

# **PRACTICES, MODIFICATIONS AND GENERATIVITY – A PRACTICAL REA TOOL FOR MANAGING THE INNOVATION PROCESSES OF PRACTICES**

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## **Abstract – Practices, modifications and generativity – a practical REA tool for managing the innovation processes of practices**

*In this paper, a practical REA tool for studying and evaluating practices in the social and health field is introduced. The tool is based on the relational evaluation approach (REA) which studies practices as socio-material systems of action. They are typically developed for some purpose and they are constituted by human actors (clients, practitioners, management), by actions and interactions, as well as by resources that the human actors mobilize and enact in their activities (technical artefacts, rules, concepts, laws, money).*

*The REA tool consists of three parts: 1) the creation of an enactment model of a practice where the transferable core of a practice is possible to define; 2) the follow-up and evaluation of the implementation and enactment process of a practice where it is possible to plan and evaluate the organizational implementation process of a practice; and 3) the follow-up and evaluation of the change a practice generates where it is possible to plan and carry out the evaluation process. Both, the implementation process and the evaluation of change are specific to and embedded in the site where the practice is enacted.*

*The REA tool is being tested during 2011 in numerous development projects of the social and health field in Finland and their innovation processes. The paper also discusses the preliminary results of this testing.*

*Keywords: REA, socio-material system of action, modifications, generativity*

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## 1 Introduction

Studying the practices of our knowledge society has become one of the prominent approaches in understanding the structure and organization of work in various fields. It has been even proposed that there has been a practice turn in social theory during the last decade (Schatzki 2002). In social studies, practices have become the unit of analysis of social and societal action. In research on knowledge work, for example, the practice approach has been one of the major trends in recent investigations (see Knorr-Cetina 2007).

The approaches to studying practice in social theory, though, do not form a solid methodological and theoretical foundation for practice research. Rather than being a unified movement, the approaches to studying practices form an overlapping and partially contradictory collection of theoretical interests with various methodological backgrounds (see Miettinen et al 2011). In this paper, a relational evaluation approach is introduced. It aims at providing a solid ground for the study of practices. Its foundations are in actor-network theory and it is extended with certain explications about collaborative work and learning.

The relational evaluation approach (REA) is a framework for studying and evaluating practices and their innovation processes: the early development and modelling of practices, implementation and modifications of practices, and the change that practices generate. It has been developed during the past few years in different research and development projects (see Koivisto 2007; Koivisto et al. 2008; Koivisto et al. 2010) and it can be utilized in different fields of study, such as, social care, health care, education, and crime and justice.

A practical REA tool is being developed as an application of REA to be used especially in the social and health field. It is being developed within the Innovillage project ([www.innokyla.fi](http://www.innokyla.fi)) that aims at building an open innovation environment for the social and health field. The REA tool supports the different activities of innovation processes, such as the early development, modelling, implementation and enactment as well as evaluation of practices. By the REA tool it is possible to plan, carry out and manage these activities.

The main idea behind the development of the tool has been to provide an environment and an unified framework for modelling and evaluating the outcomes of development projects (practices). Other driving factors behind the creation of an open and easily accessible web-based environment are to do the project work in Finland and its results openly available and more transparent. The tool is being developed for the practical purposes of the numerous development projects within the social and health field in Finland: to give means for managing the innovation processes, to network the projects, and to reduce the overlapping of the projects.

This paper introduces the relational evaluation approach, its practical REA tool, and discusses the preliminary results of the testing of the REA tool. First, the theoretical framework of REA is specified. Then the sections and elements of the virtual REA tool are identified and the preliminary results of the testing of the tool presented. In the discussion certain aspects especially related to evaluation culture are discussed from the relational perspective introduced in this paper.

## 2 Theoretical framework of REA

The theoretical framework of REA has been developed piecemeal by utilizing the concepts and tools of science and technology studies, innovation studies, evaluation research, and research on collaborative learning. The aim when combining different approaches in the theoretical framework has been to enrich the vocabulary for describing what the practices and their innovation processes are constituted by.

The actor-network provides a perspective for describing practices as socio-material systems of humans, artefacts and interactions. Certain aspects of innovation studies provide perspectives for conceptualising innovation processes as non-linear, where different social groups and stakeholders become involved in the process and mould the progress and phases between the process and at the same time the practice under development. Evaluation research has been utilized for clarifying the specific and general requirements relating to evaluating the implementation of practices and the change the practices generate. Research on collaborative learning brings about additional conceptualizations about innovation processes as knowledge creating and knowledge utilizing processes, where different kinds of expertise collaborate around a shared object of activity.

## **2.1 Practice as a socio-material system of action**

REA's view on ontology is relational. This kind of relational approach to ontology has been elaborated especially in actor-network theory (Latour 1987, 2005; Callon 1991; Law 1992, 1994, 2004; Harbers 2005). According to relational ontology, the practices are not studied through dualisms, such as practice versus organization, but as socio-material networks and relations that are constituted by humans, technical artefacts, money, architecture, values, goals, norms, etc. (the list of the constitutive elements is open and infinite). Nothing exists individually in itself as fixed in the network. Every entity is rather constituted in the networks. They are continuous effects. The networks are verbs rather than substantives.

By adopting this kind of theoretical viewpoint, REA sees practice as constituted by human actors (such as, clients, social workers, practitioners, managers), by activities and interactions and by resources which the human actors mobilize and enact in their purposeful activities (such as, tools, principles, technical artefacts, laws, money). They are systems of interaction where each part of the network is existent and becomes defined by the relations and activities it has with other parts (actors) of the network. It also means that a change in one part of the network generates change in the whole network.

Following from the adopted and developed perspective on practices, REA focuses the study on action (science in action, social work in action, etc.). In other words, it focuses on practices (see of practice turn Nicolini, Gherardi & Yanow 2003) which are studied as socio-material systems of purposeful action (see Callon 2002). A practice is typically developed for some purpose, e.g. to support the elderly to cope with living at home. In addition, other goals for a practice are defined in the different sites where it is enacted, e.g. to save in the expenses of hospital beds when the elderly are able to cope with at living at home longer. These goals guide and shape the way the network is constructed and the way it exists and is maintained.

This kind of ontology and perspective to practices gives certain theoretical boundaries for considering how new innovations (practices) need to be modelled or can be diffused and implemented. This means that a practice cannot be transferred to another site as a technical artefact; it is rather tailored in different sites on the basis of for example texts, flow charts, and peer experiences, which define its actors, their roles and tasks, resources to be mobilized, etc. (see Akrich 1992; Hyysalo 2010, 11-15). The same practice gets different modes and modifications in different sites, depending on the local conditions, for example resources, knowledge and abilities. The idea in adopting and implementing a practice is to build a strong, durable and workable socio-material network.

## **2.2 Non-linear conception of innovation process**

REA studies an innovation process of a practice as a co-development process of the practice under development. An innovation process consists of activities, such as early development and design, modelling, implementation and enactment as well as evaluation of practices, where different actors (practitioners, management, clients, researchers) are in manifold interactions and mobilize different resources (tools, principles, rules, money), and at the same time mould the practice under development

(see Miettinen 2001). Thus, in the process the practice under development and the network of actors co-evolve. The network is produced and re-produced, enacted and re-enacted.

REA also has a normative spirit. It emphasizes that all the relevant actors of the practice under development should participate in the innovation process and in its different activities, from the beginning of the process. They should participate to ensure that the practice, its development and evaluation, is being based on the real needs and views of the actors. Because a practice is constituted and enacted by different actors, the representatives of these actor groups should also be co-designing and co-developing it.

Rather than distinguishing the creation and dissemination of practices as two different processes, the REA emphasizes the early involvement of different actors in the co-creation process of innovations. The practice is created and becomes existent in networks of actors where end-users and creators are partially the same. Deriving from the conception of practices adopted and developed in REA the actors and ways of interaction that constitute the practice should be also part of the innovation process of a new practice. Therefore the implementation of a practice is similarly a part of the creation process of the practice.

### **2.3 Co-creation as a collaborative learning process**

One useful characterization of innovations is to see it as a process of creating new knowledge and ideas to facilitate practices (Uden & Francis 2009, 25). Therefore it is also beneficial to investigate the knowledge creation and utilisation processes within innovations. Innovations require the participation and involvement of people with different expertise which requires various ways of collaboration and negotiation of expertise (Edwards & Kinti 2010).

The development and co-creation process of a practice can be understood as a collaborative learning process. In (dialogical) collaborative learning (Paavola & Hakkarainen 2009; Pohjola et al. 2011), the process has a shared object of activity and shared goals and aims to which members of the collaborative are committed. Ideally in such processes, inter-professional co-creation can emerge and the expertise of various actors can contribute to the development of the shared object.

The dialogical approach emphasizes the role of collaborative development and creation of concrete shared objects of activity, as well as reflecting and transforming knowledge practices, the ways of collaboratively working with knowledge, with supporting processes, and executing knowledge tasks. The dialogical approach comes from recognizing the distinction between three basic metaphors of learning and human cognition associated with monologues, dialogues, and dialogues. The monological processes of information sharing and knowledge acquisition, and dialogical processes of learning through communication and participation, are supplemented with knowledge creation as a dialogical process of collaborative development of practices.

This means also that innovative activity from the dialogical perspective emphasizes that all relevant parties should become involved in the processes of learning and the production of knowledge and practices. There are various examples of unsuccessful attempts to routinise new technology without the appropriate inclusion of relevant users into the development and learning processes (see for an example in health technology assessment, Edmondson, 2001). What the dialogical processes emphasize is that the organization of work around concrete objects of activity and practices can enhance the diffusion of innovations in addition to mere information sharing or communication.

### **2.4 Non-linear conception of “effectiveness”**

The “traditional” and common sense conception of effectiveness is based on a linear, uni-directional conception of causality. This conception is called a diffusion model by Latour (1987). It assumes a causal order between variables: an independent variable, in this case, a practice can cause effects on

clients or organizations. It supposes that a practice has an inner causal power, a kind of inertia that can affect and resolve for example the health problems of clients or the co-ordination problems of organisations. It tackles the clients as objects who stand outside the practice. According to this conception, it can be asked for example that ‘what kind of impact, good or bad, will the practice have on clients or organizations’?

The diffusion model supposes that a practice stays constant and it can be transferred as such from the original developers to the different users, for example to the social welfare offices and their social workers. The practices are supposed to be universally true and in principle applicable wherever. To see a practice as an exogenous one, determining variable leads to the identification and measurement of its effects for example on the well-being of people.

The positivistic outcome studies of effectiveness are typically based on the diffusion model (see on RCT Campbell & Stanley 1963; Mark & Henry 1995). They suppose that the effects of for example social work methods and social interventions can be studied objectively, providing that the personality of the social worker, the interests of a researcher or other contextual factors do not disturb and interfere with the intervention process. The approach supposes that it is possible – at least in principle – to produce context-free, objective and universal knowledge of the effects of practices.

REA’s conception of effectiveness is based on a model which Latour (1987) calls a translation model. This model sees a practice as endogenous, as a part of the processes of an organisation. A practice cannot be separated from the organisation or the clients; it is not an independent and stable entity. A practice is enacted by the management, the hardware, methods and models used in performing work, the skills and knowledge of workers, the characteristics of the clients, etc. A practice is a socio-material system of action.

According to this model, a practice does not have a causal power that can produce effects or change. The change is rather co-produced and generated by the actors of a practice who mobilize and enact different resources in their activities and interactions, including the client whose active participation is vital to achieve the results pursued. Studying of this kind of networks and processes is possible by concrete case studies where the actors, the resources they enact and mobilize, their interactions, etc. are followed by manifold methods, for example by interviews, ethnographies, and analysis of documents (see Broer, Nieboer & Bal 2010).

A practice neither has inner attributes, such as, good, bad, workable, they are rather relations. This means that a practice can be workable or good only as embedded in a wider socio-material network where the goals of the action are defined. We can ask with respect to the workability of a practice as follows: what kind of human actors, activities and interactions as well as resources have to be mobilized and enacted that the goals defined can be achieved, for example in the health of a patient, in the work welfare of practitioners, or in the economy of an organization.

The translation model implies a view that a practice does not stay constant when applied in different sites. They are tailored into the local networks and at the same time the local networks have to be modified (the co-production of content and context). This means that a practice does not affect the organisation and change its social structures, but that the organization has to be organized so that good results can be generated by a practice.

### **3 The practical REA-tool**

#### **3.1 Three sections**

The practical REA tool is a virtual tool (see [www.innokyla.fi/pilotointi](http://www.innokyla.fi/pilotointi)) that consists of three main sections which can be utilized during an innovation process of a practice: 1) a conceptual tool for developing ideas in the early stages of an innovation process and creating an Enactment Model (EM) for the practice, 2) follow-up and evaluation of the implementation process of the practice in a certain site (on the basis of the EM), 3) follow-up and evaluation of the change a practice generates, in

relation to its purpose and its expected outcomes and in relation to the unexpected change it generates (on the basis of the EM).

Figure 1 characterizes the basic idea of the virtual REA tool. When someone defines an Enactment Model within the tool, the model can be utilized and enacted in different sites where it gets different modes and modifications.

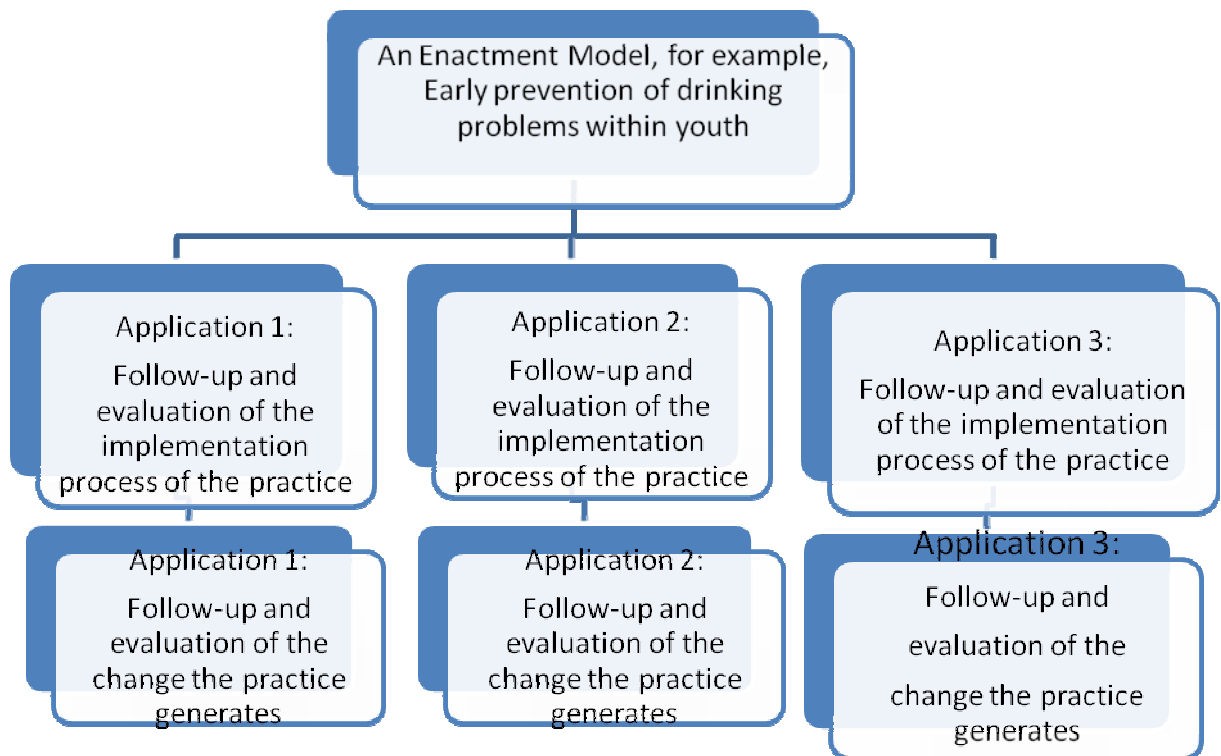


Figure 1. Enactment model of a practice and the modifications

### 3.2 Aspects, topics and issues

In the REA tool it is possible to model and evaluate the practices within three aspects: 1) clients' aspect focuses the study on what kind of clients there are in the practice, what kind of tasks they have to do, and what kind of resources they need as actors of the practice, 2) professionals' aspect focuses the study on what kind of professionals there are in the practice, what kind of tasks they have to do, and what kind of resources they need as actors of the practice, and 3) organizational aspect focuses the study on what kind of organizational actors there are in the practice, what kind of tasks they have to do, and what kind of resources they need to mobilize as actors of the practice.

Topics are more specific evaluation areas which can be utilized when modelling and evaluating a practice within the three aspects. The topics are human actors, tasks and division of work, knowledge, skills and tools, rules and principles, laws and statutes, and expenses.

Issues are inspiring questions on the basis of which it is possible to define more accurate evaluation questions under the aspects and topics when creating an Enactment Model of a practice, when following-up and evaluating the implementation of a practice, and when following-up and evaluating the change a practice generates.

### 3.3 Creation of the enactment model of a practice

By the conceptual tool for defining the EM of a practice it is possible to define the purpose of the practice (what it is developed for, what kind of change it intends to generate), to develop and define the core elements of the practice (actors, activities, resources, etc., see Table 1) and to define the enactment model of the processes of the practice that includes the core element of the practice.

*Table 1. A table for defining the core elements of a practice.*

<b>Topics</b>	<b>Clients' aspect</b>	<b>Professionals' aspect</b>	<b>Organizational aspect</b>
<b>Human actors</b>	What kind of actors do the clients consist of?	What kind of professionals are involved in the practice?	What kind of organizational actors are involved in the practice?
<b>Tasks and division of work</b>	What kind of tasks do the clients have to perform in the practice?	What kind of tasks do the professionals have to perform in the practice?	What kind of tasks do the organizational actors have to perform in the practice?
<b>Knowledge, skills and tools</b>	What kind of knowledge, skills and tools do the clients need in the practice?	What kind of knowledge, skills and tools do the professionals need in the practice?	What kind of knowledge, skills and tools do the organizational actors need to mobilize in the practice?
<b>Rules and principles</b>	What kind of ethical and/or other rules and principles do the clients have to follow in the practice?	What kind of ethical and/or other rules and principles do the professionals have to follow in the practice?	What kind of ethical and/or other rules and principles do the organizational actors have to follow in the practice?
<b>Laws and statutes</b>	What kind of laws and statutes do the clients have to follow in the practice?	What kind of laws and statutes do the professionals have to follow in the practice?	What kind of laws and statutes do the organizational actors have to follow in the practice?
<b>Expenses</b>	To what kind of expense do the clients have to mobilize money in the practice?		To what kind of expense does the organization have to mobilize money in the practice?

### 3.4 The follow-up and evaluation of the implementation of a practice

It is intended that in the REA tool anybody can utilize an enactment model defined within it and start the implementation of the practice. This partially supports the dissemination of new innovations in the social and health sector. In the implementation process the question is about co-creating and tailoring of the practice on the basis of the EM in a site, e.g. in an organization or a work community which also has to be moulded at least to some extent. In the implementation process a practice and the context are co-produced.

In the REA tool the implementation process of a practice and its follow-up and evaluation is structured in five sub-tasks: 1) the first sub-task is to analyse the situation of the organisation(s) before the implementation and to define how the organization should be after the implementation; 2) the second sub-task is to conduct the training of the relevant actors of the organization(s) with respect to the practice, on the basis of the goals for the implementation process and the EM of the practice; 3) the third sub-task is to enact the practice on the basis of the EM and to follow-up and evaluate the

enactment process; 4) the fourth sub-task is to analyse the situation of the organization(s) after the enactment process of the practice; and 5) the fifth sub-task is to analyse the whole implementation process utilizing the study material collected during the process and to make conclusions.

The implementation process and its five sub-tasks are not in a linear order. Rather, they can be performed simultaneously, one upon the other, and sometimes it is necessary to go back to the beginning of the process. In the Table 2 inspiring issues are defined which might give some help when defining the evaluation questions of the implementation.

*Table 2. A table for defining the evaluation questions of implementation*

<b>Topic</b>	<b>Clients' aspect</b>	<b>Professionals' aspect</b>	<b>Organizational aspect</b>
<b>Human actors</b>	Do the clients consist of the actors defined in the enactment model? To what extent does the client group settle/change in the long term?	Are the professionals defined in the enactment model involved in the practice? To what extent does the professionals' group settle/change in the long term?	Are the organizational actors defined in the enactment model involved in the practice? To what extent does the group of organizational actors settle/change in the long term?
<b>Tasks and division of work</b>	Do the clients perform the tasks defined in the enactment model? To what extent do these tasks settle/change in the long term?	Do the professionals perform the tasks defined in the enactment model? To what extent do these tasks settle/change in the long term?	Do the organizational actors perform the tasks defined in the enactment model? To what extent do these tasks settle/change in the long term?
<b>Knowledge, skills and tools</b>	Do the clients have the knowledge, skills and tools defined in the enactment model? To what extent do the knowledge, skills and tools expected from the clients settle/change in the long term?	Do the professionals have the knowledge, skills and tools defined in the enactment model? To what extent do the knowledge, skills and tools expected from the professionals settle/change in the long term?	Do the organizational actors have the knowledge, skills and tools defined in the enactment model? To what extent do the knowledge, skills and tools expected from the organizational actors settle/change in the long term?
<b>Rules and principles</b>	To what extent do the clients follow the rules and principles defined in the enactment model? To what extent do these rules and principles settle/change in the long term?	To what extent do the professionals follow the rules and principles defined in the enactment model? To what extent do these rules and principles settle/change in the long term?	To what extent do the organizational actors follow the rules and principles defined in the enactment model? To what extent do these rules and principles settle/change in the long term?
<b>Laws and statutes</b>	Do the clients follow the laws and statutes defined in the enactment model? What kinds of changes are there or are needed in the long term in the laws and statutes with respect to the clients?	Do the professionals follow the laws and statutes defined in the enactment model? What kinds of changes are there or are needed in the long term in the laws and statutes with respect to the clients?	Do the organizational actors follow the laws and statutes defined in the enactment model? What kinds of changes are there or are needed in the long term in the laws and statutes with



			respect to the organizational actors?
<b>Expenses</b>	To what extent is the client able to mobilize money to the expense defined in the enactment model?	...	To what extent is the organization able to mobilize money to the expense defined in the enactment model?

### 3.5 The follow-up and evaluation of the change a practice generates

After a practice has been implemented in an organization, it is possible to start to follow-up and evaluate its routine enactment and the change it generates. The evaluation focuses on the change it is supposed to generate within an selected aspect(s) of evaluation and on the unexpected change it generates. The follow-up and evaluation is structured by four sub-tasks: 1) selection of the cases of evaluation (for example ten clients), the analysis of the situation of the cases before the enactment of the practice and setting of the goals for the cases, 2) the follow-up and evaluation of the enactment process and what is happening for example in the life of clients despite the practice, 3) the analysis of the situation of the cases after the enactment, and 4) the final evaluation of the change the practice has generated with respect to the cases and the other change it has generated. In the Table 3 inspiring issues are defined which might give some help when defining the evaluation questions of change.

Table 3. A table for defining the evaluation questions of the evaluation of change

<b>Topic</b>	<b>Clients' aspect</b>	<b>Professionals' aspect</b>	<b>Organizational aspect</b>
<b>Human actors</b>	What kind of expected and other changes are generated by the practice in the clients?	What kind of expected and other changes are generated by the practice in the professionals?	What kind of expected and other changes are generated by the practice in the organizational actors?
<b>Tasks and division of work</b>	What kind of expected and other changes are generated by the practice in the activity of the clients?	What kind of expected and other changes are generated by the practice in the tasks and division of work of the professionals?	What kind of expected and other changes are generated by the practice in the tasks and division of work of the organizational actors?
<b>Knowledge, skills and tools</b>	What kind of expected and other changes are generated by the practice to the clients' knowledge, skills and ability to utilize tools?	What kind of expected and other changes are generated by the practice to the professionals' knowledge, skills and ability to utilize tools?	What kind of expected and other changes are generated by the practice to the organizational actors' knowledge, skills and ability to utilize tools?
<b>Rules and principles</b>	What kind of expected and other changes are generated by the practice to the rules and principles of life of the clients'?	What kind of expected and other changes are generated by the practice to the rules and principles of the professionals?	What kind of expected and other changes are generated by the practice to the rules and principles of the organizational actors?
<b>Laws and statutes</b>	What kind of change is generated or implied by the practice to the laws and statutes that regulate the clients of the social	What kind of change is generated or implied by the practice to the laws and statutes that regulate the professionals of the social	What kind of change is generated or implied by the practice to the laws and statutes that regulate the organizations of the

	and health field?	and health field?	social and health field?
<b>Expenses</b>	What kind of change is generated by the practice to the economy of the clients in the long term?		What kind of change is generated by the practice to the economy of the organization in the long term?

## 4 Testing of the REA tool

The REA tool has been available for use from the beginning of the year 2011. The tool is an internet-based working environment for modelling and evaluating practices. The tool is available for anyone who wants to use it and it is free of charge. Finland is a country of thousands of development projects, and maybe following partly from this, the number of practices under work in REA has increased fast and constantly. In May, there were about 70 practices in the process of modelling. Five practices which were modelled in REA were in the adopting and implementation process in several municipalities.

The applicability and usability of the REA tool is tested during 2011 in various development projects in Finland. These projects belong to different sub-fields within the social and health sector. The selected projects utilize the tool for modelling practices developed in these projects as well as conducting and evaluating the implementation processes of practices. Also a small number of projects have conducted some evaluation of the effects that practices developed in these projects have generated.

A selection of projects has been supported with a series of workshops where the REA tool is utilized. These workshops have been organized around the idea of co-creation and collaboration with peers. Workshops typically include an introduction to the REA-tool (or some aspect of it) and a selection of case studies that are discussed in detail. In these workshops, the REA tool is actively used for the further development of the selected cases, such as modelling a practice.

The main data collection method in these cases has been participatory observation together with short group interviews about the usability and applicability of the tool. These observations are supported with a follow-up of the content that has been produced into the REA tool by these projects, before and after the workshops.

### Some preliminary findings

Even if the quantity of practices in the REA tool is still relatively low, it can be noticed that similar kinds of practices are being developed around the country, such as various practices of early prevention. Although the similar practices typically differ in some respect, it is evident that there are similar kind of work going on in the current development projects. This finding also supports the expectation that there is a certain amount of overlapping in the ongoing research and development in the field. The idea of the REA tool is to diminish this kind of overlapping development work and repeating creation of similar kinds of practices. This will be possible when the developers can search in the REA what kind of development work is ongoing in the field, supposing that the development projects utilize the tool and work their processes within it.

During the workshops, it has become evident that to some extent there is conceptual confusion among the developers about the central concepts of development projects. One of them relates to the distinction between the project for organizing the work and its goals and the outcomes of the work conducted in the project. The developers who have utilized the REA tool, have for example had some difficulty in conceptualizing what a project is and what is the practice developed in the project. Also certain confusion between what the evaluation of implementation and the evaluation of change are have emerged. Also the relational framework may be too abstract for some developers to understand

and grasp, when reading the introductory texts of the REA tool, especially if they have practiced the more traditional evaluation approaches, for example randomized controlled trials, but when utilizing the tool in practice, the framework opens up in an easier way.

Even though there have been certain obstacles in utilizing the tool for modelling and evaluating the practices, there have been also indications about the benefits of the approach and usefulness of the tool. For modelling a practice, the aspects and topics for defining the core elements of a practice has been experienced very useful (see Table 1.). In many cases the use of the table has opened the eyes to the different constituents of a practice, especially the clients' aspect and organizational aspect has opened new insights into the core elements of the practice. The sub-tasks of the implementation process have been experienced to give some order and structure to the processes, on the other hand they have been taken too literally when it is not necessary to carry out that systematic process, for example when implementing quite simple things.

## 5 Discussion

The development projects funded in Finland by different financiers in the social and health field have largely focused on innovating new ideas and practices. The funding has not thus far focused on the implementation processes and on the evaluation of change the practices generate. The evaluation has mainly been the goal-oriented evaluation of the projects where the evaluation of a project and of a practice is somehow in the same evaluation design. Typically some interviews or surveys are made of the client and practitioner experiences. It might be that in the future, as the REA tool implies, funding will be directed more and more on the implementation activities and on the evaluation of the change the innovations and practices generate.

In Finland, the national evaluation of health technologies is strongly and strictly made in the context of HTA and its hierarchies of knowledge and methods. The relational approach is quite unknown over there. The evaluation culture in the social field and care is more diversified than in the health field. Realistic evaluation is one of the leading approaches over there. Within the Finnish science and technology studies and innovation studies the relational framework is well-known and different approaches within the framework have been developed. The relational framework challenges the evaluation cultures of both the social and health fields in Finland. It emphasizes that the same relational framework can be utilized both in the health technology assessment and in the evaluation of social care. This is possible when the old dichotomies are not taken for granted, such as, technology versus social, practice versus organization, local versus universal, and qualitative versus quantitative, and when the analysis is focused on action and practices.

The REA provides a framework for conducting the evaluation of practices as a part of the overall evaluation of projects, which in turn can also make the design and methods of evaluation more explicit. In the long term, this can shift the focus of evaluation towards the outcomes of projects, i.e., to the real service innovations developed in these processes. It also provides relevant information about the benefits and changes that these new services generate. By providing a framework also for evaluation where different aspects of the service is evaluated, the outcomes of the evaluation can include information about local variations and experiences from different aspect of the service (how clients or patients experience it or how professionals experience it).

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