

UNIVERSITY OF JYVÄSKYLÄ

Social policy change through participation:

**Does parents' participation make a difference in the reform of services for children, adolescents and families?**

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## JYVÄSKYLÄ UNIVERSITY

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<b>Social policy change through participation: Does parents' participation make a difference in the reform of services for children, adolescents and families?</b>	
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<p>The purpose of this study was to assess the impact of parents' participation on the development of services in the context of the Healthy Child and Adolescent project. This local project provides early support and preventive services to families with children. It is part of the ongoing national reform of services for children, adolescents and families.</p> <p>User participation is a widely studied subject in health and social care. Several studies have shown that user participation has positive individual effects. In addition, user participation is also used as a tool for generating better services that meet people's needs. However, researchers do argue about the different methods and the extent of the impact of user participation in creating better services. Therefore different methods of user participation and their effects should be evaluated more systematically.</p> <p>The first objective of this study was to find out what kind of an impact parents' participation will have on the service development. Second, how users could be involved in creating better services in the future. The theoretical framework of this study is built on the Arnstein's ladder of participation, the concepts of user participation and good governance. The evaluative case study was chosen as a research method for this study. The interviews with professionals and parents served as the main source of data. This was completed by the information provided by selected project reports. All data was analysed using qualitative content analysis.</p> <p>The results of this study confirm that participation of parents have indeed positive individual effects if the following conditions are met. Parents must be genuinely involved in planning the support or the service they receive with a concrete objective in mind. Fast response, concrete support and the collaboration of different professionals is also needed from the very beginning of the customer process. The direct links between parents' participation and the service development process were more difficult to establish. However, according to the professionals, the commitment towards customers and the positive attitude for planning and coproducing activities with users had clearly increased during the project period. There was also a clear indication that the collaboration between professionals had increased. It is noteworthy, that some of the satisfied parents had become advocates of the support services they had received during the project by spreading the word to other families. These kind of testimonials where users become unofficial representants of the organisation and its services are the most concrete examples of impacts of user participation. Besides planning their own</p>	

support, parents were also involved in modifying the content of certain group level services.

The results of this study encourage municipalities for further enhancement of user participation within family services. The methods of user participation in the form of a partnership between parents and professionals should be enforced. In order to enhance the use of participative methods of working within family services, parents could be actively involved as experts by experience in training professionals. They could also participate in coproducing and steering peer and group level services with professionals. Peer support can be a way to reach out for those families who would not be reached using other methods. Participation of families can also be increased in planning new services through local user committees and directly through participative web-based consultations.

Keywords: participation, involvement, early support, prevention, social exclusion, governance,

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## JYVÄSKYLÄN YLIOPISTO

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<b>Sosiaalipolitiikan muutos ja osallisuus: Vaikuttaako vanhempien osallisuus lasten, nuorten ja perheiden palvelujen kehittämiseen?</b>	
<b>Yhteiskuntatieteiden ja filosofian laitos, yhteiskuntapolitiikka</b>	
Marraskuu 2015	sivumäärä 91
<p>Tutkimuksen tarkoituksena oli arvioida vanhempien osallisuuden vaikutuksia palvelujen kehittämiseen Hyvinvoiva lapsi ja nuori -hankkeessa. Tämä paikallinen varhaista tukea ja ennalta ehkäiseviä palveluja lapsiperheille tarjoava projekti on osa kansallista lasten, nuorten ja perheiden palvelu-uudistusta.</p> <p>Käyttäjäosallisuutta on tutkittu laajasti sosiaali- ja terveydenhuollossa. Useat tutkimukset ovat osoittaneet, että käyttäjäosallisuudella on positiivisia vaikutuksia yksilötasolla. Käyttäjäosallisuutta pidetään myös yhtenä keinona, jonka avulla saadaan aikaan parempia, asiakkaiden tarpeita vastaavia palveluja. Tutkijat ovat kuitenkin erimieltä siitä, missä määrin ja millaisella käyttäjäosallisuudella palvelujen parempaan laatuun voidaan vaikuttaa. Erilaisia osallisuuden muotoja ja niiden vaikutuksia tulisikin arvioida järjestelmällisesti.</p> <p>Tutkimuksen ensimmäisenä tavoitteena oli siis kuvata millainen vaikutus vanhempien osallisuudella on palvelujen kehittämiseen. Toiseksi, miten käyttäjät voisivat osallistua parempien palvelujen kehittämiseen tulevaisuudessa. Arnsteinin osallisuustikapuut, käyttäjäosallisuus- ja hyvä hallinto -käsitteet muodostavat tutkimuksen teoreettisen viitekehyksen. Tutkimusmenetelmänä on arvioiva tapaustutkimus. Tutkimuksen pääaineisto koostuu ammattilaisten ja vanhempien haastatteluista, jota täydentävät valikoidut projektidokumentit. Aineisto analysoitiin laadullisen sisällönanalyysin avulla.</p> <p>Tutkimustulokset vahvistavat, että vanhempien osallisuudella on positiivisia yksilöllisiä vaikutuksia seuraavien ehtojen täytyessä. Vanhempien täytyy olla aidosti mukana oman tuen tai palvelun suunnittelussa, jolle on myös asetettu selkeä tavoite. Nopea ja konkreettinen tuki sekä ammattilaisten välinen yhteistyö ovat asiakasprosessin kannalta tärkeitä heti sen alkuvaiheesta lähtien. Vanhempien osallisuuden ja palveluiden kehittämisprosessin välistä suoraa yhteyttä oli vaikeampi todeta. Ammattilaiset olivat kuitenkin sitä mieltä, että sitoutuminen asiakkaisiin sekä positiivinen suhtautuminen palvelujen suunnitteluun ja tuottamiseen yhdessä asiakkaiden kanssa oli selvästi lisääntynyt projektin aikana. Myös yhteistyö eri ammattilaisten välillä oli selvästi kasvanut. On huomiota herättävää, että osa tyytyväisistä vanhemmista ryhtyi palvelujen puolestapuhujiksi kertomalla muille vanhemmille projektin aikana saamista palveluista. Tämän tyyppiset suositukset, jossa palvelujen käyttäjistä tulee organisaation ja sen palvelujen epävirallisia edustajia, ovat konkreettisimpia esimerkkejä osallisuuden vaikutuksista. Oman tuen suunnittelun</p>	

lisäksi vanhemmat osallistuivat joidenkin ryhmätasoisien palvelujen sisällön suunnitteluun.

Tutkimustulokset rohkaisevat kuntia kehittämään käyttäjäosallisuutta perhepalvelujen osalta. Erityisesti osallisuutta vanhempien ja ammattilaisten välisen yhteistyön muodossa tulisi lisätä. Osallistavien työmuotojen käyttöönottoa perhepalveluissa voitaisiin edistää ottamalla vanhemmat mukaan kokemusasiantuntijoiksi ammattilaisille suunnattuihin koulutuksiin. He voisivat olla myös mukana tuottamassa ja ohjaamassa erilaisia ryhmä- ja vertaistuen palveluja yhdessä ammattilaisten kanssa. Vertaistuen avulla voidaan tavoittaa ne tukea tarvitsevat perheet, joita ei muutoin tavoitettaisi. Perheiden osallisuutta voidaan lisätä myös uusien palvelujen suunnittelussa sekä paikallisten toimikuntien kautta että erilaisten osallistavien verkkosovellusten avulla.

Avainsanat: osallisuus, varhainen tuki, ennalta ehkäisy, syrjäytyminen, hallinto

**Jyväskylän yliopisto, Yhteiskuntatieteiden ja filosofian laitos**

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FIGURE 1 Number of persons at risk of poverty in Finland in 1987 to 2013\*

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## 1 INTRODUCTION

According to the Eurostat in 2013, 24,5% of all the EU population are at the risk of poverty or social exclusion. As a headline target of the Europe 2020 strategy, the EU countries have agreed to lift 20 million people out of poverty and social exclusion (Report of the Social Protection Committee 2011). Children are particularly exposed to the risk of poverty. With a rate of 27.6 % in the EU-28, children were at greater risk of poverty or social exclusion in 2013 than the rest of the population.

There are a number of research studies (eg. Levitas et al. 2007) and reports (e.g. Social Protection Committee 2012, 42) based on those studies showing that poor children compared to others are less likely to do well in school, enjoy good health and realise their full potential in life, hence being at a higher risk of becoming unemployed and socially excluded. As the Social Protection Committee's Advisory Report (2012, 4) states: "Europe's social and economic future depends on its capacity to break the transmission of disadvantage across generations." As a response, the European Union has put forward active inclusion and job creation policies. It also outlines the importance of avoiding problems beforehand and the principle of social participation. Current international research findings also support these two principles. First, that preventing problems of children and young people is almost always effective (Heckman 2011, 50) and economically advantageous (Reynolds, Temple, Robertson & Mann 2002). Second, that any practice aiming at reducing exclusion should include ensuring the participation of users and citizens in discussing, planning and arranging the services and programmes that will affect them (Pierson 2003, 56).

According to the Strategic Programme of the Finnish Government (27 May 2015) health and wellbeing services are to be based on customer needs. Strengthening people's involvement, providing early support and preventive methods, implementing effective customer-oriented service chains and using practical expertise are means to achieve this objective. Similarly, during the last 30 years, service users and patients in western Europe and North America have been encouraged by governments to contribute to the planning and development of social and health services. The reason behind this is that, "there is a strong belief, that involving users leads to more accessible and acceptable services and improves the health and quality of life of service users (Crawford et al. 2002, 1)."

Achieving this objective of creating services that meet customers' needs and improves health and quality of life can have an enormous impact not only on individual level but also on the equity and cohesion of the society as a whole. As differences in health are not only caused by poverty, but also by individual's or population group's position in society, which translates in differential access to, and security of, resources, such as education, employment, housing, as well as differential levels of participation in civic society and control over life<sup>1</sup>. Therefore, involving and empowering people is seen as one method in fighting against social exclusion and health inequalities. Both EU and World Bank<sup>2</sup> among other institutions place participation of people experiencing poverty as a central objective of their inclusion policies, both as a tool for individual empowerment and a governance mechanism.

In fact, current research supports strongly the fact that involving service users in planning their own care and service development has the ability to empower the person. This can be seen in increased self-confidence, knowledge and skills and improved peer-relations or group-skills (Carr 2004, 8). In addition, involving users and listening to them can increase the commitment to a treatment and customer satisfaction (Laitila 2010, 146).

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<sup>1</sup> Social determinants: World Health Organization. <http://www.euro.who.int/en/health-topics/health-determinants/social-determinants/social-determinants>. Referred 4.11.2014

<sup>2</sup> Social Inclusion: The World Bank. <http://www.worldbank.org/en/topic/socialdevelopment/brief/social-inclusion>. Referred 12.10.2015.

Increasing user involvement is also one of the objectives of the Healthy Child and Adolescent project which is part of the National Development programme for Social Welfare and Health Care, the Kaste programme. The main targets of the programme are to reduce inequalities in wellbeing and health, e.g. by improving risk groups' opportunities for inclusion (read: participation), and to organise social welfare and health care structures and services in a client-oriented way<sup>3</sup>. The Healthy Child and Adolescent project aims to accomplish these objectives by helping parents to enhance their parenting skills and to learn how to resolve problems early enough. This is done by enhancing collaboration of parents and professionals, for example by actively listening to parents, taking into account their views and planning together the support they need. Parents are also involved in planning and modifying services so that in the future services offered to families would be more timely and well targeted, i.e. respond to families' needs at hand. The idea behind this is to develop services in active partnership with those who use them. Besides user participation, the development of service processes and cross sectoral collaboration between professionals are also in the key roles in order to better help customers in the future.

In Finland, as in many other countries, social and health services constitute a large portion of local government expenditure, therefore demands for the evidence about the effectiveness and benefits of social care services are increasing (the Finnish National Institute for Health and Welfare 3/2013, 11). While the individual benefits of the user involvement and early support have been already established by many researchers, the evidence on the impact of service user participation on creating better quality social care services is almost nonexistent (Carr 2004, 6). There are still many questions that are unanswered. What is the real influence of user participation on transforming services? What kind of participation methods would be effective for improving services? Does participation always result in better services and better for whom? Answering these questions becomes even more crucial while a growing number of the EU countries are facing tough choices on how to allocate limited resources.

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<sup>3</sup> National Programmes: National Institute for Health and Welfare. [https://www.thl.fi/fi/web/health-and-welfare-inequalities/national-programmes#the Kaste](https://www.thl.fi/fi/web/health-and-welfare-inequalities/national-programmes#the-Kaste). Referred 4.11.2014.

This Master's Thesis tries to answer these questions by studying user participation in the context of the Healthy Child and Adolescent project that provides early support and preventive services. The objective of my evaluative case study is to assess the possible outcomes of parents' participation on the development of services for children, adolescents and families. At the same time, I will try to find out how parents could be involved in creating better services in the future. I limit my study to parents with small children (from age 0 to 7) living in the municipality of Kaarina in the western region of Finland. Although my main focus is on the impact of user participation and involvement, I will also analyse the process of participation itself. Like many other researchers, I believe, that the actual process of participation and the evaluation of its impact cannot be separated from each other.

Section 2 introduces the background of this study establishing the link between participation and the targeted reform of welfare services. Section 3 lays out the theoretical framework of participation, first as a tool for individual well-being and second, as an element of good governance. Third paragraph of the section discusses the challenges of evaluating user participation. The research process and the evaluative case study methodology within the context of the local project are presented in section 4. The results of the empirical study are presented in section 5 and the main topics will be further discussed before scheming out a proposal for user involvement in the development of future services.

## **2 BACKGROUND**

There is currently an increasing concern about the stability of social cohesion in communities throughout the Europe. As stated already in the introduction part of this study, one of the big agendas in Europe is to increase citizen participation, translating usually as user involvement in the welfare services or as the inclusion of persons at risk of social exclusion. Social exclusion and participation can be seen as counterparts of the same social phenomenon, non-participation causing social exclusion and vice versa. In this section, I will first discuss the origins of the concept of social exclusion and its impact on citizens and on society in general. Second, I will lay out the important principle of avoiding problems beforehand with the methods of early support and prevention. Examples of research findings will illustrate both the consequences of social exclusion and the impact of early support and preventive methods. Third, I will shortly present the Kaste Programme as an example of a reform policy establishing the link between participation, prevention and welfare service reform.

### **2.1 Social Exclusion**

The term of social exclusion was first popularized in 1974 by René Lenoir, the Secretary of State for Social Action in a French Gaullist government. The idea of social exclusion can already be traced in the late nineteenth century when the French sociologist Emile Durkheim presented the concept of social cohesion and problems created by weak social bonds. The term “les exclus”, was referring to population groups who were excluded from the salary relationship and whose rights to social citizenship were therefore limited or not

recognized. (Mathieson et al. 2008, 5.)

The idea of social exclusion was rapidly adopted across the European Union and it became a central issue of anti-poverty programmes. Although the concept of social exclusion is still often used when describing the consequences of poverty, it means more than being unemployed or poor. Researchers have developed several definitions of social exclusion during these years attaching different meanings to it according to prevailing political and cultural contexts.

Ruth Levitas and her colleagues published in 2007 a multidimensional analysis of social exclusion where they provide a comprehensive definition underlining the importance of participation: “social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole” (2007, 9).

In addition to severe personal consequences as e.g. mental illness, antisocial behaviour, depression, social exclusion also impacts society as whole. A group of British researchers established a causal link between the conduct disorder and the costs of social exclusion. They claim that antisocial behaviour in childhood is a major predictor of how much an individual will cost society. The costs of individuals with conduct disorder were by age 28, ten times higher than for those with no problems (Scott, Knapp, Henderson & Maughan 2001, 1).

A group of Finnish researchers came to the same conclusions in 2012. In 1987, the Medical Birth Register was established in Finland. During the same year a massive Finnish Birth Cohort -study was initiated following 60 000 persons born in 1987 until year 2008. The purpose of the study was to investigate the different biological, social and environmental childhood determinants for the well-being of young adults. This research was the first one to combine data from social and health registers in more diverse ways than has ever been done before in Finland. The data also includes information about the

cohort members' parents showing how different factors impact over generations and combine to influence later life. (Paananen, Ristikari, Merikukka, Rämö & Gissler 2012, 7.)

According to the study one fifth of those born in the year 1987, before the age 21, had received specialized psychiatric care or medication for mental health problems. Approximately 18 percent had completed only primary education and 40 percent of them had mental health problems. Social support assistance had been received by 23 percent of the cohort members, and 26 percent had a record in the police or judicial registers for a misdemeanor or for a sentence. Approximately three percent of the cohort had been placed in out-of-home care. This study showed clearly that not only problems in well-being, such as lack of secondary level education, mental health- and financial problems accumulate, but also disadvantage transfers through generations and parental difficulties influence children's later well-being. (Paananen et al. 2012, 3.)

Today, 40 years after the term social exclusion became a well-known concept and a lot of progress has been made since, there are still many of us who suffer from being excluded. According to the Income Distribution Statistics 2013 in Finland (Figure 2), the number of persons at risk of poverty grew from 635 000 (11,9 %) in 2012 to 690 000 (12,9 %) in 2013. As the Figure 1 showed, one in four EU citizens is at risk of poverty or social exclusion including low income earners who are materially deprived or living in a household with low work intensity. The so-called AROPE indicator (At Risk of Poverty or Social Exclusion) that measures the risk of poverty or social exclusion is part of the monitoring of the objective of the Europe 2020 Strategy. Persons are classified as being at-risk-of-poverty when they live in a household, whose disposable monetary income per consumption unit is below 60 per cent of the national median income<sup>4</sup>.

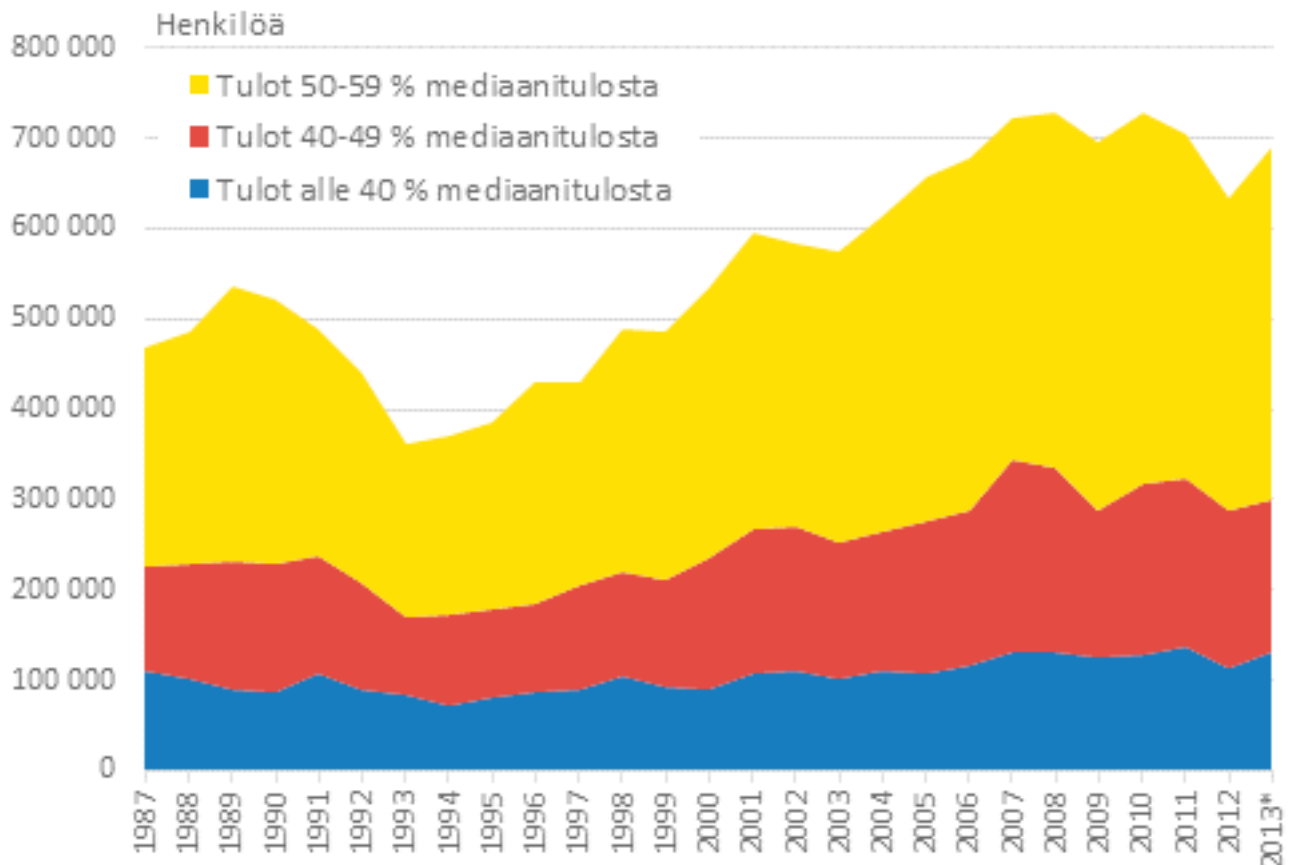
As several studies have shown health inequalities and social exclusion are phenomena that root themselves in earlier life events. Those with the least resources due to, for example, handicaps, ill-health or parental problems have the highest risk of exclusion. Therefore it is primordial that societal support for well-being begins early, as attachment to society begins

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<sup>4</sup> Statistics Finland.[http://www.stat.fi/til/tjt/2013/04/tjt\\_2013\\_04\\_2015-05-25\\_tie\\_001\\_en.html](http://www.stat.fi/til/tjt/2013/04/tjt_2013_04_2015-05-25_tie_001_en.html). Referred 29.9.2015.

already at birth (Paananen et al. 2012, 3). The principle of supporting children and parents early will be my focus in the next paragraph.

Figure 1: Number of persons at risk of poverty in Finland in 1987 to 2013. Source: Income Distribution Statistics 2013, preliminary data, Statistics Finland.



## 2.2 Early support and prevention

The importance of family life should not be underestimated. Healthy family relationships are crucial to the well-being of both children and adults, as well as society in general.

Families endure growing stress and anxiety because of the global economical changes. In the long run this can be harmful to the children and adults involved. While it is our moral obligation to help vulnerable people, it is also economically rational as research studies show.



The Council of Europe together with the European Commission is consistently aiming at promoting social cohesion and tackling social policy issues affecting children and families. All programmes and projects under the European framework emphasize promotion, participation and protection of children according to the UN convention on the Rights of the Child. The idea of prevention and early intervention which is to support parents and families before problems arise, is clearly underlined by several policy papers including the European Commissions' Communication in 2010<sup>5</sup>. Strong political and economical justifications are set out in the Commission's recommendation, Investing in children breaking the cycle of disadvantage (2013, 2): "early intervention and prevention are essential for developing more effective and efficient policies, as public expenditure addressing the consequences of child poverty and social exclusion tends to be greater than that needed for intervening at an early age."

The concept of early intervention has originally been used in the context of early childhood education and the methods were mostly targeted to the young children with disabilities and their families. Nowadays early intervention is provided both as a universal as well as a targeted service. A common definition for early intervention is hard to find, but the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) offers the following one: "intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems" (Sharp & Filmer-Sankey 2010, 2).

In brief, the purpose of family support services is to assist and support parents in their role as caregivers. The main goal is to help parents enhance skills and resolve problems to promote optimal child development. Although professionals do not want to use the term therapeutic intervention in discussions of family support, in reality it is often a therapeutic intervention. The purpose of these interventions is to help families to make positive changes in their lives and overcome life problems (McKeown 2000, 7-8). As results show, parents have often experienced receiving early support as useful (Rautio 2013). Some methods of interventions and support services provided by the Healthy Child and

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<sup>5</sup> European Commission (2010). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. The European Platform against Poverty and Social Exclusion: A European framework for social and territorial cohesion. <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex:52010DC0758>. Referred 29.9.2015.

Adolescent programme will be described in section 5.

In Finland, these services are often community-based services that can take many different forms depending on the strengths and needs of the family. Since 1990s' recession and experiences gained from that, the public sector and NGOs have put a lot of effort in different projects trying to develop family work and supporting services. At the same time they are going through a massive organizational transformation that implies also new models of working. Susanna Rautio who conducted a study on parents' experiences of receiving project-based support describes the so-called project society as follows: "the public sector has been reorganized and reformed along project-like lines, and in social and health care, and especially in family services, the different professional groups have started to work as teams in interprofessional collaboration (Rautio 2013, 927)". The common denominator of all these programmes is to support families at an early stage before their problems become more serious and persistent.

Despite the extensive research on social exclusion and prevention, supported by recent policy papers, the concrete measures of prevention are still lacking behind in many countries. The Finnish Birth Cohort -study serves as a good reminder of this. The children born in 1987 grew up and were raised during the recession of the 1990s. Political decisions made during that time have an impact still today. Preventive and welfare services of municipalities have stagnated at the recessions levels and the use of corrective services increases constantly. In brief, the Finnish service system often reacts only after serious problems have arisen (Paananen et al. 2012, 41). In addition to the increased individual problems, the costs related to traditional child welfare and specialist services are much higher than those of preventive services. As the report of the Central Union for Child Welfare (Heinonen, Väisänen & Hipp 2014) shows, the costs of a service path ending in a replacement of the child outside his/her home were at least ten times more than a service path including preventive work services.

### **2.3 Welfare policies and participation: the Kaste Programme**

As other European governments which agreed upon the Europe 2020 Strategy in June 2010, The Finnish Government and the main labour market organizations approved in 2010 the Programme for Sustainable Economic Growth and Employment. One of the main objectives of this programme is to reform the municipal and service structure in order to make it cost-efficient and effective. The National development programme for Social Welfare and Health Care, the Kaste programme, forms an integral part of the service structure reform. It specifies general development objectives and measures in social welfare and health care as follows: boosting participation and reducing social exclusion, increasing wellbeing and health, improving effectiveness and availability, and narrowing regional differences (Ministry of Finance publications 14c/2011).

Besides Europe 2020 strategy, the Kaste Programme has a direct link with the national legislation. According to the Act on Planning and Government Grants for Social Welfare and Health Care (733/1992) the Government adopts every four years a national development plan for social and health care services. The plan for 2008–2011 was adopted on 31 January 2008 and it was renewed by Government in 2012. The Kaste programme is a strategic steering tool that is used to manage and reform social and health policy. As in many similar public policy reforms worldwide, the emphasis is put on restructuring services in a client-oriented and economically sustainable way.

Most of the administrative reforms during the late 1980s and 1990s were characterized by strategies enhancing performance and service delivery and less by traditional values like universality and equality (Peters & Pierre 2003, 4). As B. Guy Peters and Jon Pierre point out in their Handbook of Public Administration, these reforms followed often same patterns in trying to achieve effective management, often through the adoption of management procedures or arrangements resembling those of business firms (2003, 1-8). This tendency, called the New Public Management, has raised a lot of criticism on behalf of those who think that adopting business like approaches in managing public administration would jeopardize the quality and accessibility of public services. In their recently published book 'Participation, Marginalisation and Welfare Services', Anna-Leena Matthies and Lars Uggerhoj remind, that while welfare services and targeted

projects are expected to stop marginalization and enable participation and partnership, they are put under extreme financial pressure. The global neoliberal market expects states to control public expenditure and to open national public services to global market players. This leads to cuts in welfare services at the local level and increases the inequality of available services (2014, 4). However, as the objectives set out by the Kaste Programme show, the current trend in western societies seems to combine both administrative performance and wellbeing of citizens.

The initial publication of the Ministry of Social Affairs and Health on the National Development Plan for Social and Health Care Services (2008:6) states three main objectives for the Kaste programme. The first one is to increase municipal inhabitants' involvement and to reduce their social exclusion. The second objective aims at increasing municipal inhabitants' wellbeing and health and at diminishing inequalities in wellbeing and health. The third objective aims at improving the quality, effectiveness and availability of services for the municipal inhabitants and at reducing regional inequalities.

The first two objectives of the Kaste Programme lay down important principles of participation, social inclusion and equality. These objectives correspond with the idea of expansive democracy of Mark Warren, which is characterized by increased participation and by relating decision-making to the persons who are affected (Hajer & Wagenaar 2003, 3). Furthermore, the third objective underlines the importance of administrative performance. Hence, administrative reforms are usually about quality in decision-making processes, public institutions and management (Peters & Pierre 2003, 465).

The reform of services for children, adolescents and families was described by the Kaste Programme as one of the tools by which the objectives of the first Kaste Programme were planned to be met. Since the beginning of the second Kaste Programme in 2012, Children's Kaste is one of the six sub-programmes included in the main programme. It is managed by the National Institute for Health and Welfare (THL) and has as its main objective to achieve reform in service structures from the perspective of the wellbeing of families with children. The idea behind this reform is to reorganize services in a more efficient way in order to be able to support children and families early enough and to protect them against social exclusion. More efficient means combining the joint efforts of basic and specialist services to provide support directly at homes, daycare, schools and leisure activities. It also

means de-institutionalising services and creating new service concepts. (Hastrup, Hietanen-Peltola, Jahnukainen & Pelkonen 2013, 9.) One must bear on mind that efficiency means less expenditures. As THL clearly reminds in its report, while services are important, these costs constitute a large proportion of local government expenditure. Therefore services must be efficient and effective (Hastrup et al. 2013, 11). However, while these economical concerns are of course well justified, especially in times of recession, they should never alter or disguise the ultimate goal of social and health care reforms which is generally to reduce inequalities in wellbeing and health. At least the Kaste programme has set this target as its primary objective.

The same logic is used in a wider context of the ongoing social welfare and health care reform which is a part of the reform of municipalities and service structures. The reform is seen as a wide integration of the social welfare and health care services in which primary and specialised services form a seamless service package. The connection between the reform of municipalities and service structures, the National Development Plan for Social Welfare and Health Care (Kaste) and the reform of services for children, adolescents and families serve as a good example of the triggering effect of reforms, which is well illustrated by Peters and Pierre (2003, 474). Using their words: “certain problems need to be resolved before certain types of reform may take place effectively.” This simply means that reforms at one level trigger reforms at other levels. The local Children’s Kaste Programme, the Healthy Child and Adolescent on which this Master’s Thesis will focus, will be introduced in section 4.

### **3 THEORETICAL FRAMEWORK**

According to researchers (e.g. Matthies & Uggerhoj 2014), citizen and user involvement has become the focus of social and healthcare organizations' policies and part of governments' agenda in developing more participatory forms of governance. In order to reduce inequalities and increasing wellbeing of people the overall objective of any participation policy would ideally be twofold. Citizens should gain more power and resources to influence both their own lives and the structures of services. Participation can be seen same time as a tool for individual well-being but also as an element of good governance enhancing public services that answer to the service users' needs. As stated already in the introduction of this study, while the evidence of the individual benefits of participation are easier to show, evaluating the possible impact of user participation on services is much more complex.

#### **3.1 Participation as a tool for individual well-being**

The World Bank Participation Sourcebook (1996, 3) defines participation as: “a process through which stakeholders influence and share control over development initiatives and the decisions and resources which affect them.” Children also have similar rights to participate and this right is recognized by the article 12 of the United Nations Convention on the Rights of the Child (UNCRC).

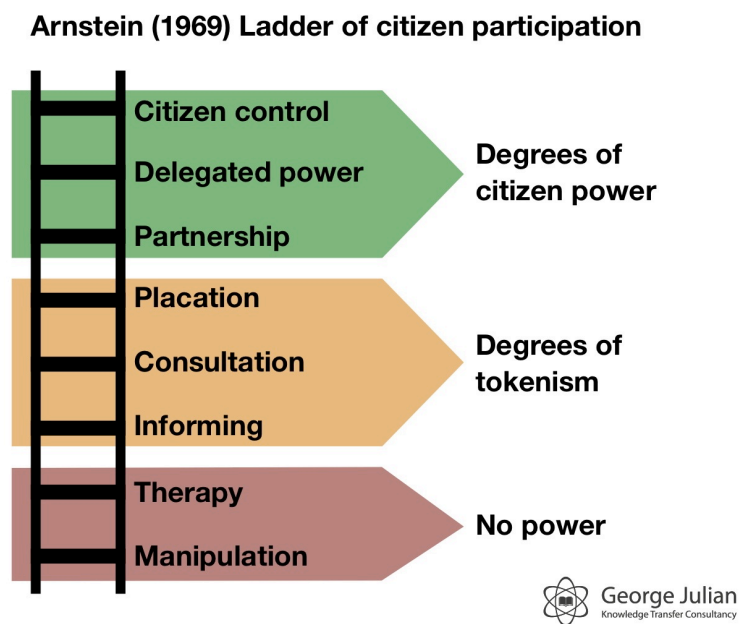
Idea of participation has its origins in the democratic ideals of ancient Athens. Today, participation is no more seen only as a political, but also as a citizenship and as a social

right. Already long ago, TH Marshall argued that the rights of citizenship including traditional civil and political rights should also include social rights to welfare and resources (Cornwall & Gaveta 2001, 7). Historically participation has been associated with different theories such as Jean Jacques Rousseau's Social Contract and social theories, John Stuart Mill's essay Representative Government and theories of representation and different theories of power (Wengert 1976).

Since late 1960s and the 1970s citizens throughout the world want to be more and more involved in the decisions which affect their lives. Back then, the involvement meant usually participating in user committees (eg. parent committees in schools) and health councils. Later on, pushed by disability rights movement, participation moved forward to another level. Being heard was not enough anymore, but citizens were actively involved in actual planning and policy formulation. (Cornwall & Gaveta 2001, 4-6.) Since 1980's users have also been involved in health and social policy care and planning (Beresford 2010, 2). Participation is nowadays included in many welfare policies and secured by different sets of national laws. Enhancing participation is based on the assumption that participation increases individual wellbeing. For researchers it is easy to agree, that the ultimate goal of user involvement should be that it leads to positive improvements in people's lives (Beresford 2005, 8). In health and social care services this means usually improving the treatment, support and service each person gets. Improving can be understood here as coming as close as possible to matching what users might want (Beresford 2010, 6). A recent Finnish study concerning medical rehabilitation of children with severe disabilities serves as a good example of this. According to the parents, "a successful rehabilitation process is dependent on information sharing, becoming heard, and collaboration in all phases of the process", in one word, a shared agency (Järvikoski, Martin, Autti-Rämö & Härkäpää 2013, 30). Some research findings go even further: "Individuals' sustained participation in personally and culturally valued tasks that change across the life course enhances wellbeing and in fact such participation has benefits above and beyond the direct effects of both personal traits and tangible resources" (Cantor & Sanderson 1999, 232).

The key document that still continues to be used as a theoretical framework for user involvement is Arnstein's "ladder of Citizen Participation" published in 1969. Sherry

Arnstein defines citizen participation as: “ the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future” (Arnstein 1969). This citizen power provides means by which citizens can initiate social reforms and share the benefits of the society. She describes eight types of participation and non participation which are arranged in a ladder pattern with each rung corresponding to the extent of citizens’ power in determining the end product:



This model continues to be applied, even though many researchers agree, that it concentrates on the hierarchical transfer of power ignoring the existence of different forms of knowledge and expertise. For example, an article published in 2005 by two researchers of the British Institute of Governance and Public Management and the Finnish National Research and Development Centre for Welfare and Health (STAKES) critically assessed Arnstein’s ladder of participation in relation to user involvement in health. In a nutshell, they argue that the process of participation itself and the experience of both users and professionals should be taken into account in order for user involvement to improve health services. They also emphasize, that the processes of participation should be empowering and enabling at four levels: healthcare system, organisation, community, and individual. (Tritter & McCallum 2006, 156-168.) “This approach is more likely to lead to efficient and effective user involvement, building a better health service from the perspectives of users and health professionals” (Tritter & Mc Callum 2006, 157).



While the participation phenomenon can be seen worldwide, the concept of public participation and citizen involvement can vary depending on different cultures, political systems, ideology of users and on the situation to be applied. As Matthies and Uggerhoj remind us once again, it is clear however, that the right to participate presents a value in itself especially for those who are in the most immediate risk of becoming marginalized. As they say: “this is important in a sense of citizenship rights (political, social, economic), as well as human rights (human dignity). The tasks of participation policies should be connected in preserving social agency of all citizens: every agency in society is precious on its own.” (2014, 109.)

### **3.2 Participation as an element of good governance**

The statutory framework of citizen participation is grounded in the Finnish Local Government Act of 1995 that stipulates on local resident’s right of participation and moreover on opportunities to participate and exert influence (365/1995). In addition, the act on the status and rights of patients (785/1992) and the act on the status and rights of customers of social welfare (812/2000) both emphasize service users’ participation.

Since late 1990’s an increased emphasis on user involvement can be seen especially in Nordic countries as a means of modernising the welfare services. This means that user involvement is seen important in guaranteeing quality of services, in developing existing services and creating new services. (Heikkilä & Julkunen 2003, 3.) In Finland, administrative reforms were accelerated since the beginning of the recession in 1990’s. According to Ari Salminen, who has studied the development of the new governance of the welfare state in Finland, this initiated a big political challenge of efficiency, funding and legitimation (Salminen 2008, 1247). Hence, reforms were focused on quality, customer orientation and costs of service (Salminen 2008, 1252).

A Finnish group of researchers studied few years ago how services for families and children met the needs in terms of the need for services, access to support and help, service use, quality and service integration and also on parents' involvement, partnership and

involvement in decision-making. In contacts with the social welfare, health care and education services, parents generally felt that their influence was adequate. However, they felt that their influence on the content of service delivery and decision making was inadequate. On the municipal level, they felt they had much less of a potential for exerting an influence. (Perälä, Salonen, Halme & Nykänen 2011, 13.) This example shows, that the degree of influence on social and health care decisions that users will actually have varies considerably. The extent of participation can depend on the power differentials and dynamics between service users and professionals (Carr 2004; 2007). Also legal obligations, agency policies and user expectations can constrain participation (Pierson 2010, 64).

Researchers have on-going debates about different types and levels of user participation, which can vary between consultation including feedback about services, through planning and development of services to user control and management of services. Distinctions are usually made between ‘consumerist’ and ‘democratic’ approaches. Democratic approach underlines the role of service users in influencing and making decisions at strategic levels, when consumerist approach focuses on consulting people about the services they receive (Carr 2004, 5). Kati Närhi and Tuomo Kekkonen have analysed how the status of citizens’ participation and user involvement is understood in the governmental key strategy papers of the Ministry of Social Affairs and Health and the Ministry of Employment and Economy who are responsible for welfare services and activation policies in Finland. They argue that since 1990’s the elements of consumerism have been strengthened in the Finnish public welfare governance (Matthies & Uggerhoj 2014, 98), and that service users participate on the terms of policy makers and professionals. In addition, “participation is mainly understood at the individual level, in one’s own service plan or as an opportunity to choose the institution one goes to” (2014, 105). They also point out that if citizen participation is understood on the one hand, as consumers or public service users, and, on the other, as members of the community, there is a danger that the politics and policies behind the current rhetoric of active citizenship expand the inequality in society (2014, 95). Salminen also warns about the possibility of creating faceless mechanisms that are insensitive to the needs of the citizens (2008, 1253).

However, “the basic principles of Finnish social policy have been increasing social

equality and aiming at citizens' best" (Matthies & Uggerhoj 2014, 98). Social justice is still today one of the basic and universal principles in delivering welfare services. Therefore, it is important that citizens have confidence in the functioning of democracy also in the future. Local municipalities are responsible for organizing and producing public services and making them available to all citizens. Improved local democracy and effective citizen participation are considered as elements of good governance. The big challenge in the future is how to work in the context of diverse actors and organizations. (Salminen 2008, 1253-1254.)

In an article published in 2007, Tony Bovaird introduced a revolutionary concept of public coproduction and described the change in public management as follows: "whereas traditional public administration saw public servants acting in the public interest and New Public Management suggested ways in which service providers could be made more responsive to the needs of users and communities, the coproduction approach assumes that service users and their communities can — and often should — be part of service planning and delivery" (Bovaird 2007, 846). According to this view, policy making is seen as the negotiated outcome of many interacting policy systems where users and other community members have a central role in the delivery and management of services. In addition, coproduction means that service users and professionals must learn trust each other and both have to take risks (Bovaird 2007, 856).

In summary, researchers argue that participative approaches and the involvement of users are indispensable tools in developing the quality of services and strengthening democracy in the entire welfare system. However, participation requires genuine involvement of the people of interest, changes in power relationships and a critical assessment of the processes (Matthies 2012, 15).

### **3.3 Evaluating user participation and involvement**

The principle of service user participation is well established by now and much progress has been done in developing the means of user participation. However, as stated before there is a need to find out how organizations, systems and practice need to change in order to respond to that participation (Carr 2004, V).

The individual benefits are usually easier to show. As stated in a review trying to develop measures for effective service user participation: “it is well recognised that the process of participation itself can bring benefits to the participants themselves, such as improvements to self esteem and changes in attitude” (Doel et al. 2007, 9). This of course, depends also on whom we ask about the improvements.

Compared to individual benefits, it is more difficult to measure the level and extent of effective service user participation in changing and improving services. This is partly due to the fact that, as mentioned already earlier, there is almost no examination of the relationship between the process of participation and the achievement of concrete user-led change. It is important to note, that this doesn't mean that certain participation initiatives are not contributing to the improvement of services for the people who use them. These improvements are just not being measured or monitored. (Carr 2004, VI.)

Paul E. Koren and his fellow researchers developed in 1992 the Family Empowerment Scale (FES) which was designed to assess empowerment in parents and other family caretakers whose children have emotional disabilities. Empowerment has been defined as a form of power that enables the ability to make decisions and influence one's family, people, organizations and environment (Koren, DeChillo & Friesen 1992). As with the concept of participation, which is very near to the concept of empowerment, the attempts to measure empowerment have lagged far behind discussions of its importance. Before FES there were no scales developed to provide a general picture of family members' empowerment. According to Koren and his partners there is a need for such measures as the increasing number of service delivery models have empowerment as a major goal (Koren et al. 1992, 306). Today, FES is a widely used instrument which measures the parents' own sense of their empowerment at the level of the family, service system and community. Recently, a group of Finnish researchers confirmed the validity and reliability of the Finnish FES and examined its responsiveness in measuring the empowerment of parents with small children (Vuorenmaa, Halme, Åstedt-Kurki, Kaunonen & Perälä 2013). There is no doubt, that FES with its 34 items and three subscales is a good tool to measure the level of empowerment in quantitative studies using large samples. The original FES has been already used in over 50 studies in several countries.

However, as both Carr and Doel et al. have shown, there are no specific rules or methods to be used on a general level in qualitative evaluations. At the same time they remind, that monitoring and evaluation techniques should be developed with service users. But is it really necessary to prove the impact of user involvement on service or policy level? Isn't enough to show that people feel more confident and seem satisfied with services?

Unfortunately, it is not as simple as that. In order to know what works and what doesn't in the future, the service providers need to know more about what kind of participation works best in which kinds of circumstances. They need this information both in order to help people, but also to convince decision makers of the effectiveness of services. Poverty research, where participation is widely studied, offers a good example. As one project participant in a UK based social work training once said: " people who live in poverty know the solutions to their problems better than anyone else. Asking their opinions and giving them a voice is essential if we are to come to any true understanding of poverty and what can be done to eradicate it" (Perry 2005, 7).

So why is it so difficult to find out whether participation makes a difference? According to Doel et al. there are several reasons. An important one is, that because participation is a policy or legal requirement, it is not seen necessary to evaluate something that you have to do anyway. Other reasons mentioned are fears about the additional costs, power differentials, organizational culture, poor motivation of service users and restricted timeframe (2007, 28-29). Moreover, how do you know that changes are a direct result of participation? In the social world it is not possible to state with certainty that x caused y, so it is very difficult to prove a link between this participation and that change.

Researchers are also concerned about the real transfer of power and the level of participation. These concerns generate questions such as: what does user involvement mean, does it include planning or evaluating services, is there a real transfer of power to the service user and does it mean that users run services themselves? These concerns can be well understood, because if these aspects are not taken into account, "the voice of the user becomes a fetish– something which can be held up as a representative of authenticity and truth, but which at the same time has no real influence over decision making" (Cowden 2007, 15-16).

Regardless of the complexity of the issues involved in participation and its evaluation methods everyone should keep in mind, that service-user involvement does not necessarily lead to more participation. Moreover, it is the actual impact on opportunities and capacities to participate fully in society that is most important (Davies, Gray & Webb 2013, 8-9). In summary, more attention is needed to evaluate the impact of user involvement on the practice of healthcare and health outcomes. In other words, user involvement must engage both at individual and organisational levels, so that there is a clear evidence that involvement leads to a change (Tritter & Mc Callum 2006, 2).

## **4 RESEARCH PROCESS AND METHODOLOGY**

This study uses qualitative case study as a research strategy. The case study approach also guides the selection of methods applied for this study. Qualitative case study gives an opportunity to explore or describe a phenomenon in context using different data sources (Baxter 2008, 545). What differs a case study from other designs is the overall goal of a case study, which is to understand a select phenomen as a distinct whole in its particular context (Balbach 1999, 3). The object of the study can be individuals, organizations, interventions, relationships, programs or communities. “Compared to other methods, the strength of the case study method is its ability to examine, in-depth, a “case” within its “real-life” context” (Yin 2004, 1). In the following section I will first describe the objectives of this study and then present the chosen case. After, I will continue to describe the methodological process of data collection and of data analysis and interpretation.

### **4.1 Research objectives**

Why should we find out whether participation makes a difference? In other words what is the rationale for evaluating the effect of service user participation? As Doel and his fellow researchers remind us it is rarely just a simple question of does participation work or not. Most often it is about finding out what kind of participation works best in a particular circumstance. (Doel et al. 2007, 40).

At the same time we have to keep in mind, that the ultimate goal of a service should be to help people. A service can be seen as a remedy to fix a certain problem. It can also be

designed so that it aims at preventing future problems, thereby helping people in a longer term. As established already by several research findings, the services usually better answer the needs of users when they have a say on what kind of services they would like to have. By this logic participation can be seen as a tool for creating better services and thus, helping people in need.

However, I do not believe, that participation of users alone guarantee the creation of successful services. The professionals involved must also be responsive and be ready to come up with new ideas and solutions to often very complex problems. In addition, a service reform is a multitask challenge that usually requires learning new ways of doing and cooperating between professionals (Perälä, Halme & Nykänen 2012) and users. In summary, greater emphasis on early intervention, professionals who are able to collaborate across professional boundaries and the participation of service users are all necessary conditions to address the complex needs of vulnerable children and young people (Edwards 2004, 4).

The ongoing reform of services for children, adolescents and families is one of the six subprogrammes of the National Development Plan for Social Welfare and Health Care (Kaste). My empirical study will use as a case example the local early intervention programme called the Healthy Child and Adolescent. It aims at preventing problems beforehand and generating services that meet the needs of families. By following the logic I just described above, I try to answer to the following questions: **what is the impact of parents' participation on the development of services and how user participation can create better services?**

## **4.2 Research design: an evaluative case study**

There are two popular case study approaches in qualitative research. In an interpretive or social constructivist approach the case is developed in a collaboration between the researcher and participants. This way participants can describe their views of reality and this enables the researcher to better understand participants' actions (Baxter 2008, 545). Social constructivists focus is on individuals' learning that takes place because of their



interactions in a group. The postpositivist approach follows a clear case study protocol with concerns of validity and potential bias. All elements of the case are measured and adequately described. Both approaches have contributed to the popularity of case study and development of theoretical frameworks and principles that characterize the methodology (Hyett, Kenny & Dickson-Swift 2014, 2). This case study emphasizes constructivist approach in a sense that conducting my empirical study can be seen as a true learning process. As a novice researcher I was able to deepen my knowledge on the subject and internalize the object of my study only after several discussions with participants. However, according to the postpositivist approach, I try to apply a certain protocol both in data collection and analysis stages which is also characteristic to case study research.

According to Robert K. Yin a case study can be used in following situations: first, when your research addresses either a descriptive question: *what* happened or an explanatory question: *how* or *why* did something happen. Second, when you want to illuminate a particular situation and to get a close in-depth and first-hand understanding of it. Instead of relying on “derived” data, the case study allows to make direct observations and collect data in natural settings. (Yin 2004, 2.) As in other qualitative studies, the form of the question usually provides an important clue regarding the appropriate research method to be used. I have set two main research questions for this study, of which one is descriptive and the other explanatory one (see paragraph 4.1). The descriptive case study is used to describe an intervention or phenomenon and the context in which it occurred. The explanatory case study tries to explain the presumed causal links in interventions, in other words the explanations try to link program implementation with program effects. (Baxter 2008, 547.) Accordingly, I will first try to describe the process of user participation in the particular context of an early support and preventive programme. Second, I will try to establish a causal link between user participation and the programme outcomes. Therefore, this study could be categorized as a combination of a descriptive and explanatory case study. There exist also other conditions or ‘recommendations’ that researchers have established for using case studies as a research approach and methodology. I will not introduce here all of those categories or different types of case study research, but address shortly the usefulness of case studies in evaluation research.

In addition to describing an intervention or explaining causal links, case studies can also be

used for evaluation purposes. They can be used for example to clarify those situations in which the intervention being evaluated has no clear outcomes (Yin 2009, 20). Edith Balbach has written about using case studies to do a programme evaluation. According to her, an evaluation is designed to document what happened in a programme. In other terms what actually occurred, whether it had an impact, expected or unexpected, and what links exist between a program and its observed impacts (1999, 1).

In an article published in the *Journal of Early Intervention*, Donald B. Bailey says that the overall objective of evaluation is to determine: “whether a particular policy, programme, or practice is worthwhile, better than other alternatives, affordable, acceptable to others, and effective in meeting the needs of the individuals it is designed to serve (2001, 2).” In his article he discusses different levels of accountability of early intervention and preschool programmes and the issues related to the evaluation of parent involvement and family support efforts. According to Bailey, there are three different types of evaluations. A formative evaluation aims at providing information that could be used to help or improve the programme. This kind of evaluation is usually carried out during the implementation of the project and tries to document whether the practices or interventions are correct ones. On a contrary, a summative evaluation is conducted at the end of programme. Its objective is to determine whether the program did accomplish its aims. In other terms: did the program provide what it said it would provide, were the goals of the program achieved? A programme evaluation can also be linked with the question of accountability asking whether the program accomplished the specific goals for which it was established (Bailey 2001, 2-3.)

This study does not represent the formative nor the summative evaluation in its pure form as it combines characteristics of both types. The evaluation is conducted during the programme and it aims at evaluating the short-term impacts of user participation on the development of services. However, the results of this study will be only available at the end of the programme, so that the information derived from it could be used in the future for similar type of programmes. Using Balbach’s terms I will actually try to document what happened during the programme, to find out whether user participation had any impact at all and what links exist between participation and its observed impacts?

Regardless the form of evaluation, at its most basic an evaluation should answer three simple questions (Warburton, Wilson & Rainbow 2007, 2): “has the initiative succeeded? (e.g. met targets, met objectives, resulted in other achievements), has the process worked? (e.g. what happened, what worked well and less well and lessons for future participatory activities) and what impact has the process had? (e.g. on participants, on the quality of policy, on policy makers or on others involved).” These questions will also guide the whole process of my data collection and data analysis. However, an evaluation study should always start with a clear description of the policy, programme or practice being evaluated (Bailey 2001, 2).

### **4.3 Selecting the case: Healthy Child and Adolescent Programme**

Determining the case, which in fact is the unit of analysis, is central in case study research. Questions such as: do I want to analyze individuals, a programme or the process will help in establishing the unit of analysis (Baxter 2008, 545). For me it was quite clear from the beginning that I would not only analyze individuals or the project organization, but the whole process of participation. I believe that the process of user participation involving as much participants as municipal workers and professionals managing the project is closely linked with the development of services and the whole service reform in the end.

In order to avoid too many objectives or topics to handle, it is also important to determine the ‘boundaries’ of the case. This can be done by time and place, time and activity or by definition and context (Baxter 2008, 546). Balbach differentiates between random, purposive and convenience samples when selecting the case to be studied. According to her case study evaluations almost always use purposive samples to ensure that examples of a particular phenomenon shows in the study (Balbach 1999, 6).

As my interest from the beginning was in user participation and in early support and preventing family services, I was looking for a local project that would have user participation as one of their goals. The Children’s Kaste programme manager from THL helped me in finding a suitable project for my study. One of the local projects funded by KASTE programme in the Western Finland is the Healthy Child and Adolescent -project

which started in 2013. It covers five municipalities and it is managed by the municipality of Kaarina. They offered me an opportunity to conduct my empirical research in the context of their local subproject, which covers the municipality of Kaarina. The size of this project seemed reasonable enough to manage. In summary, this study is defined by time (the project period) and place (municipality of Kaarina), by activity (user participation) and by context (early support and prevention). In addition, it represents a purposive sample where the examples of user participation will most likely occur during the project.

The amount of customers of child welfare as well as the related costs have continued to increase already several years in Finland (Heinonen et al. 2014). For this reason, the reform of services for children, adolescents and families aims at preventing exclusion and thereby decreasing the need of the child welfare. Accordingly, the Healthy Child and Adolescent project aims at creating a more efficient service system at municipal level to prevent creation and deterioration of problems and providing remedy to problems already at hand. This is done through developing new service models and structures that support families, parenthood and professionals working with children and adolescents. The services are targeted to all families with children.

The main objectives of the local project are<sup>6</sup>:

- 1) to change the service structure (family center and family center network) and to develop change management
- 2) to develop service processes including cross sectoral collaboration and multiprofessionalism
- 3) to develop working procedures that enhance customer participation and empowerment

These objectives are very similar to those set by the national Children's Kaste programme which started already in 2008. It aims at preventing and correcting problems by strengthening basic services with specialists' support when needed and by providing help directly in homes, at daycare, at schools and in leisure activities. The idea behind reinforcing basic services is to recognize and support children requiring added support as early as possible. The earlier support is provided, the less expensive corrective measures

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<sup>6</sup> Healthy Child and Adolescent –project. Activity report on 1.11.2013 - 31.10.14

such as child psychiatric care or child welfare measures are needed. (Hastrup et al. 2013, 9.)

This study will concentrate on the third objective set by the Healthy Child and Adolescent project and specifically on the potential impact of user participation on the development of services. Both national programme and the local project emphasize participation at the individual level as follows: “ in order for matters important and difficult for people to be discussed for the purpose of helping them, customers must be genuinely listened to and their messages comprehended, thereby engendering a relationship of trust.”

Also the importance of user participation in developing services that meet the needs of customers can be recognized through the following statement: “we have become aware of the importance of children, adolescents and families participating in the life of a community, both for the community and for the family’s handling of its own affairs.” (Hastrup et al. 2013, 10.)

The Healthy Child and Adolescent activity report (1.11.2013-31.10.2014) states two objectives for user participation. The first one includes enhancing user participation in order to increase individual empowerment and wellbeing of customers. The idea is to implement user participation as part of the normal customer relationship process within the whole service system including basic services such as daycare, child health clinics and schools. This is done through professional trainings including the open dialogue network training. It is a method that enhances open dialogues between the professionals and the patients and their families and thereby aims at strengthening family participation and empowerment. Another objective stated by this report is involving customers in planning and implementing services. This was concretized during the programme through following activities: by conducting a needs assessment for families with children, through customer satisfaction inquiries and by creating an online customer feedback system for individual or group level service users to enable immediate feedback on services received. In addition, an open facebook account was opened for municipal citizens to share information on the project, that also served as a feedback channel for customers. (2014, 34-36.) The Healthy Child and Adolescent project will end at the end of October 2015.

#### 4.4 Creating a conceptual framework

Another important step in conducting a case study is to decide “whether or not to use theory development to help to select the case, develop data collection protocol and organize initial data analysis strategies.” A case study can try to build, extend or challenge a theoretical perspective or even build a hypothesis-testing approach. However, Yin reminds that such a theoretical perspective can also limit the ability to make new discoveries and get stuck too tightly with it. (Yin 2004, 6.) According to Miles and Huberman a conceptual framework can serve several purposes:” identifying who will and will not be included in the study; describing what relationships may be present based on logic, theory and/or experience; and providing the researcher with the opportunity to gather general constructs into intellectual “bins” (Baxter 2008, 553).” This study will attempt to develop a theoretical/conceptual framework that could help in elaborating my research objectives further and creating a strategy for data collection and analysis.

Following the logic of service creation that I already described earlier (paragraph 4.1), I drafted a following preliminary hypothesis: the method and the level of participation and clear target setting for participation as well as active collaboration of professionals are necessary to create services that will better answer users’ needs. This was preceded of course by a thorough reading of the project reports and literature on the evaluation of service user participation. My hypothesis is build upon the Arnsteins’ ladder of participation and the concepts of user participation and good governance influenced by Foucault’s concept of ‘pastoral’ power used by Ulla Gustaffson and Stephen Driver (2005). I will first shortly introduce the concept of pastoral power and then discuss the Arnsteins’ ladder as a tool for measurement of parent participation in the context of Healthy Child and Adolescent project.

Gustaffson and Driver examined parent participation in local Sure Start partnerships. The results were published in 2005 in the *Journal of Social Policy and Administration* (vol 39, No. 5). Sure Start was a UK Government area-based initiative, started in 1998. It was a national programme aimed at supporting families with young children in deprived areas. Through the concept of pastoral power, governance is seen more than just as a policy enforcement tool. Public policy-makers need to have information about individuals in

order to ensure their personal happiness, health and wellbeing. It is a form of power that gives citizens knowledge and freedom to shape their own lives. (Gustaffson & Driver 2005, 540.) In my view the pastoral power is very near the coproduction approach underlining the active part played by individuals in the exercise of power. People participate as active, conscious and autonomous beings. Good governance also implies the active role of professionals in order to enhance individual wellbeing.

Despite the well justified critics on Arnsteins' ladder presented by Gustaffson and Driver and other researchers (see paragraph 3.1.), I believe that the Arnsteins' ladder can be useful in identifying the level of participation. I assume that the impact of participation will be different according to the method and level of participation. The method and the level of participation actually describes the form of cooperation between service users and professionals. In other words this means, that different levels/forms of participation activities could be used for different purposes. The first two ladders in Arnstein's model involve no participation and the third one does not include any possibility of feedback. Since supporting participative methods of working in the reform of services of children and families is one of the main objectives mentioned in the report of National Institute of Health and Welfare in Finland (3/2013) and of the Healthy Child and Adolescent project, I will assume that the levels of participation of families will vary between 4 and 8. The adapted levels of participation for the purpose of this study are described in the paragraph 4.6.

Along with my hypothesis, I also created a table describing the whole process of user participation and the possible outcomes related to that participation in the context of the project. Besides the extensive amount of literature, I had to familiarize myself with different services offered by the local project before I was able to picture out the whole process. In addition to official project reports, I had few informal discussions with the project manager who shortly introduced the content of these services. The table below gives an example of a participation activity, its objectives and the possible outcomes related to the participation activity.

TABLE 1 Example of the process of user participation

<b>SERVICE (EXAMPLES)</b>	<b>PARTICIPATION ACTIVITY AND THE LEVEL OF PARTICIPATION</b>	<b>T1 (TARGETS SET BY A PARENT)</b>	<b>T2 (TARGETS SET BY PROFESSIONALS)</b>	<b>OUTCOME: impact on service selection, service delivery and structure, working methods and management</b>	<b>OVERALL OBJECTIVE: preventing problems</b>
Peer support group for pregnant women	Arnstein's ladder from 4-8: 1. participated in a task group planning future activities for mothers (level 6) or 2. answered a questionnaire asking to evaluate (by rating) available services (level 4).	Strengthening social contacts, peer support, discussing maternal worries, looking for support services when baby is born	Involving service users in planning new structure and content for peer support groups	1. A new group for the new born and their mothers has been created, one of the active mothers is steering the group with a professional, the group has created a new content for the programme or 2. the content of the programme has been adjusted to the needs of mothers	Mother's self-confidence has increased, social contacts have multiplied, she is attending a post natal baby group
COMMENTS	The level of participation accounts: e.g. Comparison between a task group activity and a traditional feedback questionnaire	clear individual target setting and personal motivation is essential	a clear target setting for the participation is necessary: why user participation is encouraged: what kind of input of users is expected, what for?	how user input was implemented or will be implemented, what was the outcome (change in services, in service delivery, organisational culture)?	this cannot be evaluated during the empirical study

With the help of this table I was able to define the final objectives of my research and different stages of my data collection. It also serves as my data analysis framework to which I will refer at the stage of data interpretation.

In order to evaluate the impact of parents' participation on the development of services for children, adolescents and families, I first have to describe the targets that have been set out by both parents (users) and professionals. Without a clear target setting it will be difficult to measure the possible outcomes, e.g. impact on service selection, service delivery and/or organizational culture, which is my third objective. Second, I have to find out how participation is organized during the local programme. In other words, I will analyse what kind of activities are included as participational efforts, what do they consist of and what is the level/form of participation. After accomplishing these three stages just described, I hope to answer my second research question and to draw out a proposal on how users could be involved in creating better services for the future.



## 4.5 Collecting data

Good case studies usually have multiple sources of evidence (Yin 2004, 9). Potential data sources can include interviews, observation, documentation, archival records and physical artifacts. In addition to qualitative data sources, case studies can also combine both quantitative and quantitative data sources (Yin 2004, 11). The idea is to triangulate the data from different sources so that they contribute together to better understanding of the case. The ideal situation is when two or more independent sources all point to the same set of facts (Yin 2004, 9), thus enhancing data credibility and making findings stronger.

Interviews are the foundation of case study evaluation. According to Balbach: “interviews are the path to understanding both what happened from the perspective of those involved and how they reacted to it (1999, 7).” As an experienced freelance journalist and editor, creating my own database by interviewing people face-to-face was for me a natural way of collecting data. Interviews were divided into three different stages according to my research objectives. After I had conducted all my interviews in spring 2015, I ended up by adding another type of information source, namely customer satisfaction inquiries and feedback reports collected by project workers. These reports include some quantitative and qualitative data in the form of questionnaires and customer feedback.

### 4.5.1 Interviews of professionals

The first group of interviews was conducted in November 2014 with key professionals and management directly involved in the local project. The group of professionals was formed by one service director, one project manager, one family coach and two psychiatric nurses. I had also had in mind to interview few municipal workers from basic services, but I in order to keep up with my timetable and to maintain the data manageable enough, I decided to go on with project workers. I conducted five individual interview sessions using a semi-structured interview format. Interviews were recorded and took approximately one hour each. The first set of the interviews aimed to answer the following questions: How would you describe participation, what kind of objectives have you set for the participation, what are the concrete measures used for participation and what are the possible barriers/challenges to participation. Each transcription produced 4,5 pages of material on

average. The purpose of these interviews were on identifying the objectives and targets the project management had set for the participation process and possible outcomes. All evaluators and researchers, amongst others Susan Carr (2004, VII) and Mark Doel (2007, 27) insist that in every evaluation process it is important to find out whether there are clear objectives identified in the start of the project. Without a clear target setting it would be difficult to evaluate whether participation had any impact on the process itself nor on the outcomes.

Interviews were conducted as expert interviews, since I was interested in professionals' knowledge on user participation as well as their 'expertise' in early support and preventive services. In case study research expert interviews are usually referred as situations where experts are not the primary objects of interest, but are interviewed because of the knowledge they are supposed to have (Alastalo & Åkerman 2010, 312). In my study, the choice of experts was based on their active role in the project. For me it was important to interview both 'ground' workers who were regularly in contact with customers and managers responsible for the project administration.

As in most case study evaluations, I also developed an interview protocol specifying the topics I wanted to cover to ensure that similar information was collected from all professionals. This does not mean that all questions were identical since I wanted to customise the interview questions according to the position and role of the expert. Before each interview I prepared myself thoroughly into the subject by reading through the project reports and analyzing previous interviews. The more high level and defined position the expert holds, the more familiarized with the subject interviewer should be (Alastalo & Åkerman 2010, 317). By doing my 'homework' before the interviews, I was able to take an active role as interviewer and refer to the different sources of information when necessary. This way, I could also tease out certain facts that would often remain uncovered in afraid of stepping on someone else's toes or just because of the limited capacity of our memory. Along the process of interviewing I began to clearly understand the meaning of collaborative making of factual description where collecting data and analyzing data are interlocked (Alastalo & Åkerman 2010, 316).

#### 4.5.2 Interviews of parents

The second set of interviews was conducted with parents during February 2015. I scheduled interviews to be held in the middle of the programme, so that the participants would have already taken part in different activities and services provided by the project. I interviewed four mothers, one father and one expert by experience using a semi-structured interview format. My intention was to have a face-to-face interview with each parent. It turned out however, that due to challenging family or work schedules, I saw only two of them in person. These interviews were held in a quite and peaceful meeting room at the project office. Others were interviewed by phone. All interviews were recorded and took approximately one hour each. Each transcription produced 3-4 pages of material on average.

Four of the parents had used services offered by the local project and one of them had participated in the regular family coaching (perhevalmennus) programme for soon to be parents delivered by municipal services. The parents were selected by the key professionals according to my instructions. My initial wish was to have parents who were both content or/and critical towards the services they had received. As in many similar type of studies, it turned out however, that it was easier to find parents who had positive experiences than those with critical views to participate in the study. This might of course, have an impact on the interpretation and generalizability of the data. Nevertheless, this was something that I had to content myself with as it turned out later on, that some of the clients would not have been in a condition to be involved due to personal reasons.

All of the parents had received either personal/family level consultation and services or had attended group level activities or both. The second set of the interviews aimed to answer the following questions: how did your customership start/how did you enter the project, in what ways you have participated/you have been involved, have you been heard by professionals, what do you think of the interaction with professionals and what kind of services would you like in the future. The objective of the second part of the interviews was to concentrate on the actual participation process and to find out what forms of user participation were used in the local project.

The interviews with parents were more like peer discussions, because as a mother of two

children I could easily place myself in their positions. I also believe that it was important to share some of my own experiences as a service user to build up an atmosphere of trust and mutual understanding during the interviews. As with professionals, I covered same topics and the same interview structure during the interview sessions in order to maintain comparable data for the later analysis.

### **4.5.3 Focus group interview of professionals**

The third group of interviews was conducted with the same professionals as in the first stage, but this time as a group. One of the professionals was not present in the focus group interview that was held in April 2015. According to Anu Valtonen focus group interviews or group discussions are usually arranged meetings with a group of people who are invited to discuss informally a certain topic with a focus for two hours in general (Ruusu vuori & Tiittula 2005, 223). The reason why I decided to conduct the last interview session as a focus group interview was the following. I hoped to enhance more discussion on the possible outcomes of the user participation by generating more views at the same time. The group dynamics created by social interaction produces often deeper and richer data than those obtained from one-to-one interviews (Rabiee 2004, 656). As a method, focus group interviews are often used for clarifying the opinions and attitudes of participants towards the chosen subject or a topic (Valtonen in Ruusu vuori 2005, 226). I can't deny that saving some time was also in my mind when choosing this method, while the main reason was to create some sort of a brainstorming session where professionals could also project their ideas for the future.

I used semi-structured interview format where main questions were divided into three different themes: participation, methods of working and services. The third set of the interviews aimed to answer the following questions: what was achieved/ did you meet your objectives, what were the concrete measures of participation, how user participation has affected your daily work, customer relations, methods of working and how will you develop future services according to parent's wishes?

The interview session took 1,5 hours. My role was to act as a moderator and to encourage participants to exchange information about the three topics that I presented in the

beginning of the interview session. I guided the conversation and made sure that all topics were covered while the group succeeded in creating an active discussion where everybody was involved. Thanks to the lively interaction between participants, which ideally characterizes group discussions, the group was able to generate even more information on the subject that I had aimed for in the first place. The transcription of the focus group interview produced altogether 15 pages of material.

#### **4.5.4 Project documents**

Since the number of parents interviewed was limited and the data provided by each parent was rather similar in content, I wanted to have a closer look on the opinions of a broader base of service users. In case study evaluations it is usual, that interviews are complemented with an analysis of documents. They can guide the development of the interview protocol or confirm comments by respondents (Balbach 1999, 12). I was hoping to verify the correctness of the interview results of parents by comparing them to the project documents.

The municipality of Kaarina conducted a service needs assessment of families with preschool children during the autumn 2014. Parents were invited to fill in an electronic questionnaire through a link on the Internet site made available for this purpose. The objective of the inquiry was to assess service users' opinions on municipal services offered to families with preschool children in order to develop current services and create new ones. Answers were also used to evaluate the efficiency and correctness of current services developed by the project<sup>7</sup>. The total number of respondents was 104 (almost 25 % of the target group).

The other project document that I used as my data source was an electronic customer feedback questionnaire that was made available for all parents after receiving individual or family level services. During 2014 there were 160 families that used individual or family level consultation services. 27 of them had filled in an electronic customer feedback questionnaire. A similar questionnaire was also created for group level activities and different events organized by project personnel that gathered altogether 120 parents. The objective of these questionnaires was to find out whether services provided met families'

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<sup>7</sup> The Healthy Child and Adolescent project activity report on 30.10.2014

needs, if families received help in time and whether they felt having been heard. Users were also asked if they wanted to participate in developing services by joining in the volunteer group.

## 4.6 Analyzing data

According to researchers one of the key contributors to conducting a plausible case study evaluation is to start data analysis and data collection concurrently. Analysis begins with the first interview after which the evaluator starts to build a theory about what is going on. After the evaluator tries to confirm or disconfirm that theory (Balbach 1999, 13).

However, one should always keep in mind that the initial assumptions may anticipate the analytic strategies or later findings (Yin 2004, 13).

According to Jacques Hamel all social science studies start with a theory based on a review of the literature relating to the subject under investigation. “This theory must then be validated through the study of a specific object, phenomenon or social problem. In other words, a theory or theoretical framework first emerges through the inductive approach of studying an empirical case or object, not through a deductive process.” (Patton & Appelbaum 2003, 65.) Inductive reasoning means moving from specific observations to broader generalizations and theories, whereas deductive reasoning works from the more general to the more specific. Accordingly, as I already explained (see paragraph 4.4), I first created a preliminary hypothesis which is based on the review of the related literature and project reports. Now, having collected enough data on the subject of my study, I will try to confirm the validity of this hypothesis. However, at the same time I will keep in mind that my initial assumptions may also prove wrong.

My preliminary hypothesis can be presented in a form of an equation:

**The methods and the level of participation + setting clear targets for participation and collaboration between professionals = improved services.** Once I had read the interview material through several times, I proceeded with my data analysis using the deductive approach. In order to make the data more meaningful and manageable I used categorization of the data which is a useful tool often related to the classical content

analysis method. However, the integration of qualitative content analysis into the data analysis in case study research is also encouraged nowadays (Kolbacher 2006, 17). Based on my hypothesis and the table describing the process of participation, I was able to define following main categories according to which I would codify the data: 1) method and level of participation, 2) objectives set for participation, 3) collaboration between professionals and 4) outcomes (service improvement). At its best, this could lead to a well organized data analysis and confirm my pre-established hypothesis which is typical for a deductive analysis (Kulatunga et al. 2007, 503 ). At least I was hoping to answer my first research question about the impact of parent's participation on the service development.

In the beginning, when I started coding sentences and extracts from the interviews with different colours according to the main categories, I soon realized that it was not so simple. I had difficulties in determining which were the concrete outcomes of participation (category 4). Moreover, I soon became aware that the sub-categories started to grow in number and I was unable to define the exact content of my categories. At one point I was unsure how to proceed with my data analysis until I decided to try to enter some extracts from the interviews into the table describing the process of participation (see 4.4). First I tried to enter the data into one single table, but I realized that I would need two separate tables. One would describe the process of participation of parents that I interviewed and the other one would describe the process of participation on general/ project level using the data from interviews, project reports and service needs assessment. I also created one additional category corresponding to the answers of each group of respondents. The theme that repeatedly came out from the interviews was the development needs. This would also add to the evidence base that could help me in answering to my second research question on how user participation can create better services. My new categories were as follows: 1) method and level of participation, 2) objectives set for participation, 3) collaboration between professionals, 4) outcomes (service improvement) and 5) development needs. As Miles and Huberman propose, the coding can lie somewhere in between deductive and inductive approaches. According to this, some categories can be pre-established from the literature and some can be added as you go along the text. (Kulatunga et al. 2007, 503.)

This process of entering the data into the tables took me several days, but little by little I was able to fill in my initial 'formula' and to answer my research questions. Here are some

examples of the process of my data analysis and categorization. What comes to the first category, level of participation, I assume (as stated already in paragraph 4.4), that because one of the objectives of the programme is to enhance user participation, the level/forms of participation will vary between consultation (4) and delegated power (8). The ideal level would entail accepting parents' ideas, working through decisions together and setting goals and targets together with professionals. I will use Arnstein's ladder of participation in order to identify the level of the parent participation. The ladders are adapted to the purposes of this study and are described as following:

**4 Consultation:** questionnaires, user satisfaction surveys, feedback sessions for parents

**5 Placation:** parents are asked advice on a topic, or formulate a plan, but professionals hold the right to judge the legitimacy or feasibility of the advice.

**6 Partnership:** planning and decision-making responsibilities are shared e.g. through focus groups or representative committees.

**7 Delegated power:** parents are delegated powers to make decisions. Users now have the power to assure accountability of the programme to them.

**8 Citizen Control:** parents handle the entire job of planning, policy making and managing a programme e.g.

Establishing the method and level of participation (1) out of data is quite straightforward, as this example shows:

*"Nää oli tällaisia keskustelutuokioita nekin, ja aika mun ehdoilla siinä edettiin. Aika sellainen ratkaisukeskeinen oli se lähestymistapa, mulla oli silloin tosi pahoja unioingelmia, niitä lähettiin sitten purkamaan".*

This example represents clearly the level 6 of Arnstein's ladder, e.g. Partnership where planning and decision-making responsibilities are shared between user and professional.

What comes to the second category, objectives set for the participation (2), finding the evidence on clear objective in particular from user's point of view was already more challenging.

*" Asetin, että pitää olla täyspäinen kun vauva syntyy."*

The parent had a clear objective in mind, but it is more linked to the end result, which is person's well-being, than to the actual participation. The objective that would be clearly



linked to the actual participation would entail such comments as: I want that my thoughts and comments are seriously taken into account in planning the treatment/service, or so on. However, participating in itself (conversations, planning together, steering groups) often entails assumption on including user's wishes and comments into activity or treatment.

From professional perspective setting clear objectives was more outspoken.

*"Mehän ollaan sillä tavalla asetettu se tavoite, että se osallisuus vahvistuu ja se on mukana siellä peruspalveluiden tasolla ja peruspalveluita suunniteltaessa."*

What comes to the third category of collaboration between professionals (3), the analysis relies on the experience of the project team members as well as parents interviewed. Professionals' comments were more reserved compared to the individual comments by parents who mainly seemed to be content with the collaboration of professionals and service guidance.

*"Yhteistyö on ehkä lisääntynyt asiakaskohtaisesti (ammattilainen)."*

*"Collaboration has maybe increased on a customer level. She/he told us about Olkkari's activities (professional)."*

*"(Se alkoi) Mun ja puheterapeutin aloitteesta. Hän kertoi että Kaarinassa on tällainen Olkkaritoiminta (vanhempi)."*

*"It began on my and speech therapist's initiative (parent)."*

It was clear from the beginning of my reading that the fourth category was much harder to define and establish. What could be defined as a clear outcome: a more customer oriented approach, enhanced cooperation with other professionals, expanding the new methods of working and so on (4)? However, this could be seen as a concrete result while keeping in mind that it represents one person's opinion.

*"Me ollaan saatu hirveän hyvää palautetta (ryhmätoiminnoista), et niistä on niin kuin aika vaikea miettiä että mitä vois kehittää."*

*The customer feedback has been so good (group activities), that it is difficult to think what could be developed."*

Moreover, how could I establish a link between participation and the service outcome. In other words, would it be possible to show that e.g. a change in service selection, methods of working or customer attitude was due to parents' participation and not to any other factors?

I am not the only one to be concerned by these questions. While the emphasis in deductive

approach is usually on causality, developing causal explanations with qualitative methods is still contested by many researchers. Searching for causality means usually in social studies: defining social mechanism that can be understood as a “sequence of causally linked events that occur repeatedly in reality if certain conditions are given and link specified initial conditions to a specific outcome” (Gläser et Laudel 2013, 11). As I am studying only one case, I understand that it will be difficult to identify sufficient conditions of a more general mechanism.

Furthermore, I am not only searching for causal links between parents’ participation and the programme outcomes but rather evaluating the possible impact of parents’ participation on the service development. As this study was conducted during the project period it will be difficult to evaluate the long-term impact of parents’ participation on the local and national service policies. However, I believe, that I can evaluate what could be the possible short-term implications and outcomes of parents’ involvement and draw out some conclusions on how service user participation could be used for similar contexts in the future. The following example projects future changes in attitudes and methods of working implying a whole new service culture.

*”Et jos nyt vaikka suunniteltais uutta päivähoitopaikkaa, niin ehdottomasti siihen alueen vanhemmat mukaan, mitä te ajattelette et ketä tää palvelee, miten se palvelee parhaiten, voidaanko sitä laajentaa, onko se pelkkä päivähoitopaikka vai onko se tällainen avoin kohtaamistila...”*

*“If we now were planning a new day care entity, we would definitely involve parents from the nearby area and ask them who this would serve, how, could it be expanded, is it only for day care or is it also an open space for meetings...”*

The development needs (5) was the category that was easiest to fill in. Professionals had many thoughts on how to develop services or how to change methods of working. Service users had also many concrete ideas on how to develop current services by improving the service hours, continuity of services and client-customer relationship.

*“Meidän täytyy tulla ulos niistä meidän mukavuusalueilta tai miten me ollaan totuttu toimimaan ja nyt nimenomaan avautua ja siis tämä tarkoittaa kaikkia. Kun me avaudutaan niin myös muut huomaavat sen ja se tarttuu.”*

*“W must come out from our comfort zones or how we are used to act and expressly open up. And this concerns everybody. When we open up, others will notice it and it transmits.”*

## **5 EVALUATING THE IMPACT OF USER PARTICIPATION**

As several studies have stated there is an overall lack of research demonstrating the relationship between user participation and service change and improvement (Carr 2004, Carr 2007, Doel 2007). This is why I will try in this section to provide some evidence about the links between the participation activities and the project as it was delivered and its observed impacts, or lack of observed impacts. This step is fundamentally a matter of interpretation and of acknowledging uncertainty characteristic to any method of evaluation (Balbach 1999, 14).

### **5.1 Methods and levels of participation**

As described earlier (3.1 and 3.2) the method and the level of participation actually describe the form of interaction between service users and professionals in developing services or in making a change. Services are no longer simply delivered by professionals but are coproduced by users and their communities (Bovaird 2007, 846). In this study, I used Arnstein's ladder of participation that I had adapted for the purpose of this study (4.6) to identify the level of parents' participation and also to describe the form of cooperation between professionals and parents.

Along with describing the methods of participation, I will shortly introduce the content of support activities or preventive services provided by the Healthy Child and Adolescent Project. As several studies have shown, participation methods usually depend on services

or the context in which they are used. The project served as a good testing ground for these services and the methods of participation used and will therefore constitute a benchmark for future service development.

Olkkari is a family centre formed by a network of professionals providing fast and intensive early support for families. The objective of these services is to identify any behavioral disorder as early as possible, or other predictor of long-term problem or difficulty of the child. Services can be provided on individual level or on a group level in form of peer support groups. The Olkkari team can be contacted directly by parents. However, as the interviews with parents showed, it is usually parents and the teacher or the child health centre nurse together who bring up their worries about the child or problems with parenting. The service relation usually starts with meetings with a family coach and a psychiatric nurse or an occupational therapist. A needs assessment and a plan for support is done together with parents based on family's needs. A specialist consultation, e.g. psychiatric or other counselling can also be provided when needed.

The two participation methods mostly used by the Olkkari team consisted of a) **the direct involvement of parents in planning the treatment or a service** and b) **an immediate customer feedback in form of an electronic customer satisfaction questionnaire**. The objective of the customer feedback questionnaires was to find out whether services provided met families' needs, whether families received help in time and whether they felt having been heard. Users were also asked whether they wanted to participate in developing services by joining in the service user volunteer group. During 2014 there were altogether 160 families that used individual or family level consultation services. 27 of them had filled in an electronic customer feedback questionnaire (according to the report published in August 2014). Approximately 35 of those families were involved in group level services. The different group activities available were as follows: the Viikari-group meetings for preschool children and parents facing challenges with parenting, the Circus Camp providing early support by teaching social skills and group behavior to children and the Untuvainen Group strengthening maternity clinic's early support services for parents facing uncertainty in front of a new life situation.

The following examples of the interviews with professionals describe on a general level the forms of participation which vary between the consultation (4), the placation (5) and partnership (6). However, the professionals interviewed emphasized the importance of an immediate customer relationship where the focus is clearly on customer's needs. The project documentation also supported the principle of involving customers in planning their own treatment or a support service. Therefore it can be assumed, that participation in the immediate customer relation takes usually form of a partnership where planning and decision-making responsibilities are shared between professionals and parents. Collecting customers views on activities can represent either consultation in a form of a customer feedback questionnaire or placation. Placation means that parents are asked advice on the activities, but professionals hold the right to judge the legitimacy or feasibility of their advice.

*“Lähdetään hyvin paljon perheen toiveista liikkeelle, että me ei olla sellainen instanssi, joka sanoo, että te tarvitsette nyt tätä ja tätä vaan että mitä he itse kokevat miten heidän arki voisi olla parempi ja sitten lähetään selvittämään sitä että mistä sellaista löytyisi”.*  
*“We begin with customers' wishes. We are not an instance that dictates what customers need, quite opposite we listen to them and discuss how their everyday life could be easier and think together how we could help them (level 6).”*

*“On aidosti kuunneltu mitä ihmiset haluaa, välittömässä vuorovaikutuksessa ja kerätään palautteita perheiltä toiminnasta, jotka myös käsitellään.”*  
*“We have genuinely listened to what people want in the immediate contact with customers (level 6). We have also collected customers' views on our activities and have responded to that feedback (level 4 or 5).”*

However, the customer focus and people skills are not something to be taken for granted. There are still many professionals who simply lack social skills or knowledge about user participation. As the following examples show, sometimes the blurring limits of responsibilities and worries about customer's privacy can also create obstacles for participation. These were clearly seen by the professionals that I interviewed as the biggest obstacles hindering user participation.

*“Eli siinä on työntekijöiden ja viranomaisten vastuu siitä, ettei se ole ihmisten hyväksikäyttöä, että se on jollain tavalla ohjattua ja koordinoitua.”*  
*“The professionals and officials have the responsibility of not exploiting users and impeding their privacy, participation must be coordinated and controlled in some way.”*

*“Etkä sä voi ulkoistaa sun tehtäviä viran tai toimenhaltijana asiakkaalle, et se täytyy muistaa.”*

*“And as an official you must remember that you cannot outsource your duties to customers.”*

In the following example one of the professionals explained the logic behind the prevailing attitude where user participation is seen as challenging the traditional methods of working and therefore could hinder collaboration between users and professionals.

*“Toisaalta se voi olla aika pelottavaa, et luoda mun asiakkaaseen sellainen suhde et me ei ollakaan enää sillai et asiakas-auttaja suhteessa, mutta ihan tasavertaisina kumppaneina. Vastataan yhdessä tästä ryhmästä, et sekin voi olla.”*

*“On the other hand, it can be frightening to create a relationship with the customer, where we are not anymore in patient-specialist (helper) relation, but as equal partners responsible for this group.”*

When trying to establish the level of actual participation of the parents that I interviewed, the evidence can only be based on their comments about the interaction with professionals. The following examples show, that establishing the level of participation is not always straightforward. As the examples provided by professionals, these examples also represent the forms of participation which could vary between the consultation (4), the placation (5) and partnership (6). However, none of them refers to the level 7 which means, that parents would be delegated powers to make decisions and they would have the power alone to assure the accountability of the project to them. Combined with the views of professionals and the project documentation it can be assumed that participation in these immediate relations with professionals took form of a partnership (6) where planning and decision-making responsibilities are shared between professionals and parents.

*“Jäi tosi hyvä kuva Olkkarista. Tosi aktiivisesti ja tiiviisti hoidettiin asiaa ja aina sanottiin että voi soittaa.”*

*“I have a positive view about Olkkari. They were very active when handling our case and always encouraging us to contact them.”*

*“Meidän ei tarvinnut huolehtia. Olkkari otti hoitaakseen, me oltiin aika samalla sivulla ja vaan vastaattiin että sopiiko vai ei.”*

*“We did not have to worry about anything. Olkkari took care of everything and we were on the same page all along with them. We just needed to answer yes or no.”*

*“Hän (toimintaterapeutti) on lähettänyt lappua, missä ollaan onnistuttu ja missä ei. Myös ryhmänvetäjillä oli laput mukana ja asioita kyllä kirjattiin ylös. Muistan kerran kun kyseli että mitä kukin odottaa. Sitten oli myös sitä, että tuli kotitehtäviä ja pitää miettii ja tehdä niitä ja palauttaa seuraavalla kerralla.”*

*“She/he (occupational therapist) informed us all along where we had succeeded or not. The group coaches also kept record and asked each of us what we were expecting. They also gave us ‘homework’ and asked us to return it next time.”*

*“Tärkeintä oli ehkä se, että osasi jäsenellä niitä asioita mun kanssa ja osasi esittää oikeanlaisia kysymyksiä, aukoi niitä solmuja. Siitähän kaikki lähtee siitä kuuntelemisesta.”*  
*“The most important was, that he/she was analysing things with me and could ask right kind of questions and open those ‘knots’. Everything begins with listening to a customer.”*

Open Dialogue Network Training is based on a method that enhances open dialogues between professionals, patients and their families. It is not exactly a method of user participation, but the objective of the training is to strengthen family participation and empowerment. There were about 100 professionals who attended the training during the project. The project team collected feedback from professionals after each training session. These following extracts given by the professionals illustrate well the method and the objective of the open dialogue network.

*“Onhan se dialoginen verkostotyö sinänsä erilainen tapa tehdä työtä, koska siinähan kaikki osallistujat ovat samantarvoisia, että me ei mennä sinne valmiina, että kaikki ammattilaiset ajattelisivat että nää asiat täytyy nyt saada runtattua läpi ja perhe tulee sinne ja me kerrotaan vaan niistä huolista ja näin se pitää tehdä. Et siinähan on kuitenkin se että asiakkaan näkökulma on kaikkein tärkein ja se että mitä minä voin tehdä auttaakseni tätä perhettä. Mitkä heidän kokemuksensa siitä omasta tarpeesta on.”*

*“The open dialogue network represents a different way of working, because all participants are equal. We (professionals) do not go there and impose our own views and say how things should be handled. Customer’s viewpoint is the most important and what I can do to help them. What are their experiences on their own needs.”*

*“Meidän koulutus on juuri sitä asiakasosallisuuden lisäämistä et kaikki työntekijät osaisi nähdä asiakkaan näkökulman.”*

*“The purpose of our training is to enhance customer participation so that all employees could see customer’s viewpoint.”*

However, one of the professionals expressed clearly his/her doubt about teaching people skills.

*“Siihen mä suhtaudun kriittisesti, että voiko vuorovaikutustaitoja tai kuuntelemista opettaa? Se on mulle ollut sellanen iso kysymysmerkki. Totta kai mä ajattelen, että tietynlaisia menetelmiä voidaan opettaa, mutta voitko sä opettaa toista ihmistä kohtaamaan toista?”*  
*“Can people skills or listening to others be taught? It is a big question mark for me. Of course, there are methods that can be taught, but can you teach a person to face other person?”*

These trainings can be seen not only as a method of enhancing user participation but also as a method of enhancing participation of professionals. As the following example shows, professionals often feel themselves as participants who, besides using their professional skills, also use their expertise as mothers, fathers and service users when helping their customers.

*“Ollaan enemmän lähdetty se oma kokemuusiasiantuntijuus edellä, esimerkiksi niissä viikariryhmissä tai nyt päiväkodin henkilökunnan ryhmää, se ammattilaisuus on jotakin joka tuo siihen jotain lisää.”*

*“We have more emphasized our role as experts by experience, e.g. in Viikari-groups or in trainings with day care professionals. Professionalism is more like something that adds to it.”*

**c) Using expert by experience in the project steering group** represented third method of user participation. The role of the steering group is to support the management of the project according to the objectives set by the programme. One of the members of the steering group invited a service user from his/her municipality to act as a member of the project steering group and thereby bringing forth the voice of service users. The following comment describes her role in the team as an equal partner, therefore representing the form of a partnership (level 6).

*“Olen tuntenut olevani yksi joukosta”.*

*“I felt being a full member of the team”.*

When encouraging other subprojects and municipalities to take an expert by experience in their project management groups, the project steering group faced the following challenge. As with prejudices related to user participation in general, many professionals still raise a question about the competency of experts by experience.

*“Kunnista tuli sitten niinkun tunne, että turhautuuko jos tänne otetaan kokemuusiasiantuntija, joka ei ehkä tiedä asioista tai ei osaa tai mistä me löydetään sellanen.”*

*“There was a reaction from municipalities, that will it be frustrating if we take an expert by experience who does not know about things or cannot cope and where will we find a suitable person.”*

**d) The service needs assessment of families with preschool children** which was conducted during the autumn 2014 represents the fourth method of participation. The



objective of the inquiry was to assess service users' opinions on municipal services offered to families with preschool children in order to develop current services and create new ones. I will not present here all the results of the inquiry, but I will later use some of its results to compare them with the data provided by interviews and other project documents. The complete report is available at:

[http://www.kaarina.fi/lapset\\_ja\\_nuoret/nuoret/fi\\_FI/kaste/](http://www.kaarina.fi/lapset_ja_nuoret/nuoret/fi_FI/kaste/).

The fifth method of participation consisted of the **e) user participation forum and open lectures with different themes, e.g. parenting, family well-being and child education**. Most of these events were organized after I had already interviewed parents. Altogether 120 families participated in these events during the project. The objective of the user participation forum was to gather parents to discuss whether current services meet their needs and to find out what kind of services they would need in the future. According to this objective and to project follow-up reports, this form of participation represents placation (5) where parents are asked advice on different topics, but professionals hold the right to judge the legitimacy or feasibility of the advice.

## 5.2 The objectives of participation

The evaluation process usually involves defining the objectives of the project or activity. This also applies to this study. Otherwise it would be difficult to identify the impact user participation might have on the overall target of the service reform: developing services that answer users' needs. Researchers call for greater debate among policy makers on what is hoped to be achieved by increasing involvement of e.g. of service users in health service (Fudge, Wolfe & McKeivitt 2008, 7). Although the Healthy Child and Adolescent project had defined the main objective of participation, I thought it was important to gather the individual views of both professionals and parents since they are assumed to be the active agents in the process of reforming the services. In the previous chapter I briefly described the objectives of participation set for the trainings, user participation forum and other events. Now, I will first concentrate on the objectives of participation set by the professionals for the individual and group level support services. Second, I will describe the objectives of participation set by the parents.

When interviewing professionals in the beginning of my empirical study, it first seemed that the objectives remained on quite general level and that it was difficult to identify more specific ones. However, when asking about different participation activities undertaken during the project, it was seemingly easier for them to articulate concrete objectives related to those activities. I soon realized that the objectives as they were describing corresponded well with the main objectives of participation set by the project: enhancing user participation in order to increase individual empowerment and wellbeing of customers and involving customers in planning and implementing services.

The following extracts of the interviews illustrate how professionals see the objectives of customer participation.

*“Meidän työn tavoitehan on lisätä ihmisten hyvinvointia.”*  
*“Our job is to increase people’s wellbeing.”*

As this example shows, the ultimate objective of enhancing wellbeing of customers is undisputed. There is no need to elaborate this further as it has already been demonstrated several times (see 3.1), that participation should have and often has a positive impact on people’s lives.

*“Eli tärkeintä on, että millä tavalla on kyetty vastaamaan siihen, että ihminen on kokenut tulevansa kuulluksi ja mitkä asiat ovat ylipäänsä toiminut.”*  
*“The most important is to know whether people felt being heard and what things have worked out.”*

*“Pyritään siihen, että ryhmään suunnittelemaan tulee äiti, joka on jo osallistunut ryhmään. Hän tulee siis tuomaan sitä näkökulmaa ryhmien suunnitteluun.”*  
*“Our intention is that one mother who has attended the group before would join us in planning the structure and content of the next group.”*

*“Jos ryhmästä nousee semmosia vanhempia, jotka haluaisi vaikka työpariksi vetämään sitä ryhmätoimintaa eli tavallaan siinä tulee vielä vahvemmin vertaistuki ja sitten se yhteisöllisyys on se yksi tavoite samalla siinä, et saadaan sitä yhteisöllisyyttä vahvistettua.”*  
*“(To find out) If a parent/parents participating in a group wanted to coach the group level activities with a professional. At the same time peer support and sense of community would be strengthened.”*

These examples concretize well the main objective of developing working procedures that enhance customer participation and empowerment. The first and the third example both

underline individual benefits such as importance of being heard, sense of community and peer support. The coproduction approach (see 3.2) according to which services are coproduced by users and professionals together is clearly emphasized in the second and the third example.

*“Vaikuttavuus, ei tärkeätä miten paljon tehdä asioita, vaan miten tehdä työtä, että työskentely olisi järkevää. Siihen asiakkaan osallisuus olisi paras varmistus. Mitä enemmän asiakkaat ovat osallisia sitä oikea-aikaisempia todennäköisesti palvelut olis ja ehkä oikeammin kohdennettuja.”*

*“Effectiveness, it should be less about how much work is done but more about how work is done so that it would be rational. User participation would be the best possible insurance for that. More users are involved more likely it is that services are timely and well targeted.”*

I think that this last example summarizes well the whole purpose of the service development. However, one must keep in mind that if the objectives and ways of participating are only controlled by professionals, the user involvement may not bring about any fundamental change (Fudge et al. 2008, 6). In the end user participation must be voluntary and customers must also have the choice of not to participate.

Only one parent who acted as an expert by experience in the project steering group had set a clear objective of bringing forth the service users' voice. As I mentioned earlier (see paragraph 4.6) the objectives other parents had set were linked to the actual help they were hoping to get and to the reasons why they had entered the project in the first place. All parents were looking for help in parenthood, support in child education matters or a personal advice in challenging situations.

*“Arjen sujumista, niin että jokainen pystyisi ajattelemaan niitä asioita ja olemaan rauhallinen ja keskustelemaan, lapsen sosiaalisten kykyjen ja kaverisuhteiden tukeminen, motorisen ja kielellisen kehityksen tukeminen, turhautumisen hallinnan oppiminen”*

*“To cope with daily challenges and routines, discussing problems while remaining calm, enhancing child's social skills and friend relations, supporting child's motoric and linguistic development and learning to cope with frustration.”*

It is easy to understand from parents' point of view that their participation is mostly motivated by the immediate personal benefits. As the ethnographic study conducted by Nina Fudge and her fellow researchers described, service users can have several motives for participating in a programme: desire to improve services, social opportunities,

increasing knowledge and accessing services. However, they questioned the ability of user involvement to improve services if this is not the primary motivation of those involved (Fudge et al. 2008, 6). It seems that the objective of improving services or the reasons for engaging parents was not clearly communicated to parents involved during this project. Therefore it is quite comprehensible that parents did not set other objectives than personal ones for their participation.

### **5.3 Collaboration between professionals**

Besides the right methods of enhancing user participation and the clear objectives set both by professionals and parents, a well functioning collaboration between professionals is crucial. This target is outlined by the first two objectives of the Healthy Child and Adolescent Project: 1) to change the service structure (family center and family center network) and to develop change management 2) to develop service processes including cross sectoral collaboration and multiprofessionalism.

These objectives call for further explanation. The first objective, the change in service structure, will be realized by collecting local services for families with children at family centres as one example of a regional service model (Hastrup et al. 2013, 9). The idea is to provide easier access to services which are coherent and functional also from the viewpoint of families. While the first objective was not directly referred by the professionals, the second one underlining the importance of cooperation between professionals was brought up several times.

Traditionally, when the need for additional support was recognized by basic services, the children in question were referred to specialist medical care. Now, the ongoing service reform aims at changing the relationship between basic and specialist services. Instead of passing the 'buck' to specialist services, the specialists will bring their expertise into children's daily surroundings at daycare, schools and homes by providing support to teachers, parents and nurses. From children's perspective this means that they can continue their lives in a familiar environment with familiar people instead of being taken e.g. to a hospital for a treatment. (Hastrup et al. 2013, 9-10.)

The first extract of the interview with professionals gives an example of the traditional way of ‘passing the buck’. The second one shows the evidence of the work ‘in progress’, in other words how the new method of working is adopted little by little.

*“Siinä oli kuitenkin se, et odotettiin et noi (lastensuojelu) kantaa sen vastuun ja sit ne (peruspalvelutyöntekijät) voi sanoa et nyt se on annettu se perhe sinne.”*

*“It was expected that they (child care) take the responsibility and then they (professionals from basic services) can say that now the family is given to them and they will take care of the family.”*

*“Tänään yks terkkari soitti ja sanoi, et hän otti yhteyttä sen takia et hän oli keskustellut toisen perheen kanssa, jonka kanssa ollaan tehty onnistunut yhteinen työskentely. Tämä henkilö on joku jonka mä oon jo tuntenut jo kauemmin, mut joka ois se viimeinen jonka mä uskoisin et lähtisi yhteistyöhön.”*

*“Today one nurse called me and explained that she/he contacted me after having discussed with another family with whom we had succeeded. This person was someone I have known for a long and was the last person I had expected to cooperate with.”*

This process of changing the methods of working will probably take some time. It is challenging because professionals working for children and families often come from different traditions and may have conflicting goals and values (Edwards 2004, 8). This can also translate as a fear of stepping on someone else’s turf as the following examples show.

*“Jos me mentäis nyt päivähoitoon ja sanottais et nää tuli nyt esiin ja me toivoittais että puhuttais vähemmän siitä opastuksesta et tällaisia kurahousuja, vaan olis enemmän tällaista keskustelua (vanhempien kanssa), niin me ollaan aina siinä linjalla, että astutaanko me jonkun varpaille tai loukataanko me sitä tai kritisoidaanko sitä mitä he tekee. Kun se vuoropuhelu on niin alussa vielä.”*

*“If we now went to the daycare and said that it was brought up by parents that instead of giving them information on what kinds of raincoats and trousers children need, they wished for active and participatory discussions, we are always on the fine line of stepping on someone else’s toes. Because the dialogue has just started.”*

*“Ehkä suurempia esteitä ovat sektoriajattelu, että kenelle se kuuluu ja kenellä on valtaa sanoa kyllä jollekin idealle ja kuka maksaa.”*

*Perhaps the biggest obstacle is the ‘sector’ thinking, who takes the responsibility, who has the power of saying yes to an idea and who is paying.”*

Besides power struggles and differences in organisational cultures, one of the professionals pointed out a well justified concern about the lack of power municipal workers are often dealing with.

*“Toisaalta on se riski, että johtoporras sanoo hanketyöntekijöille, että päättäkää te nyt sitten, että nyt otatte ne keskeiset asiat ja sitten teette. Mutta kun heillä ei ole sellaista toimivaltaa, joka on siellä johdossa ja päättäjillä. Niin he pyrkiikin antaa sitä omaa valtaansa heille joilla ei sitä valtaa ole.”*

*“There is also a risk that management says to project/municipal workers that you decide and take action where it is needed. But they (project workers/basic service professionals) do not have the same power and authority that management does. Hence, they (management) are trying to give power to those who do not have it.”*

The collaboration of professionals is directly linked with the objective of enhancing user participation. The overall idea is to spread the methods of user participation as part of the routine work amongst municipal services. This calls for the seamless collaboration between different professionals.

*“Miten me saatais osallistuminen ja osallistaminen osaksi kuntien normaalia palvelua, ettei se olis mikään erillinen juttu, minkä hanketyöntekijät tulee ja toteuttaa kerran ja sitten se jää siihen.”*

*“How customer participation could be rooted as a normal part of municipal services and not as once in a lifetime project that project workers execute and then it is forgotten.”*

What comes to the collaboration between professionals from parents' perspective, it can be seen that they were satisfied with the collaboration between basic service professionals and the project team. Moreover, the professionals from municipal services all had recognized together with parents a need for early support and they had succeeded in 'marketing' Olkkari's activities to families. Concretely, this means that services offered by the Olkkari team were enabled by the municipal workers from basic services who were involved in planning services and in service guidance and delivery.

*“(Se alkoi) Mun ja puheterapeutin aloitteesta. Hän kertoi että Kaarinassa on tällainen Olkkaritoiminta.*

*“It began on my and speech therapist's initiative. She/he told us about Olkkari's activities.*

*“Me haluttiin apua ja opettaja ehdotti tätä (Olkkari). Oli erittäin vaivatonta. Olkkari ja sirkuslaiset tekivät yhteistyötä. Nyt katsotaan opettajan kanssa tilannetta, että mihin suuntaan menee.”*

*“We wanted help and the teacher proposed this (Olkkari). It was very easy. Olkkari and the Circus Camp team collaborated. Now we monitor the progress with the teacher.”*

*“Kyllä itse tiedostettiin että oli jotain ja hän oli koko ajan vähän levoton. Tarhassa myös keskusteltiin asiasta.*

*“We had noticed that there was something and our child was little restless all the time. We also talked about it at daycare.”*

It must be noted, that the evidence on collaboration between professionals is based only on the interviews with the project team and parents. It would have been interesting to include some professionals from the basic municipal services in this study, but because of the limited time schedule I was not able to interview them.

## 5.4 The impact of parents' participation

Although the main focus of my study is to show the evidence of parents' participation on the service and organisational level, I will first describe how parents felt they had been helped by the professionals. Because looking from both customer's and society's perspective it is what matters the most in the end. I will compare their views with the data provided by the customer satisfaction inquiries collected by the project team. Second, I will present the findings on the impact of parents' participation on the service level. Once more, I will combine the data from the interviews with the project data to show stronger evidence of the impact.

### Impact on the individual level

One of the parents described the progress his/her child had made during the project. The child had learnt to speak more fluently and had been supported by functional training. Moreover, the parent had gained confidence and had built trust vis a vis professionals. The parent felt that he/she can easily contact the team whenever his/her family needs help.

*“On sellainen olo, että on pieni kynnyks ottaa uudestaan yhteyttä toisenkin lapsen osalta, joka on hyvin vilkas, ja siitä on ollut koulussakin vähän ongelmaa. On sellainen olo, että kyllä varmaan auttaisivat siinäkin.”*

*“I feel that, the treshold for contacting (them) again is very low. My other child is very lively, which has caused a little trouble also at school. I feel, that they (project team) would help me with him/her too.”*

Another parent told how the child had learnt more social skills and was now dealing better with negative emotions. The parent was also happy about how child's personality was taken into account in planning interventions and support services.

*“Mulla oli aluksi pelko lapsen luonteen kanssa, kun hän on tommonen hangon keksi, että*

*hänen oma persoonansa säilyisi siellä alla. He oli mun kanssa samaa mieltä tästä. Siinä puututtiin ihan niihin asioihin mihin ajattelinkin missä voitaisiin auttaa.”*

*“In the beginning I was worried about preserving and taking into account my child’s personality, as he/she is a very positive child. They (professionals) agreed with me in this. They dealt with exactly those things where I had thought of getting help.”*

In addition to the concrete tangible help, sometimes the impact on the individual level was felt as a change of mind or as a different attitude as the following examples show.

*“Mä tarttisn vaan sellaisia ajattelumalleja sinne päköppaan, että miten saa purettua sitä pahaa oloa ja mistä se on johtunu ja mitä kannattais tehdä. Ja jotenkin ne työkalut on jäänyt mulle avuksi. Jos alkaa ämpäri täytyä, niin palaan niihin meidän keskusteluihin.”*

*“I just needed new patterns of thinking so that I could clear my mind and sort out my bad feelings. That way I would also understand the causes and know what I should do about it. Someway I have kept those tools to myself and I am able to go back to our conversations when the ‘bucket’ is filled again.”*

*“Kyllä mä sit kuulin jälkikäteen palautetta, että oli hyvä, että se keskustelu tuli käytyä. Vaikka se olis ollut mun ainoa anti sille ryhmälle, niin luulen että se pikkusen pysäytti miettimään sitä, että mikä on oikeasti tärkeätä, tai että kannattaako satsata.”*

*“Afterwards I heard, that it was good that we had that conversation. Even if it had been my only offering to that group, I think it stopped them to think what actually matters or is worth of investing.”*

These results support also previous research findings. Usually individual level impacts of user participation are relatively easy to establish. More customers have a say in services they receive more content they are with the quality of services. According to the customer satisfaction inquiries, 85% of the respondents thought that consultation had been useful and all of them thought that they had received consultation in time and felt they had been heard. Fast response time, low treshold, concrete support, competency of personnel and collaboration between daycare/school were appreciated by parents. 30% of the respondents volunteered for developing services. It should be noted that the percentage of respondents was quite low (less than 20%), and there were no information at the time on the impact of family level support activities on the remaining families. Users who do not participate can represent a challenge for the service system and for the society because their voices are not heard. If being voiceless is not self-imposed it is important to create mechanisms and strengthen the methods of participation to avoid families to fall into service loopholes.



However, the interviews with professionals also strongly support the fact that the main objective of listening to customer and involving customer in planning his/her own treatment/support service has been met.

*“Se mikä meillä oli alun perin hankkeessa osallistamista, kun kehitetään näitä palveluja tai viedään sitä dialogista verkostotyötä eteenpäin, niin siinä on aina asiakas mukana ja aina se mitä he tuovat esiin ja mikä on heidän tarpeistaan lähtevää, niin se on mun mielestä onnistunut.”*

*“I think we have succeeded well in involving customers and taking into account their needs every time when developing services and enhancing open dialogue network.”*

Based on my hypothesis, it is quite easy to establish that the 1) level and the method of participation, i.e. parents' involvement in planning the support they need (partnership) with 2) a clear objective in mind, and the 3) successful collaboration of professionals had 4) positive individual benefits both for parents and professionals. If the level and the methods of participation had represented lower levels than partnership, the outcome could have been different. As an example, if the professionals had only asked parents' opinion, but had planned the treatment/service alone without parents, parents could have not been as motivated and active as they were now. Moreover, if the needed support had not been identified in the very beginning by the nurses and teachers as well as active parents and if the Olkkari team had not provided a quick response to those needs, all this could have resulted e.g. in a slower progress of the child, wrong kind of a support, etc. The impact of social skills and the 'right' attitude of professionals on customer relationship and participation of parents cannot be forgotten. While the objective of the open dialogue network is to enhance user participation, it does not mean that all professionals learn automatically those skills. As one of the parents said, when recalling one encounter with a substitute nurse in the maternity clinic: “It was quite forced, I could see that he/she was thinking if he/she had to ask me how I was feeling.”

### **Impact on the service/organisational level**

Parents impact on the service/organisational level took different forms. What comes to the individual and family level services, professionals felt strongly that there was a growing spirit of working together with customers. In other words, some of the customers had acted as advocates and had spread the word on services and on help they had received from the

Olkkari team. These kind of testimonials are actually the best method of marketing, where users become unofficial representants of the organisation and its services.

*“Asiakkaat ovat ruvenneet puhumaan tämän työn puolesta. Että me ollaan niin kuin julkisesti kohdattu isoissakin väkijoukoissa sellaisia tunnustuksia että meidän perhe on saanut täältä apua. On tullu sellainen olo, jotenkin sellainen yhdessätekemisen tunne asiakkaittenkin kanssa.”*

*“Our customers have started to speak for this work. We have been in situations where families have told publicly that they received help from us. There is a feeling of collaboration with our customers.”*

Vice versa, some of the professionals saw that their own role has changed and they had become as advocates of user participation.

*“Musta on tullut vähän sellainen julistaja, että mä aina kysyn että miten asiakkaat otetaan.” I have become a sort of a proclaimer who always asks how customers’s opinions are taken into account.”*

What comes to the interaction with clients, different trainings e.g. open dialogue network trainings, have certainly had some impact as the following comment shows. At the same time it is well recognized by the professionals that changing attitudes can be slow.

*“Kyllä se asia on noussut enemmän framille ja sitä varmasti on pystytty viemään eteenpäin. Hankehan on aika hidas, puhuin just muiden kouluttajien kanssa ja he sanoi että heillä meni 10 vuotta siihen että sieltä tuli tää varhain avoin vuorovaikutus.”*

*“Yes, it has come to the forefront and I believe that we have done some progress. I just spoke with other (external) training professionals and they told it took 10 years for them to implement the method of an early dialogue.”*

It seems to be the same thing what comes to the collaboration between professionals on a general level. It also requires time and patience. However, professionals felt that collaboration had increased during the project.

*“On ja ei. Yhteistyö on ehkä lisääntynyt asiakaskohtaisesti. et jotakin on tapahtunut asenteellisella tasolla myös yhteistyökumppaneissa. Et sitä on haettu pitkään , eikä se tarkoita sitä että se on aukotonta, mutta ollaan tehty isoja askelia eteenpäin siinä suhteessa.”*

It is difficult to establish on a general level that the increase in collaboration between professionals or improved relationship with customers would be directly linked with parents’ participation. However, parents who I interviewed were seemingly content with

the way they had been helped by different professionals acting as a team (see 5.3). The individual comments of the professionals also support that fact.

The impact on the group level activities remained mainly on the service content. While the services were initially developed by professionals, parents participated in shaping the content and selecting themes for the next group sessions.

*“Jos ajattelen ryhmätoimintaa esim. Viikarit tai Untuvainen ne ei ole niin strukturoituja, vaan he ovat itse olleet sisältöä luomassa.”*

*“If I think of group activities, e.g. Viikarit or Untuvainen are not prestructured, parents have participated in creating the content.”*

It must be noted that some of the services such as lectures and peer support networking events, e.g. Arki rullamaan (How to manage your everyday life) have been developed along the project according to the initiatives taken by parents. The initial idea of involving users in managing groups with professionals did not succeed this time. However, professionals are now planning to co-manage peer support activities with users with a new intensity in the future. The professional commitment towards customers and the attitude for planning and co-managing activities with users have clearly increased among professionals as the following comment shows.

*“Tässä on paljon virinnyt sellaisia ajatuksia, mitä aiemmin ei ollut perhepalveluissa, että nyt jos me järjestetään joku ryhmä niin me mietitään heti et okei täst vois saada näistä vanhemmista vertaisvetäjiä. Ja vois hyödyntää sitä vanhempien osaamista. Et enemmänkin ett maailma on auennut niissä mahdollisuuksissa, että mitä tässä voisi tehdä.”*

*“There are currently lots of new ideas, which we did not have earlier at family services. Now, if we are organizing a new group we immediately think about asking a parent to join us as a co-leader and use their knowledge on the issue. The world has opened with new possibilities for us.”*

The impact of the expert of experience on the project steering group seems a bit contradictory. According to the annual programme report (2014) and the self assessment of the members of the programme, steering group felt that the expert by experience did not have adequate possibility to exert influence on chosen policies. However, according to one of the professionals, the expert by experience gave valuable insight from service user's point of view about the importance of certain preventive services.

*“Mä ajattelen, että siellä on tullut todella hyviä asioita ja kuntalaisen mielipiteitä. Kokemusta siitä että palvelujen käyttäjänä, äitinä, et se näkökulma on hyvin erilainen kuin meillä virkamiehillä tai ei hyvin erilainen, mut sieltä tulee se vahva ymmärrys siihen kuinka tärkeää se ennalta ehkäisevä työ on.”*

*“I think, that there (in the steering group meetings) have been really good things and opinions from a municipal citizen's point of view. As a parent and as a service user the view can be somewhat different from officials' point of view. There is a firm understanding on the importance of preventive work and services.”*

Despite this view, the local coordination groups did not include experts by experience in their respective groups according to the initial plan. The reasons for this were already discussed in paragraph 5.1.

The report on the service needs assessment of families with preschool children (10/2014) and parents' feedback on user participation forum support also the findings of my interviews. Both confirmed that services provided by the project met the needs of families of the municipality. The results of the inquiry were published on Kaarina municipality's website. In short, on a general level people seem to be content with municipal services. From the point of view of service delivery, individual level appointments were valued at most (68%) although e-mail and group counseling were also favoured. 70% of the respondents wanted more exercising opportunities and cultural services. Increasing networking opportunities and peer support in form of childrens' clubs and open family clubs were on the wish list of the majority of parents. Almost 40% of the respondents wanted to increase the availability of short term child care services.

The development of services continues after the programme period. The director of family services has taken the initiative to plan how to use the needs assessment results in developing services. The results have been distributed to all managers responsible of family services on the municipal level. The following comment describes in a nutshell the change on the decision making level, an enabling key factor for the whole process of user participation. This rising awareness on the importance of user participation among the decision makers projects the creation of a whole new service culture based on people's needs.

*“Sellaisissa asioissa on onnistuttu, että on kyetty nostamaan kunnan päätöksenteon tasolle sellaisia asioita joita ei aina itse olisi keksitty tai jos olisi keksitty niin ei olisi noussut siinä vaiheessa niin merkitykselliseksi kuin ne nyt nousee (awareness raising). Että on tullut sellaisia päänavauksia, jotka pistää meidät miettimään, että pitäisikö meidän toisaalta*

*valikoimaa laajentaa tai toisaalta tehostaa työskentelyn painopistettä jossakin toisaalla missä me ei olla ehkä nyt huomattu tehdä jotakin. Ja sit yks mun mielestä sellainen äärettömän merkityksellinen asia on se, että on noussut se yhteistyön tekemisen välttämättömyys sektorirajat ylittävissä asioissa.”*

*“We have succeeded in bringing issues to the decision making level that we would not have thought of before. Or at least those issues which would not have become as meaningful as they are now. There has been openings, that make us think whether we should increase the service selection or optimize our work somewhere we have not thought of before. And one important thing to my opinion, is the raising awareness of the necessity of the cross sectoral collaboration.”*

Based on the evidence just described, it can be summarized that the major impact on service/organisational level has been in raising the awareness on user participation and the change of attitude of professionals. While the causal link between future changes in services and parents’ participation can’t be establish in the context of this study, it can be noticed that this project gave professionals a valuable experience on how to involve users in the future. However, when setting the findings against my hypothesis, I believe that the impact of parents’ participation on future services will be much stronger and will better meet their needs (4), when the following conditions are met. The direct involvement of users (1) either in form of a partnership (coproduction) or in form of a delegated power where parents are actively planning and making decisions is the best way to plan for future services. For professionals this requires adopting a new kind of working culture, where users act as equal partners, not only as recipients of certain services dictated from above. User inquiries and consultative forms of participation can complement direct involvement in order to reach out for broader base of users. Moreover, the objectives of participation (2), i.e. why we want to involve customers have to be clearly communicated to them before the actual participation, so that they know what they are expected. Also, the collaboration of professionals (3) has to be seamless in order to assure that there exist no service loopholes for customers in need for support. And finally, the management has to be actively involved in the effort of enhancing user participation since they hold the power to implement the final input of users into higher levels of decision making.

## **5.5 The development needs**

In previous chapters I tried to answer to the first research question, i.e. what is the impact of parents’ participation on the development of services. In this chapter I will try to answer

to my second research question: how user participation can create better services? As I explained earlier (see 4.6) when analyzing the interview data I had gathered, I found out that both parents and professionals came up with lots of ideas on how to develop services and how users could be involved in all that. I will also use some of the information provided by the service needs assessment and other project documentation to complement the individual views with. These ideas are presented here service-wise, starting from individual and family level services, then continuing to group level services and finally combining both levels in planning for future services.

### **1. Individual/family level services (maternity clinics, child health centres, family counseling centres, day-care, school psychologists, etc.)**

According to the interviews implementing customer oriented approach and supporting user participation is still seen as an obstacle mainly from professionals' point of view but sometimes also from customers' point of view. For example one of the parents felt that sometimes public service professionals lack more hands on and concrete problem solving skills and that they do not dare to intervene concretely enough to the problems at hand. Parents also feel that day care service culture should be more grounded on childrens' needs. Moreover, child health care clinics should have experienced doctors and nurses and the principle of one contact person should be enforced in order to guarantee the continuity of service and to build trust of service users. The new working methods enforcing user participation need to be implemented in municipal workers' daily routines of work. Managers should be committed in spreading the new working culture and support and monitor the user involvement when developing new services.

**The method of involving users in training professionals** is already widely used. According to a review of literature on user and carer involvement in the training and education of health professionals (Repper 2007, 1), there is an evidence that consumer involvement in training enhances workers' skills in the way consumers wanted. For consumers this means prioritising the need for training in interpersonal skills over 'technical' skills. However, the study concluded that if consumer involvement in training and education is to facilitate services that reflect the priorities of the people using them, it must be developed in partnership with service providers. Besides learning about people

skills and user participation sometimes professionals simply lack information on whom to contact in different situations. As one study showed, the day care personnel wished to have more information on their partner organizations and their practices (Andersson 2010).

Based on the findings of this study and previous research, I propose, that parents would be involved in the future with the experts of early support in training basic service professionals together. The objective of these ‘partnering teams’ would be enhancing customer involvement within basic services. I believe that a positive testimonial from a former customer of the Olkkari team could add to the knowledge on user participation and its methods. The parent’s role would be to concretely present his/her views as an expert by experience of a certain life situation. The early support expert’s role would be to give a concrete example of how to handle the situation together with the parent and with the help of a multiprofessional team of professionals if needed. These kind of examples could serve as best practices and concretize on how to provide early support and to prevent families from bigger problems. In short, one of the future methods of involving parents could consist of acting as co-trainers with the early support experts. However, it is important to plan carefully how the training activities will be compensated. Parents willing to participate could be given a compensation e.g. in form of a cash, a service exchange or a training session. It must be reminded, that parents also have to be trained for their new expert by experience roles and that the concerns of privacy need to be openly discussed with professionals. Besides professionals, the user participation trainings should be organized for the management as well. As said before, they have the necessary authority and power to enhance the development of services based on customers’ needs.

## **2. Group level services (maternity and other peer support groups)**

On a general level parents were satisfied with the group level services. However, some improvements relating to the service selection and delivery of services were suggested by the parents I interviewed. For instance family training and maternity groups should take into consideration holiday periods and assure that services are not cut off during holiday seasons. Situations can change suddenly with newborn babies and parents need to be assured that they can get help when needed. In addition, fathers wished to be more involved in peer support meetings, like Untuvainen group. Besides fathers, I cannot

see why participation of families could not be strengthened by inviting partners or other support members of the family to join these groups. Maternity and child health clinics could also support creation of informal peer group activities, e.g. by offering premises for group activities. According to the service needs assessment group counselling and peer support activities were suggested to be provided by child health and maternity clinics. Increasing recreational and cultural activities in form of childrens' clubs or open day care was also proposed by parents. Offering possibilities for hobbies to children in poor families is an important tool in increasing social equality and preventing social exclusion. More centralised and easy access information on different services was also seen as a tool to reach the families in need.

As in training public service professionals, **parents could also be engaged in service planning and production of group level activities**. As Tony Bovaird who has analysed user and community coproduction in different case studies says: "the traditional conceptions of professional service planning and delivery in the public domain are outdated and need to be revised to account for the potential of coproduction by users and communities (2007, 846)." In other words, small group and peer support activities could be planned and steered by parents and professionals together, as was suggested also by the Olkkari team members. This would mean that parents would have more say on the actual content of these services and on the way services are provided. Moreover, this kind of partnership in planning and producing services together with professionals can encourage other reluctant parents to join peer support groups and to reach out for family support services. As the Sure Start programme in UK showed new mothers were more willing to talk to other mothers who have had similar problems rather than to professionals (Bovaird 2007, 852). In short, **increasing peer support activities and networking** opportunities is an important way to lower the threshold of using services without stigmatising families and for reaching out for families in need. However, this poses a challenge both for the professionals and managers who must help to overcome the reluctance of many professionals to share power with users and their communities. They also has to act as spokespersons for the new roles of coproduction between traditional service professionals, service managers, and the political decision makers who shape the strategic direction of the service system. (Bovaird 2007, 858.) Since many NGOs are already experienced with



working with users, the cooperation with NGOs should be increased and their role could be strengthened in coproducing and managing future services.

Everyone should also bear in mind, that user participation or coproduction cannot replace bad governance where government attempts to dump its difficult problems on users and communities (Bovaird 2007, 855).

### 3. Planning new services

All professionals interviewed tend to agree that users could be more actively engaged when planning new services. For instance when planning e.g. a children's park, families living nearby could be involved in planning the park from the start. When planning a new day care entity, the neighborhood families could be involved in making such decisions as: what kind of activities could be offered, for whom, can the premises be used for other purposes, such as open house for families in the evenings, etc. **The direct involvement of users through web-based consultations or through user groups** such as neighborhood associations, school and day care councils should be enhanced at the municipal level. Collecting names or consulting users for undefined future purposes without a specific plan is not enough. The initiative of involving users in the development of services should always lead to something concrete and users must be informed along the whole process.

The new family services organisation was put in place September 2015 onwards in Kaarina. All services developed during the programme will be continued. I encourage the new steering group to involve an expert by experience/or several ones to ensure the user perspective in service planning. **The expert by experience** should be given a full authority to exert power and have influence on policies, otherwise user involvement becomes unnecessary. Moreover, the role of the expert by experience should be clear from the beginning and communicated throughout the organisation. The training and compensation of experts by experience has to be carefully planned as well. The steering group could be active in planning with public service professionals and their managers when and how to involve users in developing services. They could also monitor the implementation of user participation activities across the family services organisation. The proposed methods of user participation, their target groups and objectives are summarized in the table below.

TABLE 2 Summary of the proposed methods of user participation

METHOD	<b>Involving users in training professionals</b>	<b>Partnership in planning and producing services (coproduction)</b>	<b>User groups, web-based consultations</b> (neighborhood associations, school and day care councils, etc.)	<b>Experts by experience</b>
TARGET GROUPS	Day care, maternity and child health clinics, schools and municipal management	Family and maternity groups, group counselling, other peer support groups	All new municipal services for children and families	The new family services organisation (steering group)
OBJECTIVES	To enhance interpersonal skills, user participation and collaboration of professionals	To develop services based on users' needs, to lower the threshold of services by removing the negative stigma attached to support services and to reach out for families in need	To plan the service content, delivery and target groups	To ensure user perspective, to assist in planning and monitoring the implementation of user participation within the family service organisation

## 6 CONCLUSIONS AND DISCUSSION

### 6.1 Conclusions and recommendations

The objective of this study was to find out what kind of impact parents' participation would have on the ongoing development of services for families in the municipality of Kaarina. The study was conducted in the context of the local project offering early support and preventive services for all families with children. The project organization had set one objective for user participation: to develop working procedures that enhance customer participation and empowerment. As discussed earlier (4.3) this objective was divided into two sub-objectives: enhancing customers' empowerment and wellbeing and involving customers in planning and implementing services (activity report 1.11.2013-31.10.2014). As my empirical study was limited in time, I was not able to assess the possible outcomes after the project period. However, the evidence of the impact of parents' participation can be established on the changing attitudes of professionals and on the gradual increase in collaboration between professionals.

The key finding of this study is to show that the seeds of a new service culture where users are treated as equals and where they are acting as partners with service professionals has been planted. Sometimes rising awareness or a glimpse of a changing attitude can be as tangible evidence as a decrease in service costs. I firmly believe, that enhancing user participation can have two major implications for the individuals and for our society. First of all, involving parents especially at the early stage when the problems of families can still be handled with a relatively small support can effectively prevent them from facing bigger

problems in the future. As we have seen, besides the individual benefits, this also saves a lot of money compared to the corrective measures which usually result in a much bigger bill for the society in the end (Heinonen et al. 2014). The right methods of user participation combined with interpersonal skills and the collaboration of professionals are the key tools for succeeding in this. The results of the individual interviews with professionals and parents clearly indicate that the project team was successful in establishing a fast response, low threshold services based on families' needs. The project team also succeeded in enhancing new multiprofessional collaboration and a customer oriented approach based on the open dialogue with parents and professionals of basic services. In addition, results from the customer feedback questionnaires supported these findings. Involving users in training professionals would certainly accelerate this development in the future. Using marketing terms, a strong customer case or a testimonial serving as an example of how the situation was handled with the customer could have a stronger impact than the traditional training methods. In addition, involving users in planning and producing services, especially in peer support activities, can serve both as a tool for creating services that meet users' needs and for persuading families in need to reach out for these services.

Second, enhancing user participation can result in improved services and thus, a more effective service system. If more families are involved in developing current services and planning new ones, as discussed earlier, there is a bigger chance that these services will correspond to their needs. This way, the 'return on investment' for the society will be stronger and the costs incurred by social care services could be decreased in the long-term. As said in the beginning, the evidence of the parents' participation on the service level remained somewhat limited. However, this study showed that the successful collaboration of professionals combined with the word of mouth effect of satisfied parents had certainly some impact on the changing attitudes of both professionals and parents. This can encourage other families in the future to activate themselves for their own cause and/or to give their contribution to the development of services. I believe, that increasing partnership and involving parents directly or through user groups or as experts by experience in the development of future services will all have the same effect, creating better services that meet the needs of families. As told in the previous paragraph, the new family service organization will implement all services tested during the project. It remains to be seen

how users will be involved in producing those services in the future. To conclude, it must be reminded, that the management of the family services organization has also the key role in enhancing user participation. Training professionals and users and compensating users for their contribution in coproducing services requires certainly some resources in the beginning. Management's role lies in persuading decision makers to make the necessary investments for the future. Hopefully, this study will partly serve as an additional research based evidence for those purposes.

## **6.2 Reliability and ethical considerations**

What comes to the used case study methodology, according to Baxter, researchers have a responsibility at least to ensure that, the case study research question is clearly written, case study design is appropriate for the research question, purposeful sampling strategies appropriate for case study have been applied, data are collected and managed systematically and finally, the data are analyzed correctly (2008, 556). In the section 4, I provided quite a detailed description of all of these stages, applying a case study protocol characteristic to the postpositivist approach in qualitative case study methodology. The creation of a conceptual framework and of a preliminary hypothesis based on the previous literature and the project documentation helped me in collecting and managing the data and finally, in testing the results against this framework. I also used triangulation of data sources, completing my interview data with project documentation which supports the principle of viewing and exploring the phenomena from multiple perspectives. I believe, that the collection and comparison of this data enhanced my data quality and the confirmation of findings.

The general debate on representativeness of service users is understandable. As I mentioned in paragraph 4.5.2, the lack of critical parents in this study certainly had some effect on the interpretation and the generalizability of the data. This study also suggests that more work is needed to make sure that the views of those involved are the same as of those who were not involved. Otherwise user involvement could lead to inequalities, "providing benefits to those involved over those who are not (Fudge et al. 2007, 6)." One way of enhancing user participation of those not yet involved lies within the proposed

method of coproduction in small group and peer support activities.

According to Rautio (2013, 932) “valid data require trust between the interview and researcher.” The interviews with parents and professionals were conducted in a trusting, respectful and friendly atmosphere, which I believe, added to the reliability of this study. Moreover, the repeated listening to my recordings of the interviews and checking the details from the transcriptions helped to strengthen the validity of the study. While the research topic itself was not a sensitive one, the context of the early support and preventive services is often sensitive to parents. This is why, after the interviews, I gave both parents and professionals an opportunity to comment and talk off-record with me. Although this study was limited in time and its sample size, I believe that the findings and the suggestions for the development of user participation can be applied more broadly, especially when developing the evidence base for the effects of user involvement.

What comes to the ethical considerations relating to this study, it must be noted that in case study research people and their experiences are closely described and interpreted in unique contexts (Simons 2009, 97). According to Helen Simons, ethics is how we behave or should behave with people whom we interact. In a research process this means having a relationship with participants that respects human dignity and integrity and in which people can trust (2009, 96). As I said earlier, I believe, that being a parent myself and a user of family services helped me in creating a peer relation with parents and thus enhancing their trust towards me.

Moreover, ethics means causing no harm to individuals, particularly during the process of gaining data and when reporting. Before my data collection process, I prepared a letter of authorization both for the professionals and parents asking their permission for the interviews. Asking for a consent and to sign prior to being interviewed is the traditional way in which informed consent is sought. It can build trust and encourages participants to speak openly and honestly. Usually it means that any information participants reveal, which is sensitive or that they wish to keep confidential, will be respected and that they will not be exposed. Also using pseudonyms, changing participant and institutional names, is a common way to offer some protection of privacy. (Simons 2013, 106.) Since the sample of participants was relatively small in this study, I decided not to use names, titles

of professionals or genders when referring to the interviewees. However, this does not protect the identities of all. I understand that some readers, especially the professionals might recognize each other from the text. In this kind of a study it is quite difficult to guarantee a complete anonymity.

Along with the principle of confidentiality, there is usually a common understanding that findings will become public. Therefore the data obtained in confidence can be checked with individuals before the public release. Also when proceeding with the analysis of data, it means that not all information obtained in interviews need to become public (Simons 2013, 106). I tried to exercise careful consideration when choosing the quotations that would best establish the findings, but at the same time not to cause any bad feeling or harm especially to parents nor to impede their privacy. I also asked the project manager to read through my empirical study in whole to double check the possible issues concerning the confidentiality.

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## **APPENDICES**

**Appendix 1 Interview request**

**Appendix 2 Interviews, part 1**

**Appendix 3 Interviews, part 2**

**Appendix 4 Interviews, part 3**

**Appendix 5 The list of selected project documents**

## Appendix 1

### HAASTATTELUPYYNTÖ

*Osallisuus* on enemmän kuin osallistumista. Se tarkoittaa meidän kaikkien perusoikeutta saada tietoa meitä koskevista suunnitelmista, päätöksistä ja toimenpiteistä. Se tarkoittaa myös mahdollisuutta ilmaista mielipiteensä ja vaikuttaa näihin asioihin.

Hyvinvoiva lapsi ja nuori –hanke on osa sosiaali- ja terveydenhuollon kansallista kehittämisohjelmaa, jossa *lasten, nuorten ja lapsiperheiden palveluja uudistetaan*. Uudistamisella tarkoitetaan sitä, että palvelut pyritään rakentamaan jatkossa niin, että lasten, nuorten ja perheiden ongelmiin pystytään puuttumaan jo varhaisessa vaiheessa ennen kuin ne vaikeutuvat entisestään. Jotta tähän tavoitteeseen päästään, on sinun mielipiteelläsi näiden palvelujen kehittämisessä suuri merkitys.

Opiskelen Jyväskylän yliopistossa yhteiskuntapolitiikkaa ja olen Espoossa asuva kahden lapsen äiti. Teen tällä hetkellä ylempään korkeakoulututkintoon kuuluvaa pro gradu -tutkielmaa, jossa tarkoitukseni on tutkia minkälainen vaikutus vanhempien osallisuudella on lasten, nuorten ja perheiden palvelujen uudistamisessa. Haluaisin tätä varten haastatella hankkeessa työskentelevien työntekijöiden lisäksi 4-5 vanhempaa, jotka haluavat olla mukana kehittämässä näitä palveluja. Kysymykset, joita esitän, ovat seuraavankaltaisia: Miksi lähdit mukaan hyvinvoiva lapsi ja nuori –hankkeeseen? Minkälaisia odotuksia/toiveita sinulla on hankkeen suhteen? Oletko päässyt mukaan suunnittelemaan tai kehittämään palveluja? Mikä on sinun mielestäsi tärkeää? Millaisia palveluja haluaisit itse jatkossa?

Haastattelukertoja on kaksi ja niihin menee aikaa yhteensä noin kaksi tuntia. Ensimmäinen haastattelukierros tehdään tammikuussa 2015 ja toinen huhtikuussa 2015. Tarkemmat ajankohdat sovitaan joulukuun aikana. Haastattelut ovat ehdottoman luottamuksellisia. Haastatteluaineisto käsitellään niin, etteivät haastateltavaksi suostuneet ole tunnistettavissa aineistosta.

Ilmoitathan Pauliina Banaulikerille 28. marraskuuta mennessä, jos olet kiinnostunut osallistumaan tutkimukseeni. Voit ilmoittautua lähettämällä hänelle sähköpostia osoitteeseen [pauliina.banauliker@kaarina.fi](mailto:pauliina.banauliker@kaarina.fi) tai soittamalla numeroon 050 3732448. Annan mielelläni lisätietoja tutkimuksesta. Voit soittaa minulle numeroon 050 5262570 tai lähettää sähköpostia osoitteeseen: [karine@humana.fi](mailto:karine@humana.fi).

Ystävällisin terveisin,

Karine Liger, Jyväskylän yliopisto, Yhteiskuntatieteiden ja filosofian laitos

## Appendix 2

27.11.2014 Hyvinvoiva lapsi ja nuori, Kaste II haastattelut, osa 1: työntekijät

Alustus haastateltaville:

Osallisuus on yksi Kaste II –ohjelman pääteemoista ja sen toteutumista onkin tutkittu jonkin verran jo aiemmissa tutkimuksissa. Osallisuuden vaikutuksia on sen sijaan tutkittu hyvin vähän, jopa eurooppalaisessa mittakaavassa. Tuleviltä palveluilta edellytetään yhä suurempaa vaikuttavuutta, ja siksi onkin tärkeää saada tietoa, miten palveluiden käyttäjien osallisuudella ja kokemusasiantuntijuudella voidaan kehittää nykyistä parempia ja tehokkaampia palveluja.

Tutkimusten mukaan ihmisten mahdollisuudella ilmaista oma mielipiteensä ja vaikuttaa itseään koskeviin asioihin on lähes aina positiivinen vaikutus. Tämän perusteella voidaan myös olettaa, että mitä enemmän asiakas on mukana suunnittelemassa tulevia palveluja, sitä enemmän ne vastaavat hänen tarpeitaan. Osallisuuden voidaan katsoa siis olevan yksi tapa suunnitella ennalta ehkäiseviä palveluja, niin että ne vastaavat a) asiakkaan tarpeita ja b) ovat oikea-aikaisia.

Tässä ensimmäisessä haastatteluvaiheessa pyrin selvittämään teidän avullanne mitkä ovat hankkeessa asetetut tavoitteet osallisuudelle. Toivon saavani tietoa siis siitä, millä tavoin vanhempien osallisuutta vahvistetaan hankkeen aikana ja miten asiakas voisi olla konkreettisesti mukana kehittämässä palveluja.

Haastattelukysymykset:

1. Mikä on tehtäväsi/vastuualueesi hankkeessa?
2. Mitä osallisuus merkitsee sinulle?
3. Miten asiakasosallisuutta on käytännössä toteutettu hankkeen aikana (palautekyselyt, ?) Kerro esimerkkejä.
4. Miksi asiakkaiden osallisuutta halutaan vahvistaa (osallisuuden tavoitteet, tarkoitus, päämäärä)?
5. Millä tavoin asiakkaat voisivat vielä mielestäsi osallistua palveluiden kehittämiseen?
6. Mitkä ovat mielestäsi suurimmat haasteet/esteet palvelujen kehittämiseksi yhdessä asiakkaan kanssa (puutteellinen koulutus, vanhanaikaiset työtavat, asenteet)?

## Appendix 3

Hyvinvoiva lapsi ja nuori, Kaste II haastattelut, osa 2: vanhemmat

Alustus:

Tutkimusten mukaan ihmisten mahdollisuudella ilmaista oma mielipiteensä ja vaikuttaa itseään koskeviin asioihin on lähes aina positiivinen vaikutus (=osallisuus). Tämän perusteella voidaan myös olettaa, että mitä enemmän asiakas on mukana suunnittelemassa tulevia palveluja, sitä enemmän ne vastaavat hänen tarpeitaan. Siksi onkin tärkeää saada tietoa, miten palveluiden käyttäjien osallisuudella voidaan kehittää nykyistä parempia ja tehokkaampia palveluja.

Pyrin selvittämään teidän avullanne onko vanhempien osallisuudella vaikutusta tulevien palvelujen kehittämiseen ja suunnitteluun. Eli millä tavoin te olette osallistuneet hankkeen aikana nykyisten/tulevien palveluiden kehittämiseen ja minkälaisia palveluja te itse haluaisitte tulevaisuudessa. Haastattelujen pohjalta kerättyä tietoa ja tutkimustuloksia käsitellään luottamuksellisesti henkilötietolain edellyttämällä tavalla ja niitä käytetään vain tätä tutkimusta varten.

Haastattelukysymykset:

7. (Ennen HYLA-ohjelmaa) Minkälaisia lapsiperheille suunnattuja palveluja olette käyttäneet tähän asti?
8. Onko Hyvinvoiva lapsi ja nuori –hanke sinulle tuttu? Miten olet tullut mukaan Hyla-hankkeen palvelujen pariin? Mistä/keneltä sait tietoa ohjelman tarjoamista palveluista?
9. Minkälaiseen toimintoihin/palveluihin olet osallistunut/käyttänyt (Hyla-hankkeen aikana: Maitobaari/untuvaiset, Perhevalmennus, Viikariryhmä, Voimaa sirkuksesta, Olkkari, perhetalo Oskariina, Arki rullaamaan)?
10. Minkälaisia odotuksia sinulla on toiminnan osalta? Oletko asettanut omia tavoitteita osallistumisellesi?
11. Millä tavoin olet osallistunut nykyisen/tulevien palvelujen/toimintojen kehittämiseen (asiakaskyselyihin vastaaminen, vapaamuotoiset palautteet esim.Kaarinan Facebook-tili, sähköinen asiakaspalautekanava, asiakaspankki, Sohvanurkka, esim. suullinen palaute/vuorovaikutus/suunnittelu ohjaajan kanssa, verkostotapaamiset, suunnittelua ryhmässä, vertaistoiminnan vetämistä, jne.)
12. Onko mielipiteitäsi/ehdotuksiasi otettu mielestäsi huomioon? Millä tavoin?
13. Kysytäänkö osallistujien mielipidettä/ehdotuksia mielestäsi riittävästi?
14. Mitä mieltä olet ammattilaisten/palveluntarjoajien toiminnasta? Minkälaisia odotuksia/toiveita sinulla on heidän suhteensa?
15. Onko palvelujen saaminen/löytäminen sinusta helppoa? Jos ei, miksi?
16. Minkälaisia palveluja haluaisit/tarvitset tulevaisuudessa (sisältö, millä tavoin, keneltä, milloin)



17. Mitkä ovat itsellesi kaikkein tärkeimmät palvelut (omia tarpeitasi vastaavat) selviytyäksesi arjen haasteista? Kaipaako jollekin elämäsi osa-alueelle tukea, esim. lastenhoito, parisuhde, oma jaksaminen?
18. Millä tavoin haluaisit osallistua jatkossa palvelujen kehittämiseen, esim. asiakaskyselyt ja palautteet, suunnittelua esim. vanhempainryhmässä, vertaistoiminnan/mentoroinnin vetämistä?

## Appendix 4

9.4.2015 Hyvinvoiva lapsi ja nuori, Kaste II haastattelut, osa 3: työntekijät

Teemat:

Osallistaminen: miten asiakasosallisuus toteutui hankkeen aikana?

1. Toteutuivatko suunnitelmat, missä on vielä kehitettävää?
2. Millaisia uusia osallistavia toimintatapoja hankkeen aikana on syntynyt?
3. Mikä on asiakasosallisuuden merkitys, mihin asiakasosallisuutta tarvitaan?

Työtavat: mikä työssänne on muuttunut hankkeen aikana?

1. Millä tavoin asiakasosallisuus (asiakaslähtöisyys) on muuttanut/vaikuttanut teidän työhönne verrattuna tilanteeseen ennen hanketta? Asiakassuhteessa? (keskinäinen luottamus, potilas-asiantuntijuus, kumppanuussuhde, jne.) Työskentelytavoissa? (yhteistyö yli sektorirajojen, dialoginen verkostotyö, moniammatillisuus, peruspalvelujen mukaantulo, toimintakulttuuri, johtaminen)

Palvelut: miten asiakasosallisuus näkyy palvelujen kehittämisessä?

1. Millä tavoin vanhempien osallisuus näkyy nykyisissä palveluissa? (ryhmätoimintojen sisällöt, oman hoidon suunnittelu, vanhempien ehdotukset/palautteet)
2. Mitä palveluja tullaan ensisijaisesti kehittämään vanhempien palautteiden pohjalta (vrt. vanhempien ehdotukset)?
3. Miten kerättyä asiakasosallisuuspankkia hyödynnetään jatkossa? Miten asiakkaita informoidaan jatkossa?
4. Miten osallistetaan ne vanhemmat, jotka tarvitsevat palveluja, mutta eivät niitä käytä?

## Appendix 5

### The list of selected project documents:

1. Hyvinvoiva lapsi- ja nuori –hanke. Toiminnanraportointi. 1.11.2013-30.10.2014.
2. Hyvinvoiva lapsi- ja nuori –hanke. Tarkennettu hankesuunnitelma Länsi-Suomen Kaste II-ohjelmaan 2013-2015.
3. Raportti alle kouluikäisten lasten perheiden palvelutoiveiden selvityksestä, 17.10.2014.
4. Kooste Olkkariryhmän toiminnoista 2014.
5. Viikariryhmän palautelomake.
6. Palautekooste: Vain elämää. Taito olla yhdessä ja elää- perheen hyvinvoinnista, 22.4.2015.
7. Untuvainen-ryhmän palautteet.
8. Asiakasosallisuusilta: vanhempien palautteet, 2.3.2015.
9. Hyla-yhteenvetoraportti, 29.8.2014.
10. Hyla, avoimet vastaukset, 29.8.2014.