endeavours of the Scientific Review Group for the Social Sciences, under whose sponsorship this workshop – one of 11 in 2013 - took place.

The scientific heart of the workshop started with the afternoon session “Problematizing the concepts”.

PRESENTATION “Problematizing Social Innovation” - Sylvia Wyatt (Young Foundation, London, UK)

Sylvia Wyatt began by reversing the aims of her presentation with the stated intent of “demystify” social innovation. She noted that social innovation is an umbrella term which is useful to address “wicked” social problems which are often best answered at the intersection of disciplines. Although there is a high failure rate and it is a high risk activity – an evidence based approach looks backward, where social innovation looks forward - the best social innovations can change culture, technology and environments. Sylvia presented a model for the social innovation journey (Figure 1, below), and emphasised that social innovation is not just about technology, the scope in service delivery innovation is greatest.

Figure 1 : The Social Innovation Journey



Discussion

Questions focused around identifying how a social innovation can be distinguished from any other innovation or development - any innovation with a social purpose can be considered a “social innovation” – and the actual processes of social innovation as represented in Figure 1.

PRESENTATION “Problematising Active and Healthy Ageing” - Carol Jagger (Newcastle University, Newcastle-upon-Tyne, UK)

Carol Jagger’s presentation mapped the challenges in understanding active and healthy ageing, specifically in measuring healthy ageing (outcomes), and whether extending healthy life was enough (intervention). She noted that health is a slippery concept, which is reflected in measurements of health; death is an unequivocal endpoint, but “health” is perceived differently by each individual in different circumstances.

Measuring social innovation outcomes in terms of Healthy Life Expectancy (the preferred measure of the European Innovation Partnership in Active and Healthy Ageing) is similarly complex; innovations that have no additional clinical value (eg telemedicine) may improve an older person’s quality of life (through increased reassurance) and therefore provide an indirect impact. She noted that the picture is also muddled as some active ageing interventions will also reduce mortality and increase life expectancy, sometimes by a greater margin than the extension of healthy life years, leading to a longer period of unhealthy ageing.

Discussion

During the discussion it was clarified that from an epidemiological perspective there is no difference between “active ageing” and “healthy ageing”. The difficulty of measuring impact of social innovations was widely discussed, including: the difficulty of balancing objective and subjective measurement; that it is simpler to measure deficits (unhealthy ageing) rather than benefits (healthy ageing); how – or indeed if - older people perceive “unhealthy ageing” or whether they should focus on quality of life, and; whether “happiness” can be included as one of the measures of impact.

Following a short refreshment break, the workshop split up into three break-out groups to discuss “Social Innovations and Active and Healthy Ageing”. All groups were provided with these guiding questions to shape their discussion:

- *What social innovations are essential to promote active and healthy ageing?*
- *How should we understand the different conceptions of active ageing and healthy ageing and the relationship between them?*
- *How should we evaluate the impact of social innovations on active and healthy ageing?*

PLENARY

The day ended with a plenary discussion chaired by Susanne Iwarsson (Lund University, Lund, Sweden) which brought all the break-out participants together to identify the key questions from day one to shape discussion for day two. The core issues were:

- The need to reflect the varying needs of different countries and regions means a single model of social innovation is unlikely to be appropriate.

- How can ageing be understood as a benefit to society rather than a burden and how to measure social innovation impact to understand financial contributions pre-retirement and social contributions post-retirement. Also, how to understand “contribution” to society for people whose economic or civic activity is affected by disability or illness. There is a considerable risk of patronising older people and of changing one set of narrow perceptions for another set of narrow perceptions.
- To what extent can the subjective responses of older people be used to evaluate the impact of social innovations?
- What should be done with social innovations which cannot prove their impact, or only have limited anecdotal data that support their effectiveness?
- Learning from failure can also aid successful social innovation, but it – quite naturally – is hard to find detailed information and evaluations of less successful interventions.
- The need to emphasise the life course was also raised; it is to be expected that for people beyond a certain age there will be disease or reduced functioning.
- How social innovation works - more research is needed prospectively and not reactively.
- New methods of assessment are needed to reduce reliance on Randomised Controlled Trials (RCT), which do not effectively support the innovation process. Researchers need to take the lead in developing high-quality methods for this field.

After the plenary discussion the workshop formally broke up for the day, but the discussions continued during the evening dinner.

Day 2: Tuesday 24 September

The Morning Session focused on “Identifying research priorities”.

PANEL DISCUSSION “Social Innovations and Active and Healthy Ageing”

Chair: **Torbjörn Svensson** (Lund University, Lund, Sweden)

Panel members:

- **Susanne Iwarsson** (Lund University, Lund, Sweden)
- **Loïc Garçon** (WHO, Geneva, Switzerland/Kobe, Japan)
- **Heidrun Mollenkopf** (BAGSO, Germany/Age Platform Europe Committee Member, Brussels, Belgium)
- **Karl-Erik Olsson** (SPF - Swedish Association for Senior Citizens, Sweden)

A panel discussion began the day, chaired by Torbjörn Svensson and included representatives from research, public health, end-user/older person and policy-maker communities each asked to make an initial statement from their perspective on the key issues.

Heidrun Mollenkopf opened and observed that she could offer dual perspectives as both an older person and a researcher. Her primary message was the heterogeneity of older people as people do not fundamentally change when they pass a certain age even in the face of some loss of function. Therefore a personal biographical perspective of the older person needs to be reflected in social innovation. She emphasised that it is essential to mix subjective and objective measures of impact of social innovations. Much more work needs to be done on the

role of users; the workshop discussions all gave strong support to the involvement of users and how user involvement improves interventions, to make better products and interventions.

Loïc Garçon began by discussing how social innovation can be an asset for public health and social policy – not just in direct impact but for their scalability and transferability across different social groups. Attention should be given to replicating successful innovations for older people across younger populations, which would support life course issues. He emphasised that it should always be remembered that ageing is not just about physical activity and function, but ensuring that older people are a key component of society and change is needed in health and education policy, the labour market and societal attitudes. Social innovation for public health is not widely understood - which innovations are social and does the health promotion community understand the concept?

Susanne Iwarsson spoke on behalf of the research community and addressed the difficulty that researchers have in relating to social innovation; often innovators perceive that researchers are too scientific and researchers perceive innovators as non-scientific. The challenge for researchers is to develop new methods of identifying and understanding innovative research methods, beyond the “gold standard” of a RCT. She drew on her personal experience to note that many researchers have the expertise to work with social innovation structures and processes although they may not understand how to transfer their skills to practice contexts. Funding agencies need a similarly flexible approach to recognise and support innovation in research and research in innovation to promote high scientific standards.

Karl-Erik Olsson presented another dual perspective, as a policy maker and an older person. He agreed with Heidrun Mollenkopf that there is not a big difference between different ages and wanted to reinforce that people essentially do not change. He suggested the view should be “the same, but not as healthy as before”, before pointing out that older people can – and do – take part in society in different ways, undertake both paid and unpaid work and other activities. Social innovation should be supported by a social technique to facilitate implementation; therefore knowledge exchange to users should be at the heart of social innovation.

The chair then asked the panel to comment on what they saw, from their own perspectives, as the key research strands in this field.

Again Heidrun Mollenkopf opened with the observation that meta-methodology is needed for impact assessment, and that innovators should embed users in the development process to support impact. The art of scaling also needs to be addressed, how to bring small measures, perhaps only concerning a few people, into the wider community and bridge the gap between micro and meso levels. The understanding of exactly what “social innovation” is also needs to be addressed; does it exclude technological innovation? Is all innovation by humans social? Some more explicit criteria are needed.

Loïc Garçon picked up on the problems of understanding social innovation by suggesting that we look at from where the burgeoning interest in social innovation stems. He noted the increasing numbers of technological devices developed in the last few years, many with great potential for dramatic and positive impact, but there has been little work done to ensure access and adaptation to exploit the potential. He suggested that social innovation be understood in the context of what social innovations are trying to accomplish. Finally he acknowledged that the definition of social innovation could be considered a research priority, with scalability and implementation as priorities, along with the need for scientific rigour in evaluation.

Susanne Iwarsson suggested inquiry into the definition of social innovation and a mapping of its processes should be a priority and that a set of research questions could be easily developed; this is essential for scaling up in the diverse social, economic and political contexts of Europe. Researchers should meet and discuss the research with people in different contexts, countries and circumstances to make sure their work is socially innovative; the

inclusion only of “experts” will not necessarily reflect the true reality for users, especially those with specific needs related to, for example, frailty and dementia.

Karl-Erik Olsson identified the threshold for “ageing” as worthy of greater understanding – when do people become perceived as “old” and their status becomes devalued. Is the threshold whether someone is earning money, so any retiree becomes old, even if they are still active in voluntary or civic activities? It is essential to understand this as almost all EU countries still insist on taking people out of the workforce – and potentially out of society – and retire them; this is not good for society which should be focused on developing people, their skills, experience and opportunities across the whole of their life.

The floor was then opened to discussion on the panel’s statements.

Discussion

There was broad agreement with much of the commentary, and specifically with the need to emphasise that older people do not fundamentally change at a specific age and there are strong commonalities across all generations.

The categorisation of social innovations focused on the importance of eliminating artificial boundaries that would restrict the scope and effectiveness of any intervention and instead focus on understanding their impact. However it is clear that there is a problem with how small scale micro social innovations are integrated into the social innovation dialogue; the focus is currently on larger scale interventions which progress through the stage of the social innovation spiral (Figure 1).

The implementation of innovation is the hardest thing; how does someone pick up an innovation and make it work? Rigorous research into transferability is needed. The term “scaling” was challenged, as it has many meanings.

One route to involve older people in research also includes implementation research. In the work plan of each intervention study a time at the end of the project should be scheduled to examine the innovation in its natural state outside the evaluation process to provide insight into how it works in practice and how the innovation should develop.

The workshop split up into the same three break-out groups as the previous day to discuss “Research Priorities”. All groups were provided with these guiding questions to shape their discussion:

- *What are the three main priorities for future research on active and healthy ageing?*
- *Which cross-disciplinary collaborations are critical for research on social innovations as related to active and healthy ageing?*
- *Which theoretical frameworks can be used to guide research on social innovations as related to active and healthy ageing?*
- *Which methodological approaches are essential?*

The afternoon session was composed of plenary sessions and focused on “Feedback and future activities”.

PLENARY

After lunch the workshop continued with a plenary discussion chaired by Alan Walker (University of Sheffield, Sheffield, UK) to hear feedback from the break-out groups. The outputs from the groups have been fed directly into Section 3.

The Chair challenged attendees to suggest the next steps for this important area of research and to develop their plans over a final networking session, before closing the workshop and thanking all attendees.

3. Assessment of the results, contribution to the future direction of the field, outcome

The workshop attendees discussed a wide range of areas, from conceptual understanding and modelling of the topic of social innovations to future research priorities, all of which are included in this section. This review of the outputs from the workshop is split into several broad areas:

- Understanding, conceptualising, mapping and evaluating: what social innovation is; modelling social innovation for active and healthy ageing; the mapping of individual interventions in relation to a broader context; evaluating social innovations and determining their impact.
- Developing research expertise: theoretical frameworks to guide research; exploring the challenges of cross-disciplinarity; identifying suitable and high-quality methodology
- Research priorities: where should research on social innovations for active and healthy ageing start?
- Future actions: the next steps.

Understanding, conceptualising, mapping and evaluating

The definition of social innovation remains problematic. Social innovation is an essentially contested concept that needs to be accepted as a political term while also subjected to rigorous academic refinement to reach the status of greater conceptual clarity. The current definitional approach serves as a useful step in this process of developing social innovations and scientific research methods can be applied to learn more about them and improve the evidence base.

The potential for social innovation to support active and healthy ageing was generally acknowledged although there was much concern about the standard of evidence about effectiveness of social innovations and to what extent they may impact active and healthy ageing across the EU. For example a social innovation could contribute to an older person remaining economically or socially active (or increasing his/her activity), but if suffering from disability or disease they could be assessed as unhealthy. Therefore the multi-dimensional nature of ageing must be reflected in both subjective and objective measures of impact. It was noted that social innovation has the potential for substantial impact – which is urgently needed - in those EU nations that have the shortest years of healthy life expectancy.

However the metrics of success must go beyond the marketisation of social innovations; they must reflect a notion of quality of life based on social and cultural participation beyond paid work. The notions of social inclusion which are associated with social innovation need to stretch beyond paid work if it is to develop as a useful concept in this field. Stakeholder engagement is crucial and social innovations should be user-driven. Older people should not only be the recipients of social innovations, but active participants; the social innovation should depend on their active input and commitment.

There is a current lack of understanding of small-scale micro innovations which proliferate in specific communities and contexts without necessarily scaling to any noticeable extent.

Proposed models to map social innovation in active and healthy ageing

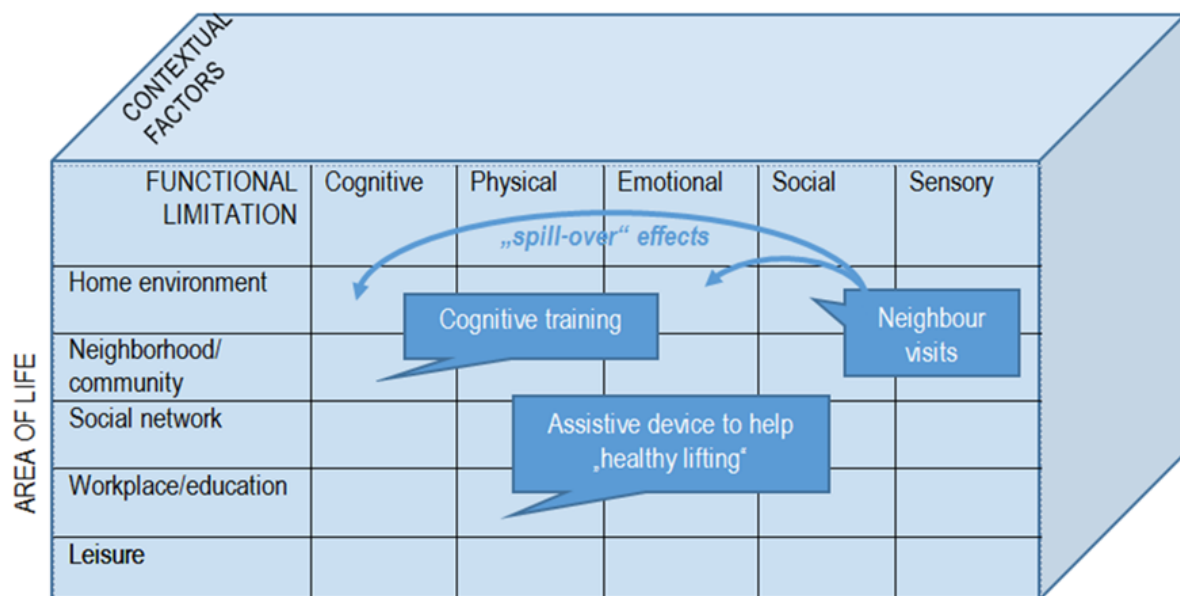
The break-out groups proposed two different models to map and understand social innovations for active and healthy ageing. Each is presented in turn.

Model 1: three-dimensional matrix

The aim is to provide to countries across Europe a menu of choice of well-defined social innovations, offering both good practice examples and evaluations of failed, or less successful social innovations in order to improve those innovations that have failed in other contexts.

The matrix (Figure 2) describes the three dimensions along which social innovations can be categorised. It classifies social innovations according to the target functional limitation and the area of life in which they are implemented but also highlights the fact that social innovations differ depending on context and personal factors and should be tailored according to contextual constraints and possibilities as well as individual needs.

Figure 2: Matrix categorising social innovation in the context of active and healthy ageing



The three axes:

- Areas of life – may also be other areas, such as self-care etc.
- Function limitations – one can consider different frameworks to differentiate functional limitations, for example, Bowling’s qualitative study on what older adults themselves consider dimensions of active ageing (Bowling, 2009).
- Contextual factors – the social innovation should consider contextual factors, e. g., culture or national policies. Enabling environments, such as housing, institutions, public facilities differ very much between communities and countries and should be taken into account. Personal factors, e.g. age, gender, ethnicity, social class, wealth, coping, psychological attributes, should also be considered. Context and personal factors interact, i.e., an intervention is different depending on their interplay, e.g., the social innovation will differ depending on if it addresses an ethnic minority or majority in a country or community. The social innovation addressing both context and

personal factors can then be tailored to contextual constraints and individual needs in order to be successful.

The menu of choice could also consist of different categories or most prominent features of social innovations, such as “decision-making” or “giving”, however it is essential to make other, less prominent, features of the social innovation visible.

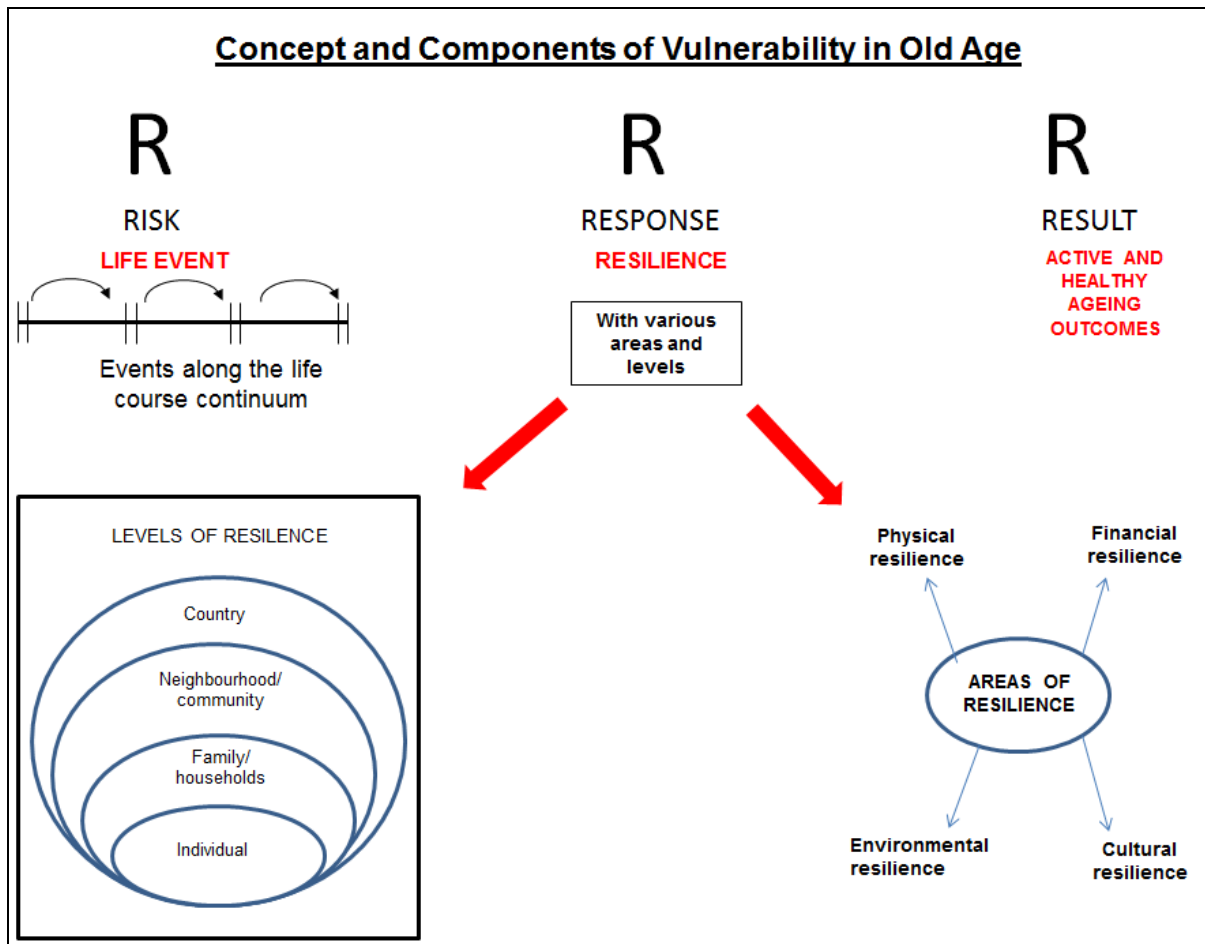
In general, the social innovation can be considered as having more impact if several functional limitations are targeted simultaneously. “Spill-over” effects, such as a social innovation targeting one functional limitation having additional beneficial effects on another limitation can occur with or without intention. Evidence should be gathered on which functional limitations, (e.g., cognitive, emotional, physical) contribute most to activity limitations, and in which areas of life interventions should be focused to prevent these limitations. The functional limitations which contribute most to activity limitations then constitute the most important areas where social innovations should be mapped. To support this model more research is needed in the following areas:

- Evidence on life course approaches which identify opportunities *to prevent disability*: In general, preventing disability is easier at earlier ages (stages of illness/injury) as increasing healthy life years can only be accomplished proportionate to current age. Evidence is needed on when in the life course interventions are most effective? For example education is most effective in childhood and early adulthood to prevent cognitive impairment, and less effective in later stages of life. Lifestyle changes, such as dietary intake, may, in advanced age, be less important than preventing falls.
- Evidence on *cure/secondary prevention*: Which interventions have been proven successful if disability is already present? Systematic reviews of scientific evidence on successful interventions/social innovations and current best practice are needed.
- A quite specific requirement: In order to identify the different *contributions to society* over the life course, it may be useful to investigate the balance of individual contributions to society via paid and unpaid work, volunteering, and caring/family responsibilities over the life course.

Model 2: Vulnerability and resilience

Theoretical frameworks leading this kind of research should cover the most important variables but cannot be too subject- or situation-specific due to the wide range of potential social innovations. Placing the research in the context of vulnerability and resilience would provide fertile ground. Three factors should be taken into consideration: risk, response, and results (see Figure 3 below). There might be different responses to risks – adaptive coping is one, which draws on the concept of resilience. The scope of the resilience concept is broadened from a psychological concept applied to individuals to an umbrella term covering all kinds of resources, e.g. financial aid, social contacts, welfare structures. Through the broadening of scope, victimisation and stigmatisation of the individual facing so many responsibilities should be overcome, clearing a path to the individual’s network. Thus resilience applies to the individual as well as to the family, neighbour, and the country level. Theoretical assumptions should be made from a life-course perspective taking the current and the future generation into account.

Figure 3: Concept and Components of Vulnerability in Old Age



Recommendations to develop models

The two models should be merged to integrate the three-dimensional axes of Figure 2 into Figure 3.

Evaluating social innovations

Evaluation of impact will depend on the definition of success; in this case, a single consensus definition of active and healthy ageing is required. Many definitions, including the EU measurement of Healthy Life Years (HLY), are understood to mean the years lived without activity limitations as assessed with the Global Activity Limitation Indicator (Jagger et al, 2013). However, several arguments speak against the measure of disability-free life years:

- First, this measure is only applicable on a population level. In a small sample, an increase in healthy life years cannot be evaluated statistically. Qualitative measures may be preferred here.
- Second, by defining impact as a gain in years without activity limitations, we exclude a large part of the older population which already has such limitations. The goal of a social innovation could be to help older people with disabilities to return to disability-free levels. However, a social innovation would also be considered successful if it

targeted improvements in specific activity limitations without achieving a full return to disability-free levels.

- Third, the GALI question is not very specific. Take for instance a social innovation which provides an assistive device to overcome activity limitations. Will an older person, in responding to the GALI question, consider the impact of this device or will they report the limitations they have without the assistance?
- In sum, much greater clarity is needed on measures of HLY to evaluate the impact of the social innovation on the target activity limitation. This point is reflected in the development of Figure 2 in the previous section and will need to be resolved to complete development of this model.

Although existing medical and economic measures are unsatisfactory they are informed by established EU-wide comparative measures. The problem therefore is finding the best evidence available for existing alternative measures; one possible alternative could be the happiness index adopted by the Bhutan government as an alternative measure to GDP.

While quality of life remains probably the best measure of social impact both qualitative and quantitative measures and indicators must be integrated in evaluation. In particular it is essential to provide evidence for policy audiences who may require cost-benefit analysis or similar statistics to prove the budgetary value of any given intervention or innovation. One option is to assign an economic value (monetary, or of time, the latter not being subject to inflation) to any informal work undertaken to quantify the impact of non-economic activity.

Finally it was recognised that social innovations should be followed prospectively, not only retrospectively, applying multimodal evaluation designs.

Developing research expertise

The workshop also addressed the challenges for researchers to engage with social innovation in active and healthy ageing. Much of the discussion focused, although not exclusively, on evaluation of social innovation.

What theoretical frameworks can be used to guide research?

It is clear that there is no single existing framework which is suitable and that researchers will have to draw on theories from a range of sources and disciplines to inform their research in this new field. Some innovations are research driven and others are practice-driven; depending on the type the researcher will have a range of opportunities of connecting to an innovation process and be able to contribute to different roles and functions. The question therefore is how science relates to innovation and in which ways can scientific knowledge be related to innovation?

An additional challenge, reflecting the varied culture of the EU, is that some countries in Europe are often not represented in the theoretical debate of the sciences which risks both isolating them from social innovation development and excluding their needs from the debate. This is of particular importance since many of the countries with little involvement in theory development are the ones most in need of support for active and healthy ageing. Therefore any research framework should reflect the two different velocities in both research policy and ageing policy across the EU and the challenges this creates for collaboration. The lack of research in Eastern Europe focused on informing policy recommendations adds

to the difficulties of assessing impact or in implementing locally a social innovation proven effective elsewhere in Europe.

Only cross-disciplinary collaborations will work and every discipline will bring their own framework (this is discussed in the next section). However the basic ideas of ageing and innovation should be clearly established among all parties; the guiding principles of the FUTURAGE Road Map (Walker et al, 2011) are recommended to create a basis for collaboration.

Any research framework also needs to consider micro (small-scale) innovations; these have so far largely been missing from evaluations of social innovation as interventions are perceived as successful only when they grow and scale (see Figure 1). As well as innovations in themselves, the smaller ideas can serve as a basis for exploration of future development.

The key issues which need to be reflected in research are:

- Pre-conditions of innovations: Under which conditions does innovation appear? Which are favourable conditions for innovation? Theories of social movements are a possible framework for answering these questions. The three main analytical concepts in this regard are:
 - Political opportunities: Political reforms, crisis, changes, etc.
 - Mobilisation: How can an idea or initiative mobilise people, which structures and resources are used?
 - Framing: What is the identity and meaning of an idea or initiative? Is it consistent? Is it unique?
- Innovation processes: These frameworks analyse the innovation process which can be described with stage models (invention, development, implementation, market entry/institutionalisation) or more complex models (evolving networks of actors). The work of the Minnesota Innovation Research Program (Van de Ven et al. 2000), which follows innovation processes for several years from their beginning to their termination/success, is an excellent starting point. Alternative theories could be included, such as actor-network theory (Latour, 2007), which also focuses on the dynamics of change; whereas innovation processes are here understood here as actor-networks consisting of human as well as non-human actors.
- Implementation: Implementation science is a new field which developed mainly from nursing studies and practices, trying to transfer scientific knowledge into practice contexts. Several models are used to explain how this transfer can be managed and evaluated.
- Strategic orientation: Frameworks such as game theory may help to strategically adjust the objectives of an initiative and to adapt implementation.
- Identification of needs: The identification of relevant societal needs is crucial for social innovation. Methods such as stakeholder involvement and consensus conferences may support the identification of societal needs.
- Ethical frameworks: Social innovation depends on explicit normative frameworks. The capability approach (Sen, 1985 and Nussbaum, 2001) may be a good example.
- Impact evaluation: This has to find the right balance between scientific rigour and practical applicability to avoid burdening the innovators and users. Various experimental designs may provide starting points, ranging from randomised controlled trials to less strict quasi-experimental designs.

- Active and healthy ageing: Frameworks for active and healthy ageing such as the activity theory (emphasising benefits of activity and participation in contrast to disengagement) or the ecological theory of ageing (emphasising environmental and social factors influencing health) should be up-dated and probably combined.

Cross-disciplinarity

Cross-disciplinarity is essential to support social innovation in active and healthy ageing as the previous discussion on theoretical frameworks illustrates. By definition research on social innovations in active and healthy ageing draws on many disciplines and successful collaboration relies on achieving the optimal structures within and outside academia.

Stakeholders should be considered key to the research process, especially older people and other end users. The leading question should be: Whom do we need in the process, for what purpose, and how do we involve them from the beginning until the end? This discussion should involve both innovators and researchers, as stakeholder involvement should not be limited to evaluation only. Their input in developing implementation strategies is potentially invaluable and innovation diffusion theories are recommended as a starting point.

Health researchers and practitioners who can provide insight on both fields of research and implementation (or scientific knowledge and practical knowledge if you prefer) are obvious routes of collaboration. Other collaborations will depend on the innovation and could potentially include experts from a range of disciplines such as psychology, sociology, and public health; political science; economics and: communication experts; knowledge transfer professionals, and; education researchers.

The researchers present agreed that supportive and inspiring environments are essential to success, and identified some challenges in achieving cross-disciplinary collaboration. Some researchers face institutional constraints - institutions are slow to support interdisciplinary and innovative work or it may be considered low value. In addition review boards for grants and journals may not be composed in a balanced and cross-disciplinary way and understand the importance of cross-disciplinary approaches.

- Young researchers need to have the opportunity to explore different fields and to become lay persons again. Too often they are bound to one discipline/field when pursuing their academic career. Senior researchers have a responsibility to enable young researchers to explore other fields and to provide opportunities for cross-disciplinary collaboration.
- Research teams need to involve innovators, to develop clear competencies in both scientific disciplines and innovation, and to work with a range of stakeholders including users; this requires developing a common language and understanding to bridge disciplines.
- Researchers need ownership of their own ideas to both incentivise them to develop, evaluate, refine, progress and share their initiatives and also the freedom to make them successful. This is essential to secure effective spread and adoption of interventions. These degrees of freedom can be provided by leaving room for cultural/community specific features around the innovation, e.g. how to publicize the social innovation (e.g., using own logos), rituals of getting together (e.g., using a study circle in Sweden, a weekend group breakfast in Germany), or accompanying the social innovation by culturally-sensitive events (e.g., related to time of year, local events).

- There needs to be a stronger link between research and policy making and clear understanding about how scientific knowledge is transferred to policies, political programmes and interventions.
- Understand that personality and skills are more important than discipline; seek out individuals you can work with who have similar interests and complementary expertise rather than focusing on a collaboration in a specific theme - the best collaborations grow organically.
- Skill development is a necessity. The range of skills necessary to contribute to the innovation process, particularly development and implementation will require a wide range of skills, grounded both within and outside of research, which may not be available in a standard academic environment.

Supporting methodological skills

It is clear that that to survive and thrive this field of research will need to identify some path-breaking methods which meet high academic standards while reflecting the essentially improvisational nature of innovation and to avoid overburdening innovators and users. A number of methodological starting points have been suggested:

- Ethnographical skills and knowledge of marketing rules are essential, the latter especially to support dissemination to a range of audiences, including older people
- Vitamin "R" – risk. Innovation is risky and so researchers must be risk seekers in order to keep pace.
- Mixed methods – both qualitative and quantitative approaches are essential in social innovation research: the former is particularly suitable for early stages of research in order to identify the underlying problems that should be overcome by social innovation, the latter is especially helpful to convince e.g. policy makers and other parties interested in measures of magnitude and effectiveness. Also mentioned:
 - Dynamic micro-simulation modelling was suggested as a promising approach in this to make future predictions.
 - Grounded theory approach
 - Actor-network-theory
 - Using different methods in triangulation approaches.
- Longitudinal perspectives should also be sought, in addition to evaluating short-term outcomes.
- Europe as a geographic research laboratory: regular monitoring of certain regions would allow the introduction and evaluation of interventions without a stand-alone experimental design which would be less costly. The intervention could be implemented in some parts of the monitored region while other parts function as the control group.
- Use of administrative data and biological/health information data to assess impact; there are ethical, privacy and data protection issues which may prevent this.

Research Priorities

What social innovations are essential to promote active and healthy ageing?

As part of the reflection on starting points for research in the field, workshop attendees were asked to identify the top priorities where social innovation could be used to support active and healthy ageing:

- To tackle the problems of isolation and loneliness of older people is very important; they should be particularly targeted at the most deprived segments of the population.
- To improve the poor access for many older people to modern technologies (e.g. computers, internet access, smartphones or tablets). This is increasingly essential to access national and state services, to achieve the cheapest prices for services, for social purposes as well as for telemedicine and other health support.
- To foster social inclusion of older people at the community level.
- To create social networks and other contacts which increase resilience and improve an older person's intrinsic ability to deal with risks and health problems.
- To better integrate institutional and home-based care by rethinking the shifting boundaries between locations.
- To, at a micro-individual level, change the social perception and the cultural attitudes towards older people as being useless, and the widespread equating of old age to disease.
- To, at a macro-social level, improve the role of the State in supporting and fostering older people's organizations, enabling them to act in co-operation with the social and health care services and professionals.
- To, at a macro-social level, introduce flexibility in the age of retirement, so that continuing to work or retiring should be an actual choice of the individual.
- To target intervention during the earlier life course stages in order to avoid the negative cumulative effects of risks during the life span.
- To create friendly cities and an appropriate friendly environment to help older people to get out of their homes.
- To support full participation of older people in society whereby they are not segregated when they cease being economically active. An alternative culture needs to be built up with a strong emphasis on intergenerational solidarity.
- To better coordinate formal care and informal care through supportive structures which emphasise their complementarity.

What are the underpinning research priorities?

To begin developing existing knowledge in the area and developing the research agenda to ensure the fullest possible exploitation of its potential, a set of underpinning research priorities were identified. These are all areas which will provide insight and evidence to increase the sophistication, effectiveness and transferability of social innovation. The research priorities are:

- Develop a clear definition of social innovation which is not too restrictive.
- Establish a process to collect information about innovations - what works, when and where and under what conditions? This must be supported by an evidence base of what successful innovations exist and the context in which they operate, to build specific understanding of what both supports active and healthy ageing and works in the field. This should be complemented by a model for transfer from evidence to practice.
- The field of implementation research needs more consideration. Innovative ideas have to be applied to daily life and adjusted to the resources available there. The environment has to be adapted to people's needs, e.g. developing age-friendly environments. The improvement for certain groups or targeted outcomes is likely to spill over to other groups and outcomes. Thus effectiveness can be maximised.
- Establish best practices for a participatory approach to social innovation to include the points of view of older people, especially the most disadvantaged ones.
- Develop a forum for all stakeholders to exchange knowledge and experiences in order to foster cross-fertilisation.
- Identify the most important problems and needs of older people on which to focus social innovation; this could include identification of factors which have the greatest impact on active and healthy ageing, such as functional limitations.
- Similarly quality of life is typically not explicitly disease-related but rather includes social interactions and community participation. Thus research should also focus on identifying well-being beyond medical definitions of disability and disease, for example, finding new ways of communication for those ageing with dementia.
- Consider how social innovation can be used for the strategic central issue of social justice and equity to address the full spectrum of the population in order to create a more equal society.
- Explore the cultural and societal differences among various societies, countries and regions in order to understand the actual needs of older people in those locations – the rural older population in Finland will have different needs from the rural older population of Bulgaria. This must be understood to ensure the effective implementation of innovations.
- Education on ageing and life course perspective: Ageing has to be reflected at an earlier stage in life. The life course perspective is crucial to understand that active and healthy ageing already starts when people are still young.
- Society faces the burden of disease but there are different, even new ways to look at it. Research should focus on phenomena such as dementia as its prevalence is increasing in the population due to higher life expectancy. This development requires adaptive processes and innovative approaches. Methods and research instruments have to be tailored to these needs. Also, facilitating changes in the whole community might benefit a larger segment of the population, e.g. buildings can be adapted to be accessible for people with disabilities but then also be universally designed - not only people in wheelchairs can use special doors and ramps but also people with prams.
- How can social cohesion be enhanced by addressing vulnerabilities and empowerment? Rather than simply targeting older people the whole society has to be taken into account to ensure that coping capacities during critical life events and transitional periods are built and sustained throughout life.

It is clear that the importance of the life-course for social innovation in active and healthy ageing needs to be embedded as a fundamental principle. Division according to chronological age is not always helpful; older people are no more homogenous than younger people. People with an active, healthy lifestyle are more likely to be active and health conscious also when getting older, but this should not lead to stigmatizing those with less healthy lifestyles but rather open a broader perspective on lifetime development and the effect of lifetime experiences. Ageing starts even before we are born and with ageing people continue having opportunities. Resilience factors and other resources should be strengthened to give people a chance to make use of their opportunities.

Future actions

There was a broad commitment to continue the discussion, preferably formally, but potentially informally or electronically and to use the workshop as a starting point on a range of further actions. The following pledges were made.

Action for attendees

- Attending researchers were encouraged to look to their universities to identify their institution's social innovation activity and in their outreach, impact and spinout projects.
- Attendees were encouraged to pursue the subject locally, to identify a social innovation with which to work focusing on the evaluation process. This would provide a feasible way to enter the innovation field.
- Alternatively, the focus could be on implementation research, by attempting to scale an existing social innovation and interrogate the process from an ethnographic perspective.
- To identify any local social innovations for contribution to the INNOVAGE review of social innovations

Development of theory

A commitment was made to combine Figures 2 and 3 to create a working model to map social innovations in active and healthy ageing. This task is currently being progressed under the auspices of the INNOVAGE project.

Dissemination by Convenors

- A section of the (co-sponsor) INNOVAGE website will be used to host meeting documents to share with researchers, policy makers, practitioners and the wider public.
- Similarly the websites of the two Convenors will also be used to publicise the results.
- The Convenors agree to author a letter to the editor of the European Journal of Ageing on the subject as the basis for stimulating further scientific activity in this area.

- A two-page summary of the workshop findings will be created and circulated to key groups and individuals to stimulate their interest.

Future funding

- The Convenors will explore the possibility of applying for a related COST Action to fund a four-year networking programme which would build directly onto this supported workshop.
- A Science In Society call may offer a route to draw users into the discussion, and upcoming Horizon 2020 calls will be reviewed for potential developments of projects targeting social innovations.

As can be seen the workshop was highly successful in meeting its objectives and, in fact, it went further in terms of both reconceptualising the relationship between social innovation and ageing and in creating a solid foundation for further research. This ESF workshop will form the basis for several forthcoming European Framework Programme applications as well as feeding directly into, and enhancing, two existing major projects.

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4. Final programme



Exploratory Workshop Scheme

Scientific Review Group for the Social Sciences

ESF Exploratory Workshop on **AGEING AND SOCIAL INNOVATION**

Lund (Sweden), 22-24 September 2013

Convened by:
Alan Walker^① and **Susanne Iwarsson**^②

① Professor of Social Policy and Social Gerontology (Department of Sociological Studies, University of Sheffield, UK)

② Maria & Seved Ribbing Professor of Gerontology and Geriatric Care (Department of Health Sciences, Lund University, SE)



innovAge

SOCIAL INNOVATIONS PROMOTING ACTIVE
AND HEALTHY AGEING

The European Science Foundation (ESF) was established in 1974 to provide a common platform for its Member Organisations to advance European research collaboration and explore new directions for research. Currently it is an independent organisation, owned by 67 Member Organisations, which are research funding organisations, research performing organisations and academies from 29 countries.

ESF is in a period of transition; the ESF Member Organisations (MO's) have indicated that they would like to wind down certain ESF activities, such as EUROCORES, RNP's, ECRP's and Forward Looks by the end of 2015, but ESF will continue to honour its existing commitments until the projects are finalised.

In 2013 the only research instrument that will have a call for proposals is the Exploratory Workshops. The focus of the Exploratory Workshops scheme is on workshops aiming to explore an emerging and/or innovative field of research or research infrastructure, also of interdisciplinary character. Workshops are expected to open up new directions in research or new domains. It is expected that a workshop shall conclude with plans for follow-up research activities and/or collaborative actions or other specific outputs at international level.

ESF is also currently exploring new areas where we could serve the science community. Services we have identified that would leverage our expertise and experience and provide added-value to the science community are: peer review, evaluation, research conferences and career tracking.

Please check our website (www.esf.org) for regular updates regarding ESF and its future developments.

European Science Foundation

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Main Objectives of the Workshop:

The two objectives of this workshop are to map active and healthy ageing in relation to social innovation, and to outline a new research agenda aimed at maximising the potential for social innovations in securing extended healthy life years.

Additional information:

The context for this workshop is the HORIZON 2020 initiative to improve lifelong health and well-being for all Europeans by 2020, the European Innovation Partnership pilot initiative on Active and Healthy Ageing (EIPAA) to raise the average healthy life expectancy (HLE) in Europe by 2 years by 2020, the great number of FP7 calls for funding new research strands on ageing, as well as the overarching goal of increasing innovation within the EU. Unfortunately however, there is no general agreement about the definition and meaning of social innovation, and no discernible scientific research agenda behind it. There is an urgent need therefore to scope the scientific and applied evidence base for social innovation by bringing together a range of scientists, policy makers, practitioners, business people and other end users. This is the first event of its kind and will serve as the benchmark for future developments in European research on ageing.

The need for a step-change in the understanding and science of social innovation, with a particular application to population ageing, is due to the EIPAAHA target. Although life expectancy (LE) is increasing in almost all EU countries, healthy life years (HLY) are not. Eurostat data show that in most EU countries, the higher LE means that ageing persons can expect to live more years in ill health at the end of their lives. Given the political goals of adding HLY, to have people work longer to make contributions to creating more sustainable pension and social protection systems, to empower ageing persons as part of improving the democratic process, and to boost innovation in this sector, there are new and great challenges for the research community to discuss, study and cooperate around. This requires, above all, multi-disciplinary collaboration across biology, health, psychology, sociology, technology, demography, social policy and social work.

Workshop Agenda

A key aspect of this workshop will be the production in advance of a series of three Position Papers on: Active Ageing; Healthy Ageing and; Social Innovation.

Delegates will be invited, in advance of the workshop, to provide Commentaries on the Position Papers. These commentaries, completed a week before the workshop, will provide critiques and additional Building Blocks to the Position Papers in order to produce strengthened and a thorough report/review.

Report publication and dissemination

The Workshop Report will be:

- Published in hard copy
- Distributed by email to key ageing mailing lists including the ESA Research Network on Ageing in Europe Jiscmail list
- Distributed by email to stakeholders in two FP7 projects addressing social innovation and ageing – INNOVAGE and SIforAge



PRELIMINARY PROGRAMME

All activities to take place in Scandic Star Hotel unless stated otherwise

Sunday, 22 September 2013

Afternoon *Arrivals*
20:00 *Networking dinner*

Monday, 23 September 2013

Morning *Arrivals*
12.00 *Welcome Lunch*
13.00-13.20 **Welcome by Convenors**
Susanne Iwarsson (Lund University, Lund, Sweden)
13.20-13.40 **Presentation of the European Science Foundation (ESF)**
Daniel David (Scientific Review Group for the Social Sciences)
13.40-18.30 **Afternoon Session: Problematizing the concepts**
13.40-14.25 **Presentation 1 "Problematizing Social Innovation"**
Sylvia Wyatt (Young Foundation, London, UK)
14.25-15.10 **Presentation 2 "Problematizing Active and Healthy Ageing"**
Carol Jagger (Newcastle University, Newcastle-upon-Tyne, UK)
15.10-15.40 *Coffee / Tea Break*
15.40-17.40 **Three break-out groups "Social Innovations and Active and Healthy Ageing"**
17.40-18.30 **Plenary discussion "Feedback on break-out groups"**
Chair: Susanne Iwarsson (Lund University, Lund, Sweden)
20.00 *Dinner (Les Halles, Saluhallen, Mårtenstorget 223 51 Lund)*

Tuesday, 24 September 2013

- 09.00-13.00** **Morning Session: Identifying research priorities**
- 09.00-10.00 **Panel discussion "Social Innovations and Active and Healthy Ageing"**
Chair: Torbjörn Svensson (Lund University, Lund, Sweden)
Panel member: Susanne Iwarsson (Lund University, Lund, Sweden)
Panel member: Loïc Garçon (WHO, Geneva, Switzerland/Kobe, Japan)
Panel member: Heidrun Mollenkopf (BAGSO, Germany/Age Platform Europe Committee Member, Brussels, Belgium) TBC
Panel member: Karl-Erik Olsson (SPF - Sveriges Pensionärsförbund, Sweden)
- 10.00-11.00 **Three break-out groups "Research priorities"**
- 11.00-11.30 *Coffee / Tea Break*
- 11.30-13.00 **Three break-out groups continued "Research priorities"**
- 13.00-14.00 *Lunch*
- 14.00-16.30** **Afternoon Session: Feedback and future activities**
- 14.00-14.45 **Plenary discussion "Feedback on break-out groups"**
Chair: Alan Walker (University of Sheffield, Sheffield, UK)
- 14.45-15.15 **Chair Summary**
- 15.15-16.30 **Café Scientifique on Future Collaborations** (*with Coffee/ Tea*)
- 16.30 *End of Workshop and departure*

Objectives of the ESF Scientific Review Group for the Social Sciences

The mission of the **ESF Scientific Review Group for Social Sciences** is as follows:

- to promote high quality social science research at the European level;
- to help support innovative research ideas and approaches emanating from the scientific community, and
- to play a role in strengthening European social science research infrastructure.

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5. Final list of participants

| Title | First name | Family Name | Organisation name (in English) | Country |
|-----------------|-------------------|--------------------|---|----------------|
| Dr. | Jonas E. | Andersson | Statens Byggeforskningsinstitut, SBi | Denmark |
| Prof. | Piotr | Bledowski | Warsaw School of Economics | Poland |
| Dr | Carlos | Chiatti | INRCA - Italian National Institute of Health and Science on Aging | Italy |
| Mr. | Loic | Garcon | World Health Organisation (WHO) Kobe Centre | Japan |
| Prof. | Guido | Giarelli | University 'Magna Graecia' of Catanzaro | Italy |
| Mr | Frank | Goodwin | Eurocarers | Ireland |
| Prof. | Susanne | Iwarsson | Lund University | Sweden |
| Prof. | Carol | Jagger | Newcastle University | UK |
| Mag. | Alexander | Kesselring | Centre for Social Innovation | Austria |
| Dr | Giovanni | Lamura | INRCA - Italian National Institute of Health and Science on Aging | Italy |
| Dr. | Anja | Leist | University of Luxembourg | Luxembourg |
| Dr. | Heidrun | Mollenkopf | BAGSO e.V. / AGE Platform Europe | Germany |
| Dr | Dave | Neary | University of Sheffield | UK |
| PhD | Fredrica | Nyqvist | National Institute for Health and Welfare | Finland |
| Mr | Karl-Erik | Olsson | SPF - Sveriges Pensionärsförbund | Sweden |
| | Juliane | Paech | Jacobs University Bremen | Germany |
| Prof | Stuart | Parker | Newcastle University | UK |
| Dr | Steve | Schmidt | Lund University | Sweden |
| Prof. Dr. | Imre | Semsei | Health Expert Group- AGE Platform Europe | Hungary |
| Mrs | Alice | Sinigaglia | AGE Platform Europe | Belgium |
| Assoc. Prof. | Torbjörn | Svensson | Lund University | Sweden |
| Dr. | Signe | Tomsone | Riga Stradins University | Latvia |
| Prof | Alan | Walker | University of Sheffield | UK |
| Mrs. | Sylvia | Wyatt | Young Foundation | UK |
| Prof. | Asghar | Zaidi | University of Southampton | UK |

Prof Klaus Hauer, who was scheduled to join the workshop, was taken ill shortly before the event and was unable to attend.

6. Statistical information on participants

| Sex | Number | % |
|--------------|---------------|------------|
| Male | 16 | 64 |
| Female | 9 | 36 |
| <i>Total</i> | <i>25</i> | <i>100</i> |

| Career stage | Number | % | |
|---------------------|---------------|------------|---|
| Early career | 7 | 28 | As embodied in the “active ageing” concept of being no barrier to full participation in society, workshop attendees ranged in age from the 20s to the 70s. In this more detailed breakdown we have chosen to present the data to reflect experience, rather than chronological age. |
| Middle career | 8 | 32 | |
| Senior | 10 | 40 | |
| <i>Total</i> | <i>25</i> | <i>100</i> | |

| Country | Number | % |
|----------------|---------------|------------|
| Austria | 1 | 4 |
| Belgium | 1 | 4 |
| Denmark | 1 | 4 |
| Finland | 1 | 4 |
| Germany | 2 | 8 |
| Hungary | 1 | 4 |
| Ireland | 1 | 4 |
| Italy | 3 | 12 |
| Japan | 1 | 4 |
| Latvia | 1 | 4 |
| Luxembourg | 1 | 4 |
| Poland | 1 | 4 |
| Sweden | 4 | 16 |
| UK | 6 | 24 |
| <i>Total</i> | <i>25</i> | <i>100</i> |

Speciality

The workshop was multidisciplinary, and the expertise in the room covered the following fields:

- Architecture
- Caring/carers
- Economics,
- Epidemiology
- Geriatrics
- Gerontology
- Health literacy
- Health psychology
- Medical sociology
- Medicine
- Occupational therapy
- Psychology
- Public health
- Representatives of older people
- Social innovation
- Social policy
- Social gerontology
- Welfare systems