I know what I want!

Susan Eriksson

Personal Budgeting in Municipal Disability Services

The First Experiment in Finland

The Finnish Association on Intellectual and
Developmental Disabilities,
Center of Research and Development

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An experiment in personal budgeting in the Finnish disability services was made during 2010-2013 by two non-governmental associations (the Finnish Association of Intellectual and Developmental Disabilities and the Service Foundation for People with Intellectual Disabilities). The experiment was conducted successfully in two municipal districts with 15-20 people with intellectual and/or physical disabilities, and 30-40 members of staff in the disability services.

This paper is based on research carried out during the experiment with the aim of investigating the outcome of the pilot by asking how the position of the disabled people was constituted in the process of the experiment and whether the process was empowering for them. The study looked to find out if the process influenced self-determination and a sense of well-being for the better after people started to receive personal budgets.

This research indicates that the lives of the disabled people are controlled by institutional practices, regulations and power relations. The usefulness of the experiment is justified by discourses concerning professional development in client work. It was also argued in these contexts that opportunities for self-determination should be developed in disability services. The position of a disabled person was constructed in these official requirements to develop professional identities and maintain quality of disability services. In these processes the terms of being a good client was also defined and negotiated.

The results of the experiment of personal budgeting have been positive. The process of person-centred life-planning has improved the sense of well-being, because the disabled service-users have been able to think about improvements in their lives. Some of the participants have even had the opportunity to profound changes in their lives with the help of the process of personal budgeting. These positive experiences are useful for the municipalities to develop the system of personal budgeting. However, the research results concerning the impact of institutional power relations in the lives of disabled people indicate, that the practice of personal service-planning doesn´t necessarily improve opportunities for self-determination, if professional power remains profoundly influential.

Keywords: disabled people, intellectually disabled people, personal budgeting, self-determination, power relations, institutions, professional identities

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A system of personal budgeting was experimented in Finnish system of disability services in the project "I know what I want", that was organized by Finnish Association of Intellectual and Developmental Disabilities and Service Foundation for People With Intellectual Disabilities (2010-2013). I had the opportunity to conduct this research during the experiment. I have analyzed how the position of the disabled service user was constituted in the process of the experiment and whether the process was empowering for them. I took part in the development work by collecting data in the training sessions and other occasions that were organized.

So I thank warmly the disabled service users and the workers in organizations of disability services in the two municipal districts. You made this research worthwhile. I thank development coordinator Marika Ahlstén, designer Aarne Rajalahti and project worker Kalle Ristikartano for their commitment and enthusiasm that made possible to conduct the research. I also thank the manager of education Susanna Hintsala from Finnish Association of Intellectual and Developmental Disabilities and manager of development Kirsi Konola from Service Foundation for People with Intellectual Disabilities.

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As professionals of guarding interests of people with disabilities, all of us share the opinion that such power relations are influential in institutional practices that restrict the opportunities for self-determination even in small, daily matters. Personal budgeting can become a significant way to provide opportunities to independent decision-making in living, work, hobbies and whole course of life.

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The project was designed on the basis of the British model of personal budgeting. The British charity In Control, which aims at improving self-determination of disabled people, has been a crucial partner providing knowledge, advice and co-operation during all stages of the process. The ideological focus of the project has been to increase the possibilities of self-determination for disabled people in the Finnish disability service system. The idea of being in control of one's own life is the crucial principle of the British system of personal budgeting, and that principle has also been a basic guideline for implementing the system in the Finnish experiment.

These ideas are based on the principle of independent living for the disabled, which is one of the most influential factors promoting disability rights in the United Kingdom. In Finland the principles of disability rights are defined in the policy paper issued by the Ministry of Health and Social Care together with the basic non-governmental associations promoting disability rights. This is known as the Programme for Disability Policy in Finland (VAMPO), and in it specific terms are defined in order to improve the position of disabled people in our society from 2010 to 2015. It focuses on the improvement of disability rights through emphasising the values of self-determination and equal citizenship. These values should guide our actions in providing services for disabled people.

In Finland the value of treating people equally is fundamental in our welfare services. The structure of social and health services is formed by strong professional groups and the social orders that they constitute through the credential system of the academic professions. For example, social workers have an academic background with input of social and behavioural sciences in their education. Professional knowledge and academic education have an impact on the social structure of disability services and client work. The principle of solution-based client work, which means companionship with the client and respecting the client's own expertise and knowledge, has recently been adopted as part of the core of professional expertise necessary in social work (Clifford & Burke 2009).

Listening to clients, comprehending their needs and understanding their life in everyday, cultural and societal contexts is regarded as crucial in the practice of adult social care. According to the social workers, it is considered these practices are already applied in disability service client work, but the imbalance in power relations caused by the social workers' position of professional expertise is still very strong. That is caused by the long historical tradition of an academic education for social workers, which has its impact on everyday client work.

In the light of this background, the implementation of personal budgeting in Finnish disability services has been interesting. These social facts create tensions between workers in disability services and service users. On the one hand, there are the professional demands of promoting equality and self-determination in the service system. On the other hand, certain social mechanisms have an impact on how the relations between clients and professionals are actually organised. The Finnish pilot study provides a research design where it is possible to scrutinise how the position of the service user is interpreted in the micro-level of client work encounters, and in what ways the value of promoting human rights relates to their position in professional client work.

1.1. THE SIGNIFICANCE OF PERSONAL BUDGETING IN THE LIGHT OF PREVIOUS RESEARCH

At its most basic level, personal budgeting means a way of organising one's own services that gives the service user the ability to hold the money allocated for him/her for necessary services. People with disabilities are an important group of service users in the welfare system in the United Kingdom. In the British model, the most important part of the process is personal planning where the service user is able to decide what services make the best sense for him/her. In addition to social and health services, the disabled service user can use the money for fees for different activities, such as gym or hobbies. Personal budgeting has been used, for example, for renovation and improvements in housing facilities, personal help, supportive devices, health services, membership cards for free-time activities, student fees etc.

The budget is contained within the system of resource allocation, which means that the money that is allocated to services used by a single person is converted to a personal budget, which can be managed either by the service user or the council. There is research evidence that budget holders are more satisfied if they manage the budget themselves (Hatton & Waters 2011). According to several studies, budget holders have reported improvements in their sense of well-being, self-esteem and self-determination after having started to receive personal budgets. The fundamental reason for the improvement in the quality of life relates to the opportunity to use more power in the decision-making processes concerning the services used (Ibid.; Poll et al. 2006, 100; Hatton 2008, 17; Leadbeater et al. 2008; Hatton & Waters 2013). Personal budgeting, therefore, promotes the opportunity to remain in control of one's life.

The question of power is fundamental in disability services, where institutionalised practices dominate the whole lifetime of many disabled people. The impact of institutional rules and regulations can be profound, particularly for those who receive long-term care. For example, a person with a severe intellectual disability does not necessarily have the possibility of deciding what clothes to wear or what to eat, if those activities are managed by the institution. When all life practices are governed by the institution, this has been described as the concept of total institution, a concept first established by Erving Goffman (1961). According to Goffman's research work, in a total institution all life practices are arranged by the institution to suit its general aims, so that those practices become the moral standards of the social order within that institution and the residents finally lose their individuality (e.g. Goffman 1973, 15-16).

Institutional practice is considered one of the basic social practices that construct the social position of a disabled person. The power of those practices is maintained in the professional and managerial orders of the service system. The practices marginalise disabled people as powerless and support-needing, the basic social processes that construct disabled identities (e.g. Riddell & Watson 2003). Personal budgeting represents a disability policy where disabled service users are entitled to make choices and decisions in their everyday life. The process of arranging services is focused around the principle of personal planning, where it is also presumed that the workers in the system develop their professional qualities into more individualised work with clients. It means that workers should develop their communication skills so that the needs of the client are properly met.

As a consequence in Britain, researchers have shown that personal budgeting has had a definite impact on professional roles in social services. According to early studies, some social workers resisted the system because of the feelings of uncertainty that were generated by their inability to maintain a professional power based on knowledge and expertise. The change in the position of the service user to being able to plan and arrange services had been felt as a threat to professional expertise in social work (e.g. Manthorpe 2009). Nevertheless, recently researchers have claimed that financial cuts in social services in United Kingdom have caused concern in the social work profession that they will be unable to carry on this individual work with clients. According to studies in, for example, Scotland, the circumstances of financial scarcity have amplified tensions between workers, managers and disabled people (e.g. Spandler 2013, 187).

However, the principles of personal budgeting have been a challenge for those professionals who were used to certain working practices based on established institutional orders. These practices have also been discussed in the context of de-institutionalisation, as there is an ongoing process in several countries of decreasing the numbers of disabled people living in closed institutions, and developing housing arrangements that will enable them to gain more independence. These changes in disability policies are strongly supported by local governments. However, the institutional practices that justify using professional power with the residents have been adopted in these new supported housing arrangements (e.g. Finlay et al. 2008; Tøssebro et al. 2012). This is because homes for

disabled people are also work organisations for some, which is a fact that influences the construction of the basic social order (see Finlay et al. 2008).

Due to these social consequences the relations between the users of disabled services and social workers may become tense. These research results indicate that institutional power has a profound impact on the lives and rights of disabled people despite efforts to develop social service policy and practices where the rights of disabled people to self-determination are recognised. It is important to study these impacts and current tendencies in the Finnish context as well, where similar kinds of institutionalised practices constitute the power relations in the daily lives of the users of disabled services.

1.2. DISABILITY, CITIZENSHIP AND INSTITUTIONS

The social position of disabled people in Finland improved after legislation for services for disabled people was established (1987). Within that legislation, the social aspects of disability were recognised for the first time in Finnish history. Before then, medical models of explanation dominated the understanding of disability. Even among experts, disability was seen merely as deviance, both physical and psychological.

After that time it was seen more clearly that disabled people encounter different problems at different ages. Since then it has also been recognised more widely that disabled people do not experience equality in most significant areas in life, and therefore have not yet gained full citizenship (e.g. Haarni 2006). They do not have equal opportunities with other people, for example in either education or the labour market, nor with acting as a consumer, or founding a family. Disabled people are often discriminated against, as they have not been considered as competent at functioning in those areas.

Since disabled people are discriminated against in many significant areas of life, they are easily excluded from the norms and standards of well-being. They are in a position such that experts and officials define their needs and decide how they should live their lives. When the concept of citizenship is contextualised in different research settings, it has been emphasised that an individual can gain citizenship if he is considered as able to function in different areas of society. For disabled people, it is therefore the duty of society to remove the obstacles that prevent them gaining the full rights of the citizen (Duffy 2003).

The concept of citizenship was first concpetualised in political history by John Locke and Thomas Hobbes who emphasised the freedom of the individual. That freedom was regarded as something it was possible to gain through a social contract made up by participating in different fields of society (e.g. Beckett 2006). Feminist theory has contributed to the understanding of the concept by reminding us that it operates in the continuum of social inclusion and exclusion where individuals or groups of individuals have to function (Young 1990). Since structural ontology became part of social theory, the concept of citizenship operating substantially as a field of discourses was introduced, where the rights of individuals are defined from different angles and perspectives, often

from the point of view of the powerful (see Laclau & Mouffe 2001).

The social exclusion of disabled people is often embedded in official rhetoric and definitions concerning disability and the lives of the disabled. For example, in different spheres of social services daily needs are often described as basic, like eating, hygiene, clothing etc. Disabled people are therefore expected to live with those needs being met, and without any other activities. For example, work, hobbies or the consumption of media are usual activities in the daily lives of disabled people, but are seldom considered as basic needs for someone with a severe disability. Expert knowledge, social stereotypes and institutional rules often determine the position of the disabled as being helpless and support-needing and thus belonging to the margins of society.

Disabled people may be in a socially unequal position in the practice of social services and client work. It is usual in different institutional settings to address a disabled person with expressions that infantilise the individual. Neither is it unusual for force to be used in order to get the individual to behave in a certain way (e.g. Vesala 2010). In the field of ethnographic research there is much international evidence of similar practices. Degrading human dignity and misusing power are common in institutions for disabled people. Nevertheless, instances where human dignity is respected and taken as self-evident in daily work are not rare. This is considered to be ethical in the professional context (Bigby & Beadle-Brown 2012).

Institutional power and daily structures dictate the daily lives of those people who receive long-term disability services. The institutional dimension constructs disabled identities which leave the individual on the margins of society. They are excluded from most of those fields of social life that constitute positions of citizenship. Finnish research on the living conditions of disabled people has indicated that there is a structural inequality between disabled people. This can be seen, for example, in the ability to use services, which depends mainly on demographic factors. Service plans are not made in every municipality and the accessibility of services varies considerably according to different regional districts (Statistics of the Benefits for the Disabled 2012).

Personal budgeting has been considered as a potential solution to equalise the differences. If a person has the opportunity to use his budget to arrange a service that benefits him the most, the regional differences in accessibility would not be an obstacle. In this sense, the disabled person's new position as a consumer would both make life more meaningful and increase the possibility for self-determination and of being in control of their own life. In recent research it has been argued that the opportunity to consume relates to one's experience of quality of life. It is crucial, especially for those who live in institutional situations where life practices are dictated by other people. The opportunity to use money on enjoyable commodities is ultimately important (Kremer 2006; Eriksson 2008).

Finnish academic debate is critical of the marketisation of welfare services. It discusses the current policy of privatising the welfare services, which, it is argued, will eventually rupture public services and cause inequality between service users in different socio-economic positions. It has been argued in Finland that in European countries

there has been a shift into the so-called service economy, where most of the economic growth is made up of the growth of the private service sector. The private consumption of commodities and services is argued to be the most important element in preserving economic sustainability. These changes in the economy have also influenced social policy, following these international tendencies (e.g. Koskiaho 2008).

Is has been argued that since market mechanisms are operating in new social dimensions, such as in the provision of public services, these tendencies of neo-liberalism have also changed the social position of individuals. We are consumer-citizens and try to orientate ourselves in the markets of different social fields, where we are expected to empower ourselves as consumers. These notions are also adopted in the ideological premises behind personal budgeting. However, in international research these issues have generated critical discussion. Some researchers ask if their position as consumers really empowers people in the public services sector, and if so, in what respect or context. The empowering effects of consuming have been contested, since they do, it is argued, actually legitimise the privatisation of services. It is pertinent to note that many of those people who are dependent on social services do not have the opportunity to consume (e.g. Drake 1992).

These questions are important to disabled people, since many of their lives are influenced by institutional practices which can be restricting and repressive. It is important to ask if systems of direct payment or personal budgeting really have an impact on the position of those who are dependent on public services.

1.3. PILOT PROJECT AND FIELDWORK

The Finnish pilot project on personal budgeting was started in the spring of 2010, inspired and supported by the British In Control association. The Finnish project was named "I know what I want!" in order to emphasise the ability of disabled people to decide for themselves how to spend their daily life, since they know their needs best. The project has been conducted by two project designers, a project worker and a researcher. The project started by collecting information about the British model of personal budgeting and the functioning of In Control.

In the autumn of 2010, an expert panel was arranged to discuss the opportunities of personal budgeting in disability services in Finnish municipalities. The experts in that panel represented the Finnish Ministry of Health and Social Affairs, the Institution of Health and Well-being, the Association of Finnish Local and Regional Authorities, the Social Insurance Institution, municipal authorities, civil organisations of disabled citizens and non-profit associations promoting disability rights. The group discussed several aspects of improving self-determination in municipal disability services and the opportunities and restrictions imposed by Finnish legislation when beginning to implement personal budgeting in municipalities. These discussions provided a considerable body of knowledge and opened up a range of opportunities that could be realised in the Finnish

disability service system.

One of the most influential decisions was formulated in these discussions. It was argued, that, for reasons of taxation, it was better not to take the risk of paying money into personal bank accounts. Finnish law on taxation of income (1535/1992) does not define if the money for a personal budget could be regarded as income with untaxed beneficiaries. Therefore it was considered to be more practical to let personal budgets be managed by the local authority. However it was emphasised that the self-determination of a disabled person would still be supported by the process of person-centred planning.

Finnish law on disability services enables a disabled person to act as an employer, if the person wants to hire personal assistance according to his own preference. However, in many cases the local authority arranges the assistance and pays the expenses. In Finnish legislation the person can be an employer, or assistance can be arranged by the municipality, but according to the law, a member of the family cannot act as an official assistant without an eligible reason, whereas in the UK and in the Netherlands, for example, it is possible to hire a family member as a personal assistant. These issues were also discussed in the expert panel, where they saw no obstacle to paying for personal assistance with the personal budget, but it´s still not possible to hire a family member. The resources for implementing the system were thoroughly discussed in the panel. It was decided that those services that are the responsibility of the local authority would be arranged by personal budgets. The panel considered a problem could arise if there was not enough time for each client to plan services individually. The attitudes of the staff and the family of the disabled person could also constitute a problem, as these attitudes are often related to a traditional understanding of institutional practices, where it is considered as self-evident that the experts know the needs of the client best. It was emphasised that person-centred planning is a practice that creates a new kind of relationship with the disabled client, where the focus is on a person's needs, and their ability to make decisions. The change in attitudes necessary in client work was considered important.

The law on social services and clients' rights was considered to be the most important part of the legislation that enables the implementation of a system of personal budgeting at municipal level. In that part of law it is emphasised that the interests and wishes of a specific client should be respected, and opportunities to choose between services should be widened when providing social services. According to the expert panel and the legal advisor working in the Ministry of Health and Social Affairs, these are sufficient legislative grounds for implementing the system in the Finnish system of services.

1.4. WORKING WITH THE LOCAL AUTHORITIES AND COLLECTING RESEARCH DATA

The autumn of 2010 started with choosing relevant municipalities to work in the project. There was considerable interest from Finnish municipalities in taking part in the pilot. The resources and opportunity to implement the system in the local service structure

were defined as crucial criteria. Finally, two of those municipalities interested were chosen: a big town in Southern Finland and a municipal district of health and social affairs in Eastern Finland.

The research was started in the winter of 2011 by writing a research plan. Previous research results concerning personal budgeting indicated that personal budgeting increased the sense of self-determination and the quality of life (Hatton & Waters 2011). Therefore the aim here is to study what kind of social positions are constituted for disabled service users and social workers in disability services within the Finnish process. It is important to open a discussion about the significance of personal budgeting in disability services in the Finnish context by asking how the basic principles are defined and negotiated, what kind of advantages or threats are seen and finally, how the system is assumed to influence the position of the disabled person in the service system.

The object of the study was defined as covering the piloting process as a whole. The data was collected among the disabled service users and the social workers by having conversations and observing activities during the project work. The sessions during which the data was recorded were linked to the training sessions which were conducted by the project workers. The training included giving information on the principles of personal budgeting and rehearsing person-centred planning. The training sessions included general discussions and group work with discussions and assignments, which were all recorded as research data. Altogether, about 36 hours of material were recorded in the training sessions.

In addition to that, recordings were made in the consultation sessions, which were conducted by the project workers for the head staff of disability services. About 20 hours of material was recorded on these occasions. Finally, there were six semi-structured theme interviews conducted by the researcher amongst the head staff and social workers. The issues for discussion concerned the details of personal budgeting as implemented in the municipality. The questions concerned the service processes and it was asked how client work was expected to change during the process. Project workers also asked about the expectations concerning personal budgeting in the disability services in these specific municipalities and the terms of its implementation as set by local authorities.

At first stage there were five disabled persons involved in the project in the project in Eastern Finland and seven in Southern Finland. Those people were asked by local workers to take part in the project, since there was not enough interest among disabled clients in taking part in the project on a voluntary basis. Most of those who took part were young adults, and there were also two middle-aged persons involved. During the process they were able to plan their daily life in order to make it more meaningful by using the personal budget. The budgets were constructed by converting the costs of those services that the disabled persons currently had into personal budgets. For example, one person used the services of a local work centre, and wanted to get a part-time job with the help of her budget. The budget was based on the day cost of the work centre and calculated as a monthly budget of one day per week. With that budget she could hire a personal assistant to help with the job, which included assisting an elderly lady in her house by

cleaning and washing dishes once a week. On other weekdays she wanted to knit mats in the work centre.

Most of the service users involved in the pilot wanted to change their weekly schedule by doing "real work" instead of working in the work centre. A few found a part time job during the process. New hobbies and friends were also wished for. One person wanted to find an interesting branch of study. Another wanted to move away from sheltered home care into a rental flat to live independently. She found a place to live and after moving there she has been able to live a life not controlled by others. Afterwards she reported that moving away from institutional conditions has meant a huge improvement in her quality of life.

The actual budgeting process with the disabled service users was started in the training sessions of the project, simultaneously with the process of planning the system of personal budgeting within the disability services. Finding a practical principle to convert the costs of the services to budgets was challenging in both municipal organisations, but the authorities were allowed to have certain flexibility with the plans of these individuals. Finally the supporters of the persons involved in the project, who were often their family members, were familiarised with the budgets, although the process was not easy to start with. The process of finding the model for allocation was simultaneous with the process of beginning personal planning. At the beginning sufficient information was not provided about the process, since the social workers were still vague about the principles themselves. Now these disabled people and their supporters are reasonably content with the process.

These personal plans for the future, and issues concerning the concrete process of implementing personal budgets, were discussed in group rehearsals, which served as the basic research data. It became possible to study the interaction level in the group discussions by observing the behaviour of the group members. In so doing, it was possible to observe the power relations between the disabled service users and the workers, which was one level of constructing the position of the service user in the process. In another level of analysis, it was possible to study the discursive level of interaction by analysing the hegemonic discourses with which the positions for the disabled persons were constructed.

These discursive relations (in/between discourses) are at the core of the research method of critical discourse analysis, which was developed in the 1990s by, by example, Norman Fairclough (1989, 1992). According to this method the analysis is focused on those ways in which the person, phenomenon or incident in question are described, which issues are emphasised and which are left aside. Whilst collecting this type of data in the pilot project it could be seen that workers in the disability services showed they were professionals in client work when communicating and discussing matters with the service users. They communicated very sensitively on those matters that were important to the disabled people and created an atmosphere of trust in the groups.

In addition to the interaction between workers and service users, it was possible to observe the interaction between the service users and their supporters, who were usu-

ally their mothers. It is argued that family members often have power over the disabled person concerning their life practices. A disabled person may not be able to make any decisions on how to spend free time, for instance (e.g. Moore 1998; Eriksson 2008b, 88-90). Power relations within the family are considered to be influential in the lives of disabled people. According to workers in the disability services it is a major problem, and it restricts the disabled person from living a meaningful life. Especially among elderly parents, attitudes towards disabled children may be infantilising. It is also argued that these relations are constructed from the daily habits of home life and they may become obvious (e.g. Moore 1998).

The role of the parents in these training sessions can be considered as ambivalent, when it comes to the ability to use self-determination. Some of the workers thought they were able to communicate better with the disabled service user when the supporter was not present. However, in some cases the disabled persons could express themselves more freely with strangers if the mother was there giving support. In this research, the role of the parent is neither taken for granted nor judged. The mother may be used to talking for her child in official situations, which will be taken into account in the analysis in order to be sensitive to power relations in the context of interaction. However, it will be taken into consideration that the mother's presence often helped the disabled person to talk with people s/he had never met before. Within these contexts it is important to analyse the interaction and communication between the service user, supporter and the member of the staff in order to find out if the disabled person is able to express their wishes in those conversations.

1.5. METHODS FOR ANALYSIS

Researchers who have analysed group conversations argue that a specific group formulates a conversational culture, which reflects the uniformity of the group; for example as constituted by their gender, status or occupation. A certain uniformity or consensus of opinions and views often develops within these conversational cultures. There are norms and rules in what can be said and what must be left unsaid. These features of group dynamics are an influence in determining what kind of views can be articulated concerning the issue in question (e.g. Puchta & Potter 2004). For example, in those training sessions where the group consisted of trainers and disability service employees, the power relations were constructed according to which is claimed to be typical in educational contexts (Lehtimaja 2011).

However, in those sessions where the disabled service users were present, the balance of power was seen to be in a state of flux. The service users questioned the ability of the trainers to take them into consideration, for example by making complaints about too small a font or over-complicated language being used in papers or Power Point slides. They also took advantage of the opportunity to criticise the current system of social services and directed their opinions to the service managers. Again, in the consultation ses-

sions, the service managers often held the balance of power in the conversations, since the topic was to discuss how the system of personal budgeting could be realistically made use of in that particular municipality.

When intellectually disabled people are concerned, the conversation has certain features which are argued to be typical in so-called asymmetrical conversation (e.g. Leskelä & Lindholm 2012, 12-32). When communicating with a person with an intellectual disability, there are certain obligations in these conversational settings which are necessary for negotiating mutual understanding, and which differ from those settings where the participants are linguistically more competent.

For example, there is much research evidence on the conventions and practices of conversation with intellectually disabled people, whereby the tendency to be acquiescent is argued to be common. One of these tendencies is, for example, to answer questions affirmatively, which is said to be common amongst people whose cognitive skills are impaired (Matikka & Vesala 1997). Many times acquiescence is caused by difficulties in understanding, which can be mutual with other participants in the conversation. It is usual in asymmetric conversations to ask the disabled person additional questions, if there are difficulties in understanding him or her. There are situations where understandable meanings have to be negotiated (Leskelä 2012, 184). In this research it is important to take the dimension of negotiation into account, since that feature of conversation is not necessarily an indication of domination by other participants.

In the group discussions the disabled persons were sometimes overwhelmed by other participants and had difficulties in expressing opinions, so the role of the family member was very important to most of the disabled service users. The basic data in this research is the contents of speech and those different opinions and attitudes that the speakers expressed. However, it is important to analyse the features of group dynamics as well, since they may exert considerable influence on how opinions are formulated. If one concentrates only on the contents of speech and discourses, it does not give a whole picture of a person's ability to self-determine, since it is a dimension of social relations and thereby constituted in the dynamics of interaction, rules and structures. Again it is important to anayse the discursivce level. Those arguments which serve as grounds for establishing the system or other solutions in arranging services reveal much about the position of disabled people in the society.

In the domain of qualitative research concerning attitudes, researchers argue that attitudes can only exist in relation to phenomena in social reality and can be made comprehensible only in communication and interaction. According to Jonathan Potter all communicative action can be regarded as valuing, since social reality is always valued from a certain point of view and in so doing, the speaker positions himself in a certain relation with the social reality (Potter 1998). In this research, different kinds of valuing accounts will be analysed in the context of considering personal budgeting as a useful system.

These theories are useful in this research too, since the project has included various types of argument concerning personal budgeting, its contribution to disability services and its general aim of improving the position of disabled people in society. The different

discussions held in training sessions and consultations were mostly based on negotiation about the grounds of the implementation of personal budgets, where different views are expressed. Rational argument concerning the aims has dominated the discussions, since there have been research results available from those European countries where personal budgeting has been adopted. Those arguments will be analysed in this research, as they reveal the attitudes and values that prevail in local Finnish service cultures.

In critical discourse analysis, different contexts of language use are analysed from the point of view of power relations (e.g. Fairclough 2001). For example, focalisation analysis is a way to study data from the angle of what views, aspects or perspectives are pointed out concerning a certain phenomenon or issue, and in so doing, what kind of relation the speaker has with social reality. In focalisation analysis the data is analysed by studying how the clients and the workers talk about the expectations on personal budgeting, what potential impacts are brought up in conversations, what questions are raised, and what aspects raise enthusiasm or cause worries. At the same time it is possible to point out those values, attitudes or motives that are used as arguments for acting in certain ways.

When the aim is to analyse the position of disabled people, that is implicit in those expectations, it is useful to take notice of the categories into which the disabled project users are positioned. Categorisation analysis can be regarded as a type of discourse analysis, where the focus is on the social positions that different discourses create. Individuals are placed into certain social positions in different discursive settings. In fact, categorisation by character is a type of social classification, with which one defines the behaviour of individuals in different ways. Categories are often simplistic and uniform, and can create very strong stereotypes concerning groups and individuals (e.g. Juhila 2012, 184-185). Disabled people are frequently categorised as abnormal or deviant, which is often a social consequence of understanding body impairments in certain stereotypical ways.

Medical categories and classifications are often simplistic and uniform. They are typically used with disabled people in different expert statements and reports (e.g. Vehkakoski 2004). The processes of medical categorisation make use of institutionally established systems of meaning. Those processes have a profound impact on the lives of disabled people, who are defined as deviant within these classifications (e.g. Oliver 1996). When disabled people are defined as a group of people with medical deviances and therefore considered as needing support, they are not assumed to have any capacity for self-determination.

However, many disabled individuals want their social position to be based on such group identities, where disability is seen as a resource with positive connotations. These processes create certain disability cultures, which have a significant empowering impact (e.g. Beckett 2006). Different definitions with negative characteristics can be resisted through these processes. Resistance is argued to be a daily strategy, where one refuses to accept the negative stereotypes and categories of disability (e.g. Shakespeare T. 2006). In this research, the data will be analysed from the point of view of those categories into which disabled people are positioned. With this type of analysis, it is possible to discover

how a disabled person is defined and positioned in the process of personal budgeting and what discourses are used as a reason to justify the system.

1.6. STRUCTURE OF THE RESEARCH

The first empirical chapter (chapter 2 in this publication) is based on the research findings dealing with the arguments concerning the benefits of the system of personal budgeting in disability services and on an individual level. The need to develop services for disabled people is often used as a discursive resource in different contexts of interviews and group conversations. Personal budgeting is often considered as a way to develop services for the disabled service user, but its role is often not seen as significant in the general processes of development. This chapter shows how the position of the disabled service user is defined in those arguments.

The second chapter of empirical research (chapter 3) deals with the significance of professional client work, which legitimises the experiment of personal budgeting at an ideological level. According to workers in the disability services, client work should be developed by adopting more skills to communicate with the disabled service user. It is argued here that when emphasising these issues they are strengthening the professional order in the client work with the service user.

In the third empirical chapter (chapter 4) analysis is focused on the power relations which are constructed with the disabled service users in their interaction with supporters and workers. The disabled persons use mainly institutional discourses when describing their life and weekly schedule. The role of institutional power in the lives of disabled people and its impact on the opportunities for self-determination is reflected in the analysis of this chapter.

In the concluding chapter I discuss the role of the system of personal budgeting in the context of market-based changes in welfare services, which have had a considerable impact on the structures of welfare services in European societies. Finnish discussion concerning these changes has focused especially on the opportunities and threats concerning social and health care services. I also discuss the professionalisation of social work as one structural dimension that strongly influences the position of the disabled service users.

2. PERSONAL BUDGETING AND THE INSTITUTIONAL CHARACTER OF THE SERVICE SYSTEM

Firstly, research data was collected by interviewing staff in disability services. Two service managers, three members of the head staff in work centres and three social workers were interviewed. They discussed the aims and expectations of personal budgeting defined by the local authority. Their expectations were formulated by three different themes or issues. Firstly, developing the services was emphasised as important: providing people with more diversified services was seen as necessary. Secondly, developing client work and professional skills was emphasised as a crucial aim in the near future. Thirdly, respecting the needs and wishes of the disabled client was considered as vitally important.

Later, when different conversations were recorded during training and consultations, it became clear that there were certain discourses available to negotiate mutual understanding concerning the system of personal budgeting. Developing the service system in order to constitute such a model, in which the needs of the client gets proper attention, justified the use of personal budgeting at municipal level.

Developing quality and increasing the supply of services appears to be the basic aims, which serve as grounds to experiment with the system in municipal disability services. It also appears to be the basic argument when implementing the system. The disability service staff emphasised the dimension of development both in the interviews and the group discussions. The analysis in this chapter focuses on those arguments in order to find out how the position of the disabled service user is constructed.

In cultural studies, researchers have argued that the rhetoric of development serves as a tool for formulating different functional and strategic aims in a specific institution or organisation. For example, these aims may be formulated in specific organisational strategies or in the analysis of future prospects. The values of a specific organisation are made apparent and comprehensible through that rhetoric and the rhetoric actually constitutes the basic values. For example, in social and health services, the rhetoric of defining the aims of an organisation usually has a strong ethical basis, which may include certain norms in the practices of client work (e.g. Filander 2009, Banks 2004).

In the discursive context of this pilot project, the requirement for developing the services is intertwined with the requirement of taking the needs of the client into more thorough scrutiny. The system of New Public Management has introduced practices of measuring the quality of health and social care, which also includes the requirement of transparency in client work processes. That requirement has created new types of controlling practices and therefore it also constructs the norms of work. It has been

argued in research hat ultimately the discussion about quality of work in the workplace merely serves the purposes of the specific organisation and it only can answer to those challenges that are set by the organisation itself. (e.g. Pickard 2004.) So, the intention of improving the right of self-determination of disabled clients may remain as rhetoric that constructs and maintains the system of values and norms in those specific working cultures.

The aim to develop client work is a modern institutionalised discourse, which characterises certain demands that are posed by the organisation. In the institutionalised discourses used in the practices of health and social services, maintaining the well-being of clients is emphasised as crucial when defining the functions of the organisation. Nevertheless, the client is not necessarily visible in those discourses. According to social research, the client often lacks subjectivity in expert discourses (e.g. Eriksson-Piela 2003; Vehkakoski 2004). The practices of micro-level interaction between experts and clients are referred to as institutional conversation, which is argued to serve certain institutionalised functions (e.g. Peräkylä & Vehviläinen 2003). For example conversations in the doctor's consultation room or social worker's office are referred to as institutional conversations. Within these practices, specific institutionalised categories of identity are also constructed (e.g. Sarangi & Slembrouck 1996).

Some researchers argue for example that in expert statements and documents disabled children are seldom referred to as subjects with citizen's rights (Vehkakoski 2004). It is typical in institutional language use that the client is positioned as an object who receives different expert measures. In these kinds of linguistic processes the client loses subjectivity. This is considered as a basic mechanism of discursive use of power (Fairclough 1992). According to critical disability research the disabled person lacks opportunities for self-determination in expert practices, since the needs of the disabled service user are usually determined by medical and social experts (e.g. Oliver 1996; Shakespeare T. 2006). In Finland, the requirements for respecting the citizen's rights and the right to self-determination have recently been adopted into research discussion concerning disabled people and into development practices, which are considered to be crucial in the contemporary expertise of social work and other areas in disability services.

During this development project, the aims of improving the rights for disabled service users and developing client work are made comprehensible within institutionalised orders of discourse. This appears as a contradiction or ambivalence between the ideological aspects of work with disabled clients and the actual functioning and practice of the organisation. This study will be focused in that tension or dilemma by analysing those meanings that construct practices and technologies of institutional power and such identities that are constructed in the structures of the organisation. Those discourses where self-determination and the free will of the clients in service practices are emphasised will also be analysed.

The workers involved in the project are strongly committed to the view that disabled people should have more choice in life practices and in the use of services. Although the workers emphasise the needs of the disabled service users in these discourses, the role

of the organisation as an expert in those people's needs is often taken for granted. In this chapter, those arguments with which the system of personal budgeting is justified are analysed. The study focuses on explaining how the position of the disabled service user is constructed in those arguments.

2.1. INSTITUTIONAL POWER IN DISABILITY SERVICES

According to social theory, institutions have societally determined functions, which relate to material resources, political decision-making, systems of values and social consistence. These areas are taken care of by the basic institutional structures, which are the economy, state and politics, family and education and the community, laws and norms (Parsons 1951). The institution is referred to as a firmly established practice, which includes a certain system of norms. Within these normative systems a single individual knows how to behave: for example in the workplace or as a child in day care. Therefore the system of institutions does not only relate to powerful social structures, but it also establishes modern identities. The system of social care is an example of strong institutional structure, which is regulated by the state, and whose function is to maintain the well-being of citizens. The norms that are constituted in institutional practices of social care influence the character of professional activity and the processes of constructing the position of the clients.

The basic elements of law in Finnish legislation, those which constitute the normative order of institutional action in disability services, are those which cover social care, disability services and special care. These laws have served to formulate the operative frames of reference when implementing the system of personal budgeting in disability services. The decisive principle operated when activating the system was the collective decision not to pay money into personal bank accounts, which was crucial to the whole process. The collective decision-making concerning that specific principle was based on avoiding the risk of interpreting personal budgets as taxable income. It was also seen as practical, as if the council manages the budget, the risk of misusing the budget will be minimised.

In practice, the process of allocating money into personal budgets could proceed only by constructing an additional system of payment with the help of local financial and technical management in social care. Certain amounts of money were then converted to personal budgets by internal money transfers within these local systems of management. These procedures were planned together with the relevant departments in the local social care organisations. The workers insisted that the process should be transparent for the disabled service users, so they were kept informed about the system at every stage of the process, including the process of converting the expenses of the services they currently used into personal budgets. Co-operation with the service users was extensive.

The social position of the disabled service user was constructed in these processes. The decision not to pay the budget into their personal bank accounts already put the ser-

vice users into a position whereby their ability to choose their services was determined by a collective process of negotiation, and ultimately by the final acceptance of the local authority. In addition, the types of services that were considered appropriate for inclusion in the pilot were negotiated collectively, a process which actually limited the range of services from which to choose. In the town located in Southern Finland the project was started cautiously, as it was decided services were to cover only day services, such as work centres and day centres. In Eastern Finland the range of services was wider, since personal assistance and housing facilities were also included in the process. However, in the later stages of the pilot, all of those disability services that were the responsibility of the municipality were finally included in the process in Southern Finland as well.

Most of those people who received a personal budget during this process were able to change their weekly schedule and make daily life meaningful by starting to work part-time. One of those persons moved from a sheltered home to live independently in a rental apartment with personal assistance. Another person involved in the study wanted to have supportive devices to help with her daily life, such as new spectacles and a modern computer. However, she did not receive these devices, as her life-situation changed during the process. She managed to continue her university studies after a long break, and as a consequence her placement in the local day centre was no longer considered to be useful. She ended up in a situation where there were no available services from which a sufficient budget could be converted for her.

The position of this specific service user was constructed by these institutional procedures, in which her needs and wishes were handled, processed, accepted, rejected and re-processed. The assessment of the need for services, and the process for constituting the budget was the result of collective negotiation by the local staff, as is indicated for example in the next episode of conversation in consultation in Eastern Finland (the signs "xx" indicate where conversation has been omitted).

Service manager: As I meant in the beginning, we have to make a decision, not only for the area of health and social care, but for other municipalities as well: we have to figure out what form the decision takes; we have to have a sort of a new service which actually is a personal budget, which has a certain mechanism for calculation, and assessment, and all the tools and measurements that we assess with, and how we assess the need for the service. The ability to cope in daily life, the need for the services, and the calculation mechanism with which we make the evaluation, and what it means with money, and that you have this kind of need for services here. (xx)

Trainer: Okay, I'll write this down, that you have made this framework today; that you determine for what time period the personal budget is meant for, and I'll put down that you have decided that they will be calculated for each service user individually, for example for one person for a quarter of a year and for someone else monthly, whatever the variations are.

Service manager: Yes, we have, we really have made the decision for this piloting period. I emphasise now that it was a decision for this piloting period only. We have worked on a monthly average from those services that they receive right now. In the future there should be a better system.

(15 Dec. 2011, consultation, Eastern Finland)

(Vammaispalvelupäällikkö: Niin, sit mie just tarkotin tuossa alussa, kun mie sanoin, et se päätöshän meijän pitää tehä, ei pelkästään (sosiaali- ja terveyspiirin) vaan muittenkin kuntien osalta siitä, että mitä se on tavallaan se päätösmuoto, et meillä täytyy olla ikään kuin uus palvelu mikä on henkilökohtainen budjetti ja sit siihen liittyy se laskentamekanismi ja nää tämmöset, että miten myö arvioidaan, tai kaikki työkalut ja mittaristot millä arvioidaan niin kun palvelun tarvetta. Toimintakyky ja palvelun tarvetta ja sit mekanismi siihen, et miten me arvotetaan, mitä se ikään kun tarkottaa rahassa, et siulla on tämmönen palvelun tarve tässä kohtaa. (xx)

Kouluttaja: Mä laitan tänne nyt sit edelleen tänne budjettien koostamiseen ja hallinnoinnin alle ton kohdan seitsemän, jos oikein ymmärsin, niin tästä oli puhetta, että määritellään mille ajalle henkilökohtainen budjetti on tarkoitettu ja sitten tavallaan tänne, siis tulokseksi, että näin te olette nyt tässä kohtaa linjanneet tänään, että ne määritetään asiakaskohtaisesti jolle kulle neljännesvuosittain tai jolle kulle kuukausittain tai mitä niitä variaatioita sitten onkaan. (xx)

Vammaispalvelupäällikkö: Niin myöhän tehtiin, siis myö ollaan nyt tehty niin ja se on tälle pilottiajalle päätös, huom korostan vain pilottiajalle päätös niin kun siitä, et myö ollaan niistä listauksista mitä saatiin, niin myö ollaan laskettu niin kun heille se keskiarvo kuukautta kohti niistä heijän tämänhetkisistä palveluista. Jatkossa pitää olla joku parempi systeemi).

(15.12.2011, konsultaatio, Itä-Suomi)

The needs of the disabled person are defined here in institutional and pragmatic discourses, where different managerial processes in social work are described. These discourses appear, for example, in the accounts of the service manager, when *evaluation* of *the ability to cope in daily life* is discussed. The disabled person is here mostly only implicitly present, for example in the accounts concerning *need for services*. Here the professional discourse concerning needs assessment serves as a resource for argumentation when laying out the framework for personal budgeting. The object for negotiation is the calculation principle with which personal budgets should be managed in order to constitute a collective framework and the understanding about the allocation practice in itself.

In local social services a decision has been made officially on the piloting period for the calculation principle for personal budgeting. Here it is based on a mechanism where the costs of the contemporary services for a single service user are calculated for a year and that amount of money is divided in order to generate a monthly budget. By deciding that the costs should be calculated from the costs of those services that the service user already receives and not those services that the service user was hoping to have, the risk of increasing costs by this new system can be avoided.

For example, in Eastern Finland, a budget was developed for a single service user from the costs of living in a sheltered home and the costs of receiving personal assistance. This amount of money was converted to a monthly budget, with which the service user could move away to live independently in a rental flat, where she now manages by herself with personal assistance. After paying for these monthly living costs, the budget was still sufficient for her to start new hobbies. The calculated costs included the costs of room rent, hired personnel and conducting management.

These calculating principles were important in the whole process. The disabled service users were in close collaboration with the representatives of the disability services at the beginning of the process. They could negotiate the principles with which the decisions were made concerning their services. However, their early involvement caused some problems, because the principles by which the budgets were calculated were not clear to all members of the pilot project. The idea of fixed amounts of money caused many misunderstandings, and some supporters expressed disappointment during the first negotiations. These problems were finally solved by allowing the service users more resources if the budget seemed too small. Now the supporters of the disabled people are content or fairly content with their budgets (Ristimäki 2013).

In similar accounts such as the previous extract of conversation, the position of the disabled person is constructed in the expert discourses, which are part of the institutional and managerial language used in the organisation in question. In these negotiation processes, the position is intertwined with the processes of governmentality in the institutional practices of the disability services, which constitute citizenship. In disability studies it has been argued that classification according to functioning ability serves the medical model of disability, which is still influential in the service practices provided for the disabled (e.g. Miettinen 2012).

In similar practices, the disabled service user does not necessarily have the right to self-determination. Those practices that are based on evaluation of the ability to cope in daily life are part of institutionalised expertise concerning disabled people, and the needs of the clients are determined by the professional system of services. The disabled service user appears here as an object of institutionalised knowledge. Similarly, medical classifications define and maintain such social norms and moralities, based on able-bodied individualities (Imrie 2004).

The framework for making the plan for support and services as requested in the aims of the project are negotiated and legitimised within these classification systems. In the next extract of conversation, the contents of the training session held the previous day are reflected. The persons involved in the training had negotiated how to make up a budget for a single service user. It can be seen in this conversation that the needs of the service user are a starting point for service planning, but the conversation emphasised that those plans are ultimately controlled by the system of social services.

Researcher: Okay. I also sat in with that group, and I felt that she had planned everything very carefully and prepared her plan well.

Head social worker: Yeah. Her support plan was just brilliant. I felt it was like all these models that we have emphasised in those discussions - she could just bring everything in there that is important to her. And I think her starting point was just right, she talked about her needs in there, it wasn't just a listing about her rights, but she had really thought carefully about her life and what she could do to make her dream come true.

(17 Nov. 2011, interview, Eastern Finland)

Tutkija: Okei. Siinähän jotenkin tuntui siinä (Palvelunkäyttäjän) ryhmässä, että on ihan valtavasti, että hän oli hyvin pitkälle valmistellut sen oman juttunsa ja.

Sosiaalityöntekijä: Joo. Hänellä oli ihan loistava se tukisuunnitelma kyllä, että se oli just niitten kaikkien mallien mukainen, mitä on tossa tullu koko ajan esille, niin siellä oli just pohdittu niitä asioita ja nostettu niitä juttuja, mitkä on hänelle tärkeitä. Ja lähdetty minusta liikkeelle just niistä hänen oikeista tarpeista, että se ei ollu lista niitä mitkä on hänen oikeudet, vaan hän oli lähtenyt miettimään ihan oikeesti sitä elämää, mitä hän tarvitsee, jotta se hänen oma haave tai unelma toteutuu.

(17.11.2011, haastattelu, Itä-Suomi)

Although the disabled service user is described here as a person who has individual hopes and needs, her support plan is evaluated on the basis of how it resembles the required model, and how her needs resemble those needs for services which can be accepted as grounds for the service plan. It is implied in the social worker's account that preparing that plan requires skills in rational reasoning in order to draw it up in a form that pleases workers in the disability services. These accounts indicate that a certain competence may be implicitly required from the disabled person to prepare the plan in a way that is considered appropriate. The disabled service users are implicitly required to adjust their needs and hopes into the practices of the organisational system, although the aim is to seek and handle such needs that would not necessarily be discovered in the traditional service planning processes. In these implicit requirements posed by the organisation it seems not to be reasonable to bring up issues in the plans that concern only the individual right to receive services. The terms and forms of planning are negotiated and accepted collectively by the members of the organisation.

There seem to be tensions between the discourses where personal budgeting is reflected as a choice of arranging services. On one hand, the organisation-based way of thinking is criticised, but on the other, the position of the disabled service user is constructed by organisation-based discourses, as also when the client's needs are emphasised. Although increasing the power of the disabled service user is considered important, their needs and hopes are ultimately legitimised and controlled by the organisation. These processes strengthen institutional and managerial power, since the aims and practices of the project itself are determined in the functions of social care. There is a tendency for contradictory interests to appear as ideological dilemmas in the discourses, so that the professional and institutional relations of power seem not to be threatened even in these processes, which were meant to empower disabled people.

Yet the significance of institutional power is understood and questioned. The project for personal budgeting has been considered as a step to change attitudes. The starting point should be the disabled person, whose thoughts and feelings, hopes and needs should be met in other ways than that the organisational, habitual practices would suggest. It is also argued that evaluation processes are too often based in basic daily needs, where support is needed. In the next extract of conversation the service manager tries to imagine the opportunities of a practice where a disabled client can be encountered as an individual and not as a passive receiver of support.

Researcher: Do you think there are going to be any changes in client work and in interaction with the clients?

Service manager: We have already noticed through our surveillance tool that we have made more service plans than before, and that's how it should be, of course, and it is basic nowadays. But we have tried to change them and educate the workers, but I think that this project will make things change in the direction as we want it to be, that we start from people's capacities, so that the plans are based on their capacities and what they want to do. It is a tradition in Finland that service plans are based on what the person needs support with, those things that are listed, the need for support in different things, how many hours of support one person needs, etcetera. But what if we could read from the plan, that she is sociable, she likes the colour green, she likes flowers, and she needs someone to take her to garden exhibitions, or whatever? What if we just could turn those things vice versa?

(4 Sept. 2011, interview, Southern Finland)

(*Tutkija*: Joo, okei. No mites sitten tavallaan tuon asiakastyön kannalta, jos sä ajattelet ihan puhtaasti sitä kasvokkaista asiakastyötä, niin mites semmonen tulis muuttumaan sitten?

Vammaispalvelupäällikkö: No tällä hetkellä meillä on jo tuloskortilla tää palvelusuunnitelmien niin kun määrän lisääntyminen, eli tehdään paljon enemmän kuin aikaisemmin ja niitähän pitääkin tehdä, mutta tietenkin ne ei ehkä oo ollu niin keskiössä kuin tällä hetkellä on. Mutta sitten, että niitten muotoo ollaan pyritty muuttamaan ja ollaan pyritty kouluttamaan henkilökuntaa ja uskon, että niin kun tän hankkeen myötä näille asiakkaille, niin siitä tulee ehkä enemmänkin, niinkun vielä enemmän siihen suuntaan mihin me halutaan, että ne ois niinkun semmosia voimavaralähtöisiä, että sieltä tulis niitä oikeesti osaamisia mitä ne haluaa tehdä. Meidän palvelusuunnitelmathan on perinteisesti Suomessa, en sano vaan täällä vaan, vaan siellä listataan ne tuen tarpeen mitkä asiakas tarvitsee, että jos alkaa lukeen niin sit siellä lukee vaikka, että ketkä tarvitsee tukea tässä ja tossa ja siinä ja sitten häntä avustetaan tässä ja näin ja sitten myönnetään sitä ja tätä näin monta tuntia, sen sijaan, et siellä lukis, että hän on hyvin sosiaalinen ja pitää vihreestä ja tykkää kukista ja, ja muuta ja sit siellä alhaalla lukis, et häntä vois tukee siinä, siinä että olis joku joka kävis hänen kanssaan katsomassa puutarhanäyttelyitä siis ihan niitä mitä tahansa, että tavallaan toivotaan, että jotenkin käännettäis niin kuin toisin päin.)

(4.9.2011, haastattelu, Etelä-Suomi)

The service manager claims here that it would be possible to concentrate on those needs that are based on the interests and the capacities of the disabled clients, and to try to think about the desired services based on those individual needs. In the example provided here, the desired type of service would be personal assistance in order to be able to participate in interesting activities. In the contemporary practices of the disability services, service planning is usually based on the assessment of basic daily needs, like eating and taking care of hygiene. In an international context, this is regarded as a traditional practice in disability services. It has been argued that this practice feeds such attitudes or common thinking, and that the daily life of disabled people is based solely on meeting their basic needs without recognition of any other activities. These attitudes construct disabled identities and restrict human lives (e.g. Finlay et al. 2008).

Similar arguments, in which managerial and institutional practices are criticised, are common in the data. The function of these arguments is to empower and strengthen the disabled person's right to self-determination. It is argued that the traditional, established professional relations of power should be considered and questioned, since the position of disabled people is often constructed by the assumptions that they are helpless and support-needing in most life activities. In the end sequence of this account the disabled individual is defined as a subject, who has specific areas of interest, as for example in the accounts: *she is sociable, she likes the colour green*, and *she likes flowers*. In these definitions, the person has the competence and capacity to do different things. The well-being of that person should be supported by strengthening those capacities, not by emphasising the inabilities.

The significance of institutional power appears as ambivalent in this data. On one hand, those inhuman practices which the power relations maintain are seen as worth changing profoundly. On the other hand, power relations that are based in institutional orders are maintained in many discourses and conversational contexts. The service practices of disabled people are established on strong professional relations and organisational functions, as they constitute identities for disabled people as clients and individuals in profound ways.

2.2. REQUIREMENT FOR DEVELOPING SERVICES AND CRITICISM OF ORGANISATIONAL BASED PRACTICES

The dominating discourse, with which it is argued the system of personal budgeting is possible at the municipal level, is the demand of maintaining the contemporary practices of disability services and the structures of the organisation, while developing them into a more functional model. In a sense, the rhetoric of development can be argued to be common in reflexive society, where experts are expected to reflect on their knowledge according to the challenges posed by the society and its citizens, as well as to wider societal changes. In that sense, the monopoly of expert authority is argued to have collapsed (e.g. Beck et al.1995; Bauman 2003). The commonly used rhetoric of development is argued to have its origins in this specific change, and it is argued that it has an impact on the power relations of experts and clients (e.g. Filander 2009).

According to recent academic discussions, this sort of change has been considered to be one of the results of New Public Management and its new forms of managerial power. They are based on short-term contracts and projects and have their basis in specific organisational aims and strategies, which constitute new kinds of managerial practices. These tendencies have been regarded as a profound societal change, which has an impact on models of evaluation, client relations, systems of quality control and relations in the working place (e.g. Sulkunen 2007).

These new managerial arrangements have a profound impact on social orders and relations. Controlling practices have been internalised as self-control or self-discipline

and the worker controls his own results of work, as the expert controls the quality and authorisation of his own expertise (Foucault 1981; Rose 2007). The practices of governance have changed with these tendencies and influence professional expertise and identities (Pickard 2004; Evetts 2009). Institutional governance is the discursively dominating area in this data too, and it constitutes the practices of developing the services, client work and control.

In the light of this data, the crucial aim seems to be to develop the already institutionally established practices in day care centres and working centres. The idea of implementing personal budgeting appears to be focused on increasing the supply of disability services. The aim is to include in the supply different free-time activities and other forms of services that support meaningful life. The purpose is to support the right to self-determination in these practices, but that should happen within the framework of the contemporary supply of services, as the service manager explains in the next extract.

> *The interviewer*: So, you have decided here in (locality) that the best target for personal budgeting is activities in day centres and work centres?
>
> *Service manager*: Well, yes, as it's based on the background research we've done. For example, in the English results, there's the model in Liverpool, where nine work centres have been shut down because they could rather do something else than get together in some newly built work-centre to do handicrafts, they would rather do something else. That is what interests us. We have confirmed in a committee appointed by the municipal council a program for the housing of people with intellectual and developmental disabilities on 15th August, and the strategy is proceeding. And together with that, we have started to prepare a strategy for day activities and working activities, looking at how to develop them. And when there are international tendencies and they are closing down day-centres and people do real work or something that resembles real work, then we have to be very careful; that we don't come and say that new centres should be built, if they will possibly be shut down in the future. They should be based on what the clients want to do. We still don't know about personal budgeting; if it will be in full use in Finland in the future, but it is a pilot. It would require certain changes in legislation before it can be taken into full use in Finland. But nothing prevents us from changing our own practices on the basis of what kind of results we get with this project. We are working out what to do; we have many work centres and we can change the activities in them. Nothing prevents us from renting garden allotments and gardening with the clients, and doing that kind of thing, if it comes from the wishes of the clients. We do have a certain structure: we have certain houses and there are certain practices in those houses.
>
> *The interviewer*: Okay. And you assume that this system fits into your structure?
>
> *Service manager*: I would say that, yes. And of course (Locality) is a big town and we have many structures. I guess we will have a lot of difficulties on the way, and we have to think about how to work it out, but we believe that, and we see this quite clearly, that it is a question of the quality of services, and maybe the freedom of the individual, or actually that we see it from the point of view of increasing the freedom to choose.
>
> (4 Sept. 2011, interview, Southern Finland)

(Tutkija: Joo, okei. No mites sitten tavallaan tuon asiakastyön kannalta, jos sä ajattelet ihan puhtaasti sitä kasvokkaista asiakastyötä, niin mites semmonen tulis muuttumaan sitten?

Vammaispalvelupäällikkö: No tällä hetkellä meillä on jo tuloskortilla tää palvelusuunnitelmien niin kun määrän lisääntyminen, eli tehdään paljon enemmin kuin aikaisemmin ja niitähän pitääkin tehdä, mutta tietenkin ne ei ehkä oo ollu niin keskiössä kuin tällä hetkellä on. Mutta sitten, että niitten muotoo ollaan pyritty muuttamaan ja ollaan pyritty kouluttamaan henkilökuntaa ja uskon, että niin kun tän hankkeen myötä näille asiakkaille, niin siitä tulee ehkä enemmänkin, niinkun vielä enemmän siihen suuntaan mihin me halutaan, että ne ois niinkun semmosia voimavaralähtöisiä, että sieltä tulis niitä oikeesti osaamisia mitä ne haluaa tehdä. Meidän palvelusuunnitelmathan on perinteisesti Suomessa, en sano vaan täällä vaan, vaan siellä listataan ne tuen tarpeet mitkä asiakas tarvitsee, että jos alkaa lukeen niin sit siellä lukee vaikka, että ketkä tarvitsee tukea tässä ja tossa ja siinä ja sitten häntä avustetaan tässä ja näin ja sitten myönnetään sitä ja tätä näin monta tuntia, sen sijaan, et siellä lukis, että hän on hyvin sosiaalinen ja pitää vihreestä ja tykkää kukista ja, ja muuta ja sit siellä alhaalla lukis, et häntä vois tukee siinä, siinä että olis joku joka kävis hänen kanssaan katsomassa puutarhanäyttelyitä siis ihan niitä mitä tahansa, että tavallaan toivotaan, että jotenkin käännettäis niin kuin toisin päin.)

(4.9.2011, haastattelu, Etelä-Suomi)

In this account the aims of the project are explained in an institutional and managerial context. The service manager emphasises that client work in disability services should be developed in the working centres regardless of how they deal with personal budgeting. She argues that within this framework of development the current practice in which people are gathered together to do the same things is not wise. It resembles the classic thesis about the closed institution, where the right of an individual to self-determination in daily activities is strongly restricted (Goffman 1961). It is felt that it is important that instead of these practices, there should be choices provided in work or other activities. It is also felt important that these choices should be based on the individual needs of clients.

The manager claims here that the service culture in the work centre should be changed in such a way that the individual needs of the disabled client can be met appropriately. When she discusses these possible solutions, the disabled service user is positioned as a companion, with whom the workers do different kinds of activities together, as for example in the account *nothing prevents us from renting garden allotments and to garden with the clients*. However, despite these descriptions of companionship with the client, the focus of this account is the functioning of the organisation and the structure of disability services in which all the changes in client work should be determined.

Therefore the grounds for improving the right to self-determination remain in line with the requirements posed by the administrative policies concerned with developing the services. When the aim of increasing the freedom to choose services is harnessed with institutional governance, the situation is very different from the British idea of the system of personal budgeting, where the disabled service user should have the right to arrange the services according to their own interests, no matter what the service user

does in the work centres.

Despite these indications of organisational thinking, there is much such talk in the data which questions institutional structures of power. Professional dominance is reflected in the sense that one has to consider if client work really is based on the needs of the client, or on sticking to institutional routines. In the next extract these issues are reflected on by a social worker.

> *Researcher*: Do we need a change in attitudes, to think outside the box?
>
> *Social worker*: Well, I don't know. Somehow I feel that it is obvious that my work is client-based, but I often have to think that I am not necessarily the one who knows best. But somehow this organisation feeds that kind of thinking: that we are the only experts and that officials do know best about these things, and when a service is provided, maybe it springs from that thinking. But I always try to remember that we have to listen to the person who comes here as a client. And sometimes I get very angry when I realise that in some situations disabled persons are often not heard at all.
>
> (14 Nov. 2011a, interview, Eastern Finland)

> *Tutkija*: No vaatiiks se semmosta asennemuutosta sulta sitten, tai teiltä työntekijöiltä sitten lähteä ajattelemaan sen oman laatikon ulkopuolelta?
>
> *Sosiaalityöntekijä*: Niin, en mä tiijä, jotenkin ite on aina niin kun, ainakin kuvitellu tekevänsä semmosta hyvin siitä yksilöstä lähtevää sitä työtä, mut kyl sitä niinkun huomaa silti monta kertaa, et niin just, että minä en välttämättä oo kuitenkaan se mikä tietää parhaiten. Mut jotenkin mun mielestä tää meijän organisaatiokin ehkä vähän ruokkii sitä, että työntekijä ja se viranomainen tietää parhaiten kun hän päättää ja myöntää jonkun palvelun, niin se ehkä tulee sit siitä, mut että ainakin niinkun ite aina yrittää ajatella niin, et kuullaan sitä ihmistä jota tässä on niin kun se meiän asiakas. Ja sitten tulee tietysti kauheen kiukkuseks aina niissä tilanteissa kun jotenkin tuntuu, että jotenkin nää kehitysvammaset monta kertaa sitten eivät saa sitä omaa ääntänsä kuuluviin.
>
> (14.11.2011a, haastattelu, Itä-Suomi)

These conversational accounts serve as an example of an individual-based ideology in social work. Here the assumptions of work which is individual-based are presented as ideologically opposite to organisational thinking, which is thought of as being taken for granted. It is implied here that the assumption of the superiority of experts is maintained in the organisation, and that it works against the idea of client-based work. It is indicated here that professional identities and professional power do not necessarily function for the benefit of the client.

Professional power is recognised as strong in the organisation of welfare services. It is established by professional relations and hierarchies, which are based on the division of expert knowledge and expert positions. Professional power also influences the relation between experts and clients (e.g. Evetts 2009). Power relations and hierarchies amplify tensions in face-to-face encounters between workers and clients. Professional power influences the understanding of the client's life-situation, if the reality of life as experienced subjectively by the client has not been encountered by the expert (e.g.

Banks 2004).

In this data, expert practices appear as a monolithic entity within a certain organisational culture, where the needs of the clients are known best by the experts themselves, and which is inflexible to the suggestion of change for the benefit of the client. The rigid monolithic structure carries with it the dilemma of how the ideology of client-based work would fit into this inflexible institutional-based thinking. Institutional and managerial structures of power, which are referred to in the data as an "organisation-centred" ("organisaatiokeskeinen" in Finnish) way of thinking, make client work ethically tensional from time to time. Occasionally one might feel angry, if one sees the voice of the disabled individual is not heard and the needs of that person are not met. The client is positioned here as a subject who has rights, who is treated wrongly – and against the noble principles of that very same institutional thinking.

Again in the next extract of conversation, which was recorded in one of the consultation sessions, the dominating discourse focuses on developing services by changing working practices and re-organising them.

Trainer: I'll ask a question again. If you remember the feedback conversation in our last training session, we ended up talking a lot about developing the activities in work centres and day centres. I want to know which one do you do first? Do you develop the work or build the budgets? Or do you do them at the same time?

Woman 3: To do them at the same time, that's a challenge for us. But I think that in our system, we don't know if we necessarily need to build a budget, or if we can arrange that by ourselves. Of course it very much needs some sort of flexibility from our staff in the work centres and day centres. But the thing is, we do a lot outside the house, and we have a lot of different arrangements, like (a staff member) has already booked a gym for our use, for the use of the centre, so we don't start from the beginning. So if there are going to be any similar things, of course we have tried to develop these things all the way along, and the managers do a lot of co-operation and developing work by themselves, to give those people the opportunity to leave the house altogether and go somewhere. And then in some ways we have to offer a kind of temporary solution to the client and figure out, if he still wants a budget, and if he does, we have to remember that after all we are piloting this project. But I think we would get things done more easily, because we have good experience with outsourcing the services, because we know what we produce ourselves and we know what we buy.

(7 Dec. 2011, consultation session, Southern Finland)

Kouluttaja: Mites sitten tota, jälleen kysyn kysymyksen. Siellä valmennuspäivien siellä jälkipuintitilaisuudessa, missä kovastikin päädyttiin puhumaan just siitä työ- ja päivätoiminnan kehittämisestä nyt näiden toiveiden pohjalta mitä ihmisiltä on noussu, niin miten te ootte tavallaan sen, että kumpi kärki edellä tässä mennään vai onks siinä molemmat kärjet yhtä aikaa, eli kumpaa tehdään ensin vai tehdäänkö kumpaakin yhtä aikaa, sitä kehittämistä ja budjettien koostamista?

Nainen 3: Samaan aikaan, se on meillä haaste. Mutta se just meillä, koska me ei tiedetä vielä välttämättä, että tarviiko budjettia koostaa, mikäli me voidaan se järjestää itse, että toki se vaatii meidän henkilöstöltä työ- ja päivätoiminnassa todella paljon semmosta niinkun joustavuutta. Mut sit siellä

on paljon niitä, että tehdään talon ulkopuolella ja paljon meillä on jo niitä virityksiä, niin kun (Työ- ja päivätoiminnan päällikkö) on jo varannut kuntosalin käyttöön eikö niin, työ- ja päivätoiminnan käyttöön, ja muuta, et ei ihan alkutekijöistä ei lähdetä, et mikäli siellä sen tyyppisiä nousee, et kyllähän on nyt jo koko ajan yritetty matkan varrelta kehittää ja viedä eteenpäin ja esimiehet tekee nykyään paljon yhteistyötä ja keskenään sitä kehittämistä, että kuka tekee missäkin ja yhdessä lähdetään talon ulkopuolelle, että tää on varmaan. Ja sitten täytyy jollakin tavalla tuoda siihen semmonen välivaihe asiakkaalle, että haluaako hän siitä huolimatta budjetin ja jos haluaa, niin sitten kuitenkin muistaa se, että me ollaan mukana tässä hankkeessa kokeilemassa sitä henkilökohtaista budjettia. Mutta sitten, miten sieltä niin kun nousee paljon, niin paljon sellaisia mitä sä et saa helpommalla mistään muualta, et meillähän on hyvä kokemus ostopalveluista ja omana toimintana, että tosiaan tiedetään yleensä, että mitä me ostetaan ja sitten tiedetään, mitä tuotetaan itse.

(7.12.2011, konsultaatio, Etelä-Suomi)

In the account of this conversation it is emphasised that if the disabled service user wants to improve their quality of life with an activity that can be arranged within the daily structure of the work centre, it will not be necessary to constitute a budget for that person. By being flexible and promoting new ideas the staff could arrange different kinds of free-time activities in the centre. It is claimed here that development work has already been done within those institutions, so it would be rational to proceed in this way also within this pilot. The disabled person is positioned here as a service user and a consumer, who has the right to choose a personal budget from the supply of service arrangements, if those are the hopes for the future of that person.

Although the choices concerning free-time activities are highlighted in many ways, institutional and structural power remains in a dominating position within these discourses. Renting a gym for the clients in the work centre seems to mean here that the disabled clients can take part in this activity only if there is an agreement between the work centre and the gym entrepreneur. It also may involve an agreement for certain weekdays only. The disabled person does not actually have the opportunity to arrange the service or even choose, when, where and with whom they would like to go.

New ways to work and attitudinal changes are underlined in these conversational accounts. It is still plain here that the daily activities are planned by the staff members and those activities should be reflected in the weekly schedules of the organisation. One can, with good reason, ask if anything will be changed for disabled service users, if living practices are still decided by the staff and determined by the institutional culture of the work centre. In the last sentences of this extract from the interview it is emphasised that the disabled person should have the final power to make decisions, but still the role of the contemporary service structure is presented here as self-evident. In accounts such as this, the institutional structures within disability services may be defined as expert-centred, stiff and restricting the rights of the disabled person, but still those definitions are in contradiction with the implicit demand to increase the functionality of the same structures.

Despite these observations it is important to note that in Southern Finland the disabled persons attending the project have more need of support than those in Eastern Finland.

Routines and daily structures which are similar are argued to be important for those clients. A few of the staff feels that reducing the complexity of daily life brings the client a feeling of safety and ultimately it is a better solution than increasing their opportunities to choose. It is also emphasised that despite the rigid routines of these structures, one can work in a person-centred way with those clients who need a lot of support.

According to the feedback conversations which took place in the training sessions, personal budgeting had successfully increased the quality of life for a few of those attending the project, since they had achieved more independence in the activities of the day centres. The project received positive feedback from the disabled persons, as they had received a lot of attention, which they had enjoyed. The staff had given them a lot of their time, even if there were no budgets constituted for particular persons. The next conversation took place in a training session for the staff, where the importance of constructing a certain service package for each individual was made clear. During this conversation the workers were advised to ask questions about budgeting practices in another municipality, and they were able to negotiate different solutions.

Trainer: Hey! Can I still ask about the wishes: what kinds of wishes there were, and whether you had to discard any of them?

Head of work and day activities: The wishes have been very realistic, and of course, when we concentrate on work activities and day activities, something has to be discarded. They hope to do sports activities, like swimming, gym, jogging and then there have been other things like practising to use public transport, practising to use money, doing real work and things like that. And in addition to that, of course we develop our own activities in the work centre and the day centre, but in spite of that, they need some supporter or some other person to do these things with, instead of going to the centre.

Woman: Are all of these activities something that you do in the centre? Has anyone wanted to get out of the centre, or have you put a limit in place, to say that it should be done like that?

Head of the work and day activities: We haven't made any decisions yet; it happens in service planning, or when we actually start to study the support plan, and start to think about how we do it. Partly we try to fulfill those wishes in our centres - we try to change some activities, create new activities, organise some groups, courses, things like that, and part of those activities are the sort that can be arranged with personal budgets.

(18 Jan. 2012, training, Helsinki)

Kouluttaja: Hei! Saisko vielä vastausta tohon, että näistä toiveista, että onks minkälaisia toiveita ja onko niistä jouduttu sitten jostain karsimaan, oli semmonen kysymys vielä?

Työ- ja päivätoiminnan esimies: Toiveet on ollu aika semmosia niinku realistisia ja sit tietysti se, että kun se rajottuu työ- ja päivätoimintaan, niin se tietysti myös karsii tiettyjä juttuja pois, että siellä on ollu semmosta niinku tämmösiä liikunnallisia juttuja, uintia, kuntosalia, lenkkeilyä, sit on ihan ollu tämmösiä niinkun julkisilla liikennevälineillä kulkemisen harjottelua, kolikoiden käytön harjottelua, oikeen työn tekemistä ja tällasia juttuja. Ja niin kun jokaisella on se, että tavallaan se, että millä näihin pääsee sen lisäks, me tietysti kehitetään omia toimintakeskus, tai omia työ- ja päivätoimintoja,

niin se, että he tarttis siihen jonkun tukihenkilön, tai jonkun avustavan ihmisen, jonka kanssa vois tehdä näitä asioita, sen sijaan että menee sinne toimintakeskukseen.

Nainen: Onks nää kaikki toiveet ollu sit sellasia että ne toteutetaan siellä työ- ja päivätoimintakeskuksen sisällä? Kukaan ei oo halunnu pois sieltä, vai oottekse rajannu sen silleen, että sen täytyykin olla siinä?

Työ- ja päivätoiminnan esimies: Me ei oo tehty mitään semmosia ratkaisuja vielä, elikkä se sitten tapahtuu oikeestaan siinä palvelusuunnitelmaa tehdessä, tai sitä niinkun, että kun sitä tukisuunnitelmaa käydään läpi ja sit siinä kohtaa kun ruvetaan miettimään, et miten niitä toteutetaan, et osittain pyritään joitakin toiveita toteuttamaan meillä päivä- ja työtoimintojen sisällä, että muokataan niitä toimintoja, tehdään uusia toimintoja, perustetaan jotain ryhmiä, kursseja, joitakin tällasia, osa on sit sellaisia mitä niinkun henkilökohtaisen budjetoinnin kautta voi sitten toteuttaa.

(18.1.2012, valmennus, Helsinki)

According to this conversation, personal budgets will not be considered for all attendants of the project, and there is a plan to arrange alternative activities in the centre. It is possible to arrange many of these activities by re-arranging the work of the staff. Only a few of the disabled service users in this town in Southern Finland are provided with a personal budget, with which personal assistance can be arranged in order to enable the disabled person to do a part time job, for example. Here it is clearly stated that personal budgeting is just one alternative amongst other ways of arranging services, even though the aim of the project is to develop that system. These service practices are felt as crucial regardless of the system in Britain, where the number of users of work and day centres was decreased after personal budgeting was adopted in British municipalities.

The role of work and day activities is central in disability services. These structures have, it is claimed, brought a sense of safety into the lives of those who use them. Some members of staff have the opinion that life can become socially less cohesive, if services are arranged only with the help of personal assistance. While the disabled clients work together in groups in those organisations, it is claimed that by so doing they gain social skills. It is assumed those skills will regress if the person is not able to maintain social contacts in daily life.

Despite these arguments, contemporary practices in work and day centres are criticised in many ways. The criticism is basically focused on the lack of the right to self-determination in those daily practices, and the right to spend the day in a meaningful way. Social lives may not be satisfying in institutional settings and often there are too many rules and regulations to obey. However, one conclusion that can be drawn from this data is that even though the aim of developing the services is to break the institutional order and try to change lives of the disabled clients, the role of established practices in contemporary systems is very strong and almost self-evident in the thinking of the workers. These practices construct institutional relations of power in the lives of disabled people and they determine their position as services users, clients and citizens.

2.3. INSTITUTIONAL POWER AND THE ROLE OF GOVERNANCE IN CONSTRUCTING THE POSITION OF THE DISABLED PERSON

When the aims of personal budgeting are reflected in the conversations, there appear to be central elements of contradiction in the data concerning whether practices in work and day centres should be changed or preserved as they are. This contradiction seems to be crucial when it is compared with the ideological starting points of personal budgeting. The basic aim has been to increase the opportunities of disabled people for self-determination and to be in control of their lives.

Already at this point it is important to ask if the intention to re-organise the work in work and day centres actually serves the change needed concerning the right to self-determination. If going to the gym is part of the routines in the work centre, one can still consider this service as not serving the purpose, even though it is not obligatory for anyone to use the service. At the discursive level these efforts to develop the services as they are now are justified with administrative strategies and solutions established by the committee of social affairs. Within these discursive fields disabled people are an object of institutional and societal power.

Therefore, the position of the service user is constructed in similar institutional and governmental practices. Service users are left with a role in which they must adjust into those strategic lines. The aim of increasing their satisfaction in life is formulated in the institutional reality of work and day centres, where staff allow them to make visits outside the house by re-organising work shifts and tasks in the organisation. They act, in the solutions they provide, within the established institutional order of the service structure, which they argue is important for disabled people.

The role of institutions in the living practices of individuals is central when constituting social orders. According to the theory of the social construction of reality, a certain institutional practice is created so that once a social practice becomes established the rules and structures of that practice are constituted in its own terms. The functioning of the institution is reproduced and maintained as socially obligatory in a similar way, regardless of what the members of that community change in the course of time. The rules and structures of institutional action become ontologically objective reality, although the members of the community have the opportunity to change those practices (Berger & Luckmann 1986). The established roles of social action are also seen as crucial here. With the help of habitual roles of action, the functioning of the institution is felt as justified, as though every role performance refers to the ontologically objective existence of the institution regardless of its members. Therefore it appears as if the social roles themselves represent the institution.

The structure of disability services is part of a similar kind of institutional reality, which also produces moral values concerning the importance of welfare services. The efforts to change the structures of welfare services, especially social and health care services, seem to appear rather as a threat to rupture them than an opportunity to improve

them. Those assessment practices based on the functional abilities of an individual are stable institutional practices, and almost self-evident in professional expertise concerning disabled people. Despite the fact that these particular practices of institutional cultures are considered persistent, and the need for change is recognised, it is well-functioning services that are seen as central in Finnish welfare policy. Therefore the current service structures and practices are developed rather than profoundly changed.

These practices of care are influential in a cultural understanding of welfare services. These practices constitute the power relations between clients and professionals. It is not self-evident that the right for self-determination is allowed to a person who has been officially classified as an incompetent person needing support. The relationship between a disabled person, his/her supporter or the worker is often determined by those social orders which are based on institutionally stable practices organising the relations between care workers and their clients (e.g. Kröger 2009). These relations have an impact as influential cultural scripts even in those contexts where changing those relations is discussed. Even though the official agenda involves improving the rights of disabled people, new practices are established on the grounds of these habitual social orders.

The restrictive nature of institutional structures is made explicit when having conversations on needing to adjust the daily lives of disabled people within the structures of the organisation. These assumptions are in a paradoxical relationship with the general aims of development, where improving the right to self-determination is emphasised. According to the research conversation concerning de-institutionalisation, these institutionally permanent practices are considered as functional. In comparative research done in the Nordic countries, it was observed that those practices may be easily transferred into other residential services, such as supported group homes. Despite these innovations, which are tools to deconstruct disability institutions, it has been argued that nothing necessarily has changed in the working culture of disability services in these new housing facilities, except that they have been labeled with new names (e.g. Tøssebro et al. 2012).

Institutional practices and structures influence the lives of disabled people profoundly, even though there are strong arguments defending the fact that the voice of an individual may not be heard within these institutional relations and practices. Expertise concerning disability issues is constructed within the institutional orders of different organisations, their management and praxis. It is not a starting point in those practices to consider the disabled person as an expert in their own life and needs, since the form of expertise is maintained and justified in the institutional relationhips of disability services. These institutional practices legitimise professional orders which are normative in character.

Increasing the opportunities for self-determination for the disabled person is seen as important in developing disability services and client work. Client work of good quality is seen as an important area in professional skills, since social work would not exist without clients. In the next chapter the meanings of client-centred work are analysed as another central discursive field, where the experiment of personal budgeting is reflected and justified.

3. CLIENT-ORIENTATION IN DISABILITY SERVICES

Discourses which concern client-orientation dominate this research data. Client orientation is considered as a strong ethical principle in professional action, but it is also seen as an important aim in client work, one which has not yet been reached. In this chapter those discourses and arguments where principles of client-orientation are reflected will be analysed, and it will be asked what kind of positions the disabled service user is provided with in these arguments and discourses.

In social research, the concept of client-orientation has been considered as problematic. It is emphasised as a contemporary tendency for example in the management strategies of services in the public sector. Nevertheless, the principles of client-orientation vary considerably according to the practices of different organisations and according to different types of work and tasks. In addition to that, the meanings with which the workers themselves understand the characteristics of client-orientation vary a good deal. The term is also understood as rhetoric only used by management when the official aims for the organisation are formulated (Juhila et al. 2003).

Despite this discussion, the principle of client-orientation is crucial in the field of professional ethics, for example in social care, and its basic elements are defined in the legislation of social affairs. The most important principles in social services are, for example, the ability to listen to the client, to treat clients equally and to arrange services in a way that is based on the needs of those clients, as well as a proper assessment of their life situation. That the solutions made by the authorities serve their needs and life situation is a legal right of Finnish citizens.

In this research data, the workers reflect much on the important principles of client work in disability services. Client-orientation is considered as the opposite way of thinking to organisation-centred or institutional thinking, which is seen as prevailing in the contemporary practices of disability services. It is argued that, according to organisational thinking, the needs of disabled people are handled by the routines of the organisation, and the point of view of the client is ignored. It is also argued that the practices of support are neither innovative nor imaginative, because basic daily needs usually get most of the attention.

The criticism pointed at organisational thinking stems from the fact that the lives of disabled clients are attached to the norms and schedules of the organisation and the timetable of the workers. These institutionalised practices restrict the self-determination of disabled clients and prevent them from living meaningful daily lives. Developing client-orientation in personal work is considered as an important way to improve the position of disabled clients. If personal work could be developed, these restrictive practices could be left behind.

One of the most influential features in organisational thinking is considered to be the power of the expert. The situation of disabled persons is negotiated by the workers themselves, who do not listen sufficiently to the disabled client. However, expertise concerning disability issues or one's personal skills is not emphasised when the workers talk about their work. The significance of professional expertise is reflected in the sense that one should not hide behind the façade of professional knowledge in client work, since the expert is not infallible about what is best for the client.

The aim of the pilot project in personal budgeting has been to improve the opportunities of disabled people to plan their own life and the kinds of services that support them best. In this contextual framework it is understandable that the data contains much talk about developing personal working methods in client work, and developing the skills to listen to the client and reflect their needs. These systems of meanings dominate the data. When workers were asked in group conversations and interviews what the basic characteristics of client-orientation in personal work are, they mentioned the skills of listening to the client and the ability to ask what the client wants. It was implied that asking the client about his/her needs is not usual in contemporary working practices.

These arguments indicate that practices in client work have been constructed in the course of the history of specific working cultures, where expertise in disability issues and professional relations constitute and shape the practices of client work. Efforts to listen to the client's wishes is understood as one side of professional change, which is expected to happen during the implementation of personal life-planning, as introduced in this project.

When client-oriented practices were discussed in the data, one of the dominating discourses was the discourse of companionship, meaning that the professional works together with the client and together they negotiate different solutions. The idea of "companionship" does not imply the existence of power relations. The question concerns an equal relationship. Some of the workers who were interviewed thought that they already aimed at equal relations with clients in their professional practices. Despite this, the workers reflect much on the rhetorical level of client-orientation and argue that it may not necessarily influence concrete working practices.

According to academic research in social work it has been argued that the client should be treated with dignity in different interaction settings, which is also considered to be a basic element of professional skills. Interaction and communication skills are considered equally as important as theoretical knowledge in social work. They are based in the ethical and moral obligations of client work, which become visible in the interaction with the client, in the processes of how the client is treated and if the client's life situation is scrutinised in different settings of client work (e.g. Banks 2004; Clifford & Burke 2005; Payne 2005). The client should be treated as an expert on their own life, and different life-situations should be reflected in their societal and cultural contexts. Within the system of personal budgeting, this point of view is also very important, since it is declared in the practice of that system that the disabled person is not in the position of a person who must be taken care of, but a person who should be treated as an individual

with specific interests. Their personal interests, hopes and plans should serve as a starting point when arranging the services of that person. The aim is to treat disabled people as citizens who have the same rights as all people to live a meaningful life.

Amongst workers in disability services assumptions prevail which mean that the needs of a disabled person are not always taken into consideration. Even the supporters of the service user, such as close relatives, may think it is self-evident that the disabled member of the family does not necessarily have to be present in those meetings where his/her needs are assessed, if it is the usual practice of the family to make decisions on their behalf. Some professionals think that such situations are very hard to handle if the relatives think that their views are more important than the personal views of the disabled person.

Even though these types of power relations have considerable influence in how the needs of a disabled person are assessed, many workers do not see that they should maintain the power relations as justified by their professional position. They think that it is important for the disabled client to have power in planning his/her own services. For example, one of the social workers feels that client work began to reward her more once it became necessary to look at the situation from the point of view of the disabled client. Companionship with the client has become more clear and concrete.

As the project has proceeded it has become evident that the aim of developing disability services similarly includes the requirement of professional development. Ultimately it means it is the moral duty of a professional to work better with clients, and it is their duty to take clients' needs into careful scrutiny. In the next section these discourses, including a variety of meanings concerning client-orientation, will be analysed from the point of view of what kind of positions are constructed for the disabled person within these systems of meaning.

3.1. VARIATION OF DEFINITIONS FOR CLIENT-ORIENTATION

Client-orientation has been considered as a very important principle, but there is much reflection in the data on what that actually means in disability services. The term used here is a straight translation from the Finnish language, and the term is widely used in social services as well, although its origins are in market economy. It must be mentioned that the vagueness of the term in the Finnish language may cause a variation in its definitions in different contexts.

In Britain the concept of personalised work or person-centred support has been implemented successfully in the practices of disability services, and it would probably be better to use that concept when defining the principle in Finnish disability services and disability studies. Here the concept of client-orientation is used, partly because it was being used in Autumn 2011 when data was collected in the disability services, and partly because the principles of person-centred work are not yet officially taken up as methods or practices in Finnish disability services. However, it is considered important

to develop working practices based on person-centred work in Finland, so the current practices in local disability services are, now, in a situation of flux. In this research data, client-orientation is mainly understood by the workers as equality in communication and interaction with disabled people and the ability to take their personal life-situation and personal needs into consideration. It is also felt that one has succeeded in personal work if the client is content with the individual support s/he receives. The well-being of the client is considered to be the best reward in personal work.

Client-orientation is also defined as a working-practice where the client is encountered as an individual who has free will, individual interests and needs. The needs are not considered simply as basic needs, but as part of personality, lifestyle, social relations and culture, which construct the identity of an individual. In the working practices of the disability services the basic principle means asking what kind of services the person wants to have and what the person wants to do during the weekdays. According to the service manager in Southern Finland in the next interview extract, it is exactly this need which is not necessarily encountered in contemporary services, and is caused by inability or unwillingness on the part of the workers.

Service manager: These are the things that I try to criticise in our own group homes. When we think that we should increase the freedom to choose, we are increasing different schedules like laundry day, sauna day, shopping day, and we think that when we have a lot of things in our program, it is client-orientation. It is all something else. If you think about it, we are trying to make people live their lives by these schedules. People should have the right to decide if they want to go to the sauna every evening, when we are trying to say you should do it on some specific weekday at six to eight in the evening, and this would be client-orientation. We should ask the client, and the client should decide when to go to the sauna. I think that is client-orientation. It should not come from working shifts, like you have the night shift on Tuesdays, and helping the client in the sauna is part of your tasks every Tuesday. I have always wondered, when I go round our places, where does this come from? You have music days, you have shopping days. I believe no one asked, and these things don't come from their wishes. I believe it comes from the workers themselves, in terms of client-orientation.

(4 Sept. 2011, interview, Southern Finland)

Vammaispalvelupäällikkö: Näähän on tämmöisiä mitä mä kyseenalaistan hyvin paljon omissa asumisyksiköissäkin, niin ollaan ajateltu kun valinnanvapautta lisätään, niin lisätään erilaisii asioita kuten niin kuin pyykkipäivä, saunapäivä, kauppapäivä, kaikkee ja sit kun ajatellaan, että kun on hirveesti kaikkea ohjelmaa, et se on sitä asiakaslähtöisyyttä. Sehän on kaikkee muuta, että kun laitetaan ihminen elämään niin kun lukujärjestyksen mukaan, että kyllä niin kun asiakkaalla on oikeus päättää, et voi saunoo vaikka joka ilta, että eihän sellaista, että me ajatellaan, että laitetaan tänne, että joka perjantai on saunomispäivä kuudesta kahdeksaan, et tää on asiakaslähtöistä, aina voi saunoo joka viikko, et eihän se ole sitä, vaan asiakaslähtöisyyttä on se, että voi saunoo milloin vaan ja nykyään saunan voi lämmittää niin nopeasti, että se on sieltä asiakkaalta, että voi kysyä minä tahansa päivänä, että haluatko saunoa, et se ei lähde sieltä työvuoroista käsin esimerkiksi että perjantain iltavuoroon kuuluu asiakkaan saunottaminen. Että miks nää on tämmöisiä joita näkee joka meidän palvelutuot-

teissa kun käy eri paikoissa, niin ne mainostaa että meillä on tää, meillä on kauppapäivä, bändipäivä. Niin kun mistä lähtöisin nää on, tuskin asiakkaalta on kysyny ja ja tuskin ne on vastanneet näin, että tiettyinä päivinä on näin, että ne on lähteny sieltä jostain työntekijöistä käsin, kun on aateltu, että kuinka lisätään asiakaslähtöisyyttä. Siitä on päätelty, että tässä on tää malli, et kaikkee on ihan hirveesti tarjolla.

(4.9.2011, haastattelu, Etelä-Suomi)

The criticism is aimed at the usual practice whereby the clients in group homes and other housing units are forced to live with certain schedules of activities without the opportunity to decide when to wash the laundry, for instance. The practice of keeping to certain schedules when doing these activities does not provide the freedom to choose. The position of the disabled client is focused here on the lack of their right of self-determination, which is caused by the requirement of living within these schedules. The activities are arranged in terms of work shifts which is explained, for example, in the account *helping the client in the sauna is part of your tasks*. The position of the disabled service user is constructed here with them being in the category of a client. In this discourse, the person gains some subjectivity with their demand to be treated as an individual, who should be asked about their personal wishes.

It is implied in the account that the definitions of client-orientation are ultimately negotiated within the terms of specific working cultures. The power to make decisions seems crucial when the aim of improving the right to self-determination is considered. If daily activities are arranged according to the schedules made by someone else, disabled people have no right for self-determination in the different housing facilities. In this account, the disabled client is constructed a position as an object of institutional power.

This interview account is an example of such discursive hegemony in the research data, where the significance of client-orientation is well-known and accepted, but it is also recognised that practices and definitions vary considerably according to different organisations and working cultures. It is also implied that these principles often tend to remain as rhetoric without reaching the level of communication in interaction practices with the clients. The general aim of developing disability services seems to be to link these demands with the practice of communication so that the perspective of the client is taken into careful consideration.

However, the problematic operation of client-orientation in institutional settings is taken up as an issue in many contexts in this data. It is implied that institutionalised practices often create obstacles when one tries to implement person-centred working methods. For example, work in residential units or group homes is organised with working shifts and daily schedules, which often determine the daily structure of the client's life. In spite of the fact that the disabled people live in these residences as they would in their own homes, weekdays are planned and structured well in advance by these institutional practices (Topo et al. 2007; Järnström 2011).

It is claimed in the data that the attitudes of the workers have much influence on the working culture of disability services. How official demands for individual or personal

support can be managed, or how independent life can be supported depends on the staff. It is not obligatory to work according to certain practical norms or schedules. The staff can be very creative with their working methods with individuals. Person-centred work is also considered worth developing in Finland.

In addition to that, it was explained in the data that in the institutionalised service cultures of disability services, there have not been enough possibilities for staff to use their personal skills or abilities to conduct individual work or personal support. Institutionalised power is used in many workplaces and it prevents the exercise of creativity in work. This could be another side to the problem of institutional power, one which ultimately forms an obstacle when trying to work in a person-centred manner and take the personal hopes and wishes of disabled people into consideration.

Nevertheless it is understood that the requirement of client-orientation or person-centred work changes the ethos of client work profoundly. It is not expected this will happen instantly, but it is argued that these changes require a different kind of thinking about what personal support could be. It requires changes in working methods, tasks and ways of structuring the week. It also requires effort from staff to take into account these new ways of working. In Finland, work in disability services is bound up in institutional practices, which cannot be changed without major changes in personal working habits.

3.2. CLIENT-ORIENTATION AND PERSONAL ETHICS

When reflecting on the concept of client-orientation, many workers start by wondering if their own personal work is person-centred in character. They try to consider whether clients are treated in the right way and if they can create a mutual understanding about the client's problem or life situation. It social work it is crucial that one has the appropriate tools for solving the problem. The social worker has to know the reasons behind different life situations. It is important that the worker and the client can find a solution for the problem together. Solutions should be based on an assessment of the situation and a mutual understanding concerning the impact of that solution on the client's life.

In studies of social work, social work is in itself understood as a relationship between social workers and clients. The clients are the focus of social work and working practices are based on professional encounters. A few researchers argue that doing social work should not be understood in any other way than as a relationship with the clients, since social work would not even exist without clients (Juhila 2003). However, these relations of interaction are determined by institutional and cultural practices, which can be used as a discursive resource in interaction. These interactional resources are conventions and mutual agreements concerning different institutional roles. Individuals have a cultural knowledge on how to act in different institutional settings, and the role of the client is interpreted through these cultural frameworks.

This research data indicates that the contents and characteristics of client work and client-orientation are often reflected ethically in daily work. Personally created solutions

and working policies are reflected, since succeeding in the work depends on how one has managed to communicate with the client and on whether a mutual understanding has been found. In social work, different solutions to people's life problems are ethical in character, because the work is based on strong ethical norms. Ethics is actually argued to be amongst the core of professional skills in social work (e.g. Banks 2004; Clifford & Burke 2005).

In the following interview extract a social worker reflects on her basic principles in client work. She emphasises the fact that she should not act in a superior position when trying to find the solution to a problem. The relationship between the client and the worker when they negotiate solutions should be equal.

Researcher: So how do you understand it (client-orientation)?

Social worker: Client-orientation is something where you, of course, listen to the problem, and think about the solution together, but the solution can also be negative. If we think, what is the life-circle, where is the client living? (xx) To sum up, where the client lives, and also what is best for the client. And we work with that. But the solution which is good for him is not dictated by anybody. We negotiate that together and think about future prospects; what is the best way of dealing with it. We listen to the clients and think about their wishes, and work out if we can realise them according to the law, and if we cannot, we try to explain that. In that way, I think, it is client-oriented work. And we really can end up with a negative decision.

Researcher: Yes, you should in fact get acquainted with the situation and the client can be a companion, when negotiating the solution with you.

Social worker: Yes. Neither one of us is dictating.

Researcher: Is it easy to find such a common path in those processes?

Social worker: (laughter) There are clients with whom it is easy, and there are clients with whom it's harder, and there are clients with whom we have worked for two years and we still haven't found it, and I have made a particular decision, which has circulated through different stages of authority, to find out if those decisions are right. Well, probably the client did not want to listen to me or I haven't been able to figure out how to handle it, so that the client would understand my point of view. We maybe haven't found the same tune in there. But I think they're in fact the best clients, if there are not too many of them (laughter). If there were too many, it would be a burden, but to a certain extent they help me to think, whether it's ethical from me to work in a certain way, if it's client-friendly, do I do things right as I should.

(7 Nov. 2011, interview, Eastern Finland)

Haastattelija: Eli miten sä tajuat sen (asiakaslähtöisyyden)?

Sosiaalityöntekijä: Asiakaslähtöinen työ on miusta sellaista, että tietysti luonnollisesti kuunnellaan se asiakkaan ongelma, ja mietitään yhdessä sitä ratkaisua, mutta se ratkaisu voi olla myöskin kielteinen. Jos mietitään sitä, mikä on se kokonaisuus missä hän elää. (xxx) Se kokonaisuus, missä hän on, ja myöskin se, mikä asia on hyväksi hänelle. Ja toimitaan sen mukaan. Mutta se asia, mikä on hyväksi hänelle, niin ei oo sitä, että joku sanelee sen hänelle, vaan yhdessä neuvotellaan ja mietitään, mikä on tulevaisuuden kannalta paras vaihtoehto toimia. Kuunnellaan asiakasta ja mietitään hänen

toiveitaan, ja pystytäänkö se toteuttamaan lain puitteissa vai eikö pystytä, ja perustellaan se. Sillee mie koen sen, että se on asiakaslähtöistä työtä. Ja se oikeesti voi johtaa myös kielteiseen päätökseen.

Haastattelija: Joo, et perehtyy riittävästi siihen asiakkaan tilanteeseen ja hän saa olla siinä neuvottelu-kumppanina, sitten kun mietitään sitä ratkaisua yhdessä.

Sosiaalityöntekijä: Joo, kyllä. Kumpikaan ei sanele.

Haastattelija: Niin just. Onko se helppo löytää niitten asiakkaitten kanssa semmonen tie?

Sosiaalityöntekijä: (naurua) On asiakkaita, joitten kanssa se on helppoa ja sitten on asiakkaita, joiden kanssa se on vaikeempaa, ja on asiakkaita, keiden kanssa me on tehty kaks vuotta töitä ja me ei olla vieläkään löydetty sitä, silleen, ja mie oon tehnyt päätöksiä, jotka on kiertänyt jaoston kautta, että onko ne oikein. Et asiakas ei oo ehkä, tai. No asiakas ei ole ehkä halunnut kuunnella minua tai mie en oo ehkä ymmärtänyt sitten sitä, että miten se asia pitäisi hoitaa, jotta hän pystyis kuuntelemaan ja ymmärtämään miun näkökulman, että ehkä ei oo löytynyt sitten semmosta yhteistä säveltä niissä tilanteissa. Mutta ne on oikeestaan kaikkein mukavimpia asiakkaita, kun niitä ei ole liikaa (naurua). Se jos niitä olis liikaa niin se tietysti sitten rassais, mutta sopivassa määrin, ja se auttais sitten siinä omassa työssä miettimään sitä, että toimiiko oikeesti eettisesti ja oikeesti asiakaslähtöisesti ja te-keekö sitä työtään niinkun se kuuluu tehä.

(7.11.2011, haastettelu, Itä-Suomi)

Meanings of negotiation and co-operation are emphasised in this conversation. However, it is not easy to find mutual understanding with every client and the possibility of conflict is taken into the discussion. Co-operation with the client is described in terms of both harmony and disharmony. It has taken plenty of time with some clients to find a rational solution, because the social worker feels she has not always succeeded in communication. However, these experiences of conflict and disharmony in interaction are articulated into a discourse of professional coping in client work. This is done by explaining the reflexive processes of ethical commitment as part of her professional skills.

Skill at coping with personal emotions in interaction with the clients is referred to as emotion work (Hochschild 1979). Skills in communication and interaction are argued to be important in social and health care, and they have occupied a crucial part of professional knowledge in the practices of health and social care organisations. Those skills also serve as an important dimension constructing professional identities (e.g. Eriksson-Piela 2003; Banks 2004). In these discourses, as for example in the accounts of the interview with the social worker, the service user is provided with subjectivity when positioned as a client in social services, who has the power to decide and make choices. Those subject positions of power appear for example in the accounts with phrases such as *probably the client did not want to listen to me*.

Processes of co-operation are also described here with metaphors of companionship. In this discourse the client is not a subject having rights nor is the client an object of professional knowledge, but the client should be someone with whom one works in companionship. These meanings are expressed by such metaphors as walking in a *common path* or having a *common tone*. Metaphorical expressions such as these can be compared with expressions describing romantic love and a relationship, where aims for life and

future mutual plans are made together in close co-operation (see Alberoni 1984). These analogies in metaphors and expressions describing co-operation indicate that a friendly and equal relationship between two individual citizens is considered as important in contemporary ideologies of official practices of support. It also implies that expressions of domination and other indications of unequal relations of power ought to be avoided in official interaction settings.

Finding companionship with the client is part of the contemporary demands of solution-based social work, where mutual understanding concerning the life-situation of the individual is supposed to be found, and the solution should be based on mutual reflection (e.g. Payne 2005; Clifford-Burke 2009). In the practice of disability services these requirements are basically understood as succeeding at a level of communication with a disabled client. Efforts to find such a level of communication, where there is no professional domination, is also seen as an important aim in the personal budgeting pilot project, as is argued in the following extract of conversation.

Manager of the services in work and day centre: I don't think that all the power is going to be transferred to the client, as is stated here "*power is transferred to the client.*"

Woman 1: So what does it mean in the work centre?

Head of the services in work and day centre: Well, it should mean that, if we think how those things work, the counsellor is leading the activity, and the clients work in groups doing things in a certain way. But it should be changed in a way so that everyone should not be obliged to do the same things: you should have choices, you should have more activities to choose from; there should be a diversity of activities. And on the other hand, meeting that person, it should not be a matter of being the client's boss; there should be an equal relationship. For example, I graduated in 1998 as a counsellor for the intellectually disabled, and we still have the behaviouristic methods in our work which we were taught, and I still recognise the same attitudes in my work. I still recognise them, even though I think I am client-oriented, but those attitudes are persistent. You should learn the new ways to do things.

Manager of disability services: Away from the old habits.

Head of services in work and day centre: Away from old habits, but I think I have made a great deal of progress already, because I have become conscious about still having them.

(25 Jan. 2012, consultation, Southern Finland)

Työ- ja päivätoiminnan johtaja: Tota, tohon "valta siirtyy asiakkaalle", niin olisin enemmän, että valtaa siirtyy asiakkaalle, ei se kaikki siirry.

Nainen 1: Mitäs se sitten ihan oikeasti tarkoittaa toimintakeskuksessa?

Työ- ja päivätoiminnan esimies: No sen pitäs tarkoittaa sitä, että siis nythän se toiminta on ollu aika tavalla ohjaajalähtöistä, elikkä se, että ohjaajat ohjaa, asiakkaat on ryhmässä ja tekee sitä samaa asiaa siinä ryhmässä, mutta että niinkun asiakkaalla olisi valtaa valita toimintoja, valtaa valita yksilöllisiä toimintoja, kaikkien ei tarvii tehdä samaa, voi samassa tilassa tehdä vaikka eri asioita, että on valinnan mahdollisuuksia. Monipuolisempaa toimintaa. Ja sit toisaalta ihan se kohtaaminenkin, et se ei ole ohjaajan puolelta semmosta pomottelua asiakkaalle, vaan että se olis sellainen tasavertainen

suhde. Siis se on ihan oikeesti, että jos mä oon 98 valmistunut kehitysvammaisten ohjaajaksi ja meillä ihan oikeesti näitä behavioristisia menetelmiä hyvinkin vahvasti niinkun opetettiin, et kyl mä itsessäni huomaan sit, et ihan viikoittain, et kyl ne on ne vanhat semmoset asenteet, vanhat, täällä jossain vaikka ihan niinku ajattelee tosiaan, niin kun säkin sanoit, että on asiakaslähtöinen ja näin, mutta kyllä niitä on kuitenkin. Se on siinä kartta, niin kun jossakin oli, se oli varmaan se kartta 2012, että ei oo vaikee omaksua uutta, et se on ihan helppoa, mutta se että oppii

Vammaispalvelupäällikkö: Pois vanhasta.

Työ- ja päivätoiminnan esimies: Pois vanhoista toimintatavoista, niin se on. Mut et siinä mielessä koen, että mä oon aika pitkällä jo, koska mä tiedostan sen, että mulla on niitä olemassa.

(25.1.2012, kosultaatio, Etelä-Suomi)

Ethical self-reflection is central in the account of a conversation presented here by the head of day and work activities. She is aware about her attitudes, which have grounds in the "old school" of education for disability services, and she implies that the behaviouristic methods provided by that school actually allow unequal relation of power towards the disabled client. It is argued that instead of these old practices, client-orientation has to be adopted as a working method. An important step in that process has been taken, since the role old attitudes play has already been recognised.

In the accounts of this conversation a disabled person is provided with three kinds of subject position. First of all, the person is constructed as an object of using professional power in the institutional practice of client work in day and work centres. The meaning of the old-fashioned way of work, where the individuality of the client is not taken into consideration, is a central element in this discourse. Secondly, the disabled person is described as an individual, who should have more power to choose and make decisions than s/he currently has in the services in day and work centres. In this discourse, the basic element is to require more subjectivity for the disabled person in daily practices. Thirdly, the disabled person is ultimately positioned as a companion, with whom the work should be done. These positions appear in the discourses where client-oriented working practices are reflected, as in the statement *there should be an equal relationship (when meeting the person)*.

Ethical reflection concerning personal client work is constructed by a narrative of psychological development. There appears to be a narrative curve in that story, where old-fashioned, repressive attitudes are left behind in a slow process of psychological development towards better models of thinking and behaving and towards greater humanity. The aim of professional development in personal work is constructed from the meanings of psychological development as a human being and a personality. Individual reflection of a similar kind has been claimed to be hegemonic in a modern society, where work provides mainly personal identities. It has also been argued to be an element of the societal change which is referred to as reflexive modernisation. For example, individual choices have all the more significance and power in those areas of life which are determined by societal relations and structures, such as working life (see Beck et al. 1995).

In this conversational extract, it is explained that a better quality of client work, where the client's subjectivity is respected, can be gained through personal development. It is even implied that personal development and personal changing is a duty in work in order to gain professional identity. These elements appear in the accounts of the conversation between the head in day and work activities and the manager of disability services, where a mutual understanding is negotiated concerning the issue of those old-fashioned power relations and ways to work which still influence working practices. These attitudes, where the disabled client is not respected, are not appropriate. It is implied here that the manager has accepted the idea of personal development in order to start to work differently with the clients.

When the idea of professional development can be considered as analogical with the idea of developing personally, it is an indication of a tendency towards individualisation in modern society, where identities in working life are based on individual choices. These tendencies are provided elements by psycho-cultural discourses or meaning systems or repertoires, with which the processes of personal development are described (e.g. Potter & Wetherell 1987). When a person describes his/her life, the meanings and discourses are taken from available cultural resources, which are based on psychological self-reflection. It is typical for an individual to use a narrative where better self-understanding and being ethical towards others is seen as a psychological process of development and growing up as a person (e.g. Hänninen 1999).

Within those stories some elements are also considered typical, such as where moral acceptance is expected towards these personal processes of development. In fact, those expectations of moral acceptance are norms of working life. Personal development is harnessed within working life relations, specifically the relations between workers and their managers. In the account of this conversation, where the member of head staff explains her personal development process and is expecting acceptance from the manager, such norms are made visible. An individual is obliged to function in working life through his/her personality and personal aspirations (see Sennett 1998; Florida 2002).

The discourse of individual development towards a more ethical professional identity indicates that personal change is morally obligatory. The organisational management accepts or rejects these changes, and the individual process of change can be compared with any work task and is therefore measurable by quality. In this way the worker becomes oneself as an object of managerial control. Elsewhere in the data there are similar indications of psycho-cultural discourse, where professional development is described with meanings of personal progress in maturing as a human being, which appears in the form of ethical self-reflection. In many contexts it is indicated that the development practices of client work actually mean professional development. Therefore personal change is ultimately seen as an obligation in work.

3.3. REQUIREMENT FOR ATTITUDINAL CHANGE AND PROFESSIONAL DEVELOPMENT

It is argued in the research data that a change towards genuine client-orientation would require a profound attitudinal change. In client work practices it would mean that the disabled person would have more power in decision-making about services. Professional power relations based on expertise should not be a façade behind which the worker is hiding. The disabled person should be treated as the expert on his/her own life. In the following interview extract a manager in disability services describes her views about developing client-orientation and how she sees it as necessary professional development.

Service manager: And as we have talked before in other meetings, I think the transition to person-centred service design is clearer here than in the current system, which inevitably is still very organisation-centred.

Researcher: So you think the focus is on the organisation?

Service manager: I think it is too much that way, although we strive to think in a more person-centred way, and I think we have shifted in that direction in the course of the years. But it is inevitable that our organisation and our system make the frameworks. Well anyway, personal budgeting will bring more person-centredness, so that we have to think more broadly about these matters.

Researcher: And you see it as a change in the way you do your work?

Service manager: I see it very much as a change in doing the work and a change in attitudes. Well, maybe it is more the attitudes, because of course in your work you need the skills to listen to a person, the skills of different ways of communicating, so that the opinion of that person will become clear to you, and what the person thinks; we really need those skills. The more concrete they are, the better, to increase skills more and more for our personnel. But I think the main thing is that a kind of change happens in our mindset.

Researcher: We need to start asking.

Service manager: We need to start asking and even if we think the person is equal, we very easily go in such a direction that we dominate. I think it is a thing in our culture, really in the course of history, that we mean well, but then we dominate. What did you really want? If it does not come from the person easily, we start suggesting a little bit, would it be like this? Would it be like that? And that will inevitably direct this person`s opinion. I think that is where we need the change, but I can say this sincerely, that we have a kind of drive right now for it, if I think about our units - I don't mean just this pilot project, but I mean our disability units. We have good staff here and enthusiastic staff, and they are even willing to start this.

(14 Nov. 2011b, interview, Eastern Finland)

Haastattelija: No mites sitte tää henkilökohtainen budjetointi, jos sitä niinku ajatellaan semmoisena, et jos tosiaan kuvitellaan semmonen tilanne, että siihen nyt mentäisiin laajamittaisesti, niin miten sä koet, että se muuttaa sitä palvelusuunnittelua?

Vammaispalvelupäällikkö: Ensinnäkin siinä on just se, että se tuo lisää sitä tavallaan siihen palvelu-valikkoon asiakkaalle sitä valinnan mahdollisuutta. Mut se, et mitä se konkreettisesti muuttaa siinä työssä, niin on minun mielestä se, että jotenkin meidän työntekijät joutuu paneutumaan enemmän siihen asiakkaan kuulemiseen. (xx)

Haastattelija: Ja sä näet sen työtavan muutoksena?

Vammaispalvelupäällikkö: Mie näen sen työtavan muutoksena hirveen suurelta osin ja asennemuutos. Ehkä sanotaan, että vielä ennemmin asennemuutoksen, et siitä se lähtee ehkä ennemmin, et jotenkin kylhän se mitä työtapoihin tarvitaan sitä taitoja sen ihmisen kuuntelemiseen, taitoja vaihtoehtoisiin kommunikaatiotapoihin ja jotta se asiakkaan mielipide sieltä selviää ja mitä ajattelee ja muuta, et niitä taitoja tarvitaan, ihan konkreettisia taitoja lisätä toki meidän työntekijöille entisestään. Mut et miun mielestä ykkösjuttu on se, et meidän työntekijöiden pään sisällä pitää tapahtuu semmonen muutos.

Haastattelija: Niin, et lähetään niinkun kysymään?

Vammaispalvelupäällikkö: Lähetään kysymään ja se, et vaikka me ajatellaan, että se asiakas on tasavertainen, niin myö hirveen helposti mennään, siis minun mielestä se on semmonen kulttuuril-linen, tällainen historian kulun asia, että edelleenkin hyvää tahtoen helposti ohjataan sitä, että mitä sie oikeesti tahdoitkaan, et liian helposti, et jos ei siltä asiakkaalta ala heti tulla sitä asiaa ulos, niin me lähetään vähän ehdottelemaankin, että oisko tää ja eikö tää vois olla, mikä taas sit ohjaa sen asiakkaan mieltä väistämättä. Niin kun siinä musta pitää tapahtuu sitä muutosta, ja sitä, että tulee sitä malttia siihen, et se asiakas todellisesti itse tuottaa sen mielipiteensä ja se ei oo jonkun toisen sanelemaa hänelle.

(14.11.2011b, haastattelu, Itä-Suomi)

The discourses concerning the client's affairs are professional in the account of the service manager. The requirement for interaction skills with the client is crucial in this context. The position of the client is scrutinised from the point of view of what the work-ers should know about the client's situation and what they should do, before one would be able to talk about client work and client-orientation. In this type of discourse the client is actually constructing expertise and skilled practices with the professionals. The posi-tion of a disabled client is ultimately constructed within the requirements of professional expert practices, where the cultural change is transferred into the responsibility of the workers. How the personal knowledge of the disabled person is understood and if the process of person-centred planning succeeds, depends a lot on the worker.

This discourse indicates the tendency for managerial governmentality, which appears for example in accounts concerning the requirement for a better quality of client work. In this discourse, the relations with the clients and client work practices are made transpar-ent in order for them to be scrutinised and controlled. In fact it is an ideological change, which entails the requirement for accountability in social work and which promotes ethi-cal transparency in work (Banks 2004). Accountability is actually a feature of all social interaction. Accountability in interaction means that we have a moral duty to explain our purposes (Garfinkel 1967). In social work the requirement of accountability means the ethical functioning of the organisation. It reflects the mechanisms of control in a mod-

ern society, where the eligibility of the decisions made by the authority can be checked, since the clients must be aware of the reasons on which the decisions are based. At the same time the requirement for accountability has changed the practices of the authority to be transparent and has therefore increased the ways of controlling them.

The need for better client work on the level of better communication and interaction skills is articulated as a professional requirement. This kind of mechanism of organisational management influences these processes and increases control of the work. These professionals use their personalities to work with the clients, and personal success in work depends on an individual's ability to interact with the client. As a consequence, personal development in work and *change in mindset* ecome central elements of attitudinal change towards self-determination of disabled people.

In the final sequence of the extract there is a claim that the traditional relations of power between the workers and clients should be questioned, even though their origins are rooted in the long course of history and service culture. Those relations are argued to be a crucial part of the traditional culture of client work. These cultural structures determine the practices of work. It is made comprehensible that these established professional relations of power influence the changes in client work, which should be profound and therefore also demanding. These changes are regarded as crucial, because the client has the right to be listened to.

Succeeding in personal budgeting is considered to be a question of professional abilities, personal professional development and the ability to be ethical with the clients. The requirement to develop services is legitimised with the requirement to develop client work. In certain respects it means the tendency of social work to transfer into solution-based work, where clients should have more power than in those working cultures which are traditionally based in expertise and professional power. In fact, the requirement of personal change concerning the workers is emphasised so strongly, that it can be interpreted as a practice to increase external control of the work. It is implied that in order for the client to be heard, the professional has to develop personally. These requirements indicate the increase of managerial governmentality in work, which is caused by the discipline of new public management and the changes it has brought into the working life during the past decades.

Even though it is argued in many contexts in the data that it is possible that changes in working cultures can be realised by the workers themselves, they still argue strongly that one of the obstacles to that process is the parents of the disabled people, since they often make decisions on behalf of the child. The disabled person is often acquiescent to the opinions of the parents. Acquiescence as a conversational feature of a disabled speaker is argued to be a common in interaction between the person and a more competent speaker. These patterns of communication are common in families with disabled children and they construct relations of power and constitute social orders (Matikka & Vesala 1997; Moore et al. 1998; Leskelä 2012). In the following interview extract, the head of social work speculates on the opportunities to change attitudes concerning the right to self-determination of the disabled clients. The requirement to change attitudes is

determined not only by the professionals, but all of those who function with the disabled person should be committed to the process. Finally, the fulfilment of the right to self-determination appears to be a question of attitudes, which should be internalised both personally and culturally.

> *Researcher*: Okay then. Do you have the feeling that the relatives should have education of some sort on these issues?
>
> *Head of social work*: I don't think they actually need education, but a change in attitudes is more likely the thing that they need. The older generation feels differently about these matters. If we think about their intellectually disabled children, who are aging, their attitudes are different from younger parents today, who start to think about the lives of their children, and that they should move to live independently at some point of their lives. But it is the older generation where there are prejudices, so we have to try to influence their opinions and discuss. But you have to do it in a very careful way, you cannot start with education; but it is very sensitive work - we start in very subtle ways to ask, when would it be the right time for this person to move away from home?
>
> (17 Nov. 2011, interview, Eastern Finland)

> Haastattelija: Kyllä, joo. Onko sulla nyt tällä hetkellä se tuntuma, että omaisiakin pitäis hiukan kouluttaa enemmän tähän?
>
> Johtava sosiaalityöntekijä: Ei varmaan siis varsinaisesti tähän siis kouluttaa sinällään, mutta tota se on sitä asennemuutosta mikä tietysti. Vanhempi sukupolvi nyt, jos aatellaan iäkkäitä vanhempia ja sitten heiän aikuisia kehitysvammaisia lapsia, niin onhan heiän suhtautuminen ihan eri kun tän päivän vanhemmat kun on kehitysvammainen lapsi vaikka, niin he näkee heti alkuun ja toivoo, et se tulis se oma elämä sille nuorelle jossain vaiheessa ja omaa asuntoo lähtevät miettimään ja näin, mut se on siellä vanhemmassa sukupolvessa ehkä se asenne, että se on semmosta asennemuokkausta ja sitä keskusteluu sitten. Ja sitä pitää tehä kuitenkin hyvin varovaisella tavalla, ettei voi lähtee niinkun aattelemaan siltä kantilta, että niinkun kouluttaa heitä, vaan se on sit niinkun semmosta hyvin hieno-varaista työskentelyy sitten ja yhteistä pohdintaa, et mikä on oikee aika vaikka muuttaa sieltä kotoa pois.
>
> (17.11.2011, haastattelu, Itä-Suomi)

Here it is indicated that the effort to change attitudes is central in client work. When a disabled child is growing up, different alternatives are weighed up in order to find the best solutions for the service user to lead an independent life. Social workers work with solution-based methods, where client work is based on companionship, as indicated in the ending sequence of the interview account. It is claimed that they do not suggest straightaway that the child should move out. Instead, alternatives are introduced in a subtle way to the parents, and they are negotiated with. It is implied in these accounts that it is not a question of expert dominance in such processes. It is also implied that work with the clients is already performed through skilled and subtle means. It is considered as central for the client to be enabled to have power in those processes to negotiate decisions concerning the services. The kind of work where workers try to influence the attitudes

of parents is done in municipal disability services especially with families, in terms of the local resources for this type of work. Individual support for the family is seen as an important method when trying to improve the opportunities of a disabled person for personal life-planning.

Lack of self-determination in institutional practices is recognised by the authorities, who do much important work to improve the situation. Some of them also recognise prejudices in their own professional behaviour. Development work is seen as important at least in services for daytime activities and housing units for disabled people, since it is argued that there are major problems in those services. The motivation to develop personal work seems to be at a high level amongst those service workers. Changing attitudes towards disabled people is regarded as crucial.

It is important to note here that the change towards client-oriented practices is never thought of as being easy. When the change is discussed, its hardness and the difficulties of it are emphasised. The hegemony of professional dominance is still strong in many working practices. Repressive relations of power may prevent the practices of client work changing. Nevertheless, negative attitudes towards disabled people are argued to prevail in culture and society. A change in attitudes would be necessary on the wider societal scale as well.

3.4. CLIENT-ORIENTATION AND MANAGERIAL CONTROL

Client work is described with discourses concerning the professional functioning of organisations, professional power relations and expertise. These dimensions of work are realised in interaction with the client. Professional skills and ethics are also reflected in these discourses. However, most of the workers involved in the project did not emphasise their own expertise or skills in doing the work with disabled clients. Instead, they are often very critical when reflecting on how they manage client work. Some of them even argue that they demonstrate a lack of skills in interaction and communication when working with the clients. These arguments indicate that professional knowledge and professional identities are changing in client work with people with disabilities. New professional requirements are changing the relations with the client and the influence of the core of professional knowledge. The core of knowledge is constructed by these new requirements for change, where a client's own knowledge and experiences are considered as elements of professional expertise.

It is even argued that the relationship between expert and client is not hierarchical in contemporary social work, if it is based in companionship. The expertise of both parties is considered as equal in these processes (e.g. Clifford & Burke 2009). However, the research data indicates that professional power towards the client is recognised in professional action, although it is seen as institutionally and culturally persistent, and an old-fashioned social structure which should be abandoned. In the light of this data, it seems that the situational and contextual meanings of power relations in different set-

tings of client work should be analysed empirically in a more thorough way. Equality between professionals and clients is not a prevailing situation, and client orientation in social work should be constantly developed.

In sociological discussion concerning professions it has been strongly argued that the increase of managerial practices for example as a consequence of new public management has changed the position of power possessed by the professions (e.g. Freidson 2007). During past decades, there has been an increase of new managerial positions in professional organisations. As a consequence, bureaucratic control towards professionals has increased (Evetts 2009; Pickard 2009). In this respect, professional power has been argued to have collapsed. The demand for transparency in client work processes indicates that these mechanisms of control have become more effective and they also indicate that there is a strong tendency in professional organisations to increase managerial strategies in order to control professional work.

In this discussion it is emphasised that the practices of control towards professional work have become more intense through these new managerial mechanisms. For example, the requirement to evaluate the quality of work, the control of work performance and the measurement of client satisfaction finally become internalised as professional self-control and critique. That partly explains the increased self-reflection in working life (Pickard 2009). Theoretically, these are referred to as forms of self-discipline and flexible technologies of self, which are argued to be one of the impacts of the modernisation of working life, when work provides individualised rather than class-based identities. Individuals orientate in working life in those ways assumed to be expected from them, and they must also carry responsibility for the results, knowing that personal work is evaluated in any case (Casey 1995; Sennett 1998; Rose 2007). Psychological self-reflection is accepted and justified by the management, since it serves as a form of control based on objective evaluation of work performances. In the light of this data it seems that ultimately, the requirement for personal change is officially justified by the arguments concerning the need for change in working cultures in disability services, which are more widely seen as part of the change in attitudes towards disabled people.

In the light of these tendencies, it seems that the requirement for client orientation and equal relationships as well as forms of control based on managerial practices challenge the position of experts and profoundly influence professional identities. These challenges and requirements for a change in working practices clearly improve the position of the disabled service user, as far as the right for self-determination is respected and defined as a crucial principle when working with them. When the implementation of personal budgeting has been analysed, similar conclusions have been made in international research discussion on changing the relationship between workers and clients in disability services (e.g. Kremer 2006). When positioned as a client, the disabled person is empowered: for example when explaining the right to well-being, citizenship, freedom of choice, acting as a consumer, and having an individual identity with genuine personal needs and interests. These empowering positions in different discourses and repertoires imply that a process of change in attitudes towards disabled people has already begun.

Nevertheless, there is a need for empirical analysis on how disabled people themselves define their position in the service system. There has been discussion in disability studies about expertise generated from experience, which should be taken notice of when services are being developed. This type of expertise concerns those stories and opinions of a disabled person in which their personal experiences as a user of disability services are reflected. In discussion concerning inclusive research, personal experiences seem to be an important dimension, as the disabled person is involved in the practices of research and development as an expert in his/her own life (e.g. Beresford et al. 2011). Professional expertise in disability services is contributed to by the expertise generated by the service users themselves. These ideas have also been ideological starting points in the discussion concerning solution-based social work (ibid.; e.g. Clifford & Burke 2009).

These discourses and meanings will also be analysed in the next chapter of this study in the context of when disabled service users express themselves: saying what their needs for services are and how personal budgeting could improve their lives. The object of analysis is group conversations in training sessions, where the level of communication and interaction between service users, their supporters and workers in disability services will be analysed.

4. IMPACT OF INSTITUTIONAL POWER RELATIONS IN A POSITION OF A DISABLED SERVICE USER

Improving the opportunities of disabled people for self-determination and giving them opportunities to plan their own life and services is the crucial aim of the project. The daily life of the service users is bound up in the institutional practices of disability services and they may not have opportunities for self-determination in daily life (e.g. Eriksson 2008a). Often the disabled person has not chosen the way they live, or which day centre to go to. Instead of that, the parents of a disabled person or officials in the disability services have planned the services. The lives of disabled people are very strongly determined by institutional relations of power and the influence of other people. As a consequence, the opportunities for self-determination may remain marginal.

The impact of institutional order on personal life practices can be considerable. For example, in residential units it may be obligatory to obey the daily rhythm of schedules, which is formed by staff's tasks and working schedules. Timetables for eating, health care and hobbies may have been decided by the staff without any knowledge of the interests and needs of the residents. The workers in disability services in the study talk a lot about these restrictive practices in the working setting. The critique concerns mostly different residential practices, such as daily schedules and day activities, which were thought of as being based in institutionalised social orders. That being so, they were thought of as restricting the opportunities of disabled people to self-determination.

In contemporary disability research the events experienced by the disabled person are considered as crucial research information. That type of knowledge is referred to as expertise generated by experience. In practice it means that the personal knowledge and experiences of a disabled person are used as research data. Used in this way, the value of this type of knowledge can be recognised as expertise in the use of services (e.g. Beresford et al. 2011). Knowledge generated by the experience of disabled people also contributes to this research. It will also be possible to analyse group conversations from the perspective of how disabled persons themselves define their positions in the institutional practices of the service system.

Some of the disabled service users who attended this project positioned themselves in resistance towards these practices. They express themselves mainly with institutional discourses, which indicate that their lives are determined by institutionally arranged practices and structures. Lack of self-determination even in small and everyday matters is the dominating discourse, when they describe their lives as clients of disability services, for example residential units or day centres. However, it is notable that even though these practices are described as self-evident, the disabled person places him/herself in a counter-discursive position in these accounts and narratives. Personal budgeting is expected to bring concrete changes in their daily lives and to improve their opportunities for self-determination.

The impact of institutional power relations is profound in human communities, since they constitute social positions (Goffman 1961). The use of power seems to be explicit here, since the life practices of disabled people are determined by authority and experts. For example, Julio Fuentes argues in the field of disability research that expert-centred practices of institutionalisation indicate processes of marginalisation. In these processes, individual identities remain as marginal if they are not allowed to have the power to decide what makes the best sense for them. Experiences of marginalisation have mostly been expressed by those groups of disabled people who are on the margins in other senses, as for example those who are representatives of other ethnicities (Fuentes 2008). In the processes of institutionalisation, unusual identities are constructed and also officially legitimised (ibid., 93).

However, positions which resist these officially legitimised, marginalising categories provided in the discourses indicate the opportunity for counter-power in interactional settings. They are usually expressed as different arguments emphasising human rights and the right to self-determination for disabled people. Therefore power relations are not monolithic even in those institutionalised practices where the officials of the institution use power. Instead, power relations are constructed contextually in social interaction (Foucault 2005; Sarangi & Roberts 1999). In this research data, they seem to appear, for example, as interaction patterns and communication between disabled attendants, their supporters and the workers.

Power relations are constructed in different discursive levels in social interaction. According to the theory of critical discourse analysis, power relations are constructed both in and between discourses (Fairclough & Wodak 1997). Power relations constructed in discourses mean those processes where positions of power are occupied in interactional relations between different participants. Power relations between discourses are referred to as the relations between discourses and repertoires. At this level the analysis is focused on which discourses are dominating and which are marginal (e.g. Fairclough 1992). In this chapter the discursive interaction is analysed on both levels. The aim is to analyse what kinds of power relations are constructed in those accounts and discourses where the process of personal budgeting is worked out and services are planned in the training sessions with the disabled attendants, their supporters and workers in disability services. Analysis will be focused on how these power relations determine the position of the disabled person in the process. Within this chapter, the data is analysed also from the perspective of how the disabled person him/herself constructs his/her position in the system of services.

4.1 LIVING PRACTICES AND INSTITUTIONAL ORDER

When a disabled person attending this project talks about his/her life practices, the talk is dominated by a discourse in which the impact of institutional order in personal living practices is described. For example, daily life may be described by institutional practices

which are normative in character, for instance the norms set by workplace or school. Within that institutional discourse one describes for example work schedules, school lessons and the obligations set by them. Therefore different social institutions determine the life course and identities of an individual (Goffman 1961).

It has been emphasised in the service system for people with disability that certain daily routines and stable structures bring a feeling of safety into the life of a disabled person. Despite that, opinions prevail that the lives of disabled people are too tightly scheduled. That is caused by the importance of safety, which is argued to be exaggerated in the daily practices of an institution. These scheduled lives constitute certain social orders within which the individual does not necessarily have the opportunity for spontaneous decision-making or the opportunity to refuse to attend a certain activity. In these contexts we talk about institutional cultures, which are claimed to restrict the daily life of the disabled person, even if the person does not live in a specific institution. Especially in Nordic countries, the process of de-institutionalisation has been adopted as national policy in order to improve the opportunities for self-determination for disabled people. Despite these policies researchers argue that institutionalised cultures persist in different practices, for example in day centres for disabled people, residential units and other elements of social services (e.g. Tøssebro 2013; Teittinen 2010).

Arranging the lives of disabled people according to daily schedules and certain structures explicitly restricts the right to self-determination on how to live daily life in the most meaningful way. Scheduling daily life, in a way which is determined by institutional practices, actually dominates the discourses with which the disabled people describe their lives. In the following extract the social worker opens a conversation on the subject of how a young female in Eastern Finland would like to arrange her daily life in a way that it would make it possible for her to work as a part time assistant for an elderly lady.

Social worker: What did you have on Monday, was there something important in the day-centre?

Woman: We have work, and two o'clock we have a rest. We get our job done and others go to the gym.

Social worker: So you have the gym on Monday?

Woman: Yeah.

Social worker: What about Tuesday?

Woman: We have a walk on Tuesday and then we rest. On Wednesday we have gymnastic exercises.

Social worker: Do you have these kinds of group activities every day?

Woman: Others on Monday and others on Wednesday: it does not work out, it does not really work out if the groups are divided.

Social worker: What about Thursday then, do you remember if you have something on Thursday?

Woman: On Thursday we read the papers, then we have a rest, then we have coffee… we don't have the time, the group goes to clean up, the group is divided, and no one has the time to do anything.

(xx)

Social worker: Can you tell me on which weekdays you would like to go to the day-centre?

Woman: On Monday I would like to help the elderly, on Monday there would not be anything else.

Social worker: Okay, you would like to have that arranged in a way so that the week would begin with the job of helping the elderly, and this would be on Monday. What about the other weekdays?

Woman: Yes, it would be okay… of course on Tuesday it would be okay, too, having the rest is not that important.

(16 Nov. 2011, training session for the workers and disabled attendees, Eastern Finland)

Sosiaalityöntekijä: Mitäs teillä maanantaina oli, oliks maanantaina jotain erikoista siellä työtuvalla? Maanantainahan on pelkkä työpäivä?

Päämies: Työpäivä, että kahdelta on se rentoutuminen ja myö tehdään hommat ja toiset lähtee kuntosalille.

Sosiaalityöntekijä: Niin se on maanantaina se kuntosali?

Päämies: Joo.

Sosiaalityöntekijä: Entäs tiistaina?

Päämies: Tiistaina on siinä lenkki, rentoutuminen on nyt sit tiistaina, keskiviikkona on jumppa.

Sosiaalityöntekijä: Onks teillä joka päivä jotain tämmösiä ryhmäjuttuja?

Päämies: Toiset maanantaina ja toiset keskiviikkona, ei oikein pätkittäin ei oikein ryhmittäin onnistu.

Sosiaalityöntekijä: No entäs torstaina, muistatko onks teillä torstaina jotain?

Päämies: Torstaina on lehden luku, rentoutuminen, sitten on kahvittelut siinä, ei kerkii, porukka lähtee siivoomaan, porukka hajaantuu, niin eihän siinä oo mitään enää sitten. Torstaina ei oo mitään kuin lukeminen, tänäänkin pakata tavarat ja sitten on lähtöpäivä, nää jutut pitää sit vaan suunnitella loman jälkeen.

Sosiaalityöntekijä: Niin, siulla on nyt niinku loma niin mielessä.

Päämies: Loma vaan sotkee kaikkee.

Sosiaalityöntekijä: Osaatko sie sanoa, että mitkä viikonpäivät ois semmosia, että sä haluat käydä siellä työtuvalla?

Päämies: Kyl se maanantaina ois ihan se vanhusten auttaminen, maanantaina ei ois mitään muuta erikoista.

Sosiaalityöntekijä: Joo, et jos viikko alkais sillä että sinulla olis tavallaan tää vanhusten auttamistyö, ois siinä alkuviikosta. Se ois maanantaina, entä sitten?

Päämies: Kyl se ihan hyvin, ei se, tiistainakin käy, ei se rentoutuminen ole niin tärkeää.

(16.11.2011, valmennus, Itä-Suomi)

In this conversation the participants remain in the institutional framework, which is determined by the terms of the client work practice. The social worker keeps the conversation to the schedule designed by the day-centre. She is searching for a change in the schedule, which it would be possible to negotiate together with the young woman. The contemporary weekly schedule should be shaped in such a way that the job as an assistant to the elderly could be fitted into it.

According to this account it looks like that the daily life of this young woman is thoroughly structured by the day-centre with certain activities on certain days. Together with handicrafts, the intellectually disabled people are provided with a few activities which are attended regularly, such as set times to go to a gym. When institutions constitute

social orders, they also create moralities and institutional identities (Goffman 1961). Although these identities are marginalised, they are adopted into daily lives, which can be seen in the self-expression of the disabled persons (Fuentes 2008). When institutional identities are discussed, institutional power is referred to in shaping and arranging the life practices and norms of living in such a way that they are internalised as moral obligations in daily lives (Goffman 1961). Living according to the norms of the weekly schedule arranged by the day-centre may be felt as a moral obligation, which determines all other aspects of life.

In the course of personal budgeting the process of person-centred life-planning aims to improve opportunities for self-determination in daily life. For example, re-arranging the daily life of this young woman according to her own interests has been one step in the process of developing services in a direction where there is more power for her to make decisions on how to live life in the most meaningful way. The life of this young woman has changed in a better direction, as attending this project has provided her the opportunity to do more meaningful activities than the day-centre would have offered.

4.2 INSTITUTIONAL POWER OF DISCOURSE IN SERVICE-PLANNING

A young woman attending the project, who has severe visual and motion impairments, positioned herself as resisting the practices of institutional power in the social services system. She feels that her impairments restrict her life profoundly, and that the quality of her life is right now dependent on the decisions made in the social services system.

> *Service advisor*: Is there embossed printing in the signals or libraries?
>
> *Woman*: I don't know of any embossed printing.
>
> *Supportive person*: At least not yet.
>
> *Woman*: Luckily I have not yet had the need to learn it, but at some point, it will be necessary, because my sight will get even worse, and it is only a hundred percent оf impairment, so it will get worse.
>
> *Social worker*: Does it have to be two hundred, then?
>
> *Woman*: A hundred and thirty without my knee and my back, and still it is not enough for rehabilitation.
>
> *Social worker*: Why is SII (Social Insurance Institution) not rehabilitating?
>
> *Supportive person*: They decided that it's not adequate.
>
> *Woman*: That it's not enough. I can't see anything, my back hurts, I can't walk without a stick, I can't open doors myself, I can't do anything. Last time they got a warning of a mistake they had made - please do read those papers, nothing is unclear here, complaints, complaints, and so forth.
>
> *Social worker*: And now it's too late to make a complaint about the last decision, are you doing a new one?
>
> *Woman*: We've already done it. I called SII and asked what's so problematic here. I think my impairments are of a somewhat severe kind, and of course nobody is denying that, but
>
> (15 Nov. 2011, training for workers and disabled service users, Eastern Finland)

Palveluohjaaja: Eikö opasteissa tai kirjastoissa ole pistekirjoitettu?

Päämies: En osaa pistekirjoitusta.

Tukihenkilö: Vielä ainakaan.

Päämies: Ei oo vielä onneks tarvinnu opetella ja kyl tää, jossain kohtaa on pakko, ei sen puoleen ja kyllähän tää huononee koko ajan tää näkö vielä, siinä on vasta sata prosenttia siinä haitta-asteessa, niin kyl se vielä menee vähän huonompaan päin.

Sosiaalityöntekijä: Kaks sataa, sekö se pitää olla sitten?

Päämies: Satakolmekymmentä ilman tätä polvea ja selkää löytyy jo ihan valmiiks ja silti ei tarvii kuntouttaa.

Sosiaalityöntekijä: Miks Kela ei kuntouta?

Tukihenkilö: Sieltä tuli kielteinen päätös.

Päämies: Ei oo liikaa haittaa. Mä en näe mitään, mun selkään sattuu aina, mä en pysty käveleen ilman tikkua, enkä pysty availemaan itte ovia, en pysty tekemään. Viimeks ne sai huomautuksen sosiaaliturvamuutokseen lautakunnan menettelytapavirheestä, että lukekaa vaikka ne lappunne, tässä ei oo mitään epäselvää, vali vali vali.

Tukihenkilö: Ja nyt meni valitusaika umpeen siitä viimeisestä kielteisestä päätöksestä, oletteks te tekemässä uutta?

Päämies: On tehty jo. Mie Kelaan soitin, että mikä siinä on tän ongelman nimi, että kyllä mää mielestäni aika vaikeevammanen oon, että tästä ei pitäis, no eihän sitä kukaan tietenkään kiistä, mutta

(15.11.2011, valmennus, Itä-Suomi)

The service user uses a discourse here in which the restricting impact of physical impairments in daily life is emphasised. It appears, for example, in the statements: *I don't see anything, my back hurts, I can't walk without a stick, I can't open doors myself* and *I think my impairments are of a somewhat severe kind*. The accounts concerning the impact of those impairments that restrict daily life serve as arguments against the received decision of SII, in which they denied rehabilitation. If these accounts are interpreted with membership categorisation analysis, the service user occupies a category of being disabled in order to argue strongly against the decision of SII. She tries to legitimise her need for rehabilitation with these arguments.

It is argued that the meaning of disability as a personal tragedy would be typical in a cultural understanding of disability. It is claimed that the deviant and suffering body is one of the most typical public narratives with which the impact of disability is used as a discursive resource (e.g. Thomas 1999; Shakespeare T. 2006). The body can be described with meanings of disability in a sense that it is a hindrance in several life practices and it restricts life to the extent that one feels powerless. In discourse at the analytical level this woman occupies the subject position of a victim on two social levels. Firstly, she is victimised by the everyday suffering caused by physical impairments. Suffering seems to be something that one just should reconcile oneself with. Secondly, she positions herself as a victim of the mistakes in the functioning of the service system. By positioning herself as a victim in this respect she indicates that she hasn't the power or ability to demand

the kind of services that she would need. In so doing, she positions herself as powerless and as not having the right to self-determination in the service system. Nevertheless, she occupies a position of resistance towards the stable and powerful institutional practices of SII, claiming that the decisions made by that institution are incorrect. She bases her argument on her previous experiences of incorrect actions made by the same institution.

The process of personal budgeting has been much more complicated with this university student compared to other service users in the project. In her original plan she did not hope for any services, but she explained her need for better supportive devices in order to manage in everyday life. She wanted a computer that was easier to use with her severe visual impairment. The process lengthened with her, since she did not have a plan that was clear enough to assess. At last the computer was taken onto the agenda, but officials searched for a reason good enough for the computer to be paid for by social services for a long time.

While these issues were being speculated on in the municipality, in Sweden a report was published on a pilot of personal budgeting with supportive devices for disabled people. The system was based on the similar processes trialled in our Finnish pilot. The experiment was implemented in four Swedish municipalities and service users had given much positive feedback on the project, since they felt they had the opportunity to explain their need for certain devices. They also felt they had more power in the process of choosing the devices than in the traditional service system (Blomguist & Bergman 2012). In the British system of personal budgeting there are also no restrictions on including supportive devices in personal plan. For example, renovations to an apartment so that a disabled resident can manage better in daily life are included in the budgeting system in Britain (e.g. Hatton & Waters 2011).

In the autumn of 2012 the authorities finally accepted this young woman's plan, and approved the idea of a computer. A larger monitor was defined as being acceptable for a person with a visual impairment so that she would manage better with her studies. However, the life situation of this young woman changed as she decided to continue with her studies after a break, and her need for personal assistance was therefore increased by this life change. She therefore ended up with a solution, as her personal budget would be used for personal assistance and not the computer.

The final problem for her in the process was that because she continued her studies, she would no longer need the placement in the day service. The money associated with the costs of day services could no longer be retrieved from the budget, since there was no need for her to get a placement. These facts were not recognised straightaway, because officials had concentrated on the problem of the computer. The final solution for her was that she could use the hours of personal assistance that she already received in a broader range of three months according to what she felt made the best sense. From the point of view of this service user, these decisions have not met her needs, since her need for assistance has increased and she still needs a computer.

This case shows that the officials in disability services have considerable power in defining the appropriate needs of the service user. The aim of the project is that the

service user has the final power in defining the type and arrangement of the services. The situation became stuck with this person at least partly because her own definitions concerning her life situation did not meet the expectations for the successful process of personal planning on behalf of the officials. The reason for the difficult situation was the fact that officials did not think that the stories she told about her life were actually her individual way of making sense of her needs. Rather they seem to have thought that telling those stories was not the kind of personal planning that was expected. A computer was not considered as being a service that would meet her needs. It was regarded rather as a material commodity, which this municipality had decided should be excluded from the variety of services that could be provided within the project. At least at the beginning of the project, they argued strongly that a computer could not be accepted for that reason.

When it comes to the right to self-determination, in this municipality a decision was finally made that service users are entitled to define for themselves what their most important needs are and what kind of services are necessary to fulfil them. It was decided that personal budgets can be used for material commodities as well, if they serve the purpose of making daily life manageable. At this point in the process, the provision of supplies and services depends on the money available, because the budgets can only be constructed from the services that are used by a single person. Now what kind of model it would be best to calculate budgets with is being discussed, according to what the person needs and no longer according to what the person already uses.

4.3. PRACTICES OF INSTITUTIONAL POWER

The lives of disabled people are often bound in institutional practices, and they do not necessarily have freedom of choice even in minor issues concerning their life practices. Daily activities are bound up with the working schedules of staff, which can restrict opportunities for self-determination considerably. One of those attending the project was a middle-aged woman, who has motion impairments and has lived her entire adult life in a sheltered home. In the following conversational extract, she describes the restrictive practices of that institution, and what they mean in the daily lives of disabled people. The situation in which this conversation took place was a training session, where service users had the opportunity to show their personal plans to workers in the disability services.

Woman: Well, the apartment.

Head social worker: Shall we put in here then, "I want to move," in very big letters.

Woman: Well, I guess it's that.

Head social worker: Yes, that is the change. And it will improve quality of life, if you think there is no one there to tell you what to do, or forbid anything. It restricts your life, if you think about it. It really is terrible.

Woman: Yes, it really is.

Service instructor: Someone comes and says that this is not a day to clean your room.

Supportive person: And did you really have the cheek drink your morning coffee already by seven?

Woman: Yeah, think about it! They said that in their morning report, that I had already drunk coffee at seven o'clock, I was just… don't understand it. That was the issue of the report.

Supportive person: I think everyone has the right to drink coffee at three o'clock at night in their own apartment, if they like.

Woman: I was just thinking, what was the issue there to be reported.

Service instructor: I don't believe it, that's really terrible.

Woman: And another person was told that it is forbidden to ask for help in peeling fruit at any hour other than between one o'clock and four o'clock in the afternoon.

Researcher: And what on earth was the reason for that?

Woman: I don't know. Busy time, or I figure those are the hours when they have more time to do it, or maybe they have meetings or something, I don't know.

(15 Nov. 2011, training session, Eastern Finland)

Päämies: No asunto.

Johtava sosiaalityöntekijä: Laitetaaks sinne, että haluan muuttaa asuntoa, sillai oikein suurella.

Päämies: Joo, se on varmaan se ihan.

Johtava sosiaalityöntekijä: Joo. Se on se muutos. Ja kyllähän se elämänlaatua parantaa, kaiken kaikkiaan jos aatellaan ihan, ettei tartte koko ajan miettiä sitä, että minkälainen tyyppi sieltä seuraavaks tulee komentelemaan ja sanomaan että en tee sitä ja en tee tätä että oishan se oikeesti kun aatellaan ihan omaankin elämään tämmönen. Sehän on hirvee rajote elämässä.

Päämies: On on.

Palveluohjaaja: Tulee joku, siullekin tulis sanomaan että ei nyt, nyt ei oo siivouspäivä ollenkaan.

Tukihenkilö: Niin, että kuinka sie oot kehdannu juoda ennen kahdeksaa kahvia aamulla.

Päämies: Niin, aamuraportti olis pitänyt kuulemma, että mä olin juonut aamukahvia ennen seittemää, miten mä olin? Ennen seittemää, se oli siis raportin aihe, mä olin silleen, siis ei!

Tukihenkilö: Siis saahan ihminen juoda omassa asunnossaan vaikka kolmelta yöllä jos haluaa.

Päämies: Sitä mä ihmettelin, että mikä toi niinkun raportin aihe on.

Palveluohjaaja: Ei kauheeta.

Päämies: Ja sitten yhdelle tosiaan sanottiin että hän ei saa, hedelmää ei saa kulorituttaa kuin kolmentoista ja kuudentoista välillä.

Tutkija: (xx) Mikä siinä oli sitte?

Päämies: Kiire, et se ois sitten niinkun semmonen aika, et aikaa ois enemmän. Mut mä en oo sitten taas, heillä on palavereja tai jotain, niin sitten siinä ei ookaan.

(15.11.2011, valmennus, Itä-Suomi)

The restrictiveness of the institutional practices in this sheltered home is made apparent in this conversational account. How far controlling practices can reach in this kind of institutions is almost shockingly described in these accounts. As the service user describes the way her coffee hours have been speculated on in daily staff meetings, she positions herself as refusing to accept the institutional identity that has been provided for her in the living practices of that sheltered home. She feels offended when her independ-

ence is threatened within this kind of controlling practice. The other proponents in this conversation act in the same position of counter-power, as the practices of that institution are wondered at and criticised. In the counter-arguments they appeal for instance on those human rights concerning privacy, which are protected by constitutional law.

Restrictions on self-determination are brought into the conversation as one of the central problems in institutions that provide services for disabled people. It means the use of power on behalf of the staff, as staff decide when to do certain things. At the same time they prevent the residents from living their lives as they would wish. Even though this institution is a home for people, it is also a work organisation, where working practices and personnel resources also shape the living practices of the residents. The situation of exchanging information entails institutional control, which seems to legitimise interfering with the privacy of the residents and using power over them. The existence of these mechanisms is made apparent when learning about staff meetings, which are considered so important that residents are not allowed to ask for help during them.

The lady in question found a rental apartment in the mid-town area while the project was ongoing. With personal help she is now able to live independently without anybody interfering with her daily affairs. Many disabled people are still bound by this kind of mechanism of control in institutional settings, which are governed by organisational rules. In many institutional settings of services provided for disabled people, those rules do not necessarily serve rational purposes, no matter if the question is about prohibiting asking for help to get fruit peeled, an order to put on uncomfortable clothes or an order to write down on a separate form all purchases that have been made in a shop, so that the staff know what was bought (Eriksson 2008a; Vesala 2010).

Ultimately, the question is about institutional power, which produces certain technologies of governance, like prohibitions, restrictions and orders which serve only the purposes of the organisation. The impact of odd institutional practices is considerable on the daily life of many disabled persons, because their lives are bound up with the institutional structure of the service system. In many of these institutions they often use repressive power, which prevents the right to self-determination even in those affairs that should be private (e.g. Finlay 2008). When several people live in the same place with the obligation to do the same things together and obey the rules of the organisation, it is referred to as a total institution in its power to determine life practices and construct identities (Goffman 1961). The freedom to choose and have self-determination in private affairs are such vital dimensions in human life that they have the shelter of constitutional law.

It has been argued that such practices that violate self-determination in private affairs are common in those sectors of social services which provide 24-hour care. They should concern only certain situations, where they serve the benefit of the institution, as for example cases of violent behaviour by the resident. Unfortunately this is not the case, since in some institutions similar practices of control may be commonly used, such as checking the room of the resident against his/her will. Being used as habitual practices without a clear reason they restrict the right for self-determination of the resident. Institutionally

these kinds of practices represent preventive and repressive use of power, the significance of which has been indicated in several studies concerning human communities.

For example, according to Erving Goffman, an individual acts in an institution in a moral career, where life practices become both normative and the moral standards of living in that institution. Since the institution brings a feeling of safety within these norms of behaviour, the will of the resident may vanish in these processes (Goffman 1961). Therefore being forbidden to ask for help with peeling fruit at a certain time of day, for example, gets established and normalised as a practice in that institution. The dependence on certain forms of social care and dependence on the practices of the institutions has an impact on how many opportunities for self-determination an individual has in daily life.

When the conversation took place, there was a relaxed atmosphere around the table. The need to get away from the sheltered home had been made explicit long before this meeting and the plan had been already been accepted by municipal social care. The head social worker, service instructor and supportive person were conscious about the issues in the sheltered home. It is made explicit during this conversation that the service user needs a life change. At the same time this conversation constitutes a harmonious situation of interaction, where the opinions of this service user become legitimised morally. She is treated as a good client in the process of personal budgeting, who knows what she wants and who can describe her views clearly in her personal plan. They collectively resist this kind of institutional practice in the sheltered home, and moving away from that institution is construed as a collective mission that is officially accepted.

This lady feels that her sense of self-determination, the quality of her life and even her health have improved considerably after moving to live independently in a rental apartment. She has a personal assistant to help her manage in daily life, and together with the help she is able to travel and to experience various free time activities more easily than before. This kind of huge life change has become possible from using the costs of living in the sheltered home, which were diverted to a personal budget. The budget could be used to buy more personal assistance than she received before. This person feels that her life has become physically and mentally more independent and more meaningful now than it ever has been before.

4.4. ROLE OF PARENTS IN INTERACTION

Improving the self-determination of disabled people is one the most important aims of this project. Those attending the project representing disability services in both municipal areas argued that improving self-determination means a concrete widening of the supply of services, increasing the power to make decisions of one's own and improving interaction with the disabled client. Apart from the power of self-determination concerning the services, they should have power in individual settings of interaction in client work. Often this is considered to be a process dependent on the level of interaction skills

of the staff, so the disabled client can be encouraged to express their will and needs through the help of various creative means.

The significance of successful and unsuccessful interaction was explicated in several occasions of feedback, when training for personal budgeting was evaluated. The workers reflected on their own behaviour, that of the supporters of the disabled clients and of the whole group from the point of view of whether the opinions of the disabled persons were taken into sufficient account during the group rehearsals. Many of those workers who attended the training felt that they lacked the skills to communicate with the client and the skills to understand different means of communication, such as movements and gestures. They also emphasised that in the field of disability care there is a considerable need for education in these exceptional kinds of communication skills. This need has also been noticed internationally in various research works (e.g. McVilly 1997; Koski et al. 2010). There seems to be a need to invest in interaction methods in disability care in order to support the opportunities the clients have for self-determination.

In conversational analysis the interactional features of communication are analysed, such as sequences of speech, turn-taking, overlap and repair mechanisms (e.g. Schegloff 1984). Usually a conversation is organised by the sequential rule, according to which the participants organise their speech. A participant usually first listens to what some other participant has to say, and after that takes their turn to speak. This rule of turn-taking is morally significant, since it should allow everyone to speak and take their own turn. As a structural feature of conversation it is universal and also appears as a structure called an adjacency pair, which is, for example, a pair consisting of question and answer (ibid). Power relations in interaction are constructed for example in a situation where a participant is not answered and therefore left unnoticed in a conversation. That feature is typical in situations where there are three or more participants (e.g. Diamond 1996).

Client work was argued to be one of the central objects for development in disability services. Learning to listen to a disabled person and to support his/her needs was defined as important in that process. For example, avoiding dominant positions within interaction with the disabled client was emphasised. Understanding the messages of disabled clients and learning to interpret them from subtle hints was considered something worthy of development in personal work.

Against these concrete aims of development it is fruitful to examine the conversational data collected in training occasions between the disabled participants, their supporters and workers in disability services. It is possible to ask whether the disabled people have had the opportunity to express their needs in these meetings and more widely, how is the position of the disabled participant constructed in these conversations? In the analysis of the following extracts of conversation, for example, the sequential orders which are contained in the conversation settings are analysed. Another important dimension of analysis is those features of conversation which indicate strategies to use power.

The next extract of conversation is recorded in a situation where those attending the project orientate to the contents of the initial training days for personal budgeting. The role of supporting persons is considerable here. The names of the participants are

changed in this extract.

Trainer: I have to ask, Anssi, do you live nearby a railway track? Do you see trains every day?

Supporter 1: Today he only saw a train once, but he has always liked trains, he doesn't live nearby a track, though.

Trainer: What about Jukka? Why did you come here?

Supporter 2: To realise his own wishes, as we talked, but I didn't write it down, he just wants to realise his wishes.

Trainer: We'll write it down soon.

(xx)

Trainer: Jukka was thinking that this would be the place to realise his wishes. We'll see what we can do, and working in children's day care is probably one of those wishes. What about Mikko?

Supporter 3: What did we write down here… what was it .. he writes here that he wants to do meaningful chores in a day centre.

Trainer: Meaningful things in a day centre, a little bit of developing daytime activities. Good, what about Petri?

Supporter 4: Petri says that "we are here, my mother says I have to be here."

Trainer: That is all right, it's a good reason to be here.

Supporter 4: "'cause I want to do the work of real men, I don't want to just sit inside in a day centre".

Trainer: Again we are developing daytime activities, and the work of real men would be something that could

Supporter 4: "And I want so much to do, to learn and do new things."

Trainer: It would be fun to get a lot of new experiences. There are quite a lot of things you have here. Do you still have any good ideas in mind, any of you? What would you most want to accomplish during these few days and during the whole project? Jarkko or Anssi, do you have something in mind?

Jarkko: I'd like to go bowling.

Trainer: Bowling?

Jarkko: Yeah, I've tried that once, I'd like to try again.

(3 Oct. 2011, training, Southern Finland)

Kouluttaja: Tässä kohtaa minun Anssi on pakko kysyä, että asutko sinä radan varressa? Asutko radan varressa, näetkö sinä päivittäin junia?

Tukihenkilö 1: Tänään hän näki vain yhden kerran, mutta kyllä hän on aina kovasti pitänyt junista, ei nyt ole ihan asunut radan varressa.

Kouluttaja: Mitäs Jukka? Miks oot tänne tullu?

Tukihenkilö 2: Toteuttaan omia toivomuksiaan, mitä tässä juteltiin, mut sitä ei nyt lue tossa, haluaa vaan toteuttaa omia toivomuksiaan.

Kouluttaja: Me otetaan se ylös kohta kanssa.

(xxxx)

Kouluttaja: Jukan ajatuksena oli, että täällä pääsis toteuttamaan omia toivomuksia. Katotaan, mitä voitais asialle tehdä ja päiväkodissa työskentely vois olla yks toivomus. Mitäs Mikko?

Tukihenkilö 3: Mitäs me laitettiin, meillä lukee täällä, että haluan tehdä mielekkäitä, mitäs siinä, et haluan tehdä mieluisia asioita toimintakeskuksessa.

Kouluttaja: Että mieluisia asioita toimintakeskuksessa, vähän päivätoimintaa kehittämässä. Hyvä, entä Petri?

Tukihenkilö 4: Petri sanoo, että olemme täällä, äiti sanoo, että pitää tulla.

Kouluttaja: Se on ihan hyvä sääntö, hyvä syy olla paikalla.

Tukihenkilö 4: Koska haluan tehdä äijien töitä, olen vahva, koska en halua vaan istua sisällä päivätoiminnassa.

Kouluttaja: Päivätoiminnan kehittämistä taas, äijien työt olis semmonen mitä vois.

Tukihenkilö 4: Ja niin paljon haluan tehdä asioita elämässä ja oppia erilaisia asioita.

Kouluttaja: Paljon uusia kokemuksia olis hauska kerätä. Aika paljon juttuja. Tulisko teille päämiehet tästä vielä joku idea lisää, että miksi te olette täällä? Mitä te haluaisitte täällä kahden päivän aikana tai tässä koko projektin aikana saavuttaa? Tulisko Jarkolle tai Anssille jotain?

Jarkko: Olis vähän keilailua vähän.

Kouluttaja: Keilailla?

Jarkko: Joo, mä olen yhden kerran kokeillu vois kokeilla lisää.

(3.10.2011, valmennus, Etelä-Suomi)

In this conversation the participants manage their talk according to each other's institutional roles. For example, the role of a teacher is here intrinsic to the local management of the talk, as it organises the subjects of talk and therefore the power relations between the participants. The institutional roles of the participants are influential in how the conversation is managed, although conversation is not totally exhausted by the norms of institutional character (e.g. Shakespeare P. 1998, 18-21).

In this conversation, the trainer leads the talk by asking the views of the participants, each in turn. After hearing the views of the participants, the trainer takes them into notice and assesses by repeating them in the contextual framework of the project and its aims, as for example in the account *I don't want to just sit inside in a day centre* and the response *again we are developing daytime activities*. By doing that, the trainer strengthens his position as a member of this development project. These adjacency pairs reflect the interactional strategy, where the views of the disabled attendants are accepted in this conversional situation. The institutional roles of the participants are crucial in this conversation, around which the interaction is organised. These roles also constitute power relations between the participants, as the trainer takes the position of a leader. This kind of institutional arrangement of talk, where the teacher asks and students respond, is referred to as "class-room interaction", which is typical in educational contexts (e.g. Lehtimaja 2011).

Before this conversation took place, there was a situation in the training session where the disabled persons had the opportunity to reflect on their hopes and wishes with their supportive persons, who were their mothers in each case. In the conversation the mother as a supportive person responds to the trainer's question on behalf of her disabled child. That is usual in interaction situations with disabled people when their close relatives are

present. This kind of situation may be very exciting for a disabled person, so mother talking on his behalf may be felt as self-evident. Anyhow, this model of communication and interaction may serve as a habit that has been always been practiced over the course of the years in this family without any need to change the arrangement. However, it is argued that other members of the family often use power in defining the needs and wishes of disabled persons. It is also argued that when this is the practice, disabled people may not have any opportunities to learn interaction skills, something which is caused by this kind of paternalistic attitude and the tendency to emphasise exceptionality in communication with these people (e.g. Saloviita 2006).

The relationship between a disabled child and his parent may be ambivalent. On one hand, the child receives support and help in situations that are difficult for him/her. On the other hand, the parent may use power by defining and making decisions on the child's affairs. In these educational contexts, where the aim of the whole conversation is to increase opportunities for disabled children to use power in their own affairs, it is interesting to see how these requirements are handled and managed in those interaction situations concerning personal planning. The role of the parent may well be supportive to the disabled person in expressing their own views, or it can be restrictive in the sense that the person has no opportunity to speak for themselves.

In discussion concerning research that is made together with disabled people, ethical issues are often pointed out in the context of the interaction between a disabled person and his/her parent (e.g. Moore et al. 1998). The role of the parent as a gatekeeper in the child's affairs is considered as ethically difficult in research that concerns children (e.g. Strandell 2002). It is considered as ethically ambivalent as it has been seen that some people can express their opinions only with the support of a close person. It has also been argued that there is no reason to remove the support of the mother, if it helps the person to accommodate to new environments (see also Moore et al. 1998). For example, in this group a young man present used facilitated communication, with which the role of the supportive person has been crucial. He has an alphabet board, on which he points out single letters and formulates words and sentences. In the conversational extract, the account of the supportive person '*cause I want to do the work of real men, I don't want just sit inside in a day centre* is based on writing using that method.

Although many of the conversations in this research data reflect a harmonious connection between family members, there is no doubt that dominating parents and a lack of self-determination mean not all disabled children have the opportunity to do the things they wish to. During the project a story was told about a young woman in Eastern Finland, who wished to work in a nearby stable with horses, but social care had to give up the idea, because her father felt the services she already had were sufficient. It seems that even in the Finland of today, it is not rare that disabled children are not able to choose their hobbies or interests. Many social workers feel that the attitudes of the parents of disabled clients are often a problem.

Searching for mutual understanding in communication with disabled people is the usual discursive practice in this research data. The opinions of disabled people are often

checked to be sure they were understood correctly. This is what is happening in the following episode of conversation, where the participants are Jukka, his supportive person, a service counsellor, an advisor in day services and a trainer of the project. Jukka is a young man who is able to write and who works part-time in children's day care as a cleaner. He goes to day services once a week.

Trainer: Then there are some things that you want to accomplish and change. Alright, you work in a day care centre, so that is a thing in your life that is okay. But then there is… what is there, is it something about hobbies?

Supportive person: What did you write in there?

Jukka: A friend.

Service counsellor: A friend? Do you mean that you would like to get a friend to go to a hobby with, did I get it right?

Jukka: Yeah.

(xx)

Service counsellor: What else do you have here?

Jukka: A shoe.

Supportive person: That was a surprise for me, the thing about shoes, I never heard that before.

(xx)

Service counsellor: Jukka, what kind of shoes do you need?

Supportive person: That was quite a new thing, let's put that in there, as well.

Jukka: Work.

Supportive person: Oh, you need new shoes for work, is there something wrong with the old pair, or...?

Service counsellor: But Jukka would like to have new shoes for work. Do you have an idea of what kind of shoes you want?

Supportive person: Do you have different shoes in there?

Advisor in day services: I don't know anything, Jukka really has quite a nice pair of shoes and they're the right size for him, if he would...

(29 Nov. 2011, training, Southern Finland)

Kouluttaja: Niin ja siinä perässä on "auttaa", joo. Ja ne on hyvin. Siitä on hyvä lähtee. No sitten tänne on laitettu sellaisia asioita mitä haluaisitte saavuttaa ja muuttaa. Tässä ensimmäisenä lukee, että päiväkotityö jatkuu, eli se oli se asia kun oli hyvin. Mutta sitten seuraavana olikin, että mitäs tossa on? Vähän noihin harrastuksiin liittyen.

Tukihenkilö: Mitäs siinä luki sulla?

Jukka: Kaveri.

Palveluohjaaja: Kaveri, eli tarkoittaako tää sitä että olis kiva saada kaveri harrastuksiin, jos mä oikein ymmärsin.

Jukka: Joo.

(xx)

Palveluohjaaja: Mitä täällä oli vielä?

Jukka: Kenkä.

Tukihenkilö: Joo, se oli ihan yllätys mullekin, että kenkii, en oo ikinä kuullu sitä.

(xx)

Palveluohjaaja: Minkälaiset kengät sä Jukka tarviit?

Tukihenkilö: Se oli ihan uutta, no laitetaan se.

Jukka: Työt.

Tukihenkilö: Ai työkengät, onks ne huonot?

Palveluohjaaja: Niin, mut Jukka haluais uudet työkengät. Onks sulla ajatusta millaset työkengät?

Tukihenkilö: Onks teillä erilaisia kenkiä siellä?

Päivätoiminnan ohjaaja: En mä tiiä mitään, Jukalla on kyllä tosi näpsäkät ja sopivan kokoset ne, jos hän nyt.

(29.11.2011, valmennus, Etelä-Suomi)

In the sequential order of this conversation the service counsellor addresses her talk straight to the disabled client, as in the question: *do you mean that you would like to get a friend to go to a hobby with?* She gets a response *yeah* from Jukka. In three sequences of the conversation, which concern new shoes, the supportive person addresses her talk to the service counsellor and the advisor in day services, but not to Jukka, whose needs are those in question. For example, when Jukka puts the subject of shoes as a new issue in his wish-list, his supporter wonders about this new wish, but addresses her talk to the other participants. The service counsellor ignores this kind of interaction, and again addresses her question straight to Jukka. With his response to the counsellor, the other participants also understand that his wish for new shoes is related to his work.

The sequential orders of any conversation can be studied by analysing the positions of the participants. Such conversational features as ignoring the speech of participants, overlapping in talk and allowing only a few participants to express their views are considered to indicate the power relations in conversation (e.g. Diamond 1996). In the light of this discussion it seems that the disabled participant is not always allowed a position where they can talk, even though it is his plans, wishes and needs that the whole conversation concerns. The disabled person is not necessarily treated as an equal in these conversational settings.

In this episode it can be observed that the service counsellor's intention is to pay appropriate attention to Jukka in this conversation. She seems to try to make her purpose clear to the supportive person, who does not seem to notice Jukka in any of her responses. There is a rupture in the sequential order, which indicates these intentions. The service counsellor interrupts the supportive person when she is addressing her question of old shoes to Jukka (*Is there something wrong with the old pair, or...?*) Without waiting for Jukka's response to this question, the service counsellor addresses her response *But Jukka would like to have new shoes for work* to the supportive person or to the whole group. Doing that, she indicates that Jukka's own wish should be a sufficient reason for buying a new pair of shoes and the condition of the old shoes should not even be speculated upon. The service counsellor seems to want to support Jukka in expressing

his needs and in so doing, to confirm that he is competent in expressing them (see also Williams 2011, 53-57).

In the final sequence of this account there is an interesting episode where the advisor in day services is asked about the situation of shoes. In her response to that question, the advisor seems to make the relevance of buying new shoes questionable by explaining that those shoes Jukka already uses in his work are quite good. Her response: *Jukka really has quite a nice pair of shoes and they're the right size for him* implies doubt about the actual need for new shoes. In so doing, she implies that Jukka is not necessarily competent to figure out his own needs. As this conversation ends in speculation over the relevance of Jukka's needs as he expressed them, it is in contradiction with the original aim of strengthening the right for self-determination, and the intention to help and support him in expressing his wishes.

This tiny episode of conversation is very rich as data. It indicates the ambivalence of the position of a disabled person. On one hand, there is a prevailing awareness of the ethical knowledge that self-determination should be respected, but this conversation also indicates that the disabled person is not taken into consideration as an equal partner in the negotiation. Ultimately he is not considered as competent to understand his own needs. These blurred meanings and implications indicate that even the official aim to improve the self-determination of a disabled client is an area of negotiation and is subject to power relations, as the positions of power are occupied in various discursive and conversational ways during this kind of interaction.

A few conversational analysts argue that handling difficulties in understanding is an important discursive field when a disabled person and more competent speaker communicate with each other. The typical pattern in this interaction setting is to offer two types of initiatives of conversation for the disabled person. Firstly, the participant who is more competent may ask for more explanation in cases where there are difficulties in understanding. Secondly, that participant may also provide a certain suggestion in order to understand what was meant by a certain account (e.g. Leskelä 2012, 197-199). An example happened in the previous extract from the data, in the response of the service counsellor: *do you mean that you would like to get a friend to go to a hobby with?* In the data, offering suggestions is the more common way of handling difficulties in understanding, rather than asking the disabled person to explain further. Offering suggestions can be understood as a mechanism of negotiating understandable meanings in the interaction setting.

However, in the data we see that many workers in the disability services have the opinion that this kind of interaction pattern, in which the worker offers suggestions in order to make sense of the communication of an intellectually disabled person, is considered as using power. Many of those workers attending this project tend to think that this kind of communication represents professional power, where the opinions and plans of the client are actually provided from the resources of official expertise.

It is true that these kinds of interactional and conversational mechanisms of suggestion and negotiation can be considered as an asymmetrical relationship from the point

of view of using power. Still, this kind of initiative of repair in conversation is often necessary in order to gain and maintain mutual understanding (e.g. Schegloff 1984). Negotiation on understandable meanings does not necessarily mean ignoring the person's opinions or knocking them down.

4.5. TOWARDS FREEDOM TO CHOOSE AND SELF-DETERMINATION

Despite the fact that the services of a disabled user are often determined in the institutional practices of health and social care, many of the disabled are aware of their position both as service users and as ordinary citizens, who are competent to consume. Such thinking should be stopped in the service system, where the service system defines the needs of the disabled person. To strengthen the disabled client's right to self-determination is an ongoing tendency in client work and its norms, and also appears in those practices with which the workers in disability services implement the pilot of personal budgeting in their municipalities. Developing client work in such a direction that self-determination is respected as a right of a citizen has been a crucial aim of the pilot project. The practice of client work with disabled service users has been required to change so as to understand the viewpoint of the client. This requirement for change has reached even into the personalities of the disability service workers, as was discussed earlier.

In a few contexts in this data, a disabled person is positioned as a service user and a citizen, who is aware of his rights. In the following conversation, the participants are reflecting on the personal plan of a disabled person to move from a sheltered home to live independently. They also discuss the personal budget that has been constituted for her to realise her plan.

Service user: Yes, I was thinking that I can prepare meals at home and decide for myself what to eat and when to eat.

Service counsellor: Yes, and personal assistance is quite right for that.

Supportive person: Yes, and no-one tells you what to eat today.

Service counsellor: Quite right, you can decide that for yourself.

Service user: Yes, and I have often bought myself meals from City-Market, they make them there, so it's easy for me to just go there and get whatever I want

Head social worker: So your personal budget is quite clear for that, that sum is discounted from the sum which is going to the sheltered home, and then you have a small amount.

Service user: I don't know the exact sum, of course, but...

Head social worker: And you have a small amount that goes to personal assistance, which makes around a hundred a month.

Service user: Yes, and I have the opportunity to increase those hours for assistance. I haven't taken them so often, because I was ill once and couldn't have gone anywhere, and it's fixed by law that I must have personal assistance, and assistance outside home.

Head social worker: Yeah, and your budget will be enough for two personal assistants, and still there is money left for hobbies, altogether that is over three thousand euros a month - we worked out that it's approximately three thousand. We will still work out the accurate sum, but it will be enough for two assistants.

(15 Nov. 2011, trainining, Eastern Finland)

Päämies: Mä meinasinkin, et sit voi kotona niinku tehdä sitä ruokaa ja saa päättää mitä syö ja milloin syö

Palveluohjaaja: Niin ja siihen se henkilökohtainen apu on ihan oikein

Tukihenkilö: Niin ettei kukaan oo määränny, mitä ruokaa sä tänään syöt.

Palveluohjaaja: Niin just, et saa ihan itse päättää siitä, kyllä.

Päämies: Niin, et nythän mä olen monesti käynytkin itse Citymarketista ostaan, siellä on ihan samalla tavalla niinku et kotiin, että se ei oo kuitenkaan mitään valmisruokaa, että ne tekee siellä, että on ollu helppo käydä sit hakemassa.

Johtava sosiaalityöntekijä: Siinähän on suht selvillä se henkilökohtainen budjetti, niin sehän poistuu siitä summasta mikä sinulla menee nyt sinne asumisyksikköön ja sit sinulla on pieni määrä

Päämies: Mie en tietenkään sitä tarkkaa summaa tietenkään sillee, mutta

Johtava sosiaalityöntekijä: Ja sit siulla on pieni määrä sitä henkilökohtaista apua tällä hetkellä että siihen katottiin, että on menny sellanen satasen kieppeillä kuukaudessa.

Päämies: Niin ja sithän miulla on mahdollisuus saada sitä kyllä lisää, koska mä oon aika vähän ottanut sitä, koska mä olin tossa silloin kipeänäkin, että mä en ois voinu lähtee mihinkään, et se on jo ihan lakisääteinenkin, että se kuuluu saaha hankilökohtaista apua, niinku kodin ulkopuolistakin apua.

Johtava sosiaalityöntekijä: Joo et siulla tota riittää tää budjetti ja tulee hyvin riittämään esimerkiksi kahteen henkilökohtaiseen avustajaan ja silti jää harrastuksiin rahaa, että kuitenkin yli kolme tuhatta euroo kuukaudessa, et siulla on sillee ihan siinä, että laskettiin että suurin piirtein se kolme tuhatta, että se tarkentuu nyt, mut se riittää kahteen avustajaan.

(15.11.2011, valmennus, Etelä-Suomi)

The service user emphasises here the opportunity to make daily choices. She decides for herself when to buy food and when to eat. She is also aware that personal assistance is fixed by law and she makes her own decisions about when to receive it. She positions herself as a citizen who is able to make choices concerning her services and needs. According to social work researchers, similar meanings of consumer citizenship reflect changes in the ideologies of the service system, which serve to strengthen citizenship in health and social care as well (see Ellis 2007). There has also been research discussion concerning the empowering impact of consuming. Researchers do not agree, for example, that being a consumer really empowers a client in social and health services if there are no markets in those fields (e.g. Kremer 2006) or if expert power is influential when defining the forms of services for a certain individual (e.g. Drake 1992). However, according to national policies in different countries, it is seen as necessary to develop the system of health and social care with the emphasis on the individual choices of a citizen, which also changes the position of the client in those sectors (e.g. Jensen 2005;

Kremer 2006; Roulstone & Prideaux 2012). In this research data, similar processes can be found, for example in the ways service users are positioned in certain discourses and repertoires. In the conversation as previously described, the disabled person positions herself as an empowered service user, who has opportunities provided by law to use services she thinks make sense for her.

These discursive positions also tell us that this service user is accomplishing her goal to strengthen her opportunities for self-determination in the services system, since she anticipates in this discussion that after the plan is realised, she will not be bound by the working schedules of the staff in the sheltered home, or bound by the obligation to wonder if they have the time to assist in her daily affairs. Her position as a consumer, and being aware of her rights, serves to legitimise a counter-power against those institutional practices which have restricted her right for self-determination as a service user and a citizen.

The discourses of empowerment are not common in this research data, but they are not rare, either. The example in the previous conversation describes successful service-planning and the awareness that opportunities for self-determination will radically improve compared with life in a sheltered home. Within this personal budgeting project, a profound change of life has been made possible for this service user. It has improved the quality of her life and even her state of health. Opportunities for independent living and individual decision-making have been accomplished with a few of those attending the project, which indicates that the pilot has been successful in changing lives to be more meaningful.

In research discussion conducted in social policy, the transforming or shifting meanings of being a client at the level presented here are considered as part of societal development, which has also shaped understanding about citizenship. It has been argued that this understanding has shifted from state-centred institutionalism into more diversified fields of definitions, where the role of the position as a consumer has been crucial (e.g. Roulstone & Prideaux 2012). In these developments, being a client in the service system of health and social care transforms the freedom to choose, individualism and opportunity to orientate freely in the system of services. In the wider societal context, personal budgeting can be argued to operate in similar fields of definitions, which indicate efforts within social policy to move towards the fulfilment of citizens' rights. In the centre of these meanings and definitions there is a citizen, who is aware of legal rights and a content member of the community, as was defined in a conversation included in this research data.

In the following conversational extract, workers in the disability services formulate the aims of the project in a consultation situation. In this conversation the concept of citizenship is defined in a similar social political framework, in which the well-being of the citizens is emphasised.

Service manager: …but of course we could think more widely on this matter, as we discussed with
   (Head social worker) that contentedness may not be a good word, as if we're a kind of box of

dreams, that you could get everything in life, but that's not how things go on with any of us. We began with the idea that we should rather talk about a client, who has well-being and who functions in his own life. I don't know how I could put this more clearly, but well-being and being the subject of one's own life, and a master of one's own life. And of course the client would be responsible for his own life and keep the strings of life in his own hands, and he should have the responsibility for his own life, so it's not the society, and it's not the social and health district and it's not the municipality, but it's the client himself who does, and others are supporting him when he makes his own solutions in life.

(8 Nov. 2011, consultation, Eastern Finland)

Vammaispalvelupäällikkö: (xx) Mut se, et miten sitä tavallaan niinkun vois laajentaa, kysehän ei, tai myö puhuttiin (Johtavan sosiaalityöntekijän) kaa siitä, että kysehän ei oo vaan siitä, että on, tyytyväinen on vähän huono sana, että ihan kuin me oltais joku toiveiden arkku mistä niin kun, et kaiken tässä elämässä voi saaha, et näinhän meidän kenenkään kohdalla ei oo, et myö lähettiin siis miettiin sitä, et puhuttais ennemminkin siit, et on tämmönen hyvinvoiva ja omassa elämässään toimijana oleva asiakas, et miten siit sais jonkun kiteytetymmän sanan, mut et se hyvinvointi ja oman elämänsä toimija ja herra, niin meillä oli. Ja sit myöskin se, et myös asiakas tavallaan vastuussa siitä omasta elämästään, et hän niinkun on se joka pitelee niin kun tietyl taval niitä naruja käsissään, että hänen pitää kantaa myös se vastuunsa, että se ei oo niinkun yhteiskunta tai se ei oo (kaupunki) tai se ei oo (sosiaali- ja terveyspiiri) tai mikään muukaan, vaan kyl se sitten hän ja sit muut toimijat on siinä niin kun tukemassa, et hän tekee niitä ratkaisuja.

(8.11.2011, konsultaatio, Itä-Suomi)

Here the aim of developing the service system towards well-being, citizenship and a state of affairs where the individual is responsible for his life, appears as a morally normative pronouncement, with which the ideal of decent citizenship is constructed. Ultimately the main task in the service system is to help the individual to make their own solutions. It is wished to reduce the significance of the services system just as it is wished that the individual will become more responsible for services and a life of their own. It is implied here that it is not actually morally justified for an individual to rely totally on the help of the services system, but that an individual should find the inner resources that mean taking responsibility for life would be possible (see also Rose 2007).

This reflects the ideological premises of adult social work in contemporary society, which is considered to be in a constant state of cultural change, so that in client work it is necessary to meet these challenges by supporting those needing help in individual ways. It is argued that these starting points of individual resources should be emphasised in social work (e.g. Clifford & Burke 2009).

In the account of the service manager, the significance of an individual being responsible for life solutions of their own is emphasised. The service system has the role of supporting searching and finding these solutions. The service system is not a box of dreams, from which the individual can scoop, but the individual should have the ultimate responsibility to decide what to need and wish for.

However, in these discourses it is implied that the individual is responsible as a hero in their life, even to the extent that asking for help from the service system no longer appears as moral. In discourses of a similar kind, certain ideals of decent citizenship are constructed where the behaviour of the client needs to be conducted in a certain way in order for it to be appropriate from the point of view of the functioning of the service system. That way those discourses construct an understanding of the moral functioning of the society and finally the habitus and identities of moral citizenship.

For example, the case previously presented in this chapter, that of the young university student, can also be interpreted in this context. According to the service workers involved, she was not able to prepare her personal life-plan. It seems as if the project itself has created frameworks, within which the service users have had to know how to function. From the point of view of the service workers, telling stories about the hindrances and suffering caused by impairments, about the difficulties faced in the services system and making lists about relevant supportive devices does not seem to meet the purposes of successful personal life-planning, or meet its ideal. In this respect it can be extrapolated hat there have been certain assumptions prevailing on what kind of planning is both understandable and appropriate.

As a consequence, a certain assumption of being an appropriate client is constructed in the practices of the service system. The framework of being a client is constructed within these ideals. By adjusting to these frameworks the individual is able to be positioned as a moral subject in the functioning of the service system. Antagonism, resistance or the need for exceptional ways to make needs understandable do not necessarily meet the expectations of the manner of behaviour such a person should display, without which no co-operation is even considered possible. Therefore the official discourse concerning humanity and its ideological meanings constructing the ethics of individual-based client work, holistic understanding of life-situations and values of equality do not always meet the reality. When the demands of successful service planning are formulated within the interaction with the client, conflicts may arise only from the fact that the client is not used to making sense of their needs verbally in such a form that will meet the workers' expectations of appropriate behaviour (e.g. Rose 2007). These mechanisms are one of the consequences of managerial governmentality, which is based on institutional relations (e.g. Pickard 2009).

The emphasis of the project has been on the self-determination of the client; the opportunity of clients to explain their own needs and to be heard and understood as individuals. These aims were not accomplished in every case. In some cases the situation was seen as the inability of the client to express their needs in the language of service-planning. Ultimately the success of personal budgeting was related to how client work was implemented and to those implicit assumptions concerning the roles and behaviour of the client, which may differ from the client's own interpretation of the situation. Controversial linguistic ways to make sense of the situation may have the consequence that the client is not heard at all.

The significance of institutional power in the life of the service user appears in this research data as stories, narratives and accounts concerning how individual lives may be totally bound up with practices and structures constructed in institutions and units providing services for disabled people. These practices may have a profound impact on the individual's right to decide for themselves how to lead their daily life. It is a matter of specific technologies of institutional power, within which the functioning of the organisation and its power structures are legitimised by imposing rules and orders which serve only institutional purposes.

Institutional power is one of the most crucial characteristics of the service system, since it reaches into many of its functioning structures. In this research, the technologies of institutional power have appeared on at least two different levels. Firstly, they are those rules and orders whose origins are in the institution itself, which produces its own legitimisation under the causalities of its functioning. They are, for example, the practice of not providing help for residents during staff meetings and teaching the residents the practice of not asking for help during those hours of the day. Secondly, these technologies are implicit assumptions prevailing in interaction situations, which gain their legitimisation in the practices of client work, concerning what kind of behaviour of the client is considered appropriate and moral in the institutional functioning of the service system.

The technologies of power work on at least two structural levels: daily rules and orders, and micro-interactional rules concerning how to behave in order to get support. One of the characteristics of modern citizenship is the fact that an individual knows how to behave and act in different institutional settings (e.g. Bauman 2003). Although a disabled service user would have the right to define his/her own needs and the services that support them, the performance of that service user is still bound to the social and moral conditions defined in the institutional system.

Assumptions concerning what is an appropriate client are constructed in the system of services in order to manage the process of providing services. These assumptions concerning ideal client work and the ideal client also construct an understanding of decent citizenship, which are actually the moral standards of an individual to act in a society (Satka 1995). Nevertheless it has been observed that despite that, ideal citizenship is constructed in the discourses of official policies in the service system, and in daily work processes the client is offered exceptional identities, which can cause the individual to be positioned solely as an owner of a social problem (e.g. Juhila 2009). For example, the problem-centred discourses with which the social worker operates in client work may be in conflict with the understanding the client has about his/her life-situation.

Social work where the client's own resources are seen as a starting point, is seen almost as contradictory with that practice where it is the client's problems that serve as a focus. When the resources of an individual are emphasised in order for the client to find better governance of life, it is a question of constructing and maintaining values for con-

temporary social work practice. In the personal budgeting project, personal life-planning was introduced as a new working method for municipal disability services. The aim was to find the resources and strengths of the disabled users of the project in order for them to find tools they could use to plan their daily life to be more meaningful.

Nevertheless, there has been considerable variation on how personal budgeting and personal life-planning have been regarded as fitting into different life-situations. The language of the client has not always adapted to the desired language of service-planning, so the needs of the clients have had to be scrutinised thoroughly. At the same time, certain standards have been defined for the proper performance of the clients, whereby certain standards of being a moral, or appropriate, client have also been constructed in the practices of personal budgeting.

However, the positions of disabled persons vary much in the processes of personal budgeting. The victim of a system of services is transformed into an empowered service user and a consumer, who is aware of the right of a citizen to freedom of choice in daily life. Even though the institutions dictate the terms of the practices, the service user is not fully without power in the system. The process of personal budgeting has been successful amongst many individuals and it has improved the quality of living of most. For some of them it has even enabled a profound change in life and considerably improved opportunities for self-determination.

5. COMPANION, COMMUNITY MEMBER AND CONSUMER – THE SOCIAL POSITION OF A DISABLED PERSON IN PERSONAL BUDGETING

The piloting project for personal budgeting has made progress in Finnish municipalities. In both of the municipal areas in Finland in which the project was implemented, a decision has been made to start the system of personal budgeting in disability services officially. In order to take the system into wider implementation in the municipalities, the central question seems to be the principle of resource allocation. It has been argued that the system should be based rather in the need of services, than in the services that have already been provided for a service user, as in this pilot. In addition, the question of sufficient support for each service user during the process should be solved.

While more service users attended this project later in 2012, it was observed that many of them did not receive sufficient support during the personal life-planning processes. It was observed for example, that many of them do not know enough about the different options in, for example housing facilities and other disability services. They also did not receive sufficient information on how to progress their service plans. This was caused partly by the fact that none of those service users have close relatives, who would have been able to give them active support. These problems will pose challenges in the future for workers in disability services. It was also observed in the field work of the pilot that workers may be bound up into the contemporary system of services and its practices in a way that prevents service users from wanting new solutions, if there are no more options for them. The practices of institutional power and hierarchical relations may therefore be obstacles in using creativity while planning the services (see also Eronen 2013).

The empirical analysis of this research, which is based on the data that was collected at the beginning of the project, shows that in the process of personal budgeting, the positions of the disabled clients are constructed by emphasising the importance of developing the services and client work in order to improve the position of the service user and their opportunities for self-determination. When the municipal workers in the disability services discuss the aims of the project and its significance in the service system, these two discursive areas dominate the interview speech and general conversation. When the disabled service users talk about these issues, those meanings dominate which indicate that their lives are strongly bound up with institutional practices. The research data has shown that those practices and hierarchies that are characteristic to institutional cultures may restrict independence and self-determination in profound ways.

On one hand, a disabled person appears in these dominating discourses as an object of managerial and institutional practices. On the other hand, this person is positioned as an individual and an independent subject, as a member of a community, a service user,

a citizen or a consumer, who is entitled to freedom of choice. However, the practices of institutional power as described previously are considerable in their lives. Those mechanisms of power also make the power of experts visible, which is significant in how many opportunities the service user has for independent decision-making concerning the services.

Nevertheless, the services of social care have been developed in recent years. The forms of service production have become more flexible and practices of client work are more client-centred than before. These developments are observable in the discourses concerning clients in disability services, so it can be seen that the meanings of self-determination, freedom of choice and inclusion have reconstructed the social position of a disabled person (see also Beresford et al. 2011).

The position of a client in social care can be regarded as having been changed by the period of transition of the welfare services. The significance of self-determination has been taken up as a central issue in the reform of the legislation of social care, so in the new legislation there will be an emphasis on the rights of the client to gain appropriate services and freedom of choice in those processes (Report on the Reform of the Legislation of Social Care 2012). The significance of self-determination is also strongly emphasised in the discussion concerning long-term care. For example, according to a recent report of Valvira (20.3.2013) many clients lack self-determination in long-term care in disability services, such as institutions for severely disabled clients. According to the report, these observations should lead to more effective control on how self-determination of the service users is realised in institutional practices (Self-determination among Clients in Institutions of Long-term Social Care 2013). One reason for this state of affairs is that institutional cultures produce rules and orders such that they have no relevance from the point of view of the service user, since they serve only the interests of the institution itself and therefore the mechanisms of institutional power.

The significance of institutional practices of control in the lives of disabled people is considerable. Often experts determine which services are best for the disabled service user. The clients' views about their personal needs may not even be asked for, as a certain package of services is fixed for the client according to what the official recommendations are in health and social care. This research and ongoing public discussion indicate that a change to this state of affairs is needed, since the right to self-determination and freedom to choose concerns all citizens. This research data shows that developing the production of services and ways to arrange them as well as diversifying the supply of services, brings service users more freedom of choice, and changes their position. This is also shown in the rhetoric with which these issues are reflected and discussed.

Similar observations which concern the change of position of services users have been brought into discussion in research which deals with the transition of the welfare society as influenced by neo-liberalistic tendencies and their impact on practices of client work. It has been argued that neo-liberalism has had a huge impact on different fields of services in the public sector. The form through which services are produced has been transformed and the understanding concerning the position of the client and citizenship

has changed (Banks 2004; Jordan 2011). However, it is often argued that these changes relate to the negative impacts of neo-liberalism. It has been noticed that freedom of choice and individuality should be emphasised all the more strongly in the public sector, but in the discussion about the position of a client, the societal interpretations of these changes often remain in the shadows of the critique concerning "consumer-citizenship" and consumerism.

In contemporary discussion, the issue of citizenship is often reduced to conclusions concerning the growing hegemony of consumerism. "A consumer-citizen" is not considered to belong in the public sector area, since it is argued that the welfare society is based on strong public welfare services, which should be financed by public resources. These arguments are based on the values of public good, and the belief that the structures and practices of that system are important and therefore worth maintaining. The privatisation of services and the increasing involvement of private entrepreneurs in that field have been argued to sever he basis of public production of services. Requiring bids for the provision of services is regarded as creating pressures for financial savings in the public sector, which it is feared also weakens the quality of those services (e.g. Anttonen & Häikiö 2011). In Finland, this situation whereby the quality of services is weakened has been pointed out for example in the case of the privatisation of cleaning services in some state institutions. Research indicates that changes in working agreements had also worsened the working conditions of the cleaners, which ultimately had weakened the quality of services (Eräsaari L. 2002). In the field of discussion concerning public services it is seen that adopting neo-liberalistic ideology and the principles of new public management into the values of welfare society has brought the elements and practices of marketisation into such areas, where values should be based on the moralities of care and the common good.

This discussion still needs more empirical research. The research undertaken in the project has contributed to the discussion on the transition of the welfare society, since at the level of public discussion the system of personal budgeting represents only the tendencies of services to be marketised. Within the same discussion, it is pointed out that the system of direct payment in the Finnish health care sector has put service users into unequal positions, since not everyone has the possibility of paying the difference in value between the payment voucher and the actual price of the service. It has been argued that personal budgeting may benefit those service users more who are more able than others to make use of different services and who can afford to pay for the services themselves (e.g. Prideaux et al. 2009). In these studies, the negative consequences of the marketisation of services have been pointed out explicitly, since the quality of welfare seems to relate directly to the wealth of the service user.

Nevertheless, it is strongly argued in research that different systems of direct payments have brought more freedom of choice into opportunities of using health and social services (e.g. Glasby & Littlechild 2009). In the system of personal budgeting this is also the most crucial aim, since disabled people can decide themselves what form of services will serve them best. For instance this research has shown that the opportunity to choose

is significant in life, since it helps to get away from those institutional practices that may insult human dignity and prevent the person living life in the way they desire. In the discussion concerning the transition of the welfare state it should be noted that with certain groups of service users, such as disabled people, the freedom to choose services is related profoundly and widely to the realisation of certain forms of human rights, which are self-evident for many of us, but lacking from the lives of many disabled people.

5.1 FREEDOM AND CIVIL SOCIETY

Re-defining the significance of the state has been one of the efforts to preserve the welfare society. In fact, these processes are moral in character, since there are aspirations to enhance collective responsibility for welfare by inviting citizens to build it together. These processes in social policy are justified by promising citizens more freedom to organise their lives.

In the ideology of "Big Society", in which there is the intention to strengthen civil society, the significance of freedom is strongly emphasised. An individual should be liberated from the bindings of institutions by contributing to the creation of those practices where individuals and communities have more opportunity to take care of their own welfare, for instance by arranging their own services. The idea of "Big Society" has its origins in Thatcherism, a political ideology which strove to reduce the power of the state and enhance the freedom of the individual by privatising services. The national reforms originated with the ideology of "Big Society" are justified by the need to strengthen civil society in such a way that individuals and communities have better opportunities to produce the services themselves and in that way, participate in building the welfare society. At the same time there is an intention to reduce the excessive control of the state over welfare services.

According to researchers, the ideology of "Big Society" contains political aspirations to establish a principle of social responsibility in civil society. One of its crucial impacts is to make the individual responsible for their own welfare (e.g. Edwards 2011; Jordan 2011; Roulstone & Prideaux 2012). This discussion has similarities with the Finnish discussion concerning social reforms. There are efforts to enhance such ideologies and practices in the service system, whereby an individual's control of their own life will be strengthened, so that the impact of the official system can be reduced. The responsibility of an individual to produce welfare is emphasised in current practices, where an individual is allowed to arrange and to make choices between services, as in the systems of direct payments and personal budgeting (e.g. Anttonen & Häikiö 2011). In the British discussion welfare policies are strongly seen as a moral project. The responsibility of collective welfare is transferred to the responsibility of the citizens themselves, and this responsibility obliges the individual morally in every action (see Edwards 2011; also Roulstone & Prideaux 2012).

A few researchers claim that, unlike the republican politics of Thatcherism, the freedom of an individual is seen not as a value in itself in the "Big Society" project but as a secondary matter, since in order to gain that welfare, taking responsibility is dictated as a term (Edwards 2011). It is organised around normative principles, so gaining independence is conditional as the terms are dictated in the society. Similar discussions concerning social reform have already been conducted at the end of the last century in sociological discussion of modernisation. For example, Nikolas Rose (2000) regarded these kinds of reforms as a moral build-up, as the contemporary work-society does not strengthen class-identities, but rather it constructs moral citizenship. In this research it has also been shown that in those practices which are based on independent service planning and the liberation of an individual, the individual is striving to take responsibility for their own welfare. At the same time, civil skills and competences are rehearsed in these practices, for example in the requirement to be a client who is in control of life, which also is a moral obligation posed for the individual.

In the ideology of "Big Society" the contribution of the community is seen as important in bringing social and individual welfare (Edwards 2011). For example, Amitai Etzioni emphasised the principle of communitarism in his definition of a community as strengthening morality and ethics in society (2000). In the discussion of modernisation, society is considered to produce individualised subjects, since it produces the terms and conditions of life politics. The moral and ethical responsibilities that maintain social cohesion are transferred into the possession of an individual (e.g. Eräsaari R. 1998). In the UK, the idea of individual responsibility as a focus of the functioning of society was already seen as central in political visions of societal changes at the end of the 1990s. At that time, in the government of Tony Blair, considerable financial cuts took place in social care, which had to be justified in a social and political sense. The "Third Way" was introduced as a concept to save welfare society, and the strengthening of the role of civil society in order to maintain welfare was emphasised in official policies (Giddens 2000). This development of the welfare system was strengthened by institutional technologies, since the ideas of the responsibility of the individual, individual life-paths and individual-centred client work are articulated as part of the professionalism of social care.

5.2. "DO I HAVE A PROFESSIONAL TUNNEL VISION?" – THE MECHANISMS OF INSTITUTIONAL POWER

The impact of institutional power is considerable in the lives of disabled people. The technologies of power; for example those mechanisms that maintain a career of being a client in social care, restrict the self-determination of disabled persons. If an individual does not have the freedom to express themselves, express needs or make decisions about services, there are no opportunities for social participation.

Those institutional mechanisms that restrict opportunities for self-determination are partly caused by those mechanisms within which the different professional structures

and social orders between the professions are maintained. The relation between professional knowledge with the institutions is organic, since the relation of professions with society is constructed in the functioning of the institutions (Freidson 1986). The system of services for disabled people has been built around work organisations in which there are specific rules, professional practices and habits. These practices are maintained in the daily lives of the work organisations in such a way that they oblige both the workers and the clients. Similar established practices, the rationality of which is not necessarily questioned, shape the working cultures of the organisations (Gabriel 2000; Merton 1967). Many of those rules may seem senseless from the point of view of those for whom this work organisation is home. Coping with daily life frequently depends on the help of the workers and therefore restrictions posed by those workers may become institutional hindrances to a disabled person's ability to cope with daily affairs.

Those practices in work organisations that restrict self-determination are a central form of institutional power that has an impact on the lives of disabled persons. Service workers are agents of this system, where technologies of governmentality operate. The service worker has gained subjectivity in this machinery through the organisation, its institutional and managerial terms and conditions, as well as social legitimisation, in which the family of the disabled person and other representatives of the system participate. At the same time, it is insisted that the functioning of the organisation has to be transparent at managerial level. Managerial practices and orders of work determine the contents of the work and the competences required in it (Drinkwater 2005, 239).

Many of the workers in disability services function on a professional basis which shapes the character of client work and the position of the disabled person in the system of services. Professional expertise is constituted in the education of disability care, which provides theoretical and practical knowledge for work with people with disabilities. The knowledge gained in education formulates the praxis of client work and the relations with the clients are constituted by the professional structure (Freidson 1986; Brante 1988). The technologies of institutional power that are constructed in professional practices also restrict self-determination of disabled people at the micro-levels of client work.

The aim of improving the opportunities for self-determination in the personal budgeting project was ultimately articulated with the professional projects and the power relations in the service system. The aims of the project were articulated as part of the development work of professional practices in disability services in the requirements of listening to the client and meeting their needs. When the project was reflected on amongst staff, it was realised that professional identity, which was felt as being established, profoundly shapes the character of client work. Professional "tunnel vision" may influence all the decisions made in specific situations, although the opinion of the client is emphasised. However, workers seem not to have the opinion that their professional identities should be totally reconstructed, but they are seen as worthy of reflection from the respect of the power relations on which these processes of client work inevitably rely. There is a requirement for such creative working methods, where the client is listened

to and there is a relationship with companionship and equality. These are articulated as crucial professional aims, which are also felt as important when developing the services.

Although professional power is recognised as an inevitable characteristic of work, which is to some extent seen as repellent, the relations with clients are constituted within professional orders. The client is offered such identities in these processes that are constituent with institutional knowledge and their terms and conditions. The client is provided such social positions, subjectivities and terms for behaviour in those practices which are solely constituted in the system of services. Personal budgeting requires competence at personal life-planning and the budget will be formed more easily with that person who turns out to be competent at it. Since the terms of behaviour are determined here, good verbal abilities to express needs do not guarantee that client the opportunity to be listened to. For example, the role of the social worker as gatekeeper may have the outcome that some clients are left without services (e.g. Ellis 2007; Glasby & Littlechild 2009, 174).

Institutional action is significant in the processes of constructing and canalising professional expertise. The practice of person-centred life-planning, which has been designed to empower disabled people, may also turn into institutional language in the processes of constructing expertise. As a consequence, the focus of knowledge and its material, managerial and ideological terms are determined in the system of services. The significance of institutional power in the lives of disabled people is recognised as a fact whose restrictive impact on the ability to lead an independent life has also been significant in the discussion concerning deinstitutionalisation.

For example, in the United States there has been much quantitative research done concerning the impact of deinstitutionalisation on the lives of the disabled people in different states. The research shows that quality of life, well-being, sense of self-determination, opportunities for independent decisions and freedom of choice are better, the fewer residents there are in the housing unit. The quality of life and opportunities for self-determination increase in those units where the number of residents is five or fewer. If the size of the group grows, the quality of life weakens, even if the number of staff is increased to the same extent (Kozma et al. 2009).

In these research results there are clear similarities to the research done in the Nordic countries on the effects of deinstitutionalisation. The process of deconstructing institutions is seen, for example, in Norway as having failed at least in that context, in that similar practices have been taken up in smaller housing units as in the disability institutions. These may restrict the opportunities for self-determination so that the disabled person may not have any better opportunities for independence than before. The same kind of results have also been found in Finnish research , but in Finland it has also been pointed out that lack of staff inevitably weakens the quality of care and therefore also the possibilities of supporting independency in different ways (Tøssebro et al. 2012; Miettinen & Teittinen 2013). One of the reasons for this is the development of a professional structuring of work. If the collectivity of staff is large, staff will operate under the terms of professional power relations. Professional groups and hierarchies shape the distribution of

work, organise the content of work and at the same time, constitute institutional orders.

Institutional practices construct for the individuals certain subjectivities which are shaped under these terms. For example, special treatments and services developed for disabled people construct an understanding concerning disability and legitimise the functioning of the disability institution (e.g. Yates 2005). Seeing disabled people specifically in certain ways, for example by certain skills and competencies, is a practice of institutional power which maintains cultural understanding and stereotypes concerning disabled people. This has been observed for example in historical-genealogical research dealing with an education centre provided for children with hearing impairment in the United States (e.g. Berger 2005). The significance of professional action is considerable when maintaining power relations and certain subjectivities when it concerns disabled people. The institutionalisation of professional knowledge which concerns disabled people is crucial in these societal and cultural processes and at the same time, it maintains the divisions between deviance and normality.

5.3. WHY DID PERSONAL BUDGETING BECOME A PRACTICE IN THE PROFESSIONAL DEVELOPMENT OF SERVICES?

In the developing personal budgeting project, the municipal participants were given a free hand in implementing the system. In the larger municipality of Southern Finland the representatives decided to include only day services in the project, while the social and health care district in Eastern Finland wanted this project to include disability services more widely. In the collecting data phase, the project progressed in both areas according to these preliminary solutions and also according to those needs that the disabled service users had in the planning process, as well as the staff resources to conduct the project. The service managers worked in the management level of social care. They also encouraged the staff doing the field work. Other members of staff considered this project as a useful learning experience, since it had been possible to integrate the aims of the project into the aims of professional development.

Within the Finnish legal system it is not possible to pay the budget into the personal bank accounts of the service users, so the budgets have been managed by inner money transfers in the administrative systems of the municipalities. In practice, this arrangement became the most influential when setting the terms of the processes of personal budgeting conducted with the disabled service users and the activities of field work. The individual decision-making of the service users in arranging their services has been intertwined with the service-planning of the workers of disability services. The working methods of this project also partly influenced it, since the actual service-planning was begun in the collective processes of training.

Another profound issue that determined the whole process was that the budgets were made up from the costs of those services that the service users were using at the time of the project. The system of budgeting therefore enabled a wide range of finances from

tens to thousands of euros with which to plan the services. Since it still was a pilot, it was not possible to implement a resource allocation based on the need for services. Working out the costs of the services turned out to be complicated, which slowed the process of developing budgets. However, a system of budgeting that is based on service need is seen as the most rational way to operate and there are intentions to put resources into starting to develop that system. These terms and circumstances also had an impact on the ideological aspects and aims which were to be accomplished in the four year period of the project. In many ways, it became a project for professional development, which has provided the tools to develop client work in disability services and to diversify the supply of services (see also Eronen 2013).

These processes show that those practices in the service supply which are trying to be developed are in many ways bound to institutional and professional conditions, although their impact is based on social- political and financial arguments introduced by international neo-liberalistic tendencies. Partly this is caused by the fact that the role of the state in social reforms has been different in Finland compared with, for example, Sweden. In Finland, the leading civil officials of the state determine the managerial and professional practices with which those reforms are implemented, even if they are seen as rational in the light of international developments. Elsewhere the role of the state is subject to change according to political aims (Miettinen & Teittinen 2013).

Due to the crucial impact of civil officials, personal budgeting in the Finnish pilot project has become very different compared to the system in the UK, where the main element of the process is the budgets, which are based on the need of services as formulated by the client. Although in the UK the system has attracted much criticism it can be seen that the system has considerably improved opportunities for self-determination. For example, independence in the practices of social care, and a sense of inclusion have been felt to have increased in the sense that the system has provided independent decision-making (Roulstone & Prideaux 2012). The role of the state in the UK has been considerable in the development of implementing new ways to provide services as part of wider, political reforms. These reforms have not been bound to the actual functioning of the professional system, but on the contrary, the professionals have been obliged to shape their professional roles in the framework of these reforms, where new managerial and professional positions have arisen (e.g. Duffy 2007; Manthorpe et al. 2009).

In the Finnish personal budgeting project there has been no need for new professional positions, since the process has been intertwined closely with the professional functioning of the disability services in a certain municipality. Much discussion has arisen about the character and the quality of client work, but this discussion is articulated into the professional requirements of an occupation. The relevance of the role of a service user as changing and empowering has not changed the balance of power relations. On the contrary, the requirement to listen to the client's needs has been used a requirement to develop professionally in client work.

The discussion about changes in service production has been intertwined in the efforts to strengthen civil society, since those practices and models of service in the public

94 sector that have built the welfare society are not considered to meet the needs of the citizens sufficiently. As in the UK, citizens are invited to participate in maintaining welfare by providing more opportunities to produce services at the local and communal level (e.g. Koskiaho 2008). In essence, it has been seen as an ideological tendency, where the responsibility of maintaining welfare has transferred from the state to its citizens. The responsibility of an individual to function as a client who is able to make plans in life and to choose between the services is an indication of this ideology.

Alberoni, F. (1984)**.** *Falling in love.* New York: Random House.

Anttonen, A. & Häikiö, L. (2011). *Care "going market": Finnish elderly-care policies.* Nordic Journal of Social Research, Vol. 2, p. 70-90.

Banks, S. (2004). *Ethics, accountability and the social professions*. New York: Palgrave Macmillan.

Bauman, Z. (2003). *Liquid modernity*. Cambridge: Polity Press.

Beck, U. & Giddens, A. & Lash, S. (1995)**.** *Reflexive modernization: Politics, tradition and aestethics in the modern social order*. Cambridge: Polity Press.

Beckett, A. (2006). *Citizenship and vulnerability. Disability and Issues of Social and Political Engagement*. New York: Palgrave McMillan.

Beresford, P. & Fleming, J. & Glynn, M. & Bewley, C. & Croft, S. & Branfiled, F & Postle, K. (2011). *Supporting people. Towards a person-centred approach*. London: Policy Press.

Berger, J. (2005)**.** Uncommon Schools. Institutionalizing Deafness in Early-Nineteenth-Century America. Teoksessa Tremain, S. (toim.): *Foucault and the Government of Disability*. Michigan: University of Michigan Press, p. 153-171.

Berger, P. L. & T. Luckmann (1986). *The Social Construction of Reality. The Treatise of Sociology of Knowledge*. Harmondsworth: Penguin.

Bigby, C. & Clement, T. & Knox, M. & Beadle-Brown, J. & Mansell, J. (2012**).** Structures and Processes that Embed Positive Regard for Residence as a Dimension of Group Home Culture. *Journal of Intellectual Disability Research* 56:7–8. World of Potential. Congress Abstracts. 14th World congress. International Association for the Scientific Study of Intellectual Disabilities. July 9–14, 2012.

Blomquist, U-B., & Bergman, L. (2012)**.** *Personlig hjälpmedelsbudget. Förutsättningar försöksverksamhet*. (*Personal budget and supportive devices)*. Stockholm: Hjälpmedelsinstitutet. www.hi.se (read 15.4.2012).

Brante, T. (1988). Sociological Approaches to the Professions. *Acta Sociologica* 31:2, 119–142.

Casey, C. (1995). *Work, Self and Society after Industrialism*. London & New York: Routledge.

Clifford, D. & Burke, B. (2009**).** *Anti-oppressive ethics and values in social w*ork. New York: Palgrave Macmillan.

Diamond, J. (1996): *Status and Power in Verbal Interaction: A Study of Discourse in a Close-Knit Social Network.* Amsterdam: John Benjamins.

Drake, R. F. (1992). *Consumer Participation. The Voluntary Sector and the Concept of Power*. Disability & Society, 7:3, 267–278.

Drinkwater, C. (2005). Supported Living and the Production of Individuals. Teoksessa Tremain, S. (ed.): *Foucault and the Government of Disability*. Michigan: University of Michigan Press.

Duffy, S. (2003). *Keys to Citizenship. A Guide to Getting Good Support for People with Learning Disabilities*. Birkenhead: Paradigm.

Duffy, S. (2007)**.** Care management and self-directed support. *Journal of Integrated Car*e 15:5, 3–14.

Edwards, J. (2011). Freedom, free institutions and the Big Society. *The Political Quarterly* 82: Issue Supplement s1, 98–108.

Ellis, K. (2007). Direct Payments and Social Work Practice: The Significance of Street Level Bureaucracy and Determination and Eligibility. *British Journal of Social Work* 37, 405–422.

Eriksson, S. (2008a). *Erot, erilaisuus ja elinolot – vammaisten arkielämä ja itsemäärääminen. (Difference, diversity and Living Conditions. Daily Life and Self-Determination of Disabled People.)* Studies of FAIDD 3, Helsinki: Finnish Association of Intellectual and Developmental Disabilities.

Eriksson, S. (2008b). For leisure and pleasure. Recreation activities, consumption and identity among the disabled. Teoksessa Parodi, G. (ed.): *Aspetti socioeconomici della disabilitá*. Roma: Aracne Editrice, 255–285.

Eriksson-Piela, S. (2003). *Tunnetta, tietoa vai hierarkiaa? Sairaanhoidon moninainen ammatillisuus. (Emotion, Knowledge or Hierarchy? The Multiplicity of Professionalism in Nursing*.) Academic Dissertation. Acta Universitatis Tamperensis 929. Tampere: University of Tampere.

Eronen, M. (2013). *Henkilökohtainen budjetointi kehitysvammaisten henkilöiden työ- ja päivätoiminnoissa. (Personal Budgeting in Day and Work Activities of Intellectually Disabled People.)* Metropolia Ammattikorkeakoulu, Sosionomi (ylempi amk), Sosiaaliala, Opinnäytetyö. Helsinki University of Applied Sciences. Master´s Thesis, Social Care.

Eräsaari L. (2002). The Black Engel: Women from the Ruins of The National Board of Building. In Czarniawska, B. & Höpfl, H. (eds.): *Casting the Other: The Production and Maintenance of Inequality in Work Organizations*. London: Routledge. p. 138-159.

Eräsaari, R. (1998). The Displacement of Expertise. The Reflexionelite Meet with "Life-Politics". In Hänninen, S. (ed.): *Displacement of Social Policies*. University of Jyväskylä. Jyväskylä: SoPhi,

Etzioni, A. (2000). *The third way to a good society*. London: Demos.

Evetts, J. (2009). New Professionalism and New Public Management. Changes, Continuities and Consequences. *Comparative Sociology*, 8:2, 247–266.

Fairclough, N. (1992). *Discourse and Social Change*. Cambridge: Polity Press.

Fairclough, N. (2001)**.** Critical Discourse Analysis. Teoksessa McHoul, A. & Rapley, M. (ed.): *How to Analyse Talk in Institutional Settings*. London: Continuum International Publishing Group. 25–40.

Filander, K. (2009). *Disputing managerial architecture in educational work.* In Seddon, T. & Henriksson, L. & Niemeyer, B. (eds.): Learning and work and the politics of working life. Global transformations and collective identities in teachers, nursing and social work. London: Routledge. p. 51-68.

Finlay, W.M.L. & Walton, C. & Antaki C. (2008). Promoting Choice and Control in Residential Services for People with Learning Disabilities. *Disability & Society* 23:4, 349–360.

Finnish Law on Taxation for Income (1535/1992).

Florida, R. (2002). *The Rise of Creative Class: and How It´s Transforming Work, Leisure, Community and Everyday Life*. New York: Basic Books.

Foucault, M. (1981**).** *The History of Sexuality. An Introduction*. Volume 1. New York: Vintage Books.

Foucault, M. (1980). *Power/Knowledge: Selected interviews and other writings*. New York, Pantheon Books.

Freidson, E. (1986). *Professional Powers. A Study of the Institutionalization of Formal Knowledge.* Chicago and London: The University of Chicago Press.

Freidson, E. (2001). *Professionalism – the Third Logic*. London: John Wiley & Sons.

Freidson, E. (2007). *Professional dominance – the social structure of medical care.* New Brunswick, N.J.: Aldine Transaction.

Fuentes, J. (2008). *Etnicitet och funktionshinder. (Ethnicity and disability).* Teoksessa Grönvik. L. & Söder, M. (eds.): *Bara funktionshindrad? Funktionshinder och intersektionalitet.(Only disabled? Disability and intersectionality.)* Malmö: Gleerups.

Gabriel, Y. (2000). *Storytelling in Organizations. Facts, Fictions and Fantasies*. Oxford: Oxford University Press.

Garfinkel, H. (1967). *Studies in Ethnomethodology*. Cambridge: Prentice-Hall.

Giddens, A. (2000). *The Third Way and Its Critics*. London: Wiley Blackwell.

Glasby, J . & Littlechild, R. (2009). *Personal Budgets and Direct Payments. Putting Personalisation into Practice*. Bristol: Policy Press.

Goffman, E. (1961). *Asylums. Essays on the Social Situation of Mental Patients and other inmates*. Chicago: Aldine.

Goffman, E. (1973). *Totala institutioner. Fyra essäer om anstaltslivets sociala villkor*. (Asylums. Essays of the Social Situation of Mental Patietns and Other Inmates). Stockholm: Rabén & Sjögren.

Grootegoed, E. & Knijn, T. & Da Roit, B. (2010). Relatives as Paid Care-givers. How Family Carers Experience Payments for Care. *Aging & Society* 30, 467–489.

Haarni, I. (2006). *Keskeneräistä yhdenvertaisuutta. Vammaisten ihmisten elinolot Suomessa tutkimustiedon valossa*. Raportteja 6/2006. Helsinki: Stakes, Sosiaali- ja terveysalan tutkimus- ja kehittämiskeskus. (*Incomplete equality. Living-conditions of disabled people in Finland in the light of research)*. Reports 6/2006, Helsinki: National Institute for Health and Welfare.

Hatton, C. & Waters, J. & Duffy, S. & Senker, J. & Crosby, N. & Poll, C. & Tyson, A. & O´Brien, J. & Towell, D. (2008). *A report on In Control´s Second Phase. Evaluation*

and Learning 2005-2007. London: In Control Publications.

Hatton, C. & Waters, J. (2011)**.** *The National Personal Budget Survey*. London: In Control Publications.

Hatton, C., Waters, J. (2013). *The Second POET Survey of Personal Budget Holders and Carers 2013.* London, UK: In Control Publications; Lancaster University.

Hochschild, A.R. (1979): Emotion Work, Feeling Rules and Social Structure. *American Journal of Sociology,* Vol. 85, No. 3. 551-575.

Hänninen, V. (1999). *Sisäinen tarina, elämä ja muuto*s. (*Story, life and change.)* Akateeminen väitöskirja. Academic Dissertation. Acta Universitatis Tamperensis 696. Tampere: Tampere University Press.

Imrie, R. (2004). Demystifying disability: a review of the International Classification of Functioning, Disability and Health. *Sociology of Health & Illness* 26:3, 287–305.

Itsemääräämisoikeuden toteutuminen sosiaalihuollon ympärivuorokautisissa palveluissa. Lastensuojelussa, vammaispalveluissa, mielenterveyspalveluissa ja päihdehuollossa (2013) **.** (Self-determination among clients in institutions in 24-hour social care. Child welfare, disability services, mental health services and alcohol and substance abuse counseling services). Selvityksiä 1: 2013. Valvira, Sosiaali- ja terveydenhuollon lupa- ja valvontavirasto. Finnish National Supervisory Authority for Welfare and Health. http://www.valvira/tietopankki/selvitykset/sosiaalihuolto/ (read in 21.3.2013)

Jensen, B.B. (2005). *Hjælpeordningen – en brugerundersøgelse* [System for personal assistance – study of users]. **Århus**, Denmark: Videnscenter for bevægelseshandicap. National Volunteer Center in Denmark.

Jordan, B. (2011). Making Sense of the "Big Society": Social Work and the Moral Order. *Journal of Social Work* 12:6, 630–-646.

Juhila, K. (2003). Creating a "bad" client: disalignment of institutional identities in social work interaction. In Hall, C.; Juhila, K.; Parton, N.; Pösö, T. (eds.): *Constructing clienthood in social work and human services. Interaction, Identities and Practices.* Jessica Kingsley Publishers, London. 83 - 95.

Juhila, K. & Pösö, T. & Hall, C. & Parton, N. (2003). Introduction: Beyond a Universal Client. In Hall, C.; Juhila, K.; Parton, N.; Pösö, T. (ed.): *Constructing Clienthood in Social Work and Human Services. Interaction, Identities and Practices.* Jessica Kingsley Publishers, London. 11-26.

Juhila, K. (2009). From care to fellowship and back: interpretative repertoires used by social welfare workers when describing the relationship with homeless women. *British Journal of Social Work*, Volume 39,1, 128-143.

Juhila, K. (2012). Ongelmat, niiden selittäminen ja kategoriat. (*Problems, their explanation and categories*). In Jokinen A. & Juhila K. & Suoninen E. (toim.): *Kategoriat, kulttuuri ja moraali.* (*Categories, Culture and Moral*) Tampere: Vastapaino, 131–174.

Järnström, S. (2011). Asiakaslähtöisyys geriatrisen osaston lääkärinkierrolla [Client-centred approach in doctor´s consultation hour in a geriatric ward]. *Finnish Journal of Social Work, Janus*, Volume 19, *3*, 238 – 250.

Koski, K. & Martikainen, L. & Burakoff, K. & Launonen, K. (2010). Staff Members´ Understandings about the Communication with Individuals Who Have Multiple Learning Disabilities. A Case with Finnish OIVA Communication Training. *Journal of Intellectual and Developmental Disability*. 35:4, 279–289.

Koskiaho, B. (2008). *Hyvinvointipalvelujen tavaratalossa. Palvelutalous ja sosiaali-politiikka Englannissa, Ruotsissa ja Suomessa. (In the Department Store of Welfare Services. Welfare Economy and Social Politics in England, Sweden and Finland)* Tampere: Vastapaino.

Kozma, A. & Mansell, J. & Beadle-Brown, J. (2009). Outcomes in Different Residential Settings for People With Intellectual Disability: A Systematic Review. *American Journal on Intellectual and Developmental Disabilities*. 114:3, 193–222.

Kremer, M. (2006). Consumers in Charge of Care. The Dutch Personal Budget and Its Impact on the Market, Professionals and the Family. *European Societies* 8:3, 385-401.

Kröger, T. (2009). Care Research and Disability Studies. Nothing in Common? *Critical Social Policy*, 29:100/3, 398–420.

Laclau, E.& Mouffe, C. (2001). *Hegemony and Socialist Strategy. Towards a Radical Democratic Politics*. London: Verso.

Leadbeater, C. & Bartlett, J. & Gallagher, N. (2008). *"Personal budgets and self-direct-ed services mobilise the intelligence of thousands of people to get better outcomes for themselves and more value for public money…". Making it personal.* London: Creative Commons, Demo.

Leece, J. & Leece, D. (2011). Personalisation. Perceptions of the Role of Social Work in a World of Brokers and Budgets. *British Journal of Social Work*, 41, 204–223.

Lehtimaja, I. (2011). *Teacher-oriented Address Terms in Student´ Reproach Terms*. Lin-guistical Education, Vol. 22, Issue 4, p. 348-363.

Leskelä, L. (2012). Ymmärrysvaikeuksien käsittelyä kehitysvammaisten henkilöiden ja heidän ohjaajiensa keskusteluissa [Handling the difficulties to understand in the conversations between persons with intellectual disability and their instructors]. In Leskelä, L., Lindholm, C. (Eds.). *Haavoittuva keskustelu – keskustelunanalyyttisia tutkimuksia kielellisesti epäsymmetrisessä vuorovaikutuksessa [Vulnerable conversa-tion – conversation analytical studies in linguistically asymmetric interaction]*. Hel-sinki, Finland: Studies of Finnish association on intellectual and developmental dis-abilities, 184-234.

Leskelä, L. & Lindholm, C. (2012). Näkökulmia kielellisesti epäsymmteriseen vuoro-vaikutukseen. (Perspectives in linguistically Asymmteric Conversation.) In Leskelä, L., Lindholm, C. (Eds.). *Haavoittuva keskustelu – keskustelunanalyyttisia tutkimuksia kielellisesti epäsymmetrisessä vuorovaikutuksessa [Vulnerable conversation – con-versation analytical studies in linguistically asymmetric interaction]*. Helsinki, Fin-land: Studies of Finnish association on intellectual and developmental disabilities, 12–31.

Manthorpe, J. & Jacobs, S. & Rapaport, J. & Challis, D. & Netten, A. & Glendinning, C. & Stevens, M. & Wilberforce, M. & Knapp, M. & Harris, J. (2009). Training

for Change. Early Days of Individual Budgets and the Implications for Social Work and Care Management Practice. A Qualitative Study of the Views of Trainers. *British Journal of Social Work*, 39, 1291–1305.

Matikka, L. & Vesala, H. T. (1997). Acquiescence in Quality-of-Life Interviews With Adults Who Have Mental Retardation. *Mental Retardation*, 35:*2*, 75–82

McVilly, K. R. (1997). Professional Staff. How They View Their Training and Support. *British Journal of Learning Disabilities*, 25:1, 18–25.

Merton, R.K. (1967). *Social Theory and Social Structure*. New York: Free Press.

Miettinen, S. (2012). Family Care of Adults with Intellectual Disabilities. Analysis of Finnish Policies and Practices. *Journal Of Policy and Practice of Intellectual Disabilities.* Volume 9, Issue 1, 1-9.

Miettinen, S. & Teittinen, A. (2013). Deinstitutionalisation of People with Intellectual Disabilities in Finland. A Political Perspective. *Scandinavian Journal of Disability Research*. Taylor & Francis. http://www.tandfonline.com/doi/full/10.1080/15017419.2012.761153. (read 8.4.2013)

Moore, M. & Beazley, S. & Maelzer, J. (1998*). Researching DisabilityIissues. Disability, Human Rights & Society.* Buckingham, Philadelphia: Open University Press.

Oliver, M. (1996). *Understanding Disability. From Theory to Practice*. London: Macmillan.

Parsons, T. (1951). *The Social System*. Glencoe III, The Free Press of Glencoe.

Payne, M. (2005). *Modern Social Work Theory*. 3rd edition. Houndmills: Palgrave Macmillan.

Peräkylä A. & Vehviläinen S. (2003). Conversational Analysis and Professional Stocks in Interactional Knowledge. *Discourse & Society.* November 2003, Vol. 14, 727-750.

Pickard, S. (2009). The Professionalization of General Practitioners with the Special Interest. Rationalization, Restratification and Governmentality. *Sociology*, 43:*2*, 250–267.

Poll, C. & Duffy, S. & Hatton, C. & Sanderson, H. & Routledge, M. (2006). *A Report on In Control´s first phase 2003–2005*. London: In Control Publications.

Potter, J. (1998). Discursive Social Psychology. From Attitudes to Evaluations. *European Review of Social Psychology* 9, 233–266.

Potter, J. & Wetherell, M. (1987). *Discourse and Social Psychology. Beyond Attitudes and Behavior*. London: Sage.

Prideaux, S.& Roulstone, A.& Harris, J.& Barnes C. (2009). Disabled People and Self-directed Support Schemes. Reconceptualizing Work and Welfare in 21st Century. *Disability & Society*, 2009, 24:*5*, 557–569.

Programme letter concerning long-term care, 2011. Letter by State Secretary Veldhuijzen van Zanten-Hyllner (Health, welfare and sport) to the parliament about long-term care. Government of the Netherlands. www.government.nl/documents-and-publications/parliamentary-documents/2011/06/01/programme-letter-concerning-long-term-care.html (read 13.6.2013)

Puchta C. & Potter, J. (2004). *Focus Group Practice*. London: Sage Publications.

Rabiee, P. & Moran, N. & Glendinning, C. (2009). Individual Budgets. Lessons from Early Users Experiences. *British Journal of Social Work*, 39, 918–935.

Riddell, S. & Watson, N. (2003). *Disability, Culture and Identity*. London: Prentice Hall.

Ristimäki, E. (2013). *Oman elämän päämies: Tutkimus Tiedän mitä tahdon! – projektin vaikutuksesta siihen osallistuneiden henkilöiden itsemääräämisoikeuteen ja elämänlaatuun*. (The Chief of His Own Life: A Study about the Impact of the Project "I know what I want!" into Self-determination and Quality of Life of the Project Participants.) Master´s Thesis, Jyväskylä University of Applied Sciences.

Rose, N. (2007). *Politics of Life Itself. Biomedicine, Power and Subjectivity in the Twenty-first Century*. Princeton University Press.

Roulstone, A. & Harris, J. (2010). *Disability, policy and professional practice*. London: Sage Publications.

Roulstone, A. & Prideaux, S. (2012). *Understanding disability policy*. Bristol, UK: Policy Press.

Saloviita, T. (2006). Erityisopetuksen oikeuttaminen ja vammaishuollon mallit. (The Justification of Special Education and Models of Disability Care.) In Teittinen, A. (ed.): *Vammaisuuden tutkimus*. (Researching Disability). Helsinki: Yliopistopaino, 120–151.

Sarangi, S. & Roberts, C. (1999). *Talk, Work and Institutional Order*. New York: Mouton de Gruyter.

Sarangi, S. & Roberts. C. (1999). The Dynamics of Interactional and Institutional Orders in Work-Related Settings. Teoksessa Sarangi, S. & Roberts, C. (eds.): *Talk, Work and Institutional Order*. Mouton de Gruyter, 1–60.

Satka, M. (1995). *Making Social Citizenship. Conceptual Practices from the Finnish Poor Law to Professional Social Work*. Publications of Social and Political Sciences and Philosophy. SoPhi, 1. University of Jyväskylä.

Schegloff, E.A. (1984). On Some Questions and Ambiguities in Conversation. Teoksessa Atkinson, J. M. & Heritage, J. (toim): *Structures in Social Action. Studies in Conversation Analysis*. Cambridge: Cambridge University Press, 28–52.

Sennett, R. (1998). *The Corrosion of Character. The Personal Consequences of Work in the New Capitalism.* New York: Norton.

Shakespeare, P. (1998). *Aspects of Confused Speech. A Study of Verbal Interaction Between Confused and Normal Speakers*. London: Routledge.

Shakespeare, T. (2006). *Disability rights and wrongs*. London: Routledge.

Siebers, T. (2008). *Disability theory.* Michigan: The University of Michigan Press, US.

Sosiaalihuollon lainsäädännön uudistaminen. Sosiaalihuollon lainsäädännön uudistamistyöryhmän loppuraportti (2012). (Report on the reform of the legislation of social care 2012). http://urn.fi/URN:ISBN:978-952-00-3249-4 (read in 14.6.2013) Sosiaali- ja terveysministeriön raportteja ja muistioita 2012:21. Helsinki: Sosiaali- ja terveysministeriö. Reports of Ministry of Social Care and Health 2012: 21. Helsinki: Ministry of Social Care and Health.

Strandell, H. (2002). On Question of Representation of Childhood Ethnography. In Cook, D.T. (ed.): *Symbolic Childhood. Series: Popular Culture and Everyday Life*. Vol. 5. Amsterdam: Peter Lang Academic Publishers, 17-35.

Sulkunen, P. (2006). Projektiyhteiskunta ja uusi yhteiskuntasopimus. (Project Society and New Social Contract.) In Rantala, K. & Sulkunen, P. (eds.): *Projektiyhteiskunnan kääntöpuolia*. (Counter-Sides of Project Society). Helsinki: Gaudeamus.

Suomen vammaisetuustilasto 2012. (Finnish Statistics of the Benefits for the Disabled in 2012).Helsinki: Kansaneläkelaitos. Tilastoryhmä.

Teittinen, A. (2010). Johdanto. (Introduction) Teoksessa Teittinen, A. (toim.): *Pois laitoksista! Vammaiset ja hoivan politiikka*. (Out of the Institutions! Disabled People and Politics of Care). Palmenia, Helsinki University Press, 5–8.

Thomas, C. (1999). Narrative Identity and the Disabled Self. Teoksessa Corker, M. & French, S. (toim): *Disability Discourse.* Sarjassa Disability, Human Rights & Society. Buckingham, Phildelphia: Open University Press, 47–56.

Topo, P. (2007). *Kohtaamisia dementiahoidon arjessa. Havainnointitutkimus hoidon laadusta asiakkaan näkökulmasta* [Encounters in the daily care of dementia. Ethnographic study on the quality of care from the point of view of client]. Helsinki, Finland: Stakes.

Tøssebro, J. & Bonfils, I. S. & Teittinen, A. & Tidemann, M. & Traustadóttir, R. & Vesala, H.T. (2012). Normalization Fifty Years Beyond – Current Trends in the Nordic Countries. *Journal of Policy and Practice in Intellectual Disabilities*, 9:2, June 2012, 134–146.

Vehkakoski, T. (2004). Professional Accounts of Services for Disabled Children in the Context of the 1990´s Finnish Economic Recession. Vol. 19, Issue 5.

Vesala, H. (2010). Hameennappi ja haalari. Tutkimus puhumattoman, vaikeasti kehitysvammaisen naisen itsemääräämisestä ja valinnanmahdollisuuksista. (Button and Overalls. A Study of Self-Determination and Freedom of Choice in the Life of Severely Disabled Woman). In Teittinen, A. (ed.): *Pois laitoksista! Vammaiset ja hoivan politiikka*. (Out of the Institutions! Disabled People and Politics of Care). Helsinki: Palmenia, Helsinki University Press, 123–161.

Williams, V. (2011). *Disability and Discourse. Analyzing Inclusive Conversation with People with Intellectual Disabilities*. Bristol: Wiley-Blackwell Publications.

Wodak & Fairlough (1997). Critical Discourse Analysis. Teoksessa van Dijk, T.A. (toim.): *Discourse as Social Interaction*. Discourse Studies, A Multidisciplinary Introduction 2. London: Sage Publications.

Yates, S. (2005). Truth, Power and Ethics in Care Services for People with Learning Disabilities. Teoksessa Tremain, S. (toim.): *Foucault and the government of disability*. Michigan: University of Michigan Press, Michigan, 65–77.

Young, I.M. (1990). *Justice and Politics of Difference*. Princeton, N.J.: Princeton University Press.

Zola, I. K. (1982). *Missing Pieces. A Chronicle of Living with a Disability*. Philadelphia, U.S.: Temple University Press, Philadelphia, US.

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FAIDD

Finnish Association on Intellectual
and Developmental Disabilities
Center of Research and Development
Viljatie 4 A, FIN-00700 Helsinki
puh. (09) 348 090
fax (09) 385 398

www.faidd.fi