

Diakonia as Innovation: A Political and Organisational Perspective

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The purpose of the article is to investigate the relationship between diakonia and innovation in the field of provision of welfare services. Special interest is therefore vested in studying the role of the third sector more generally. Traditionally, this sector and its organisations have been considered the most important actors for innovation in welfare services provision, as pioneers in this field of services. The investigation has laid open a rather complex field. Theories and models drawn from several fields of study, including welfare state theory and social policy theory, are used in the analysis of the relationship. A constructivist approach to social problems, combined with approaches to functions of third sector and faith-based human service organisations have helped us create a picture of the subject of investigation. The article provides elements to an analytic framework for empirical studies of how diakonia, through its organised actors, can influence public problem processes and innovations in welfare services, connected with political processes that may stimulate and inspire innovations in the public sector as well as other sectors – or hamper them. Potential risk factors, both political, financial and moral, are identified that may have an impact on innovation in welfare service organisations in civil society, including diaconal actors. Faith-based welfare service organisations possess moral resources in terms of the basic ideology and moral values. These resources may serve to stimulate innovations to improve the life of the people the organisations serve, as foundations for critical participation in public debate on social problems and welfare services innovation, but also for organisational change into the opposite of innovation, making lives more miserable for users of the organisations instead of better.

Keywords: diakonia, social problems, social policy, service innovation, third sector, welfare state, moral resources

Introduction

The topic of this article is how diakonia may be analysed in an innovation perspective. The term ‘innovation’ is not new, and has most of its history connected with business and technology. Only lately has it been introduced in welfare policy discourses. Today innovation is a term “much in vogue and as a phrase in danger of being over-used and misunderstood” (Brown, 2010, p. 1213). Definitions of innovation have too often been based upon the success of a new idea being implemented or put to practice or use, being brought to successful outcome or impact (Osborne & Brown, 2005). Osborne and Brown emphasise it is important that this association between idea and (successful) implementation and impact is not too rigid as to exclude the possibility that innovations may fail, and that there may be much to be learnt from such failures.

Various challenges facing European countries have made it an urgent challenge to reconstruct or re-arrange their welfare systems to meet future welfare needs, to be able to effectively cope with demographic and other social challenges, to be able to provide adequate support to citizens in a way that will be financially sustainable (European Commission, 2015). Through welfare policy innovation new approaches may be identified and promoted. The Commission state that application of new approaches should be based on evidence-based policies and include evaluation of their impact, for example, in terms of social returns. The Commission also consider it necessary to “foster knowledge transfer” so as to be able to apply lessons learned in practice in one place or setting more widely (European Commission, 2015). It is clear from these statements that pressing challenges require innovation both in terms of all sorts of research and policies, structural arrangements and processes of service provision. This position is reflected in the huge research programmes funded by the European Union. Innovation is a core perspective and a central goal in much European research, at the national as well as the EU level. For example, the Commission states about Horizon 2020:

Horizon 2020 is the financial instrument implementing the Innovation Union, a Europe 2020 flagship initiative aimed at securing Europe’s global competitiveness. [...] By coupling research and innovation, Horizon 2020 is helping to achieve this with its emphasis on excellent science, industrial leadership and tackling societal challenges. The goal is to ensure Europe produces world-class science, removes barriers to innovation and makes it easier for the public and private sectors to work together in delivering innovation. (European Commission, 2016b)

Reducing inequalities and social exclusion in Europe are crucial challenges for the future of Europe. At the same time, there is great potential for Europe through opportunities provided, for example, by new forms of innovation and by the engagement of citizens. Supporting inclusive, innovative and reflective societies is a prerequisite for a sustainable European integration (European Commission, 2016a).

At the national level, the need for innovation has been expressed in various ways. To mention just a few examples from countries with different types of welfare systems: In the White Paper *Innovation Nation* it was highlighted that “Innovation in public services will be essential to the UK’s ability to meet the economic and social challenges of the 21st century” (DIUS, 2008, p. 8). The drive for greater innovation in the public sector – and in society at large – is not new whether in the UK or the EU; it continues to be an endeavour at the national as well as the international level, and it seems to remain largely unchallenged. It goes more or less without saying that the drive for innovation is thought to have the potential to tackle the demands from public service users, increasingly complex, in a context of significant demographic changes and more scarce resources (cf. DIUS, 2008). Here the need for innovation is

primarily linked to the public sector, but indirectly it includes other sectors as well, to the extent that they are involved in the provision of welfare services. In welfare theory the British welfare system is often categorised as a case of a liberal welfare system model (Esping-Andersen, 1990), briefly characterised by low levels of compensation, means tested benefits, where eligibility requires long-term contribution.

In Norway welfare policy documents express the same challenges to the care services and the same need for innovation. The report *Innovation in the care services* states that there is “both a tremendous need and a vast potential to take innovative steps and find new solutions for meeting future challenges in the care services” (NOU 2011: 11, p. 5). This has been reiterated in later documents (see e.g. Norwegian Ministry of Health and Care Services, 2013). More professional staff, more institutions and new, formal assistance schemes are not the answer to the challenges. As expressed in policy documents in the UK, the challenges are posed to most sectors of society to further develop community-oriented solutions. More specifically, the public services will need the support and new forms of involvement by volunteers in the local communities and other third sector actors, “based on interaction between the public sector and civil society”. The report stresses not only how to develop the health and care services sector, but even more important, what kind of future society Norway wants to build. In Esping-Andersen’s classificatory scheme (Esping-Andersen, 1990), the Norwegian welfare system exemplifies the social-democratic welfare systems model, briefly characterised by universal access to benefits, equality irrespective of status and employment, with emphasis on social citizenship. Neither in the UK nor in Norway is the role of faith-based social organisations (FBSO mentioned in the public policy documents).

The purpose of the article is to investigate the relationship between diakonia and innovation. For the purpose of the article, special interest is vested in studying the role of the third sector in welfare services innovation. Traditionally, the third sector has been considered the most important sector for innovation in welfare services provision, associated with third sector human service organisations as pioneers in this field of services. However, today questions remain over the extent to which the claims of greater innovativeness in third sector social welfare organisations compared to organisations in the public and private sectors are substantiated (cf. Osborne, 1998). There are further questions concerning the forms of innovation. Moreover, Chew and Lyon warn that we should not present too rosy a picture of innovation as it can result in both benefits to and challenges for third sector organisations (Chew & Lyon, 2012, p. 10).

The article is structured as follows: Since the role of diakonia in welfare service provision takes social problems as its point of departure, I will look into how a social problem can be perceived and defined and possible roles for third sector actors – including faith-based welfare service organisations – in dealing

with social problems. I will then turn my attention to a systematic approach to innovation, how it can be defined, models of innovation, risks that may hamper innovation and possible roles for diakonia in dealing with social problems contributing to innovation, understood both as a process and a product.

The construction of social problems

Diakonia in the form of organised welfare work, as a form of faith-based organisation of welfare benefits and services, is commonly subsumed under the wider category of third sector actors in the field of welfare provision. In this context, the field of diakonia can be classified as one type of faith-based human service organisations (FBSOs) within the broader class of third sector human service organisations (TSSOs). The classification is not without problems; the role of FBSOs in different types of welfare systems make them at one end independent both organisationally, professionally and financially and at the other end integrated in public welfare schemes, professionally staffed and financially dependent on public funding. But even in the latter case, welfare research tends to classify FBSOs as third sector organisations (Hjelm, 2009; Lorentzen, 1995).

The third sector is loosely defined as occupying a space in economy and society that is separate from the public and private sectors, although what is and what is not included is a point of contestation (Alcock & Kendall, 2010). Brandsen et al. (2005) explore the characterisation of third sector organisations (TSOs) in general, and suggest that the traditional ideal-typical characterisation of TSOs is no longer applicable because these entities have developed hybrid organisational characteristics (e.g. adopting multiple goals, social, economic, environmental, resource mix, and governance systems) as a response to external environmental pressures from market and the state (Chew & Lyon, 2012).

In order to understand the role of diakonia or FBSOs in innovation, we will start where it is natural to start, where the agency of these actors has its origin, in the understanding and perception of social problems. I will not lay out the whole debate about how to understand and define social problems. In this context I will restrict myself to apply a constructionist approach, a clear break away from earlier sociological understanding of social problems (Beckford, 1990; Fuller & Myers, 1941; Rubington & Weinberg, 2003), referring to the most influential book based on this approach, entitled *Constructing social problems*, written by the two researchers John Kitsuse and Malcolm Spector (Spector & Kitsuse, 2000 [1977]). Their approach represents a highly subjectivised definition of social problems: “Thus, we define social problems as *the activities of individuals or groups making assertions of grievances and claims with respect to some putative conditions*” (Spector & Kitsuse, 2000 [1977], p.

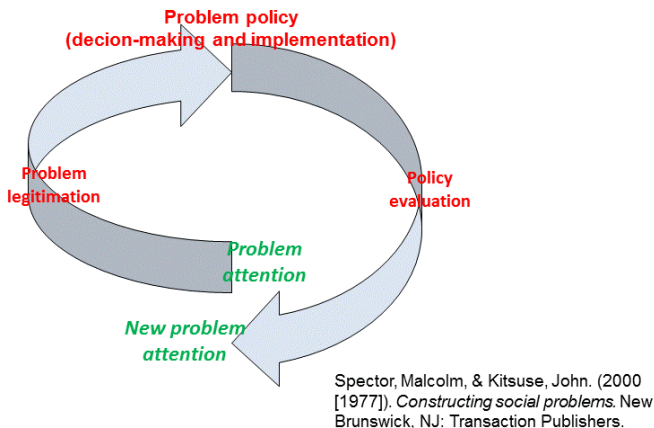


Figure 1: Social problem as a process

75 italics in the original). They develop this approach into a model of the social problem process.

It means that a social problem exists only to the extent that someone claims a situation to exist which should be done something about, and act to have the claim asserted in such a way that it gains sufficient support to bring forth a decision (and actions) to do something about the condition or situation that is claimed to exist. A certain condition or situation must first be given attention as an “assertion of grievance or claim” of some sort, say, the way Roma feel they are treated by the police – or the way this is perceived by other people through their communication with the Roma – or children of Jewish origin report they are being, or harassed in the school yard by school mates, or disabled people experience being discriminated against in the labour market. Then, in order to be dealt with, the attention to the alleged condition or situation must be legitimised on a wider scale in the social environment strongly enough to give reason for a relevant decision-making body to accept it as a policy issue, and which may or may not make a decision to act on the claims made. If a decision to act is made, it has to be implemented; later the process will or should be evaluated, and the whole process may continue from the new starting point. This makes the social problem process circular or a spiral process (see also Loseke, 2003). When studying such processes the context in which they take place is important. The context may be both complex and dynamic. Processes take time and the possible new problem attention will take place in another situation or context than the previous started.

We may link this understanding of social problems to the roles of TSSOs and FBSOs in the welfare state. In the analysis of these roles I will take advantage of US professor of social welfare Ralph Kramer’s analysis of the functions

of voluntary organisations in the welfare state (Kramer, 1981). Kramer specifies four main types of organisational roles of voluntary agencies in the welfare state, the *vanguard* role, the *improver or advocate* role, the *service provider* role and the *value guardian* role. The vanguard is the pioneer, the innovator; the improver or advocate is the critic or watchdog vis à vis the state and its services. In this article special attention will be paid to the value guardian role, by which “a voluntary agency [among other things] is expected to promote citizen participation, to develop leadership, and to protect the special interests of social, religious, cultural and other minority groups” (Kramer, 1981, p. 9). We may take this definition as a guideline without restricting the role the way Kramer does. The value guardian role is thus associated with the role of the “critical voice” (cf. Lundström & Wijkström, 1995).

Taken together we may thus distinguish between two main categories of possible roles of religion in welfare, the ideological role and the practical role (Angell, 2007, 2010). The ideological role of a faith-based organisation refers to social action to clarify and communicate the moral values on which the organisation bases its human services, and the assumptions it makes about its users in its provision of services. In a simplified version this comprises what Hasenfeld designates human services as “moral work”, based on a “practice ideology” (Hasenfeld, 2010). The ideological role may be attended to by religious agents in, for example, the public discourse on welfare. This is easily associated with what Kramer termed the value guardian and the improver roles – roles that may indeed be fulfilled in both words and deeds, the latter in the sense that “action speaks” (I have pursued this issue with regard to diakonia in Angell 2000, 2007). The practical role may be attended to in various forms of welfare provision, independently or in collaboration with the state or public sector at different levels. The distinction is relevant in the article as it is useful in the analysis of FBSOs contributions to welfare service innovation.

Against this background the purpose of the article may be specified as how diakonia may contribute to innovation in terms of its involvement in social problems and its functions in the welfare state.

Defining innovation

‘Innovation’ suffers the fate of other words or terms or concepts in the sense that they are part of both everyday language, political and scientific discourses, and easily escape precise meaning. In this article, I will start my investigation into the concept by introducing a definition taken from the European Commission, restricting myself to social innovation, which may simply be taken to mean, “*developing new ideas, services and models to better address social issues. It invites input from public and private actors, including civil society, to improve social services*” (Eurofound, 2013). To develop this a bit further, for

a process or a product to be considered an innovation, two criteria have to be met, according to Phills, Deiglmeier and Miller (2008, p. 37):

The first is novelty: Although innovations need not necessarily be original, they must be new to the user, context, or application. The second criterion is improvement. To be considered an innovation, a process or outcome must be either be? more effective or more efficient than preexisting alternatives. To this list of improvements, we add more sustainable or more just. By *sustainable* we mean solutions that are environmentally as well as organizationally sustainable—those that can continue to work over a long period.

In close connection with these definitions I will apply the criteria developed in the EU funded Social Platform *Innovation in Social Services* (Dahl & others, 2014) to specify the understanding of innovation in welfare services to be used in the article:

- New social services designed to *face new needs or unmet needs* (e.g. types of services offered to face autism, migrants with an irregular status, violence against women);
- New social services or *new mechanisms or practices* introduced in pre-existing social services:
 - to improve access to social services (e.g. more information, increased professionalism in social work sector)
 - to guarantee entitlements (rights) for specific groups or minorities
 - to satisfy the demand for social services in a more complete and broad way (holistic approach)
 - to guarantee more participation and inclusion of citizens in.....
 - more social services provision in less developed regions

The corresponding process model of innovation in welfare services can be drawn as follows:

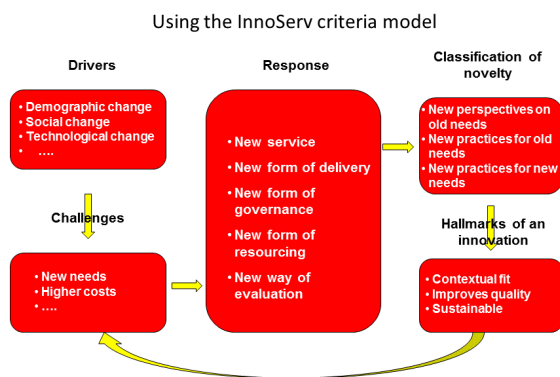


Figure 2: *The process of innovation in welfare services*

The figure illustrates what we may call, not very precisely, a process model of innovation. It defines (the various forms of) innovation – as a product – as a response to certain challenges with a potential variety of drives as their movers. The forms the responses take (the forms of innovation) may be classified in terms of their novelty, all characterised by certain features, hallmarks, which apply to all innovations as defining criteria. It is worth noticing that in this particular context the term ‘challenge’ is used in another meaning than earlier in the article. In the introduction, I identified several challenges to European societies, among them demographic changes. In the innovation model in Figure 2, the corresponding term is ‘driver’, while ‘challenges’ are consequences of the drivers.

There is always a risk associated with engaging in innovation work. Brown (2010, p. 1216) identifies four key factors relating to innovation and risk in a welfare services context that would make innovation processes more difficult in this field: 1) the vulnerability of the service users and carers receiving social work services, 2) a lack of incentives to innovate for individuals and organisations, 3) the regulatory frameworks and, 4) scarce resources. The vulnerability of the people served by the service providers may have the service providers perceive experimentation with new or services or approaches a risky business in terms of consequences for the service users. Perception of this type of risk may also affect the service provider organisation, in the sense that possible failure is a risk to the organisation itself and its legitimacy as a provider of welfare services. Moreover, experimentation and innovation may turn out to be more costly than anticipated, jeopardising the survival of the organisation as a service provider.

We may associate the third factor with the introduction of regulatory frameworks or ideologies like New Public Management. Borins (2006), Petts et al. (2001) and other researchers have argued that the introduction of such frameworks has had the consequence of over-regulating the way service providers act, putting new constraints on their operations, reducing the potential for innovation in public sector agencies – and most likely, other types of welfare service agents under the influences of the public sector as institutional and instrumental environment (cf. Meyer & Rowan, 1991), like relevant third sector organisations. For instance, in terms of such prescriptive funding processes, they can result in what DiMaggio and Powell (1983) refer to as institutional isomorphism – where the greater the dependence of an organisation for resources and legitimacy on another entity, the greater the risk that the dependent organisation will change to become similar to the resource-rich one.

The fourth factor is also directly relevant to third sector welfare service providers. Traditionally, it has been considered that innovation in the welfare services sector has primarily been associated with the third sector, recent research has indicated that changes in funding arrangements and other resource issues have reduced the innovative capacity of those types of service providers

(Osborne, Chew, & McLaughlin, 2008). All four factors may, thus, have had an impact upon the relationship between innovation and risk in a welfare services context and, thus, influence the likelihood that service providers will be able to meet government policy aims, especially those associated with service innovation.

Research has demonstrated that TSSOs that are pressured to develop a business-like approach in their struggle for resources in an increasingly competitive environment for funding and winning contracts, run the risk of facing difficult challenges and a possible erosion of social values (Chew & Lyon, 2012, p. 12). In focussing primarily on public welfare services, Chew and Lyon nevertheless ask what should be done to create or support innovation in such service delivery that also recognises other traditional roles of TSSOs in advocacy and campaigning for disadvantaged people in civil society. If we relate this to the innovation model presented in Figure 2, we find that the model does not encompass the process elements included in the social problem model in Figure 1 (connected with the elements in the innovation model preceding “Responses”). In this way the innovation model appears to be more in line with “objectivist” notions of social problems, underscoring objective conditions, not subjective constructions (see e.g. Rubington & Weinberg, 2003). I will return to this topic later in the article.

Diakonia and social problems

The practical role of religion, involvement in social problem processes, is an important part of many religious traditions; involvement in the prevention, amelioration of or solution to social problems is at the core of religious tasks. This applies not least to the so-called ‘book religions’, among them Christianity. In Christian theology, one way of viewing the Christian religion or the responsibility of the church is through the dimensions of *liturgia*, *martyria*, *diakonia* and *koinonia* (Angell, 2010; Heitink, 1999). In a simplified manner, the first refers to the ritual dimension; the second to the witness dimension (that is, the belief-system and the way it is shared among the believers and communicated in society); the third to the human service aspect of religion, the social or welfare role of the church; and the fourth to the social community aspect. In the case of the early history of Christianity Thompson and Goldin (1975) put it this way: The church offered help to those social classes that were the most despised in the classical Greek-Roman world (p. 6). To the Christian church and its members, it was a categorical imperative to show compassion and mercy towards the poor, widows, orphans and the sick. The universalistic orientation was something new in European history, and in a certain contradiction to the classic Greek and Roman culture (see e.g. Constantelos, 1991). Thus, in its original ethos the Christian church was practically involved with

what it saw as “social problems”, and in a highly innovative manner, if we use the term more intuitively.

In the history of diakonia, the public has been a very important reference category of the church, more or less by intention. One way of defining diakonia that takes the public into consideration, that is, the communicative function of practical welfare work, is to be found in one version of the Sermon on the Mount (Matthew 5:16): “*Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven*”. The imperative is clearly consequence-oriented, both in that it points to the position of the observer (i.e. how the action unfolds for the observer or addressee), and in that what has been observed should therefore give direction as to how the actions are to be understood or explained, what may be called an attributive perspective. Attribution depends on the cultural context of the observer, i.e. the phenomenon is ambiguous.

While innovations in welfare services are practical, the roles I have identified for diakonia, are both practical and ideological or political. In the table below (Table 1) the most obvious correspondence between roles and innovation is the pioneer role, diakonia as innovator. In a historical perspective a common development process (in a country marked by a comprehensive public welfare system of a social-democratic type, to use Esping-Andersen’s terms again (Esping-Andersen, 1990) has been that the church (or other TSOs) has created new welfare services to cater for people in need in new ways or to respond to what the actors have “seen” or constructed as new needs. When the new services have proved their value in practice, they have often been taken over by the public sector. At the other end, the service provider role is not directly associated with innovation at the level of the individual actor, though serving unmet needs of a user group already served by the welfare organisation may be more common than we often like to think.

Table 1: Roles of diakonia and types of innovation in welfare services.

Roles of diakonia	Types of innovation in welfare services
<ul style="list-style-type: none"> • The pioneer, the <i>innovator</i> • The <i>improver</i>, the critic or watchdog vis à vis the public sector and its services • The <i>value guardian</i> (promoting citizen participation, developing leadership, protecting the special interests of social, religious, cultural and other minority groups) • The <i>service provider</i> (primarily complementary to the public sector) 	<ul style="list-style-type: none"> • New social services designed to face new needs or unmet needs • Improve access to social services <ul style="list-style-type: none"> – Guarantee entitlements (rights) for specific groups or minorities – Satisfy the demand for social services in a more complete and broad way (holistic approach) – Guarantee more participation and inclusion of citizens in..... – More social services provision in less developed regions

The two remaining roles of diakonia are less practical in their nature, and more ideological or political. They may not correspond to any type of innovation as specified in Table 1, but the forms of agency involved in these functions or roles may be seen in connection with the model for constructing social problems presented in Figure 1. Like pressures on TSSOs from the introduction of New Public Management by the public sector in its internal as well as external dealings in the field of welfare services provision, so taking on the improver or the value guardian role may have an impact on the social problem process, in terms of problem attention, legitimation, decision-making, implementation and/or evaluation. Using this perspective on the agency of FBSOs, invites for a more dynamic perspective on innovation, from exclusively conceiving it as a product to viewing it as a process, to some extent in line with the process diagram shown in Figure 2. In a simplified way we can show how diakonia, in its more ideological or political functions, may affect the social problem process model as illustrated in Figure 3.

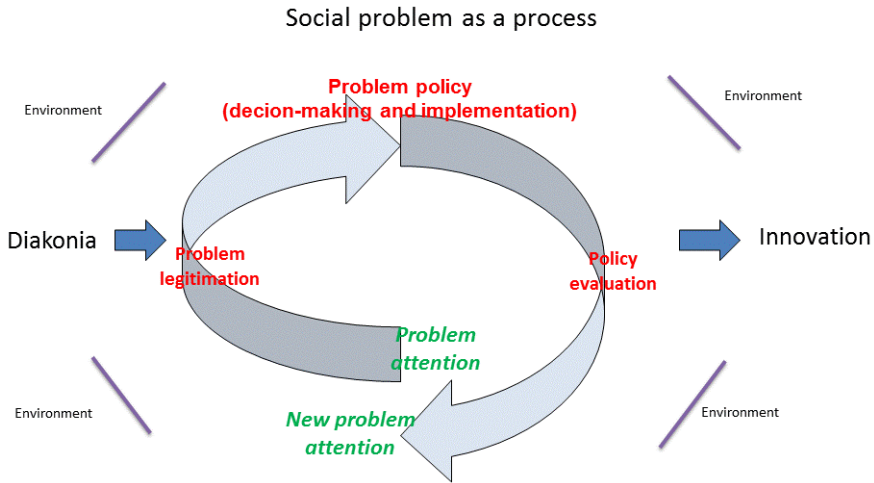


Figure 3: *Diakonia and innovation in the social problem process*

The figure means to symbolise possible functions of diakonia or FBSOs in social problem processes. In my comments to Figure 1 I exemplified possible actions to be taken, or grievances to be addressed in an attempt to get problem attention. The attention of the wider public to this situation or condition will have to be legitimated. For FBSOs such legitimation may be by reference to basic values in the welfare state, or values and assumptions inherent in the Christian religious tradition (on which the organisations and their agency are founded). In the empirical world it is not difficult to demonstrate the relevance of the church as a potential source of moral authority, even in secularised so-

cieties like the Nordic countries (see e.g. Angell, 2007). The relevance is based on the authority that more generally follows from participation in civil society, presenting a message that calls attention to and supports widely shared norms and basic values in the welfare state, what we may term social democratic values. It involves protecting the interests of people at the fringes of society, and with credibility based on the congruence of words and deeds, without any specific reference to religion. Because of this the claims made and communicated in the public sphere may be responded to by the public authorities in terms of decisions made to do something about the situation. In this part of the problem process, it is possible for FBSOs to make their voice heard about the decisions and their implementation. Through such engagement, FBSOs may influence the responses made (innovations as products) to the challenges posed by “assertions of grievances and claims with respect to some putative conditions”. Moreover, such contributions to innovation may also come from the possible model function of innovative practical welfare service arrangements (cf. the pioneer or innovator function of TSSOs in general).

One criterion for classifying a change in the provision of welfare services an innovation, is its sustainability (see Figure 2, Hallmarks of an innovation). In sociological language, sustainability involves institutionalisation of a certain social practice. Institutionalisation of a social practice is dependent on its material, social and cultural foundation, not least on its social and cultural legitimacy. A social practice in an organisational setting, fulfilling at least one of the response criteria in Figure 2, may be internally legitimate and valued in the organisation and at the same time lack the material foundation for its sustainability. The model on which Figure 2 is based, does not say anything about the social and cultural context in which the practice is classified as an innovation. Is a new practice related to the provision of welfare services confined to one organisation or does the new practice have the potential for becoming both widespread (transferable, contextually fit to a wider environment than just one organisation, “the distribution of financial and social value [being] tilted toward society as a whole” (Phills Jr. et al., 2008, p. 37)) and sustainable in order for it to be classified as an innovation? And what about legitimacy: under what circumstances can the legitimacy of satisfying a need for welfare services for a category of people in a way which is contextually fit, improves quality, and in principle (given a sufficient material basis) sustainable be questioned? If the legitimacy of the service provision is questioned, does that rule out the new service as an innovation? Are FBSOs more likely than other types of human service organisations to run into such situations?

Welfare service innovation – or diakonia – as a challenge to the political system

Let me illustrate some of these issues with an example from the Norwegian context: *The Health Centre for Undocumented Immigrants* (Health Centre) (see Figure 4). The Health Centre was initiated by the Church City Mission (CCM) in Oslo, a FBSO affiliated with the Church of Norway on the basis of a mapping of the life situation and the social needs of undocumented immigrants in Norway. The mapping uncovered great unmet needs, especially for health care services, and no other Norwegian health care agents were engaged in serving these needs.

The Health Centre was established as a collaborative project between the CCM in Oslo and the Norwegian Red Cross and opened its activities in 2009 (Kalstad, 2009, 28 January; Storeng, 2009, 28 January). The Health Centre or Health Clinic is aimed at all people without legal residence in Norway. The Centre offers a range of health services that allow those who belong to the target group to consult a nurse, doctor, psychologist and physiotherapist etc. All services are free. The Health Centre operates as a drop-in service. The Health Centre is staffed by health professionals, mostly on a voluntary basis, who have taken a pledge of confidentiality. The Health Centre can therefore guarantee

Health Centre for Undocumented Immigrants
<p>This health clinic is aimed at all people who do not have legal residence in Norway. We offer a range of health services that allow you to consult a nurse, doctor, psychologist and physiotherapist etc.</p> <p>All services are free.</p> <p>The health centre operates as a drop-in service. Appointments cannot be booked in advance. We are health professionals, and as such, have taken a pledge of confidentiality. We can therefore guarantee that under no circumstances your whereabouts or personal details will be shared with the police or the immigration authorities.</p> <p>If you do not speak Norwegian, we will hire a translator and pay the costs.</p>

Figure 4: *Diakonia as innovation? The example of the Health Centre for Undocumented Immigrants*

that under no circumstances will the patients' whereabouts or personal details be shared with the police or the immigration authorities.

When the Health Centre was started, it created a lot of discussion in the media on the appropriateness of providing health care services to people who had no legal right to be in the country. There were members of the Norwegian parliament who warned the organisations that providing such help might have legal or financial repercussions (Storeng, 2009, 28 January). However, so far the threats have not materialised in financial practice. The Health Centre is (still) the only of its kind in Norway. Does the new welfare service qualify as an innovation in social services in the Norwegian context? In this case, there is a conflict between the moral ethos of the human service organisations involved and public migration policy. The FBSO, the Church City Mission, argued for its initiative in terms of their Christian duty (Kalstad, 2009, 28 January), and politicians argued against the new service in terms of (restrictive) migration policy.

Viewed from the perspective of the social problem process model (Figure 2), the FBSO made attempts to create attention to a grievance in Norwegian society and to give their understanding legitimacy, though with little success, it seemed, outside the Church of Norway (my reference is the media coverage). Brought to the most important decision-making body in the country, the Storting, the problem process stopped, that is, worse than that: members of the Storting threatened the problem agent with financial repercussions if it implemented its idea of a new welfare service (without the acceptance of the Storting). The story illustrates that even a small practical arrangement of a new welfare service to serve unmet welfare needs of people living in the country (though illegally), thus, fulfilling several of the criteria for being a service innovation, may have a clear political function, and in such a way that though the service is innovative in its character, it still falls short of being a service innovation as the term has been defined in this article.

Conclusion

The investigation into the relationship between diakonia and innovation, partly through a study of the possible roles of third sector welfare organisations, has laid open a rather complex field. Theories and models drawn from several fields of study have made it clear that one fruitful way of studying the relationship of diakonia and innovation is through theories and models of social problems. The constructivist approach to social problems, combined with approaches to functions of third sector and faith-based human service organisations from welfare and state theory, have helped us create a picture of the subject of investigation. In the article, I have been able to provide elements to an analytic framework for empirical studies of how diakonia, through its

organised actors, can influence public problem processes and innovations in welfare services, connected with political processes that may stimulate and inspire innovations in the public sector as well as other sectors – or hamper them. I have also identified risk factors, both political, financial and moral that may have an impact on innovation in welfare organisations in civil society, including diaconal actors. Finally, I would like to point to the resources faith-based welfare organisations possess in terms of the basic ideology and moral values. On the one hand, the resources may serve to stimulate innovation processes and innovations to improve the life of the people the organisations serve, and as foundations for critical participation in public debate on social problems and welfare services innovation. On the other hand, the organisations run the risk of neglecting these resources under unfavourable conditions, with the potential of making lives more miserable for users of the organisations instead of better (see for example the role of diakonia in Norway in the dealings with the Romani; Hvinden, 2000; MLG, 2003).

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