
Social Innovation in the Community Rehabilitation of the People with Mental Illness: Cases of Faith Based Initiatives

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Abstract: *Many a situations social work approaches in addressing a host of issues like income deprivations, displacement, disability, racism, communal conflicts, and social exclusion can be explained as social innovations, as novel solutions to such issues are needed to make it more sustainable and efficient through social value creation. In Indian situation care giving of the differently abled particularly those having mental illness is a matter of grave concern. Varied approaches including institutionalized care and family and community based care are tried out in different contexts depending on the nature and severity of illness. The present paper tries to examine the rehabilitation of the differently abled through the individual initiatives inspired by faith dimensions of Catholic Church lasting over a period of twenty years in the State of Kerala and outside. The objective is to explore the process and outcome dimensions of such social innovation to find out the motivating drivers which makes this programme sustainable. The personal and familial dedication is also come under the purview of analysis. The paper is the outcome of the pilot study conducted on the theme as part of the doctoral research of the first author where the study adopted a Grounded Theory Approach and Methodology to analyse and theorise the processes and outcomes of such initiatives. Being a qualitative study a conceptual framework is given to such home based social innovation rooted in faith based dimensions with social value creation for ensuring sustainability leading to a social mission. The committed and sustained involvement of the community and the neighbourhood generated an innovative model for care of the mentally challenged. The preliminary results of the pilot study brings out new relationships and innovative drives and motivations exceptional to the traditional philanthropic methods as well as professional care and rehabilitation approaches thereby characterising social innovation in care giving and rehabilitation of the mentally ill.*

Key Words: *Social Innovation, Faith Dimension, Rehabilitation of Persons with Mental Illness, Sustainable Social Mission*

Introduction

Towards the end of the twentieth century social innovation was seen as a conceptual frame across the Globe, referring to a multitude of approaches in addressing long standing social and developmental issues leading to apparently innovative and sustainable solutions. In the context of technological advancement, high-tech communication alongside increased social needs, the disparity between the haves and the have-nots got widened. The problems like poverty, unemployment, climatic change, ageism and increased criminality required new methods of finding sustainable solutions to such problems. Developing innovative solutions and new forms of organising and interactions; both in bridging the gap as well as in addressing the issues at hand; led to social innovation theorisations and practices with greater emphasis on processes and not the outcome alone.

Social Innovation

It combines the passion of a social mission with an image of business-like discipline, innovation, and determination. It is high time for having entrepreneurial approaches to social problems. In general, social innovation can be defined as new responses to pressing social demands, which affect the process of social interactions. It is aimed at improving human well-being. Critical analysis of the role of varied stakeholders and a firm belief in participatory processes points to the importance of a non-linear approach to addressing pressing social concerns (Hulgard and Shajahan, 2013). According to Agnes et al. (2010), Social innovations are innovations that are social in both their ends and their means. Social innovations are also defined as new ideas (products, services and models) that simultaneously meet social needs (more effectively than alternatives) and create new social relationships or collaborations. In other words they are innovations that are not only good for society but also enhance society's capacity to act. Elaborating the concept Agnes (*ibid*) further refers 'Innovation' as the capacity to create and implement novel ideas which are proven to deliver value and 'Social' as the kind of value that innovation is expected to deliver: a value that is less concerned with profit and more with issues such as quality of life, solidarity and well-being.

According to Frank Moulaert et al. (2013), Social innovation refers to finding acceptable progressive solutions for a whole range of problems of exclusion, deprivation, alienation, lack of wellbeing, and also to those actions that contribute positively to significant human progress and development. Social innovation means fostering inclusion and wellbeing through improving social relations and empowerment processes: imagining and pursuing a world, a nation, a region, a locality, a community that would grant universal rights and be more socially inclusive.

Thus social innovation, beyond its object of bringing measurable or perceptible changes in situations of vulnerability processes and practices which are inclusive and interactive forms bedrock of social innovation. Further, Michael Mumford (2002) defines social innovation as “the generation and implementation of new ideas about how people should organize interpersonal activities, or social interactions, to meet one or more common goals.

Thus social innovation leads to a commitment to the society to transform the society from the existing situation to a new status that could aim at eliminating the existing structures of risk or create new structures which are more empowering and sustainable.

Process and Outcome Dimensions in Social Innovation

The Process Dimension of Social Innovation

All the existing scholarships in social innovation have invariably stressed the process of social interactions between individuals to reach certain outcomes as one of the important aspects of social innovation (Moulaert and Sekia 2003; Moulaert et al. 2005; MacCallum et al. 2009; Phills 2008; Defourny et al. 2010; Hulgård 2011).

Social innovation emerges from a set of drivers oriented by co-creative processes (for clients and users), based on collaborative networks, and originated from global challenges and social needs (Guida and Maiolini, 2013). In other words, social innovation is generated from individual and ethical considerations that serve to create new knowledge through a social capital perspective.

The outcome is the end result which could be social status, satisfaction as ulterior motive and the welfare of the immediate beneficiaries as immediate motive. The outcome could be varied based on the purpose, process and performance. The outcome in social innovation may be service of the society. Further there are several scholars (Borzaga and Defourny 2001; Moulaert

and Sekia 2003; Moulaert et al. 2005; MacCallum et al. 2009; Chesbrough 2006; Hulgård 2011) who argue that an integrated approach that observes ‘process’ and ‘outcome’ as being equally important in enabling social innovation. This process-outcome integration links to an emphasis throughout the social innovation literature on participatory governance.

Theoretical Perspectives of Social Innovation

Many theoretical traditions have influenced social innovation in its formulations and practice. Some of the approaches emanating from such theorisations are discussed below. Agnes et al. (2010) presents three different approaches to social innovation.

Approach 1: The Social Demand Perspective

According to this approach, social innovations are innovations that respond to social demands that are traditionally not addressed by the market or existing institutions and are directed towards vulnerable groups in society (Agnes et al. 2010). This is one the leading argument in understanding social innovation as discussed by Murray et al. (2008). Can there be a social demand in all social innovations? It would be doubtful and hence to explore other approaches.

Approach 2: The Societal Challenge Perspective

The value added to the economy is as a result of the challenges put forward by the economic activities to the society and in turn it also demands certain social responsibility from the economic domain. Here, innovation is seen as a process that should tackle ‘societal challenges’ through new forms of relations between social actors.

Approach 3: The Systemic Changes Perspective

A third view focuses more on the ultimate objective of social innovation: sustainable systemic change to be reached through a process of organisational development and changes in relations between institutions and stakeholders.

The Social Change Theory

A theory of change is the empirical basis underlying any social intervention—for example, the belief that a young person’s close relationship with adult role models can reduce his susceptibility to violence, or that regular visits by registered nurses to first-time pregnant women can improve parenting skills and children’s outcomes (Brest, 2010).

Social change is the result of a tremendously complex mix of ingredients. Environmental conditions, social conditions and individual actors collide to spark world-changing ideas. Our emerging Theory of Change is most succinctly communicated through the following image: We begin at the bottom of the pyramid, focusing on the creation of the physical space. We do this carefully, designing a space that's functional, whimsical, inviting and energizing. The next layer is community. What begins as a group of people looking for a place to work becomes a community through conscious and careful creating and programming. These layers form the basis for innovation — the serendipity that happens when you mix the right people, the right values and the right environment; when you *set the conditions for social innovation emergence*. The results are unpredictable and often astonishing (Brest, 2010).

The Theory of Institutionalism

Institutional theory represents the most complete conceptual transition away from models based on technical environments and strategic choice, focusing heavily on the socially constructed world. This theory explains how institutions (norms, rules, conventions, and values) influence our understanding of how societies are structured and how they change.

Institutional research has played a significant role in the study of efforts to alleviate social problems (Battilana and Dorado, 2010; Dorado, 2013; Hallett, 2010; Lawrence, Hardy, and Phillips, 2002; Maguire, Hardy, and Lawrence, 2004; Zietsma and Lawrence, 2010) and is well positioned to contribute to an improved understanding of social innovation. Other research fields (stakeholder management, corporate social responsibility, and cross-sector partnerships, for example), have advanced management knowledge on the interface between business and society (De Bakker, Groenewegen and Den Hond, 2005). Yet, studies in these fields frequently take the perspective of businesses attempting to gain benefits or reduce risk by acting on societal problems (Vock, van Dolen and Kolk, 2014; Griffin and Prakash, 2014), without focusing on the views of other actors. Shallow “benign” business interventions deflect attention, often maintain existing power structures and they may even reinforce ‘darker’ aspects of wicked problems (Foucault, 1995; Khan, Munir and Willmott, 2007).

Institutional theory instead starts at a macro-level, assessing the positions and interdependent actions of the multiple constituents of issue-focused fields (Wooten and Hoffman, 2008; Zietsma and Lawrence, 2010), and considering

seriously the idea that rules, norms and beliefs are socially constituted, negotiated orders (Marti, Courpasson and Barbosa, 2013; Strauss, 1978), which can be renegotiated in socially innovative ways (e.g. Van Wijk, Stam, Elfring, Zietsma and den Hond, 2013). The study of institutional work emphasizes the creation, disruption and maintenance of the institutionalized social structures that govern behavior (Lawrence and Suddaby, 2006), and thus speaks to how entrenched practices and ideas get held in place, and how they may be replaced with more socially beneficial arrangements. Furthermore, the burgeoning institutional complexity perspective, with its focus on how actors respond to multiple, sometimes competing logics (Greenwood, Raynard, Kodeih, Micelotta and Lounsbury, 2011), applies well to the context of wicked societal problems.

Taking an institutional perspective on social innovation suggests several topics and a range of interesting questions. We list below some that are in line with our theme.

Negotiations among diverse actors in social innovation:

How do negotiation spaces for institutional change such as “relational spaces” (Kellogg, 2009) and “fieldconfiguring events” (Lampel and Meyer, 2008) emerge and affect social innovation? How is experimentation facilitated in such spaces (van Wijk, van der Duim, Lamers and Sumba, 2014)?

What characteristics and processes affect negotiation spaces for institutional change?

What role does identity and identification play in social innovation?

How do emotional investments in institutions affect negotiations for institutional change and engagement in social innovation?

How are marginalized actors, who are often the ones that suffer most directly from wicked problems, silenced or given voice in negotiations (Sassen, 2014)?

How do incumbents “fight back”? What systems, structures and processes are activated to defend entrenched interests (Bourdieu, 2005)?

The role of hybrid forms and boundary objects in social innovation:

How do diverse actors surface conflicts and compatibilities among different institutional logics and negotiate hybrid arrangements or boundary objects within or across institutional fields? How are arrangements involving hybrid

institutional logics maintained or adapted over time? Can such arrangements be scaled up (expanded in impact) or scaled out (diffused to other settings), and what are the factors that affect such scaling?

The influence of institutional voids in social innovation:

What role do institutional voids (policy, market, social) play in social innovation processes? How do actors signal and exploit voids for social innovation (Mair and Martí, 2009)?

How does their institutional work ameliorate voids?

Do different institutional orders substitute for each other when voids exist (e.g., are market voids filled by social structures? Policy voids filled by market structures)? What are the implications of such substitution?

Other relevant questions:

What alternative institutional arrangements are emerging in response to the social problems associated with capitalism, such as the sharing economy, user networks and community-based and cooperative models?

How do these arrangements emerge and evolve and how are they governed?

What role do communication technologies including social media, collaboration technologies and e-governance technologies play in institutional change for social innovation?

What are the impacts of or on informal institutions when regulative or coercive power is used to effect social innovation?

These topics are meant to be generative rather than exhaustive.

The Theory of Structuralism

Structuration theory has been used in different fields of the social sciences such as entrepreneurship, technology implementation, organizational culture, organizational theory, strategy and management and business ethics. It has proved its capacity as a general theory for explaining social action and social evolution. The theory provides a theoretical framework that highlights how social systems and social structures are iteratively and reciprocally created by agents who are both constrained and empowered by institutions. Structures can be viewed as a set of institutionalized traditions or forms that enable and constrain action. Through the interplay between institutions and actions, called the process of structuration, institutional practices shape human actions that,

in turn, confirm or modify the institutional structure. Thus, the study of structuration involves investigating how institutions and actions configure each other in the process of creation of social systems. Social systems are conceived in the structuration theory as regulated models of social practices and relations between actors. Hence, the theory suggests that institutions set limits on human rationality but are also the subject of the action of human agency modifying, eliminating, or creating new institutions and eventually new social systems. Agency is a crucial tenet of structuration theory; actors are conceived as purposeful, knowledgeable, and reflexive. For Giddens, the idea of 'reflexivity' implies that actors have the capacity to monitor routinely their actions by reflecting upon them and acting according to their intentions. Reflexivity stands for the continuous monitoring of the social context and the activities taking place within this context. Agents' actions have the power of changing institutions, but are at the same time constrained by institutional practices. This feature of agency is an essential and potentially transformative element of social systems (Cajaiba-Santana, 2014).

The above given theories are not adequate enough to explain the social innovation phenomena found in the emergence and the growth of the proposed study units. Hence there is a need to theorize further through the process of grounded theory.

The proposed study is the process and outcome of social innovation in the rehabilitation of the differently abled and so it would be good to explore the concept of differently abled.

Differently Abled

Although precise numbers are difficult to determine, research indicates that as much as 7-10% of the world's population has a disability. Hereafter the disability is renamed as people with differently abled to avoid the value loaded judgment and labeling. The specialists note that people who are differently abled face many of the challenges that other poor, marginalized, and vulnerable groups face, such as lack of adequate support services in their communities, lack of resources and economic opportunities, and physical and attitudinal barriers to their participating fully in society. The "disability" as defined by the United Nations Standard Rules on the Equalization of Opportunities for People who are differently abled is: "physical, intellectual or sensory impairment, medical conditions or mental illness," whether long or short-term, which leads to the "loss or limitation of opportunities to take part in the life of the community on an equal level with others."

The work of Albert et al. (2006) on disability advocacy among religious organizations, histories and reflections speak on the experiences of different religious sects in North America. The edited works of Renu et al. (2009) discussed the cultural and societal forces behind the disability rehabilitation.

This study focuses on the existing model of rehabilitation of the differently abled evolved in a faith based perspective through individual initiatives turning into a social enterprise. Being inspired by Charismatic movement of the Catholic Church in Kerala several individuals initiated rehabilitation of the differently abled, home based depending upon the providence of God. Majority of the differently abled were destitutes or their family members were unable to care them. These individual initiatives were supported by men of good will from the neighbourhood and the community who supported the venture with money, material and voluntary services.

This study is an attempt to explore the process and outcome dimensions in social innovations of rehabilitation of the differently abled by individual initiative with community support in special reference to Kerala.

Methodology

Conceptual Mapping on Social Innovation in the Rehabilitation of the Differently Abled

Overview of the community rehabilitation of the differently abled should brief the history of more than twenty years when a few individuals inspired from catholic charismatic retreats in Kerala state took initiative to care the destitute differently abled in their own homes. It was the beginning of social innovation with a faith perspective believing the words of Jesus, 'When you do to the least of my brethren you do unto me' (Mt. 25: 40). The members of the community observed such innovative venture and understood the sincerity and commitment behind the humanitarian task, owned the entire project as community responsibility and provided financial and material support to such ventures. The similar episodes continued and today nearly ninety such centers having inmates of 50 to 800 or more are functioning in a miraculous way in the community expression of participation and community ownership.

The nucleus would be individual initiated innovation that established the rehabilitation center. The framework conditions include family involvement, community participation and tertiary resources including Hospitals, Primary Health Centres, Medical Camps on top layer of and bottom layer of

framework includes legal regulations, institutional infrastructure and facilities and political framework.

The inner circles would include the drivers chiefly the religious faith based inspiration, the societal output which is the social value creation, the social outcome which is the social responsibility or ownership leading to a social mission and sustainability which needs to be established through this study.

The driving force is the religious faith based spirituality which is the total trust in the providence of the Almighty God which is followed by faith in good works that contributes eternal life. It gives a social responsibility which makes the individual and the community to proceed towards a social mission. When such a social mission is with conviction and commitment it becomes sustainable. When the entire family is involved in the enterprise the very rehabilitation itself becomes a livelihood upon social enterprise parameters. This process leads to an outcome which is also socially innovative. It leads to social value creation. The community feels that every destitute disabled in the community is a member in their own family and it is the responsibility of everyone in the community to look after them and to meet all possible needs of such disabled.

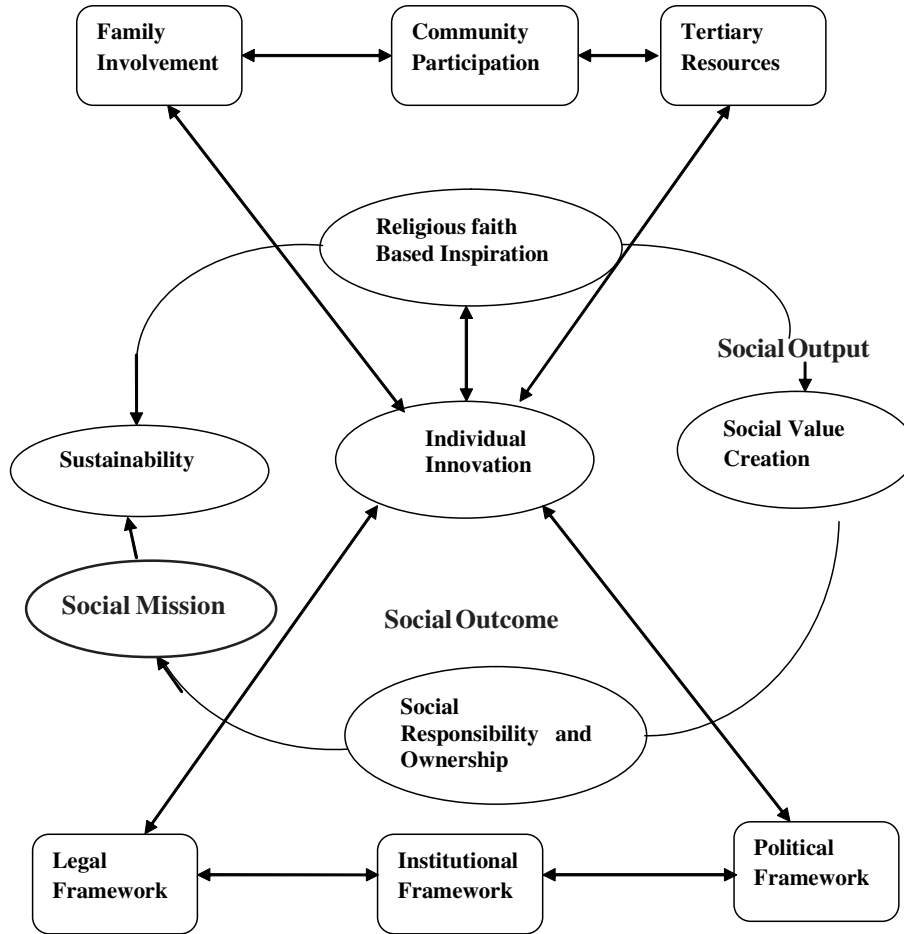
Besides the social innovation objective looks into the generation of new idea creation which should be focused on social welfare. It should develop a new relationship between different groups of people involved in the given project.

The researcher had made an attempt to qualitatively analyze whether such new idea creation and new relationship is existing in each case.

Further does the existing theories of social innovation proves the current phenomenon is a matter of enquiry and the researcher tried to verify the phenomena with the existing theories and gradually found that none of the existing theories give adequate explanation for the phenomena. Therefore a grounded theory approach is used to formulate a new theoretical framework to which the components of the existing phenomena could be fit in. Although the theory of social demand perspective partially supports the phenomenon most of the components are not explained, so too the theory of societal challenges perspective. The systemic changes perspective theory also may be partially suitable from systemic approach but failed to explain the new relationship with its new idea. The social change theory is too general to give an explanation of suitability. The theory of institutionalization will be narrowing and limiting the phenomena. Therefore it is focused on a re-creative participation theory by which most of the components could be explained.

Conceptual Framework

Top layer of Frame work conditions in the process



Bottom Layer of Frame Work Conditions in the Process

General Objective

To explore the process and outcome dimensions of social innovations in the rehabilitation of differently abled with special reference to Kerala

Specific Objectives

1. To understand the driving forces behind individual initiatives of the social innovations in the rehabilitation of the differently abled and to find out their sustainability.
2. To explore the personal and family life of such innovators in the given context.
3. To map the process and outcome dimensions of community based rehabilitation of the differently abled in social innovations.
4. To discover the social values generated through this model and the level of attitude change in the community in terms social responsibility.
5. To explore the prospects and challenges for sustainability of such innovations.

Research Questions

1. What motivates the individuals and families in engaging the social innovations in the rehabilitation of the differently abled?
2. What are the religious and spiritual factors contributing to sustainability of such initiatives?
3. What are the personal and family commitments of innovators in the entire process of the rehabilitation?
4. What makes the neighbourhood and community contribute to this venture?
5. What do the innovators and supporters consider as intangible outcome of such interventions?

All these questions give way for the research which would probably be the process and outcome of the social innovations under study.

Research Design and Methodology

A Qualitative Research Design is used for the study with grounded theory approach and methodology. The grounded theory is planned as the existing theories such as social change theory, institutional and structural theories are not adequate enough to explain the phenomenon under study on account of various reasons. Hence, it would be reasonable to theorize this social innovation venture in a new evolving theoretical perspective.

The grounded theory has six major components in its framework which would be applied in this study, such as; contextual conditions, causal conditions, consequences, strategies, intervening conditions and the central phenomenon. The following methods are adopted for the study.

1. Research relationship with potential participants who fulfils the major criteria
2. Theoretical sampling based on the following five factors for diverse and in depth interview
 - 2.1. Drives
 - 2.2. Motivation
 - 2.3. Family involvement
 - 2.4. Community participation
 - 2.5. Financial and other resource mobilization strategies
3. Data collection until theoretical saturation is reached
4. Data analysis based on the rules and norms of grounded theory

Semi structured open in-depth interview would be used as research tool focusing the objectives and research questions until theoretical saturation is reached along with participant observation, oral life history and so on. Informed consent will be obtained from the participants and adhere to all ethical principles as per the general code of conduct in research.

Analysis and Discussion

The study was done using semi-structured interview which is transcribed in case study format for understanding and analysis but summary is given with the application of grounded theory towards the end. As these cases are from pilot study strict coding and theoretical derivation is not followed for convenience. However the grounding factors are explored in the discussion part following the case studies.

Case Study 1

The centre named Jyothinivas had started 24 years back when Mr. John who in search of meaning in life was advised by a sage for solitary life. He had been given a hut near the check post of border between the States of Tamil Nadu and Kerala in India. There he observed wandering mentally ill persons who were brought over there from neighbouring states in trucks. It

is due to the believe system of the people in those states that in Kerala where there is lot of rain throughout the year mental illness will get cured if they are sent to Kerala being exposed to rain. According to them mental illness is due to exposure to heat and in turn exposure to rain may cool them down and cure them.

Mr John gave food to such wandering people and later sheltered them in a room rented from the Parish Church nearby. The drive behind such mission was the search for meaning in life and the motivation is from the works of St Mother Theresa with whom John had opportunity to associate in the past. As days went by the number of inmates increased and he motivated the youngsters in the village to support him. He prayed a lot to Jesus Christ to find a way to support these unfortunate people. He went from house to house along with these motivated young friends and gathered resources to meet the food and clothing needs of the inmates. The hospital nearby extended their helping hand to provide medical assistance. Meanwhile John got married and his wife too got interested in his social mission.

There were remarkable changes in the attitude and further involvement of the community people. Initially the on lookers were suspicious of the work done by John. However closer observation helped them to realise the genuine interest and commitment John and others took in the lives of these destitute reoriented their perception. People from different walks of life reached the centre to give their contribution. The entire project had a new vision and new relationship. The people who assisted the centre did so not on philanthropic grounds but with a commitment that something is done to their own family members. They celebrated the important life events in their family like baptism, marriage and death memorial by serving food to the inmates of this centre that created a family fellowship. The inmates who were thrown out from their own family identified a new family relationship in such social gatherings and sharing.

The children born to John were cared by the mentally ill inmates against the conventional belief that mentally ill may be dangerous and children may develop abnormal behaviours. The two girl children of John *are normal than any other children* (as explained by John) of their age and now doing their graduation in paramedical courses. Still the relatives insist that they should have a separate house for which John is trying with much reluctance.

There is no regular assistance from any established funding agencies. “There were days we had no grain in our store for the food for the next day but we prayed and no sooner someone may come with bag full of grain’, says John bowing his head before the Almighty as he believes that it is the clear evidence of God’s providence which he witnessed on several occasions. It had created a new value in the community that these inmates are their own family members and it is upto everyone’s duty to take care of them.

Case Study 2

Mariabhavan was not the dream of Mr Joseph but he happened to get involved when a group of prayer team initiated the shelter for the destitutes. They wanted a place and Joseph was willing to give 50 cents of his land to construct a tin roofed shelter for them. After a year the prayer team members were finding it difficult to run the centre and Joseph requested his eldest daughter whether she could take up the project. As most of the inmates were destitute children it was easy for her to manage. She continued in the centre until her marriage and further she and her husband started similar project to shelter the persons with mental illness destitute leaving children care to Joseph himself who runs it till date.

The family involvement in this project was partial as Joseph and family had another house of their own where they stay. However the entire family support the centre in their own capacity. Initially he had to go from house to house to find resources for the basic needs of the inmates. In the long run people of good will started supporting the mission.

It is not only the nearby community which supports the project, but mostly the strangers and people from faraway places collaborate with the mission. The community feel that when they provide help to the centre their needs are met and they believe it is the providence of God. ‘There are objection from the neighbours’, says Joseph but he wants to be good with everyone. When there is challenge in the processes of the project, the mission will be successful as per his experience.

There were times of difficulty for material resources but there wasn’t a single day inmates starved. Joseph says, ‘One day the cook came and told there is no rice for the next day and I went to the prayer hall, told Jesus that you gave these children to my care, but they have nothing for their food please do something’. Half an hour later somebody knocked at the door. He

was a stranger. He asked many people to identify our centre. He had come with two big bags full of rice. Tears rolled down my eyes and realised who my God is’.

The motivation behind the benefactors may not be often spiritual gain. It may be a social satisfaction or personal sense of self esteem. Whatever be the motivation behind everyone says it creates an unknown attachment to the people over the centre. There is something that pulls everybody beyond the barriers of class, caste, religion or any other discrimination.

Case Study 3

Mr. Santhosh was an atheist used to make fun of people who are religious.. Once he met with an accident and got hospitalised. Laying on the bed his eyes fixed on the coconut tree outside, a spark of thought strikes him that the every part of a coconut tree is useful. Being a human how far I am useful to the society. He was also an alcoholic. When he reached home after hospitalization one lady persuaded him to attend a Catholic Charismatic Retreat at Divine Retreat Centre, Muringoor, in the district of Trichur, Kerala. During the retreat he listened a Divine voice that serving men is serving God. Meanwhile there came a marriage proposal for him with the girl who was looking after the children at Mariabhavan. Santhosh who was born in a Hindu family accepted Jesus and received baptism and married. He started Krupa Bhavan (House of Mercy) for the destitute mentally ill.

For the last ten years Santhosh, his wife and three children are in a house attached to centre. He feels there is no difficulty for the family because he takes care these people. He says, ‘I feel each of them is a family member to me. They are the father, or brother of any one and I consider them with that dignity’. According to Santhosh, ‘the Poor should not be treated poorly rather they should be treated richly’. He firmly believes that not a single day there was any difficulty for anything. Whatever they wished God had given them.

According Santhosh the community response is varied from place to place. He says, ‘those who visited this home and got convinced of the reality how the mentally ill people are cared, would never act against it. Those who never visited this home are criticisers and I do not listen them’. There are people from different walks of life who come with money and material for these people. There are volunteers who give bath to the severely mentally

ill or spend time with them. Many of them find that unlike a philanthropic service the share given to such centres gives immense blessings from God which again encourages them to continue the attachment. It is a new relationship different from the relationship of a benefactor to the beneficiary agency.

Case Study 4

Snehashram is a house of love; if not how could more than 300 mentally ill people stay there for years together without any serious disturbances. Mr Stephan heard a clear voice during his hours of prayer that he should go to the street and bring to home the beggar he finds over there. For the last more than twenty years he is doing the same and he has nearly 12 such centres across the nation. The life is simple and those who recognised his service contribute in terms of money, materials and service.

His family is totally detached from this service. He never takes any money from the centre for his familial purposes. There is no conflict in family life as he could educate his children and now they work abroad.

The community service is varied. There are people from different religions who consider it an offering to cleanse their life that they come to wash the linen of the mentally people who are nearly 300 in number. The ritualistic wash brings healing to several of such service minded people gives a proof for the divine intervention in such centres.

The centre also has a team of professionals that include monthly visit of Psychiatrist, regular service of four nurses, four social workers and occupation therapist. There are also volunteers who opt to serve the inmates.

To discuss in nutshell, these four centres are unique in their origin, drive, motivation of the individual innovator whose faith experience in different contexts lead to the emergence of the venture. The community involvement creates a new relationship and it promotes social value creation generating a social mission and social responsibility. The community is happy to own such centres in terms of their services and involvement. There is hardly any secular motive or selfish gains. The centres are not free from structural inadequacies and professional services. However the community support and the trust of the founder in the divine providence make them run over a period of twenty years.

A close scrutiny of the cases will reveal that different existing social innovation theories cannot give adequate support to these innovative ventures. Most probably a new grounded theory like regenerative participation theory may fit into the phenomena. Therefore further development of this study would be focusing a grounded theory approach and methodology. The legal, institutional and political frame works may need to be redefined in further progression of the study.

The Regenerative Participation Theory

In the traditional Philanthropic concept there was subtle participation of benefactors to do charity with a self satisfaction motive. The benefactors in the above given cases made a paradigm shift in their motives. The new social value added in their participation of the community rehabilitation is in a dimension in which everyone feels that he or she is part of the system. It is not following the feedback loop like in systemic concept but make a silent participation by expressing it through multiple intersectional involvement. It may be like celebrating any family event with the community of mentally ill or volunteering to help the inmates for their basic needs.

It is regenerative because it substitutes the traditional value of charity with new value of active participation and involvement. The clients feel that their relationship with their own family is regenerated through the loving strangers who visit them and become part of the system through their active involvement. It is participative in terms of the participation of the family members, community, inmates, other collaborating NGOs, government organisations and strangers in the smooth running of the centres. The participation is active and reflective. Each one who collaborates with the venture has a drive and motivation unique to him or her and the emerged social value creation moves into other members in the community who are inspired to join in collaboration. The reflection generates a social responsibility and subsequent social ownership leading to a social mission. Again the social mission is participative as its fulfilment takes place with the active participation of legal and government personnel, political people, community members of varied status, culture and religion, and other tertiary sources. The new idea regenerated and accomplished with multi level participation makes this a new model of community rehabilitation. Hence it is a social innovation in the community rehabilitation of the mentally ill persons who are mostly destitutes or abandoned.

Tracey et al (2005) speak about the emergence of a new form of organization – community enterprise – provides an alternative mechanism for corporations to behave in socially responsible ways. Community enterprises are distinguished from other third sector organisations by their generation of income through trading, rather than philanthropy and/or government subsidy, to finance their social goals. They also include democratic governance structures which allow members of the community or constituency they serve to participate in the management of the organisation. Partnerships between corporations and community enterprises therefore raise the possibility of corporations moving beyond philanthropic donations toward a more sustainable form of intervention involving long-term commitments to communities.

Conclusion

Care giving is traditionally discussed in the domains of philanthropy and social work. Many a times approaches adopted for care giving is very much akin to these domains. In a country like India organised systems of care giving for persons with mental illness are grossly inadequate both in government as well as in non-government sectors. While state run facilities are mostly hospitals and mental health treatment centres, a large number of privately run facilities under the non-governmental organisations provide care and rehabilitation, both short term as well as long term. The study in general and the paper in particular is discussing those facilities traditionally seem to be functioning under the banner of philanthropic initiatives whereas some of them discussed here provide interesting dimensions of sustainability, efficiency and driving ahead a social mission. Such initiatives have significant social transformational values not only for those who avail the services which is the primary object of such initiatives, but also for those who become part of the larger network of support systems, be it the family of care-givers, friends, donors and the larger community. While religiosity, social status and personal satisfaction of doing social good have been the drivers for such initiatives, the sustainability, efficiency and the social value give some of these initiatives a clear indication of social innovation. These innovations have clearly emerged in the vacuum left by the state and market, one of the significant aspects of social innovation such as governance from an institutional perspective is yet to be studied. Further the sustainability as a matter of principle also need further investigation as faith dimension seems to be playing a significant role in this study.

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