RESEARCH ARTICLE

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PROCESS AND OUTCOME DIMENSIONS OF SOCIAL INNOVATION IN THE CARE AND REHABILITATION OF THE DIFFERENTLY ABLED.

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Manuscript Info	Abstract
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	Social innovation has reached a stage to address a host of issues like income deprivations, displacement, disability, racism, communal conflicts, and exclusion of the subaltern and other discriminated groups in the society. 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 paper is the outcome of the 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 theorize the processes and outcomes of such initiatives. The results of the 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 disability care giving and rehabilitation.

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Introduction:-

Social innovation was seen as a conceptual frame across the Globe, towards the end of the twentieth century 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, illiteracy, climatic change, racism, ageism and increased criminality required new methods of finding sustainable solutions to such problems. Developing innovative solutions to such social problems and new forms of organising and interactions; both in bridging the gap as well as in addressing the

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issues at hand; led to social innovation theorisations and practices with greater emphasis on processes and not the outcome alone.

Nuances in Social Innovation:-

Originated from innovation social innovation combines the passion of a social mission with an image of business-like discipline, innovation, and determination. It is an answer and entrepreneurial approaches to social problems. 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 welfare. 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. A social innovation is a new combination and/or new configuration of social practices in certain areas of action or social contexts prompted by certain actors or constellations of actors in an intentional targeted manner with the goal of better satisfying or answering needs and problems than is possible on the basis of established practices (Howaldt and Kopp, 2012, p.47).

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.

A definition focused on practice, intention, and outcomes addressing social challenges, was originally developed by Robin Murray, Julie Caulier-Grice, and Geoff Mulgan in The Handbook of Social Innovation (Murray et.al., 2010, p.3). This definition was slightly refined by Agnes Hubert et.al. within the European context as follows: "specifically, we define social innovations as new ideas (products, services and models) that simultaneously meet social needs (more effectively than alternatives) and create new social relationships or collaborations. They are innovations that are not only good for society but also enhance society's capacity to act" (Hubert et.al., 2010, p.9).

Therefore 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).

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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.

The social demand perspective:-
As per 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 a 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.

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.

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. There are theories that explain the social innovation and a few of them are explored.

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 "field configuring 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 egovernance 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 destitute 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
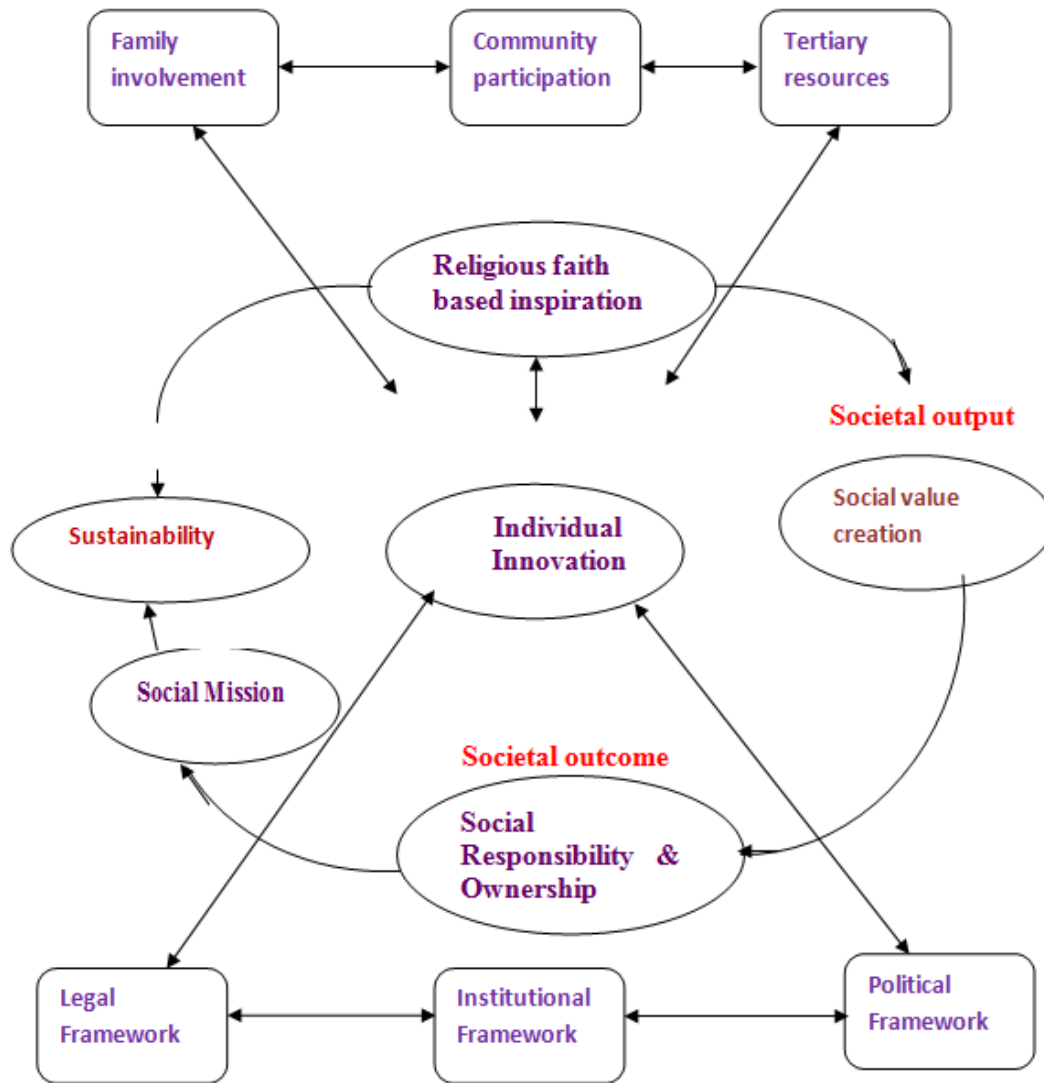
Bottom layer of Frame work conditions in the process

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 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
a. Drives
b. Motivation
c. Family involvement
d. Community participation
e. 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 and summary is given with the application of research questions in the concerned cases towards the end. A brief discussion is done comparing the factors under study in the given cases.

Case study 1:-
Mr. Albert had a trivial childhood wrapped around poverty and the death of his father turned his life upside down. His mother worked menial jobs in the neighbouring house to feed the children. Starvation led him to stealing food and made him school dropout. Of late he worked with a priest and left the job to find his own way out. It led to a loose life with drinks and friends to the extent of engaging himself in antisocial life. He happened to stab a man and killed six persons including a policeman and was imprisoned. The visit of a saintly catholic priest changed his life while he was in prison. Back home he attended retreat and homilies and decided to give his life as a ransom for many by taking up the destitute from the street and caring them. Albert who was known as 'butcher Albert' became 'Brother Albert' today and running a centre of destitute mentally ill nearly hundred including both men and women. His dedication and prayer life attracted many to come with cash and kind to support his new venture, wondering how a man who killed several men, now giving life to many. Albert considers this social service of caring the mentally ill brethren as an act of penance that helps him to enjoy the mercy of Jesus. Initially he begged literally to feed his mentally unsound inmates. Now he has sufficient food and needed resources to support and care the persons affected by mental illness.

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 Mr. Albert. However closer observation helped them to realise the genuine interest and commitment of Albert and others 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.

His wife is extending her helping hand in this mission. He runs a local tele-channel through which the mental health information dissemination is done to the public in the whole district. He is being invited by people from all walks of life and of from different religions. He firmly belief that Jesus saved his life from danger and this life is dedicated to Jesus through his act of charity.

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 Albert 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. There is only moral force that makes people from different walks of life to extend their helping hands towards this venture. The community representatives also share the fact that they too experienced the blessings of God when associating themselves with the venture.

Case study 2:-
Mariabhavan was not the dream of Mr. Joseph but he happened to got involved when a group of prayer team initiated the shelter for the destitute. They wanted a place and Mr. 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 Mr. 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 Mr. Joseph himself who runs it till the date.

The family involvement in this project was partial as Mr. 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. Mr. 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. Ravi 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. Mr. Ravi 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 Ravi, 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 Ravi, '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 to Ravi the community response is varied from place to place. He says, ' those who visited the 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 care what they say but I accept concrete suggestions for improvement from those who visit, observe and analyse the functioning of the centre'. 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:-
Karunyashram is a house of mercy; if not how could more than 120 mentally ill people stay there for years together without any serious disturbances. Sr. Angel Maria was a catholic nun worked for years together as a school teacher, left the congregation and chosen a way less travelled.

She served in two centres who care destitute mentally ill and boldly took steps to start her own home for the destitute. In a rented house she began her journey with an eighty year old lady semi paralyzed. She found it difficult to carry the obese lady to wash room and prayed to Jesus for a helping hand. That very night itself the lady was healed. Day by day the number of inmates increased. Sister literally visited house to house and begged to feed her inmates and continue even today after 18 years.

The community service is varied. There are people from different religions who consider it to offer a day's meal to the mentally ill as a virtue. The Hindu community are more in extending the helping hand but ironically Hindus are more in number leaving the mentally ill family member to the street. There was an instance that she got dog bit while she had home visit. Her home visits are not with the sole intention of getting a financial support. It creates a relationship. She says, 'I listen to the family members, try to understand and discuss the familial and personal problems, do a sort of counselling, support them in family issues to remedy them and ultimately it is a give and take. There are occasions if I do not visit people will ask, where were you so many days and I feel they too enjoy these visits and get benefits. It is a mutual support'.

The centre also has a team of professionals that include monthly visit of Psychiatrist, regular service of a nurse, and other staff. There are also volunteers who opt to serve the inmates.

The above four cases are representing 90 such centres in the State of Kerala and nearly 300 similar ventures all over India. Although the cases are too less to represent these innovative missions it would be useful to analyse the research questions under study in the light of these four cases.

General discussion and interpretation:-
The individual drive and the motive behind the entire mission is the first element of enquiry. All the four centres had their own unique spiritual experience in their personal lives that triggered them to undertake such a venture, definitely a road less travelled. In the case of Albert it was a total transformation from the past life to a new, Sr.

Angel had a transformation of life and mission in the same level but from a lower status, which was teaching mission to serve the destitute a higher mission, in terms of the risk, commitment and responsibility involved. Mr. Ravi also takes a totally new identity from the life events and spiritually transformed to take up the new vision. Mr. Joseph although partially cooperated in the beginning life situations made him to involve totally into the new venture. Ultimately in all the four cases the individual drive and motivation is the sole factor that worked behind the growthand development of the respective projects. Four of them are not extraordinary but ordinary people come from ordinary or poor socio economic background, except Mr. Joseph who had his own business to run his middle class family. None of them are professionally trained in mental health rehabilitation, but they were open to accept the suggestions, recommendations and support of the mental health professionals as all of them got required government licenses and cooperate with government rules and regulations.

The focus of the individual drive in the personal spiritual experience and the motivation is to carry out the mission unveiled to them through the divine intervention. There are extraordinary events in their life but they felt them in ordinary day to day life. For Albert the motive is to repair the damage done to human lives and to Ravi it is identifying the usefulness of human life by dedicating totally for the other. Ultimately the divine mission which is the driving force is nothing but to identify every human in the image of God and serving men equals serving God. This faith dimension has its uniqueness and also universality. In the history the examples of Mother Theresa, Baba Amte, and Mahatma Gandhi were some of the charismatic leaders who had chosen the road less travelled (Yadav, 2012). 'I sought my soul, my soul I could not see; I sought my God, but my God eluded me; I sought my brother and I found all three' (Baba Amte).

The family involvement is another unique feature of these centres. Most of these centres, in the given cases all the three except that of Sr. Angel started with the cooperation of their own family members. Mr. Ravi lives with his wife and three children within the premises of the rehabilitation centre. Mr. Albert and his wife are fulltime into the mission. They also find the entire caring process is in a family atmosphere, in which the inmates feel that the caregivers are like their own family members. However we cannot claim that everyone feels the same as there are inmates who always long to reach back their original family. With regard to the involvement of the family members of the inmates most of them are destitute and do not know about their family whereabouts, among the rest a few of the inmates get frequent support of their family members in term of visits or financial aid and the remaining inmates were totally abandoned by the family members.

Although these centres started with individual initiative and the core component of sustainability is the individual drives and motives, the community support is the heart of the process without which running such centres would be next to impossible.

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.

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 has a regenerative component as 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. The family atmosphere prevailing in such centres replicate the family of their own. 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 destitute or abandoned. Ultimately the entire phenomenon could be explained in a spiral figure. It starts from the individual initiative which is the faith based dimension and driving motive of the founder that has a major say in social impact generation than any other criteria. The way he or related to the society is unique that keeps up the momentum. The individual drive is so powerful that it can create a massive transformation in the very societal thinking in care and rehabilitation. As it progresses multiple dimensions like the involvement of various stakeholders, the resource mobilization, the inclusion of professional elements, legal requirements, government support make it grow upwards gradually through evolving new phases and through the generation of new relationships. The perspective of the family to consider the destitute person as his or her family member needs high spiritual commitment that is generated from the vision and driving motives of the head of the family, the founder. Thus the individual and family focus makes it a new model to alleviate the distress of the mentally ill persons.

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 value 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 seem to be playing a significant role in this study.

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