Various approaches seek to promote responses to the link between innovation and social inclusion. At the public university in Uruguay, the Research and Innovation for Social Inclusion Program has been encouraging for a decade the direct link between research capacities and demands for social inclusion.

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The program has a specific goal: contributing to the solution of problems hampering social inclusion by constructing missing knowledge coming from all areas.

Building the bridge

Addressing the resolution of social problems through the generation of knowledge and innovations is one of the most important objectives of the program. However, this process of ‘addressing’ is not simple, since it is influenced by multiple power relations and depends, to a certain extent, on economic, institutional, cultural and political factors [2]. The basic assumption made is that the process of building bridges between demands to solve problems of social inclusion, knowledge production, and other processes up to the potential implementation of solutions requires support and orientation in several stages. To this end, specific incentives were deployed to connect actors and stimulate their involvement in order to solve relevant problems. Within the program, each project is going through five stages:

1. Demand: The issue of demand is far from trivial. First, we have complexity associated with the diversity of demands involving social inclusion problems that derive from multidimensional phenomena and are not limited to income poverty. Second comes complexity associated with identifying the involved actors and their demands. For a social problem to meet with the knowledge that could help to solve it, the first precondition is that the...
problem becomes visible as a demand. For making this travel – from recognizing a necessity to understanding it as a problem and then transforming it into a visible demand – certain agency is required. Many times the individuals who are affected by a problem do not have the tools to translate a necessity into a problem and make it visible. Their level of organization and internal cohesion is key for that aim and when the latter is weak, specific strategies need to be devised to make visible what is hidden.

2. **Linkages**: Research devoted to solve social problems needs to treat people as agents and not as patients, as Amartya Sen [3] put it, implying multiple dialogues with diverse stakeholders. The projects in the program are thus required to establish linkages with non-academic counterparts in the different instances of their development, involving those directly affected by the problem or intermediaries. The main strategy here is to ask for a narrative coming from the counterparts containing the rationale for their support to the project, the description of the problem and its importance in their own words and their willingness to collaborate with researchers all along.

3. **Translation**: After complying with the requirements of identifying a demand and fostering linkages, the program faces the challenge of translating demands into research problems. Acknowledging the complexity of this process and its highly localized nature, the program introduced – compared with more traditional research programs – some flexibility in its structure, enabling the funding of a preliminary stage. That is a stage of collecting social demands and their translation into research problems. The result of this stage is the elaboration of a full-fledged research project to be submitted to the call.

4. **Evaluation**: The projects are evaluated positively when their academic quality is considered as high and their social relevance, that is, their capacity to help improving conditions of social inclusion, is considered as high too. Unlike other Research Council’s programs, where the evaluation committees are integrated exclusively by academics, in this case experts from policy or social organizations can be included as well. In addition, qualitative interviews are conducted with the counterparts to assess the extent of their involvement with the projects. With the aim of not losing good ideas due to weaknesses in the presentation, an instance of reformulation is enabled to make adjustments. In focus of this step are: refinement of the problem description, interdisciplinarity of the research team when needed, and reinforcement of the links with the counterparts.
5. Implementation: A strong emphasis of the program is that the projects must integrate their results for the solution of the social problem addressed by the research. This implies identifying those able and willing to implement solutions derived from the research results. The more direct the link between problem-definers and result-users, the easier the implementation, typically when a medical doctor plays both roles. This is a particularly critical point: the commitment of the actors implementing the solutions is key to achieve successful results.

In the following, we will use one of the projects funded by the program to exemplify each of the stages: the DalaVuelta (Spanish for: 'turns around') project seeks to improve access to technical aids that allow mobility, inside and outside their home, of people with motor disabilities. For the first stage, (i) the identification of social inclusion demands came from a survey collecting users' needs as well as public social policy demands developed by the group of engineers and specialists in mobility working in the project. The collected information allowed the researchers to map the needs of users and stakeholders. Furthermore, it helped to understand what kind of technical and cognitive capabilities would be helpful. (ii) The link between non-academic actors and researchers was reinforced from this process of identifying demands. This process was partially financed by the program as a stage prior to a presentation of the entire project. The counterparts came from civil society, such as APRI (in English: Pro Invalid Recovery Association) and from public health care centers. (iii) The translation of social demands to research problems was carried out by a multidisciplinary team of researchers (Engineers, Designers, Physiotherapists and Social Scientists) in dialogue with non-academic counterparts. The project sought to develop three low-cost prototypes to expand access to (1) a transfer table (allows the individual to move from one seat to another of similar height without the need to stand-up), to (2) electric coupling for wheelchairs (enabling a wheelchair user to travel greater distances than usual in an autonomous way) and (3) a chair lift (allows an individual using a wheelchair to transfer between platforms in different heights, e.g. from the pavement into a vehicle). To receive financial support (iv), the project had to go through a double review process, a peer review to evaluate the academic quality, and qualitative interviews with the counterparts to evaluate their involvement in the project. The results implementation (v) has followed different paths for each prototype. In all three cases, progress was made in validation processes together with the users. In the case of the Low Cost Electric Coupler the group is currently working together with APRI to develop a business plan to allow the organization to promote the manufacturing and commercialization of these technical aids.

TEN YEARS OF STRUGGLING: SOME POLICY LESSONS LEARNED

So far, the program has made six calls in 2008, 2010, 2012, 2014, 2016 and 2019. Over these years, 87 projects were funded in areas such as health, housing, nutrition, gender inequalities, territorial inequalities, disability, informal work, and others.
The program has faced several bottlenecks, the first of which refers to the origin of demands: where do knowledge demands for social inclusion come from? We have learnt that they can start with:

1. Individuals and organizations directly linked to problems related to social inclusion, e.g. rural rice workers worried by the ‘naturalization’ of their early deaths wanted an academic assessment about how they were affected by agrochemicals used in their working environments.

2. Individuals and organizations that act as intermediaries, e.g. doctors in a public hospital contacting scholars on digital image treatment to get affordable and high quality software for brain scanning in cases where surgery is needed to treat a child’s epilepsy.

3. Researchers who assume a demand in some sector of a population, e.g. low cost synthetic skin, aimed at providing affordable treatments for burns in public hospitals.

Aligning efforts is important, because isolated efforts lead to isolated experiences.

The diversity of cases has shown that the way in which various actors are linked throughout the project has consequences on the implementation of their results. Another important lesson concerning the program is that aligning efforts is important, because isolated efforts lead to isolated experiences. This implies intensively gathering information on what needs to be known around a given problem or a concrete institution: we have worked so far around child and maternal malnutrition as a ‘platform-problem’ and with the Ministry of Social Affairs and the National System of Care.

CONCLUSIONS

From the perspective of a synthetic recapitulation, it is possible to observe that the process of linking directly social demands and the production of knowledge and innovations in order to solve problems requires directionality. Each stage of such a process requires specific incentives and encouragement. Our program has sought to consolidate these incentives as well as support through diverse strategies. Many difficulties persist, internal to academia and outside of it, but after a decade of struggling, our conviction continues to be strong: it is not a sufficient condition but it is indeed a necessary one, to connect directly advanced knowledge and the fight against social exclusion, providing the incentives and the opportunities for that to happen.

REFERENCES


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