

TOWARDS A MODEL OF SOCIAL INNOVATION: CROSS-BORDER LEARNING PROCESSES IN THE CONTEXT OF AN AGEING SOCIETY

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Abstract

The aim of this paper is to reveal how the collaboration processes mobilise resources among countries with different logics of welfare, yet address similar problems of ageing society, in a caring, learning and political perspective. The study draws on social science theories and the analysis is based on qualitative empirical data from an interdisciplinary field. The main conclusion is that a multi-dimensional understanding of dementia care by shared knowledge of different welfare logics adds value to experiences of cross-border learning. A social innovation model is presented.

Keywords: *Interdisciplinarity, ageing society, social innovation, cross-border, collaboration, community of learning and practices, networking.*

Introduction

We are facing a growing number of cross-border challenges in our societies. Innovative ideas of how to develop collaboration will therefore be needed, not the least when it comes to universal social challenges such as the growing number of people suffering from dementia. There are differences in Sweden, Lithuania, Poland and Denmark in how the care of people living with dementia is considered and implemented. In these societies, collaboration in learning, research and development with an international neighbour makes sense for all parties, where the continuous cross-border areas might be the most relevant for developing joint, or at least coordinated, innovation policies. The increasing globalisation of knowledge creation and innovation activities requires societies to think beyond borders, including the concept of shared knowledge. Also, the phenomena of clustering (research facilities, professions, etc.) illustrate the ongoing relevance of geographic proximity, and a broad stream of academic literature has studied the benefits of agglomeration economies (Puga, 2009). In addition, the Global Action Plan (WHO, 2016) defines research and innovation, as an area of concern that must be considered and addressed to improve dementia care in general. This implies that

individual and organizational learning processes and up-to-date knowledge are important to ensure an adequate dementia care practice (Downs and Bowers, 2014). The framework for discussing dementia care as a part of elderly care in a societal and learning context is therefore highly relevant. The Swedish-Danish CareSam project (2011-13) defined several significant needs to achieve sustainable development: a) technological innovation in the field of elderly care, b) qualifying the future education and learning aimed at staff members in the elderly care sector and, c) the development of skills in practice with a special focus on dementia (Tsjeer, 2016). Through a greater awareness of the different logics behind our societies we see similarities in how we address future needs, and acquire a better understanding of what we have in common (Christensen and Liveng, 2016).

Dementia care

With increased life expectancy, followed by increased morbidity, more years are spent living with chronic diseases (European Commission, 2015). Although international observations reveal that Europeans' health may continue to improve, some causes of disability may, at the same time, become more prominent. With a growing number of elderly people, it is expected that the number of people with dementia will have doubled by 2040 (ADI, 2015).

The development of dementia poses a challenge to societies, despite their welfare logics, because of the care required for people living with the disease. For relatives it is a burden (Draebel, Lund, and Liveng, 2017), and a survey reveals a required commitment for care of more than 10 hours per day (European Commission, 2015). Pressure for the increased public provision and financing of long-term services is expected to grow substantially in the coming decades, especially in younger EU member countries such as Poland and Lithuania, where the bulk of long-term care is currently provided informally. In the more socially and economically developed countries such as Sweden and Denmark, the opposite processes are expected: the European Commission suggests attention should be paid to ensuring a better work/life balance to ease the burden on informal caregivers, including greater public support provision for informal caregivers, the development of respite care, and investments in digital technological solutions.

Welfare logics

Across Europe the effect of an ageing population varies due to differing socio-economic development and welfare logics. The Scandinavian welfare model has been employed in Denmark and Sweden, based on a fundamental principle of universalism. It means that all citizens have equal access to all welfare benefits financed through a graduated tax system based on collective solidarity (Esping-Andersen, 1990). Social- and healthcare are free of charge regardless of economic, marital or residential status, and are distributed based on individual needs. Practices are based on principles from social work, social pedagogy, nursing, person-centred care, etc. This care is provided through hospital admission, long-term home care, or elderly care facilities/nursing homes. The community of countries with post-Soviet experience is dominated by welfare logics described in terms of the state social policy, public funding and administrative-bureaucratic apparatus (Gvaldaitė and Švedaitė, 2005), ideological background, and the economic behaviour of the society. It is difficult to define contemporary welfare logics in Lithuania and Poland because the countries are characterised by their implementation of single, often contradictory, elements of different welfare practices, as observed in several studies (Aidukaitė, 2010); (Guogis, 2012); (Aspinal et al., 2016). The market orientation in the

four societies in general and as management ideology in the public sector, mentioned as New Public Management (NPM) has given rise to reforms couched in ideological neoliberal themes of market orientation incorporating economic factors as a measuring parameter, outsourcing, privatisation, and users of public services being turned into users or customers (Brunsson and Jacobsson, 2002); (Colombo et al., 2011). Based on these themes, policies focus on self-help strategies and user-driven rehabilitation, replacing conventional care, which is often long-term or permanent, into short and intensive reablement services, teaching clients to do things for themselves rather than the conventional homecare approach of doing things for the client. Reablement thus supports independent living (Aspinal et al., 2016), active ageing, user involvement and client autonomy; however, it also involves the risk of frailer elderly people becoming socially isolated (Rostgaard, 2016; Aspinal et al., 2016).

Aim and research question

Population ageing, if not accompanied by a corresponding improvement in health promoting initiatives, leads to an increase in the number of dependent elderly; increasing the need for publicly financed formal care and thereby putting pressure on public expenditure for long-term care. These universal challenges call for a focus on interdisciplinary and internationally shared knowledge and learning processes and activities to support dementia care in general. The aim of this study is to explore how four neighbouring countries in the Baltic area can learn from each other and put this knowledge into practice and create knowledge based, sustainable change process in their own country.

Research question

How can cross-border learning processes be understood as a driving force in the development of a community of learning and sustainable practice and change in dementia care based on learning, caring and political perspectives?

Methods

A qualitative research method was employed, which also seemed to fit the interdisciplinary field, cross-cutting the humanities and the social sciences (Denzin and Lincoln, 2011). The project was inspired by the dialogue tradition in action research (Toulmin and Gustavsen, 1984). The researcher generates insights and knowledge creation through his or her direct involvement in social processes of change and produce guidelines for the next steps to be taken in the future development of the design (Denscombe, 2010). Knowledge is context-bound, and created in collaboration between the participants involved, who contribute to learning in a collective and collaborative process. In the creative problem-solving process capable of driving change and finding new solutions to our most pressing problems, we need to find ways of critical *thinking* as well as of critical *doing* (Morrow & Weston, 2016). In a qualitative study it is not considered important to find out whether the amplitude of the phenomenon is widespread, but rather to understand the peculiarity of the phenomenon chosen for the research due to special circumstances (Kvale and Brinkmann, 2009), e.g., problems with an ageing society. The data collection is a result of the following approaches: critical thinking, critical doing, practitioners as partners, challenge-based learning processes, and the anticipation that learning occurs in interface and reflective shared knowledge.

Sampling strategy and Context, Units of study

The empirical data were collected during project workshops and presented as written reflections. The informants were 12 participants from Poland, Lithuania, Sweden and Denmark. The educational background of the participants has an interdisciplinary character, and two groups of respondents were present: a group of Developing welfare countries (code D), with developing welfare traditions (Lithuania, Poland), and a group of Advanced welfare countries (code A), with developed welfare traditions (Denmark, Sweden).

Data collection methods

The instrument for data collection was a self-explanatory guide structured by five themes relating to the project: reasons to participate, aspirations, expectations and experienced obstacles or barriers within the project, and experiences in different practice fields from caring, learning and political perspectives. In addition, challenges in working in an international group, as well as attitudes and strategies towards the design of a social innovation model, were explored. The themes were constructed in the context of a theoretical framework which explains possibilities of cross-border learning processes towards the creation of a social innovation model as a next step of the project in the CareSam network (Magnússon et al., 2013). They were designed to reveal the influence of cross-border learning on professional development, organizational development, and the welfare state. The participants were asked to reflect on the themes in writing.

Ethical issues pertaining to human subjects

The research participants were acquainted with the aim of the research and the data collection methods in advance. Participation in the study was entirely voluntary. All participants understood the purpose for which the research data will be used. The study was conducted according to the principles of the Helsinki Declaration (WMA, 1962).

Data analysis

For empirical data analysis a qualitative analysis to describe the experience, attitudes and perceptions of the participants was performed. The data were transcribed verbatim and pooled in the two groups: D and A. In each group, the statements were structured according to the five themes and condensed into meaning units following the descriptive phenomenological method and the meaning-condensing method described by Kvale and Brinkmann (2009). The text analysis produced a collection of condensed, descriptive statements, all relevant according to the research questions and often interwoven and linked together, e.g., the cultural, professional and personal perspectives may be explained in the same terms or represent the same meaning to the participants. The statements were sorted into the five sub-categories chosen to answer the aim of the research questions that were also structuring the data collection. The interpretation and validation of the results of the primary analysis was based on the reflections and interpretation of the researchers, and was performed in three levels, according to Kvale and Brinkmann (2009). A meta-level of discussion was applied, including a caring, learning and political perspective as the main category to further interpret data in the context of theories which explain possibilities of cross-border learning in the process of the creation of a social model.

Results

When exploring the results, we found that the caring and political perspectives interact similarly with welfare logics. In an ageing society, the infrastructure of the healthcare system, and the quality of social services depend on legislation issues. The participants expressed that the caring concept is difficult to face in social- and healthcare practice. Ageing is universal and connect the world community, and many countries are focusing on long-standing perspectives and strategies that are linked to the development of social services that ensure the quality of life of the elderly. This is especially true in the case of dementia care, since the problem not only affects the person who suffers from dementia, but also those in their close environment (family) (Draebel, Lund and Liveng, 2017). Gvaldaitė and Švedaitė (2005) argue that society is socially responsible for human life, especially in old age. Dementia care is based on the theories of humanistic philosophy, the essence of which, according to Morkūnienė, is to protect humanity not only within itself but also in the human being next to you (Morkūnienė, 2002). Summing up it appears that, in working with people with dementia, the specialist is constantly required to update knowledge and to participate in the processes of development of social innovation models, but, for those tasks, they need different kinds of experience and further training. It was confirmed by project participants from both Advanced (A) and Developing (D) countries:

“[I gained] A new attitude to things which were clear before” (A);
“Through our meeting and sharing of knowledge you’ll develop your own professional understanding” (A)

“It gives ground for an integrated ecological approach to the issue of care and demonstrates the need for an inter-professional and interdisciplinary approach” (D); “It confirms that, when working with elderly people, professionals need to constantly evaluate their readiness (D)

These statements support the issues of ageing that have become a common comprehensive problem within the participating countries in Europe. The analysis of the sub-category organizational development from the caring and political perspectives revealed that the success of the institution’s work lies in the way professionals perceive their work with people with dementia, how flexible their methods are, and how specialists share experiences:

“To establish new partnerships on an international level gives input to review the content of one’s own curriculum for issues relating to the elderly care, such as social work, geriatric care, etc.” (D)

The statement prove that taking part in the project community provides opportunities to establish contacts and professional relationships and networks in the international community, to obtain new insights from international colleagues, and to develop common definitions for further scientific collaboration; partners who are equally responsible and involved. It also allows for inspiration and new networks and developing professional understanding by exchanging views.

The results can be explained by the ecological system theory, which provides a detailed explanation of the influence of the environment on human development. The Development Ecology model (Bronfenbrenner, 1979) makes a substantial contribution to our understanding of the individual’s role and behaviour in relation to the context surrounding him or her on different levels: micro, meso, exo, and macro. Bronfenbrenner points out that the individual

always develops in a context, and his theory involves the entire context in which the individual lives. This also includes a potential strategy for developing a social model.

These outcomes also have the potential to impact Social Legislation development in the participating countries in the context of caring and political frameworks. When we offer suggestions for improving the elderly care sector, it must be understood that the operational tool is a law that provides an instrument for – or is limiting – practitioners in solving problems for elderly people. However, the social care workers' and other specialists' activities depend on the state's social policy, funding and public administration. Social services, institutional and alternative provision (NGOs, volunteers, the informal sector, etc.) are based on the national legislation, since social and health assistance in modern society is institutionalised:

“In broad terms, it is a reminder of the amazing differences and similarities that we all face, in every society” (A); “...better understanding of the international contexts of elderly care” (D); “Gaining access to an important source of information about different systems of good practices in the protection of elderly people” (D)

In welfare states, there is a strong network of NGOs and volunteer traditions, which are important in providing timely assistance to both a person living with dementia and to their family. Personal, institutional and legislative development is based on the theoretical issues of social constructivism (Berger and Luckmann, 1966). It is not possible to design any social model without understanding how the system works in general and establishing a common understanding of legitimacy.

The participants stated that cross-border research activities and opportunities are pivotal to understanding our cultural and national differences in disciplines, societies and welfare contexts, regarding the complex challenges of dementia care. From a health and social political position, the results give rise to professional development. It deepens and broadens the understanding of the issue of elderly care in a European context as well as the organisation of elderly and dementia care, in different countries and ways of financing according to each state's politics.

On the societal level, some barriers have been identified in the participant group. These are primarily based on language difficulties and cultural differences in understanding the context of the problem's solution, various kinds of understanding regarding organisational aspects, but also in the understanding of political or health-related priorities. Moreover, economic issues have also been identified as a barrier.

In the EU there are countries where the medical model is still dominant, and this is one of the obstacles to strengthening and promoting social care activities in the healthcare sector. From the point of view of many scientists (Žalimienė and Dunajevs, 2014; Večkienė, 2010; Naujanienė, 2007; Mažeikienė, 2014; Skjoedt, 2016; Rostgaard, 2016; Aspinal et al., 2016), assessing the attitude of healthcare professionals towards the patients and their family members, the models of paternalism, autonomy and partnership have to be clearly defined in the context of a caring role. A partnership model for care offers an opportunity to develop a strategy for a social innovation model. In Western society's modern healthcare system the ideals of autonomy and patients' independent self-determination are promoted (Thorgaard, 2015). Logics provide guidelines on how to interpret and function in social situations. Typically, organisations face multiple logics that may – or may not – be mutually incompatible (Greenwood, 2011).

The interviews revealed that society needs a new attitude in the solution of problems that patients, families and practitioners who are living and working in dementia care experience. It appears that A and D countries experience similar problems and share a great need to solve them:

“...services for people with dementia are very poorly developed in my country... I gained knowledge and experience from the colleagues from advanced countries...” (D);

“We are in an embryonic stage of dementia care in my country, experiences from different countries provide us a clear and tested strategy for long-term dementia care, and old and elderly care, in general” (D) “It deepened and broadened the understanding of elderly issues, and added value when it comes to other projects and how this project can contribute to them” (A)

Regarding the sub-category Strategies to design a model, the development of a common knowledge base and definitions for further scientific collaboration with equally responsible and involved partners lays the ground for an integrated ecological approach to the issue of dementia care and demonstrates the need for an inter-professional and interdisciplinary approach that is qualified when it develops in an international research context.

Learning perspectives

When professionals meet in a cross-border collaboration, different kinds of exchanges take place, with social, academic and cultural dimensions. The theory of Community of learning and Practices (CoP) suggests that learning in groups should be a key for professional development (Christensen et al., 2017).

“I became stronger in my professional position because of knowledge, a new experience, and possibilities to compare the same phenomenon from different perspectives.” (D) “It has improved my position as an international researcher.” (A)

To define what Barnett (Barnett, 2000) terms as university activities, i.e. super-complexity, it is the educational room of creative contexts characterised by learning processes focusing on the development of learning objectives and the organisation of new learning environments.

Learning through the stimulation of being in a new international community of reflection and learning practice and culture may create a new framework for innovative learning through collaboration. In the process unique knowledge and experience related to own competences and frame of reference is shared. This driving force has developed a collective knowledge base which informs their practice, guiding teachers in how to approach the common area of concern. Working in a CoP builds a collective knowledge base in each member, that, when applied, has the potential to improve the individual performances. CoPs are relationships of *“give and take, in which members establish a mutual engagement built on shared norms and cooperative relationships”* (ADI, 2015).

“It will strengthen the professional collaboration between and within institutions and develop new networks” (A) “In broad terms, my participation is

about learning about the amazing differences and similarities that we all face, in every society” (A); “It does improve knowledge in the fields of legal frames and social policy” (D)

By creating the learning environment, it can bridge, connect, and make meaning, where the participants associate, linked to their own frame of reference; however, this is not without some difficulties:

“To make others, especially managers, perceive the same amount of added value as I did, while taking part” (A); “It is difficult to learn about the requirements... due to institutional internal needs” (D)

Learning is largely about the acquisition of knowledge, and it requires a dynamic relationship between known and unknown knowledge (Christensen and Lelinge, 2016). From the interviews, we derived three categories of professional learning outcomes: the professional-comparative outcome (learning from each other through exercises, discussions and workshops), the professional-individual outcome (learning from intrapersonal knowledge acquisition through personal reflections and understanding) and the professional-environmental outcome (learning through the stimulation of being in new meeting places). It is through encounters between people of diverse backgrounds, cultures and frameworks that we are challenged in our notions, not least in learning environments and contexts. In theory, teaching is a process in which knowledge is integrated with the organisation, and where the learning of specific knowledge or methods goes hand in hand. It is difficult to distinguish from the development of the employee’s own professional identity and actions (Ellström and Hultman, 2004). Factors such as diversity of meetings with unique users and collaboration between colleagues are very important in the professionally experienced “meaningfulness” (Hasenfeld, 1992). The learning process enables the participants to see and understand themselves from a broader perspective than prior to participation in the project.

“The participation reminded me, as a professional, about the differences and similarities that we all face, in every society and that a multi-perspective is complicated” (A) “It improves my professional competence; it also gives me more chances to be involved in a new project and to involve more [of] my colleagues” (A)

The professional ability to reflect has contributed to institutional development when project members have heard and seen ideas established in the project process, given confirmation in everyday life. Innovative learning environments have been established during the project, which contributed to increased action competence.

“A community of practice model has developed in the project, in which learning through research and practice are closely connected. Participation in the project has gained an added value to the professional networks of the participants” (A) “I have the opportunity to meet people with similar research fields and academic interests. I value that because I have no colleagues in my home institution with similar interests” (D)

The project member is part of a professional system based on his or her experience of his or her own career role; its codes, values, attitudes, social characteristics (including economic,

ecological and cultural) and biological characteristics, but also part of a non-professional system (Hoffer and Piontowski, 2007), where personal development beyond the professional is seen.

We can state that the cross-border learning perspective is dominant because the main purpose was to understand the differences and similarities of four countries in dementia care. The cross-border learning perspective reveals caring problems (needs for competencies of specialists, institutional infrastructures, lack of knowledge of families, etc.), as well as political problems in the discourse of social policy (differences and similarities of legislation), and the most important element – how we lack social interaction in the ageing society. Learning processes can therefore be a context-dependent phenomenon, and the learning process assumes that ideas are generated based on user needs.

The social innovation model

The social Innovation model will support research in practice and professional development in transnational and cross-border collaboration, and furthermore enable sustainable lifelong learning in the encounter with the forms and effects of a multi-dimensional understanding. The model offers an added value by participating in cross-border collaboration, it raises the awareness on how transnational and cross-border collaboration affect professionals involved. It identifies difficulties in cross-border collaboration and contributes to professional development in view of elderly care. In addition, it offers a reflective understanding to the meaning of cross-disciplinary meetings among international colleagues. In summary, the Social Innovation model has four cornerstones:

- A critical, creative and holistic approach to learning and knowledge creation
- A caring, learning and political perspective included in the method
- Collaborative methods of research and learning processes
- Long-term transnational and cross-border shared knowledge out of societal needs in social and care professions

The four cornerstones support acting critically to uphold a diverse holistic knowledge perspective regarding sustainability, care and learning. Every individual's experiences as resources of learning can be achieved by including and engaging researchers and practitioners. This can take place locally as well as internationally. We consider the interplay between individual, organizational and societal level of understanding as important to learning, e.g., to integrate practice and theory through collaborative, interdisciplinary research methods and theories of learning, into both digital and analogue learning environments and to create real projects to enable an expanding learning on both national and international arenas. Following this, a model (Fig. 1) of social innovation based on our findings is suggested.

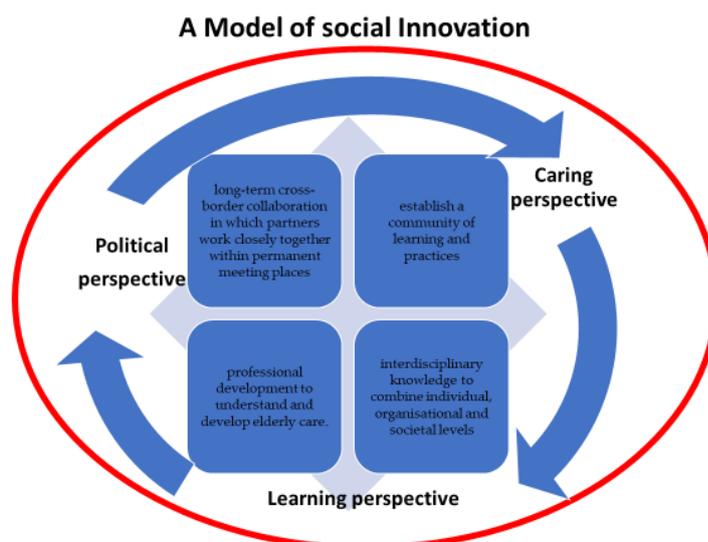


Fig. 1. A model of social innovation in transnational and cross-border collaboration

Discussion

The results show that cross-border research activities and opportunities are pivotal in understanding our differences due to disciplines, societies and welfare contexts when it comes to the complex challenges of dementia care. Our findings are supported by a study carried out in 11 sites in Latin America, India and China (Ferri and Jacob, 2017). The results reveal insights into the dementia phenomenon in low- and middle-income countries, disclosing different solutions in the context of managing the dementia situation (ibid), “...each country will have to find its best response within the context of its own limitations and possibilities, but it should be based on knowledge of local resources and burden of disease so that its impact can be evaluated and the most effective and sustainable response be delivered”.

Boshkin et al. (2018) examined the provision of accredited higher education on dementia in six European countries and revealed a lack and a significant variation between the countries in the provision of dementia education at undergraduate, postgraduate and doctoral levels. The concept of knowledge-based elderly care on different organisational and political levels has been discussed by Hjelte and Westerberg (Hjelte and Westerberg, 2014). Diversity in perceptions of elderly people and their need of care is a key factor in understanding meaningfulness in the healthcare professions. According to the theory of social constructivism (Berger and Luckmann, 1966), it can be argued that specialists from different fields and countries (social workers, doctors, nurses, scientists, etc.) use different knowledge, logics and different technologies. When these specialists exchange and legitimize information and resources, social capital is created, and their competence becomes the basis of a common human and social capital. Thus, the cross-border team creates social capital, and the cooperation of specialists builds preconditions for science and practice management towards creation of a social model.

Personal activity is bound by professional perspectives and values, as well as by organisational requirements and procedures, which reflect political, economic, ethical and policy considerations (Hall, 2012; Thorgaard, 2015; Skjoedt, 2016). A cross-border dimension

therefore gives an added value to the understood notions of elderly care and adds value to the understanding of learning processes, equal to the development of a social innovation model. Social innovations, according to the European Commission (European Commission et al., 2015) are new ideas that meet social needs, create social relationships, and form new collaborations. They realise development and implementation of new solutions to societal challenges or social needs among disadvantaged groups. These innovations can be intellectual outputs through products, services, or models, improvement in life quality, wellbeing, relations and empowerment to address unmet needs more effectively.

Social innovations also embody social improvements on individual, organisational and societal levels. As stated elsewhere, population ageing, if not accompanied by a corresponding improvement in health status, leads to an increase in the number of dependent elderly and long-term care needs. Moreover, the availability of informal care may decline, increasing the need to resort to public financed formal care, thereby putting pressure on public expenditure on long-term care. In 2013 a group of Japanese researchers presented the results of a pilot study, driven by the preconception that *“contemporary social issues are intertwined in a most convoluted way, and if we want to come up with workable solutions under these complex circumstances, we need that all sectors of society cooperate as stakeholders”* (Tokada et al., 2013).

They implemented a “dementia project” and revealed the significance of cooperation to outline a process that broadens corporate awareness and understanding of social issues related to dealing with dementia. Although we apply cross-border and cross-sectoral learning and the Japanese researchers employ cross-sectoral (private- and public-sector) collaboration, both research teams outline the value of creating a “shared issue” among involved participants through this approach. The authors, applying a “future session” method, conclude that, in making use of collaborative initiative framework, the study participants have acquired a much deeper understanding of the social issues associated with dementia and produced ideas for how people with dementia and their families (Ibid) can be supported. Our research, in which we applied a prototype development as a form of future workshop, also reveals that, by creating a favourable environment to develop corporate understanding and “shared issues”, we become open to accept new ideas and create social innovations valuable for all participating parties.

Understanding the model of social innovation should also be discussed. Recently, a number of study results focusing on social innovation development for ageing societies have been published (Morkūnienė, 2002; Leichsenring, 2004; Lesauskaitė, Macijauskienė, and Širvinskienė, 2009; Edvardsson, Fetherstonhaugh, and Nay, 2010; Tokada et al., 2013; Igarashi and Okada, 2015; Maresova and Klimova, 2015; Mostaghel, 2016; Chu et al., 2017). These results create a common understanding that supports how we describe a social innovation in the ageing context. Social innovation in the ageing context refers to a broad range of social and technological solutions implemented to support and enhance services both at home and in organisations (in hospitals, residential care homes, etc.). These initiatives are implemented to improve the conditions for the everyday life of elderly in any area of housing, communication, healthcare, and education (Mostaghel, 2016), and also in cross-organisational collaborations, to meet the needs of an ageing society (Igarashi and Okada, 2015).

This project was based on the theory of humanistic philosophy and focuses on human rights, which are inalienable; social origins, historically changing depending on the economic development of society. It includes possibilities to reveal the symbiosis among models of paternalism, autonomy (Thorgaard, 2015; Skjoedt, 2016) and partnership in the context of

dementia care practice. Engaging in the process towards a social innovation model includes shared knowledge and raising the question: How can shared cross-border learning processes strengthen empowerment due to the individual user, the profession and the organisation? This question will be pursued in a future project applied in the context of the problems of an ageing society focusing on dementia care.

Conclusion

The caring, learning and political perspectives represent the dimensions of professional care and contribute to a deeper understanding and broader, more diverse, representations of caretaking for older people. From a caring perspective, our results show that cross-border research activities and opportunities in terms of establishing a community of learning and practices are pivotal in understanding our individual, national and cultural differences due to disciplines, societies and welfare contexts when it comes to the complex challenges of dementia care.

From a health political view, the results we have developed give rise to professional development to understanding and developing elderly care. It deepens and broadens the understanding of elderly issues in a European context. Meaningful learning is a process that requires relationships and a network environment that is open to interactions at varying levels of intensity. This is a learning theory that recognises the evolution of ever-changing learning networks, their complexity, and the role that technology plays in learning networks through the facilitation of existing learning networks, and the creation of new learning networks towards new models of social innovation.

Social changes can be considered as a challenge for the development of social innovation model strategies. These challenges are such as demographic changes (ageing, changing the institute of family, migration), changing values, consolidation of scientific and technological innovations, changing social political priorities in the context of an ageing society, etc. This paper shows how a collaborative model that focuses on the interplay between professional understanding and people representing a range of disciplines and societies can create added value in the understanding of dementia care.

Social innovation models require more time to solidify interdisciplinary knowledge to combine individual, organisational and societal levels. Rationales for cross-border collaboration in profession and organisation and how it differs from other forms of international innovation collaboration in social research may therefore be more comprehensively explored. It is shown in this paper that a continuous cross-border collaboration in which partners work closely together within permanent meeting places may reduce the obstacles for the flow of knowledge and other forms of innovative collaboration. It gives implications for the establishment of a knowledge platform for a community of practice as a part towards the creation of a sustainable social innovation model.

Techniques to enhance trustworthiness

Trustworthiness is dependent on the discussions of the results of the interviews. The authors confirmed the expediency of the study and the possible use of the outcome in a cross-border learning context for further project strategies. Trustworthiness and transparency is also sought by disclosing methods and analysis strategy, allowing for verification of interpretation and transparency, as recommended by Kvale and Brinkman (2009).

Limitations

In this study, while there are differences and similarities between advanced and developing countries, there is a lack of intercultural competences because of the gap between local practice and global perspectives in sense of theory, legislation and welfare. The study is explorative and comprising a limited number of informants, not allowing for a generalisation of the results.

However, taking these into account in the analysis and discussion, the results are, in our view, transferable to other international partnership settings, as the basic conditions and perspectives may vary, yet be of a similar nature and impact.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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TOWARDS A MODEL OF SOCIAL INNOVATION: CROSS-BORDER LEARNING PROCESSES IN THE CONTEXT OF AN AGEING SOCIETY

Summary

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The paper explores knowledge creation as a result of common challenges within dementia care in countries with different welfare logics - Sweden, Denmark, Lithuania and Poland. **Research problem:** Despite their differences, Lithuania, Sweden, Poland and Denmark share the same challenges regarding the elderly population. Population ageing, if not accompanied by a corresponding improvement in health promoting initiatives, leads to an increase in the number of dependent elderly; increasing the need for publicly financed formal care and thereby putting pressure on public expenditure for long-term care. These universal challenges call for a focus on interdisciplinary and internationally shared knowledge and learning processes and activities to support dementia care in general.

The research question address if and how cross-border learning processes be understood as a driving force in the development of a community of learning and sustainable practice and change in dementia care based on learning, caring and political perspectives?

The study explores the following aspects:

- The benefits of cross-border collaboration in the field of elderly care in a societal interdisciplinary professional development of educational institutions for the social policy (legislation).
- Experienced possibilities and challenges of international cross-border collaborations.
- Strategies towards the design of a social model evaluating cross-border learning processes in the context of an ageing society.

The aim is to reveal how the collaboration process in developing a social innovation model can mobilise resources among countries with different logics of welfare, yet still address the same problems of an ageing society. The theoretical frame of the study is based on theories of Social Ecology, Social Constructivism and Humanistic Philosophy. The analysis is based on qualitative empirical data from an interdisciplinary field of project partners and stakeholders.

Content / results: In the process of creating a favourable environment to develop individual and organizational corporate understanding and learning, we simultaneously become more open-minded to accepting new ideas and creating social innovations valuable for all participating parties.

We demonstrate how cross-border collaborations in learning processes has the potential to improve the understanding of social and health professions in partner countries.

The caring, learning and political perspectives represent dimensions of relationships and networking in professional care and contribute to a deeper understanding and broader, more diverse, representations of caretaking for older people.

Cross-border research activities and opportunities are pivotal in understanding and profiting of our differences due to disciplines, societies and welfare contexts in regard to the complex challenges of dementia care.

A continuous long-term cross-border collaboration in which partners work closely together within permanent meeting places has potential to reduce the obstacles for the flow of innovative knowledge creation. It provides implications for the creation of a community of learning and practices playing a part towards a social innovation model.

The main conclusion is that a multi-dimensional understanding of dementia care by shared knowledge of different welfare logics adds value to experiences of cross-border learning. A social innovation model is presented and will be implemented in all four countries.

Designing a social model for community of learning and practices and innovation will renew and develop the cross-disciplinary partnership perspective in the field of dementia care. The aspects of how cross-border learning processes can be understood and used in a practice development process is addressed in this paper. We highlight views and experiences of professionals who have learned from the collaboration.

We show that a continuous cross-border collaboration in which professions develop relationships and work closely together within permanent meeting places provides a social context to learning and for the transfer and diffusion of knowledge creation. The approach in this paper towards a social innovation model could therefore bridge and connect specific disciplines and professions and raise awareness of how cross-border collaborations in disciplinary meetings may provide a contribution to the understanding of learning processes in profession and organization.

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