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I GET OLD, THEREFORE I AM?

Multilevel, value-driven perspective on the future of informal care
and home care of the elderly in Finland

Master's Thesis
in Futures Studies

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1 INTRODUCTION

1.1 Background and starting point of the study

“Futures research should always be related to social development in general and planning, as well as decision-making activities, in particular. A futures study which does not have any kind of direct or indirect impact on the development of society is totally useless, and cannot really be called a futures study.” (Mannermaa 1986, 662.)

In Finland, there is an ongoing reform in social and health services: SOTE reform. The reform is one of the biggest ever administrative and operational reforms in Finland. The main aim of the reform is to reduce inequalities in health and well-being among Finnish citizens, to enhance availability of services and to restrain costs caused by social and healthcare. Moreover, the central objective of the SOTE reform, stated in the government programme, is to reduce the sustainability gap in general government finances by 3 billion euros yearly. (STM & VM 2016a; STM & VM 2016b.) Almost 1 billion of the cuts will be targeted at eldercare services (Nordic Healthcare Group 2016, 4). This is done even though in the future, due to the megatrend of aging population, there will be ever growing need for social and health care of the elderly.

Aging population and changing age structure is a global megatrend that has significant, structure changing effects in society already now, but especially in the future. In Finland, the number of citizens aged over 65 years was 20,5 percent in 2015, in 2020 it is expected to be almost 23 percent and in 2030 already over 25 percent of the Finnish would be over 65 years old (Tilastokeskus, 2015a). Because of the changing age structure, new policies and practices are needed both in global and local levels.

Aging population and increasing costs in social and health care of the elderly have been considered in the government programme of Prime Minister Juha Sipilä’s Government, submitted in May 2015. One of the 26 key strategic projects focuses on the aging population and more specifically, on home care of the elderly and informal care of all age groups. The “Home care for older people will be developed and informal care enhanced in all age groups” key project (later *key project*) belongs under the health and well-being objectives of the government. Aim of the project is to produce content and new practices to support and advance SOTE reform and to find appropriate models that would increase home care of the elderly and informal care and family care in all age groups. (Ministry of Social Affairs and Health 2016a, 3.)

As a part of the key project, public feedback has been collected in a form of a short survey. The data which will be analyzed in this study consists of survey responses submitted by 221 respondents via Otakantaa.fi –webpage. Otakantaa.fi is a feedback

channel maintained by the Ministry of Justice in Finland (Otakantaa.fi, 2016). Citizen involvement – involving the voice of the public - in policy making processes is, in general, of increasing interest. (Zardo et al. 2014, 120; Abelson et al. 2003a, 239; Degeling et al. 2015, 114; Carman et al. 2015, 11–12.). Considerable amount of research has been devoted to participatory processes in public decision-making, but the focus in the most of the studies is in the actual processes and motivations to participate. Less emphasis has been put on utilization of the data produced in participatory processes. While acknowledging that citizen involvement is valuable per se, hypothesis throughout this report is that the data produced in participatory policy making processes is not utilized to its full potential. It will be argued that deeper examination of the data may give new insights that can be of use in making more legitimate future policies. What is of interest in this study are especially deep-down values, worldviews and ideologies of the respondents.

This study stems from an assumption that informal care and home care of the elderly and the key project regarding it are part of a bigger system and operational environment. They cannot be examined comprehensively without connecting them to a bigger picture, both on a local and global level, today and in the future. More specifically, they are part of a systemic transition, in this case part of SOTE reform. Additionally, home care and informal care of the elderly should be seen as a part of societal value discussion. To illustrate all this, the insights gained within this study are presented within a systems model, which has been developed for the purpose of this study. The “Multilevel, value-driven perspective on socio-political transition” -model stems from the data and utilizes existing systems thinking theories, theories on societal transition and combines this systemic approach with the value-driven perspective on transition. The overall aim of this study is to illustrate the complex system dynamics between micro- and meso-level of public policy making and bring new, deeper dimensions to the discussion concerning social and health care of the elderly.

This study contains two main parts: the theoretical and the empirical part. Rest of the introduction chapter is devoted to presenting the research approach and research questions of this study. In chapter two, a brief description of the current state of social and health care of the elderly in Finland is given. The theoretical and conceptual framework of this thesis will be introduced in chapter three. In chapter four, the data will be analyzed with the means of qualitative content analysis. After that, analysis will be deepened with Causal Layered Analysis (CLA). Chapter six is devoted to discussion and conclusions and suggestions for further research are given.

1.2 Research approach: Futures Studies

This study is done within the field of futures studies and more specifically, in the context of critical futures studies, which sets the overall tone of the study. Both methods and hypotheses typical to the field of futures studies will be utilized. The aim of critical futures studies in this study is to reveal one's motives, worldviews and thinking patterns behind certain kind of futures thinking. With critical futures studies, one can also refer to critical analysis of futures-oriented public decision-making. Aim is to analyze for instance what kind of deep-down values and worldviews can be interpreted to effect policy-making related discussion, justifications, goals and strategy processes. (Rubin 2013, 280–281, 284.) That said, per Rubin (2013, 285–286), the main task of critical futures studies is “to open up futures, increase the amount and quality of alternative futures and find opportunities that might remain unrevealed if assumptions behind them are not unpacked”. Moreover, decision-making is future-oriented by its nature (Bell 2009, 51) and therefore, future-orientation should be part of every decision-making process.

Critical futures studies can also contribute to theory building and strengthen the role of theory in futures studies, which, according to Ahlqvist and Rhisiart (2015, 92), has been somewhat overshadowed by more instrumental and methodological approaches. They do not suggest that there should be a strict division between theoretical and methodological approach but claim that “the methodological bent in the utilitarian dimensions could benefit from more theoretical depth; emancipatory theorization could gain from crisp methodological structuring and increased efficiency of the research process”. Additionally, when futures studies approach is applied to policy-related work, it should be seen as a chance to challenge current policies, give constructive criticism, and reveal prevailing assumptions and power related interests. (Ahlqvist & Rhisiart 2015, 92, 103.) In this study, critical futures studies gives an angle from which to analyze the data and to construct the theoretical framework. To reveal deep down, sometimes even subconscious ways of thinking, Causal Layered Analysis (CLA) method will be presented and used as an interpretative framework for analysis.

Futures researchers use and combine research methods from various fields of science. Many of the research methods used in futures studies draw from social sciences and only few of the methods are originally developed by futures researchers. Futures studies can also be connected to policy sciences and applied to public policy issues. Even though there certainly are differences between these two fields, significant overlapping commonalities can be found: both fields are “1) problem-oriented and contextual in nature; 2) multidisciplinary in approach; and 3) rooted in appreciation of human values and goals”. (deLeon 1984, 587–588; Bell 2009, 54.) Additionally, both fields use multiple methods, aim at providing holistic views and avoid too specialized

perspectives, aim at making people in society aware of coming issues and possibilities, want to contribute to change society and humankind to the better and finally, to ensure that also future generations are secured with welfare and freedom. Moreover, in policy sciences, two general intents of the field are often given. These are “1) developing a science of policy forming and execution, that is, an analysis of the decision process, and 2) contributing to the decision process by creating relevant information and interpretations to specific policy issues” (Bell 2009, 54). It is the second of these tasks this study aims at contributing to.

What distinguishes futures research methods, then, from other fields is the future-orientation of the methods: aim of the methodology, and futures studies in general, is to help researcher to better understand the present in order to be prepared for the threats and possibilities the future might carry. Aim is also to communicate future images that are either desirable, or undesirable and avoidable, depending on the wanted impact and outcome. Moreover, some of the methods are of use in design of societal issues, which aims at building up society which is a better place for all of us. Hence, futures studies can also be seen as a part of political dialogue. (Bell 2009, 96, 239, 242.) Bell (2009, 111) also lists nine fundamental tasks that define futures studies, of which two are focused on in this report: Integrating knowledge and prevailing values into decision-making processes of common issues, and democratic participatory processes in visioning and design of the futures.

1.3 Aim of the study and research questions

Objectives of this research are twofold: Firstly, aim is to gain insights on what are the concrete issues in current home care and informal care of the elderly from the perspective of the respondents. Focus of the analysis will be in gaining insight on concrete development needs, examining what kind of future orientation can be identified from the data and how this should be considered in the key project.

Secondly, the goal is to address deep-down, even subconscious values, beliefs, worldviews, motivations, and practices that can be identified from the data. Aim is to study how these thinking patterns can be interpreted to affect the discussion on the surface, and moreover, to seek leverage points which, if taken into account, could be of help in narrowing down the attitude polarization gap between decision-makers and citizens. Deep-down values and worldviews are analyzed with Causal Layered Analysis (CLA) method. Aim is to find perspectives and insights that have not possibly been considered in the current discussion. Aim is also to explore what kind of additional value using CLA in the analysis of public feedback has, or could have, in the public policy making context. These insights are then to be placed on a bigger picture describ-

ing the system, and discussed what kind of difference these findings could have in regards with policy making on informal care and home care of the elderly.

Research questions are as followed:

1. What are the issues and development needs regarding home care and informal care of the elderly in Finland and what kind of future orientation can be identified from the data?
2. What kind of deep down assumptions, values, worldviews or myths and metaphors can be identified from the data with the help of Causal Layered Analysis (CLA)?
 - a. What importance these thought patterns can be seen to have in regards of the future of social and health care of the elderly and more specifically, the future of informal care and home care in Finland?
3. Does using Causal Layered Analysis (CLA) in the analysis of public feedback provide some additional value in the context of future-oriented public policy making?

1.4 Material and methods

The data which will be analyzed is public feedback that has been given to the key project via Otakantaa.fi -webpage, a feedback channel maintained by the Ministry of Justice in Finland. Altogether 221 respondents have taken a short survey concerning the key project's project plan. 170 of these respondents have also answered the open question "What would you like to tell the key project committee?". The feedback is the starting point for the study and theoretical framework of this study is constructed based on the findings from the data.

As the starting point of the research was authentic data that had been collected with no intention to use in research purposes, the most suitable approach to the research was found within grounded theory. Grounded theory is a systematic, inductive and comparative approach to research, in which generation of hypotheses and theories is done based on the data. In grounded theory, it is assumed that theory can be constructed by systematic analysis of empirical data. Research begins with inductive data, which is then conceptualized and relationships between the concepts is researched: That is, data and formulation of theory are united in grounded theory. (Charmaz 2015, 402; Engward 2013, 37.)

According to Charmaz (*ibid.*), objectives of the grounded theory method include: "1) demonstrating that qualitative research can generate theory, 2) explicating and providing systematic strategies for collecting and analyzing data, 3) developing a

method for studying processes, and 4) democratizing the practice of theorizing”. Additionally, the constructivist version of grounded theory has been of help in research of social justice. The constructivist approach puts emphasis on language and meanings that are given to things, and what is central to it, is awareness of multiple perspectives and realities, which encourages researcher to look what is really happening among research participants, beyond the obvious, beyond the surface. Therefore, grounded theory is useful in research of “the effects of ideologies, hierarchies, and uses of power”. Eventually, useful theories may even have effect on changes in policies. (Charmaz 2015, 406.)

Within this study, what does not follow the process of grounded theory, is the data collection phase. Typically, in grounded theory process, data is collected until theoretical sampling has reached saturation – that is, all possible theoretical explanations for the findings have been checked and the most plausible theoretical explanation chosen (ibid.). In this study the data, the public feedback given to the key project, was the only data that was analyzed and no additional data was collected.

Secondly, in the grounded theory research process, research methodology should not be predetermined or “led by the researchers preferred methodology, or type of discipline in which the research is being conducted” (Engward 2013, 37). Within this study neither of these principles were strictly followed; As the study is conducted within the field of futures studies, interest in conducting the research was futures-oriented. Moreover, the analysis method, Causal Layered Analysis, was chosen from the field of futures research. Despite all this, I do not consider these choices made to be inadequate, even if they do not follow all the principles of grounded theory practices. Rather, they were choices that gave direction and an initial framing for the study.

2 SETTING THE SCENE: SOCIAL AND HEALTH CARE OF THE ELDERLY IN FINLAND

2.1 Megatrend of aging population

Megatrend means a significant phenomenon, which develops to a certain direction and the development can be expected to continue as such also in the future (Hietanen et al. 2002, 415). When it comes to the key project, the most important megatrend to consider is the aging population and demographic changes caused by it. Another significant megatrend to consider would be digitalization, as digitalization of public services and utilization of welfare technology is part of the key project. (STM 2016a, 5, 11–12.) However, because of the vastness of the megatrends, the focus in this report is in the first mentioned: aging population and demographic changes followed by that. Megatrend is examined in the context of home care and informal care of the elderly.

Definition of an elderly or aging population is not unambiguous but for instance in the law regarding elderly services (*vanhuspalvelulaki*), *aging population* refers to the part of the population which is entitled to get old-age pension. *Elderly*, then, refers to a person “whose physical, cognitive, or social performance has weakened” for example due to increasing or worsening illnesses and disabilities caused by old age. (STM 2014.) In this study, aging population refers mainly to the changing age structure. Elderly, or an old person, then, refers to the persons aged 60 years or more, but mainly to those aged whose performance has weakened for some reason: to those in need for care. However, aging population and elderly will be used interchangeably in this study. That means that throughout this study, aging population and elderly may mean any or all of these things, depending on the context of using the word.

Aging population – increasing share of the elderly compared to the other age groups – is a global megatrend which will have, and already has, significant effects on many parts of the society, both locally and globally. Number of the people over 60 years old in the population has increased significantly and the growth in number is expected to continue and even accelerate in the coming decades. It has been predicted that between 2015 and 2030 number of people over 60 years will increase by 56 percent, from 901 million to 1.4 billion people. By 2050, it is expected that there would be over 2 billions elderly people – meaning that every one in five of the population would be aged over 60. (UN 2015, 1–3.)

Changes in age structure occurs at different pace in different parts of the world. The change is the fastest in countries with high income level where development and positive consequences of it – such as developed health care system, declining birth rates and increasing life expectancy – accelerate the structural transition. (UN 2015, 3.) Also,

in Finland birth rates are falling and life expectancy is in a constant growth. Statistics suggest that expected life span for a baby boy born in 2015 is 78,5 years and for a baby girl 84,1 years. (VNK & Tilastokeskus 2016.) The most aged population is that of Japan, followed by Germany, Italy and Finland (UN 2015, 3). In Finland in 2015, 20,5 percent of the population were over 65, by 2020 the share will be almost 23 percent and by 2030 already every one in four of the population is expected to belong to this age group (Tilastokeskus 2015a). Figure 1 illustrates the expected change in the age structure in Finland from 2016 till 2050.

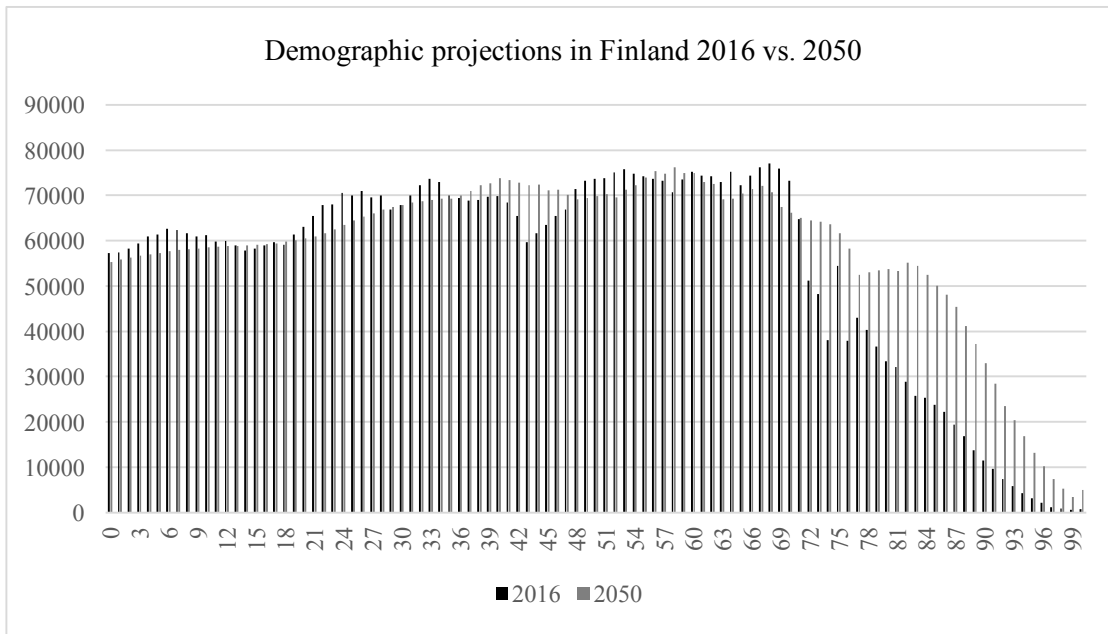


Figure 1: Expected change in age structure in Finland comparing 2016 and 2050
(Tilastokeskus 2016)

Because of the aging population, there is a growing importance to create innovative practices and public services, which take into account the aging population and its needs. Group of the elderly consists of people in different life stages with different state of health: there are people who are merely over 60 till people over 100 years old. Some of them are in a good physical condition whereas others need a lot of care and support. Additionally, people belong to different social groups, some being privileged and well off whereas others are not so privileged or are marginalized. As in other age groups, some of the elderly belong to minorities or different ethnic groups. Regardless of one's background and/or social group, everyone should have equal possibilities to lead meaningful life within one's community. (STM 2014, 9–11.) In addition to providing services which secure well-being, it is important to build a system which enables the elderly to influence to their own living environment and contribute to enhancement of

their own health and well-being, including for instance living, working, health care and social security. (UN 2015, 1.)

2.2 Health of the Finnish and the future expectations on that

The overall morbidity of the Finnish has been decreasing since 2000. There has been decrease especially in the occurrence of cardiovascular diseases and musculoskeletal diseases. Mental disorders, however, are on the rise. Additionally, experiences of one's own health status has been improving among the elderly during the beginning of 21st century, even though still half of the population aged 65–84 sees that one's health is poor or moderate. (THL 2016a, 53, 70.) What has effected on the decrease in overall morbidity is for example changes in lifestyle to healthier direction, both among the elderly and the working-age population. Lifestyle choices – diet, exercise and smoking – are important factors both in regarding individual health and in prevention of diseases in societal level. In general, for instance the amount of those smoking cigarettes has been decreasing, even though among the women aged 65–84, the number of cigarette smokers has been in slight increase. (THL 2014, 14.) Therefore, owing partly to the healthier lifestyle it can be expected that in the future even bigger share of the people could stay healthier and live longer.

Due to the changing age structure, there will be increasing demand for the elderly health care services. This will happen even though the positive trend in health would continue. (Ekholm, 2016.) Every one in five of the elderly uses some health care service in a regular base. Many of the patients use multiple services, 80 percent of the services being used by 20 percent of the customers. Aging population is also the biggest group using health related social security, for instance by being patients of general or outpatient wards, which are counted in social security given in a form of services. (THL 2016c, 1.) That said, there is a need for better coordination and integration of services in the system. One big challenge lays for example in people suffering from memory disorders and those with multiple diseases, as answering to their needs requires multidisciplinary solutions and knowledge. (STM 2016, 22.)

The average life expectancy of the Finnish has increased and this can be seen in the age structure of the deceased, people dying at an ever-older age. This has also effects on causes of death: Among the people aged over 65 the main causes of death were diseases of the circulatory system (40 %), neoplasms (22 %) and dementia, Alzheimer's disease included (19 %). Especially the number of people dying from dementia has grown considerably. Also among persons of working-age, main causes of death were those related to circulatory systems and neoplasms, neoplasms being more common among the women of working age (41 %) compared to those aged over 65. (Tilastokeskus

2014.) These developments in causes of death should be considered in preparing to future health care needs.

It should also be considered how possible medical breakthroughs would effect on the health status of the people, need for health care services, and finally, on population's age structure. Health care needs in the future might differ significantly from today, if for example circulatory system related diseases can be better prevented and treated, if there will be a breakthrough in dementia treatment or if neoplasms and cancer, which are a significant cause of death among persons of working-age, can be treated in new ways. Also, if knowledge on genomics will become more common in prevention and treatment of diseases may that have effect on what kind of diseases there are to be treated. Additionally, it is important to consider, if life expectancy keeps growing simultaneously with new treatments, what kind of care the elderly of the future need?

Also, the possibility of new, currently unidentified diseases and epidemics occurring should not be ignored. For example, climate change might have unexpected effects on people's health as global warming might provide favorable grounds for contagious diseases to spread. Additionally, climate change can be seen to have effect on people's health indirectly through pollution and by endangering food security. (Wang & Horton 2015, 1798–1799). It should also be considered what kind of affect technological development and increasing use of virtual and augmented reality could have on people's (mental) health in the future. That said, one should be prepared for possible new diseases, both physical and mental, which might be a part of our futures.

2.3 SOTE reform – reform of the healthcare system in Finland

The ongoing SOTE reform – reform in health and social services – is one of the biggest ever administrative and operational reforms in Finland. The objective of the reform is to reduce inequalities in health and well-being among Finnish citizens, to enhance availability of services and to restrain costs caused by social and healthcare. SOTE reform is part of a bigger reform package including regional government reform. In the future, division of duties will happen at three levels: between municipality, the county, and the central government. As the new legislation enters into force, responsibility for arranging social and health care services will be transferred from the municipalities to 18 counties. The shift in responsibilities is being reasoned for example by better financial capacity of the counties and their better ability to arrange reasonable services for everyone living on that region. Nevertheless, the central objective of the SOTE reform, which has been stated in the government programme, is to reduce the sustainability gap in general government finances by 3 billion euros yearly. (STM &

VTM 2016a; STM & VM 2016b.) Nearly 1 billion of the cuts will be targeted at eldercare services (Nordic Healthcare Group 2016, 4).

From the perspective of citizens, reform has two central goals: to increase freedom of choice of customers and to implement a client-centered integration of services. New legislation of freedom of choice has been drafted and it aims at ensuring that the clients can choose between public, private or third sector service providers. Aim of the customer centered service integration is to respond to the needs of the customers more comprehensively. (STM & VM 2016c) Both freedom of choice of customers and service integration can be seen to aim at improvement in the quality of services, effectiveness, and better consideration of customer needs.

As a part of the reform, counties are supposed to give public service pledges to their residents. Aim of the service pledge is to declare to county's residents the intent on how health care and social welfare services will be implemented. Service pledge will double as a steering instrument which aims at giving residents of a county a feedback channel via which they can propose how services could be improved in practice. In addition to taking customers' opinions and needs into consideration, aim is to increase transparency on how services have been organized and, to increase "the quality, effectiveness and cost-efficiency of services". (STM & VM 2016d.) Ministry of social affairs and health, together with The Association of Finnish Local and Regional Authorities (Suomen Kuntaliitto) has given quality guidelines regarding services for aging people. Aim of the guidelines is to ensure healthy and active aging, which would mean that the elderly would have better chances to participate in society, improve life quality and finally, in the best case, this would diminish also the need to use social and health care services. (STM 2014, 9–11.) Goal has also been to shift the focus in health care from treatment of issues to promotion of physical, mental, and social well-being and preventing issues among whole population (STM 2012, 18). However, as plans promote active aging and the elderly as taking responsibility, it can be asked whether the plans put too much responsibility on citizens' shoulders. For example, policy making regarding aging population can be seen to emphasize elderly as active actors to the extent, that almost dismisses need for care (Ahosola & Henriksson 2016, 45, 60).

In addition to considering social and health care needs of the aging population in general, it is an important factor to consider in regional service planning as the aging population is not evenly distributed within Finland. In Uusimaa (county in Southern Finland), age structure of residents differs from those in other counties. (Figure 2). These regional differences in age structure, which mean differences in demand and need for elderly services, should be considered when planning the services.

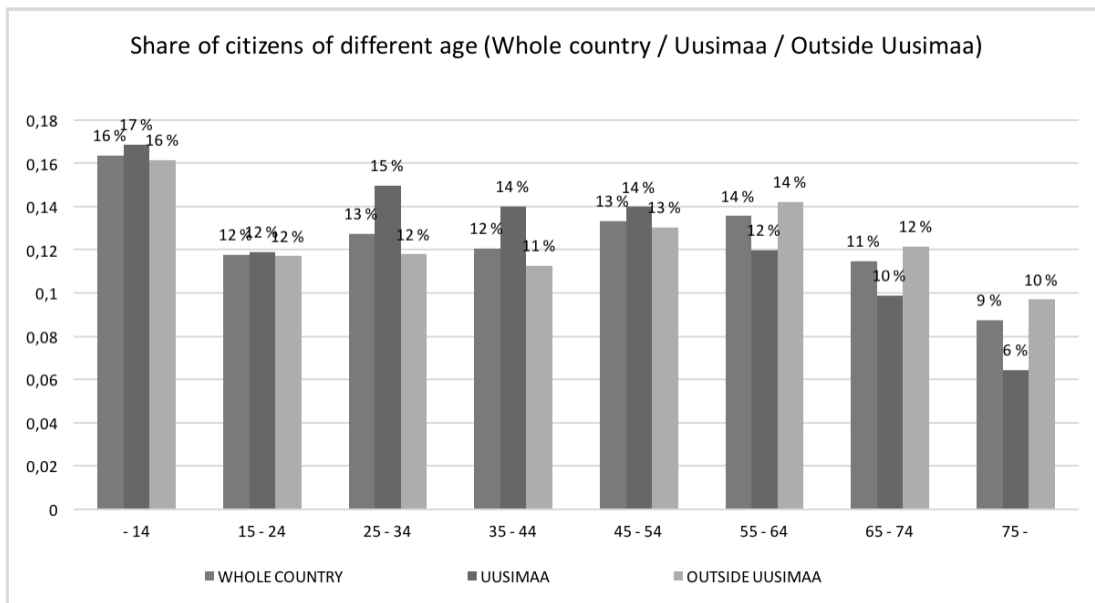


Figure 2: Age Structure of Population in Finland in 2015 (Whole country / Uusimaa / Outside Uusimaa) (Tilastokeskus 2016)

2.4 Home care and informal care of the elderly

Costs of long-term home care of elderly and disabled have been on the rise between 2000 and 2014. In 2014, long-term home care constituted 70 percent of all long-term care, and care in institutions 30 percent, being 10 percent less than in the previous year. These numbers communicate the shift in the use of services in 2000s from institutional in-patient care, such as care at health center wards, to out-patient care and service housing/assisted living (Table 1). (THL 2016a, 108; THL 2016b, 3–4.). Need to increase the use of home care and to diminish in-patient care are highlighted also in the key project.

Amount of those receiving informal care support has been in slight rise since the beginning of 2000s. (THL 2016a, 33 & 108.) Number of home care customers has instead remained almost set despite the goal to increase home care. Home care support (kotihoidontuki) is received by approximately half of the home care customers. (STM 2016, 22.)

Table 1: Service structure and coverage in care and services for older people, 2001 vs. 2014 (collected from THL 2016a)

	Year	Support for informal care		Regular home care		Ordinary sheltered housing		Sheltered housing with 24-hour assistance		Residential homes		Health centres, long-term inpatients	
Clients aged 65 and over, number and % of all aged 65 and over	2001	15 920	2,0 %	50 957	6,5 %	9 935	1,3 %	9 055	1,2 %	20 092	2,6 %	12 136	1,5 %
	2014	28 822	2,6 %	66 005	6,0 %	5 283	0,5 %	36 233	3,3 %	10 840	1,0 %	3 366	0,3 %
Clients aged 75 and over, number and % of all aged 75 and over	2001	11 340	3,2 %	41 132	11,8 %	7 951	2,3 %	7 791	2,2 %	17 755	5,1 %	10 362	3,0 %
	2014	21 477	4,5 %	56 066	11,8 %	4 698	1,0 %	32 020	6,7 %	9 689	2,0 %	2 920	0,6 %

In Finland, some 1,2 million people are helping aged, disabled or ill family members at home. 350.000 of these caregivers can be considered to be so called primary caregivers (pääasiallinen auttaja). It has been estimated that approximately 60.000 of those giving care to one's family member or partner would be entitled to informal care support but 20.000 of these people work as informal caregivers without an informal care agreement made with municipality. This means that these caregivers are left outside the informal care support. One fifth of those caregivers who receive informal care support, work or study in addition to their task as an informal caregiver. In general, of those who go to work, 28 percent, meaning some 700.000 people, assists one's aged, disabled, or ill family member or relative in addition to one's wage work. (STM 2016, 23–24.) All this means that there is demand both for ways to find those in need for support (both the elderly and informal caregivers), and for new ways to integrate work-life and one's role as an informal caregiver.

Another thing that needs to be paid attention to is the increasing need for both health care personnel and for informal caregivers in the future. As population ages and demographic structure changes, it has negative effects also on age related (väestöllinen) dependency ratio, meaning that the share of children and those entitled to old-age pension grows in comparison to population in working-age. By 2030, age related dependency ratio has been projected to be almost 70 percent. (Figure 3) (Tilastokeskus 2013.) Dependency ratio in which only the share of the elderly is compared to the amount of those in working age (vanhushuoltosuhde) was in 2013 28,9 percent and by 2020 it is expected to be already 35,8 percent (THL 2016a, 271).

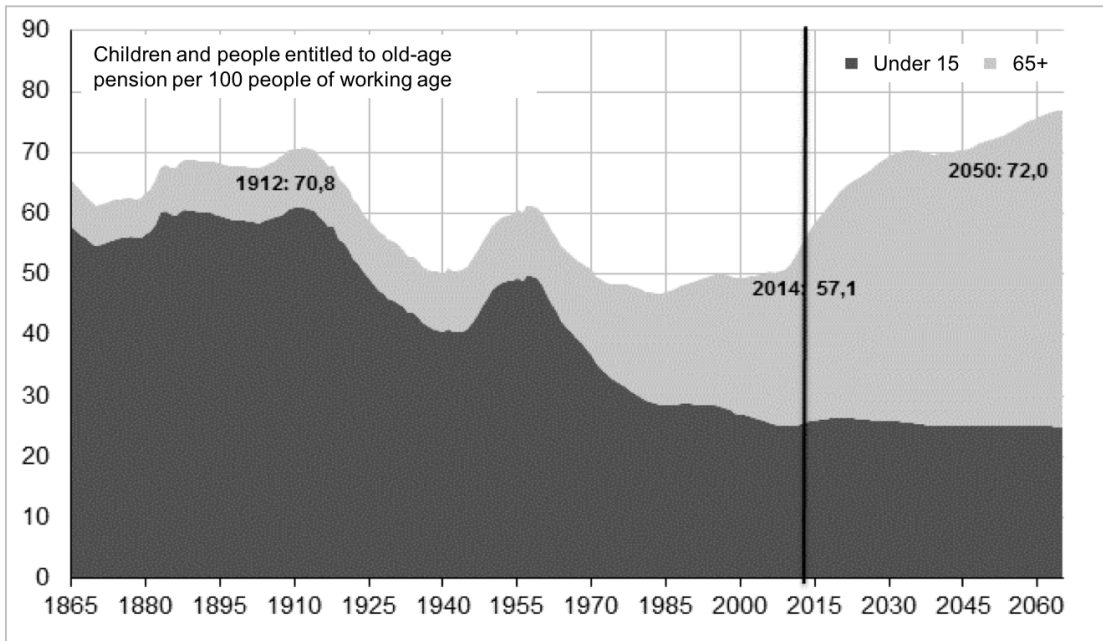


Figure 3: Age related dependency ratio in Finland 1865–2065 (Tilastokeskus 2015b)

In the future, it must be decided how the issues that growing dependency ratio might bring, will be solved. In the key project, it has been acknowledged that current informal care service system is complex and regionally unequal. New service models should be developed so that both informal caregivers and those in need for care can lead meaningful lives. To successfully transform the system, new perspectives on what is wrong in the current system, are needed. Coming chapters will be devoted to theoretical framing of this study and to presenting some of the new perspectives that should be considered in public policy making regarding elderly care and services.

3 THEORETICAL FRAMEWORK

Aim of this thesis is to research what kind of value considering deep-down thinking patterns, values, worldviews and myths and metaphors of the citizens in a more comprehensive way could have in long-term policy making. Before this can be explored, it is essential to outline the environment in which those policies are designed and implemented - the system within which the transitions happen. In this chapter, theories informing the analysis will be examined. First, systems thinking and theories concerning complex systems are discussed. Focus of this will be in complexity and multilevel approach to systems. Secondly, theories regarding societal transition processes are examined. From several competing theories on transition, one, the most intriguing in regards with this study, is discussed: Multilevel perspective (MLP) on transitions. Since of special interest in this study is the dynamics between micro-level individuals and meso-level of public policy making, third concept that is considered is citizens' role in public policy making. The fourth strand deals with Causal Layered Analysis (CLA) method, which is a central tool in this study regarding the findings, and therefore essential part of the conceptual framework.

Based on the aforementioned theories and concepts, a conceptual/theoretical framework for this study will be generated. I will attempt to construct an integrated systems model, which illustrates the multilevel, value-driven perspective on socio-political transition. Moreover, it links values, worldviews and deep-down myths and metaphors of the citizens to the public policy making processes. I do not attempt to construct a complete model on societal transition, but I hope this framework is a way forward in illustrating the role of values and worldviews in multilevel public policy making systems.

3.1 Systems thinking

One of the basic assumptions in futures studies is that everything is connected and therefore, there is interdependence between all things. World should be seen as an entity, of which none of the parts should be examined as independent; Everything should be considered as a part of a bigger picture, issue or phenomena. (Bell, 2009, 155.) This is also an underlying idea in systems thinking in which system is seen as a "set of things interconnected in such way that they produce their own pattern of behavior over time" (Meadows 2008, 2). Society, as almost anything in the world, can be considered as a system. One of the basic assumptions in systems thinking is that most of the systems have problems and that the problems are caused by the systems

structure itself. Therefore, also the solution for the problems can be found within the system. (ibid.)

Systems approach is best used in situations which are “characterized by rapid change, multiple interests, limited resources, “wicked problems” and high complexity” (Leonard & Beer 2009, 1). As in systems thinking especially interaction between the different parts of the system is researched (Luukkanen 2013, 58) one of the strengths of systems approach is that it can be of help in modeling both the big picture and interdependencies between the parts of it. Boundaries of a system can, and even should be established so that one can focus on the most relevant systemic relationships. However, one should carefully consider and choose all relevant aspects of the system to represent the reality. If one fails to consider something significant, it might mean that the model does not represent reality and therefore, cannot be used as such. Moreover, one should not focus too much neither on some specific parts of the system nor only the bigger picture, but to zoom in and out to make sense of the complex system and relations within it. Using systems approach in policy and decision-making might be a bit slower as a process compared to more traditional policy making processes, but at its best it may lead to finding out “a common understanding in what may be a messy and emotional series of discussions”. (Leonard & Beer 2009, 4 & 11–12.)

One way to illustrate a system is to divide the system hierarchically into three general levels: micro, meso and macro-levels (Figure 4). This perspective of micro-meso-macro has been used for instance as a framework in evolutionary economics (e.g. Dopfer et al. 2004) but also as way to frame complex systems in general (e.g. Liljenström & Svedin 2005).

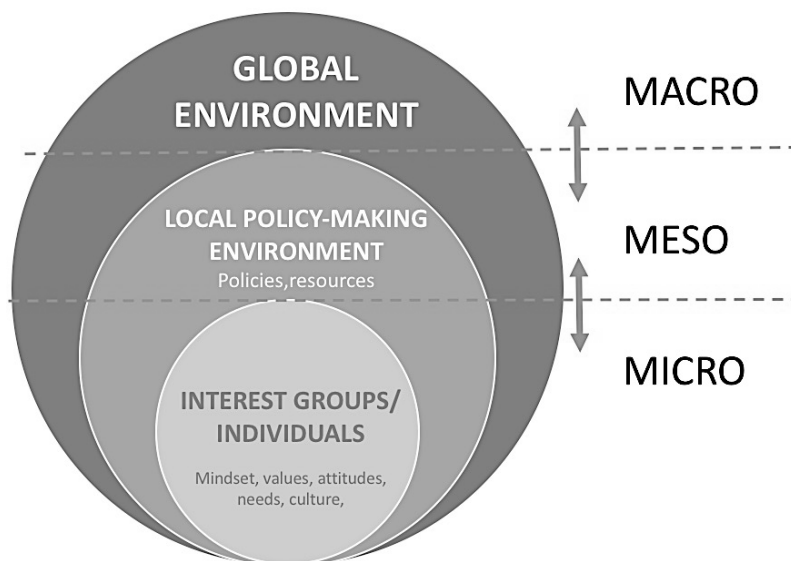


Figure 4: Micro-meso-macro approach to systems (Modified from e.g. Dopfer et al. 2004 and Liljenström & Svedin 2005)

In the context of this study, macro-level contains the (global) landscape and phenomenon, such as megatrends, that affect policy making environment at meso-level. Meso-level, then, contains public policy making regarding social and health care of the elderly. More generally, meso-level refers to the welfare state. Micro-level, then, refers to individuals and their mindset, who are affected by the decisions made at the meso-level. Moreover, what is of special interest in this study is the dynamics between micro and meso-levels of the system.

Complex systems

Problems our modern societies face are embedded in societal structures and therefore, complex. Societal complexity has increased for instance due to technological development, globalization and economic and demographic growth. Complexity of societies can be approached from three perspectives: complexity has increased in the society itself, the problems societies encounter have become increasingly complex and, the governance, the way how these problems are dealt with, has become more complex. Even though societal complexity means increasing problems, it can also be seen as a fruitful ground for finding novel solutions to the issues. Both issues and societies consist of uncertain structural elements and variety of actors with differing interests, which increases the uncertainty of a system and makes these systems difficult to manage. To solve these complexity-related issues, solutions and strategies should be long-term and problem-solving should happen at the level of society. (Rotmans & Loorbach 2009, 185; Loorbach 2010 162–164.)

Complex systems theory is rooted in the general systems theory. Systems analysis and simulation has been utilized to solve and analyze complex societal problems already since the late 1960s and early 1970s. It has been found out that successful policy making regarding complex policy problems requires combining “scientific insights with subjective knowledge resource and improve communication between the parties in the policy problem”. Persistent problems of the system, “wicked problems”, are problems in a system that require changes to current policies and finding solutions that pay attention to flaws in deeper societal structures. (Rotmans & Loorbach 2009, 185; Geurts & Joldersma 2001, 300.)

There is not one, right theory of complex systems. Rather, there are multiple approaches to it. Per Rotmans & Loorbach (ibid.) these include: “1) formalized and computational modeling approaches, 2) a set of “understandings” of the behavior of complex systems, 3) metaphorical use to describe social phenomena, and 4) philosophical considerations about the ontology and epistemology of complex systems”. In this study, it is primarily the second and the third manifestations that are taken.

Many systems thinking theories seem to state that by looking at the systems dynamics, different issues can be solved. However, Meadows (2008, 147) reminds that “[...] complex systems are, well, complex. It is dangerous to generalize about them”. With this she does not claim that systems should not be modeled or generalized at all, but reminds that modeling a system should not be seen as a rigorous truth but as a way forward to explain complex systems. This is an underlying idea also in this study.

Leverage points

One central concept to systems thinking theories is that of leverage points. Leverage points are of importance when thinking about how to change system structures, as the word refers to “places to intervene in a system” or “places in the system where a small change could lead to a large shift in a behavior”. Meadows (2008, 145–164, 194) proposes that there are 12 leverage points and presents them in an order of increasing effectiveness, the 12th being the least influential and the 1st being the most influential. The reversed order of effectiveness highlights the importance of paradigms as the most effective ways to make a change in a system. It also illustrates that the most common way to try to make a change in a system - concentrating on numbers, such as economic growth - is not the most influential way of making the change. (Meadows 2008, 163–165.)

12. Numbers: Constants and parameters such as subsidies, taxes, standards
 11. Buffers: The sizes of stabilizing stocks relative to their flows
 10. Stock and Flow Structures: Physical systems and their nodes of intersection
 9. Delays: The lengths of time relative to the rates of system changes
 8. Balancing Feedback Loops: The strength of the feedbacks relative to the impacts they are trying to correct
 7. Reinforcing Feedback Loops: The strength of the gain of driving loops
 6. Information Flows: the structure of who does and does not have access to information
 5. Rules: Incentives, punishments, constraints
 4. Self-Organization: The power to add, change, or evolve system structure
 3. Goals: The purpose or function of the system
 2. Paradigms: The mindset out of which the system—its goals, structure, rules, delays, parameters—arises
 1. Transcending Paradigms
- (Meadows 2008, 194)

Meadows acknowledges that the list is not comprehensive and should not be understood as a rigorous description of how to create change in system. However, I see the way it gives importance to paradigms interesting. In this study, the focus is in deep-down values and worldviews of the citizens, that is, “in the mindset out of which the system arises”. Process of paradigm change might be difficult and slow on the level of whole society but in an individual, it can happen quickly. However, it is worth the effort as the paradigm change may be the most influential way to change the system to a new direction.

3.2 Multilevel perspective (MLP) on societal transition

A societal transition can be defined as “a radical, structural change of a societal (sub)system that is the result of a coevolution of economic, cultural, technological, ecological, and institutional developments at different scale levels” (Rotmans & Loorbach 2009, 185). Societal transitions can be seen as multidimensional, complex processes in which wide range of actors from governmental actors to consumers and interest groups are involved. In addition, transitions involve a broad range of changes such as institutional changes, changes in infrastructure and changes in values, knowledge and technologies. There is multidisciplinary interaction in different scales and levels and transitions can be analyzed from multiple perspectives. Modelling these transitions is of help in understanding and supporting different actors towards transition or change in societal systems. (Holtz 2011, 169; Holtz et al. 2015, 41.) Coming SOTE reform is one of the biggest ever administrative and operational reforms in Finland which involves different actors in different levels of the system. Modelling the transition process of the whole system is out of the scope of this study but perspectives to transition are given, which then, eventually, are integrated in a multilevel systems map, which forms the conceptual framework of this study.

Of help in modeling these transition dynamics, the multilevel perspective (MLP) on transition will be utilized. It has been built by Frank Geels on a need to analyze socio-technical transitions to sustainability and dynamics within the systems in transition. Socio-technical transitions (to sustainability) are rare, complex, time-taking processes dealing with macro-changes, which stem from various environmental problems and involve multiple actors from firms and industries and policy makers to researchers, citizens and consumers. Successful transitions require alterations for instance in current infrastructure, policies and in system dynamics in general. (Geels 2011, 24–26, 38). Even though this study does not deal with socio-technical transition, I argue that some of the dynamics of the MLP model can be borrowed to illustrate the

process of change in social and health care regime and the dynamics within different levels of the system.

In MLP transitions are viewed as nonlinear processes, which happen due to interplay of changes on three levels of a system: niche, socio-technical regime and (exogenous) socio-technical landscape. Levels of MLP and the process of transition is illustrated in figure 5 and explained below. Focus of interest in MLP is at the level of regime, since “transitions are defined as shifts from one regime to another regime”. That said, transitions are often called “regime shifts” (Holtz 2011, 170). Niche and landscape level are researched in relation to regime level as “practices or technologies that deviate substantially from the existing regime, and as external environment that influences interactions between niche(s) and regime”. (Geels 2011, 26–27; Holtz 2011, 169–170.)

Increasing structuration
of activities in local practices

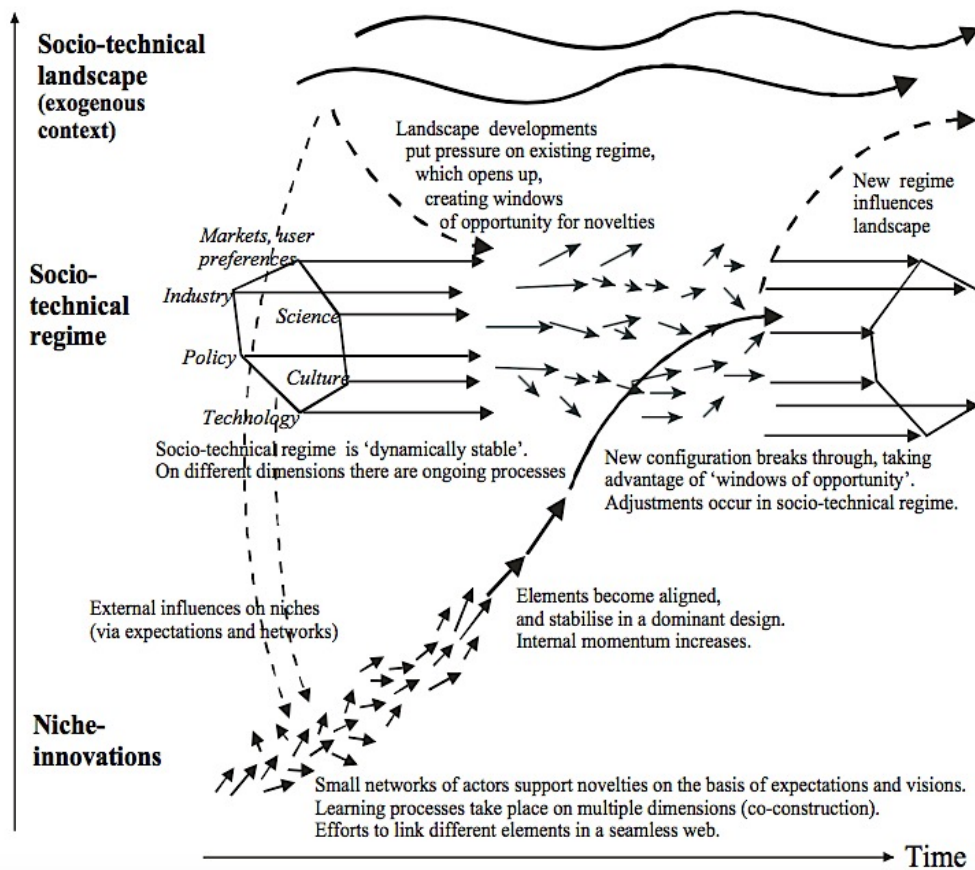


Figure 5. Multilevel perspective (MLP) on transitions. (Geels 2011, 28.)

Socio-technical landscape

The socio-technical landscape consists of long-term phenomenon and patterns such as long-term “demographical trends, political ideologies, societal values, and

macro-economic patterns” which are external to niche and regime. Change in the landscape level is usually slow and therefore, actions taken at niche and regime do not have impact on landscape, at least not in the short run. (Geels 2011, 28; Geels & Schot 2007, 400.) In futures studies this level typically refers to megatrends, and that will be the approach that is taken in this study in regards with the socio-technical landscape.

Socio-technical regime

In MLP theory, socio-technical regime is the level of system which “accounts for the stability of socio-technical system” (e.g. institutional, economic, cultural or organizational stability). Regime includes for instance prevailing sets of rules and policies and other elements that orientate and coordinate the system. Dependencies between elements and different actors create a structure which allows only minor changes in the system and hinders the emergence of radical innovations – the emergence of change. (Geels 2004, 913; Geels 2011, 27; Holtz 2011, 169.) These mental rules and routines, or “lock-ins”, on the one hand maintain and enable stability in the system but on the other hand, may cause inertia, tendency to remain unchanged, even if there is pressure from landscape to transform. This may lead to a situation in which there, firstly, may be opposing, yet overlapping beliefs: for instance, call for consideration of both the public good and individuals’ needs and rights. Secondly, even if there was knowledge on what should be changed, it might not be taken into account because of regime’s inability or resistance to change. (Pekkarinen 2011, 74.)

Niche

In the MLP, niche is identified as “immature structures providing the same function as the regime (e.g., in terms of mobility or energy) and emerging from radical technological or social innovations” (Holtz 2011, 169). Niches have been described as protected spaces which include for example R&D departments, or it can refer to market niches, which serve the needs of users with special needs and willingness to support emerging innovations. Niche actors aim at changing or replacing current regime with their innovations but encounter problems in regards with establishing their innovation in the regime; Regime has many “lock-in mechanisms” which prevent niche actors from making a breakthrough. Additionally, niche actors might lack infrastructure or information which would be needed to replace the current regime. However, in MLP, it is argued that niche level innovations provide fuel for systemic change and are that way essential for transitions to happen. (Geels 2011, 27; Geels & Schot 2007, 400.) Niches do not necessarily have to be technologies but can be for instance administrative or organizational innovations (Pekkarinen 2011, 63).

MLP transition process

In the MLP, transition is a result of dynamic interaction between landscape, regime and niche (Figure 5). Certainly, each transition process differs from another. However, general characters and dynamics of the process of transition can be outlined. As socio-technical landscape changes, it puts pressure on existing regime to change. As the regime is destabilized due to pressure from the landscape, it opens up for change and gives favorable circumstances for niche actors, who in the meantime have been building up “internal momentum”, to challenge the current regime. After various changes in the regime, it either goes through fundamental change, or the existing regime declines, to be replaced with a structure that used to be niche. Eventually, in the long-run, the new regime might even influence how and to which direction the landscape will develop. (Geels 2004, 914–915; Geels 2011, 29; Holtz 2011, 169.)

It is important to notice that transition should not be taken as a process of simple causality, driven by a single cause. It is rather a process of “circular causality” in which multiple dimensions and actors at different levels are interconnected and reinforce operation of each other. (Geels 2011, 29.) Theoretical basis on the complexity of systems has been explained in the previous chapter and therefore, shall not be repeated here. It should be kept in mind, though, that when complex transition process is condensed to fit into a single picture containing particular elements, the whole complexity of the system cannot be illustrated. However, that is not even the point in MLP. As Geels (2011, 34) answers to one of the several critiques given to his theory, “Frameworks such as the MLP are not ‘truth machines’ that automatically produce the right answers once the analyst has entered the data. Instead, they are ‘heuristic devices’ that guide the analyst’s attention to relevant questions and problems”. That is also the goal in this study – to provide a conceptual framework within which certain systemic processes can be illustrated and attention can be paid to aspects whose importance or existence has been ignored.

3.3 Citizen involvement as a part of societal transition

Involvement of the public in public policy making can be seen to be ‘the cornerstone of democracy’ (Arnstein 1969, 216). More direct involvement of the public as a part of political decision-making has been of increasing significance in Western democracies since the 1960s as a legitimizing tool of public policy making. (Zardo et al. 2014, 120; Abelson et al. 2003a, 239; Degeling et al 2015, 114; Carman et al. 2015, 11–12; Wagner et al. 2016, 65). Societal changes, such as ongoing health service reform in

Finland, emphasizes the importance of citizen involvement (Tritter & McCallum 2006, 156; Wagner et al. 2016, 65).

Public services, such as health services, need to answer to the needs of the users as customers, taxpayers and voters. Hearing the public, their values and preferences aims at improving health care and making it more efficient and patient-centered. Participatory methods are utilized to make public's voice, values, and opinions a part of policy processes. Involving the public into decision-making processes increases transparency and accountability of policy making, and is of use in getting diverse perspectives into policy discussions. (Abelson et al. 2003b, 95–96; Degeling et al. 114–115, 119; Carman et al. 2015, 11–12.) In general, it is expected that public health research can be of help in improving public health services by enhancing decision-makers' knowledge of issues in state of public health, give possible solutions for issues, estimate their expenses and benefits and probability of those solutions to succeed (Zardo et al. 2014, 120).

Creating policies that are accepted by the public is particularly challenging. Therefore, involving public values into processes can be of help in increasing public accountability. Revealing the public values can disclose alternative ways to frame issues and to find widely acceptable solutions to them. (Wagner et al. 2016, 65.) Citizen involvement can also be used to identify 'wicked problems' in policy making (Mulvale et al. 2014, 262.), for instance issues in such complex systems as social and health care of the elderly. In short, involving the public can lead to better decisions (Mitton et al. 2011, 327).

Power-related barriers and citizens' (dis)trust in governance

Even though importance of public involvement has been acknowledged, there remains an issue of how to integrate outcomes from participatory processes into policy decisions (Abelson et al. 2012, 27). Abels (2007, 103) argues that due to relative novelty of the participatory processes, the link between the public and decision-makers is relatively weak. She argues that to improve "legitimacy and accountability in policy-making", the political system needs to be redesigned. Also, other central issues for effective public involvement can be identified, of which two perspectives central to this study will be examined: Power-related barriers of participation and role of citizens' (dis)trust in governance in public policy-making processes.

One of the central issues in citizen involvement in public policy-making lays in "*power-related barriers*", or more specifically, in the potential fear of "loss or shift in power" among policymakers. This means that policymakers might be reluctant to give away decision-making power. This anxiety may then lead to a situation that development is avoided because of the fear of losing power. (Abelson et al. 2012, 27; Wagner et al. 2016, 65–66.) This relates also to the requirement of expertise; Especially

in the field of science and technology, it has been debated that policy making requires expertise and that the citizens do not have enough expertise to commit to decision making within these policy sectors. Even though Abels (2007, 110) discusses about science and technology, similar question could be asked about such complex issues as arranging social and health care; Do citizens have enough knowledge to give their say on policies? However, expertise or lack of expertise of the citizens should not be focused on too much. The key advantage of having users in policy making processes comes from their personal experience which might bring up things that policymakers have not considered (Tritter & McCallum 2006, 164). As Tritter and McCallum suggest, instead of comparing professional and user knowledge and building power hierarchies, it would be more beneficial to see these different ways of knowing as complementary to each other. Moreover, instead of seeing participatory involvement as a threat and competition, it should be seen as a tool for collaboration and shared decision-making. (ibid.) Participatory processes are not and should not be “a substitute for political decision-making” but their role is to provide perspective and advisory (Abels 2007, 110). Reluctance towards involvement of the citizens and their values might lead to decreasing trust in policy making among the public, and public’s willingness to comply with new policies might also fade away (Abelson et al. 2012, 28).

Another central issue in citizen involvement deals with citizens’ (dis)trust in governance. There are multiple definitions for *trust*, but one of the basic definitions is that trust is “firm belief in the reliability, truth, or ability of someone or something” (Oxford Dictionaries 2017). Within the context of trust in governance, for example Van de Walle & Bouckaert (2003, 891-892) refer to “general attitudes towards government, perceptions of government and the like”. Edelenbos and Klijn (2007, 29) define trust as “more-or-less stable perception of actors about the intentions of other actors, that is, that they refrain from opportunistic behavior”. In this study, trust refers particularly to citizens’ attitudes towards governance and public policy making and performance of them.

Citizen trust, attaining and maintaining it, is an important part of democratic governance (Yang & Holzer 2006, 123). Need to increase level of citizens’ trust in government has been a central driver to modernization of public sector in Western governments. It is often thought that “well-functioning public services create trust in government” whereas badly arranged and functioning public sector creates distrust. However, Van de Walle and Bouckaert (ibid.) oppose this micro-performance theory by claiming that even though this might be true in some cases, in reality this kind of direct link between performance and trust does not exist. Their central claim deals with causality and they argue that in addition to performance, and despite it, existing levels of trust in government have effect on whether government is trusted or not in the future. They do not claim that performance does not matter but that there are also other aspects

in trust creation than only well or badly functioning governance and public services. (Van de Walle, S. & Bouckaert, G. 2003, 891, 893.) Van de Walle and Bouckaert argue that there might be a prevailing “culture of distrust”, which can lead to a situation where “all actions of government are evaluated in a negative way, just because they are government actions”. In this case distrust in and general negative attitude towards government can be seen as “a fashion, prejudice or cultural element”. However, this “culture of distrust” is certainly “an extreme case”. Even though a citizen had a negative attitude towards government in theory, as she/he is given concrete examples of government actions to be evaluate, these negative attitudes somewhat diminish. (Van de Walle, S. & Bouckaert, G. 2003, 902–907.)

Related to trust, Yang and Holzer (2006, 114–115) bring up also the issue of resources as an enabler of good government performance. Citizens rely on government to answer to their needs but government might not have resources to solve all those problems. This might lead to “The vicious chain of “low trust–declining resources–poor perceived government performance– lower trust”. This chain should be broken to be able to perform better and that way to build trust.

3.4 Causal Layered Analysis (CLA)

One of the aims of this research is to reflect upon the usefulness of Causal Layered Analysis (CLA) method as a means of responding to issues within the current practice of public policy making. CLA aims at creating new spaces of knowing and creating alternative futures (Inayatullah 2004, 1–2). In this study, CLA is used to reveal and analyze the deep-down levels of the data: to find out what are the values and worldviews, myths and metaphors that have effect on how people react to issues in home care and informal care of the elderly, and how those issues are framed in the first place. In this chapter, both epistemological and methodological aspects of CLA are discussed. CLA process is described in more detail in chapter 5.

CLA is a data analysis method developed by Sohail Inayatullah. CLA can be approached as a theory and/or as a method. As a theory, it is influenced by and integrates empiricist, interpretive, critical and action learning approaches to knowledge. As a method, it aims at creating new spaces of knowing and creating alternative futures as it “moves the debate/discussion beyond the superficial and obvious to the deeper and marginal”. It is also a way forward to create transformation and can also be of use in creating more informed, adequate and powerful policies by considering deep, long-term aspects of the issue in question. CLA’s strength, compared to for example more conventional forecasting methods, is in its ability to “unpack discourses – worldviews and ideologies – not to mention archetypes, myths and metaphors”. (Inayatullah 1998,

816; Inayatullah 2004, 1–2.) The goal in CLA is not to name a singular, preferred future or truth, but rather to construct a picture of people’s experiences of and attitudes towards the issues and make room for creating alternative futures by opening up the past and the present. (Shevellar 2011, 4; Inayatullah 1998, 815). Even though CLA can be used in all types of research, for example in social sciences, policy research and humanities, it stems from and is grounded in futures studies. (Inayatullah 2004, 5, 8.)

In CLA (Figure 6), data is analyzed on four levels, or layers, which are 1) litany, 2) social causes and system, 3) worldview and discourse and 4) level of myths and metaphors. Litany refers to the surface of the phenomena or issue in question and how it is presented for example by the news media. Things are often exaggerated and are presented as disconnected and discontinuous. This can result to a feeling of helplessness and apathy – one might think that there is nothing to do. On the other hand, litany level discussion can lead also to projected action, when one accuses those who are assumed to have competence to solve issues (usually the state or policymakers) for not doing anything.

Layer of social causes and system deals with social and systemic factors that can be seen to be part of the phenomena or issue in question. These include for instance economic, cultural, political and historical factors. The third, deeper layer is concerned with discourse and worldview that legitimates and supports the structure. At this layer, one can for example examine how different discourses on same phenomena/issue frame the issue differently and therefore, provide basis for alternative scenarios. The fourth, the deepest layer of myths and metaphors is concerned with “the deep stories, the collective archetypes, the unconscious dimensions of the problem or paradox”. (Inayatullah 1998, 820; Inayatullah 2004, 11–13.)

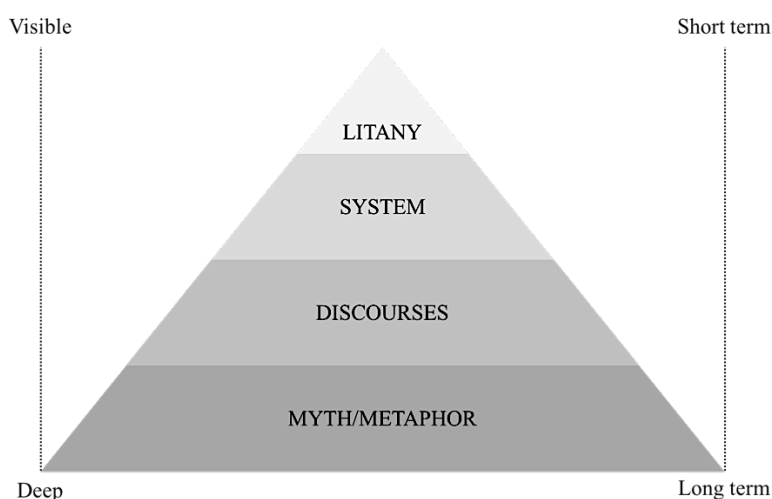


Figure 6: The Causal Layered Analysis Pyramid (Inayatullah 2004, 543)

Focus in CLA is in vertical dimension of futures, in the layers, instead of more traditional horizontal approach. In this vertical approach, deeper layers are of help in allowing “the litany to be contested, opened up and questioned”. This vertical approach to reality is derived from Indian philosophy “which asserts that the mind is constituted in shells or kosas”. As one moves up and down the kosas, one is in a “process of moral and spiritual enlightenment”. (Inayatullah 2004, 2–5, 13.)

CLA model is typically presented in a form of a pyramid, in which at the top of the pyramid is the layer of litany and the other deeper layers are below that. In the analysis, none of the layers should be given priority but the layers are examined as connected to each other. Analysis moves down the layers, beginning with the surface of an issue or phenomena and proceeds to analysis of the deeper layers of the issue or phenomena in question. Aim of the analysis is to move up and down these layers and that way take into account different ways of knowing. After revealing what the deepest layer of myth and metaphor contains, one can take those insights and carry them back up through the layers to examine the upper levels with the help of the new knowledge. The process helps one to create new spaces of thinking and to look at the phenomena/issue from new perspectives. (Inayatullah 1998, 815–816, 820–821; Inayatullah 2004, 543.)

One could ask, what additional value can CLA bring to discussion. Certainly, CLA is not the first method to suggest the layered reality of knowledge and much of the techniques used in the analysis owe to poststructuralism and more specifically, “to poststructuralist interrogations of texts”. (Inayatullah 2004, 1). However, in CLA, analysis goes “beyond conventional framing of issues” (Inayatullah 1998, 821). What distinguishes CLA from other layered methods, is the layer of myths and metaphors. It deepens analysis by looking for collective myths and metaphors that are usually hidden from litany-level of discussion. (Shevellar 2011, 10.) People experience and explain things and understand world through a largely metaphorical conceptual system (Shevellar 2011, 11) and therefore, “Deconstructing conventional metaphors and then articulating alternative metaphors becomes a powerful way to challenge the present and create the possibility of alternative futures” (Inayatullah 2004, 13). That is why considering, how deep-down myths and metaphors and worldviews create problems on the level of litany can give perspective on how to solve those problems. (Inayatullah 2004, 3; Vallis & Inayatullah 2016, 133.)

In regards with the further development of the methodology, Inayatullah (2004, 5) suggests that CLA can be connected to complexity theory: “Complexity theory suggests that the future is patterned and chaotic; that is, it can be known and yet unknown, or explained but not accurately predicted [...]”. With this Inayatullah refers especially to the way CLA attempts not to make predictions but seeks to open up futures for different ways of knowing. (Inayatullah 2004, 5.) Simultaneously with the connection to complexity

theory, it is essential to ponder on the connection between CLA and systems thinking, that is, complexity theory being part of systems thinking. As stated earlier, in systems thinking it is assumed that the problems in system are caused by the system or parts of it, and therefore, the solution for the issues can be found within in redesign of the system (Meadows 2008, 2–4). In CLA, particularly the layers of worldview and myth and metaphor can be seen to provide new perspectives on how to solve, or at least to frame the issues occurring at the surface. (Inayatullah 2004, 46). Framing the problem differently changes the solution and actors who are responsible for enabling and implementing transformation (Shevellar 2011, 4).

Analysis of public discourse can be of help in finding out how the knowledge and beliefs people share about the world should be considered in public policy making. In CLA, the underlying assumption is that policy solutions and actors who are responsible for creating transformation depend on how the problem is framed in the first place. Therefore, reframing the problem can change policies and the actors responsible for establishing transformation. (Inayatullah 1998, 820.) Also, for decision-makers to be better prepared for future threats and possibilities it is important, in addition of being aware of an issue or phenomena, also to know deeper motives and worldviews behind the issue or phenomena in question.

Values, beliefs, and attitudes as a part of a system

Values contribute to motives behind human behavior and decision-making. Similarly to the myths, metaphors and worldviews in CLA, values can be perceived as symbols that direct our choices in everyday life. They deal with moral and are therefore an essential part of maintenance and enhancement of social integration. Moreover, “values are based on human needs an all moral consideration presupposes some knowledge on them”. (Rubin & Linturi 2001, 275.)

Policy making and decision-making are social processes by nature (Bell 2009, 93), meaning that they involve people and their human needs. According to Bell, deliberative decision-making should involve three aspects: facts, values and expectations of the people (Bell 2009, 51). It should be acknowledged, though, that as important as considering values in planning social actions is, it is also essential to consider 1) relevance of the values that define the decision and 2) how values are interconnected: what kind of (unintended) consequences, positive or negative, deciding based on one set of values may have in other values. (Bell 2009, 90–91.) Even though values are not identical throughout society, they are a crucial part of a well-functioning society. If value sets confrontate, it may cause problems such as polarization of the society. (Fowles 1977, 306.)

One problem in regards with values in futures studies stems from the fluctuating nature of the values over time. Values vary in time and space, are subject to both long- and short-term changes and should not be considered as constant, which makes value-based design of future actions problematic. However, values are still an important, essential part of futures thinking and working towards a better future. (Fowles 1977, 303–304.) Values are also close to a concept central to futures studies, that is, images of the future. Images of the future can be summarized to be “the ideas and visions of the future a person has” which “more or less determine his/her present state of mind, and through that, his/her decision-making abilities and choices of action”. Big gap between the images of the future of citizens and those of the decision-makers can lead to a destabilized and malfunctioning society. (Rubin & Linturi 2001, 268.)

3.5 Integrated framework: Multilevel, value-driven perspective on socio-political transition

In the preceding chapters, theoretical and conceptual basis of this study has been built. What was found especially interesting and inspiring in regards with this study was the multilevel (MLP) perspective on transition. As said, MLP is primarily used to examine transition from the perspective of (environmental) sustainability, and concentrates especially on socio-technical change. However, what is intriguing in the model in regards with the goal of this study, is the way MLP considers transition in multiple levels in an illustrating, yet comprehensive manner. Therefore, I will argue that this perspective can be applied also to socio-political transition processes, especially from the perspective of social sustainability. As MLP could not be used as such to interpret and present the results of this study, nor to describe the ongoing dynamics in the system, modified, integrated framework was generated. That is, the theoretical/conceptual framework of this study consists of elements from 1) systems thinking; 2) multilevel perspective (MLP) on transition; 3) citizen involvement as a part of societal transitions; and 4) Causal Layered Analysis (CLA) as a method for revealing deep-down values, worldviews and myths and metaphors of the people involved. Framework is illustrated in figure 7 and explained below.

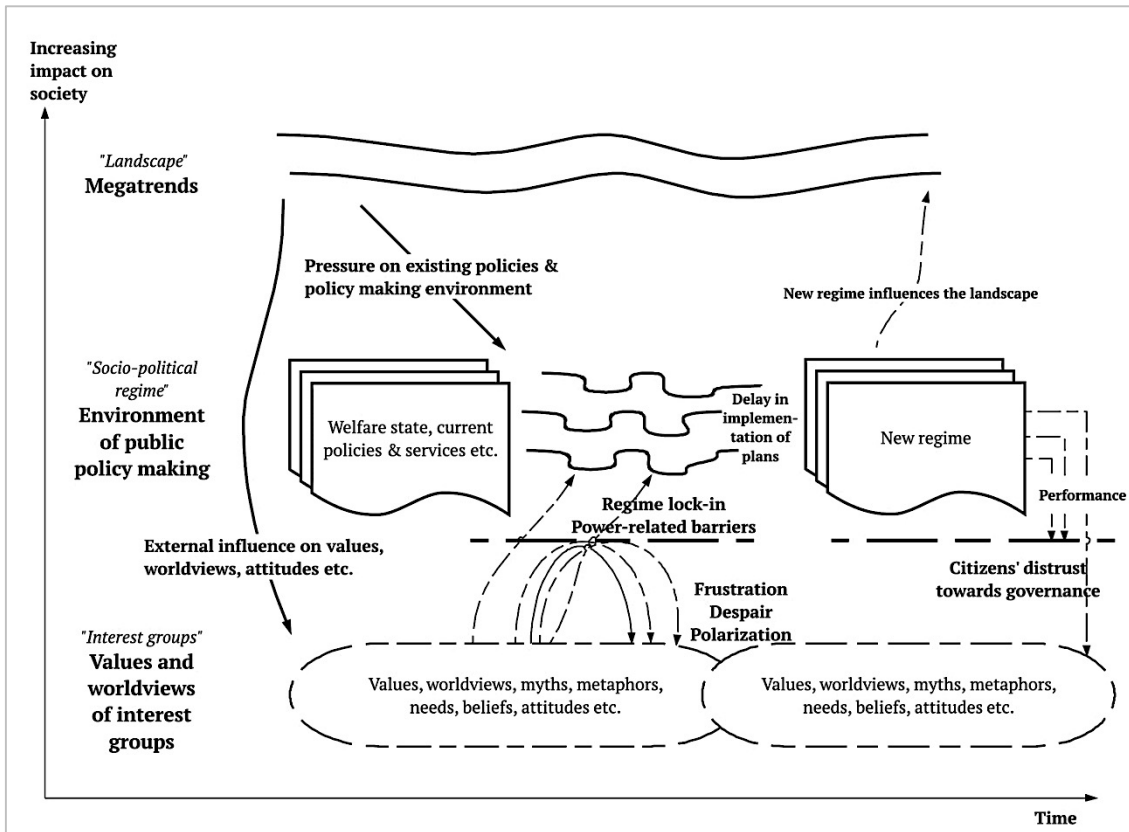


Figure 7: Integrated framework: Multilevel, value-driven perspective on socio-political transition (Modified from Geels 2011, 28)

In this study, what has been borrowed from the MLP model is the multilevel perspective on transition, direction of pressure from landscape to regime and idea of societal transition process in general. What has been changed are the elements on each level; They have been modified so that they are a better fit with socio-political transition processes. Moreover, to make more sense within the context of this study, the variety of elements each level contains has been narrowed down to the central actors or forces. Also, the names of each level have been modified. In this study, the hierarchic system consists of three levels: 1) *Landscape*: global environment including megatrends; 2) *Socio-political regime*: Public policy-making environment including resources and restrictions, more generally: the welfare state; 3) *Interest groups*: Those individuals and their needs, values and worldviews who will directly or indirectly be affected by new policies and practices.

“Landscape”: Megatrends

In the MLP theory, socio-technical landscape consists of long-term phenomena and patterns which change slowly in the short-run. These phenomena include for instance changes in demographics, and political and economic trends. Additionally, in MLP

landscape contains societal values. (Geels 2011, 28; Geels & Schot 2007, 400.) In futures studies, similar concept to MLP's socio-technical landscape is the concept of megatrends. Megatrend means a significant phenomenon, which develops to a certain direction and the development can be expected to continue as such also in the future. Megatrends can be identified but there is not much to do to effectively affect on the development of them. Even though simultaneously with megatrends, there can be identified phenomena that are contrary to a megatrend, megatrends can seem to be so forceful that occasional opposite phenomena cannot change the direction of a megatrend. (Hietanen et al. 2002, 415.)

Identifying megatrends gives one perspective to deal with vast, complex issues, but it might be difficult to apply knowledge on megatrends, which are usually quite abstract and extensive, into implementing strategic and tactical decisions. Therefore, it is essential to define what kind of concrete consequences it can be seen to have in the future and what kind of issues or possibilities the megatrend might hold. (von Groddeck & Schwarz 2013, 28–29.)

Regarding ageing, three significant megatrends can be identified at the level of landscape or megatrends: demographic change, technological developments and changes in the global economy. These megatrends put pressure to the socio-political regime which, then, must find new ways to deal with the pressure. This can mean for instance need for new ways of organizing social and health care services and to perceive ageing in general in new ways and open opportunities for innovations, innovativeness and even new policies. (Pekkarinen 2011, 4.)

“Socio-political regime”: environment of public policy making

In the MLP model, socio-technical regime is the level of system which is the most stable and includes prevalent rules and policies of the society. Elements within regime are highly dependent on each other and that allows only minor changes in the system. (Geels 2004, 913; Geels 2011, 27; Holtz 2011, 169.) Since socio-technical changes are not the focus of this study, the level is reconceptualized, renamed and is called *socio-political regime*. In this study, on the level of regime, what is of interest is the area of social and health care of the elderly and policy making regarding that. In a wider scope, socio-political regime refers to the welfare state and in that case, policy making and public services can be considered as sub-regimes of it. Level of socio-political regime is also studied in connection to micro-level of interest groups and meta-level landscape. The focus of this study is especially the relation between micro- and meso-levels of the system.

Welfare state refers to a state, that is committed to ensuring basic economic security for its citizens. This is done by various social policies, including social and health care,

old-age pensions and unemployment benefits. This principle of protecting citizens from risks brought by unemployment, old age or sickness is central to the idea of a welfare state. (Weir 2001, 16432.) Finnish welfare state model can be described as “social democratic welfare-state”, which follows principles such as universalism, equality and justice in availability and production of public services (Vartiainen & Vuorenmaa 2011, 3–5). The basic assumption is that services that welfare state produces are available for all and reach certain standards that can be seen to fulfill the basic needs of the citizens (Andersen 2015, 85).

In the MLP model, concepts of *regime lock-in* and *inertia* are presented, which means the regime’s tendency to retain stable which might cause resistance to change coming from outside the regime. Similar dynamics are included in the integrated framework. I argue that kind of a regime lock-in can be identified also in regards with public policy making, in its relation to individuals who are affected by new policies the most. This regime lock-in contains for instance *power-related barriers* and in general the regime’s tendency to remain unchanged.

“Interest groups”: Needs, values and worldviews of interest groups

In the MLP, niche refers to structures that provide the same function as the regime but have not yet matured. The source of these structures is in “radical technological or social innovations”. (Holtz 2011, 169.) In MLP model, seed for systemic change is seen in niche-level innovations and indeed, niche actors aim at changing or replacing current regime with their innovations. (Geels 2011, 27; Geels & Schot 2007, 400.)

Socio-technical transition is not of main interest in this study and therefore, the level of niche has been modified the most to meet the needs of this study. In this study, micro-level of the system consists of those individuals, their needs, values and worldviews, who will personally, either directly or indirectly be affected by policy making regarding informal care and home care of the elderly. Contrary to MLP, in which societal values are part of the landscape, in this integrated framework values are a part of the micro-level. Purpose of replacing niche with interest groups is to illustrate the dynamics between micro-level individuals and meso-level policy making.

When trying to get their voice heard, citizens might encounter for example power-related barriers, *regime block*, which can be seen as similar to *lock-ins* or *inertia* in MLP model. I will argue that this block, or lock-in, can cause frustration and increase citizens’ distrust and negative attitudes towards the government and decision- and policy making in general. This might lead to *delayed trust* in the system: Even though changes are made to better on the level of regime, it will not have effect in the level of trust, at least not immediately.

Use of public deliberation within the field of health care has demonstrated that involving the public voice into policy making processes has potential to help overcome issues regarding health policies and ethical debates (Abelson et al. 2012, 27). Citing Abelson et al. (ibid.), those issues include “broadening the reach and scale of public deliberation, increasing its acceptability to policy-makers and integrating it into policy decisions”. Understanding the importance of citizen involvement as a part of a larger system can be of help in bridging “the divide between micro level changes and system-wide reforms” (Tritter & McCallum 2006, 166).

Also, as customers’ freedom of choice is a central part of the SOTE reform, service users should have better possibilities to be involved in public policy making and influence the development of new services – either through active deliberation or through more passive forms of participation. However, most involvement practices still rely on passive and indirect forms of participation. This has been argued to “reinforce existing power hierarchies and social inequality limiting opportunities for influencing service design”. (Tritter & McCallum, 160.) However, I will argue that also more passive and indirect involvement can have significant impact on policy making, if utilized effectively.

On the level of *interest groups*, Causal Layered Analysis (CLA) is utilized to reveal these interest groups’ needs, values, worldviews and myths and metaphors that should be better incorporated into public policy making. I will argue that better consideration of values of the citizens in public policy making would decrease polarization in the society and increase accountability and acceptability of decision-making. That may eventually lead to increased trust towards policy making.

With this integrated conceptual framework, I have attempted to provide a frame within which the results of this study can be viewed. In the coming chapters, the results from the analysis of the public data given to the key project will be examined.

4 QUALITATIVE CONTENT ANALYSIS: WHAT ARE THE MAIN ISSUES?

4.1 Research material: Public feedback given to the key project's project plan

This study utilizes public data collected from the public regarding the Ministry of Social Affairs and Health's key project "Home care for older people will be developed and informal care enhanced in all age groups". Comments on the key project's project plan have been collected via Otakantaa.fi webpage, which is a feedback channel maintained by the Ministry of Justice in Finland. The intention of the webpage is to enhance citizens' rights for democratic participation and advance interaction between citizens and public authorities. Furthermore, the goal is to make information on public policy making easier to access and promote transparency of information and decision-making. (Otakantaa.fi, 2016.)

Comments have been collected to involve the voice of the public into the development of the key project. More specifically, emphasis has been in collecting thoughts from those citizens who will be the most affected by the decisions, such as the informal caregivers, the elderly and people involved in SOTE reform and services. Since the data is not nationally representative and has not been collected for this study, the analysis and the results of this study cannot, as such, be generalized to apply to the whole population. The data represents opinions and values of individuals who have taken the questionnaire. However, despite these limitations, analysis can be used to gain deeper insight on the target group and its needs, fresh perspective into the topic and that way enhance development of the key project.

Altogether 221 respondents have taken the questionnaire concerning the key project's project plan. 170 of these respondents answered also the open question "What would you like to tell the key project committee?". The biggest group of respondents (Figure 8) were informal caregivers (61) but the second biggest group, nearly one fifth of respondents, could not relate themselves to any readily given group but chose the option "Other". This could be because in the questionnaire it was possible to choose only one background role whereas in reality, respondents might belong to multiple groups – have multiple roles. One could for instance be simultaneously old person and informal caregiver. Also, questionnaire might not have reached all the target groups equally; The elderly, whom the key project concerns, represent only 10 percent of the sample. Therefore, data will rather be considered as a whole than interpreted through background information of the informants. However, role of a respondent is brought up when relevant to give context for given comments.

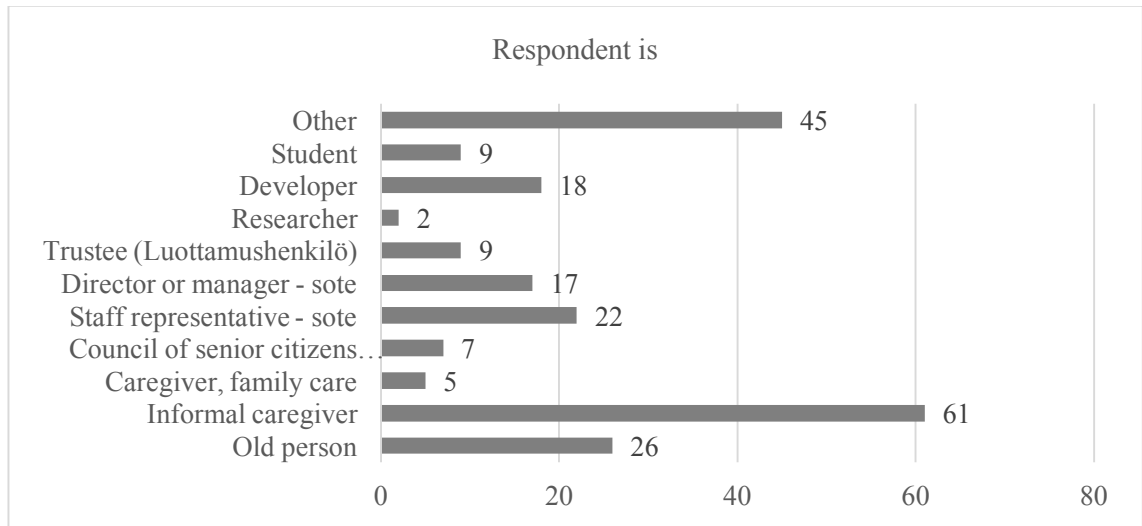


Figure 8: Background of the respondents

Before giving the feedback, respondents were first asked to familiarize themselves with the project plan. After that, they were asked to evaluate feasibility and utility of the plan and likely impact of the planned actions on increasing informal care and family care in Finland (Figure 9). Nearly half of the respondents believed that the planned service packages for the elderly are feasible. 40 percent of the respondents believed that the service package will produce expected benefits but 60 percent were skeptical about the positive impact of the service packages. Even bigger share of the respondents thought that the actions described in the project plan will not be of help in increasing the amount of informal care and family care.

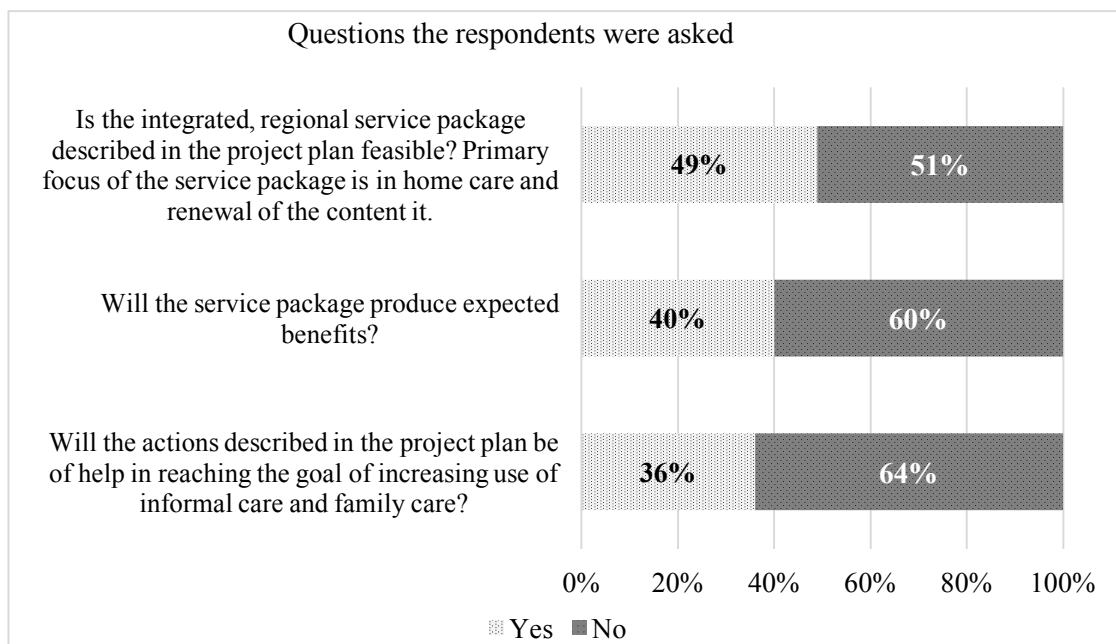


Figure 9: Distribution of responses

Straightforward "yes-know," answers should be interpreted with a caution since it might be that not all the respondents have read the project plan. From the open-ended answers to the question "What would you like to tell the key project committee?" it can be interpreted that not all the respondents have read the plan thoroughly, if at all. Comments contain a lot of descriptions of the current state of home care and informal care of the elderly and less of actual reflections on the project plan, its benefits, feasibility and expected impact on informal care and home care of the elderly. Emphasis of the comments is in concrete issues of informal care and home care and in suggestions on how these should be arranged. Focusing on issues of the current state of home care and informal care could be interpreted to communicate complexity of the plan: It might be difficult to see how the plan will be implemented and what kind of improvement it will bring to the current situation. Moreover, phrasing of the question ("What would you like to tell the key project committee?") might steer respondents to rather give open feedback that comment on the plan as such.

As an interpretative remark, it should be noted that the comments have been translated by the author of this thesis and may not be completely free of errors. In some cases, especially when translating culture specific metaphors, there might not be completely equivalent translations from Finnish to English. Therefore, a list of original comments in Finnish can be found in the appendix 2 of this study.

4.2 Process of analysis: Qualitative content analysis

The data – responses to the open-ended question – was first analyzed with the means of qualitative content analysis. Purpose of qualitative content analysis is to form a concise description of the data, which can then be viewed in relation to a wider context and other relevant research conducted on the topic. (Tuomi & Sarajärvi 2002, 105.) In this study, the purpose of the qualitative content analysis phase was to examine what kind of bigger themes and topics the data contains and additionally, what kind of future-orientation can be identified from the data. The main objective was to identify *what* are the main issues that should be considered in the development of home care and informal care of the elderly, and *how* should this be done.

Process of analysis was as followed: First, an open-coding methodology was used to categorize the main themes, topics and issues from the data. Then, the first level concepts and second level categories were combined to create distinct topic areas that could be taken under closer examination. Purpose of this phase was to identify concrete concerns and issues regarding home care and informal care and to see whether solutions for these problems were suggested. Also, the aim was to see what kind of future-orientation could be identified. Four main categories were identified from the

data: 1) Needs of the elderly; 2) Role and needs of informal caregivers; 3) Status of home care personnel; 4) Social and health care system of the elderly in general. Qualitative content analysis was also a step towards Causal Layered Analysis: the main themes identified in the content analysis phase were to be analyzed later with CLA.

4.3 What are the main issues?

The feedback concentrates on concrete issues and development needs in the current social and health care system of the aging population and in the role of the elderly. Open-ended responses to the question “What would you like to tell the key project committee?” show that the main issues in home care and informal care of the elderly are concerned with the need for holistic health care of the elderly, position of informal caregivers, physical, mental and intellectual assets of the care personnel and shortages in health care system. The following chapters aim at opening these issues and participants’ wishes for the future.

4.3.1 Need for a holistic approach to the needs of the elderly

From illness-focused care to promotion of holistic well-being. Individual needs, holistic care and focusing on promoting health instead of just healing sicknesses, were considered as an important starting point in the development of home care and informal care of the elderly. Current elderly care was regarded as deactivating and illness-focused and that services and ways of working stem rather from the system and its resources than from the needs of individuals. With “holistic”, respondents refer to care that would not mean only fulfilling and maintaining the most essential, “mandatory” health care needs, but which would include more comprehensive set of services from housekeeping to stimulating free time activities. Also, not all the patients/customers are the same and therefore, individual needs should be considered: Some of the elderly need assistance in most of the areas of life, whereas for others, the quality of life could be improved for example by having casual help for household chores. That said, the elderly should primarily be considered as individuals, not as a mass with identical needs.

It was also highlighted that more attention should be paid to the mental health of the elderly. In addition, one respondent brought up sexuality and sexual orientation of the elderly as a thing that has been almost forgotten. In regard to this, one respondent suggested that co-operation with SETA and their ”Yhdenvertainen vanhuus” project could be a step to the right direction.

Thorough mapping of needs and systematic follow-up. Respondents called for was a thorough, comprehensive mapping of the service needs in the very beginning of the care process and a follow-up during the care. Needs of a patient/customer should be examined comprehensively, starting from the basic health issues to social relations and tidiness of one's home. In regard to living conditions, it is important to consider the safety of the house (e.g. fire safety) and facilities/level of equipment (e.g. essential aids for an old person) are such that an elderly person, possibly physically disabled, can live there safely. Multiprofessional teams, or comprehensive know-how from one caregiver, were considered essential in service mapping. In addition, some participants argued that also family and the old person himself should have chance to participate in planning of the service package, if possible. Also, the indicators that are used to track one's health should be reconsidered: Currently, they were not seen to monitor health and progress of the elderly comprehensively but rather focus on solely reporting illnesses and other health issues.

Medical treatment as a part of health care. Some respondents noted, that medical treatment, which is an essential part of health care of the elderly, was missing from the project plan. These respondents thought that better optimization of the medical treatments could have a major positive impact on the health of the elderly. It was seen that to make medical care more effective, care teams should include a professional with pharmaceutical knowledge.

Means to decrease loneliness. One important aspect which, according to the respondents, is not considered enough in the project plan is the lack of social relations of the elderly and loneliness caused by that. Loneliness was seen as a major factor that decreases meaningfulness of life and should be better taken into account in the development of social and health care of the elderly. As one respondent puts it: *“For sure, accidents caused by falling are reported but how about loneliness, how is it considered in health monitoring?”*¹ One solution to decrease loneliness was seen in time management and resources: If home care personnel had more time to spend with each customer, would that have at least a small positive impact on overcoming loneliness. However, it was also said that it is important that the elderly, despite one's the health condition or disabilities, have possibilities to take part to out-of-home activities. Couple of respondents suggested that there could be “kindergarten” for the elderly or “parkki”, which could be a place that would provide a safe place for an old person in need for care to spend time out-of-home, meaningful activities and social contacts. This would also give more free time for informal caregivers. All in all, low threshold activities, services and places were longed for: activities that would be genuinely accessible and easy to participate.

Individual needs for living facilities. Suitability of home care and informal care for everyone was questioned. It was mentioned that home is not a suitable, or preferable

place to live for everyone. Living at home might be even considered as unsafe and sheltered housing with 24-hour assistance might be a more appealing alternative. In some cases, sheltered housing was considered as more social than living at home and would even decrease the feeling of loneliness. Some respondents suggested that new living models and arrangements should be experimented with an open mind. These models could include everything from house share to memory villages for people with dementia and having elderly and the youth living under the same roof. Worth experimenting are solutions that improve the quality of life by combining assistance and company. However, these solutions and services should be affordable so that they would not be only for the wealthy.

Utilization of digital solutions. Some respondents saw possibilities in digital solutions to be utilized also in informal care and home care of the elderly. Possibilities were seen to be especially in developing solutions for “remote caregiving”. Enhancing the flow of information between the home care personnel and relatives living far away would make it easier for “remote caregivers” to stay up to date of the situation and participate in care. Overall, digitalization and technological development were seen as a good thing. However, some respondents were afraid that technological solutions, for example using remote connection for communication, might mean that social contacts of the elderly would decrease and feeling of loneliness take turn for the worse. Regarding the increasing use of technologies, it was noted that the solutions, programs and devices should be such that even those with little knowhow on technology can conveniently use them. Use of remote connections requires also flawless network connections. It was also noted that development should not only focus in follow-up and reporting solutions but also consider how technology could be used to solve issues regarding the lack of social relations and feeling of loneliness.

Anticipatory actions. Some respondents were worried that the key project provides solutions mainly for the “late stage of life”, concentrates only on very elementary health maintenance and does not provide solutions for prevention of illnesses. It was argued that preventive health care should be provided already when people are still in working age. That could provide more healthy and meaningful future for both the old and their carers. The main shift therefore would be to move from illness-focused thinking to health-focused, anticipatory and activating health care systems.

4.3.2 *Role of informal caregivers*

Informal caregivers’ rights and need for free time. One of the underlying themes in comments is the role of informal caregivers, their physical, mental, and economic resources and how they should be supported in their role as informal carer. It was

highlighted that informal caregiver "is not a slave" and it was stated that system should be such that informal caregivers could, in addition to their care responsibilities, have time and energy to do also other things: work, take care of other family members, have free time, rest and do free time activities of one's interest. That said, having time for hobbies and arranging free time was currently seen hard due to difficulties in finding temporary substitutes.

Some of the respondents are in a demanding situation, taking care of their relative round-the-clock, and it might be almost impossible for them to arrange even short breaks from responsibilities. It was also said that the key project does not provide solutions for how to better combine wage work and the role of informal caregiver. In general, free time allocated to informal caregivers was seen as insufficient, especially for those who are working as informal caregiver round-the-clock. Lack of free time was seen as one of the main reasons why many informal caregivers are reaching the limits of their capacity. One solution provided was that some of the missing day-offs could be compensated with money, even though this would not solve the issue of coping with responsibilities of being informal caregiver.

Comprehensive support. Financial aid given to informal caregivers was considered being insufficient, especially compared to the amount of work being an informal caregiver requires. It was claimed that the amount of aid and rules for who is eligible for getting the aid should be redefined to meet with the amount of responsibilities. Some respondents commented that because informal care saves government funds, it should be considered equal with wage work and informal caregivers should be paid accordingly. It was also stated that taxation of the aid is too high, some even thought that it should not be taxed at all.

However, financial aid is not of help if one is reaching the final limits of mental or physical capacity. In addition to sufficient financial aid and free time, it was considered important that caregivers get comprehensive support, guiding and practical assistance for instance in a form of affordable household help. Regular health inspections should be provided and attention should be paid both to physical and mental health and capacity. There is a need for support persons, guidance and assistance channels and for fulfilment of more concrete needs such as having essential care equipment. It was also stated that informal caregivers should be provided with a personal accident insurance and comprehensive pension plan.

Getting rid of excess bureaucracy and need for more information. Due to differing, individual needs of both caregivers and elderly, it was hoped that health care system would be flexible. Currently, health care system, services and communication were considered scattered and getting information on one's rights is difficult. It was stated that by reducing bureaucracy, information would be easier to find and that way

assistance would be easier to get. This would also diminish work burden and stress of caregivers.

Even though there are a lot of expectations for how status of informal carers should or could be improved, in some cases informal caregivers do not get any assistance – either because of one's own will, but in some cases, due to difficulties in defining when one is an informal caregiver, or because information on one's rights is difficult to find. As said, some informal caregivers do not even look for help: Giving care to one's family member or partner is in many cases seen as an honor or as an expression of unconditional love. In these cases, one might think that it is inappropriate to ask for financial aid or other support. Secondly, health conditions might worsen so slowly that one might not recognize early enough that she/he would need some help with caregiving. Therefore, it was considered important to plan actions for recognizing those elderly people who need care and informal caregivers who need assistance. Also, preventive care, preparing oneself for possible future of being an informal caregiver, was considered as an important point of development.

Equality. Being an informal carer was seen as a part of one's lifeline as a whole and therefore it is also a question of equality. In general, women have more nursing responsibilities throughout the life and therefore, for example previous parental leaves should be considered when developing new support models for informal care of the elderly. Nursing responsibilities are an issue also regarding one's career and even future pension.

Everyone is not qualified or willing to be an informal caregiver. Some respondents argued that the key project places too much responsibility on informal caregivers. These respondents see that the starting point of the key project is an assumption that firstly, everyone who would need an informal caregiver has someone who would take that role, and secondly, that everyone is qualified mentally, physically and/or financially, or is willing, to take the role of an informal caregiver. Role of an informal caregiver was seen as given, not as a choice one could make. Also, a question of the length of a period of being an informal caregiver was risen: it was asked, how long and to which point it can be expected that the caregiving responsibility is given to one's near one? Can it for example be expected, that an elderly him/herself gives care to his/her relative without same time worsening his/her own health or quality of life? However, even though some respondents stated that informal carers should not be given as much responsibility as they are given today, informal caregivers were considered as an important part of the health care system of the elderly, especially in the long term. Increasing the number of informal caregivers requires both redesign of support system and value discussion at the level of society.

4.3.3 *Role of home care personnel in elderly care*

Need for multidisciplinary, long-term care teams. Concerning home care of the elderly, and social and health care of the elderly in general, professional competence, comprehensive knowledge and suitability to work with the aged customers was expected from health care personnel. In addition to professional knowhow, it was hoped for care personnel to have good communication skills and sense of empathy so that they can take up a position of a customer and/or his/her family. It was hoped for that home care teams would consist of professionals with multidisciplinary skills, especially knowledge on gerontology – knowledge on particular problems of aged people. Additionally, it was stated that memory care coordinators, free time coordinators and social workers would be needed in care teams. Teams should be built in a way that considers individual needs of the customers and provides comprehensive care.

Instead of constantly changing home care personnel, need for more permanent care teams was mentioned. This could improve the feeling of security both in patients themselves and within their families, and could enhance communication and cooperation between the health care personnel and the family. Currently, home care was considered scattered and home care personnel is not up to date on the needs of their customers, which also affects on information flow between staff and family.

Role of home care personnel as an enabler of meaningful life. In addition to providing basic health care, home care personnel should have time to focus on mental health of the customers. This would mean focus on prevention of loneliness and providing in home and out-of-home activities of one's interest. This could be done also by integrating social workers into care teams. Social workers could also be of help in building up service network for aged customers. In general, it was said that the key project does not really consider other dimensions of home care than health care related issues. More attention should be paid also to other dimensions of home care related things such as facilities, house chores or cleaning up. All in all, to provide more comprehensive care, it was considered that care personnel should be able to reserve more time per customer.

Importance of continuous learning. In general, it was hoped for that health care personnel would be more educated and professional, but on the other hand, in some cases prerequisites were seen as too strict. People with less education could be hired to assist healthcare personnel for instance in household chores, and that way those with comprehensive education in nursing could concentrate on tasks that require particular skills and experience. In the comments regarding the skills of home care personnel, it was also mentioned that to ensure that home care personnel are adequately educated, cooperation with educational institutions should be enhanced as a part of the key project. This could be of help in implementing the plans in practice. Additionally,

continuous education, mentoring and field work were considered important in keeping the care personnel, from students to managers, up-to-date on needs and issues of the field.

Resources of home care personnel. Workload of home care personnel was brought up as an issue: It was considered that the home care personnel have too much to do and too little time. Fast working pace was seen to affect both the people working and the customers. It was seen that situation of the home care personnel should be improved not only for the workers themselves but also to improve the quality of care. Huge workloads were even seen to indirectly affect on supply of good-quality social and health care services: demanding reputation of the profession might be considered frightening and limit the number of people who want to study nursing and specialize in elderly care. Therefore, the social and health care system should provide structure which would provide enough resources for home care personnel to give comprehensive care of good quality.

4.3.4 *System and its restrictive features*

Bureaucracy and scatterness of the system. System behind informal care and home care and services related to that were considered scattered and somewhat unreliable: information on services is difficult to get and once you manage to get the needed information, you cannot be sure whether you will be provided the needed service. It was considered that bureaucratic and inflexible practices complicate the situation of the informal carers and those in need for care. It was seen, that help is not offered automatically but one should be aware of one's rights and demand for help. That said, especially the rights of those elderly who do not have anyone to speak for them, were seen threatened. It was seen important that system would adhere to integrated service system principles ("yhden luukun periaate"), which would mean that one in need would get all the needed information and guidance comprehensively from one place. This principle has been stated also in the key projects project plan.

Complex support system. Applying for financial aid was considered complicated and resource intensive: it takes a lot of time and energy. Especially overlapping aids and how they affect on each other, was seen complicated. For example, if one is working full time, he or she might not be eligible for getting financial aid targeted for informal carers. Therefore, redesign of support system and clarification of prerequisites for getting assistance was considered important. As one solution for making the system more straightforward, basic income, which would provide basic livelihood for everyone, was suggested.

Regional inequality. It was also seen, that both the prerequisites for getting the aid and extent and content of assistance differ between regions. This was considered to put informal caregivers living in different parts of the country into unequal position. It was hoped for that the criteria for getting the aid and the extent and content of it would be the same throughout the country. However, geographical challenges for producing equal and comprehensive services were acknowledged. Still, it was considered important that national projects such as the key project should pay more attention to smaller regions, not just focus on improving the big, more developed areas. To improve services also in smaller areas/cities, local projects and solutions were called for. Small, multidisciplinary experiments were seen to better consider local requirements than big nationwide projects. After the trials in smaller areas, successful service models could then be applied more broadly.

Cross-sectoral co-operation. Respondents called for cross-sectoral cooperation and services. Public services should be better integrated with other service providers (private sector, third sector). Also, volunteering was seen as an important piece of service provision, and therefore, should be better integrated with public sector services. Enhancing both communication and cooperation among different operators could, per some respondents, both improve supply of services but also to increase the amount of information on the state of health of citizens. This information could then be of help in the service development processes.

Implementation of the plans. Because of the on-going SOTE reform, some respondents found it difficult to see how the key project can be developed when even the basic structure of future social and health care system, is still somewhat unclear. It was seen that the plan contains many solutions that would improve the state of different actors, but it was difficult to understand how plans will be executed and who will be responsible for implementing them. Some respondents saw that the key project puts too much responsibility on the shoulders of individuals. Respondents hoped for concrete examples of the impact the key project and the planned actions are to achieve in practice. It was considered important that all the parties who are or will be affected by the decisions – caregivers, care personnel, elderly themselves – would have possibility to be involved in service development. Also, the councils of senior citizens should be consulted as they were seen to have topical information on the state of the local elderly.

Focus of the project in cost savings, not in promotion of health. Some respondents argued, that the main goal of the key project is to reduce and restrict costs, not to make sure that individuals and their needs are responded to. Focus on costs was not considered to take informal care and home care of the elderly, and overall health of the citizens, to the desired direction. Starting point for the project should, per respondents, be wellbeing and meaningful life of citizens and that the care should be

based on values that promote humanity. All in all, what was highlighted is the need for value discussion and humanity-based decisions in public policy making.

4.4 Future orientation of the feedback

It is difficult to orientate one's thoughts to the future. This can be seen also within the feedback. Majority of the comments are about current state and concrete issues in informal care and home care of the elderly. As the issues are acute, it is not a surprise that the focus of the comments is in immediate development needs. On the other hand, this lack of actual future orientation can communicate the complexity of the plans. It is difficult to understand what kind of impact the plan will have in lives of informal caregivers, health care personnel and the elderly in need for care. Respondents call for more understandable plans and concrete implementation examples. Also, phrasing of the question ("What would you like to tell to the key project committee?") might steer respondents to rather concentrate on current issues and development needs than ponder on the future of elderly health care.

Those responses with more long-term sight on the future contain thoughts for instance on consequences of the megatrend of aging population and demographic changes caused by that. There are concerns about willingness of future generations to take care of their parents, as it is thought that the general mindset in society will change to even more individualistic direction. In addition, changes in work-related issues raise questions. The goal to increase the amount of working years and to increase informal care were seen somewhat contradictory: reconciling informal caregiving and full-time work were considered difficult.

Of worry was also whether the plans are too short-term and whether the current issues will remain also in the future. Also, bigger reform was called for: current plans were not seen to improve the situation enough. However, respondents who called for a more thorough reform did not specify what these bigger changes would be. This can be interpreted to tell about complexity, and situation in which respondents can specify what they do not want, but encounter difficulties in defining what would be a better option or way of arranging the system. Despite all the dissatisfaction towards the plans and system in general, it was generally agreed that change is needed: Backward-looking approach will not lead to any improvements in the future.

All in all, it can be interpreted from the data, that aging related issues, and future in general, cause fear and worries. Respondents are worried about the health and well-being of their own, their near ones and the care personnel. To diminish these worries, long-term, transparent policy and decision-making is needed. It could be a way forward to create more legitimate future policies.

5 CAUSAL LAYERED ANALYSIS (CLA): WHAT CAN BE FOUND BELOW THE SURFACE?

5.1 Process of analysis: Causal Layered Analysis

This chapter is devoted to the analysis of the data with the means of Causal Layered Analysis (CLA) method. Analysis is done to answer the research question “What kind of deep down assumptions, values, worldviews or myths and metaphors can be identified from the data with the help of Causal Layered Analysis (CLA)?”. Additionally, objective is to analyze what importance these deep-down thought patterns can be seen to have regarding the future of social and health care of the elderly, and more specifically the future of informal care and home care of the elderly. The chapter begins with an introduction to the process of CLA in this research and then proceeds to the actual analysis of the data. A general discussion on what kind of additional value using CLA could have in public policy making, will conclude the chapter.

In this research, the starting point for the Causal Layered Analysis was the qualitative content analysis. This was done to both identify more concrete development ideas in the data and to narrow down the topic into smaller units, which would then be more reasonable to analyze with the CLA. In the qualitative content analysis phase, four main themes were identified and aim of the CLA was to dive deeper into those topics. Data belonging to those four themes was taken under examination and analyzed on the four levels of CLA: Litany, system/social causes, discourse/worldview and myth/metaphor. Litany level gives a surface description on the topic and is often exaggerated and not connected to a bigger picture. On the layer of system/social causes, systemic causes related to issue or phenomenon are researched. On the level of worldview, the deeper discourse, ideologies and attitudes are examined. The deepest layer of myths and metaphors gives insight on shared, cultural beliefs that can be seen to have effect on what kind of issues are discussed on the level of surface. To illustrate the content of each chapter, headings for each category have been derived from the data. As a remark, it should be mentioned though, that the quotations in the headings of CLA chapters are not straight citations but loosely derived summary of the data.

The challenge for this research was that the material, feedback collected to the project plan, is not collected to be analyzed with CLA. Additionally, executing CLA includes a lot of interpretation which means that data could have been interpreted also in other ways. Even if the goal is to examine the data as objectively as possible, researcher’s interpretation influences how the data is interpreted and what kind of conclusions are drawn from it. However, the aim of using CLA in this study is not to communicate a rigorous future image, but to uncover deep-down values, worldviews

and myths and metaphors, which may be of help in communicating a desired direction of the future.

In the following, CLA on each four themes is first summarized in a table. After that, more detailed description on each layer is given. After analyzing all four topics with CLA, special attention is paid to the layer of myth/metaphor: what does that layer tell us about the current stage of the system and the desired future directions.

5.2 CLA: "I get old, therefore I am?" – Needs of the aging population

CLA summary: "I get old, therefore I am?" – Needs of the aging population

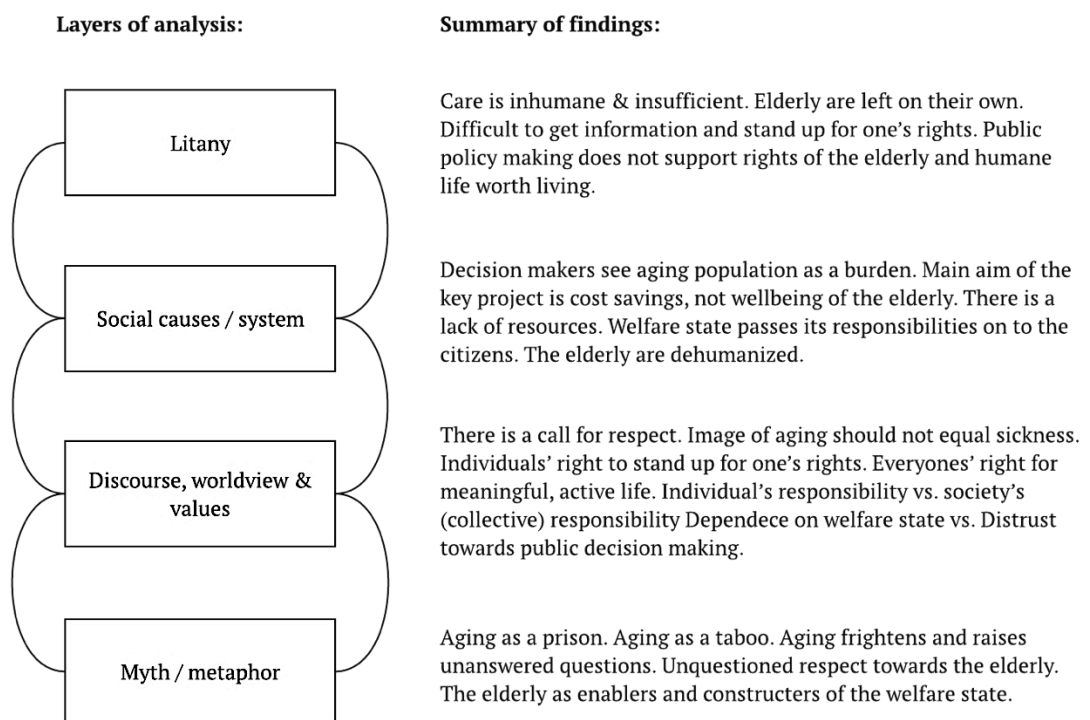


Figure 10: CLA summary: "I get old, therefore I am?" – Needs of the aging population.

Litany

On the litany level, the focus of the responses is in the social and health care of the elderly in general. Respondents are worried about the quality and extent of care and concerns about attitudes towards the aged are raised. Elderly care and attitudes towards the elderly were described as inhumane: it was mentioned how "*the elderly are hang out to dry, basically stranded*"². It can be interpreted from the data that it is experienced that comprehensive or even adequate care, which pays attention to

individuals' needs, is not available. Lack of appropriate care was said to increase for example feelings of loneliness, depression and insecurity. All this was considered to be a consequence of the system that does not consider comprehensive needs of the elderly. It was also argued that policymakers do not have a clue about the problematic situation the elderly have to deal with, and what are the needs of the elderly in need for care. It was said that to understand the situation, each policymaker should *“go and visit at least one elderly person and see it [the misery] with their own eyes³”*.

Of worry was especially situation and rights of those elderly, who do not have any family or relatives to assist them. It was even argued that difficulty of getting help and information is intentional; As one respondent puts it, *“Information is not given out and this is done to save the assets of municipalities, at the cost of our disabled and elderly people⁴”*. Despair and apathy are caused by the feeling that the current system of public policy making does not support humane life worth living but leaves the elderly alone on their own, providing only the basic health care needed to stay alive.

Social causes / system

The system level discussion on the issue reveals, that there can be found distrust towards public services and public decision making even on a more fundamental, systemic level. Poor state of affairs in social and health care was explained to be a consequence of poor decision-making: decision makers see the elderly as a group and the elderly care mainly as a problem, a burden, or as a possibility for cost savings. In the words of one respondent, for the decision-makers the aging population is *“an enormous financial burden⁵”* that needs to be solved with as minimal resources as possible. It was seen that the key project stems from not the needs of the elderly but from the resources of the system. It was seen, that in the plans, cost savings are considered as more important than the well-being of the people. It was acknowledged, though, that the reason behind inadequate and inhumane care is the lack of financial resources and pressure for cost savings. However, adequate and comprehensive elderly care cannot be arranged if there are not enough resources: money, time and staff.

It was mainly seen as a responsibility of the system – or more specifically the welfare state – to arrange health care services and take care of the health and well-being of the elderly. However, it was not seen to fulfill its responsibilities. It was seen that currently too much responsibility is passed on to the citizens to take care of each other. Additionally, the system sees the elderly mainly through their carers - children, grand children or other family - not as independent actors. Aging was described as a phase of life when an individual, seen from the perspective of decision-makers, *“is not a human anymore as he/she gets old⁶”*, is not capable to take care of him/herself and is not worth respect anymore. Undeniably, some elderly need more assistance than others and/or

someone to speak for them, but as this is not the case for everyone, it was expected that the elderly should be treated as individuals, not as a mass.

Discourse/worldview

The central worldview / discourse behind the issue of the elderly and their needs can be seen to call for equal position of the elderly in the society with the citizens of younger age. Aging should not be seen as a burden or a phase loaded with sickness and other issues, but as a phase of life that the most of us encounter in our lives. That said, aging should not be seen and discussed only through the lense of sickness and other issues. Instead, the elderly, also sick and disabled, should be regarded as individuals with the need to lead meaningful life and be an equal part of the society, as their younger counterparts do. As one respondent puts it: *“As I get old, I want to be part of the society, not outside of it, locked behind doors⁷”* and *“[...] to be part of the city landscape⁸”*.

It was also hoped for, that the elderly would have better chances to get their voice heard and to stand up for one’s rights, to the extent it is possible for an elderly to participate. Moving from the paternalistic and passivating system to a system that focuses on activating and health promoting practices was also seen as an important building block to guarantee conditions for meaningful, high-quality life.

Another underlying worldview which can be identified from the data is almost unconditional respect towards the elderly and the experience they have gained during their lives. It was seen that the elderly deserve all the respect and honor but it is not taken enough into account in policy and decision-making. This experience of lack of respect can be seen summarized in one respondent’s comment referring to activating toys given to the elderly in some circumstances: *“When you get old, would you want to sit there with a squeaking toy seal in you lap⁹?”* The comment can also be interpreted to be related to a call for more humane elderly care.

Tone of the discussion can be interpreted to echo skepticism and distrust towards both the new practices presented in the project plan and the current stage and future development of social and health care of the elderly in general. Data can be interpreted to communicate the difficulty of believing that things could get better in the future. Attitudes can be interpreted to be based on prevailing attitudinal atmosphere of distrust towards the system, policymakers, and their ability for problem solving. That said, even though the system is being criticized, respondents seem to assume that taking care of well-being of the elderly is the responsibility of the system and policymakers: the welfare state. Welfare state is heavily relied on and it is expected to provide inclusive, almost limitless services to its citizens.

Myth / metaphor

On the deepest level of the analysis, one metaphor that describes the situation of the aged in the society / current state of social and health care of the elderly would be a prison: place where aged people are left alone in inhumane circumstances. This is brought up in respondents' comments such as "*[the elderly] are prisoners of their own homes¹⁰*" and that the elderly "*are just kept in their beds¹¹*" and that they are "*given a wristband¹²*" and left home alone. This widely shared paradigm can be seen to be reflected to the level of litany where issues related social and health care of the elderly and the unequal position of the elderly in the society were brought up.

One underlying myth that can be seen to direct the discussion on the level of myths and metaphors is the deep respect towards the elderly and their long life and life experience. The elderly are considered as a group that have enabled the existence of the current welfare state. This can be derived from the comments which refer to "*those who have built up well-being in this country¹³*" and generations, "*that have surely done their part for the society¹⁴*". Descriptions of the desired status for the aged can be interpreted to belong to hero myths. According to Rubin (2013, 291), hero myths have their part in society in defining what is right and what wrong. Therefore, hero myths can describe the shared values in the society and behind the practices. Respect towards the elderly can be seen as one of the unquestioned values in the Finnish society among the respondents.

It can also be interpreted, that things related to aging are not discussed widely. Aging can be seen to be almost a taboo in the society. Even though it seems that aging can feel quite a distant issue before one encounters issues related to it – either through own experiences or through a relative or near one – it can be interpreted that aging is not a neutral issue: comments can be seen to echo fear and worry towards future, towards aging, both own and the aging of one's near ones. For instance, one respondent opened his/her worries saying that "*Personally, I'm worried about aging, sickness, helplessness and abandonment I will encounter as I get older and my health condition gets worse¹⁵*".

It was suggested that to diminish these fears, aging and issues related to it – both positive and negative - should be discussed more and the elderly should be given more visible role in the society. As one respondents stated: "*Things related to aging should be spoken about publicly and information should be spread, people get worried if they do not know what are the normal things that happen to you when you get old¹⁶*".

5.3 CLA: Informal caregiving – Obligation or a matter of the heart?

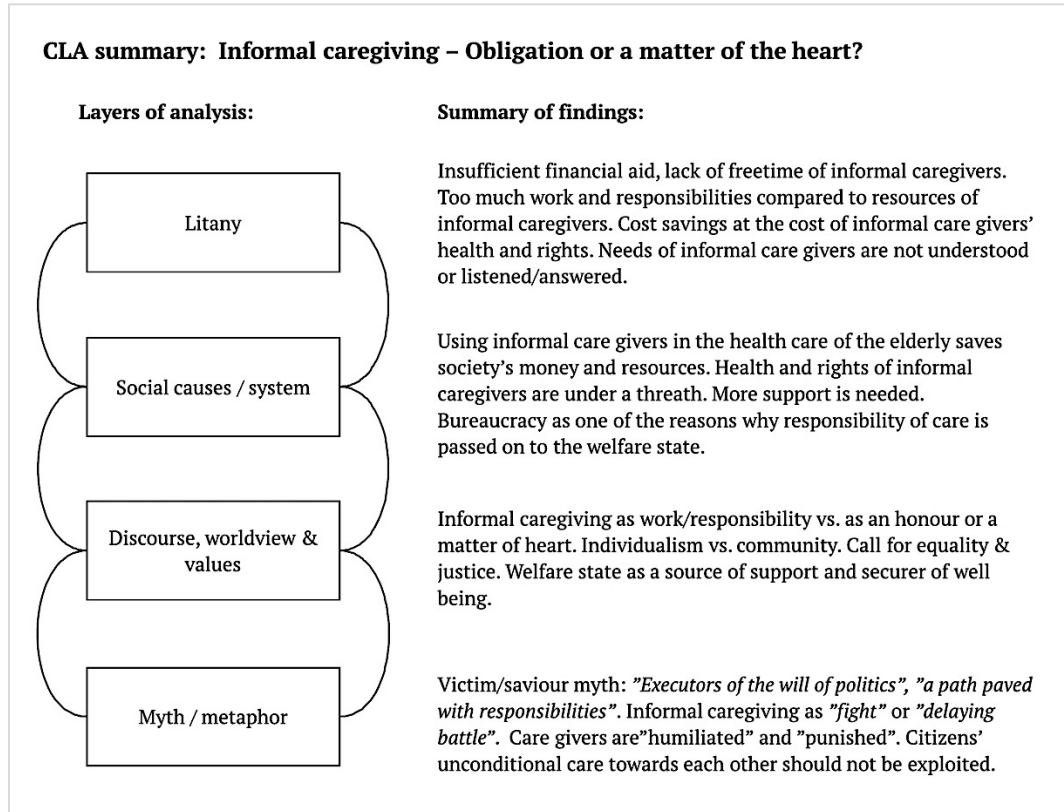


Figure 11: CLA summary: Informal caregiving – Obligation or a matter of the heart?

Litany

On the litany level, the role of informal caregivers is mainly discussed in the form of the issues related to one being informal caregiver. What is considered an issue is for example insufficient financial aid/compensation, taxation of the aid, lack of freetime and role of informal caregivers as a resource-intensive task. In addition, getting help and finding information on one's rights was considered difficult. Opinions on sufficiency of the financial aid given to informal caregivers can be summarized in one respondent's comment: "[...]financial compensation is so small that it is almost insulting [...]... In addition, it is taxed and difficult to get granted for¹⁷".

According to data, cost savings in social and health care of the elderly are seen to be done at the cost of informal carers. Informal caregivers nurse their near ones at the cost of their own health but the policymakers do not either see this or do not care about it. As one respondent puts it: "I wonder if the plan is that this generation, which almost unconditionally takes care of their near ones, does not need care in the future, neither

at home nor in service houses, as after all the exhausting nursing work they get sick and pass away before need for home care even arises¹⁸”.

Position of informal caregivers was seen as difficult, and heavy responsibilities lead to a situation in which prerequisites for informal caregivers to take care of themselves and have own time were seen to be lacking. It was argued that informal carers are given too big burden to carry, both financially, physically and mentally. Difficult position of informal caregivers can be seen to be summarized in the comment: *“I have worked in elderly home care and seen the agony of informal caregivers from a close distance. A sick, old person cannot be obliged to take care of his/her spouse who is in such condition that would require care in a hospital¹⁹”.* It was also brought up that policy making does not take into account informal caregivers’ need for own time and time for taking care of other things than things related to caregiving: *“It is not understood that informal caregivers have also other roles and responsibilities in life in addition to being an informal carer²⁰”.*

Social cause / system

On the layer of social causes and system, call for better/broader rights for informal caregivers was reasoned, among other things, with the financial advantage society gets from using informal caregivers instead of professional carers in the care of the elderly. As one respondent commented: *“Municipality saves a lot when relatives are the ones taking care of the elderly²¹”.* Need for higher financial compensation was reasoned for example by the difficulty to merge wage work and role of informal caregiver and therefore, to be a full-time informal caregiver, one would should be paid better. It was also thought, that informal caregivers can give better quality care to their near ones than they would get in sheltered housing or health centers. That was also seen as a reason to give higher financial aid to informal carers: *“Municipality cannot provide such home services that we as informal caregivers can give and for sure not as of quality service: service which takes into account the old person and his/her wishes²²”.*

Because of bureaucracy, it was considered that getting help is difficult. This was considered as of the reasons why the responsibility of the care is passed on to the welfare state. As one respondent stated: *“Lasting delaying battles, caused by the “stiffness of the organization”, for the possibility to get aid just increase pressure to leave the care of your near one to the society²³”.* In addition to wishes for reducing bureaucracy, there was also a call for equal treatment and equality in the criteria for granting the aid.

Discourse / worldview

On the level of discourse / worldview, comments regarding the role of informal caregivers can be interpreted in a way that being an informal caregiver is, or at least should be taken as an honor or a matter of heart. In some cases, however, role of informal caregiver was seen as given, a responsibility one has to accept if the situation calls for it. However, one respondent commented that “[...] *being an informal caregiver should be a choice one makes, not an obligation*”²⁴.

That said, in an ideal situation being an informal caregiver would stem from unconditional willingness to help and from love for one’s near one. However, it can be interpreted that also other prevailing cultural values such as individualism, equality and justice have an impact on how issues are reacted to – for better or worse. For instance, there is criticism towards individualistic culture and people who “[...] *are so selfish whiners and that is why they don’t want to take care of their elderly parents*”²⁵. It was also stated that “*Everyone with aging family members should change their attitudes and give more humane thoughts to it and really respect one’s parents*”²⁶. To summarize, there is a call for rights of the elderly in a need for care but also for the rights of informal caregivers. In the worst case, this need for equality and justice might lead to a situation in which all the players just look after their right for individual justice, neglecting the fact that the other one might be in much weaker situation. Therefore, on the discourse level, individualism, equality and justice can be seen to be prevailing values for better or for worse.

Regarding the role of informal caregivers, role of the welfare state as a source of support and security underlines the comments. For instance, one respondent states that “*It is not the task of the children to take care of their parents, rather, number of the health care staff should be increased*”²⁷. The welfare state is expected to provide comprehensive support and answering to the wish that “*Everyday life of the informal caregivers should be made as convenient as possible*”²⁸.

Myth / metaphor

On the level of myth and metaphor, discussion on the role of informal caregivers can be interpreted to be influenced by victim/savior myth, which, according to Rubin (2013, 291) refer to the willingness to take care of the people important to you, even though you would have to sacrifice something yourself. Victim/savior myth can also be seen to maintain integration of the society in a form of obedience. Informal caregivers are for example described as “*executors of the will of politics*”²⁹ and the role of them as “*a path paved with responsibilities*”³⁰.

It can be interpreted, that on the one hand, there is an unconditional will to contribute to society but what diminishes this commitment is prevailing polarization of attitudes between policymakers and informal caregivers – between individuals and society. This can be read from the comments describing the dynamics between informal caregivers and the system as *“a fight”*³¹ or as a constant *“delaying battle”*³². In the data, it is also expressed in comments that state that informal caregivers are *“put down/humiliated”*³³ and *“punished”*³⁴.

Being an informal caregiver can cause contradictory feelings. On the one hand, it is a task that *“has to be a matter of the heart”*³⁵ and a responsibility that cannot be refused to take. On the other hand, strong desire for individualism, equality and justice before the welfare state also have effect on how things are reacted to. It is taken as granted that welfare state has a role of securer of equal well-being for everyone and therefore, it might be seen unjust if the state wants to save money at the cost of unconditional caring among the citizens.

5.4 CLA: Life in a home care machine

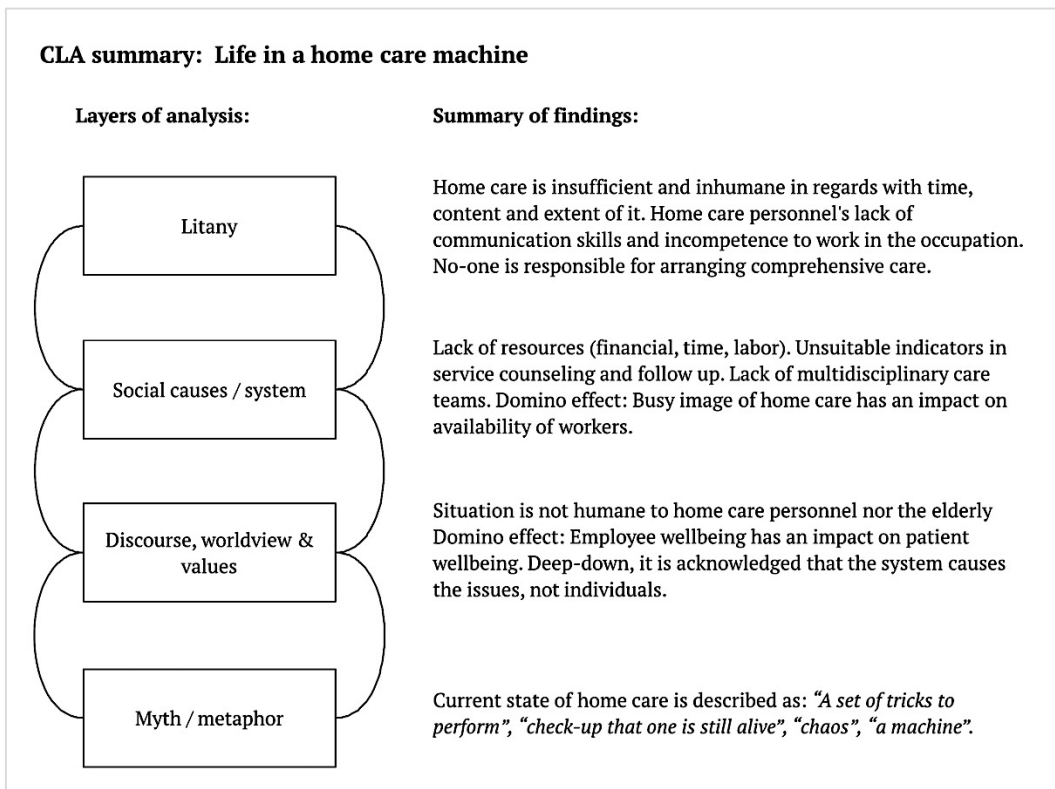


Figure 12: CLA summary: Life in a home care machine

Litany

On the layer of litany, focus of the comments regarding home care personnel is in the lack of sufficient care, both timewise and regarding the content and extent of care. Especially the amount of time care personnel has per each customer was considered insufficient in a sense that it effects on possibility to provide comprehensive, humane care and to focus on individual needs.

Also, communication skills of care personnel were mentioned, focus of the discussion being in the lack of them. As one respondent stated: *“Immediate training for them so that they would know how to encounter people and communicate comprehensively with the customers and their near ones, to put a stop to humiliation of the customers and their families³⁶”*. Also, one’s suitability to occupation was called for as it was seen that there are people working in health care who are unsuitable for doing the job. One respondent even claimed that *“in the field there are only people who are incompetent to work as a social workers or service counselors, who think they are better people just because of their salary and are motivated to work only because of money³⁷”*.

As a whole, home care was considered to be too one-dimensional and not supporting comprehensive health care. Currently, it was experienced that none of the actors in the system is fully responsible for arranging for comprehensive, integrated care. In general, big reforms in home care were called for to ensure better possibilities for comprehensive health care and well-being of the elderly.

Social causes / system

From the systemic perspective, it was acknowledged that the poor condition of home care is at least partly a consequence of the lack of resources, both financial resources and lack of skillful workforce. Because of the lack of time and resources, it was experienced that currently, *“Focus of home care is too much in (medical) treatment and less in actual nursing³⁸”*. This comment refers to an experience that home care focuses mainly on basic health care and does not pay much attention to other dimensions of well-being. It was also stated that *“basic needs are not the only needs of the elderly³⁹”* and that basic health care is not sufficient in situations in which *“[...] a person is alone all days or has not been out-of-home for six months⁴⁰”*. In addition, it was considered that unsuitable indicators are used to evaluate one’s service needs and follow-up practices were seen to be inadequate. Multidisciplinary expertise of home care teams was seen as a prerequisite for comprehensive home care of the elderly.

In regards with the lack of resources, especially busyness of work was seen to effect on employee well-being and therefore also on well-being of the customers, the elderly.

Tight scheduling and busyness were also seen to have negative impact on the image of home care as a working place and therefore, also on availability and adequacy of home care personnel in the future. As one respondent stated: *“Already now many deputies don’t want to work in home care because of the horrifying pace of work, also students have said that they don’t want to work in home care [...]”*⁴¹.

Discourse / worldview

Even though on the surface of the discussion, the focus is in issues of home care, analysis on the level of discourse reveals that deep-down, critique is not concerned with home care personnel and their behavior. Rather, the despair stems from discontentment towards the system and its structure. Comments can also be interpreted in a way that the respondents acknowledge that the busyness of home care is a consequence of the system more than it is in the hands of the staff: *“Home care staff do not have time to give help and support even if they wanted to do more. Schedule is so tight that you only have time to quickly do the required task and then move on to the next place”*⁴².

What was expected from home care was humane, comprehensive nursing and time for the staff to do their part on enabling meaningful life for the elderly customers. However, it was not expected that home care personnel should be servants who work at the cost of their own health and situation was seen to be inhumane both for the staff and the elderly. One respondent summarizes this by saying: *“Foremost, well-being and condition of the home care personnel should be seen as a priority so that the elderly in a poor condition can get at least some help and support at home”*⁴³.

Myth / metaphor

Metaphors regarding home care of the elderly present current situation with terms that could be usually associated for example with very routine-oriented factory work. Current state of home care was for example described as *“A set of tricks to perform”*⁴⁴ and visits of the home care staff mainly as *“check-up that one is still alive”*⁴⁵.

Home care system was described as *“a chaos”*⁴⁶ and that *“the home care personnel is expected to work like a machine”*⁴⁷. That said, the current state of home care is associated to terms that are usually linked to machines and mass production. What was expected from the care was, however, the opposite: humanity and care that takes into consideration individual needs.

5.5 CLA: “No more empty promises!” – Role of the system as a securer of well-being

CLA summary: “No more empty promises” - Role of the system as a securer of well-being

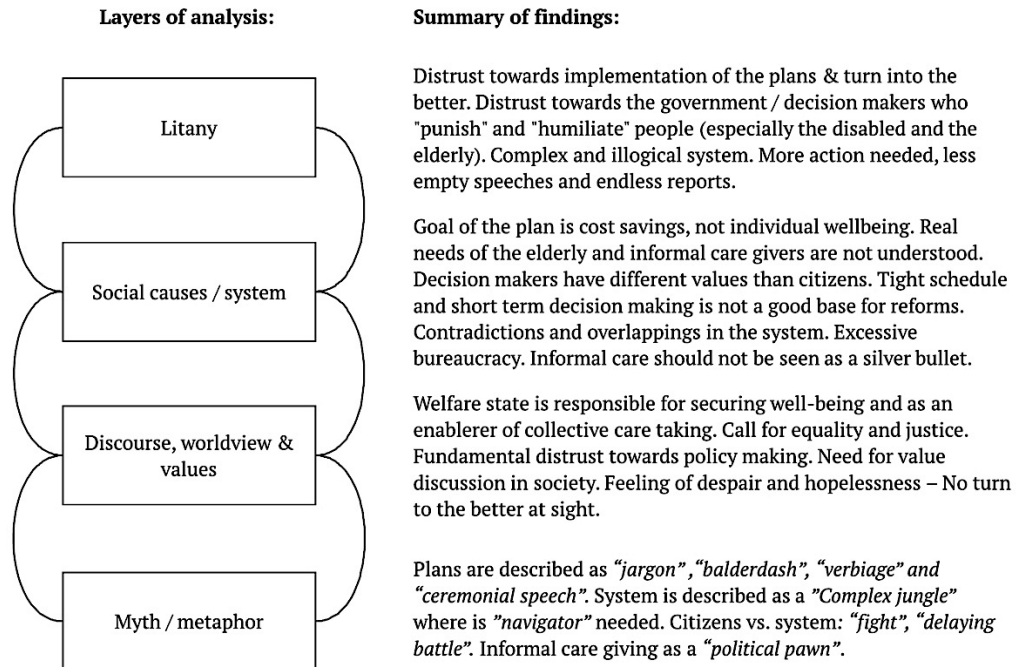


Figure 13: CLA summary: “No more empty promises!” – Role of the system as a securer of well-being

Litany

On the level of litany, the current state of social and health care system of elderly and its adaptability were commented on. From the data, it can be interpreted that the key project’s implementation plans are not considered to contain big enough changes for system to become better. For instance, one respondent stated that the implementation plan regarding home care of the elderly must be “*exploded*⁴⁸”, to accomplish a reform that is significant enough.

One thing that was commented on was the amount of research done on the topic and lack of utilization of the gained insights. It was commented on, that there are a lot of different studies, projects and reports in the making but the results of those are hardly utilized. As one respondent puts it: “*There is a lot of KELA research done regarding informal care, [...] What’s the matter, why doesn’t government take these studies into account? Why a new group, why again?*⁴⁹”. It was also stated that experiences of the elderly and their informal caregivers are not utilized adequately in public decision

making: *"Ask from informal caregivers what is needed, you don't have to ponder over informal care issues for four years⁵⁰".*

On the level of litany, it can be interpreted that there is prevailing distrust towards current government, its operations and towards public policy making in general. Some respondents even experienced that the leaders of the country do not respect the elderly or other people in unprivileged position. This can be seen to be summarized in the comments such as *"I have lost all my faith on the current government and its different key projects. All that the current government wants to do is to punish and humiliate the poor, especially the disabled and the elderly⁵¹".* Another respondent commented that *"For the elderly to live humane life in a place which is dear [...] respect should begin from the leaders of the country and from the hands of those who make the decisions. [...] It is useless to talk about supporting living at home if that means abandonment, bad treatment and insecurity⁵²".*

Respondents also experienced that the starting point for the plans is the system and its resources and that the main aim is to have cost savings. Also, the complexity, scatterness and regional inequality were criticized and support system was described as overlapping and illogical. *"It is inexplicable how one gives with one hand only to take back with the other. When the municipality pays informal care grant, tax authority attacks; If you are retired, the whole taxation increases a lot. If you work, it is seen as an extra income and again, taxman comes and takes a significant share of it⁵³".* There can be interpreted to be wishes of a turn to the better but the change was not seen to come true: *"Let me just say that in the current political climate there is no turn to the better in sight and this inhumane treatment of people continues⁵⁴".*

Social causes / system

On the level of system, it was commented that politicians and other decision-makers do not understand the actual situation and needs of the elderly and their informal carers. It was experienced, that in decision-making elderly are treated as a chance for cost savings, not as humans, and that decisions are made with money in mind. Cost savings are prioritized with the cost of citizens' well-being: *"As it is put in the project plan, how 'we include the elderly – why to waste such a resource?' To exaggerate: Finances first⁵⁵".* Human centric decision-making was called for, so that *"The customer will be [...] genuinely in the focus⁵⁶".* Also the need to redefine the role of informal caregivers as a part of the society was expressed: *"Role of the informal caregivers of different age and with different care responsibilities is still too unknown, rights have not been secured and informal caregiving has not been acknowledged as a work that benefits the society⁵⁷".*

It was also pondered on, whether the values of decision-makers differ of those of the citizens. For example, one respondent states that *"In planning, one should pay attention to [...] the biased general attitudes towards aging people and their needs in our society and to examination of our society's values, and in regards with that it should be evaluated what is the value scale that we should use to secure long-term involvement and agency of our aging citizens⁵⁸".* In short, value discussion at the level of society was called for.

Plans were said to be too short term and not considering all the dimensions regarding the issue. It was also criticized that some of the planned actions are contradictory and too conventional: They do not contain means to find new solutions to integrate wage work and work as an informal caregiver. Also the tightness of the schedule was criticized and it was expected to have effect on how resources are allocated; that being big, already operational projects: *"The danger is, that with this schedule money flows there were regional development is already advanced, e.g. Eksote, Siun Sote and Kainuu. Innovative development projects of individual municipalities and small entities [...] will be ran over⁵⁹".*

Also, humanity of the system was commented both from the perspective of the caregivers and those in need for care. Amount of bureaucracy was seen as too exhausting and making complex situation even more exhausting. In addition, it was seen that the key project gives too much responsibility of the care to the families of the elderly. This was criticized especially from the point of view that not all the aging people in need for care have anyone to take care of them. Moreover, not all people have prerequisites or willingness to work as an informal carer and therefore, increasing informal care cannot be taken as a silver bullet, as the main solution to how elderly care is arranged in the future.

Discourse / worldview

As in regards with the system, also on the level of discourse data can be interpreted in a way that the welfare state has a major role as a supporter of well-being of its citizens. Additionally, it has a role of securer of equality and justice: *"It is important to secure that both the families and the "care takers" are equal citizens with sufficient quality of life and possibilities to be active and involved⁶⁰".* It can be interpreted from the comments that the state is expected to do its part and provide citizens services they need, but on the other hand, also to create an environment within which it is possible for citizens to take care of themselves and of each other. However, current service structure and planned actions that the key project contains do not fulfill the expectations citizens have towards the welfare state. Within the feedback, one question summarizes this: *"Has the universal Nordic welfare state come to its end?⁶¹".* In addition to all this, there

is prevailing distrust towards policymakers and their decisions. Partly, this can be interpreted to be because it is assumed that the policymakers have different values than the citizens.

Even though the welfare state is expected to carry the main responsibility of securing well-being of its citizens, there is also call for the joint responsibility among the individuals: *“As citizens of civilized welfare state, should all the citizens take collective responsibility of mental well-being of the aged by respecting them, being there for them in everyday life, bringing joy to their loneliness⁶²”*. However, it is not fully trusted that collective care among citizens would work. From the data, it can be interpreted that it is expected that the society will develop to even more individualistic direction, generation by generation. This will happen at the cost of collective care: *“Assumingly, generations after us will be even more ‘selfish/independent’ as we ever were⁶³”*.

Despair can be seen to stem also from the scattered system, as it might be challenging for the respondents to see what kind of concrete impact decisions and plans can have, and how one could contribute by him/herself to the decision-making. Also, in general, it is difficult to see how in the current financial situation there could happen a shift to the better: *“Finland is in the middle of economic depression and difficult growth period due to tax increases, tightenings in labor agreements and cutting student aids. These are some of the reasons why our young people and those in working age won’t get any relief from increasing social responsibilities⁶⁴”*.

Myth / metaphor

Metaphors that are used to describe current policy making, such as *“jargon⁶⁵”*, *“balderdash⁶⁶”* and *“empty words⁶⁷”*, can be interpreted to stem from the difficulty to understand the plans and their impact in practice. Additionally, one respondent referred to the plans as *“ceremonial speech⁶⁸”*, as empty phrases which will not be taken to practice, at least not at the planned schedule or in a way that is comprehensive enough. Distrust towards policy making can be seen to be deeply rooted in these metaphors. As one respondent summarizes this: *“Beautiful words alone are not enough, what is needed is action⁶⁹”*.

In regard to the system, it can be interpreted from the data that there is fundamental polarization and power struggle between the public and the system. In this battle, citizens are underdogs compared to the decision-makers and the system. Some of the words that were used to describe the process of seeking for help were *“fight⁷⁰”* and *“delaying battle⁷¹”* and the system was described as *“complex jungle⁷²”*. One respondent stated that the system is so scattered and complex that one would need a *“navigator⁷³”*, to get through.

Also, it was experienced that decision-makers just want to benefit at the cost of the elderly and their caregivers and that *"Informal care giving has become a political pawn⁷⁴"*. This can also be interpreted to increase polarization between the system and the citizens.

5.6 What difference does this make in the future?

In this research, CLA has been utilized to find out what kind of deep-down thinking patterns, worldviews, myths and metaphors can be identified when scratching below the surface of the public feedback given to the key project's project plan. In addition to this, aim has been to examine how these insights could be placed in the context of current system of home care and informal care of the elderly: How the insights could be of help in reframing the problems and finding new solutions and policies regarding the system of home care and informal care of the elderly. In the following, I will firstly discuss the meaning of the findings gained in the CLA process. The focus of this will be especially in the insights gained on the level of myths and metaphors and in their role in constructing more positive images of the future. To give the abstract myths and metaphors more concrete context, findings from the qualitative content analysis phase will be combined with these myths and metaphors. Moreover, gained insights will be presented in the context of the public policy making system outlined in the integrated framework of this study.

5.6.1 Transformative discourse: myths and metaphors revised

In this study, it is assumed that the layer of myths and metaphors includes "hidden ideology to be exposed" (Shevellar 2011, 13). As Inayatullah (2004, 13) puts it: "Deconstructing conventional metaphors and then articulating alternative metaphors becomes a powerful way to challenge the present and create the possibility of alternative futures" (Inayatullah 2004, 13). Therefore, one question to be considered in regards with the results of this study is, what kind of changes in the system would be needed to turn the negative metaphors into more positive ones? What kind of changes should be made within the system that for instance getting help would not feel like a battle or constant fight? Therefore, in this chapter I will take a look at the metaphors and myths that were identified in the analysis. Myths and metaphors found within each topic are listed and myths and metaphors that can be seen to have negative tone, will be taken under more thorough examination. Focus here will be on what kind of difference would it make if those negative myths/metaphors were revised, and more positive

myths/metaphors were set as an ultimate goal of the system. Additionally, I will suggest concrete actions needed, stated by the respondents, which could be of help in turning the negative tone of myths and metaphors into more positive direction. I will also ponder on how some of the myths/metaphors with a positive tone could be utilized in reform of the system. That way, relevance of these very abstract, even meta-level myths and metaphors can be illustrated, and a bridge between them and more concrete litany and system level actions, built. Summary of these current and revised myths and metaphors and transformative actions is presented in table 2.

Table 2: Transformative discourse and actions that could lead to more positive futures

Topic	Current myth / metaphor	Myth / metaphor revised	Concrete actions that could lead to the revised myth / metaphor and to more desirable futures
Needs of the elderly	<i>Prison</i>	<i>Safe haven</i>	<ul style="list-style-type: none"> - From illness-focused care to promotion of holistic well-being - Decrease loneliness as a part of care - Home care personnel should have more time to spend with the customers - Safe living environment - More possibilities for out-of-home activities - Thorough mapping of service needs and comprehensive follow-up processes - Anticipatory actions and activating care - Value discussion at the level of society
	<i>Aging frightens and raises unanswered questions Aging as a taboo</i>	<i>Aging as a natural and good part of life and the elderly as an important part of the society</i>	<ul style="list-style-type: none"> - More visible role of the elderly in the society - More discussion on aging - Revealing taboos of aging
	<i>Unquestioned respect towards the elderly</i>	<i>Positive tone, no need to revise</i>	Myth can be used as such to highlight the important role of the elderly in the society
	<i>The elderly as enablers and constructors of the welfare state</i>	<i>Positive tone, no need to revise</i>	Myth can be used as such to highlight the important role of the elderly in the society
Informal care(givers)	<i>Executors of the will of politics</i>	<i>Matter of the heart</i>	<ul style="list-style-type: none"> - Welfare state should enable collective care taking - Getting rid of bureaucracy - Better support for informal care givers - Citizen involvement in decision-making and service development
	<i>Path paved with re-sponsibilities</i>		
	<i>Fight or delaying battle</i>	<i>Playing in the same team</i>	<ul style="list-style-type: none"> - Better support system for informal carers (financial, other support) - Easily accessible information - Common future dialogue - Transparent policy making - Value discussion at the level of whole society - Citizen involvement in decision-making and service development
	<i>Humiliated and punished</i>	<i>Respected and treated well</i>	<ul style="list-style-type: none"> - Better support system for informal carers (financial, other support) - Better consideration of well-being of informal caregivers
<i>The welfare state exploits citizens' unconditional care towards each other</i>	<i>The welfare state enables citizens' unconditional care towards each other</i>		<ul style="list-style-type: none"> - Better support system for informal carers (financial, other support) - Transparent policy making - Understandable implementation plans

			<ul style="list-style-type: none"> - Citizen involvement in decision-making and service development - Value discussion at the level of society
Home care	<ul style="list-style-type: none"> - <i>Soul-less machine</i> - <i>A set of tricks to perform</i> - <i>"Check-up that one is still alive"</i> 	<i>Co-care crew</i>	<ul style="list-style-type: none"> - More time for each customer - Comprehensive care and multidisciplinary care teams - Continuous education of the home care personnel - Permanent care teams - Better communication with client and his/her family, transparent information flows
	<i>Chaos</i>	<i>Harmony</i>	<ul style="list-style-type: none"> - Continuous education of the home care personnel - Utilization of digitalization in remote-connections and other things that improve the quality of care - Better communication, transparent information flows - Permanent care teams - Clear responsibilities
System and its restrictive features	<i>Jargon, balderdash, verbiage, ceremonial speech</i>	<i>Circle of trust</i>	<ul style="list-style-type: none"> - Understandable implementation plans - Promises are kept - Clearer communication, customer centered communication - Customer-centered service development
	<i>Complex jungle, navigator needed</i>	<i>Intuitive order</i>	<ul style="list-style-type: none"> - Understandable implementation plans - Clearer system structure, less bureaucracy - Well integrated cross-sectoral co-operation - Better and clearer support system for both the elderly in need for care and their families
	<i>Fight or delaying battle Informal caregiving as a "political pawn"</i>	<i>Playing in the same team</i>	<ul style="list-style-type: none"> - Better support system for both the elderly in need for care and their families - Easily accessible information - Common future dialogue - Transparent policy making - Value discussion at the level of whole society - Citizen involvement in decision-making and service development

A few central findings should be explained more thoroughly. As it was found out in the analysis, there is almost unquestioned respect towards the elderly. However, this mindset was not seen to be part of the key project. It was rather considered that the picture that the key project paints is a picture of the elderly mainly as (economic) burden which should be taken care of with as little resources as possible. Also Pekkarinen (2011, 76) points out that society is built for the young, and as an elderly person might not be capable of fulfilling the requirements of the society, this might reinforce the situation in which the elderly are seen mostly as a burden and dependent on other people. It was hoped for that the elderly, and aging as a life stage in general, had more visible role in the society and in societal discussion. If aging was discussed more openly in the whole society, would that in the best-case lead to a situation in which aging was not seen mainly as something threatening and scary, consisting mainly of being sick and lonely. If the taboos of aging were broken, maybe that would lead to a situation in which the elderly were better integrated into the society as individuals - not

as a big mass. In general, aging and things related to it should be discussed more openly. The elderly should be seen as a valuable part of society – not primarily as a chance to cut expenses. Additionally, aging population should not be seen only as a challenge or threat, but as a possibility, which may bring along new aging related innovations, jobs and other positive opportunities. Moreover, aging population should be seen as an essential part of the flourishing welfare society.

Another significant issue in regards with the layer of myths and metaphors can be found within the current stage of informal and home care of the elderly – from the perspective of both the elderly and their carers. Respondents call for more comprehensive care and more resources, as it would enhance the life quality of those involved. This is expressed both through concrete wishes and through myths and metaphors regarding the state of care. It could be asked, though, what are the standards the welfare state can be expected to fulfill? If it can be assumed that expectations for welfare state are constantly changing, can we never reach a situation in which everyone's needs are fulfilled and expectations met? However, though this is an important thing to consider, even more important is to ponder on whose well-being is given the priority: state's or its citizens'. In the feedback, it is mentioned numerous times how currently it seems that the starting point and goal of the plans is cost savings, not well-being and health of the citizens. Even though it may be impossible to create comprehensively accepted standards for the welfare state, gap between citizens' expectations and the welfare state's offering should be diminished. This requires value discussion at the level of society, citizen involvement in public decision-making and service development, and giving humanity, values and needs of the citizens' the priority in decision-making processes.

What is essential for the plans to succeed is both transparent communications and appropriate actions. One cause that increases attitude polarization can be seen in the lack of consistent communications, that is, the lack of consistent futures dialogue between the actors. In the key project one of the goals is to “communicate in a participatory manner, actively, openly and in understandable way on the big picture, goals and progress and the impact of the key project on society” (STM 2016a, 20). In regards with this goal, there is certainly place for improvement at least with the understandability of the plans. Additionally, it should be made sure that promises are kept and that the planned actions can really be implemented.

5.6.2 *Dynamics between micro and meso-level of the system*

As a part of this study, a conceptual/theoretical framework was constructed to provide a model, which would be of help in demonstrating the system dynamics between needs,

values and worldviews of the public, and the level of public policy making (Figure 7, page 34). The starting point of the framework was found within Multilevel perspective (MLP) on transition and that was modified to better explain systemic transition in the context of this study. Aim of the development of the integrated conceptual/theoretical framework was to gain more understanding on the system and its dynamics, and illuminate the issues in the dynamics between the public and those with policy-making power.

Currently, relations between the welfare state and its citizens can be interpreted to be trembling. On the one hand, citizens are dependent on support from welfare state but on the other hand, they do not necessarily trust that adequate support will be given. This distrust towards governance can be seen to be the prevailing attitude in the feedback. Getting help and support was described as “fight” and “delaying battle” which also communicates the difficult situation respondents feel like being in. As the welfare state cannot provide all the services its citizens need – due to power-related barriers, regime lock-in or lack of resources – it may leave those in need for more comprehensive support in a miserable situation, and cause despair and confrontation between welfare state and its citizens. It was also identified that regime’s tendency to remain unchanged, combined with the lack of resources, has led to a situation in which needs of the elderly and their caregivers, and offering of public services are not encountering. Also, complexity of the system can increase the feeling of despair and fear: As it was experienced that no one is fully responsible for the operation of the system, it might be difficult to see how things could be turned into better. Also, even if some improvement was made in the system, and if citizens’ needs, values and worldviews were better taken into account, this prevailing distrust towards the system might prevent citizens from believing in positive development of the system in the future.

At least partly due to aforementioned reasons, outsourcing responsibility to society may feel more convenient than taking it by oneself. That said, responsibilities have been transferred to welfare state to the extent in which it might be difficult to see one’s own possibilities to affect on solving the issues. When prevailing distrust towards the system and a simultaneous need for external support are combined with the sense of not being able to have impact, it is not a big surprise that feelings of despair and apathy appear in the data.

From the data, it can be identified also some of the prevailing values that effect on how issues of informal care and home care of the elderly are reacted to. These values include for instance call for equality, justice and humanity. In addition, respondents call for the right for meaningful life for everyone – for the elderly themselves, informal caregivers and home care personnel. Also individualism can be seen to be prevailing value in the society: Even though one calls for the rights of those in poorer situation, also one’s own rights are something that should be taken into account. In some cases,

the call for individual good can be even seen to overdrive the call for collective caregiving. As one of the central themes in the key project is the need to increase informal caregiving, this prevailing individualistic mindset might cause challenges. That said, this is at least partly the mindset that is promoted in SOTE reform, as one part of the reform is planned to be freedom of choice of customers. If the welfare state still wants to pass on more responsibilities to its citizens, this paradox between individualism versus need for collective care should be solved. System should be designed in a way that considers values and needs of the public and enables equal chances and environment for everyone to lead meaningful life. That is a way forward to design public policy and decision-making system of the future, to which everyone could feel more committed to.

6 DISCUSSION

6.1 Reflections on results and methodology

One of the aims of this study was to research what would be the value of using Causal Layered Analysis (CLA) in the analysis of an output gained in participatory policy making process. To do this, one specific case - Ministry of Social Affairs and Health's key project "Home care for older people will be developed and informal care enhanced in all age groups" – was chosen, and the public feedback given to it, analyzed. Aim was to find concrete points of development and to dive below the surface of the data to find out how deep-down worldviews, myths and metaphors effect on how issues are experienced on the level of everyday discussion. Aim of all this was to find new perspectives on discussion and policy making regarding informal care and home care of the elderly. Moreover, aim was to study how more thorough consideration of values, worldviews and myths and metaphors in public policy making could improve long-term policy making. To study these dynamics between micro and meso-level of the system, the systemic framework within which these policies are made, was outlined.

In response to the first research question, concrete development needs in home care and informal care of the elderly in Finland were identified. Various wishes and needs for future elderly services were found and four main themes in the data were identified: need for a holistic approach to the needs of the elderly, challenges in being an informal caregiver, role of the care personnel and the (social and health care) system and its restrictive features. All the concrete development needs listed in chapter 3 should be considered in the future development of the key project and in social and health care of the elderly in general.

From the data, it was identified that the future of elderly care does not seem too bright in the eyes of the respondents: attitudes towards aging can be interpreted to consist of a complex package of fear, uncertainty and despair. All these attitudes can be interpreted to stem from a general feeling that there is no improvement at sight in regards with both the elderly services and in the way the elderly and their role as a part of the society are considered. More positive futures could be created by taking various concerns into account, both in regards with concrete actions but also in regards with general attitudinal atmosphere.

After the qualitative content analysis, data was analyzed with the CLA method. As the goal of using CLA is to find new ways of knowing and to identify deep-down worldviews, myths and metaphors that affect on the issue in question, to this end, I would argue that valuable insights were gained in the process. Underlying theme in the feedback is the role of the welfare state as a securer of well-being. It is acknowledged

that citizens should also take care of each other, but the main responsibility of well-being of the citizens lays on the shoulders of the welfare state. The welfare state should create ground for its citizens to lead meaningful life and provide support, services and security in changing situations.

All in all, use of CLA proved that it can be of help in the more thorough analysis of data. If the CLA had not been implemented in this study, results would have remained more superficial. The CLA process revealed myths and metaphors, which can be seen to paint quite depressing picture of current stage of informal care and home care of the elderly. Moreover, as those negative myths and metaphors were revised, it was of help in identifying what would the desired future look like and what kind of concrete steps should be taken to get closer to that future. I argue that using CLA in the analysis process of public data can be of help in finding solutions to issues in policy making regarding social and health care of the elderly.

Using CLA as an analysis method was a choice the author made from pure interest to operationalize the method in this study. Certainly, some other analysis method could have been used to answer the objectives this study. However, as this study is done within the field of futures studies, and since the author finds the CLA method intriguing, effective and suitable for answering the research questions of this study, it can just be said that the methodological choice was a reasoned choice among other choices made during the research process.

Undeniably, using CLA as an analysis method is not necessarily an easy task to complete. The challenge for this research was that the material, feedback collected to the project plan, is not collected to be analyzed with CLA. Additionally, executing CLA includes a lot of interpretation which means that, certainly, data could have been interpreted also in other ways. Even if the goal is to examine the data as objectively as possible, researcher's interpretation has effect on how the data is interpreted and what kind of conclusions are drawn from it. However, considering the insights gained in the process, it is very valuable tool to be used in the analysis of the data. Not only it provides insights on the issue in question, but uncovers deep-down values, worldviews and myths and metaphors, which may have effect also on other issues than the particular issue in question.

In regards with the integrated conceptual/theoretical framework, "Multilevel, value-driven perspective on socio-political transition", some features of the system identified from the data – such as frustration of the citizens, power-related barriers and need for value discussion - can be observed in everyday discussions, in everyday life. In addition, several paradoxes were identified within the feedback. These opposing perceptions can be seen to tear regime in opposite directions and cause destabilization in the system. In her dissertation, Pekkarinen (2011) identifies polarizations in the public discussion on ageing, including "responsibility of individual/responsibility of society,

customer/ citizen, those in good health/those in poor health, productivity/quality, activating/disengaging, high-quality technology/old-fashioned practices, prevention/cure.” (Pekkarinen 2011, 78.) Similar polarizations, that should be considered in public policy making, were identified in this study. These paradoxes include: 1) Dependence on and requirement for the welfare state’s support vs. prevailing distrust towards the welfare state; 2) Expectations for the welfare state vs. reality; and 3) Individualism vs. sense of community. CLA provided a tool which enabled these paradoxes and other deep-down thinking patterns to be found and the integrated systems model was of help in illustrating the complex dynamics of the system.

As the theoretical/conceptual model has not been tested but only built for the purpose of this study, I cannot argue that it contains all the essential system elements, dynamics or directions of change. However, as the framework was built based on the findings from the data and utilized existing system theories, I would argue that it provides a good frame for this study. Creating a theoretical framework particularly for this study and not settling for existing models was not an easy task to do but I would say it was worth the effort. It illustrates the complex dynamics of the multilevel system from the perspective of the citizens, and moreover, provides a way to bring together the more concrete development issues in informal care and home of the elderly, deep-down values, myths and metaphors, and the system dynamics. If the system model had not been constructed, these relations would have remained more disconnected and abstract.

In short, it could be said that in this study CLA increased and deepened understanding on the data and the integrated framework illuminated the system dynamics, within which the findings could be given a relevant context. In addition to giving insight on issues in informal care and home care of the elderly and providing future directions on how to solve some of the issues, I would argue that also the theoretical approach of this study could be useful in the future policy making processes. I argue that the multilevel, value-driven perspective on public policy making could be a way forward for developing more inclusive participatory methods and deepen the analysis, which could then be of help in creating commonly accepted future policies.

6.2 Further research and development of the framework

As critical reflection of this thesis, some points should be made. In this study, a systems model was constructed to illustrate the dynamics between public policy-making environment (meso-level) and individuals who are either directly or indirectly affected by the policies (micro-level). I acknowledge that to claim that the model represents reality in a rigorous way would need more research and testing of the model. However, creating a rigorous model of these systemic relations was out of the scope of this study,

and not even the purpose. Instead, aim was to create a conceptual framework within which these complex dynamics could be illustrated. This study does not examine every aspect of the dynamics of informal and home care system of the elderly, but I would say that the strength of this study is in the way special attention has been paid to the dynamics between micro and meso-levels of social and health care system – the individuals and public services and policy making regarding them. This has been done from the perspective of deep-down thought and behavior patterns of those who are the most affected by the decisions made at meso-level. Even though the system model is not as coherent and comprehensive as it could be, I would argue that it provides a starting point for a development of a more thorough theory and/or system model. Therefore, it would be interesting to test the model and research it further also within some other study.

The data that was analyzed was submitted only by a small sample and was about a specific case of health care of the elderly. However, I cautiously suggest that some insights on the system dynamics, values and worldviews of this study could be identified in some other similar feedback given to some other government project. However, to claim this would need more thorough and broader research. For instance, the role of prevailing myths and metaphors in the complex system of public policy making would be an interesting topic to research more. To do this, I claim that, CLA could be of use in finding these deep-down system features and dynamics.

The key project should be developed in connection with other key projects and as an essential part of the coming SOTE reform, to ensure that all the relevant aspects are taken into account in the service development. This would ensure that the service system to be created would be consistent and take needs of the people into account in a comprehensive manner.

6.3 Conclusion

This study has brought together three fields of knowledge - systems thinking, multilevel perspective on transition and the futures methodology called Causal Layered Analysis (CLA) - and connected them to a specific case of public policy making.

As social and health care of the elderly is a complex, multidimensional system which consists of multiple actors operating on different levels, with different aims, priorities and resources, it may be impossible to build up a public policy making system in which everyone is pleased. However, if the people, their needs and values are not in the center of decision-making, what else can be expected from the general mood in the society than despair, frustration and polarization of attitudes? Therefore, I argue that better consideration of deep-down worldviews, values and myths and metaphors can be of

help in building up a system in which there is less polarization and confrontation between micro and meso-level of the system. Additionally, I suggest that this better consideration of human values as a starting point for the social and health care system of the elderly may lead to a deeper and longer lasting change, and create an environment in which there is more willingness to work towards common goals.

In the complex, constantly changing environment it is difficult, even impossible to tell what the future holds. However, as the future is built in today's decisions, it is important to decide wisely. Public policy making should consider not only the current population and their needs but also the needs of the future generations. Eventually, in the best case, long term, value-driven public policy making could lead to a flourishing society in which everyone would be committed to do one's part for common good.

REFERENCES

- Abelson, J. – Forest, P-G. – Eyles, J. – Smith, P. – Martin, E. – Gauvin, F-P. (2003a) Deliberations about deliberative methods: issues in the design and evaluation of public participation processes. *Social Science & Medicine*. Vol 57, Issue 2, pp. 239–251.
- Abelson, J. – Eyles, J. – McLeod, C. B. – Collins, P. McMullan, C. – Forest, P-G. (2003b) Does deliberation make a difference? Results from a citizens panel study of health goal priority setting. *Health Policy*, vol 66, pp. 95–106.
- Abelson, J. – Warren, M. E. – Forest, P-G. (2012) The Future of Public Deliberation on Health Issues. *Hastings Center Report*. Vol. 42(2), pp. 27–29.
- Ahosola, P. – Henriksson, L. (2016) Ihana itsenäinen vanhuus! Kuntien vanhuspoliittisten strategioiden toiveuni vanhuudesta ilman julkista hoivaa. *Kunnallistieteellinen aikakauskirja*, 2/2016, 45–63.
- Andersen, T. M. (2015) The Nordic Welfare Model and Welfare Services – Can we maintain acceptable standards? *Research on Finnish Society*, Vol. 8, pp. 85–96.
- Ahlqvist, T. – Rhisiart, M. (2015) Emerging pathways for critical futures research: Changing contexts and impacts of social theory. *Futures*. Vol. 71. pp. 91–104.
- Arnstein, S. R. (1969) A ladder of citizen participation. *Journal of American Institute of Planners*. Vol. 35(4), pp. 216–224.
- Bell, W. (2009), *Foundations of Futures Studies: History, Purposes, and Knowledge. Human Science for a New Era. Volume 1*. 5th edition. Transaction Publishers, New Jersey.
- Carman, K. L. – Mallery, C. – Maurer, M. – Wang, G. – Garfinkel, S. – Yang, M. Gilmore, D. – Windham, A. – Ginsburg, M. – Sofaer, S. – Gold, M. - Pathak-Sen, E. – Davies, T. – Siegel, J. – Mangrum, R. – Fernandez, J. – Richmond, J. – Fishkin, J. – Chao, A. S. (2015) Effectiveness of public deliberation methods for gathering input on issues in healthcare: Results from a randomized trial. *Social Science & Medicine*. Vol. 133, May 2015, pp. 11–20.

- Charmaz, K. (2015) Grounded theory: Methodology and theory construction. *International Encyclopedia of the Social and Behavioural Sciences*, 2nd edition, pp. 402–407.
- Degeling, C. – Carter, S.M. – Rychetnik, L. (2015) Which public and why deliberate? – A scoping review of public deliberation in public health and health policy research. *Social Science & Medicine*, Vol. 131, 114–121.
- deLeon, P. (1984) Futures Studies and the policy sciences. *Futures*. Vol 16, issue 6, pp. 586–593.
- Dopfer, K. – Foster, J. – Potts, J. (2004) Micro-meso-macro. *Journal of Evolutionary Economics*. Vol. 14. 263–279.
- Edelenbos, J. – Klijn E-H. (2007) Trust in Complex Decision-Making Networks. *Administration & Society*. Vol 39(1), pp. 25–50.
- Ekholm, V. (2016) Muuttuuko vanhuus? Tesso - Sosiaali- ja terveystieteellinen aikakauslehti. 1/2016. <<https://tesso.fi/artikkeli/muuttuuko-vanhuus>>, retrieved 30.9.2016.
- Engward, Hilary (2013) Understanding grounded theory. *Nursing Standard*, Vol. 28(7), 37–41.
- Fowles, J. (1977) The problem of values in futures research. *Futures*. Vol 9, issue 4, pp. 303–314.
- Geurts, J.L.A – Joldersma, C. (2001) Methodology for participatory policy analysis. *European Journal of Operational Research*. Vol 128, Issue 2, pp. 300–310
- Geels, F. W. (2004) From sectoral systems of innovation to socio-technical systems Insights about dynamics and change from sociology and institutional theory. *Research Policy*. Vol 33, pp. 897–920.
- Geels, F. W. (2011) The multi-level perspective on sustainability transitions: Responses to seven criticisms. *Environmental Innovation and Societal Transitions*. Vol 1, pp. 24–40.

- Geels F. W. & Schot, J. (2007) Typology of sociotechnical transition pathways. *Research Policy*, Vol 36, pp. 399–417.
- Hietanen, O. – Heinonen, S. – Kahilainen, J. – Kiiskilä, K. – Tapio, P. – Wilenius, M. (2002) Tulevaisuusajattelun haasteita: Tietoyhteiskunta ja kestävä kehitys. In: *Tulevaisuudentutkimus. Perusteet ja sovelluksia*, Eds. Matti Kamppinen – Osmo Kuusi – Sari Söderöund, 171–203. Suomen Kirjallisuuden Seura, Helsinki.
- Holtz, G. (2011) Modelling transitions: An appraisal of experiences and suggestions for research. *Environmental Innovation and Societal Transitions*. Vol 1, pp. 167–186.
- Holtz, G. – Alkemade, F. – de Haan, F. – Köhler, J. – Trutnevyte, E. – Luthef, T. – Halbeh, J. – Papachristosi, G. – Chappina, E. – Kwakkeli, J. – Ruutu, S. (2015) Prospects of modelling societal transitions: Position paper of an emerging community. *Environmental Innovation and Societal Transitions*. Vol 17, pp. 41–58.
- Inayatullah, S. (1998) Causal Layered Analysis: Poststructuralism as method. *Futures*, Vol. 30(8), 815–829.
- Inayatullah, S. (2004) *The Causal Layered Analysis (CLA) Reader: Theory and Case Studies of an Integrative and Transformative Methodology*. Tamkang University Press, Graduate Institute of Futures Studies, Tamsui, Taipei, Taiwan 251.
- Leonard, A. – Beer, S. (2009) The Systems Perspective: Methods and Models for the Future. in: Glenn, Jerome C. - Gordon, Theodore J. (eds.) (2009), *Futures Research Methodology 3.0*. ACUNU: The Millennium Project, Washington, D.C.
- Loorbach, D. (2010) Transition Management for Sustainable Development: A Prescriptive, Complexity-Based Governance Framework. *Governance: An International Journal of Policy, Administration, and Institutions*. Vol. 23(1), pp. 161–183.
- Luukkanen, J. (2013) Systemimallien roolit tutkimuksessa ja suunnittelussa – Uuden dialektisen kokonaisuuden rakentaminen. In: *Miten tutkimme tulevaisuuksia?* Eds. Osmo Kuusi – Timo Bergman – Hazel Salminen, 279–295. 3rd edition. Tulevaisuuden tutkimuksen seura, Helsinki.

- Liljenström, H. – Svedin, U. (2005) *Micro, Meso, macro. Addressing complex system couplings*. World Scientific Publishing Co. Pte. Ltd. Singapore. ISBN 981-238-918-0
- Mannermaa, M. (1986) Futures research and social decision making: Alternative futures as a case study. *Futures*. Vol 18(5), pp. 658–670.
- Meadows, D. H. (2008), *Thinking in Systems: A Primer*. Chelsea Green Publishing Company, White River Junction.
- Mitton, C. – Smith, N. – Peacock, S. – Evoy, B. – Abelson, J. (2011) Integrating public input into healthcare priority-setting decisions. *Evidence & Policy*, Vol 7(3), pp. 327–343.
- Otakantaa.fi (2016a) Otakantaa.fi lyhyesti. <<https://www.otakantaa.fi/fi/tietoa-palvelusta/1/>>, retrieved 30.6.2016.
- Otakantaa.fi (2016b) Kommentoi hankesuunnitelmaa: Miten koti ja omaishoitoa voisi parantaa? <<https://www.otakantaa.fi/fi/hankkeet/14/>>, retrieved 30.6.2016
- Oxford Dictionaries (2017) *Trust*. <<https://en.oxforddictionaries.com/definition/trust>>, retrieved 20.3.2017.
- Pekkarinen, S. (2011) *Innovations of Ageing and Societal Transition. Dynamics of change of the socio-technical regime of ageing*. Thesis for the degree of Doctor of Philosophy. Lappeenranta University of Technology, Lappeenranta.
- Rotmans, J. – Loorbach, D. (2009) Complexity and transition management. *Journal of Industrial Ecology*. Vol 13(2), pp. 184–196.
- Rubin, A. (2013) Causal Layered Analysis. In: *Miten tutkimme tulevaisuuksia?*, Eds. Osmo Kuusi – Timo Bergman – Hazel Salminen, 279–295. 3. edition. Tulevaisuuden tutkimuksen seura, Helsinki.
- Rubin, A. – Linturi, H. (2001) Transition in the making. The images of the future in education and decision-making. *Futures*, Vol 33, pp. 267–305.

Shevellar, L. (2011) "We have to go back to stories": Causal Layered Analysis and the community development gateaux. *Community Development*, Vol 42(1), pp. 3–15.

Sosiaali- ja terveysministeriö – STM (2016a) Hankesuunnitelma – luonnos. Kärkihanke: Kehitetään ikäihmisten kotihoitoa ja vahvistetaan kaikenikäisten omaishoitoa. Published: 26.2.2016.
<<https://d2htbfmhc6rwjj.cloudfront.net/attachments/7/7/d/e9d14462f425281ed14c6030fff53.pdf>>, retrieved 30.6.2016

Sosiaali- ja terveysministeriö – STM (2016b) Hankesuunnitelma: Terveiden ja hyvinvoinnin edistäminen ja eriarvoisuuden vähentäminen.
<http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/75362/Rap_ ja_ mui_ 2_ 2016_ .pdf?sequence=1>, retrieved 30.6.2016

Sosiaali- ja terveysministeriö – STM (2014) Laatusuositus hyvän ikääntymisen turvaamiseksi ja palvelujen parantamiseksi. Sosiaali- ja terveysministeriön esitteitä.
<http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/70280/URN_ ISBN_ 9_ 78-952-00-3467-2.pdf?sequence=1>

Sosiaali- ja terveysministeriö – STM (2015) Parempaa terveyttä genomitiedon avulla. Kansallinen genomistrategia. Työryhmän ehdotus.
<https://www.julkari.fi/bitstream/handle/10024/126268/URN_ ISBN_ 978-952-00-3586-0.pdf?sequence=1>, retrieved 30.7.2016

Sosiaali- ja terveysministeriö – STM (2012) Sosiaali- ja terveydenhuollon kansallinen kehittämissuunnitelma KASTE 2012–2015.
<http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/74066/STM_ 2012_ % 20KASTE_ FI_ uusi.pdf?sequence=1>, retrieved 30.8.2016

Sosiaali- ja terveysministeriö & Valtiovarainministeriö (2016a) Sosiaali- ja terveydenhuollon ja aluehallintouudistuksen linjaukset. Neuvottelutulos 5.4.2016
<<http://valtioneuvosto.fi/documents/10616/2287640/Sosiaali- +ja+terveydenhuollon+ja+aluehallintouudistuksen+linjaukset+5.4.2016/7382c141-45aa-433f-af74-6fc579e76de0>>, retrieved 20.7.2016

Sosiaali- ja terveysministeriö & Valtiovarainministeriö (2016b) Sote-uudistuksen tavoitteet. <<http://alueuudistus.fi/soteuudistus/tavoitteet>>, retrieved 20.7.2016

Sosiaali- ja terveysministeriö & Valtiovarainministeriö (2016c) Sote- ja aluehallintouudistuksen jatkovalmistelua koskevat hallituksen tarkentavat linjaukset 5.4.2016.

<<http://valtioneuvosto.fi/documents/10616/2287640/Hallituksen+sote-+ja+maakuntahallintolinjaukset+5.4.2016+esittelydiat/328c3577-c9d9-40e6-949f-dbccbf26710e>>, retrieved 20.7.2016

Sosiaali- ja terveysministeriö & Valtiovarainministeriö (2016d) Julkinen palvelulupaus.

<<http://alueuudistus.fi/palvelulupaus>>, retrieved 20.7.2016

Terveyden ja hyvinvoinnin laitos - THL (2016a). Sosiaali- ja terveysalan tilastollinen vuosikirja 2015.

<<http://www.julkari.fi/bitstream/handle/10024/129792/Sosiaali-%20ja%20terveysalan%20tilastollinen%20vuosikirja%202015%20web.pdf?sequence=5>>, retrieved 30.7.2016

Terveyden ja hyvinvoinnin laitos - THL (2016b) Sosiaalimenot ja rahoitus 2014.

<http://www.julkari.fi/bitstream/handle/10024/130126/Tr02_16.pdf?sequence=4>, retrieved 30.7.2016

Terveyden ja hyvinvoinnin laitos - THL (2016c) Terveydenhuollon menot ja rahoitus 2014.

<https://www.julkari.fi/bitstream/handle/10024/130783/00_Tr13_16.pdf?sequence=1>, retrieved 30.7.2016

Terveyden ja hyvinvoinnin laitos - THL (2015). Suomalaisen aikuisväestön terveyskäyttäytyminen ja terveys, kevät 2014.

<http://www.julkari.fi/bitstream/handle/10024/126023/URN_ISBN_978-952-302-447-2.pdf?sequence=1>, retrieved 30.7.2016

Terveyden ja hyvinvoinnin laitos - THL (2014) Eläkeikäisen väestön terveyskäyttäytyminen ja terveys keväällä 2013 ja niiden muutokset 1993–2013.

<http://www.julkari.fi/bitstream/handle/10024/116236/URN_ISBN_978-952-302-188-4.pdf?sequence=1>, retrieved 30.7.2016

Tilastokeskus (2016) Väestöennustetaulukot.

<http://pxnet2.stat.fi/PXWeb/pxweb/fi/StatFin/StatFin_vrm_vaenn/?tablelist=true>, retrieved 30.7.2016

Tilastokeskus (2015a) Suomi lukuina. Väestö.

<http://tilastokeskus.fi/tup/suoluk/suoluk_vaesto.html#vaestoennuste>, retrieved 30.7.2016

Tilastokeskus (2015b) Väestöennuste 2015-2065.

<https://www.stat.fi/til/vaenn/2015/vaenn_2015_2015-10-30_fi.pdf>, retrieved 30.7.2016

Tilastokeskus (2014) Suomen virallinen tilasto (SVT) Kuolemansyyt vuonna 2014.

<http://www.stat.fi/til/ksyyt/2014/ksyyt_2014_2015-12-30_kat_001_fi.html>, retrieved 30.8.2016

Tilastokeskus (2013) Väestö vanhenee – Heikkeneekö huoltosuhte?

<http://www.stat.fi/tup/vl2010/art_2013-02-21_001.html>, retrieved 30.7.2016

Tritter, J. Q. – McCallum, A. (2006) The snakes and ladders of user involvement: Moving beyond Arnstein. *Health Policy*, Vol 76, pp. 156–168.

United Nations - UN (2015) *World Population Ageing 2015*. Department of Economic and Social Affairs, Population Division.

<http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2015_Report.pdf>, retrieved 30.7.2016

Vallis, R. – Inayatullah, S. (2016) Policy metaphors: From the tuberculosis crusade to the obesity apocalypse. *Futures*, Vol. 84 (Part B), 133–144.

Valtioneuvoston kanslia - VNK (2015). Hallitusohjelma.

<http://valtioneuvosto.fi/documents/10184/1427398/Ratkaisujen+Suomi+FI+YH+DISTETTY_netti.pdf/801f523e-5dfb-45a4-8b4b-5b5491d6cc82>, retrieved 30.7.2016

Valtioneuvoston kanslia - VNK ja Tilastokeskus (2016) Elinajanodote.

<<http://www.findikaattori.fi/fi/46>>, retrieved 30.8.2016

Van de Walle, S. – Bouckaert, G. (2003) Public Service Performance and Trust in Government: The Problem of Causality. *International Journal of Public Administration*. 26:8-9, pp. 891–913.

- Vartiainen, P. – Vuorenmaa, M. (2011) Hyvinvointivaltion oikeutus ja toive sosiaalisesti kestävästä kehityksestä. In: *Kohti sosiaalisesti kestävää hyvinvointia. Näkökulmia Pohjanmaalta*. Eds. Pirkko Vartiainen – Maritta Vuorenmaa, 1–15. Vaasan Yliopiston julkaisu.
- Wagner, S. A. – Vogt, S. – Kabst, R. (2016) The future of public participation: Empirical analysis from the viewpoint of policy-makers. *Technological Forecasting and Social Change*. Vol. 106, May 2016, pp. 65–73.
- Wang, H. – Horton, R. (2015) Tackling climate change: the greatest opportunity for global health. *The Lancet*. Vol. 386, Issue 10006, pp. 1798–1799.
- Weir, M. (2001). Welfare State. *International Encyclopedia of the Social & Behavioral Sciences*.
- Yang, K. – Holzer, M. (2006) The Performance-Trust Link: Implications for performance Measurement. *Public Administration Review*. January/February 2006.
- Zardo, P. – Collie, A. – Livingstone, C. (2014) External factors affecting decision-making and use of evidence in an Australian public health policy environment. *Social Science & Medicine*. Vol. 108, May 2014, pp. 120–127.

APPENDICES

Appendix 1: Questionnaire in Finnish

“Kommentoi hankesuunnitelmaa: Miten koti- ja omaishoitoa voisi parantaa?”

Pyydämme kyselyllä näkemyksiä hallituksen kärkihankkeen *Kehitetään ikäihmisten kotihoitoa ja vahvistetaan kaikenikäisten omaishoitoa* hankesuunnitelman toimivuudesta. **Luethan hankesuunnitelman ennen vastaamista.** [Linkki hankesuunnitelmaan.](#) Vastausaikaa on 27.3.2016 asti.

Kyselyn pakolliset kysymykset on merkitty (*) tähtimerkillä.

Vastaaaja on *

Iäkäs henkilö
 Omaishoitaja
 Perhehoitaja
 Vanhusneuvoston edustaja
 Henkilöstön edustaja - sote
 Esimies tai johtaja - sote
 Luottamushenkilö
 Tutkija
 Kehittäjä
 Opiskelija
 Muu

Onko hankesuunnitelmassa esitetty alueellinen yhteen sovitettu iäkkäiden palvelukokonaisuus toteuttamiskelpoinen? Kotihoito ja sen sisällön uudistaminen on ensisijaista palvelukokonaisuudessa.

Kyllä
 Ei

Tuottaako palvelukokonaisuus odotettuja hyötyjä?

Kyllä
 Ei

Saadaanko hankesuunnitelmassa esitetyillä toimenpiteillä lisättyä omais- ja perhehoitoa?

Kyllä
 Ei

Mitä haluaisit kertoa kärkihankkeen valmisteluryhmälle?

(avoin)”

Appendix 2: Original citations in Finnish

Qualitative content analysis

”Miten yksinäisyys on huomioitu seurantamittarissa? Kaatumista kyllä seurataan¹”

CLA: ”I get old, therefore I am?” – Needs of the aging population

”jätetään yksin ja oman onnensa nojaan - käytännössä heitteille.²”

”itse toteamassa [kurjuus] edes jonkun vanhuksen luona.³”

”Tietoja pimitetään, että kunnan varat säästyisivät näiden meidän vammaisten ja iäkkäiden ihmisten kustannuksella.⁴”

”suuri taloudellinen rasite⁵”

”[...]ihminen enää, kun ikää on⁶”

”Ikäihmisenä haluan olla yhteiskunnan sisällä en ulkopuolinen ja lukkojen takana.⁷”

”[...]näkyä vanhana myös katukuvassa⁸”

”Haluaisitteko itse istua vinkuva hylje sylissä vanhuudessanne?⁹”

”makuutetaan¹⁰”

”[ikääntyneet] ovat kotinsa vankeja¹¹”

”rannekkeiden [...] varassa¹²”

”heistä, jotka tämän maan hyvinvoinnin ovat rakentaneet¹³”

”jotka ovat varmasti tehneet osansa tämän yhteiskunnan hyväksi ja rakentamisessa¹⁴”

”Minua henkilökohtaisesti huolestuttaa vanhuus, sairaus ja avuttomuus, heitteillejätö, joka minua odottaa kun vielä vanhenen/huononen.¹⁵”

”Normaalista ikääntymisestä pitäisi julkisesti puhua ja jakaa tietoa, ihmiset huolestuvat ilman sitä normaaleista ikääntymiseen liittyvistä asioista.¹⁶”

CLA: Informal caregiving – Obligation or a matter of the heart?

”[...]korvaus on niin pieni että se on jo omaishoitajan halveksumista... siitä vielä verotetaan ja sen saaminen on vaikeaa.¹⁷”

”Lieneekö tarkoitus, että tätä kotona lähes pyyteettömästi hoitavaa sukupolvea ei sitten tarvitse hoitaa sen enempää kotona kuin hoitokodeissakaan, kun tästä kaikesta uuvuttavasta hoitotyöstä ja huolesta sairastuvat ja kuolevat pois, ennen kuin tarvetta kotihoitoon heillä olisi¹⁸”

”Olen työskennellyt vanhusten kotihoitossa, ja nähnyt läheltä omaishoitajien tuskan. Toista sairasta ja vanhaa ihmistä ei voi pakottaa hoitamaan sairaalakuntoista puolisoaan.¹⁹”

“Usein ei ymmärretä että omaishoitajalla on muukin rooli ja velvollisuus elämässä eikä hän ole pelkästään omaishoitaja.”²⁰”

”Kunta säästää hirveästi kun omainen hoitaa”²¹”

“Kunta ei pysty tarjoamaan kotiin sellaista palvelua mitä me tällä hetkellä omaisina tuotamme eikä varmasti yhtä laadukkaasti ja vanhus ja hänen toiveensa huomioon ottaen!”²²”

”Pitkät, ”organisaation jäykkyydestä” kumpuava viivytystaistelut tuen saamisen mahdollisuudesta aiheuttaa vain paineita jättää läheisen hoito yhteiskunnalle”²³”

”[...] omaishoitajuus pitäisi olla valinta, ei niin, että kokee joutuneensa.”²⁴”

”[...]on niin itskeskeisiä ja valittajia että siksi eivät halua hoitaa omia ikääntyneitä vanhenpiaan”²⁵”

”Kaikkien joilla on ikääntyvät omaiset pitäisi muuttaa asennetta ja alkaa miettimään asioita inhimillisemmin ja todella omia vanhenpiaan arvostamalla”²⁶”

”Lasten tehtävä ei ole huolehtia vanhemmistaan vaan on panostettava enemmän hoitajien määrään”²⁷”

”Omaishoitajien arjesta kuuluisi tehdä niin helppoa kuin vain pystymme”²⁸”

”politiikan tahdon toteuttajina”²⁹”

”velvollisuuksien täyttämä polku.”³⁰”

“taistelua”³¹”

”viivytystaistelua”³²”

“kykytetään”³³”

“rangaistaan”³⁴”

”on lähdeittävä sydämestä”³⁵”

CLA: Life in a home care machine

”Heille heti koulutusta ihmisten kohtaamiseen ja asioiden kokonaisvaltaiseen kommunikaatioon asiakkaiden ja heidän omaisten kanssa, jotta heidän kyykyttäminen asiakkiin ja heidän omaisiin loppuu”³⁶”

”alalle ohjautuu vain sosiaalityöntekijän ja palveluohjaajan työhön kykenemättömiä henkilöitä jotka luulevat olevansa parempia ihmisiä tilipussin takia ja tekevät työtään vain rahasta.”³⁷”

”Työ painottuu nykyisin liikaa hoitamiseen ja hoiva jää taka-alalle.”³⁸”

”Perustarpeet eivät ole ikääntyneiden ainoita tarpeita.”³⁹”

”[...] ihminen viettää päivät yksin tai ei ole ulkoillut puoleen vuoteen”⁴⁰”

“Nyt jo moni sijainen ei halua tulla kotihoitoon tuon karmivan tahdin takia, myös opiskelijat sanoneet etteivät halua kotihoitoon töihin [...]”⁴¹”

“Lähityöntekijöillä ei ole aikaa auttaa ja tukea, vaikka kuinka haluaisivat tehdä enemmän. Työt on vedetty niin tiukalle, ettei aikaa ole muuhun kuin nopsasti juosta toimitettava asia ja kiiruhtaa eteenpäin.”⁴²”

“Kotihoidon henkilöstön työssäjaksaminen on ensisijaista, jotta huonokuntoiset vanhuksat saavat edes jonkin verran apua ja tukea kotiin.”⁴³”

“suoritettavien temppujen sarjana”⁴⁴”

”hengissä olemisen tarkistamista”⁴⁵”

”hullun mylly”⁴⁶”

”henkilöstön odotetaan toimivan koneen lailla”⁴⁷”

CLA: “No more empty promises!” – Role of the system as a securer of well-being

“räjäytettävä”⁴⁸”

”Meillä on valtavasti tehty Omaishoitajuudesta KEELA:n tutkimuksia, [...] Missä mättää, kun näitä ei Hallitus ota huomioon? Miksi taas uusi ryhmä?”⁴⁹”

“Kysykää Omaishoitajilta mitä tarvitaan, ei tarvi neljää vuotta miettiä Omaishoidon asioita.”⁵⁰”

”Olen menettänyt kaiken luottamukseni Suomen nykyhallitukseen ja sen erilaisiin kärkihankkeisiin. Nykyhallitus haluaa ainoastaan rokottaa ja kyykyttää köyhiä, varsinkin vammaisia ja vanhuksia.”⁵¹”

”Jotta ikäihmiset voisivat inhimillisesti asua itselleen tärkeässä paikassa [...] tulisi arvostuksen lähteä maan johdosta ja päätöksiä tekevistä käsistä. [...] On turha puhua kotona asumisen tukemisesta, jos se tarkoittaa heitteille jättöä, huonoa kohtelua ja turvattomuutta.”⁵²”

”Käsittämätöntä tämä yhdellä kädellä antaminen ja toisella ottaminen. Kun kunta maksaa omaishoidon tukea, verottaja iskee sen kimppuun; jos olet eläkkeellä, nousee koko verotus huomattavasti, jos olet työssäkäyvä, se katsotaan lisätuloksi josta verottaja taas napsaisee aikamoisen osuuden.”⁵³”

“Sanonpa vain sen, että tässä poliittisessa ilmapiirissä muutosta parempaan ei ole näköpiirissä ja tämä ihmisten epäinhimmillinen kohtelu saa jatkua.”⁵⁴”

”Suunnitelmassa puhutaankin siitä, kuinka ”Otamme iäkkäät mukaan - miksi jättäisimme tällaisen voimavaran käyttämättä?” eli kärjistetysti: talous edellä mennään.”⁵⁵”

”Asiakas on [...] aidosti keskiössä”⁵⁶”

”Eri ikäisten ja erilaisten hoito- ja avustamisvastuussa olevien omaisten rooli on edelleen liian tuntematon, oikeuksia ei ole turvattu, omaishoitoa ei ole tunnustettu yhteiskuntaa hyödyntäväksi työksi [...]”⁵⁷”

”Suunnittelussa tulee huomioida [...] yhteiskuntamme asenteellinen ilmapiiri ikääntyviä kansalaisia ja heidän tarvitsemia palveluita kohtaan, yhteiskuntamme arvoperustan

tarkastelu, jolloin tulisi arvioida millä arvoasteikoilla ikääntyvien kansalaistemme osallisuus ja toimijuus halutaan turvata mahdollisimman pitkään.⁵⁸”

”Nyt on vaarana, että tällä aikataululla rahat valuvat sinne, missä maakunnallinen toiminnan kehitys on jo muutenkin pitkällä, eli Eksotelte, Siun Sotelle ja Kainuulle. Yksittäisten kuntien ja pienten toimijoiden innovatiivisille kehtiyshakkeille [...], jäivät jalkoihin.⁵⁹”

”Tärkeää on saada turvattua sekä omaisista että ”hoidettavista” tasa-arvoisia kansalaisia, joilla on riittävä elämänlaatu, mahdollisuudet olla aktiivisia ja osallistuvia.⁶⁰”

”Onko universaali pohjoismainen hyvinvointivaltio tullut tiensä päähän?⁶¹”

”Sivistys- ja hyvinvointivaltion kansalaisten on otettava kollektiivinen vastuu myös vanhusten henkisestä hyvinvoinnista arvostamalla heitä, olemalla läsnä heidän arjessaan, tuomalla iloa heidän yksinäisyyteensä⁶²”

”Jälkeemme tulevat sukupolvet ovat oletettavasti vieläkin ”itsekkäämpiä/ itsenäisempiä” kuin me konsanaan.⁶³”

”Suomi elää taloudellisen laman ja vaikean kasvun kautta verojen kiristyksen, työsopimusten tiukentamisen sekä opiskelijoiden tukien leikkeusten myötä. Mm. näistä syisytä nuoremme ja työikäisemme eivät saa helpotusta kasvavista yhteiskuntavastuistaan.⁶⁴”

“kapulakieli⁶⁵”

“korulauseisiin⁶⁶”

“sanahelinään⁶⁷”

“juhlapuheina⁶⁸”

”Kauniit sanat eivät yksin riitä, tarvitaan todellisia tekoja.⁶⁹”

“taistelu⁷⁰”

“viivytystaistelu⁷¹”

“monimutkainen viidakko⁷²”

“kartanlukija⁷³”

”Omaishoidosta on tullut poliittinen pelinappula⁷⁴”