ISSN 2413-9610, E-ISSN 2663-2365 Journal homepage: https://devma.com.ua/en

DEVELOPMENT MANAGEMENT

UDC 364:005.8
DOI: 10.63341/devt/2.2026.34

Vol. 25, No. 2. 2026

Project-based solutions and innovative approaches to the management of rehabilitation centres and social service institutions

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Abstract. Unprecedented challenges associated with martial law, limited resources, growing population needs and the ongoing transformation of the social sector call for a fundamental rethinking of traditional management approaches in rehabilitation centres and social service institutions. The aim of this study was to provide a conceptual framework for a system of innovative management approaches and project-based solutions for rehabilitation centres and social service institutions, taking into account the contemporary Ukrainian context. The study employed a mixed-methods methodology, including a systematic literature review, analysis of the regulatory framework, qualitative case studies, a quantitative survey of 247 respondents from 183 organisations and expert validation of the proposed model using

Article's History: Received: 31.10.2025; Revised: 27.03.2026; Accepted: 19.05.2026; Published: 29.06.2026

Suggested Citation:
Tverezovska, N., Arthur Launer, M., Demchenko, I., Suprun, D., & Hryhorenko, T. (2026). Project-based solutions and innovative approaches to the management of rehabilitation centres and social service institutions. *Development Management*, 25(2), 34-56. DOI: 10.63341/devt/2.2026.34.

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the Delphi method. The findings revealed critical gaps in current management practices: only 23.7% of organisations considered their management systems to be innovative. The main challenges include limited funding (87.4%), a shortage of qualified personnel (71.3%), professional burnout (68.9%) and adaptation to wartime conditions (64.2%). The study has systematised international experience and Ukrainian practices across eight key areas: digital transformation, project management, co-production with clients, Agile practices, quality management, strategic human resource management, financial management, partnerships and management under wartime conditions. Based on the synthesis of the findings, an integrated model of innovative management has been developed, combining four interrelated domains: strategic leadership and governance, operational excellence and quality, stakeholder engagement and resource sustainability. The model has been validated by experts and adapted to the context of limited resources and wartime challenges. A comprehensive set of implementation tools has been developed, including a diagnostic instrument, a transformation roadmap, methodological guidelines, templates and a training program. The study suggests that organisations with a high level of management innovation achieve 38% higher client satisfaction, 43% better team coordination and 52% lower staff turnover. Organisational resilience was found to be a critical predictor of survival during periods of crisis

Keywords: social sector; human resources; integrated model; digital transformation; financial sustainability; agile practices; roadmap

INTRODUCTION

The relevance of this study is stipulated by the unprecedented challenges faced by rehabilitation centres and social service institutions in Ukraine under conditions of martial law, large-scale internal displacement and profound systemic transformation of the social sector. The combined impact of military actions, demographic changes, population aging, the increasing prevalence of chronic diseases, disabilities, the consequences of the COVID-19 pandemic, and a persistent shortage of resources places critical pressure on the social welfare and rehabilitation system, thereby necessitating a reconsideration of traditional management approaches.

According to the World Health Organization (2017), more than 2.4 billion people worldwide have health conditions requiring rehabilitation services and this number continues to increase. In Ukraine, this issue has become particularly acute due to the full-scale Russian invasion. In 2023 more than 800 social service institutions provided services to approximately 250,000 individuals, while the number of people with disabilities resulting from military actions has increased significantly compared to the pre-war period. More than 150 social institutions were damaged or destroyed, whereas the demand for rehabilitation and social services for military personnel, civilian victims and internally displaced persons increased dramatically. In particular, according to G. Rodríguez-Abitia and Bribiesca-Correa (2021) the implementation of digital solutions, including electronic case management systems, telerehabilitation and analytical platforms enhances service accessibility, optimises resource utilisation, and improves client satisfaction, although it also requires consideration of the risks associated with digital inequality. N. Donthu *et al.* (2021) argued that involving service recipients in co-production processes contributes to improved service outcomes, greater alignment of services with actual needs and enhanced client agency. S. Denning (2022) proved that agile approaches are highly effective in the social sector under conditions of uncertainty and rapid change, fostering adaptability and facilitating rapid organisational learning.

J.S. Levenson (2017) emphasised that evidence-based management and trauma-informed approaches are particularly valuable for their ability to reduce the risk of client re-traumatisation and staff burnout. According to P.G. Malakyan (2023), adaptive leadership is a key factor in ensuring organisational resilience under crisis conditions. S. Sankaran *et al.* (2022) argued that the development of a project methodology specifically adapted to the social sector is necessitated by the unique nature of social services and the complexity of management processes in this field. S. Verweij & A. Shreya (2023) pointed out that effective management of social organisations is grounded in integrated partnership and quality management models based on trust, a shared vision and cross-sectoral collaboration. T.D. Calabrese (2012) demonstrated that the financial sustainability of social institutions increasingly depends on the diversification of funding sources and the development of innovative financial strategies. Ukrainian scholars have also addressed the issue of management transformation in the social sector; however, the literature remains relatively fragmented. For example, N.T. Tverezovska *et al.* (2025) analysed contemporary management models for rehabilitation institutions and identified both theoretical foundations and practical challenges associated with resource constraints and organisational operations. In particular, O.V. Katsora (2025), based on an expert assessment conducted in the Zakarpattia region, identified regional specificities of social service provision under crisis conditions and emphasised the need for stronger coordination mechanisms. Furthermore, R.I. Dzhuhan *et al.* (2025) examined the organisation of social services for veterans in territorial communities and proposed innovative approaches, including case management and mobile service hubs.

Despite substantial international research and findings of Ukrainian scholars, insufficient attention has been paid to the fundamental transformation of management practices in rehabilitation centres and social service institutions. Traditional bureaucratic management models, focused primarily on procedural compliance and administrative control, are gradually being replaced by innovative approaches grounded in data-driven decision-making, flexibility and client-centeredness. The implementation of electronic case management systems, the Unified Information System of the Social Sphere (UISSS), analytical tools and digital service provider portals enables organisations to shift from reactive to proactive management, optimise resource allocation, and improve responsiveness to clients' individual needs. At the same time, practical mechanisms for implementing flexible project management

methodologies adapted to the Ukrainian context remain underdeveloped, particularly with regard to regional specificities, cross-sectoral collaboration and digitalisation under wartime conditions. These challenges underscore the need for substantiating a system of innovative management approaches and project-based solutions for rehabilitation centres and social service institutions. Thus, the aim of this study was to substantiate a system of innovative management approaches and project-based solutions for rehabilitation centres and social service institutions, taking into account contemporary challenges and the specific context of Ukraine.

MATERIALS AND METHODS

The research was conducted in several stages aimed at a comprehensive study of innovative management approaches and project-based solutions in the management of rehabilitation centres and social service institutions. The first stage involved a systematic literature review to identify, analyse and synthesise international experience of applying innovative management approaches in the social sector. The literature search was conducted in the Web of Science, Scopus, PubMed and Google Scholar databases for the period 2018-2025, including the following keywords: "innovative management", "social services", "rehabilitation centres", "agile management", "digital transformation", "project management", "quality management" and "non-profit organisations". The inclusion criteria comprised peer-reviewed publications, empirical studies or high-quality conceptual papers, relevance to the management of social service institutions and the availability of full-text articles in English. The initial search yielded 847 publications. Following abstract screening and full-text review, 163 relevant sources were selected for further analysis. The findings were synthesised using thematic analysis with coding focused on key concepts, approaches, empirical evidence of effectiveness and contextual factors influencing implementation.

The second stage involved the analysis of regulatory framework and policy documents governing the operation of rehabilitation centres and social service institutions in Ukraine. The analysis covered Law of Ukraine No. 875-XII (1991), DBN V.2.2-18:2007 (2007), Order of the Ministry of Social Policy of Ukraine No. 760 (2013), Law of Ukraine No. 2671-VIII (2019), Law of Ukraine No. 1053-IX (2020), Resolution of the Cabinet of Ministers of Ukraine No. 587 (2020), Resolution of the Cabinet of Ministers of Ukraine No. 99 (2021), Law of Ukraine No. 1664-IX (2021), Order of the Ministry of Social Policy of Ukraine No. 115 (2021), Order of the Ministry of Social Policy of Ukraine No. 90 (2022), National Social Service of Ukraine (2023), and Order of the Cabinet of Ministers of Ukraine No. 34-r (2025). In addition, international standards and guidelines were examined, including the United Nations (2006) Convention on the rights of persons with disabilities, ISO 9001:2015 (2015), World Health Organization (2019) guidelines and CARF (2025) accreditation standards. Content analysis of these documents made it possible to identify formal management requirements, gaps between regulatory standards and actual practices, and opportunities for innovation within the existing regulatory framework.

The third stage involved a qualitative empirical investigation of management practices in Ukrainian rehabilitation centres and social service institutions. A case study approach (Iatsyshyn *et al.*, 2024; Gusak *et al.*, 2025) was employed to gain an in-depth understanding of management practices, challenges and innovative practices. Using the principle of maximum variation sampling, 12 institutions of different types were selected, including state and municipal rehabilitation centres, non-governmental social service providers, disability service providers, childcare facilities, psychosocial support centres for military personnel and civilians affected by the war. Geographically, the sample included institutions from western regions (3 institutions), central regions (4 institutions) and eastern and southern regions (5 institutions, including evacuated and reintegrated institutions).

The primary data collection method included semi-structured interviews with institutional leaders and key managers. 28 in-depth interviews, each lasting 60-90 minutes, were conducted to explore management approaches, strategies, challenges, innovative practices and adaptation to wartime conditions. The interview guide included questions on organisational structure and processes, strategic planning and change management, service quality management, project management, human resource management, financial management, the use of technology, partnerships and cross-sectoral collaboration, as well as wartime-specific challenges and strategies for addressing them. With participants' consent, the interviews were audio-recorded, transcribed and analysed using inductive thematic coding in the MAXQDA software environment.

In addition, participant observation was conducted during visits to the institutions. The observations focused on organisational culture, staff-client interactions, physical environment, the use of technology, team dynamics and documentation processes. 47 field notes were recorded, providing contextual information and insights into the nonverbal aspects of organisational reality that complemented the interview data. Organisational documents were also analysed, including strategic plans, policies and procedures, reports on service quality and client outcomes, project documentation, stakeholder satisfaction assessments, accreditation and external evaluation materials. Document analysis made it possible to verify information obtained through interviews (Tverezovska & Sydorenko, 2013) and to collect objective data on organisational practices.

The fourth stage involved a quantitative study conducted through an online survey of managers and professionals working in rehabilitation centres and social service institutions. A structured questionnaire comprising 68 items was developed and organised into the following sections: organisational characteristics; the application of innovative management approaches (digital technologies, project management methodologies, Agile practices, evidence-based management, co-production); service quality management; human resource management; financial management; partnerships; challenges and barriers to innovation; the impact of war on management practices. Most questionnaire items employed the Likert scale (Likert, 1932) to measure the level of agreement, frequency of practice use and approaches effectiveness. Open-ended questions were also included to obtain qualitative comments.

The survey was conducted between February and March 2025 using the Google Forms platform. The survey link was distributed through professional networks, associations of social sector organisations and specialised groups on social media. 247 valid responses were obtained from representatives of 183 different institutions across all regions of Ukraine. This ensured the representativeness of the sample in terms of institution type, ownership form, size and geographic location. Survey data were analysed using SPSS 26.0, alongside descriptive statistics, correlation analysis, group comparisons (t-tests and ANOVA) (Tabachnick *et al*., 2019; Montgomery *et al*., 2019) and regression modelling to identify predictors of the effectiveness of management innovations.

The fifth stage involved synthesising the findings of the previous stages to develop an integrated model of innovative management approaches adapted to the context of Ukrainian rehabilitation centres and social service institutions. Theoretical modelling (Arias Valencia, 2022) was employed on the basis of data triangulation (McCrudden *et al*., 2021). The literature review, qualitative case studies (Schlunegger *et al*., 2024) and quantitative survey (Creswell & Inoue, 2024) were also incorporated into the modelling process. The model includes key components, their interrelationships, conditions for effective implementation and expected outcomes at different levels (clients, staff, organisation, system). Model validation was conducted through consultations with an expert panel comprising 8 international experts in social service management, 12 leading Ukrainian practitioner-managers of social service institutions and 5 scholars in the fields of social work and public administration. The expert evaluation focused on the model's relevance, comprehensiveness, practical applicability and cultural appropriateness. Based on the results of two rounds of expert review using the Delphi method, the model was refined and finalised.

The sixth stage involved the development of practical tools and recommendations for the implementation of innovative approaches, including a diagnostic tool for self-assessing the level of innovativeness of an institution's management practices, step-by-step methodological guidelines for implementing specific approaches (digital transformation, Agile practices, co-production and evidence-based management), adapted project documentation templates for the social sector, service quality management checklists, competency development programs for managers in the field of innovative management. These tools underwent pilot testing in 6 institutions and were subsequently refined based on the feedback received.

The study was conducted in accordance with the ethical principles of the World Medical Association (2024) and the requirements of the current legislation of Ukraine concerning the protection of personal data. All procedures related to the collection, processing and storage of information were carried out in compliance with Law of Ukraine No. 2297-VI (2010). Prior to participation in the interviews and survey, all respondents received detailed information about the purpose of the study, the methods employed and the use of the collected data, and provided informed consent. Confidentiality and anonymity were ensured: institutions are not identified in publications and are referred to using generalised codes. Audio recordings of the interviews and personal data are stored in encrypted form with restricted access. Respondents had the right to decline participation or withdraw from the interview at any stage without providing a reason. Special attention was paid to the ethical aspects of working with respondents who may have experienced war-related traumatic events, in particular, a supportive environment was maintained, respondents were not required to discuss traumatic experiences, information about available psychological support resources was provided.

The qualitative component of the study was based on case studies of 12 institutions, which does not allow for the statistical generalisation of the findings to the entire population of Ukrainian rehabilitation centres and social service institutions; however, it provides an in-depth understanding of the context and underlying mechanisms. Although the quantitative survey covered 183 institutions, it relied on convenience sampling through professional networks, which may have introduced selection bias in favour of more active and innovative organisations. The self-reported survey data may be subject to social desirability bias. The study employed a cross-sectional design, which limits the ability to draw conclusions regarding causal relationships and changes over time. The wartime context created additional logistical challenges for data collection, particularly in eastern and southern regions, which may have affected the completeness of the sample. Despite these limitations, the use of multiple complementary methods (systematic literature review, document content analysis, case studies, survey research, expert evaluation) (Younas *et al*., 2023) ensured data triangulation and enhanced the reliability and validity of the findings.

RESULTS AND DISCUSSION

Sample characteristics and the current state of management practices

The analysis of the quantitative survey data made it possible to develop a detailed profile of Ukrainian rehabilitation centres and social service institutions. By the type of ownership, the institutions were distributed as follows: municipal institutions accounted for 42.3% of the sample, state institutions for 28.1%, non-governmental non-profit organisations for 24.6% and private for-profit organisations for 5.0% (Fig. 1). By service type, the sample was dominated by comprehensive rehabilitation centres for adults (31.7%), followed by disability service providers (23.8%), psychosocial support centres (18.5%), paediatric rehabilitation centres (15.3%) and geriatric care institutions (10.7%). In terms of size, the organisations ranged from small (serving up to 20 clients simultaneously, 18.9%) to medium-sized (21-100 clients, 53.3%) and large (more than 100 clients, 27.8%). The geographic distribution reflected nationwide coverage, with a concentration of institutions located in major cities. The assessment of the current state of management practices revealed substantial heterogeneity across institutions. Only 23.7% of respondents considered their organisation's management system to be modern and innovative, whereas 48.2% characterised it as predominantly traditional with some innovative elements and 28.1% admitted its reliance mainly on outdated approaches. The principal management challenges identified by respondents are presented in Table 1.

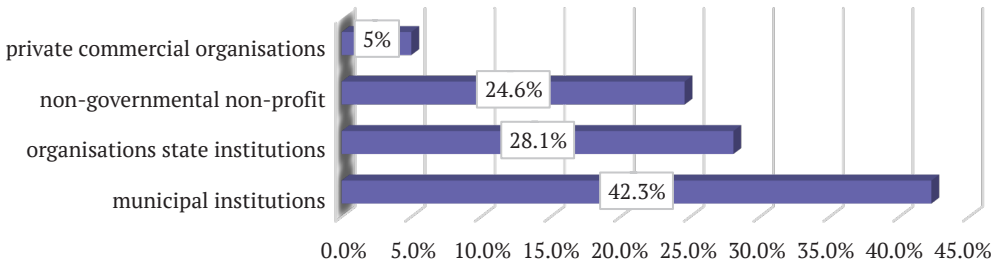

Figure 1. Profile of Ukrainian rehabilitation centres and social service institutions by ownership type
Source: developed by the authors based on the quantitative survey

Table 1. Key management challenges

No.	Challenges	Percentage of respondents, %
1	Limited funding	87.4
2	Shortage of qualified personnel	71.3
3	High workload and professional burnout among staff	68.9
4	Challenges of adapting to wartime changes	64.2
5	Inadequacies in the regulatory framework	57.8
6	Lack of modern technologies and digital tools	53.4
7	Difficulties in securing donor funding	49.7

Source: developed by the authors based on a survey of managers

The above-mentioned challenges shape the context in which innovative management approaches are implemented. The findings indicate that organisational leaders recognise the need for management transformation; however, existing barriers constrain the pace and scope of change. In the international context, management transformation in social care and long-term care systems has emerged as a systemic response to growing demand, population ageing and workforce shortages. According to OECD (2025a; 2025b), in 2023, an average of 12% of individuals aged 65 years and older across 31 OECD countries received long-term care services, while the share of care provided at home increased from 66% in 2013 to 70% in 2023. At the same time, a substantial proportion of older adults, requiring assistance with everyday activities, continue to experience unmet care needs, highlighting the need for innovative management solutions. The international structure of the sector differs considerably from that of Ukraine as in most OECD countries, private non-profit organisations (45-70%) and for-profit providers predominate, whereas public institutions account for only 20-40% of service provision. In countries with highly privatised systems (the United States, Australia, the United Kingdom), medium-sized and large providers dominate the sector, creating more favourable conditions for the implementation of digital platforms, analytics, and modern quality management models (Table 2). The level of management innovativeness is also higher in these countries: 45-65% of managers consider their management systems to be modern, with extensive use of digital tools, Agile practices and client engagement as partners.

Table 2. Comparative characteristics of rehabilitation centres and social service institutions (Ukraine and OECD countries / the United States (2023-2025)

No.	Indicator	Ukraine (2025), %	OECD Countries / United States (2023-2025), %	Notes
1	Public and municipal institutions	70.4	20-40	Public and municipal ownership predominates in Ukraine
2	Private non-profit organisations	24.6	45-70	The share is considerably higher in developed countries due to charitable traditions
3	Private for-profit organisations	5.0	10-74 (the USA – up to 74)	The for-profit segment is almost absent in Ukraine
4	Small organisations (up to 20 clients)	18.9	10-15	-
5	Medium-sized organisations (21-100 clients)	53.3	45-55	-
6	Large organisations (more than 100 clients)	27.8	35-60	The proportion is higher in the United States and Australia due to economies of scale
7	Level of modern and innovative management	23.7	45-65	Ukraine lags significantly behind
8	Share of institutions relying primarily on outdated approaches	28.1	10-20	The figure is nearly three times higher in Ukraine
9	Active use of digital management tools	-	60-80	Data were not available from the Ukrainian survey

Table 2, Continued

No.	Indicator	Ukraine (2025), %	OECD Countries / United States (2023-2025), %	Notes
10	Use of Agile and project-based methodologies	-	40-65	Data were not available from the Ukrainian survey
11	Level of client engagement as active partners	-	55-75	Data were not available from the Ukrainian survey

Source: developed by the authors based on the quantitative survey conducted by the authors (Ukraine) and data from Centres for Medicare & Medicaid Services (2024a; 2024b), KFF (2024; 2025), European Commission (2025a; 2025b), OECD (2025a; 2025b), CARF (2025), CARF International (2025), Care Quality Commission (2025)

Compared with international practice, the Ukrainian system remains considerably more state- and municipally oriented, with a predominance of traditional bureaucratic approaches. A positive aspect is the possibility of centralised planning and coordination under wartime conditions. Its limitations include a slower pace of adaptation to change, restricted opportunities for the implementation of digital tools and project management methodologies and a high dependence on public funding. At the same time, these specific characteristics create substantial opportunities for the targeted implementation of project-based solutions and innovative management practices adapted to conditions of limited resources and crisis operation.

Digital transformation as a driver of innovation in management

Digital transformation is one of the most powerful drivers of innovation in the management of social service institutions. The findings revealed substantial variation in the level of digitalisation across organisations. Basic digital tools (e-mail, office software, messaging applications) are used by nearly all institutions (97.6%). However, specialised management systems with greater transformative potential are considerably less widespread. Electronic case management systems have been implemented in only 34.8% of organisations, electronic document management systems operate in 41.2%, CRM systems for stakeholder relationship management are used by 28.7% and analytical tools for performance monitoring (dashboards and business intelligence tools) are employed by 22.3% of institutions. Digital tools not only automate routine operations but also fundamentally transform management practices, turning them into a strategic instrument for managing change, projects and innovation. CRM systems facilitate a shift from episodic recording of interactions to the systematic management of client pathways, improving the quality of managerial decision-making by providing timely information for project adjustment, resource allocation optimisation, and process change planning.

Case studies revealed specific examples of the transformative impact of digitalisation. Rehabilitation Centre RC-04 implemented a comprehensive electronic management system integrating client registration, planning of individualised rehabilitation programs, progress documentation, multidisciplinary team coordination and reporting. The head of the institution pointed out the following: “The digital system has fundamentally changed our approach to management. We receive real-time data on each client, can quickly adjust programs and our team works in a coordinated manner. The time required for administrative procedures has decreased by 40%, while the quality of coordination has improved significantly”. The quantitative findings confirmed these observations: institutions that had implemented electronic case management systems demonstrated 38% higher levels of client satisfaction and 31% better coordination among professionals compared to organisations relying on paper-based documentation.

Tele-rehabilitation and remote service delivery have become critically important under pandemic-related and wartime constraints. According to the survey findings, 56.3% of institutions had implemented one or more forms of remote service delivery. The most common ones included video consultations provided by psychologists and social workers (43.7%), online peer support groups (38.9%), video-based guidance for home exercises (32.4%) and remote monitoring of clients’ conditions (27.1%). Comprehensive tele-rehabilitation platforms featuring interactive exercises, real-time feedback and integration with wearable devices were used by only 14.6% of organisations. Organisation SS-07, which works with veterans in rural areas, developed a hybrid service model combining periodic face-to-face meetings with regular remote support. A social worker described this approach as follows: “Many of our clients live 50-100 km from the centre. Previously, they could come maximum once a month. Now we conduct weekly video sessions, which allow us to maintain continuity of the therapeutic process, respond promptly to crises and involve family members. Outcomes have improved significantly”. Statistical analysis showed that clients receiving a combination of in-person and remote services achieved rehabilitation goals at rates 44% higher than those receiving only in-person services at extended intervals.

The use of data and analytics for managerial decision-making remains insufficiently developed despite its widely recognised potential. Only 31.2% of organisations systematically collect and analyse client outcome data to assess program effectiveness. Regular monitoring of key performance indicators (KPIs) is conducted by 38.7% of institutions. Data-informed strategic planning is practiced by 29.4% of organisations, while only 12.8% use predictive analytics to forecast needs and risks. Interviews with organisational leaders revealed two main models of data use. The first, a reactive model, is characterised by data collection primarily for reporting to donors and regulatory authorities, occasional analysis and limited use of data in decision-making. The second, a proactive evidence-based management model, involves the systematic collection of a broad range of indicators, regular analysis and discussion of data by the team, integration of insights into planning and operational adjustments, the use of data for training and improvement. Organisations adopting the proactive model (23.7% of the sample) demonstrated significantly

higher organisational effectiveness according to a composite index encompassing client outcomes, financial sustainability and staff satisfaction (mean score 7.8 versus 5.3 on a 10-point scale, $p < 0.001$).

The RC-09 Centre developed its own monitoring and evaluation system tracking 28 key indicators across four domains: client outcomes (functional improvements, goal attainment, satisfaction), service delivery processes (waiting time, protocol compliance, coordination), staff (satisfaction, professional burnout, competencies), financial sustainability and efficiency. The data are visualised through an interactive dashboard accessible to senior management and program managers. Monthly meetings begin with a review of indicators, discussion of trends, identification of problems and implementation of corrective actions. The director emphasised: "Data have changed the organisational culture. Decisions are no longer based on assumptions or intuition but on facts. We can quickly see what works and what does not, and we can experiment". Three years after the implementation of this system, the institution demonstrated a 52% improvement in client goal attainment, a 38% reduction in staff turnover and a 67% increase in donor funding. The barriers to digitalisation identified in the study are presented in Table 3. Successful organisations overcome these barriers through phased implementation (starting with simple, accessible tools), intensive staff training with an emphasis on practical benefits, engagement of technological partners (IT companies, universities) for support and clear data security and confidentiality policies.

Table 3. Barriers to digitalisation

No.	Barriers	Percentage of respondents, %
1	Limited financial resources for the purchase of software and equipment	79.3
2	Insufficient digital competencies among staff	63.7
3	Resistance to change and preference for traditional paper-based processes	51.2
4	Lack of technical support and system maintenance	48.9
5	Concerns regarding data security and confidentiality	43.6
6	Difficulties in integrating different systems	39.7

Source: developed by the authors based on a survey of respondents

The findings indicate a low level of digital transformation in Ukrainian rehabilitation centres and social service institutions. Most organisations rely on basic digital tools, while systems with a strategic impact on management (electronic case management systems, CRM systems and analytical platforms) have been implemented in fewer than one-third of institutions. As J. Lu *et al.* (2024) suggest, digital technologies significantly enhance managers' self-efficacy and the quality of decision-making in crisis situations, as they enable faster access to relevant information, more efficient comparison of alternatives, continuous monitoring of changes, and the implementation of innovations without critical delays. In this context, digitalisation functions both as a technical tool and as a managerial resource that strengthens an organisation's capacity to operate under conditions of uncertainty. This conclusion is partially supported by the data, as institutions that had implemented electronic case management systems demonstrated 38% higher levels of client satisfaction and 31% better coordination among professionals.

A similar conclusion can be found in the study by H. Härkönen *et al.* (2024), arguing that digital services have a positive impact on the quality of social services, although their effects on costs and overall population health remain uncertain. The authors particularly emphasise that digitalisation demonstrates its greatest potential in improving managerial processes, interprofessional coordination and access to information for decision-making. The findings of the present study are consistent with this idea; however, they also highlight a significant structural lag in Ukrainian institutions, as only 34.8% of organisations use electronic case management systems.

In their study, C. Jong & A. Ganzaroli (2024) focused on digital transformation in the non-profit sector and demonstrated that CRM systems and analytical platforms significantly improve project management, stakeholder engagement and strategic change planning. The relevance of this finding goes beyond a purely technical description of tools, as CRM systems, in this perspective, function as an infrastructure for building systemic relationships between organisations, clients, partners, donors and other stakeholders. Accordingly, analytical platforms enable organisations to move beyond considering solely the current state of services and instead identify trends, bottlenecks, risk areas and opportunities for organisational development. The findings of the present study support this argument; however, they also reveal a substantial gap, as only 28.7% of Ukrainian institutions use CRM systems.

The findings of A. Rousaki *et al.* (2024) further reinforce this understanding, as the authors report that digitalisation of social care contributes to improved team coordination and higher service quality. This regularity is particularly significant for social service organisation, where the quality of care largely depends on the alignment of actions among different professionals, the speed of information exchange and the ability to respond promptly to changes in clients' situations. The results of the present study are consistent with this evidence, as institutions with implemented electronic systems demonstrated 31-38% better coordination and higher levels of client satisfaction. In this sense, digitalisation can be understood as a mechanism for reducing managerial fragmentation, overcoming the isolation of professional groups and shaping a more integrated service delivery model.

At the same time, international studies convincingly demonstrate that successful digital transformation cannot be reduced to the procurement of software or the implementation of electronic document management systems. A. Stoumpos *et al.* (2023) emphasised that digital transformation requires not only technological solutions but also

changes in organisational culture, development of staff competencies, managerial support for new practices and the institutionalisation of new forms of work. The findings of the present study fully support this assumption, as the main barriers include limited financial resources, reported by 79.3% of respondents and insufficient levels of digital competencies among staff, indicated by 63.7% of respondents.

Particular attention should also be paid to the argument that digitalisation in the social sector should be both effective and ethical. A. Saverino *et al*. (2021) and T. Veress (2026) emphasised the role of digital platforms in team coordination and in promoting an ethical, client-centred approach to innovation. The RC-04, RC-09 and SS-07 cases demonstrate a similar effect, although on a considerably smaller scale. In these cases, digital tools did not operate in isolation but rather in combination with proactive leadership, stronger team collaboration and a commitment to individualised support. Thus, digital tools, including CRM systems, analytical platforms and electronic case management systems, not only automate operational processes but also serve as strategic instruments for managing change, projects, and innovation within social service organisations. Their key value lies in enabling a shift from intuition-based management to data-driven management and from fragmented coordination to an integrated view of services, resources, and outcomes.

Project-based management: Adapting methodologies to the social services context

A project-based management approach is becoming increasingly widespread in Ukrainian rehabilitation centres and social service organisations, although its application remains uneven and often intuitive. According to the survey, 64.8% of organisations implement various projects beyond their core operational activities; however, only 28.3% employ formalised project-based management methodologies. The most common types of projects include grant-funded initiatives aimed at attracting donor support (reported by 73.2% of organisations engaged in project activities), projects focused on the implementation of new programs or services (58.7%), infrastructure projects (renovation and equipment acquisition, 47.9%), partnership and cross-sector collaboration projects (41.3%), organisational development projects (36.8%), and digital transformation projects (29.4%). The case analysis identified three principal approaches to project-based management in social service organisations. The first, an ad hoc approach, is characterised by the absence of standardised processes, reactive management, limited documentation and poor coordination. Projects are driven by the enthusiasm of individual staff members or teams, often with insufficient planning and resources. This approach was observed in 43.7% of organisations engaged in project activities and is associated with a high rate of project failure (52.8% of projects fail to achieve their stated objectives or meet established deadlines).

The second approach is the traditional waterfall model, which involves sequential phases (initiation, planning, implementation, monitoring, closure), detailed upfront planning, formal approval procedures and a strong emphasis on adherence to the project plan. It is used by 34.9% of organisations, primarily for projects with clearly defined requirements, a relatively stable context and low levels of uncertainty (e.g., construction and infrastructure projects). As one project manager explained: “We use the traditional approach for projects where everything can be planned in advance. When we build a ramp or install equipment, we are aware of all the steps, costs and timelines”. At the same time, traditional approaches demonstrate higher success rates in technical projects (78.3%) and lower effectiveness in projects characterised by high complexity and uncertainty (43.7% success rate in the development of new social programs).

The third approach, the flexible (adaptive) approach, is gaining increasing popularity in projects focused on the development and implementation of new services, programs, and organisational processes. Formal agile methodologies are used by 12.4% of organisations; however, individual elements of agility (iterative development, short testing cycles, active stakeholder involvement and the ability to rapidly adjust decisions) are employed by 28.7%. For example, the SS-03 centre adapted a sprint-based approach to develop a psychosocial support program for military families: the team worked in two-week cycles, testing each component with a small group of clients, collecting feedback and refining the program content before scaling it up.

The project coordinator described the experience as follows: “The flexible approach to managing the project enabled us to learn quickly. We realised that some of our initial assumptions were incorrect. Clients needed more practical self-regulation skills and less psychoeducation. Through iterative refinement, we were able to address these issues before the full-scale implementation of the program”. According to client feedback, the relevance of the program developed in this way was 67% higher than that of previous programs designed using traditional approaches. Each of these approaches contributes differently to addressing management challenges in resource-constrained environments: the ad hoc approach enables rapid responses but often results in inefficient resource utilisation; the traditional waterfall approach provides better control over budgets and timelines; the flexible approach helps minimise risks and adapt solutions with minimal costs. The practices of successful organisations are often hybrid in nature. For example, RC-06 combines traditional planning (budgeting, timelines, key milestones) with the flexible development of specific service components, thereby balancing the need for structure and adaptability.

The competence of project managers and project teams is a critical success factor. The survey revealed substantial gaps: only 34.7% of organisations employ staff with formal education or certification in project management, 41.2% have provided internal training and 28.9% use standardised digital project management tools. Organisations investing in the development of project management competencies demonstrate 58% higher project success rates and a 43% greater capacity to attract donor funding. Stakeholder management represents another challenge due to the number and diversity of actors involved, including clients and their families, multidisciplinary staff, organisational leadership, donors, regulators, partners, local communities, suppliers, and volunteers. Successful managers systematically analyse stakeholder groups, plan engagement strategies, maintain regular communication,

align expectations and facilitate decision-making when conflicts arise. A notable example is SS-11, which established a stakeholder advisory board for its service transformation project, thereby increasing support for change and reducing resistance.

Financial management of projects is complicated by dependence on limited and unstable grant funding. According to the survey, 68.3% of projects face budget-related challenges, including the underestimation of costs during the planning stage (47.8%), funding delays (43.2%), inflationary and exchange-rate fluctuations (39.7%), and unforeseen expenses (36.4%). Effective practice involves realistic budgeting with contingency reserves, regular plan-versus-actual monitoring, flexible reallocation of resources (within donor requirements), transparent reporting and the diversification of funding sources. Risk management remains an insufficiently developed component of project-based management: only 23.8% of organisations systematically identify and assess risks at the project outset, 18.7% develop response plans and 31.4% monitor risks throughout project implementation. In the wartime context, this becomes particularly important due to security threats, energy-related disruptions, supply chain interruptions, staff losses resulting from mobilisation or relocation, shifts in donor priorities and the risk of secondary traumatisation among both clients and staff. RC-02, located in a frontline region, developed scenario-based action plans, backup locations, evacuation protocols, diversified supply arrangements, staff substitution mechanisms, as well as psychological support measures for the team.

Project monitoring and evaluation are widely practiced (78.3%); however, they are often limited to tracking the implementation of activities and budget utilisation for reporting purposes. Outcome and impact evaluation is used less frequently due to the complexity of measurement and limited resources. More progressive organisations are moving toward results-based management, focusing on changes experienced by service recipients and long-term impact, while combining quantitative and qualitative data with standardised measurement instruments. The institutionalisation of project-based management practices through the establishment of a Project Management Office (PMO) remains uncommon (8.7%) but represents a promising solution for organisations managing multiple projects. A PMO provides standardised tools and procedures, training and support for project managers, portfolio monitoring, knowledge management and coordination across initiatives. After the establishment of such an office, SS-08 increased its project success rate from 61% to 84% over a two-year period.

Co-production and the client-centred approach: from service delivery to partnership

Involving clients as active partners in the design, delivery and evaluation of services (co-production) represents a paradigmatic shift from the traditional model of "the expert provides – the client receives" to a model of value co-creation. From a management perspective, this approach contributes to a more accurate allocation of limited resources, reduces transaction costs associated with adjusting services that do not adequately meet client needs and enhances the organisation's ability to adapt to changing demands. The study revealed growing recognition of the importance of this approach; however, its practical implementation remains limited. Thus, 83.4% of respondents agreed that clients should be actively involved in decisions concerning their own services, yet only 34.2% rated the level of such involvement in their organisation as high, while 47.8% considered it moderate and 18.0% low.

The analysis of organisational practices made it possible to identify five levels of client involvement, reflecting increasing degrees of partnership: 1) information (clients receive information about services, rules and procedures but are not involved in decision-making); 2) consultation (the organisation seeks clients' opinions through satisfaction surveys, suggestion boxes and focus groups, while final decisions are made by the organisation alone); 3) involvement in individual decision-making (clients actively participate in defining their rehabilitation goals, selecting intervention methods and assessing progress through shared decision-making); 4) involvement in program management (clients serve on advisory boards, participate in working groups responsible for developing new services, contribute to staff training and take part in quality assessment); 5) partnership in organisational governance (clients are represented in governing bodies, such as supervisory boards and management boards, and have an equal voice in strategic decision-making) (Fig. 2). The first two levels are the most common, whereas actual client involvement in strategic decision-making occurs much less frequently.

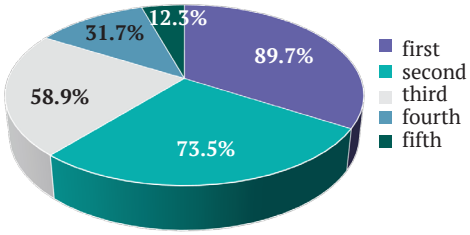

Figure 2. Levels of client involvement

Source: developed by the authors based on practice analysisr

The rehabilitation centre RC-07 demonstrates a systematic approach through individualised goal setting and regular progress reviews, the operation of a client advisory council, client involvement in staff recruitment and the adaptation of new employees, as well as representation on the supervisory board. From a management perspective, this model creates a feedback mechanism that enables organisational leaders to make more informed decisions, promptly adjust service delivery strategies and improve their alignment with actual client needs. The model also enhances service relevance, increases client motivation, fosters a sense of agency, and simultaneously provides the organisation with valuable insights for continuous improvement and greater legitimacy. Organisations with high levels of client involvement reported higher levels of service satisfaction (8.7 versus 6.9 on a 10-point scale; $p < 0.001$). As the director emphasised: "Co-production is not simply a nice addition; it represents a fundamental cultural shift. We moved from asking 'What can we do for clients?' to 'What can we do together with clients?' This requires letting go

of expert authority, building trust, listening carefully and sometimes dealing with uncomfortable feedback".

Clients report higher levels of service satisfaction (in organisations with high levels of client involvement, the average satisfaction score was 8.7 compared to 6.9 on a 10-point scale, $p < 0.001$), a greater alignment of services with their actual needs and preferences, higher motivation and adherence to rehabilitation programs, as well as a stronger sense of empowerment and agency. Organisations gain valuable insights for service improvement, innovation (many new services emerge from clients' ideas), and enhanced legitimacy and accountability. In conditions of resource constraints and external disruptions, particularly those associated with martial law, co-production should be viewed as an effective mechanism of adaptive management, enabling the flexible reorientation of services in response to changing needs without a disproportionate increase in the costs associated with formal research procedures. Staff report a greater sense of purpose in their work and lower levels of professional burnout as a result of seeing the tangible impact of their efforts and sharing a common mission with clients.

However, co-production also presents a number of challenges. The most frequently reported barriers include the limited cognitive or communication abilities of some clients (e.g., individuals with severe cognitive impairments and children), power imbalances between professionals and clients, the difficulty of reconciling diverse and sometimes conflicting preferences among multiple clients, the additional time and resources required for genuine involvement, a lack of staff skills in facilitating participation, and cultural norms of paternalism and professional authority embedded in the national tradition of social service provision. Strategic leadership plays a crucial role in this process, as it is at the leadership level that the organisational and cultural environment is shaped, enabling co-production to become not merely an optional practice but a fundamental principle of organisational management. The findings indicate that organisations whose leaders consistently demonstrate a commitment to partnership with clients and institutionalise it through strategic documents and operational procedures achieve substantially higher levels of actual, rather than merely declarative, client involvement. Overcoming these barriers requires systemic organisational change, including staff training in partnership-building, the establishment of participatory structures and processes (e.g., advisory councils and working groups), the allocation of sufficient time and resources for engagement, the use of accessible communication methods for individuals with diverse abilities, and the cultivation of organisational values based on respect and equality.

A trauma-informed approach is a critically important component of client-centeredness in wartime conditions. Although 67.3% of organisations are familiar with the concept, only 28.4% have implemented it systematically. The experience of SS-05 demonstrates that comprehensive changes (physical environment, organisational policies, staff training, regular supervision, the integration of peer support) reduce the risk of re-traumatisation, improve interactions with clients and mitigate staff burnout. Service personalisation represents another dimension of client-centeredness. Although 71.8% of organisations report using individualised service plans, the actual level of personalisation varies considerably, ranging from formal adaptation within a standard program to the flexible combination of interventions, consideration of clients' strengths and circumstances, as well as the selection of evidence-based options. Digital technologies expand the possibilities for personalisation; however, their application in most organisations remains at an experimental stage.

The findings indicate that client-centred approaches and co-production significantly influence the effectiveness of management strategies in social service organisations, as the shift from a paternalistic model to genuine partnership creates conditions for greater organisational adaptability to external change and more effective functioning under resource constraints. This conclusion is consistent with international research. In particular, T. Veress (2026) demonstrated that active client participation in community-oriented organisations contributes to the development of autonomy, the strengthening of trust and improved organisational effectiveness. A similar argument was substantiated by J.A. Bourke *et al.* (2024), who emphasised that principle-based co-production substantially enhances the relevance and sustainability of rehabilitation services. The results of the present study also suggest that organisations with higher levels of client involvement demonstrate statistically significantly better service satisfaction outcomes (8.7 versus 6.9 points, $p < 0.001$), as well as a higher degree of alignment between services and clients' actual needs. These data are consistent with C. Jong & A. Ganzaroli's (2024) findings, suggesting that stakeholder involvement in the non-profit sector strengthens strategic planning, organisational adaptability and legitimacy, particularly under conditions of resource scarcity. A similar idea was presented by O. Larsson (2023), arguing that co-production enables non-profit organisations to optimise resource utilisation and enhance managerial flexibility. Therefore, co-production and client-centred approaches should be considered not only as value-based principles for organising services but also as effective strategic instruments of adaptive management. At the same time, their potential in the Ukrainian context remains only partially realised due to paternalistic cultural norms, limited resources and the insufficient development of a supportive organisational culture.

Agile practices and adaptive management under conditions of uncertainty

Agile approaches, originally developed in the technology sector, are increasingly being integrated into the practice of social service organisations, particularly in contexts characterised by high levels of uncertainty, environmental instability and the need to respond rapidly to changing client needs. At the same time, the findings indicate that awareness of such approaches remains limited among Ukrainian social service organisations. Only 15.7% of respondents reported a good understanding of agile methodologies, 38.2% had a general awareness of them, while 46.1% were not familiar with these approaches at all. Among those with at least a basic understanding, only 23.4% reported applying selected agile practices in management. The most commonly used practices include short planning cycles, regular team meetings, task visualisation, retrospectives and cross-functional teams. In this context, agile practices

shape the operational mode of work, while adaptive leadership fosters openness to change, delegation of responsibility and the continuous adjustment of decisions.

A particularly illustrative example is provided by RC-10, where a sprint-based approach was adapted to coordinate a multidisciplinary team. The team works in two-week cycles, each beginning with a joint planning meeting. During these meetings, specialists not only identify priority clients from the waiting list but also collectively agree on objectives for the upcoming period, allocate responsibilities, determine specific interventions and establish criteria for assessing interim outcomes. Daily 15-minute coordination meetings enable the rapid exchange of information regarding changes that occur between needs assessment and the actual delivery of services. To visualise the process, the team uses a status board that tracks each case through the main stages of rehabilitation, from initial assessment to the completion of the active phase and subsequent follow-up support. At the end of each cycle, the team conducts a review of outcomes and a retrospective discussion, during which members analyse not only what has been achieved but also which process-related decisions proved effective and which require modification. The team coordinator pointed out that agile approaches transformed the way the team worked, helping to overcome isolation of specialists, strengthen a shared understanding of goals and adapt more rapidly to changes in clients' conditions. As a result, the time from referral to the initiation of rehabilitation decreased from 6.3 to 2.1 weeks, client satisfaction increased by 34%, and team members reported lower stress levels and greater coordination in their work.

The findings indicate that the direct application of agile approaches from the technology sector to social service settings is problematic due to the complex and unpredictable nature of changes in clients' conditions, the difficulty of measuring intervention outcomes, irregular work schedules and the constraints imposed by regulatory and ethical requirements, as well as the tension between hierarchical organisational cultures and the principle of team self-organisation. Consequently, a contextualised application of agile models, adapted to the specific characteristics of social work, appears to be more effective. The experience of SS-09 demonstrates the appropriateness of such an approach as the organisation developed its own "Agile Social Services Framework", which combines iterative planning, operational coordination and regular process reviews while maintaining compliance with ethical standards, confidentiality requirements, and regulatory procedures.

Adaptive leadership provides the managerial foundation for this approach, becoming particularly important in conditions of uncertainty and rapid change, enabling organisations to engage in collective problem-solving, make sense of uncertainty, distribute responsibility and transform risks into a manageable learning process. Agile practices, in turn, complement adaptive leadership by both accelerating operational processes and substantially improving the quality of managerial decision-making under conditions of incomplete information and constantly shifting priorities.

Interviews with leaders of organisations that successfully adapted to wartime conditions provided a more detailed understanding of how adaptive leadership is implemented in managerial practice. In these organisations, the delegation of authority did not imply an abstract transfer of responsibility but rather the explicit empowerment of teams to make operational decisions independently within clearly defined boundaries. For example, in several organisations, multidisciplinary teams were authorised to adjust the sequence of service delivery, reprioritise cases or modify the format of client interactions, depending on the security situation, clients' conditions or the availability of specialists. Support for bottom-up initiatives was fostered through regular brief meetings during which staff members could propose new solutions related to service logistics, communication with families, remote service delivery or collaboration with partner organisations. The most promising ideas were then rapidly tested on a small scale. Dialogue facilitation was reflected in the introduction of weekly cross-team discussions of complex cases, crisis briefings, joint error-analysis sessions and short strategic meetings, during which managers did not impose predefined solutions but instead structured discussions by clarifying problems, outlining alternatives, and identifying decision-making criteria. The ability to work with diverse perspectives contributed to the creation of a safe environment in which disagreements among professionals from different disciplines were viewed as a resource for achieving a deeper understanding of challenges, whereas leaders demonstrated strategic flexibility through the rapid revision of decisions, resources and service, as well as through the active development of partnerships with other organisations to support new ways of working.

These principles were particularly evident in the experience of the director of the relocated RC-01 centre. Following the relocation of the organisation to another region, established work plans quickly became obsolete and management abandoned attempts to centrally control all processes. Instead, daily coordination meetings were introduced to identify the most pressing challenges, align priorities for the immediate future and allocate areas of responsibility among team members. Decisions regarding the admission of new clients, adjustments to work schedules, communication with families and the establishment of temporary partnerships were made directly by on-site teams. According to the director, her role shifted from a provider of answers to a facilitator of collective problem-solving and the creation of the environment of trust and support enabled the team to demonstrate a substantially higher level of initiative and creativity than under normal circumstances.

The combination of adaptive leadership and a learning culture is a foundation of adaptive management in rehabilitation centres and social service organisations. Adaptive leadership enables organisations to make sense of uncertainty, distribute responsibility and transform risks into a manageable process of collective learning. At the same time, a learning culture is fostered through the legitimisation of small-scale experimentation, regular supervision, discussions of complex cases, communities of practice and the systematic documentation of lessons learned. In the organisations included in the study, these approaches were implemented through pilot testing of new service formats, the temporary introduction of digital coordination tools and the trial implementation of modified client support pathways without penalising failure, provided that ethical and safety standards were maintained.

The above-mentioned trends are consistent with international research. For example, T. Veress (2026) demonstrated that, in community-oriented organisations, ethical innovation based on the active involvement of clients contributes to the development of autonomy, the strengthening of trust, and improved managerial effectiveness. A similar position was substantiated by J.A. Bourke *et al.* (2024), emphasising that principle-oriented co-production enhances the relevance and sustainability of rehabilitation services. At the same time, only 34.2% of organisations in the conducted study rated their level of client involvement as high, indicating a considerable gap between current practices, which are increasingly regarded internationally as a core criterion of effective social service management. This relationship is further supported by the findings of O.S. Larsson (2023), C. Jong & A. Ganzaroli (2024), who argued that active co-production enables non-profit organisations to respond more effectively to changing needs, optimise the use of limited resources and enhance the adaptability of management strategies. In turn, H. Härkönen *et al*. (2024) demonstrated that digitalisation combined with co-production has a positive impact on coordination and social service quality. This approach is particularly important for contemporary social service organisations as it enables them to combine organisational flexibility with a more accurate understanding of client needs and the timely adjustment of support services. The established relationship between client-centeredness and the nature of strategic leadership is equally important. A. Rousaki *et al.* (2024) and H. Melkas *et al.* (2025) proved that the successful implementation of a client-centred approach requires strong strategic leadership capable of fostering a culture of trust, participation and continuous learning. These findings suggest that co-production should not be viewed merely as a set of procedures or engagement tools but rather should be institutionalised as a guiding management principle supported through organisational culture, strategic decision-making and everyday practices. Therefore, the potential of the client-centred approach in Ukrainian social service organisations is only partially realised due to the persistence of paternalistic norms, resource constraints and the insufficient development of strategic leadership capacities.

Quality management: from compliance control to a culture of excellence

Quality management systems are evolving from mechanisms focused primarily on compliance with formal requirements toward comprehensive approaches centred on continuous improvement. Although 87.3% of organisations have some form of quality assurance mechanism, their scope and effectiveness vary considerably. The most common elements include internal service delivery protocols, client satisfaction surveys, internal audits, complaint-handling mechanisms and supervision practices; 31.7% of organisations have external accreditation or certification, while only 8.3% report the use of international quality standards. At the same time, contemporary quality management is increasingly moving beyond a narrow compliance-control function and becoming integrated with broader managerial innovations, including process digitalisation, data-driven decision-making, client-centred service design, agile team coordination practices and the development of a culture of organisational learning. Under these conditions, quality becomes a cross-cutting management mechanism that influences planning, resource allocation, performance assessment and the continuous refinement of practices in real time, allowing for the identification of three distinct quality management models.

The first model is compliance-oriented and focuses on documentation, inspections and reporting, ensuring a minimum level of quality while providing limited stimulus for innovation. The second model is client-centred, in which quality is primarily defined through client satisfaction and outcomes, although the interpretation of such indicators requires caution. The third, excellence-oriented model, adopted by 17.5% of organisations, integrates client outcomes, process effectiveness, staff competence, financial sustainability and social impact, and is based on continuous improvement cycles. This third model is most strongly associated with managerial innovation, as it involves the use of data not only for retrospective reporting but also for the ongoing improvement of processes, the redesign of service pathways, the adaptation of management decisions, and the identification of areas of organisational risk. The quality of implementing such innovations can be assessed through several groups of indicators (Table 4).

Table 4. Assessment domains and indicators for evaluating the quality of managerial innovation implementation

Assessment Domain	Analytical Purpose	Assessment Indicators
Client Outcomes	assesses the impact of managerial innovations on service quality and changes in client outcomes	service satisfaction level; degree of achievement of individual goals; reduction in the frequency of repeat service requests; improvement in functional status; level of social integration
Process Effectiveness	captures changes in the speed, coordination and effectiveness of organisational processes	duration of the service pathway from initial contact to service delivery; average decision-making time; proportion of cases completed within the planned timeframe; number of errors; number of incidents; number of duplicated activities
Workforce Capacity	reflects staff readiness to implement innovations effectively and sustain organisational change	level of professional competence; participation in training; workforce stability; level of emotional exhaustion; involvement in continuous improvement processes
Economic Efficiency	evaluates resource efficiency and financial performance of implemented innovations	service costs; cost per case; resource utilisation rate; proportion of indirect costs; ratio of costs to achieved outcomes

Source: developed by the authors

Measuring client outcomes remains a weak area: only 38.7% of organisations systematically use standardised instruments, while others rely on observation or non-validated questionnaires. Barriers include a lack of available and culturally adapted Ukrainian-language tools, time constraints, limited skills in data analysis and scepticism regarding the quantitative measurement of complex changes. More advanced practices involve the use of brief

standardised instruments, the integration of assessment into routine procedures, staff training in data interpretation and the combination of quantitative and individualised indicators. The integration of indicators into the management cycle is becoming more important than solely their accumulation. If measurement results are systematically analysed at the level of teams and leadership, they can be used to revise individual support plans, refine case prioritisation criteria, redistribute workload among professionals, identify inefficient procedures and adjust organisational workflows.

The findings indicate that quality management systems in most rehabilitation centres and social service organisations remain at a transitional stage of development. Approximately 73.8% of organisations have formal client safety policies, while 68.3% have adopted codes of ethics or ethical policies; however, their practical implementation remains uneven. Only 38.7% of organisations systematically use standardised client outcome measures, while the rest relies on informal observations or non-standardised assessment methods. The weak integration of collected data into managerial analysis and decision-making processes is one of the key challenges. Outcome measurement often remains an isolated technical procedure and is not used to adjust programs, refine service pathways or support innovation-related changes. In addition, there is a shortage of valid and culturally adapted Ukrainian-language assessment tools, as well as staff competencies in data interpretation and the use of evidence to improve services. A notable example of the successful transformation of a quality management system is provided by the rehabilitation centre RC-12, which obtained CARF accreditation. As the Director of Quality pointed out: "Accreditation was not the goal but a means of transformation. It changed the organisation's mindset – from 'we are doing well enough' to 'we can always do better'". During the five years following accreditation, the organisation achieved a 43% improvement in client functional outcomes, a 38% increase in service satisfaction, a 52% reduction in unplanned repeat service requests and a 27% improvement in resource utilisation efficiency.

Particularly notable is the fact that the excellence-oriented model has been adopted by only 17.5% of organisations, while the majority remain within more traditional approaches to quality assurance. These findings are consistent with international evidence suggesting that the transition to genuinely co-productive and client-centred systems is challenging not only from a technological perspective but also from a cultural one. According to D. Masterson *et al.* (2022), the conceptual ambiguity surrounding the notions of co-production and co-design creates substantial implementation challenges already at the level of definitions, as organisations often use these terms interchangeably without distinguishing between client involvement in service design, decision-making or outcome evaluation. As a result, co-production is frequently considered as a value and fails to become an operational principle of quality management. To a large extent, this may explain the findings of the present study, according to which the prevalence of certain quality assurance mechanisms is relatively high, whereas their integration into a coherent cycle of organisational learning remains limited. The principle-oriented approach to co-production is considered an important analytical reference point in this regard and, as J.A. Bourke *et al*. (2024) argued, the quality of involvement cannot be reduced to the formal inclusion of service users but should instead be assessed through adherence to principles such as reciprocity, transparency, shared influence and respect for participants' experience. This perspective is particularly important for interpreting the findings, as the mere existence of satisfaction surveys, complaint mechanisms or consultative procedures does not guarantee a transition to the excellence-oriented model.

Only 38.7% of organisations systematically use such instruments, which suggests both a technical deficit and an incomplete transition toward evidence-based quality management. In this regard, the systematic review conducted by A. Nordin *et al.* (2023) is particularly noteworthy, as the authors emphasise that one of the major challenges facing contemporary co-production models in healthcare and social services is the shortcomings in outcome measurement and the misalignment between the stated objectives of participation and the actual criteria used to evaluate its effects. This conclusion closely aligns with the findings of the present study, as in many Ukrainian organisations data are either not collected systematically or are not transformed into an analytical resource for service improvement. As a result, measurement often remains an isolated procedure rather than a mechanism for managerial learning. S. Conquer *et al.* (2024) demonstrated that the transformative potential of co-production in integrated care is reflected not only in changing communication between professionals and service users but also in reshaping coordination processes, decision-making practices, the distribution of responsibility and the creation of value within service systems. In this sense, the findings of the present study, in which quality ceases to be a separate administrative function and instead becomes a cross-cutting mechanism of management, are fully consistent with the international trend toward integrated quality models.

It is also important to mention that contemporary quality management in the social sector is increasingly intertwined with digitalisation and new forms of client engagement. In this regard, the qualitative analysis of a digital education programme for people with multiple sclerosis conducted by R.D. Russell *et al.* (2024) is particularly informative. The authors demonstrated that positive user experiences in digital environments are determined not so much by the online format itself as by the extent to which the programme is tailored to individual needs, enables meaningful participation and provides high-quality feedback. This is particularly relevant to the present study, as digital assessment and management tools should not be viewed as an end in themselves; their effectiveness depends on the extent to which they are embedded in a client-centred service design and support meaningful client involvement throughout the management cycle. Consequently, the digitalisation of quality should be relational rather than technocratic. Another important consideration in interpreting the findings is the need to continuously align professional understandings of service quality with clients' own perspectives. This highlights the value of individualised assessment approaches, such as Goal Attainment Scaling, which make it possible to consider the

subjective experiences of service users. Thus, the transition from compliance-based quality control to a culture of excellence in rehabilitation centers and social service organisations is not possible without the integration of co-production principles into quality management systems.

Human resource management: from workforce challenges to a strategic approach

Human resources constitute the most valuable asset of rehabilitation centres and social service organisations, while at the same time representing one of their greatest challenges. The study revealed a critical situation in the field of human resource management: 71.3% of organisations reported difficulties in recruiting qualified professionals, 63.8% experienced high staff turnover, 68.9% identified professional burnout as a serious concern, 54.2% indicated insufficient staff competencies to address contemporary challenges, and 47.3% reported difficulties in retaining and motivating employees under conditions of limited financial incentives. Talent attraction is further complicated by relatively low salaries in the social sector (on average 35% lower than in the commercial sector for equivalent positions), emotionally demanding work associated with heavy workloads, limited career advancement opportunities in smaller organisations, the relatively low social prestige of social professions and shortages of specialists in certain fields, particularly rehabilitation therapists, occupational therapists, speech and language therapists, and psychologists with experience working with trauma. The war has further intensified these challenges through mobilisation, population displacement and the reorientation of a portion of specialists toward supporting military personnel and war-affected populations. Successful organisations compensate for financial limitations through a strong employee value proposition, emphasising meaningful work, social impact, opportunities for professional development, a supportive organisational culture, flexibility and a strong ethical mission. For example, organisation SS-12 developed a comprehensive recruitment strategy that included partnerships with universities and internship programmes, an employee referral programme with incentives, an active social media presence featuring employee stories, participation in career fairs and clear communication of the organisation's unique employment benefits. As a result, the average time required to fill vacancies decreased from 4.2 to 1.8 months, while the quality of applicants improved substantially.

Staff development is essential for maintaining and improving service quality in the context of rapidly changing client needs, emerging technologies and evolving best practices. However, investment in professional development remains insufficient: only 42.3% of organisations have a separate budget for staff development and average expenditure accounts for just 1.8% of the total organisational budget (compared to the international benchmark of 3-5%). The most common forms include internal training programmes (67.4%), participation in external conferences (43.7%), online courses (38.2%) and clinical supervision (51.3%). More progressive organisations are moving toward a systematic approach that includes regular training needs assessments, individualised development plans, diverse learning formats (mentoring, on-the-job coaching, assignments involving increased levels of complexity), evaluation of training effectiveness based on knowledge, skills and job performance outcomes, and the cultivation of a continuous learning culture. Following the implementation of a comprehensive talent development system (annual competency assessments, individualised development plans, a guaranteed 40 hours of training per year, an internal academy and staff rotations), centre RC-05 increased the average competency level of its staff by 47%, reduced turnover by 52% and improved client satisfaction by 34% over a four-year period. Professional burnout remains one of the most significant threats, particularly in the wartime context. Overall, 68.9% of respondents reported moderate to high levels of burnout within their organisations. Burnout is associated with emotional exhaustion, depersonalisation, a diminished sense of accomplishment, cynicism, and increased absenteeism. Effective prevention requires a systemic organisational approach that includes realistic workloads, adequate staffing levels, greater employee autonomy, regular supervision, staff well-being programmes, flexible work arrangements, recognition of achievements and a culture of care. After introducing a comprehensive well-being programme that included mandatory monthly supervision, peer support groups, psychological counselling, yoga sessions, flexible schedules and extra holidays, organisation SS-06 achieved a 41% reduction in burnout levels, a 38% improvement in staff retention, and higher levels of job satisfaction.

Particular attention should be paid to secondary traumatisation and compassion fatigue among professionals, who work continuously with trauma-affected clients. Trauma-informed human resource management involves risk screening, psychoeducation, self-care training, reducing exposure to traumatic material, access to professional psychological support and leadership that models self-care and normalises help-seeking behaviours. Performance management is also evolving: while 64.7% of organisations conduct formal performance evaluations, only 28.3% consider them effective. A contemporary approach provides for a continuous performance management through regular progress discussions, a developmental focus, two-way dialogue, clearly defined performance criteria, multisource (360-degree) feedback, and the integration of performance assessment outcomes with learning and reward systems. At the same time, diversity, equity and inclusion are increasingly recognised as critical factors for service quality and organisational resilience. Currently, only 23.7% of organisations have clearly defined policies or initiatives in this area. Organisations that systematically promote diversity, equity and inclusion are better at attracting professionals with diverse backgrounds, generate innovative solutions through a broader range of perspectives, engage more effectively with diverse client groups and achieve higher levels of public trust. Therefore, the further development of such approaches should be regarded as a strategic priority for Ukraine's social service sector.

Financial management and resource sustainability

Financial sustainability remains one of the most significant challenges facing rehabilitation centers and social service organisations. According to the survey findings, only 31.8%

of managers defined their organisation's financial situation as stable, while 52.7% described it as unstable with periodic difficulties and 15.5% characterised it as critical. Public and municipal organisations remain largely dependent on government funding, which accounts for an average of 78% of their revenue, while non-governmental organisations rely heavily on grants from international donors (43%) and national foundations (27%). The study revealed a clear relationship between the level of funding diversification and an organisation's financial sustainability. Organisations with a high concentration of funding from a single source (more than 70%) are 4.2 times more likely to experience a financial crisis when donor priorities change or budget allocations are reduced. By contrast, organisations with diversified funding portfolios (four or more funding sources) demonstrate substantially greater resilience.

An example of a successful transformation is provided by organisation SS-10, which over a five-year period transitioned from almost total dependence on a single international donor (87% of its budget in 2019) to a diversified funding model. Through the development of individual fundraising, the acquisition of government service contracts and the launch of social enterprise initiatives, the organisation increased its financial base by 67% and successfully managed the loss of its primary donor. The findings suggest that strengthening resource sustainability requires a systematic shift from episodic fundraising efforts to strategic resource management. The most effective practices include diversifying revenue sources, strengthening fundraising capacity, implementing scenario-based budgeting, establishing financial reserves, and integrating social entrepreneurship as a stable source of earned income. Particularly important in the wartime context is the ability to rapidly adapt programmes to emerging needs (such as the rehabilitation of injured persons and support for internally displaced persons) while maintaining financial discipline and transparency.

Partnerships and cross-sector collaboration

Partnerships among organisations from different sectors (non-governmental organisations, public institutions, private-sector entities, academic institutions) represent an important mechanism for enhancing the reach, quality and effectiveness of social services in contexts characterised by limited resources and complex challenges. The study revealed that 78.3% of organisations engage in some form of partnership; however, their depth and effectiveness vary considerably. The most common form remains informal partnerships established for occasional collaboration (58.7% of organisations), including client referrals between organisations, joint events and information sharing. Formalised partnerships based on written agreements, shared objectives and clearly defined roles are practiced by 43.2% of organisations. In contrast, deep strategic alliances characterised by resource integration, joint planning and coordinated service delivery remain relatively uncommon (14.7%). With regard to partner types, organisations most frequently collaborate with other NGOs operating in the social service sector (71.3% of respondents), public social service agencies (63.8%), healthcare institutions (58.4%), educational institutions (47.2%), local authorities (43.7%), private companies through corporate social responsibility (CSR) programmes (31.8%) and international organisations (28.4%).

The motivations for establishing partnerships are multidimensional and include expanding clients' access to services through referrals and coordination (76.8%), pooling resources and expertise to implement projects that would be difficult to undertake independently (68.2%), improving service quality through learning and the exchange of best practices (61.4%), advocacy and policy influence through joint representation (47.3%), resource savings through shared infrastructure and joint procurement (39.7%), and strengthening legitimacy and trust through association with reputable partners (34.2%). Organisation SS-04 serves as the coordinating hub of a network comprising 12 organisations that provide integrated services to families raising children with disabilities in the region. The network includes a rehabilitation centre, a parent support organisation, an inclusive education provider, an early intervention service, a respite care organisation, a disability rights NGO and a local social service agency. Within the network, partners have established a shared referral system, coordinated individualised family support plans (with different organisations responsible for specific components), regular inter-organisational case conferences, joint training activities and coordinated advocacy efforts directed at local authorities. As the network coordinator explained: "No single organisation can address all the needs associated with complex cases. Through partnership, we are able to provide holistic support. Families receive coordinated and continuous services and all participating organisations operate more effectively". The evaluation demonstrated that families participating in the network reported 56% higher satisfaction with the support received and achieved outcomes that were 43% better than those of families outside the network.

Partnerships face numerous challenges. The most frequent ones include differences in organisational cultures and approaches to service delivery (68.4% of respondents with partnership experience), unequal distribution of power and resources among partners (54.7%), competition for funding (particularly among NGOs, 51.2%), difficulties in coordination and communication (48.9%), conflicts of interests or objectives (43.6%), insufficient trust (39.4%), as well as bureaucratic procedures and slow decision-making processes in large organisations and public institutions (37.8%). Successful partnerships overcome these barriers through sustained investment in trust-building, which requires time and direct interaction; clear written agreements defining roles, responsibilities, contributions and expected benefits; transparent decision-making and conflict-resolution procedures; regular communication; respect for partner diversity; a focus on shared goals while acknowledging differing interests; equitable distribution of resources and recognition; effective partnership leadership (formal or informal) that facilitates collaboration and coordination across organisations.

Public and private partnerships in the field of social services, despite their considerable potential, remain underdeveloped in Ukraine, with only 18.3% of organisations reporting relevant experience. Such collaboration may take various forms, including service contracting arrangements (the government provides funding and NGOs deliver services),

co-financing of programs, transfer of public assets (e.g., facilities or equipment) to NGOs for service provision and the delegation of specific functions. The main barriers include complex and non-transparent procedures for concluding public contracts, a lack of trust between sectors, unequal competitive conditions (favouring public institutions), bureaucracy and payment delays, as well as insufficient organisational capacity of NGOs to meet formal requirements. Developing effective partnerships requires regulatory reforms aimed at simplifying and increasing the transparency of procedures, enhancing NGOs' capacity to participate in tendering processes and manage contracts, as well as fostering a shift in managerial culture within public institutions toward recognising NGOs as partners rather than as mere applicants for support or service contractors.

International partnerships and network membership provide organisations with access to knowledge, resources and global learning opportunities. According to the survey findings, 34.8% of organisations are members of international professional associations or networks, while 28.3% maintain partnerships with international organisations. The benefits include access to international best practices and research, opportunities for learning and exchange (e.g., conferences, study visits, online courses), technical assistance and expert consultation, access to international funding, as well as enhanced international visibility and reputation. At the same time, organisations face challenges, including the costs associated with membership and participation, language barriers, difficulties in adapting international practices to local contexts and time-zone differences affecting online collaboration. Maximising the benefits of international engagement requires the strategic selection of relevant networks, active participation rather than merely formal membership, adaptation of international practices to local conditions and reciprocal knowledge exchange, including the dissemination of Ukrainian experience at the international level.

Management under martial law: challenges and adaptations

The conditions of the full-scale war have become a major driver of transformation in the management of rehabilitation centres and social service organisations, resulting in increased pressure on service systems, disruption of established modes of operation and interaction, and the need for rapid managerial responses. The study revealed the multifaceted impact of the war on organisational functioning: 83.7% of organisations reported experiencing a significant or critical impact. Key challenges include threats to the safety of clients and staff (76.8% of respondents), the need for evacuation or relocation (43.2% of organisations carried out partial or complete evacuation), energy-related disruptions and power outages (89.3%), growing demand for services under conditions of limited resources (81.4%), loss of personnel due to mobilisation or migration (58.7%), the need to adapt services to new client groups (including injured military personnel and conflict-affected civilians – 67.3%), as well as trauma exposure among both staff and clients (72.4%).

During the full-scale war, evacuation, relocation and operating under conditions of constant threat became some of the most demanding managerial challenges for rehabilitation centers and social service organisations. Organisations faced the need to rapidly evacuate clients and staff under shelling, adapt to energy-related disruptions, redesign services for new client groups (including injured military personnel and internally displaced persons), address workforce shortages caused by mobilisation, and cope with significant financial constraints. In response to these challenges, organisations implemented a range of managerial adaptations: operational adaptations – development of rapid-response protocols for air raid alerts, emergency evacuation plans, backup service locations and flexible work schedules; resource-related adaptations – transition to alternative energy sources (generators, solar panels), diversification of funding streams and rapid budget reallocation; workforce adaptations – cross-training of staff, redistribution of roles and responsibilities, engagement of volunteers and enhanced psychological support for personnel; inter-organisational and programmatic adaptations – rapid scaling up of services for military personnel and internally displaced persons, adaptation of rehabilitation programs to address combat-related injuries and PTSD, as well as active collective advocacy through coalitions.

A particularly compelling example of such adaptability is provided by RC-01, a rehabilitation centre from Mariupol, which in March 2022 successfully evacuated 78 clients and 43 staff members under siege conditions. As the director pointed out: "No management training prepares you for decisions like these. The first priority was people's safety – all the rest was secondary". The study demonstrated that organisational resilience was a key predictor of successful crisis response. Organisations with higher levels of resilience showed a greater capacity to adapt rapidly, maintain service continuity and even expand service provision under challenging conditions. Quantitative analysis confirmed that organisational resilience increased the likelihood of organisational survival by a factor of 4.7 and significantly contributed to service expansion during the war ($\beta = 0.58$; $p < 0.001$). Thus, the war has demonstrated that traditional management models are insufficient under conditions of uncertainty. Organisations that successfully navigate crisis conditions are those that combine adaptive leadership, process flexibility, investment in personnel and well-developed external partnerships.

Integrated model of innovative management: synthesis of findings

Based on a synthesis of the literature review, empirical research findings and expert consultations, an integrated model of innovative management for rehabilitation centres and social service organisations was developed. The model represents a holistic framework that brings together multiple innovative approaches into an interconnected system adapted to the context of resource constraints, a transitional social service system and the challenges of martial law (Fig. 3). The model is structured around four interrelated domains, each encompassing multiple components. The first domain – Strategic Leadership and Operational Governance – includes: adaptive leadership (the ability of leaders to mobilise the organisation in response to complex challenges, facilitate productive conflicts of ideas, promote experimentation and learning); a clear and inspiring mission and vision (articulation of the organisation's

goal, desired future, core values); strategic planning that balances long-term vision with short-term adaptability (combining traditional strategic planning with agile elements); evidence-based management (the systematic use of research evidence, organisational data, professional expertise, stakeholder preferences in decision-making); an organisational culture of learning and innovation (legitimising experimentation and mistakes as sources of learning, encouraging initiative, fostering reflective practices); a trauma-informed organisational approach (integrating an understanding of trauma into all organisational policies, procedures and practices).

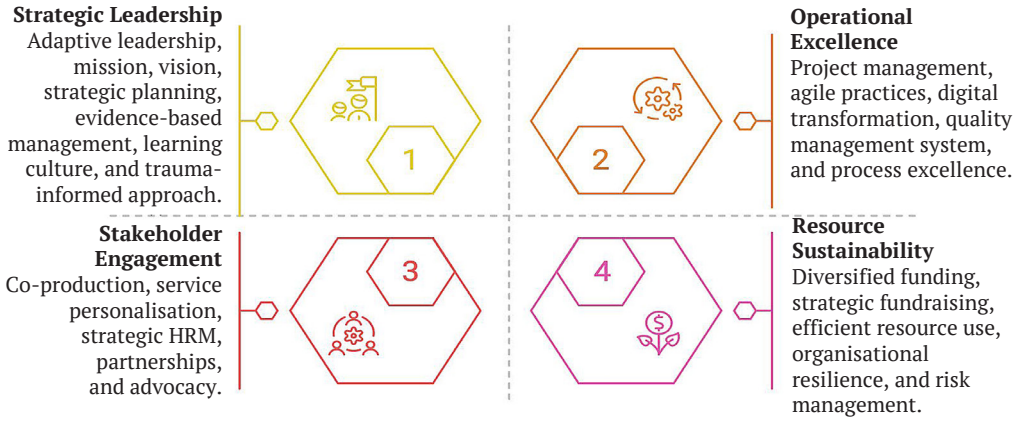

Figure 3. Integrated model of innovative management for rehabilitation centres and social service organisations
Source: developed by the authors based on a synthesis of findings from the literature review, empirical research, expert consultations

The second domain – Operational Excellence and Quality Management – encompasses: project management using appropriate methodologies (traditional, agile or hybrid approaches depending on the nature of the project); agile practices that enhance flexibility and responsiveness (iterative processes, work visualisation, regular team coordination, retrospectives); digital transformation (electronic case management systems, telerehabilitation, analytics tools, automation of routine processes); a comprehensive quality management system (integrating compliance, client-centeredness, continuous improvement, outcome measurement, safety, ethics); process excellence (standardisation of processes while maintaining flexibility, waste elimination, optimisation of service delivery workflows).

The third domain – Stakeholder and Partnership Engagement – includes: co-production with clients (engaging clients as active partners in the design, delivery and evaluation of services at the individual, programmatic, and organisational levels); service personalisation (individualised approaches based on a comprehensive assessment of clients' unique needs, strengths, preferences, circumstances); strategic human resource management (talent attraction and retention, competency development, burnout prevention, employee well-being, trauma-informed HRM practices); partnerships and networks (strategic alliances with organisations across different sectors aimed at expanding service reach, integrating services, advancing shared advocacy efforts); advocacy and policy influence (using experience and evidence to inform policy decisions and enhance stakeholder representation in policy-making processes).

The fourth domain – Resource Sustainability and Adaptability – encompasses: diversified and sustainable funding (multiple revenue sources, a balance between restricted and unrestricted funding, financial reserves); strategic fundraising and resource development (building long-term relationships with donors, developing a compelling case for support, using data and stories); efficient resource use (cost-effectiveness, process optimisation, investment in organisational capacity); organisational resilience (robust systems, adaptive capacity, resourcefulness, rapid recovery, learning through crises); risk management (risk identification, assessment, response planning, ongoing monitoring, including security-related risks in the context of war).

The identified domains are interrelated and mutually reinforcing. Adaptive leadership (Domain 1), for example, creates the organisational culture necessary for the effective implementation of agile practices and digital transformation (Domain 2). Digital transformation (Domain 2) generates data that support evidence-informed management (Domain 1) while enhancing service personalisation and co-production (Domain 3). Stakeholder engagement and partnerships (Domain 3) provide valuable insights for process innovation (Domain 2) and strengthen the organisation's resource base (Domain 4). In turn, organisational resilience (Domain 4) is reinforced by adaptive leadership (Domain 1), flexible processes (Domain 2) and strong collaborative networks (Domain 3). The interaction among these domains creates a synergistic effect, enabling organisations not only to respond effectively to challenges but also to proactively evolve under conditions of uncertainty (Fig. 4). The model also identifies key conditions for the successful implementation of innovation: leadership commitment and support (innovation cannot be fully delegated and requires active sponsorship from senior leadership); staff engagement at all levels (innovation cannot be imposed from the top down and requires the support and participation of those responsible for its implementation); sufficient organisational capacity (the competencies, time and resources necessary to implement change alongside ongoing operations); a gradual approach (starting small, achieving quick wins, scaling gradually rather than pursuing large-scale transformational change all at

once); learning and support (development of new skills, technical assistance, mentoring); monitoring and adaptation (tracking progress, identifying challenges, adjusting approaches); sustained commitment (recognising that innovation requires time to become institutionalised and avoiding declining commitment following initial enthusiasm). The model further anticipates outcomes at multiple levels. At the client level, expected outcomes include improved functional and psychosocial outcomes, enhanced quality of life, higher satisfaction with services, greater alignment of services with clients' actual needs and preferences, and increased empowerment. At the staff level, expected outcomes include higher professional effectiveness and competence, reduced burnout and turnover, greater job satisfaction and a stronger sense of purpose and impact. At the organisational level, anticipated outcomes include improved service quality and effectiveness, enhanced organisational resilience and adaptability, greater financial sustainability, stronger reputation and legitimacy, and increased innovation capacity. At the system level, the model is expected to contribute to broader access to high-quality services, more efficient use of societal resources, a stronger evidence base for policy and practice and a transformation of the paradigm from a paternalistic toward a partnership-based model of social services.

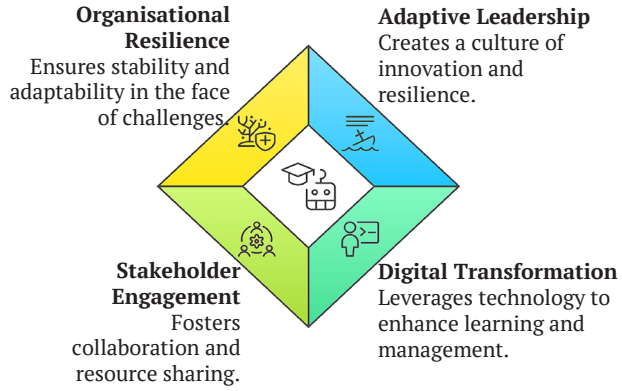

Figure 4. Cycle of interrelated domains

Source: developed by the authors based on a synthesis of findings from the literature review, empirical research, expert consultations

The validation of the model through expert evaluation (two Delphi rounds with 25 experts) revealed a high level of agreement regarding its relevance (mean score: 8.4/10), comprehensiveness (8.1), practical applicability (7.8) and cultural appropriateness to the Ukrainian context (7.6). Experts highlighted the model's key strengths, including its holism (integration of multiple approaches rather than a single-focus perspective), balance between universal principles and contextual adaptation, strong practice orientation and recognition of resource constraints and wartime challenges. The main recommendations for further refinement included a stronger emphasis on specific implementation tools and procedures, the development of differentiated guidance for organisations of varying sizes and types and greater attention to change management, and resistance to change. These recommendations were incorporated into the final version of the model and its accompanying practical tools. Acknowledging the gap between knowledge of innovative approaches and their practical implementation, the study developed a set of practical instruments to support rehabilitation centres and social service organisations in transforming their management practices.

The diagnostic instrument for assessing organisational innovativeness enables organisations to conduct a self-assessment of their current management practices and identify priority areas for the development. The instrument comprises 87 indicators grouped according to the domains of the model: strategic leadership and governance (18 indicators), operational excellence and quality (24 indicators), stakeholder engagement (22 indicators) and resource sustainability (23 indicators). Each indicator is rated on a five-point scale (1 – the practice is not implemented; 5 – the practice is fully implemented and institutionalised), with detailed descriptors provided for each level. The results are visualised using a radar chart that illustrates the organisational profile and enables the identification of gap areas. The assessment tool also includes a set of questions on contextual factors (such as organisational size and type, available resources), allowing for the generation of tailored recommendations. Pilot testing in 18 organisations demonstrated the instrument's high practical value: 89% of participants reported that the diagnostic process helped them better understand their strengths and gaps, while 78% used the results for strategic planning. The transformation roadmap provides a step-by-step structure for organisations seeking to transform their management practices (Fig. 5).

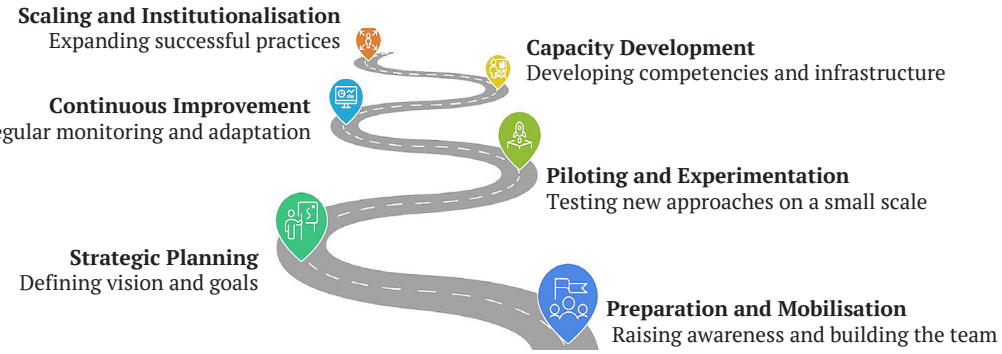

Figure 5. Management transformation roadmap

Source: developed by the authors

Methodological manuals have been developed to support the implementation of specific innovative approaches and provide step-by-step guidance for their application. The digital transformation manual covers organisational digital maturity assessment, the development of a digitalisation strategy, the selection and implementation of digital tools (such as electronic case management systems, tele-rehabilitation, analytics platforms), staff training, change management, as well as data security and confidentiality requirements. The co-production manual outlines the principles and values of the approach, methods for engaging clients at individual, program and organisational levels, tools (such as client advisory boards, co-design workshops, feedback mechanisms), approaches to overcoming barriers and methods for evaluating effectiveness. The agile project management manual adapts relevant methods to the context of social services, defines roles, key meetings, documents and provides examples of application across different types of projects. The outcomes measurement manual supports organisations in selecting appropriate assessment tools, integrating measurement into routine service delivery processes, analysing data and using findings for managerial decision-making.

Templates and checklists provide practical tools for everyday use. The individualised rehabilitation plan template structures the collaborative process of goal setting with the client, the formulation of SMART goals, intervention planning and progress monitoring. The project documentation template, adapted to the social services sector, includes sections on stakeholder analysis, theory of change, risk management, budgeting, as well as monitoring and evaluation systems. The trauma-informed practice checklist helps professionals reflect on their interactions with clients through a trauma-informed lens, while the quality management checklist captures key elements for regular internal audits. Case studies of successful practices provide detailed documentation of organisations that have effectively implemented innovative approaches. Each case study describes the organisational context, the challenges that prompted change, the implementation process (including steps, timelines, resources, stakeholder involvement), the difficulties encountered and strategies used to address them, the outcomes achieved (both qualitative and quantitative), lessons learned, and recommendations for other organisations. In particular, case studies on the implementation of Scrum in a multidisciplinary rehabilitation team (RC-10), the transition to a co-production model (RC-07), the development of a trauma-informed organisation (SS-05) and the strengthening of financial sustainability through diversification (SS-10) are provided. Such examples enable other organisations to envision the possibility of change and identify practical pathways for its implementation, taking into account contextual factors. A training and competency development programme has also been designed for managers of rehabilitation centres and social service organisations on the basis of six modules (Fig. 6).

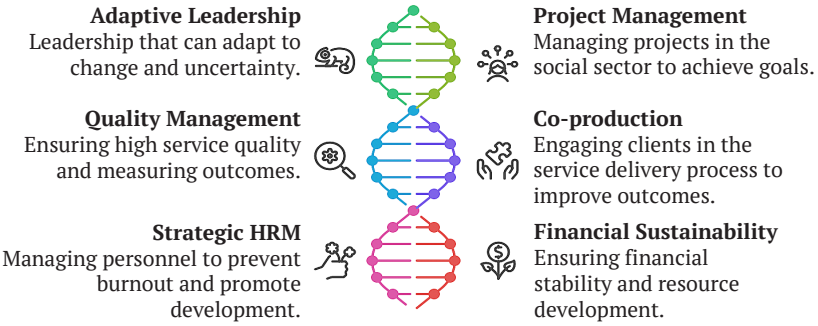

Figure 6. Training and competency development programme for managers of rehabilitation centres and social service organisations

Source: developed by the authors

Each module is designed for 16 hours and combines self-paced online learning, synchronous webinars and practical assignments; the final stage includes an applied project focused on implementation within participants' own organisations. The programme was piloted with 47 managers from 32 organisations; evaluation results demonstrated high levels of satisfaction (mean score 8.6/10), a statistically significant increase in self-assessed competencies (pre-test 5.2 → post-test 7.8; $p < 0.001$) and 83% participants implemented at least one new approach within six months. The SocialRehab Hub online knowledge exchange and peer-learning platform was developed to support a community of practice among managers of rehabilitation centres and social service organisations. The platform includes a resource library (methodological materials, research outputs, case studies, templates), a discussion forum for addressing challenges and sharing experience, a series of webinars with invited experts and practitioners, a peer mentoring programme, as well as quarterly online conferences for presenting innovations and establishing professional networks. During its first operational year, the platform engaged 284 active participants from 189 organisations across all regions of Ukraine, held 12 webinars, established 23 mentoring pairs and organised 4 conferences. Participants highly valued the opportunities for peer learning and access to practical resources. These tools are not complete or "final"; rather, they represent evolving resources that are continuously updated based on user feedback and the emergence of new knowledge.

CONCLUSIONS

The study revealed that Ukrainian rehabilitation centres and social service organisations operate under significant constraints. Only 23.7% of managers reported their

governance systems as modern and innovative, whereas 28.1% considered them predominantly outdated. The most common challenges include limited funding (87.4%), shortage of qualified personnel (71.3%) and high levels of professional burnout (68.9%). Digital transformation remains uneven, with case management systems implemented in only 34.8% of organisations, CRM systems in 28.7% and analytical tools in 22.3%. At the same time, organisations actively using digital tools demonstrate 38% higher client satisfaction and 31% better interprofessional coordination.

Project management practices are also applied in a fragmented manner, with only 28.3% of organisations using formalised methodologies. Agile approaches demonstrate higher effectiveness in projects characterised by uncertainty, whereas traditional waterfall models remain more suitable for technical initiatives. Organisations with well-developed project management competencies achieve a 58% project success rate. Co-production and client-centred approaches remain largely declarative, with client involvement at programme and organisational levels implemented in only a limited number of institutions. Risk management and financial sustainability require substantial strengthening, particularly in the context of martial law.

The developed integrated model of innovative management combines digital transformation, adaptive project management, data-driven decision-making, co-production and strategic human resource management. Pilot implementation confirmed its practical value and its ability to enhance organisational effectiveness under resource-constrained conditions. The prospects for further research include longitudinal tracking of the model's effectiveness, comparative analysis of client outcomes across regions, as well as the development of standardised tools for assessing innovation capacity and organisational resilience in rehabilitation centres and social service organisations.

ACKNOWLEDGEMENTS

The authors express their sincere gratitude to the managers and staff of rehabilitation centres and social service organisations, who generously shared their time, experience and insights, making this study possible. Special thanks are extended to the experts, who participated in the validation of the model and instruments. We are also grateful to international partners for supporting knowledge exchange and experience sharing.

FUNDING

None.

CONFLICT OF INTEREST

None.

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Проєктні рішення та інноваційні підходи в управлінні реабілітаційними центрами та закладами надання соціальних послуг

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Анотація. Безпрецедентні виклики воєнного стану, обмежені ресурси, зростаючі потреби населення та системна трансформація соціальної сфери вимагають радикального переосмислення традиційних управлінських підходів у реабілітаційних центрах та закладах надання соціальних послуг. Метою дослідження стало концептуальне обґрунтування системи інноваційних управлінських підходів і проєктних рішень для реабілітаційних центрів та закладів надання соціальних послуг з урахуванням сучасної української специфіки. Дослідження базувалося на змішаній методології, що включала систематичний огляд літератури, аналіз нормативно-правової бази, якісні кейс-стаді, кількісне опитування 247 респондентів з 183 організацій, експертну валідацію моделі методом Delphi. Результати виявили критичні прогалини у сучасних управлінських практиках: лише 23,7 % організацій оцінили свою управлінську систему як інноваційну. Основні виклики включають обмежене фінансування (87,4 %), брак кваліфікованого персоналу (71,3 %), професійне вигорання (68,9 %), адаптацію до воєнних умов (64,2 %). Дослідження систематизувало міжнародний досвід та українські практики у восьми ключових напрямах: цифрова трансформація, проєктне управління, співвиробництво з клієнтами, Agile-практики, управління якістю, стратегічне HRM, фінансовий менеджмент, партнерства, управління в умовах війни. На основі синтезу результатів розроблено інтегровану модель інноваційного управління, що поєднує чотири взаємопов'язані домени: стратегічне лідерство та управління, операційну досконалість та якість, залучення стейкхолдерів, ресурсну стійкість. Модель валідована експертами та адаптована до контексту обмежених ресурсів та воєнних викликів. Створено комплекс практичних інструментів впровадження: діагностичний інструмент, дорожня карта трансформації, методичні посібники, шаблони, навчальна програма. Дослідження продемонструвало, що організації з високим рівнем інноваційності управління досягають на 38 % вищої задоволеності клієнтів, на 43 % кращої координації команд, на 52 % нижчої плинності персоналу. Організаційна життєстійкість виявилася критичним предиктором виживання в умовах кризи

Ключові слова: соціальний сектор; людські ресурси; інтегрована модель; цифрова трансформація; фінансова стійкість; гнучкі практики; дорожня карта