

Designing Local Reform of Commons with Dialogical Tools

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Abstract

Dialog is crucial in the reform of local commons and in making them available and interesting to people in everyday life. Participatory action research, co-design of commons and service design, and participatory decision-making and change management all promote practicality and participation in development. This paper shows how, by engaging in dialog on these different theories of management science, design field, and research methods in a concrete case study, it is possible to bring people together to ideate, evaluate, develop and learn in a supportive atmosphere. The co-design approach and the service design process with its tools offers a concrete model for creating dialog between different stakeholders in possibly complex situations. The findings of this paper present the possibilities of dialog in the local reform of commons.

Keywords: Citizen participation, service design, decision-making, dialogical tools, public services

1. Introduction

Citizen-driven development can be an important asset and resource in future service production in the public sector. Citizen participation is already a common practice in many European and Finnish municipalities, and both young and old citizens are eager to engage in it. However, the current public service system does not support citizen participation to its fullest. Public services need innovative solutions to address the big social challenges that are taking place.

This research paper discusses how “the common language” is developed as a result of a dialog between service designers, citizens, and civil servants. Further, this common language is a prerequisite needed to develop and carry out co-design and co-management actions in the public sector. The service design process enables this dialog between different stakeholders when designing local reform of commons. Co-design changes the dynamics between individuals and communities, creating more collaborative relationships. It acts as an interface and connects organizations and citizens in a new way by providing a common ground where it is possible to try out new things. Service design can certainly help in producing new ways of participation and in allowing new ideas to flourish. The service design process consists of four phases: discovery, creation, reality check, and implementation (Mager 2009; Miettinen 2009, 13). The last two phases of the process—reality check and implementation—must in particular be more closely linked to the decision-making process.

In this paper, we contribute to the discussion of city commons and their design by combining the special characteristics of 1) participatory action research, 2) co-design of commons and service

design with its inclusive process, and 3) participatory decision-making and change management. This multi-disciplinary approach is needed to create a true dialogical process between citizens, civil servants, and service designers and to gain the benefits of service design as a transformative tool using citizens as resources in renewing public services. Special focus is placed on the dialogical dimension of the process in order to produce solutions that are good for a larger group of people.

On a practical level, the paper looks at horizontal co-operation in Finnish local reform, which was realized in the Kainuu region between 2014 and 2015 in renewing social and healthcare services. The empirical data were collected through participatory action research and analyzed through content analysis and pattern-matching logic (Jäppinen 2015a).

The aim of this paper is to show how by bringing together participatory action research, co-design of commons and service design, and participatory decision-making and change management skills, it is possible to design commons that have a positive effect on communities and create well-being for a larger group of people. First, this paper will present the research area, data, and methods that include participatory action research. Second, it will open up theories of co-design of commons, service design, participatory decision-making, and change management, which were relevant backgrounds for the Kainuu case study. Third, the Kainuu case and its findings will be presented along with an analysis of the case. Finally, the conclusions will be presented and some future directions and learned lessons will be discussed.

2. Research Methods and Data

Social and healthcare services are a central part of the Finnish welfare system. However, recent major societal challenges have forced the public sector to look for new innovative solutions and also change existing services. Action research provides a good framework for renewal. It emphasizes the practical dimension, focusing on change, participation, and the social aspect in the reform.

2.1. Kainuu Case Study

OECD countries have developed many new ways to foster openness of government and of service delivery, and to be receptive to citizen concerns. Open governance in this context is a government that provides citizens with information on decisions (transparency), on how to obtain their legitimate service (accessibility), and on how to be heard (consultation and participation). The Nordic countries and the United Kingdom have been pioneers in changing these structures (Blum and Manning 2009, 43–46). In this process, the role of Finnish local authorities providing welfare services is changing from that of service providers to service organizers. In the transition, individual local authorities will, to an increasing degree, form networks and provide welfare services in cooperation with other local authorities, businesses, and organizations (Jäppinen 2011b, 18–19).

Social and healthcare services are the largest local government function and a central part of the Finnish system of welfare services. Local authorities are responsible for performing social and healthcare services by law. They may provide these services alone or with other organizations or

private sector providers. In recent years, the sustainability gap in Finnish general government finances as well as changes in the population structure are creating pressure for reforms in service structures and organizational practices (Kuntaliitto 2014). Finland has conducted an almost continuous process of public sector reform over the last 15 years. One of the biggest reforms was the PARAS reform, which encouraged municipalities to either merge or increase horizontal co-operation.

The focus of this research paper is the Kainuu case study that was done between 2014 and 2015. The aim of this case was to redefine the role of the municipality in the multi-provider model of local services together with citizens. The new role in the health and wellbeing for municipalities was needed because social and healthcare services are provided after the PARAS-reform by the Social and Healthcare Division of the Kainuu region. Through the national PARAS-reform, Kainuu realized the biggest horizontal co-operation movement in Finland.

This horizontal co-operation was realized in Kainuu's regional experiment between 2005 and 2013 based on the Act of the Regional Self-Government Experiment by the Finnish Parliament. This is an excellent background for this research paper, as it is one of the most advanced regional developments in Finland. The aim of the experiment was to secure equal opportunity regarding basic public services for all citizens living in eight Kainuu municipalities. The experiment integrated special and basic social and healthcare services. Additionally, secondary education, regional planning, and development were arranged regionally over the eight years. This model was also considered to be a good alternative on a national scale (OECD Public Governance Reviews 2010; in Jäppinen 2015a).

The Association of the Finnish Local and Regional authorities and The Social and Healthcare Division of the Kainuu region started a citizen-driven development in local service reform first in Kajaani and then in other municipalities in the Kainuu region in 2014. The project was realized by service design methods and phases. In 2014, the first two phases, discovery and creation, were realized; in 2015, the two subsequent phases, reality check and implementation, were realized.

2.2. Participatory Action Research

The research in Kainuu was carried out as participatory action research. Action research has its origins in the work of Kurt Lewin in the 1940s (Costello 2003, 7). Action research has the four following characteristics (Denscombe 1998, 57-58; Costello 2003, 6): (1) it is practical, (2) it focuses on change, (3) the involvement happens in a cyclical process, and (4) it is concerned with participation. The research method itself is significant as the ongoing dialog is inbuilt, and it supports the networks developed during the research and development work.

Carr and Kemmis (1986, 184-186) describe action research as a self-reflective spiral of cycles of planning, acting, observing, reflecting, and then, again, planning (Figure 1). In the first phase, planning, researchers and participants together create the research problem and a common understanding of the current state of the research area. The second phase, acting, consists of piloting with different development methods. The third phase, observing, consists of data collection, for example, by interviewing, observing, and analyzing and by reporting the data to the participants. The fourth phase, reflecting, consists of evaluating the results and reflecting on

them against the theory. Then, the spiral starts again with the planning process (Jäppinen 2011a, 38).

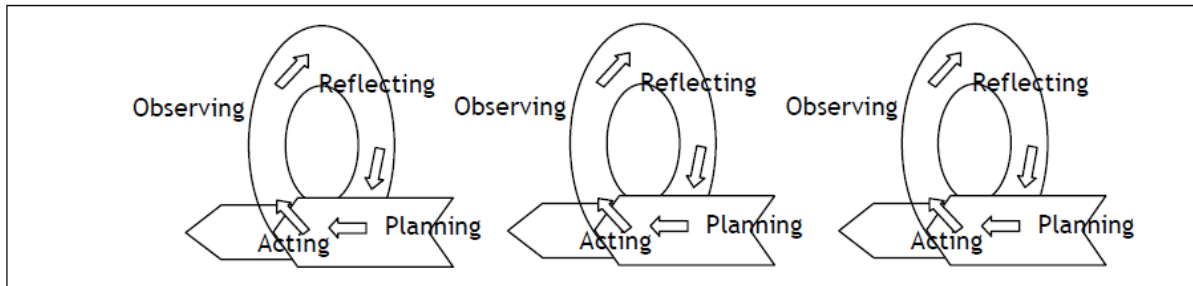


Figure 1. Action research as a self-reflective spiral of cycles of planning, acting, observing, reflecting, and then again planning. (Adapted from Carr and Kemmis 1986, 186)

This spiral model demonstrates the dialectical quality of action research. The spiral model also refers to its double dialectical quality, because this dialect is both individual (a researcher) and social (a collaborating group) action. The action research process is also a project aiming at a transformation of individual and collective practices and therefore becomes a program of reform. This transformation happens by learning because action research aims at the systematic development of knowledge in a community through dialog. Carr and Kemmis (1986, 192) describe action research as “a deliberate process for emancipating practitioners from the often unseen constraints of assumptions, habits, precedent, coercion and ideology” (Jäppinen 2011a, 38).

Kemmis and McTaggart (1988, 1; Kemmis 2008, 121) define action research as “a form of collective self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social or educational practices, as well as their understanding of these practices, and the situations in which these practices are carried out.”

According to Kemmis (2008, 122), this definition emphasizes that the research should be undertaken by participants collectively in researching their own situations, self-reflecting, and then committing to social change.

Recent thinking about action research emphasizes the social aspect. Kemmis refers to Habermas' (1987a, 1987b, 1996) analysis of social life in late modernity where organizations and institutions interact with one another. Discourse theory recognizes the various kinds of open spheres and communicative spaces of public discussion aimed at a greater understanding and transformation of social life, especially in crises. According to Kemmis (2008, 123), action research also needs to change from self-regulating individuals or transforming organizations to interaction between individuals and organizations to “a process of facilitating public discourse in public spheres.” In the Kainuu region's case, this change in focus of action research was pursued.

McIntyre (2008, 1) defines action research as participatory action research when the four following conditions are met: (1) a collective commitment to investigate an issue or a problem, (2) a desire to engage in self- and collective reflection to gain clarity about the issue under investigation, (3) a joint decision to engage in individual and/or collective action that leads to a solution that benefits the people involved, and (4) the building of alliances between researchers and participants in the planning, implementation, and dissemination of the research process (Jäppinen 2015a, 6-7).

Twenty years later, Kemmis (2008), after his article on “Participatory Action Research,” together with McTaggart (1988), wrote about “Critical Theory and Participatory Action Research.” In this

article, he writes a new definition of participatory action research as critical participatory action research and points out at the same time how participatory action research should be developed.

Kemmis presents the following critical comments (2008, 135-136):

- Participatory action research should be collectively undertaken by participants in social practice to achieve historical self-consciousness through collective deliberation and collective self-understanding.
- Participatory action research should be seen as a process where participants reflect critically and self-critically on their existing practices and historically formed understandings.
- The focus should be on opening a communicative space for reflection and mutual understanding, and on reaching shared insights and decisions on what to do.
- Participatory action research should try to intervene in participants' collective history by investigating their shared reality in order to transform it.
- The practical aim of participatory action research should be to act right and have emancipatory aims.

Research in Kainuu was carried out as participatory action research, taking into consideration the critical comments of Stephen Kemmis, one of its original developers (Jäppinen 2015a, 5-9).

2.3. Action Research in Healthcare

Action research is increasingly used in various community and institutional healthcare settings (Hughes 2008, 390). One of the reasons for its popularity is the need for multiple perspectives, repeated observations, and systematic feedback in situations that may change in unpredicted

ways. According to Hughes (2008, 390), action research's iterative cycles of action and reflection provide a robust model to increase our understanding of complex situations. Action research processes can also be used to monitor and improve the quality of health services (Jackson 2004 in Hughes 2008, 390) because action research cycles have much in common with cycles of continuous quality improvement in Australia, Canada, the UK, the USA, and several other countries. According to Waterman, Tillen, Dickson, and de Koning (2001; Hughes 2008, 390), action research describes, interprets, and explains social situations while executing a change intervention aimed at improvement and involvement. Their systematic review of 59 action research studies shows that action research is useful for developing innovation, improving healthcare, developing knowledge, and involving users and staff.

Waterman et al. (2001; Hughes 2008, 391) have also listed the key benefits and barriers to action research. Key benefits are commitment, talking/supportive culture, and management support. Key barriers are lack of time, energy and resources, lack of multidisciplinary work, reluctance to change, an unstable workforce, and lack of talking/supportive culture. In our opinion, these barriers can be circumvented by connecting action research ideology to practical service design processes and thus increasing dialogical aspects in development.

Waterman et al. (2001; Hughes 2008, 391) recommend action research to, first, innovate (e.g., to develop new services) and to improve healthcare (e.g., to monitor interventions). Second, they state that action research should develop understanding among practitioners and other service providers by, for example, promoting informed decision-making such as evidence-based practice. Finally, action research should also be able to involve users and healthcare staff by, for

example, investigating and improving situations with poor uptake preventive services. Hughes (2008, 391) recommends well-designed and well-implemented action research for truly complex situations or for when it is not possible to control the many variables in healthcare situations (Jäppinen 2015a, 7-8).

3. Co-designing Commons

Marttila, Botero, and Saad-Sulonen (2014) present an idea of commons design where processes are structured in particular ways of doing and managing design contributions and where contributors are not just designers, users, or producers but start to resemble a collective of commoners. In this chapter, the focus is on how commons, co-design, and service design are connected. Public services and their development create a platform where these different branches can come closer to each other than before.

3.1. Commons

Marttila et al. (2014) identified three different approaches to the commons: traditional commons, new commons, and activist/practitioner movements. In their opinion, traditional commons research focuses on understanding the role that institutional arrangements play in sustaining and managing shared natural resources, and new commons research focuses on forms of public/common goods and their “open commons” nature. The third approach sees commons as an activist/practitioner movement treating commons as a vehicle for social change and democratic governance. Here, commons are not seen as shared resources but rather as a relational quality that depends on actions and decisions taken by a group of people (Bollier 2014). This strand focuses more on the process of creating commons, sustaining commons, and governing commons (Marttila et al. 2014, 10).

Hess and Ostrom (2007) describe commons as “shared resources that are vulnerable to social dilemmas.” Ostrom’s commons theory focuses on the efficacy of social norms, the governance

structure, and the goodwill generated by face-to-face interactions. Negotiations occur in all commons organizations, but the emphasis of Ostrom's theory is not on negotiating per se but on the rules that structure the claimants' interactions and reward or sanction their behavior (Gil and Baldwin 2014).

Historian Peter Linebaugh (2009) wanted to portray aspects of the commons that are linked with activities and came up with the term "commoning." Recently, researchers and activists such as David Bollier and Silke Helfrich have also been advocating for the term "commoning" as a way of providing a new and necessary vocabulary to make visible both "the social practices and traditions that enable people to discover, innovate and negotiate new ways of doing things for themselves" (Bollier and Helfrich 2012). Commoning has also been explained as a design activity and "creating a commons culture" in partnership with other actors (Pór 2012).

Commoning thus encompasses the active nature of the commons, and the presence of active commoners that are taking part in the creation and maintenance of local and global commons (Marttila et al. 2014). Commoning and the creation of new services that support commons both have the potential to create all sorts of value: cultural vitality, an animated public realm, aesthetically improved places, and wellbeing for individuals.

In this paper, we are interested in looking at the process of designing social and healthcare services as a way of deciding about city commons and how those should be divided in a certain community. On the one hand, we are looking at what role design could have in enabling communities to work together and on the other hand how it could work as part of communities themselves. Here, the term "commons" is also expanding the definition of what design is or

could be when moving away from products to the direction of services, systems, and experiences.

3.2. Co-design

The idea and practice of co-design has been present within design for a long time. Co-design is about enabling people to work together and share information and ideas in dialog. In the service design field, a participatory and user-centered co-design process is seen as a means of creating more satisfying, desirable, and high-quality services. Good service design involves collaboration, engaging and interacting with people and contexts, constant and clear communication, smart human-centered solutions, and predictability, which are all achieved by following a co-creative process (Curedale 2013). Schuler (2007) states that “we can continue to cling to yesterday’s easy—and wrong—answers, or we can realize that we must cooperate or perish.”

It seems as if co-design and the participatory activities of design hold the key to creating services that produce a common good for individuals, communities, and society. The aim of common good is design that works to make life better (Frascara 2002) and designing with people, not just for them (Thackara 2006). Co-design empowers, encourages, and guides people to develop solutions that work for them. According to Sanders and Stappers (2008), co-design encourages the blurring of roles between user and designer, focusing on the process by which the design objective is created.

Co-design has its roots in a number of different areas of design that share a common perspective of the importance of people in the process. Co-design recognizes that people have assets such as

knowledge, skills, characteristics, experience, friends, family, colleagues, and communities, and they use these assets to support their health and well-being (Feeley and Mair 2012, 4). Co-design changes the dynamics between individuals and communities, creating more collaborative relationships. Frontline staff is more able, confident, and ready (than management) to accept user experience (Needham and Carr, 2009; Burns 2012, 13).

A number of design areas, with different names and contexts of use, have used co-design to create a positive impact in the public sector, governments, and society. The importance of who is involved in the process is the key to co-design, and this is where co-design differs most from user-centered design (Tan 2012). In service design, the aim is to involve all stakeholders, not just users. The Scottish Government and Convention of Scottish Local Authorities (CoSLA) see co-design and co-production as instrumental if we are to successfully shift the balance of health and social care and other public services that are focused on prevention and independence (Feeley and Mair 2012, 4; in Jäppinen 2015a, 14)

British scholars consider service co-production together with citizens as a radical and necessary method in public service renewal. British references describe the co-design and co-production of public services as an active process between people who use services and those who provide them. In this process, service users are on the same level as service providers. The aim of service design is to draw on the knowledge and resources of both parties in order to develop solutions to problems and improve the interaction between citizens and those who provide services (SCDC 2011; Needham and Carr 2009; Burns 2012, 13–14; Jäppinen 2011a).

3.3. Service Design for Public Services

Design is always connected to change, and by using the tools of design, a change for better can be achieved. Recently, multiple design domains have been used to make public services better and improve human well-being. Julier (2011) talks about activist designers who see opportunities in the changes in public sector practices and are interested in giving value to things. This may be in the forming of artifacts but also in various other sorts of capital like social or knowledge capital. According to Frascara (2002), the public good must be the most important objective of design activity.

In design, people are not considered a challenge but instead a part of the solution. This is a rather new concept in the public service domain. Design is playing a mediating role in shifting perceptions of public services from their being a state provision to a state service (Julier 2011). Services have a role in shaping the relationship between a government and its citizens. In the public sector, co-design is a way to understand the impact on the lives and the experiences of citizens and to reduce negative impacts while enhancing the positive ones (Junginger 2012).

More and more people are attempting to solve daily problems together and are collaborating with each other to live more socially cohesive and sustainable lives (Manzini and Staszowski 2013). In the public sector, co-design is seen as a strategic tool at least in two contexts: first, government-chartered design innovation offices in which the goal is to use design methods to involve the public more fully in the development of policies and to improve service delivery (Dragoman, Drury, Eickmann, Fodil, Kühl and Winter 2013). Second, design strategies are also being used to help public agencies develop programs that facilitate effective citizen-led service

efforts. These kind of co-produced social innovations are often fragile and highly localized (Manzini and Staszowski 2013). Where activities are co-produced in relationships between stakeholders, both services and neighborhoods become far more effective agents of change (Dragoman et al. 2013).

The service design for public services is deeply rooted in human-centered ideology. Service design needs to position itself in the public contexts of policy-making and to understand its role in contributing to social justice, social empowerment, and social coherence (Junginger 2012). Citizens' participation in political decisions is an essential feature of public identity and, ultimately, democracy. While the social benefit state becomes less affordable, a growing public spirit emerges (Meurer 2002).

The first decade of the 2000s saw the introduction of the concept of user-drivenness in international and Finnish innovation policy. According to Prahalad and Ramaswamy (2004, 6–7), the change of customer and client roles from a passive buyer to that of an active player took place at the turn of the millennium. In Prahalad and Ramaswamy's view, customers were passive consumers and buyers as late as the 1990s. In the 2000s, consumers became active players and part of business networks; at the same time, they became co-developers, collaborators, and even competitors. At the European level, Denmark, Finland, Germany, and Sweden are the innovative leaders (Scoreboard 2011), and Finland was even the leader in firms collaborating with suppliers and clients in 2008–2010 (Scoreboard 2013).

The Finnish government programs of the early 2000s and the national innovation strategy adopted in 2008 have also aimed to safeguard opportunities for citizens in the public sector to develop services as service users. The newest national strategies, the Design Finland program and the Customer Strategy for Public Government from spring 2013 and the Local Government Act (410/2015) from spring 2015 highlight that service users should also be regarded as co-creators. At the same time, new innovative user-driven methods of citizen participation have become available, for example, methods of service design. Service design (Moritz 2005, 5) as a science and a method integrates management, marketing, research, and design. It also acts as an interface and connects organizations and customers in a new way. Many Finnish cities—Helsinki, Espoo, Tampere, and Oulu among them—have customer-driven and user-driven orientation as a part of their strategy. However, both international and Finnish studies show that it is not yet common practice for local authorities to plan and provide services in co-operation with citizens (Jäppinen 2011a).

3.4. Service Design Process

Service design could be described as a design process that contributes to improving human well-being and livelihood. The current situation could be changed for better through the design process. The service design process has its roots in industrial designs' iterative, creative, and user-centered process models. The most known service design process model is called Double Diamond. Divided into four distinct phases—Discover, Define, Develop and Deliver—it maps how the design process passes from points where thinking and possibilities are as broad as possible to situations where they are deliberately narrowed down and focused on distinct objectives (Design Council 2015). Process, and the different methods connected to it, is the

strongest tool service design can offer to the design of commons. This research uses the previously described Mager's (2009) model. Mager's process also has four phases starting from discovery and ending in implementation (Miettinen 2009, 13).

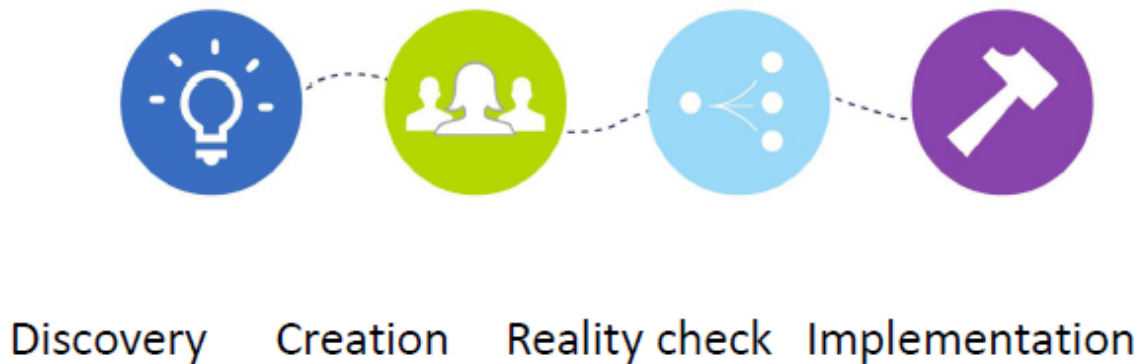


Figure 2. The four phases of the service design process. (Mager 2009; Miettinen 2009, 13).

The *discovery phase* starts by observing the daily life of citizens, for example, by means of ethnography. Understanding the customer and collecting customer information means finding out and learning about the customer's latent and conscious needs. It also means finding out about the context, and understanding what possibilities this context offers, or what constraints it places, in terms of new service and business opportunities (Moritz 2005, 125). The everyday lives of citizens can be observed or shadowed through design ethnography and design probes, or more traditional tools such as interviews and enquiries (Hämäläinen, Vilkkä and Miettinen 2011, 61–73). Information about the service context can be gathered through stakeholder and context analysis (Moritz 2005, 126).

At the *creation phase*, the information collected earlier is first analyzed in order to identify problem areas or new service needs. Customer profiling and customer journey mapping tracking

customers' use of services can be used as tools for such analysis. After the analysis, new service concepts are created based on the new ideas (Koivisto 2007, 8–9). New services can be created with the help of role-play and experience prototyping in consultation with customers. A co-design workshop is one way of including a large group of people, such as service users, producers and designers, in the planning process at an early stage (Mattelmäki and Vaajakallio 2011, 80).

In the *reality check phase*, jointly created service concepts can be tested with prototypes before implementation. Service concepts can be illustrated and tested using methods such as scenarios and visualization (Miettinen 2011, 119). A quick way of modeling user experiences is to use rough paper models; service processes and human interaction can be tested by means of storyboarding, and the entire service system can be visualized with service blueprinting. The aim of prototyping is to produce new information about the planning process and to offer different alternatives for decision-making (Vaahtojärvi 2011, 133–134).

In the *implementation phase*, a well-functioning model selected on the basis of the tests is defined as the final product or service. A business plan is often drafted at this stage, together with a blueprint outlining in detail how the service system will be implemented. A personnel training plan and guidelines for service introduction are also typically drafted at this stage. The service should always be improved based on real user experiences gained after its implementation (Moritz 2005, 145; in Jäppinen 2015b).

4. Decision-making and Change Management in the Public Service Sector

This research paper studies the Kainuu case and tries to demonstrate how the traditional decision-making process can be renewed using co-design and service design tools in ideation and implementation phases. This approach transforms the decision-making process into a more dialogical one.

4.1. Participatory Decision-making

There are two channels through which citizens can participate in public service reform: the traditional way of participating in decision-making on services through representative or direct democracy and a new, more innovative way where citizens participate in the planning and development of service provision through user-driven innovation activities (Jäppinen 2011a).

The Finnish Constitution (731/1999) and the Local Government Act (365/1995) lay down provisions on public participation and influence. In Finland, the objectives of the government programs from 1995–2003 enhanced public participation and influence, welfare and openness, and publicity of governance. The Ministry of the Interior set up the citizen participation program in order to increase direct participation as a way to complement representative democracy. The report on the increase in direct participation, drafted in 2002, groups the forms of participation into four categories, which are participation through information, participation through planning, participation through decision-making, and participation through direct activities (Direct participation 2002, 3–4).

Participation in decision-making can be increased in every step of the decision-making process in the public sector (Figure 3). Compared to service design and innovation theories, the data of this study shows how citizens are eager to participate even in co-production of services.

However, the traditional way of participating in decision-making through representative or direct democracy does not support such an initiative. In the future, the design process requires stronger interactions with the decision-making process, stakeholders, and designers. We believe it can happen when more focus is directed to the dialogical aspects of the process.



Figure 3. Four phases of the decision-making process in the public sector.

In the first phase, *initial* participation through information refers to citizens' right to receive and produce information. The forms of this type of participation are, for example, communication to, and consultation of, citizens by the municipality, responding to queries, and service commitments. In the second phase, *preparatory* participation through planning refers to the interaction between the municipal organization and local people in issues related to planning. It takes place on a deeper level than participation through information; examples include community planning and city forums. In the third phase, participation through *decision-making* means that citizens participate in decision-making on service provisions or on issues concerning their own neighborhoods. The forms of participation through decision-making include, for

example, neighborhood committees that are chosen by the citizens and have been delegated decision-making power from the city council. In the last phase, *implementation*, participation through direct activities refers to citizens' own activities in their living environment, or environmental regeneration and maintenance and service provision carried out as voluntary work (Direct participation 2002, 4–5; Jäppinen 2011a).

Participation in decision-making has evolved considerably over the past decades. A total of 86 percent of all Finns had used at least one of these forms of participation (Sjöblom 2006, 246–249). According to research in 2012, direct participation is user-democracy, wherein the local council has delegated decision-making power to service users, for example, to the members of neighborhood committees. Only 10 percent of the existing 63 intra-municipal organs in Finland had any effective competence or decision-making power. The other organs could be characterized as forums for dialog between the municipality and its citizens without any connection to service planning, development, or decision-making (Pihlaja and Sandvik 2012; in Jäppinen 2015a; 2015b).

4.2. Change Management

Changing organization and its culture from traditional to user-driven organizations is a challenging task. The research findings of Beer and Nohria (2000 in Holbeche 2006, 6) show that around 70 percent of change programs fail. Innovation and change are over-lapping phenomena (Osborne and Brown 2005, 5). Osborne and Brown (2005, 90–91) divide the change processes in public services and public service organizations into two different groups: wide-ranging, transformational changes on the one hand and small-scale incremental changes on the

other. Wide-ranging, transformational change can be described as a radical alteration with accepted patterns of organizational behavior and operation. Successful organizational transformation can only be achieved with strong leadership, led by an inspiring vision for the organization, and bringing together a diverse range of stakeholders to implement the vision. Achieving this vision also requires identifying organizational barriers inside the organization (Osborne and Brown 2005, 90-91). Radical change aims for strong and fundamental shifts in the organizational activities, whereas incremental change is a slow-shifting reform. Change processes can exhibit features from both these models at the same time (Stenvall, Majoinen, Syväjärvi, Vakkala and Selin 2007, 25; in Jäppinen 2015a; 2015b).

The literature outlines two main methods of implementing organizational change: top-down and bottom-up approaches. A top-down approach to change is initiated and implemented by the management. A bottom-up approach to change requires broad dialogic change communication and employee participation. It is considered to be a more time-intensive process than the top-down approach but is successful in producing more profound change in organizational behavior and operation (Stenvall et al. 2007, 27–28; in Jäppinen 2015a; 2015b).

The change process can start by analyzing the environment (Osborne and Brown 2005, 12). PEST Analysis or high quality future-oriented SWOT Analysis can help the organization connect the long-term future challenges, in the form of different scenarios, to the strategy process and take notice of new possibilities and innovations. These new innovations must be fitted within current and future strategies. The final alternative courses of action are then reviewed against the organization's vision, which involves making an estimate of the resources required for new

service concepts together with a risk analysis for the resources (Meristö, Molarius, Leppimäki, Laitinen and Tuohimaa 2007, 11–13; in Jäppinen 2015a; 2015b).

The choices that an organization makes (Kettunen and Meristö 2013, 18) also depend on whether the chosen strategy is proactive or reactive. An organization that wishes to actively shape the future takes advantage of the possibilities offered by the scenarios, despite growing risks. A defensive organization tries to prepare for, and minimize, any future risks presented in the scenarios. The final selection of new courses of action is made within these boundaries. Strategy-based development cannot solely rely on an “inside-out” organizational approach; the chosen approach must be “outside-in.” This approach can be expanded, for example, with networks, or by using analogy models (Meristö et al. 2007, 21). Implementation should not be initiated until the basic purpose of change is understood (Bruch, Gerber and Maier 2005, 106; *in Jäppinen 2015a; 2015b*).

A change process can be pursued in different ways. The contents of a change process can be determined (Stenvall et al. 2007, 33) via a managerial process, auditing, the building of feedback systems, or a conscious learning process. A managerial process is implemented through a strategy process or a development project. An auditing process provides information about the opinions of political decision-makers and citizens on renewal. A learning process generates new information and best practices to support change. In the context of a wide-ranging, transformational change, researchers (Pfeffer and Sutton 2006, 178) emphasize episodes, which make it possible to address existing problems together and strengthen belief in the

appropriateness of change. Continuous auditing is considered as a means to enable seamless implementation of a chronologically long change process (Jäppinen 2015a; 2015b).

According to Bruch et al. (2005, 100–101), promotion of a change process requires the following (1) the basic purpose and the goal of the change should respond to the needs of the current context of the organization, (2) the change process has a clear focus, (3) the senior management is committed to the change, and (4) change and the organizational culture are compatible.

4.3. Change Agents

The literature on organizational change also lists different kinds of change agents (Holbeche 2006, 21–25). Key agents of change include the senior management, line managers, personnel managers, and specialists such as development, financial, IT, and business managers, together with stakeholder representatives and external consultants. What is common to these groups is a position at the very top of the organization because only they have the power and resources needed to embed cultural change across the organization.

Senior managers have a crucial role in this. The strategies they create and their own perceptions reflect the scope of change, including where the process of decision-making should take place and to what extent stakeholders and the whole staff should be committed to change. The role of the senior management is usually that of a sponsor: they oversee but do not, themselves, manage change. It is the responsibility of the senior management to prevent resistance and to encourage those who implement change (Holbeche 2006, 21; in Jäppinen 2015a; 2015b).

The role of top political decision-makers differs from that of the senior management. Politicians may be motivated by a desire to improve social welfare or the quality of life of citizens.

Politicians can also have personal reasons to encourage change and innovation, for example, a wish to improve their own personal status or reputation or even to write their name in history.

Political decision-makers need different skills to support change; they must have rhetoric and persuasive powers as well as the ability to mobilize social and financial support (Windrum 2008, 12–13; in Jäppinen 2015a; 2015b).

Line managers, too, have a crucial role in change, because they act as conduits to official information, they create the climate appropriate to the desired cultural change, and they can decide whether change is implemented from top-down or from bottom-up by involving the staff in a participatory way. They play a key role in realizing employee potential through either implementation or in acting as gatekeepers to counter resistance to change (Holbeche 2006, 21–22; in Jäppinen 2015a; 2015b).

HR management has the opportunity to affect the implementation of change by working with leadership teams, developing people strategies, and providing management training and through reward systems and recruitment practices. Other specialists can act as change facilitators in their own roles. Holbeche (2006, 25) notes that having a good project manager and staff is not enough to implement change because change is largely about managing people and requires a holistic understanding of the strategic, symbolic, rational, emotional, and intuitive aspects of change (Jäppinen 2015a; 2015b).

Today, the governance in modern society is also governance of complex networks. These networks are formed from different national, regional, and local actors, which can be political, public, and private organizations (Kickert, Klijn and Koppenjan 1997, xvii–2, 39). Municipalities or regions can act as network coordinators and use this role in renewing public service production and changing its logic by developing a regional service cluster. (Jäppinen 2011a).

Decision-makers can promote larger structural renewal by supporting forming of new networks and social capital between new communities. This kind of network policy consists of foresight and strategy processes, which build up common understanding, co-creation, and network strategies along with coordination of different actions supporting solving complex societal problems. This policy at its best can support collective learning processes in the network and enable coordinated structural change (Hämäläinen and Heiskala 2004, 67; in Jäppinen 2011a).

5. The Kainuu Case: Reform of Local Social and Healthcare Services

The case study was realized in two phases. In 2014, the first two phases, discovery and creation, of the service design process were realized. This continued in 2015 with the two following phases, reality check and implementation. During these years, all activities were planned and realized in a participatory, open, and co-creative way. This supported the dialog between different professions but more importantly between professionals and citizens. Citizens were acknowledged as creative individuals who have lots of everyday knowledge that can be used in the reform of local services.

5.1. Two Phases of the Case Study

The purpose of this case study was to develop a framework for using citizen participation as a systematic development tool in renewing social and healthcare services. The research was conducted as data-driven participatory action research. The research proceeded as a dialectical process of creating new knowledge of the phenomenon under study through a case study and several parallel theoretical literature reviews (Table 1).

Table 1. Literature and service design processes, phases, and tools used in the city of Kajaani and the Kainuu region 2014.

Phase	Aim	Participants	Data collecting method/Primary/Secondary	Literature Review
Discovery	Understanding the service providing organization and the domain of the problem	Stakeholders Civil servants	Interviews Focus groups Kick-off event/ Strategies Statistics	Participatory action research
	Understanding potential users, customers and customer insights	Young < 25 years Elderly > 65 years	Service maps Design probes/ Statics	Service design
Creation	New service concepts	Stakeholders Civil servants	Customer profiles Empathy maps Business model canvas	Open innovation
	Kajaani and Kainuu	Private and third sectors Decision-makers	Service blueprint	Change management
Reality check	Testing and prioritizing the services/concepts	Customers Stakeholders Private and third sectors Decision-makers	Participatory budgeting	
	Kajaani and Kainuu	Customers Stakeholders Civil servants Private and third sectors Decision-makers	New service concepts based on personas and canvases Rapid prototypes	
		Municipality Think Tank	Open discussion about the results with other cities	
Implementation	Realizing the final service	Not done in this case study		

The main findings of the first year of the case and service design process are that citizens are increasingly being included in the discovery phase and the generation of ideas. Citizen-driven development is a common practice in Finnish municipalities, and both the young and the old are eager to participate. Service design as a method makes their conscious and latent needs visible to developers, and new ideas flourish. Citizens are eager to participate even in the actual co-production of services, volunteering to help their neighbors and relatives by offering transport, clearing snow, and assisting in shopping. The current public service system does not, however, support such initiatives. The development of new service concepts, including the last two phase's

reality check and implementation, needs to be more closely linked to the decision-making process (Jäppinen 2015a).

The second phase of the research started in 2015 based on the results of the first year in Kainuu. The second year in 2015 consists of the last two phases in the new service development process, reality check and implementation. The generation of ideas phase produced 27 different concepts for local services. These concepts were presented to the decision-makers in the beginning of the second year. The focus in this second year is on dialog—that is, what kind of dialog there should be between citizens, service providers and decision-makers—in order to implement and evaluate new user-driven concepts. The decision-making process is done parallel to the last phases of the service design process. Service design methods are used when suitable in the decision-making process.

5.2. Working in a Dialogical Way – Six Workshops

The process consisted of six different workshops (Figure 4). The workshops were called Dialogical presentation—Think Tank, Choosing the concept, Kick Off for planning, Indicators, Participatory workshop, and Kick Off for piloting. These workshops were conducted over 2014–2015.

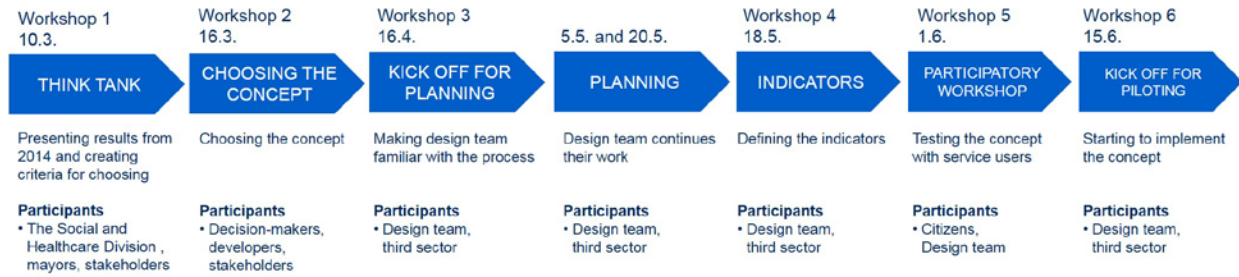


Figure 4. Different phases of the second year. (Adapted from Jäppinen and Nieminen 2015)

5.2.1. First Workshop: Dialogical Presentation—Think Tank

The aim of the first dialogical presentation was to recognize the impact of new themes and approaches that have risen from customer insight into new service development and decision-making in the future. Some of the questions that were asked were, “How is wellbeing defined from a citizen’s point of view?” and “What are the future methods for developing and managing user-driven service development?” This first workshop defined the criteria for choosing one of the 27 concepts for reality check and implementation together with decision-makers (Table 2). Decision-makers consisted of representatives from the Kainuu municipalities and from the board of the Social and Healthcare Division of the Kainuu region. The workshop first discussed criteria according to the regional plan “Renewing Kainuu 2025,” which lays out the long-term objectives for the region, and finally voted for the criteria to choose one of the concepts for pilot.

Table 2. The first workshop chose the following criteria to select the concept for piloting future well-being services at the local level (Adapted from Jäppinen and Nieminen 2015).

Criteria	Important	No
Supports community and co-operation	17	0
Target group and its needs	16	0
Multiprovider model (public, private and third sector, citizen)	12	1
Added value (benefit)	7	0
Effectiveness of the service	5	0
Strategy-based	3	0
Local service	3	0
Ready for implementation (in 2015 budget)	3	0

5.2.2. Second Workshop: Choosing the Concept

Decision-makers participated in the second workshop and chose the concept for the pilot. This workshop started by repeating the commonly chosen criteria in the first workshop. After this, decision-makers were ready to choose the concept. The “May I help you” concept was chosen for the pilot. This concept was developed during the first year of the Kainuu case, as the targets group of the concept were young and elderly people outside of the labor market or education possibilities. In the “May I help you” concept, youngsters provide help to local elderly people with daily chores—from carrying shopping bags, fetching the post, and providing company on daily walks.

The “May I help you” concept aims to improve social skills, wellbeing, and the ability to work among young people outside of the labor market or education possibilities and to complement public services. In the ideation phase, a gap was found between these two target groups, in that young and elderly people outside of the labor market or education possibilities did not normally meet at all during their daily lives (Figure 5). The focus, when developing this concept, should be to identify concrete ways or services to bring these two groups closer to each other (Figure 6). This is also a matter of decision-making.

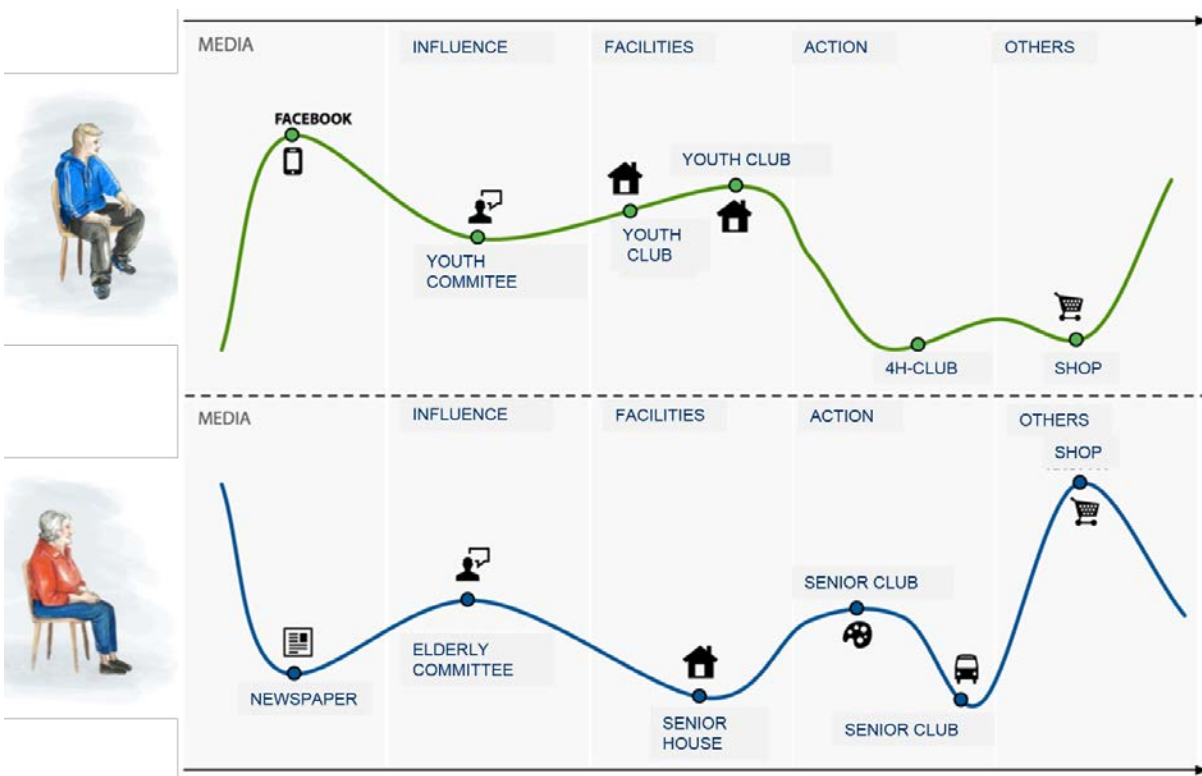


Figure 5. The “May I Help you” concept is designed with youngsters and elderly people in order to narrow the gap between these two target groups and promote well-being among both groups (Adapted from Jäppinen and Nieminen 2015).



Figure 6. The value of the “May I help you” concept lies in promoting the well-being of young people by strengthening the sense of communality and improving people’s sense of self-esteem and preventing loneliness among elderly people at the same time (Adapted from Jäppinen and Nieminen 2015).

The second task in the workshop was to fill in the stakeholder map in order to identify different organizations and their representatives in the reality check phase of the “May I help you” concept (Figure 7). Through these two workshops, decision-makers participated in the planning of the new concept and started the pilot, which had its origins in customer insights and their needs.

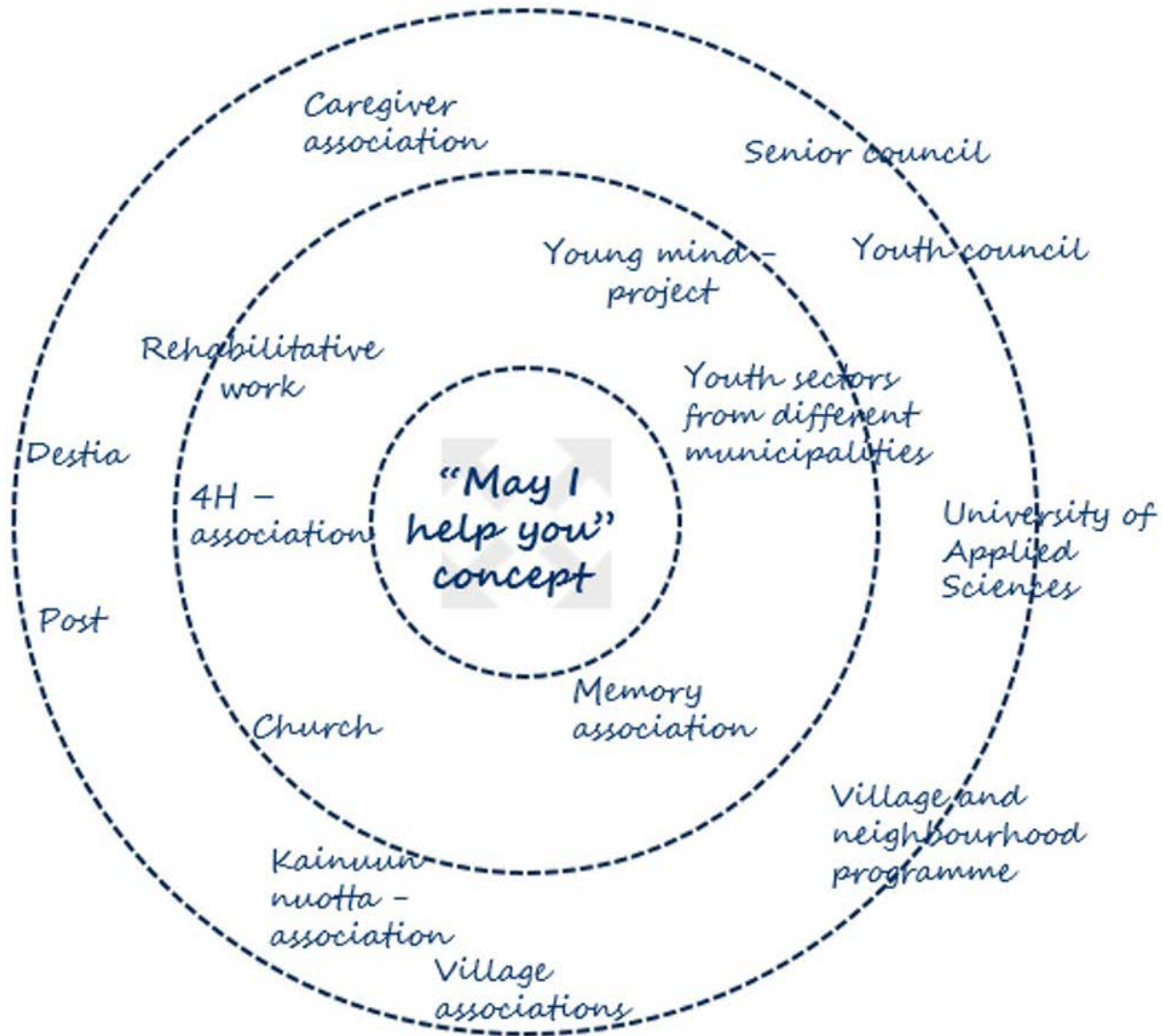


Figure 7. Stakeholders for developing the concept were identified with the help of a stakeholder map (Adapted from Jäppinen and Nieminen 2015).

5.2.3. Third Workshop: Kick Off for Planning

The third workshop started the reality check phase of the “May I help you” concept. Participants in this workshop formed a design team later, which was responsible for realizing the concept.

Participants were representatives from churches, different associations, and the board of the Social and Healthcare Division of the Kainuu region. The earlier process and backgrounds of the

concept were repeated at the beginning of the workshop. A service design tool—empathy map—was used to familiarize participants with the target groups (Figure 8). Different needs of the target groups were identified by using another service design tool, a story board (Figure 9). As a last task, the design team discussed their own expectations and hopes for the concept.

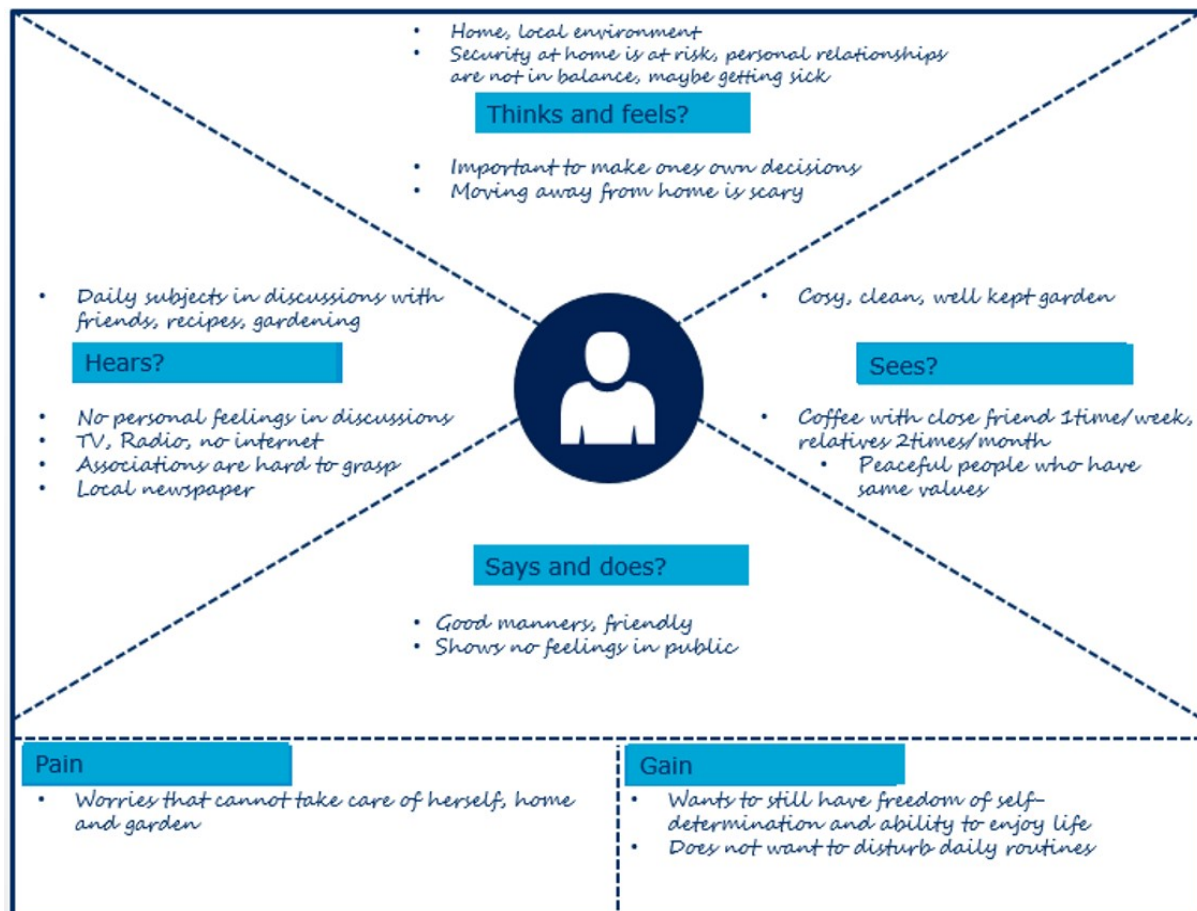


Figure 8. Different needs for these two target groups were identified with the help of the empathy map (Adapted from Jäppinen and Nieminen 2015).

Person who snuggles at her home



Figure 9. Storyboard was used as a tool to identify how to respond to different needs of these two target groups (Adapted from Jäppinen and Nieminen 2015).

5.2.4. Fourth Workshop: Indicators

Reports and evaluation are highly valued in decision-making. Concrete means for evaluating and monitoring are an essential part of co-operation between service development and decision-making. The fourth workshop concentrated on discussing new indicators of citizens' wellbeing and happiness. To the workshop were invited decision-makers from different municipalities in the Kainuu region and from the board of the Social and Healthcare Division of the Kainuu region.

First, the “May I help you” concept was introduced to decision-makers, and then they discussed the feasibility of the concept and what kind of decisions were needed in supporting the model. After discussing concrete actions and decisions to support the “May I help you” concept, participants started to discuss indicators to follow the benefits and effectiveness of the concept. This work started by looking again to the criteria that these same decision-makers used in the first workshop for choosing the concept (Table 3).

Choosing criteria and indicators for the concept are elements that connected decision-making to concept development. Participants discussed indicators for each criteria and how each of these criteria would be measured (Table 3).

In the workshop, decision-makers had the possibility to influence concepts implementation. The decision-makers’ role is significant to the concepts’ future in demarcating the road, promoting and supporting actions, and monitoring its indicators. Additionally, their expectation of the concept and their role as concept owners was stronger after the workshop.

Table 3. In the fourth workshop, the criteria and indicators, and how they are measured, were discussed (Adapted from Jäppinen and Nieminen 2015).

Criteria	Indicator	Measurement
Impact	Easiness of everyday life	Experience information
	Number of new practices	Number of services made
	Reliability	Need for coordination decreases
	Alcohol assumption diminishes	Statistics
	Net emigration	Number of emigrants
	Social skills	Survey, diaries
	Activity increases	
	Loneliness and passivity diminishes	Youngster as a spokesman to a community

5.2.5. Fifth Workshop: Participatory Workshop

Future users and providers of the concept were invited to the fifth workshop. Participants consisted of young and elderly people and representatives from public and private sectors working with them. The concept, phases, and actions needed in the reality check phase were introduced to them. The focus in the fifth workshop was on testing the implementation of the concept and obtaining feedback from the users on its feasibility. Future actions varied from encounters to community actions. As a simple example of future actions, an elderly person cooked a meal together with youngsters in a youth center. One of the most challenging examples of community actions were accommodation facilities provided to youngsters in an elderly home as a reward for their daily help.

Participants were discussing the actions in groups and giving their comments and development proposals. Even the number of participants was not big, and users' response in the workshop was positive and enabled implementation of the concept. At the same time, decision-makers and users' dialog in co-creation was strengthened in the workshop. The multiple roles of decision-makers were also witnessed in this workshop.

5.2.6. Sixth Workshop: Kick Off for Piloting

The original aim of the sixth workshop was to start a service pilot after the creation and check-up phases. Because the "May I help you" concept was modified to community aid instead of pure service, the workshop focused on multiple variations of community aid with different service providers and representatives of public, private, and third sectors together with decision-makers. Each of them could choose one action and plan the actions and partners needed to facilitate its realization. The "May I help you" concept continued to develop, and one of the new concepts involved new living arrangements (Table 4).

Table 4. New living arrangements comprise one of the new “May I help you” concepts.

(Adapted from Jäppinen and Nieminen 2015)

New living arrangements

<p>Short description: Elderly persons need aid in their everyday life, but for now taxation and housing benefit do not allow service models that would benefit both generations at the same time.</p>	<p>Desirable result: New model for living, that encourages young and elderly persons to daily interaction and care.</p> <ul style="list-style-type: none"> - Bringing people and housing together – creating communities - “Bypassing” the rules - Helping as a form of payment -> Taxation? - Houses owned by the elderly or associations
<p>How to implement “May I help you” concept?</p>	<p>Responsibility: The Social and Healthcare Division/City/Municipality/ Church</p> <p>Other partners: Employment agency, village committees, associations, patient, care giver, educational institution</p> <p>Time table: 1+ year</p> <p>Measurement: Number of pilots, implementations</p>

This workshop crystallized how extensive support from decision-makers is needed in order to implement the new concept. Decision-makers’ concrete support is needed to push new concepts through the decision-making process. Few private or third sector organizations wanted to be in charge of implementation, which challenged public sector and its decision-makers even more to make use of collected customer insight and needs through the whole service network. A new kind of dialog between service development and decision-making was created (Table 5).

Table 5. New kind of dialog between service development and decision-making (Adapted from Jäppinen and Nieminen 2015).

Phase in decision-making process	Initial	Preparatory	Decision-making	Implementation
Participation methods	Decision of starting the process		Decision to continue the process and keep financing it Choosing criteria Choosing the concept Selecting indicators	Making budgetary decision to support the implementation
Participants	The board of the Social and Healthcare Division of the Kainuu Region	Mayors, decision-makers, service producers	The board of the Social and Healthcare Division of the Kainuu Region	Mayors, decision-makers, service producers
Common phases to both participant groups		Analysis, Presenting customer insights to service providers, Participatory budgeting New service ideas, Prototypes	Concepts Action plan	Implementation
Participants	Citizens	Citizens	Citizens	Citizens
Participation methods	Collecting customer insights			
Phase in service design process	Discovery	Creation	Reality check	Implementation

Dialog between citizens and decision-makers is the focus of the new citizen-driven decision-making process. It presents a way to identify services through the bottom-up approach and citizen needs and allows citizens to participate in the development and decision-making processes of local services.

5.3. Analysis and Findings of the Case

The case study was carried out as a participatory action study and was conducted through a service design process. The main empirical data collection methods were service design methods such as design probes, interviewing, design workshops, customer journey maps, profiles, empathy maps, business model canvases, participatory budgeting, and prototypes. One of the most desirable techniques for case study analysis is to use pattern-matching logic (Yin 2014, 143). Here, the empirical data was analyzed through pattern-matching logic.

This analysis compares empirically based findings with predicted patterns based on theory. In this case, these theories are 1) participatory action research, 2) co-design of commons and service design, and 3) participatory decision-making and change management. These theories were presented earlier in the paper. In conclusion, special emphasis is given to how these theories were present in the case, especially from a dialogical point of view.

5.3.1. Participatory Action Research

Action research is participatory action research when the four following conditions are fulfilled (McIntyre 2008, 1). First, there should be a collective commitment to investigate an issue or a problem. Second, there needs to be a desire to engage in self- and collective reflection to gain clarity about the issue under investigation. Third, there should be a joint decision to engage in individual and/or collective action that leads to a solution that benefits the people involved. Fourth, alliances should be built between researchers and participants in the planning, implementation, and dissemination of the research process. In the planning phase, the collective commitment to the development process and its aims—to define the role of the municipality in the multi-provider model of local services together with citizens and to scale this model at the regional level in the Kainuu region—were decided in a joint kick-off meeting for the city of Kajaani and the Kainuu region. The decision to use participatory action research and ongoing dialogical process throughout the whole development process was a way to secure an open organizational learning process. A design team consisting of representatives from the research group, service designer, and stakeholders formed an alliance that made self- and collective reflections both before and during each workshop.

According to Waterman et al. (2001; Hughes 2008, 391), in the first research year, participatory action research should first of all concentrate on innovating, for example, developing new services and improving healthcare and monitor interventions. Second, they state that action research should develop an understanding of practitioners and other service providers, for example, by promoting informed decision-making such as evidence-based practice. Finally, action research should also be able to involve users and healthcare staff, for example, by investigating and improving situations with poor uptake preventive services. All three recommendations were fulfilled in this research, because in the first year, it concentrated on service design process with vulnerable citizens and healthcare staff, and, in the second year, on informing decision-making to develop preventive services.

5.3.2. Co-design of Commons and Service Design

Service design tools such as stakeholder map, empathy map, and storyboard, which emphasize concreteness, helped different stakeholders to work together in a dialogical way. The process of service design aimed for concrete solutions, which forces people to think and act together in order to produce solutions that would be good for a larger group of people. This co-creative process also allowed the emergence of totally new concepts in social problems like loneliness, as we showed through the “May I help you” concept. Through these tools and process, deep peer-to-peer learning happened. Participants were able to see the same service idea from different points of view and contribute to that which made the concept even stronger.

In this case, closed common, social and healthcare services, were brought close to stakeholders and opened up for dialog through the co-design process. Citizens had an active role in the development of new local service and community aid instead of traditional social and healthcare services that would fit better into their local everyday lives. As different groups of people discussed and participated in a dialog in multiple workshops, motivation for owning the concept and engagement to it socially increased. Here, people were seen as resources for development. This was also seen in the “May I help you” concept, where citizens played a truly active role in producing the service compared to many other social and healthcare services where the role of the user is much more passive.

It was found that citizens can work with professionals and other stakeholders in order to produce new innovative service ideas. These ideas need to be supported by decision-makers so that those will progress from concept idea to reality. The combination of participatory action research, service design, and change management supported developing from the beginning of the process until the end.

5.3.3. Participatory Decision-making and Change Management

The second year of the research started from the notion that the current public service system does not support new citizen-driven initiatives. The development of new service concepts, including the last two phase’s reality check and implementation, needed to be more closely linked to the decision-making process. Because of this notion, the service design process was opened to decision-makers and change management using action research as a way to promote informed decision-making with evidence-based practice from commonly chosen concept criteria,

choosing the concept, and testing and evaluating the pilot together with service-users, developers, and service producers.

According to Meristö et al. (2007, 21), this decision-making and change management process also started s strategy-based on an “inside-out” organizational approach but soon expanded with networks to the “outside-in” process.

Two central features in the process have been open governance and multi-governance. In open governance, individual local authorities will, to an increasing degree, form networks and provide welfare services in cooperation with other local authorities, businesses, and organizations. In a pivotal role have been the representatives from the board of Social and Healthcare Division of the Kainuu region together with mayors, decision-makers, and civil servants from eight municipalities in the region. Representatives from different associations and churches also participated in the workshop. These groups are also acting as change agents implementing organizational change from the top-down, although it started from the bottom-up. The same decision-makers can promote larger structural renewal with this network policy.

6. Conclusions and Discussion

This paper produced new information about the dialogical co-design process of public services and its connection to management and governance in the public sector. The Kainuu case study was an example of a successful local reform in renewing regional social and healthcare services. It demonstrated how service design tools contribute to creating dialog between various stakeholders throughout the process.

Innes and Boohen (2000) state that in authentic dialog, “people must say what they mean and mean what they say.” They need to be sincere and represent interests they discuss. According to Innes and Boohen, we are so unaccustomed in authentic dialog in public situations that we typically require the help of a professional facilitator and training for participants. Stakeholders in the public policy have been accustomed to concealing their interests and engaging in positional bargaining. Clarence and Gabriel (2014) discuss the development of public services fifteen years later, and one of the repeated themes is citizen engagement and how to collaborate with the public better. Service design is a recognized tool for creating dialog in the public sector. It helps government officials and policy-makers to benefit from hands-on learning and engage stakeholders in constructive dialog (Whicher and Swiatek 2015). This paper demonstrated how it is possible to create collaboration and dialog by using co-design and service design tools.

Multi-disciplinary development of social and healthcare services in Kainuu region was achieved through the combination of different theories and participants. Change happened on many levels: in theory and in practice. Co-design acted as an interface and connected organizations and

citizens in a new way, providing a common ground to try out things and act. In Kainuu's case, good practices between people, practices, and everyday lives were supported and change happened. More dialogical practice allowed the movement towards transformation into a social investment welfare state.

6.1. Dialogical Co-design Process

Selecting participatory action research as a research method started the dialogical process in this research. The nature of participatory action research was double dialectical because of researchers individual and target groups' collaborative actions and because the research process is aimed at transformation of collective practices and learning from them. Transformation happened by learning because action research aimed at systematic development of knowledge in a community through dialog. Learning in this process was supported by creating new knowledge of the phenomenon through citizen-driven data collection and development methods in the case study and several parallel theoretical literature reviews.

The second aspect of the dialog comes from selecting the citizen-driven service design process as a way to conduct the development process and its methods as the main method to conduct empirical data collection. Service design as a method made citizens conscious and their latent needs visible to developers and gave a new citizen-driven perspective to the development process by taking two most vulnerable customer groups as a part of the whole development process. Co-design helps to recognize that people have assets such as knowledge, skills, characteristics, experience, friends, family, colleagues, and communities, and they can use these assets to support their health and well-being. Co-design also changed the dynamics between

individuals and communities, creating more collaborative relationships. Co-design empowered, encouraged, and guided people in developing solutions that work for them. The visual tools that service design offers helped people to communicate in a different way about future solutions that do not exist yet but could be real someday.

The third aspect of the dialog comes from connecting decision-making and the change management process to the development process. One of the findings in the first year of this research was that the current public service system does not support new citizen-driven initiatives. The development of new service concepts, including the last two phases' reality check and implementation, needs to be more closely linked to the decision-making process. Because of this notion, the process was opened to decision-makers and change management using action research as a way to promote informed decision-making with evidence-based practice from commonly chosen concept criteria, choosing the concept, and testing and evaluating the pilot together with service-users, developers, and service producers. Service design tools as stakeholder maps and rapid paper prototypes (like storyboards) were used to visualize the dialogical change management process. The form of the dialog took notice of implementing organizational change in a bottom-up approach with dialogic change communication and employee participation. The pilot was realized together with national and local levels and its impact grows in a dialog with citizens at the local level, benefitting both the community and the individual.

The fourth aspect of the dialog takes notice of the social aspect of change and discourse theory in crises. Both Kemmis (2008) and Habermas (1987a, 1987b, 1996) are using public discourse

between individuals and organizations as a way toward a better future and well-being. Opening up the discussion about commons and how they should and could be organized and used by a community offered a new path for more human-centered and equal change.

6.2. Paradigm Change—From Welfare State to Well-being Society

The Finnish national innovation strategy, adopted in 2008, aims to safeguard opportunities for citizens in the public sector to develop services as service users. The Local Government Act (410/2015), implemented in May 2015, encourages municipalities to offer diverse, effective, and user-driven participation possibilities to citizens.

User-driven innovation and service design introduce new scientific ways of identifying users' latent needs and can act as design drivers in decision-making. The focus in the Kainuu case study (2014–2015) was on defining the new role in health and wellbeing for municipalities and multi-provider models for local services together with citizens. As a result, a new model for local service and community aid, the “May I help you” concept, was developed.

6.3. From Participation to Co-creation and Partnership

As a background to user-driven innovations and participation is a paradigm change in European governance, a shift from traditional government to New Public Management and governance (Hall and Holt 2008, 21; Windrum 2008, 15). Some international scholars argue that the joint consequences of these changes are creating a global public governance revolution because they distribute innovative ideas, best practices, and innovative culture, to the public sector (Kettl 2005 according to Borins 2008, 3). The focus in the Kainuu case study (2014–2015) was to define,

through co-creation with citizens, a new model for local service and community aid that could be implemented in partnership together with municipalities, citizens, and the third sector. The pilot was realized together at the national and local levels, and its impact grew in dialog with the citizen at the local level, benefitting both the community and the individual.

6.4. May I Help You - New Social Investment and Wellbeing Model

The first regional experiment in Kainuu Self-Government in 2003–2013 can be classified as a social experiment that was large-scale and expensive (Bell 2005, 305) and carried out in real life. These experiments, sometimes called demonstration projects, are designed to find out what would happen in social policy, in a region, or even in a country by first carrying them out on some part of the population.

The purpose of these social experiments is to give new information to decision makers in order to make better evaluations of the possible consequences of alternative social policies, and conduct more effective social programs on a national scale. These pilot programs can be used to monitor if they work as planned and what their side effects are.

This second experiment in 2014–2015 can be classified as social innovation and as a bottom-up action at the grass-roots level in improving human capital, enabling more people to participate in society, and reducing intergenerational deprivation.

The “May I help you” concept can also be seen as a novel European social investment for the future. Social investment is defined as public investment in social cohesion. The European

Commission urges Member States to prioritize social investment and to modernize their welfare states. This means better-performing active inclusion strategies and more efficient and more effective use of employment and social budgets. Investment focuses on the most vulnerable target groups, such as children, young people, jobseekers, women, and older, disabled, and homeless people. (Social investment 2013). Social investments are a prerequisite to these groups' future wellbeing and help them to adapt to societal challenges by investing in people's social and workforce skills and capabilities. Some scholars see social investments even as a new welfare model.

6.5. Towards a Social Investment Welfare State

The twentieth-century welfare state is ending (Flora 1986; in Morel, Palier and Palme 2012, 1) and needs to adapt to the post-industrial era. The new model needs to tackle new challenges such as single parenthood, reconciling work and family life, and lack of continuous careers (Bonoli 2005; in Morel et al. 2012, 1). Some of the scholars call this new model the “social investment approach,” because it sees social policies as a productive factor for economic development and employment growth (Morel et al. 2012, 2).

Former policies, such as Keynesism, dominated macroeconomic policies until the late 1970s and relied on government intervention in the form of monetary and fiscal policy. The next era, the neoliberal era, laid its policies in the 1970–1990's on budgetary rigor, wage restraint, monetarism, and corporate competitiveness (Jobert 1994; in Morel et al. 2012, 5-7) and saw social policy as an expense. The role of the state should be passive and minimalist, and it should roll back and reallocate its social responsibilities to market, family, and community associations. The new era,

with its knowledge economy and social investment approach (other scholars call it the enabling state), sees it the other way round. The state should have active social policy and renew the skills of its workforce and activate people (Morel et al. 2012, 9) by developing human capital. Social policy is seen as a precondition for economic growth.

6.6. Discussion

In this case, participation was understood in a new way, not only as allowing citizens to comment or ideate possible solutions but as truly taking them along through a two-year development process. The “May I help you” concept was an interesting solution especially because it changed one regulated public service in Finland (social and healthcare services) to a discussion of local commons. It was believed that only local people can design solutions that truly work for local people. In the case of “May I help you,” the youngster or elderly people’s passive receiver role of social and healthcare services was changed to an active one where they were encouraged and allowed to have an impact on their situation. These kinds of concept indeed support dialog.

Participatory design and decision-making actions supported people in designing for themselves. Marttila et al. (2014) asked if we are ready to reconsider our professional roles as designers when operating in a commons-like frameworks and if we can see ourselves as co-designing commons with other commoners. In the case of Kainuu, civil servants and decision-makers were open to reconsidering their professional role. Through open dialog, a new understanding of different life situations and viewpoints can develop, but this dialog will be used to its fullest potential only if people are able to meet each other as persons, as individuals who are creative and have

experiences to share. In these kinds of development processes, new definitions of roles are needed.

Using methods that increase the dialog between stakeholders that do not have opportunities to work together every day, like citizen, civil servants and decision-makers, can change the production of services in an entire field. The “May I help you” concept is just the beginning, but if we would imagine that this kind of reform can happen in a larger scale as well, we are on our way towards a well-being society where there is the time to discuss and listen. This kind of development case is a great opportunity to build a common language between different stakeholders and bring them together to use their experiences and ideas for the creation of better commons—namely, a better everyday life.

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