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Activating housing environment for people with learning disabilities

From the perspective of Lyhty's service users and their families

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Activating housing environment for people with learning disabilities
From the perspective of Lyhty's service users and their families

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Activating housing environment for people with learning disability - From the perspective of Lyhty's service users and their families

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Recommendations, quality criteria, laws and guidelines are established to ensure rights and values for people with learning disabilities (LD), also concerning housing environment. The statistics, previous research, reformations of laws and realization of set recommendations and guidelines underline the need of more individual housing solutions. Also new housing services compared to the previously common institutionalized care for people with learning disabilities are needed. From the perspective of inclusion and interdependence the terminology 'person with a learning disability' is applied, referring more specifically to people who have a limited ability of functioning due to a disability that started in their developmental age. This thesis is part of a project realized in the Short-Term Home and Workshop Lyhty (Lyhty), cooperating with Finland's Slot Machine Association.

The purpose is to research housing environment for people with LD based on the hybrid model as a method for concept development. Four families (N=4), parents and their adult children having learning disabilities, are interviewed. The families are clients of the private nonprofit association Lyhty. Hybrid model for concept development is applied to define, research and refine the conceptualization of housing environment through three phases. Further inductive content analysis is applied to seek for the conceptualization of the data.

The findings embrace six activating housing environments; care-, social-, service-, broader-, physical housing- and organizational environment, defined by their resources. Thereby resources are activated through supporting, enhancing, strengthening and using them toward the aims of (reciprocal) participation, contribution, versatile life content, individual support, activation of the client toward independence and individual care. Further values evolved from the data, which were overlapping in respect of the found environments. The activation of the resources and the underlining values indicate interdependence of the found housing environments.

The refined findings led to a conceptual model of activating housing environment suggesting a health promoting perspective and interdependence within the housing environments underlined by an ethical dimension. Further refined terminology of housing environment arose from the perspective of the findings, previous studies and guidelines.

To develop further the conceptual model of housing environment observation methods and supportive devices for communication are recommended to use the gained data in a fair context. A client driven approach is suggested with further involvement of the family. Complementing perspectives on housing environment from health promoting professionals are further recommended. A shift control of available resources to people with disabilities leans on the value of interdependence.

Key words   Concept development, housing environment, learning disability

Christiane Schiemer

Aktivoiva asuinympäristö kehitysvammaisilla ihmisille - Lyhdyn palveluiden käyttäjien ja heidän perheidensä näkökulmasta

Suositukset, laatukriteerit, lait ja ohjeet ovat varmistettu kehitysvammaisten (KV) ihmisten arvojen ja oikeuksien turvaamiseksi, myös asuinympäristön osalta. Tilastot, aikaisemmat tutkimukset, lakiuudistukset ja asetettujen suositusten ja ohjeiden toteuttaminen korostavat tarvetta yksilökohtaisemmille asuntoratkaisuille ja uusille asumispalveluille, verrattuna ennen yleiseen institutionalisoituun kehitysvammahoitoon. Mukaan ottamisen ja keskinäisen riippuvuussuhteen perspektiivistä terminologiaa "henkilö jolla on kehitysvamma" käytetään viitaten erityisesti ihmisiin, joilla on rajoittunut toimintakyky kasvuiässä alkaneen vamman takia. Tämä tutkielma on osa Helsingin Lyhytaikaiskoti ja työpaja Lyhty:n (Lyhty) ja Suomen Raha-automaattiyhdistyksen toteuttamaa projektia.

Tarkoitus on tutkia kehitysvammaisten asuinympäristöä käyttäen hybridimallia käsitteen kehittämisen pohjana. Neljää perhettä (N=4), vanhempia ja heidän aikuisia kehitysvammaisia lapsiaan on haastateltu. Perheet ovat yksityisen voittoa tuottamattoman Lyhty:n asiakkaita. Käsitteen kehittämisen hybridimallia käytetään asuinympäristön määrittämiseen, tutkimiseen ja jalostamiseen kolmessa vaiheessa. Tuonnempana induktiivista sisältöanalyysiä käytetään tiedon sisäistämiseen.

Tulokset käsittävät kuusi asuinympäristöä; hoito-, sosiaalinen-, palvelu-, laajempi-, fyysinen asuinympäristö ja organisaation ympäristö, resurssiensa mukaan määriteltyinä. Siispä resurssit on aktivoitu tukemisen, parantamisen ja vahvistamisen kautta, sekä suuntaamalla niitä (molemminpuolista) osallistumista, myötävaikuttamista, monipuolista elämänsisältöä, henkilökohtaista tukea, asiakkaan aktivoimisen itsenäisyyttä ja henkilökohtaista hoitoa kohtaan. Enemmät arvot kehittyvät tiedosta, joka meni limittäin perustetun ympäristön suhteen. Voimavarojen aktivointi ja arvojen painottaminen ovat merkki keskinäisriippuvuudesta asuinympäristössä.

Jalostetut tulokset johtivat aktivoivan asuinympäristön käsitemalliin, joka painottaa terveyttä edistävää näkökulmaa ja molemminpuolista riippuvuutta asuinympäristöjen välillä eettistä ulottuvuutta korostaen. Asuinympäristön terminologia nousi tuloksien perspektiivistä, edellisistä tutkimuksista ja suuntaviivoista.

Asuinympäristön havainnointimetodien ja kommunikaation tukemisen apuvälineiden avuilla käsitemallien kehittämiseksi suositellaan tiedon hyödyntämistä oikeassa kontekstissa. Asiakasvetoinen ote on suositeltava, kuten myös perheen osallistuminen. Täydentävät näkökulmat asuinympäristöön terveyden edistämisen ammattilaisilta ovat suositeltuja. Painottamalla keskinäisriippuvuuden arvoa kontrolli käytössä olevista resursseista siirtyy ihmisille joilla on kehitysvamma.

Asiasanat   Käsiteiden kehittäminen, asuinympäristö, kehitysvamma

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1 INTRODUCTION

Assemblies, laws, programs and guidelines are established to ensure rights and values for people with learning disabilities (LD), also concerning housing environment. Statistics (Nummelin 2003) point out that there is still a lot to do to reach those humanitarian goals concerning the housing environment (WHO 1981, Grant 2005). Concerning persons with disability and their housing environment in Finland the ongoing development is from institutionalized care toward integration and community care. The World Health Organization (WHO 1981) states already in 1981 the importance of home functioning and home training to increase independent life, which emphasizes the ongoing process in Finland. Home training has similar physical and better psychological outcomes than services offered by institutions, located in different areas than the living area of a person with learning disability. The outcomes underline the effectiveness and importance of community care. Social integration is described as rehabilitation of disabled person and handicapped to reduce handicapping conditions in all aspects of their environment (WHO 1981), which yet indicates the medical approach toward disability of that time. On a European level the European Union established a High Level Group (European Communities 1995-2008b, www.ec.europa.eu) to e.g. monitor and give advices on policies of the Governments concerning people with disabilities. Yet, the responsibilities lie with the Member States, the European Union is taking a contributive and promotional role aiming toward cooperation of the Member States for developing good practice. Established guidelines indicate a shift toward geographical and social approaches away from a one-sided medical approach of disability (Guideline 2: Removing access barriers to participation; Guideline 3: Opening up various spheres of society). (European Communities 1995-2008a, www.ec.europa.eu).

One focus of this project lies on persons with learning disabilities. A common term found in literature and speech is *learning disabled person*, next to a variety of other terms. From the perspective of inclusion and interdependence the terminology *person with a learning disability* is used to be congruent with the values applied in this project; the person as the core, having wishes and needs eventually related to the disability, eventually connected to family, geography, society and surely much more. Yet, the term *person with learning disability* indicates a commonality, which enables and risks service-provision to groups and less individuals (Northway 2002). A more correct expression could be to refer to people who have a limited ability of functioning due to a disability that started in their developmental age.

To enable equal access to housing a different approach within the services is demanded. Services need to change toward flexibility and client orientation. The social board of Helsinki

is in responsibility of the housing services for persons with disabilities and names client-orientation as one of their core values. That reflects awareness of the value as such. A housing service, which is near to the client, should consider the client already in the creation of the service. In Finland several projects started during the past years. Recommendations were established for renewing the disability law and goals were set to create more individual housing through breaking down institutionalization toward developing various housing solutions. Moreover clients got interviewed in order to get their opinion into the public.

Persons with learning disabilities might lack verbal expression skills as well as mental processing skills. Therefore it is of importance to find ways and networks, which assure that their voice is heard fairly and for their and the communities' best. Through developing a service process with one client we aim to a unique service process, not client oriented but client guided. Thereby opportunity of equality stands for the client's unique need of support to access the services he/she has the right for. As mentioned before, that indicates a demand of change in the momentary approaches, finances, philosophies and most challenging it demands a change in the existing structures and shares of responsibilities within the housing services itself.

The interest to focus on housing environment for people with learning disability originated in the profession and clarified by Schiemer & Vähälä (2007) during a specialization study of Health Promotion, Family Nursing in Laurea, Applied University of Sciences. The association Lyhty applied for finances of the project 'Researching the housing environment of people with learning disabilities in various environments and developing housing service' (Kehitysvammaisten asuinympäristön tutkiminen eri ympäristöissä ja asumispalvelun kehittäminen) from the Finland's Slot Machine Association (RAY). This research is thus part of my studies and the project and aims toward developing concepts of housing environment, cooperating with Applied University of Sciences, Laurea, Lyhty and RAY. Developing the concepts through the hybrid model bases on interviews with the parents and their adult children having learning disabilities, theories and previous studies done in Finland about housing and environment for people with LD.

2 BACKGROUND OF CONCEPT DEVELOPMENT

In this research the hybrid model is applied in developing useful and accepted concepts (Carlson, Engebretson, Chamberlain 2005) of home environment. The data consists of personal knowledge and experiences about the key issues of home environment for people with learning disabilities. The chosen perspective is from the viewpoint of parents and their

children who have a learning disability and literature research about environment and housing environment. The aim is to contribute information for scientific discussion, and for further study. Following gives an insight into concept development, hybrid model and its application within this research (Table 1).

2.1 Concept development

A concept is an idea or complex mental image of a phenomenon (object, property, process, or event). Concepts are the major components of theory, constructing theory (Rodgers & Knafl 1993). It is represented by a number of approaches that differ procedurally (e.g. different emphases on the literature review and the use of illustrative cases), as well as in purpose (e.g. concept clarification, developing and operational definition). Morse, Mitcham, Hupcey & Tasón (1996), writing about concept evaluation, define concepts through their anatomy, referring to five structural features of a concept. The *definition* labels and gives meaning to the concept. A concept can be identified, recognized, communicated and referred to, based on the definition. Thereby the label is an indicator of collective actions. Consistency on cohesion defines the clarity of a concept. According to Steen (1993b) in Morse et al. (1996) concepts are referring to present characteristics rather than absent ones. The *characteristics,* as the second feature, are also named as attributes that define the concept and therefore distinguish one concept from the other. Their presence exists throughout the concept, yet the characteristics' association and form might differ. Characteristics have to be abstract enough to define a concept in different contexts. Characteristics have to be unique to define and differentiate. The *boundaries* are identified by the characteristics that are part of the concept. Aiming toward a mature concept (Morse et al. 1996), concepts should have clear boundaries and not overlapping characteristics. Each concept has *preconditions* that give rise to the behavior that distinguishes the characteristics. The *outcome* is described as the result of the concept.

2.2 Hybrid model as a method for concept development

According to Madden (1990) research tasks have been approached in two ways, either theoretical or empirical. Schwartz-Barcott & Kim (2000) developed the hybrid model for concept development to combine these approaches. Rodgers & Knafl (1993) discuss one of the strengths of the hybrid model in refining diagnostic concepts. As illustrated in Table 1 the hybrid model of concept development involves three phases; the theoretical, empirical and analytical phase. To develop concepts the hybrid model combines theoretical with empirical

approaches in a final analytic phase that produces a synthesis of fieldwork findings, re-examined in the light of the initial theoretical focus (Madden 1990). Through the method of the hybrid model one can research information about concepts, the concepts characteristics (Schwartz-Barcott & Kim 1986) or identify concepts to create a theory (Lauri & Kyngäs 2005). Table 1 describes the phases of the hybrid model and its application in this research. Figure 1 illustrates the combination of these phases and the research questions of this research.

TABLE 1: Phases of concept development according to the hybrid model

PHASES	STEPS OF PHASES	APPLICATION IN THIS PROJECT
Theoretical Phase	1. Select a concept	Housing environment, people with learning disabilities, concept development, Lyhty
	2. Review & summarize the literature	Literature search: Learning disability and housing, housing, environment (and disability; and nursing) UN, EU, Finnish legislation
	3. Deal with the meaning & measurement	Narrowing down the focus of the project, choosing our standpoint and our values: inclusion and interdependent society as a housing environment, fluctual model
	4. Choose a working definition	Concept development of housing environment, from perspective of families with a family member having a learning disabilities
Empirical Phase	1. Set the stage	Home, Lyhty
	2. Negotiate entry	Lyhty's permission to interview, accepted research plan by Laurea, informed consent
	3. Select cases	Adult clients having a learning disability with their family
	4. Collect & analyze data	Family interview, based on the working definition, qualitative inductive content analysis
Analytical Phase	1. Describe findings from literature & fieldwork to clarify & refine	Concepts of findings in relation to the literature – similarities
	2. Describe findings from literature & fieldwork for discrepancies	Research values (inclusion and interdependence) in reflection to fieldwork and literature

The first, the theoretical phase, is grounded in literature research. The concepts to research are chosen and considered from a literature perspective. Through the literature research a preliminary definition of the concepts, the keywords, is done. This phase started in spring 2007 during a specialization study of health promotion. The second phase includes the planning of stage setting, negotiating the entry of the selected cases and the collecting and analyzing of the data. Four (4) families agreed to join as participants in interviews. The entry took place via a first introductive letter to the parents. After verbal agreement to participate in interviews, a timetable was designed. The participants (families with the adult child as an entity) choose the location of the interview. Given options were the parents' home (previous or momentary home of the person with the disability), the momentary home of the adult child having a disability or Lyhty, as a familiar building to all the participants. The data collection included a further introduction, the informed consent and the recorded interview

itself. The data of the four (4) interviews was analyzed based on a transcript. Phase three, the analyzing part, includes a reflection of both the empirical part and the theoretical part. Found conceptualizations in the theoretical part are compared to the findings of the second phase. Further, the findings are reconsidered with respect to the values chosen in the theoretical part.

3 THE PURPOSE AND RESEARCH QUESTIONS

Research and development for individual housing solutions is needed to address the challenges of ever-changing life in the future. Thereby the dialogue with a person and her family is needed to address their needs. That indicates a need for change in the nature of the services provided. Real inclusion and true citizenship demands the creation of interdependence in society, and this should be expressed both in legal terms and in praxis.

THE PURPOSE is to develop concepts of housing environment for people with learning disabilities through interviewing parents with their adult children, who have learning disabilities and who are clients of the private association Lyhty ry.

What are the concepts and developments of housing environment for people with LD based on theory?	How are the parents and their child with LD conceptualising housing environment based on Lyhty?	What are the refined concepts of housing environment through comparing the concepts found in literature with the analysed data?
THEORETICAL PHASE Started in 2007	EMPIRIC PHASE Summer 2008	ANALYTICAL PHASE Winter 2008

FIGURE 1: Purpose and research questions

The purpose of the research is to develop concepts of housing environment for people with learning disabilities. The data originates from interviews with parents and their adult children who have a learning disability and who are clients of the private association Lyhty. Inductive content analysis is applied for the conceptualization of the data. A hybrid model for concept development is further applied to define, research and refine the conceptualization of housing environment as illustrated in Table 1. Based on the three phases of the hybrid model (Rodger & Knafl 1993) the overall purpose can further be clarified through three research questions (see Figure 1).

The research question of the theoretical phase reads as follows: What are the concepts and developments of housing environment for people with learning disability based on theory? The empirical phase questions the manner how the parents and their child with LD conceptualize housing environment based on Lyhty. In the final phase, the analytical phase the research question leads the focus on what the refined concepts of housing environment are, through comparing the concepts found in literature with the analyzed data.

4 THEORETICAL PHASE OF CONCEPT DEVELOPMENT

The theoretical phase is the first stage of the hybrid model (Rodger & Knafl 1993) and started in spring 2007 during a specialization study of health promotion in Laurea, University of Applied Science, Espoo. The purpose is to describe the concept and development of housing environment for people with learning disabilities through theory and experience. Accordingly Lyhty, a private association offering housing services to people with learning disabilities, is presented as an example based on our experience in this field. Furthermore, the theory is also based on literature research of electronic databases and Finnish libraries and includes previous studies that relate to the topic.

TABLE 2: The theoretical stages of the hybrid model

PHASES	STEPS OF STAGES	APPLICATION IN THIS PROJECT
Theoretical Phase	1. Select a concept	Housing environment, concept development, people with learning disabilities, Lyhty
	2. Review & summarize the literature	Literature search: Learning disability, home/housing environment, UN, EU, Finnish legislation
	3. Deal with the meaning & measurement	Narrowing down the focus of the project, choosing our standpoint and our values: interdependent society as a safe housing environment, Lyhty
	4. Choose a working definition	Concept development of housing environment, from perspective of families with a family member having a learning disability.

The theoretical stage consists of four parts – selecting a concept, reviewing and summarizing the literature, dealing with the meaning and the measurement and finally choosing a working definition. The working definition should be congruent with the initial purpose of the research project, but widespread enough to enable open-minded refining of the concepts in the analytic stage. The working definition defines the chosen concepts and builds a bridge to the empiric stage. (Rodger & Knafl 1993). Table 2 depicts once more the stages of the

theoretical phase within this project. Appendix 1 & 2 as well as this chapter include the working definition.

Literature research with the terms environment, living/home/housing environment, housing and disability, gave several references. Mostly the literature doesn't concern disability in the context of environment. Following is a description of theories conceptualizing environment. Based on the literature research in Finnish libraries and electronic databases, information from nursing-, family health-, ecological- and psychological perspectives were found.

4.1 Previous studies

De-institutionalization of the housing service toward a more individual housing environment has been topic since more than 30 years. Researches and reports concerning housing environment are published only in the past few years. Niemelä and Brandt (2008) published a report about recommendations concerning housing and supportive services for people with intellectual disabilities. Viitala, Wiinikka & Åkerblom (2007) studied five housing units and their physical environment. The data was gained through observation, interviews of the clients, employees and questionnaires for both target groups. Moreover people involved into the construction planning were interviewed. The purpose was to gain knowledge about planning and developing housing units as well as defining evaluation criteria.

Valtonen (2007) researched the perspective of people with learning disabilities, relatives and employees, mainly through questionnaires and 17 interviews. Her target group was people with LD living at home with the age of 15-64. Two times relatives joined the interviews. The gained information includes specific background information about the informants, a charting about need of support and need of services related to housing, and ideas of the relatives. Based on the study recommendations concerning housing and housing services were developed. Family interviews have not been used as a specific method of gaining information in concerns of housing environment for people with learning disabilities. Valtonen (2007) had to interviews out of 17 where relatives and people with disabilities were present. Next to the interviews the main data originates from questionnaires, seemingly by quantitative methods.

Pitkänen, Rissanen & Mattila (2004) evaluated the housing service of two foundations; Y-säätiön (Y-foundation) and Asumispalvelusäätiö Aspa (housing service foundation). Employees of the foundations, employees offering supportive services in the units and relatives were interviewed. Additional to researches projects were organized. Hintsala, Nummelin & Matikka (2004) published a report about a project concerning housing services, quality recommendations and evaluation.

4.2 Views on housing environment

The term environment relates to 'environ' (to compass, circuit). The adverb 'environ' means around and stems from en (in) and viron (circle, circuit). A further term relating to environment is 'virer', meaning to turn. Therefore environment is a state of being environed in the sense of the nature, external conditions and resources with which an organism interacts. Following is a literature review on environment and housing environment from a nursing perspective (Kim 2000, Elo 2006) and a family wellbeing perspective (Denham 2003, Åstedt-Kurki 2001).

4.2.1 Environment from nursing perspective

Kim (2000) presents environment as one of four theoretical domains for nursing. She aimed toward a conceptualization of environment as a separate entity from that of a client, from a nursing perspective. Thereby environment is the changing context in which a human's life is taking part and the human health conditions are associated with environmental factors. Environment is defined as an external entity to a person and can be consciously used for the benefit of existence. A person's development and functioning is partly constrained and determined by the nature of the environment. The conceptualization evolves three major qualitative components of environment, the physical, social and symbolic environment, named as sub-environments. They are characterized by three terms, the spatial, the temporal, and the qualitative. According to Moen, Elder & Luescher (1995) Bronfenbrenner, coming from the area of psychology, examined lives in contexts among others from the perspective of development. Just as Kim (2000) conceptualized environment into three major components (see Table 3) Bronfenbrenner names person, objects, and symbols as the engines of development in the microsystem. The spatial sense in Kim's model stands for concentric circles, person in the centre, indicating proximity of environmental elements to the person. Elements in the immediate environment have rather direct impact upon a person's life, located within the inner circle. Outer circles' influence is rather marginal. The temporal sense means duration and manner of presence – continuously, intermittently or fleetingly, and regularly or randomly.

Physical environment
Kim (2000) relates to the field of human ecology in terms of conceptualizations about the physical environment. The field of human ecology describes systems through interaction. Thereby human groups, the physical and chemical components of the environment are part of

the interaction. The ecosystem-process is considered in terms of energetics. Energy is the elementary form of interactions, exchangeable and generating. Physical environments consist of biotic and abiotic elements. The biotic element includes various forms, from viruses to human beings. A person as a physical entity contrasts with a social being in a social environment. A person produces and uses heat, occupies space, generates, regenerates and degenerates its chemical constituents, and has a continuous surface. A studied phenomena and example of physical being are territoriality and crowding. Abiotic elements stand for natural or artifactual elements. Physical environment affects health, diseases patterning specific lifestyles, activities and habits of people, which indirectly influences statures, physiques, longevity, and health. Artefactual products are noise, heat, radiation, crowding, convenience, efficiency, and effectiveness.

Social environment

Social environment (Kim 2000) can be conceptualized into two categories that are relating to the person's physical conditions. The first category considers qualitative terms as social forces that are determined by characteristics of individuals in the environment generating affective, informational, and evaluative meanings (phenomena: social support, expectation congruency, competition, social control as influencing health status and health behaviors). Quantitative terms as the second category considers social network and boundary, which are related to frequency and extent of affiliation, contact and influence and includes phenomena such as marginality, social isolation, disengagement to causative relationships with emotional distress and early death. Qualities of social forces affect an individual's health. Effective social adjustment is positively related to health and longevity.

Symbolic environment

Symbolic environment (Kim 2000) can be viewed from three specific components and is necessarily related to people, language and historical accumulation. Moreover it is constituted by shared ideas. The first component considers element, which define health and illness. Further it includes the knowledge what one should do about one's health and illness, which refers to cultural values, and social norms. Available resources in dealing with health issues are defined by elements of the second component. The elements are social institutions embracing science, education and polity. Structures of institutions also determine symbolic aspects of society named with political, economic, labor and health-care systems. The third component considers determinants of role-relationships in health care. Kim (2000) discusses rules of behaviors for social roles and relates it to social situations. Kim (2000) further considers the nursing perspective within the symbolic environment. From perspective of nursing considering health and health behavior Kim (2000) argues that the nature of shared ideas, behavior that is governed by shared ideas and characteristics of sharing among individuals should be questioned.

TABLE 3: Conceptualization of environment. Kim (2000) & Elo (2006)

CHARACTERISTICS	COMPONENTS		ADDITIONS	THEORY OF WELLBEING SUPPORTIVE ENVIRONMENT FOR ELDERLY PEOPLE LIVING AT HOME IN NORTHERN FINLAND (ELO 2006)
SPATIAL	Providing different frameworks for conceptualizing Concentric circles, person in the centre Spatial aspects circumscribe the size of its boundary		Immediate elements (existing in inner circles) have more direct impact upon person's life.	
TEMPORAL	Aspects of environment with respect to duration and manner of presence Elements exist - continuously, intermittently, or fleetingly - regularly or randomly Manner of presence and more the quality of presence determines amount of influence on a person		-> related to duration, suggestive of permanence and temporariness -> related to the manner of presence, elements existing in a patterned systematic way, or in a haphazard, irregular manner	
QUALITATIVE	3 sub-environments with qualitative aspects			
Physical environment	- space, territory, proxemics - time - ecosystem - energy- - noise	- crowding - sensory deprivation - sensory overload - pathogens - heat	- milieu for functioning - source of stress and stimulation - source for adaptive challenge - symbiotic-interdependent system - spatial construct - object of human control Kim relates to Dubos (1965) person's ability of adaptation, dynamic meaning in stating health as a state in which environmental challenges are met adaptively for human functioning.	Physical environment supporting wellbeing - northern environment (temperature, environment, dark/light, availability of services) - safely environment enabling functions (to support functioning through renovation – supportive devices…, safe passages enabling movement, safe activity in near environment) - enjoyable environment (clean, nature environment, nature environment as place to meet, as place to move)
Social environment	- social support - competition - social controlled-social - isolation	- affective milieu - marginality - social proximity - family - significant others	- qualitative terms as social forces determined by characteristics of individuals in the environment generating affective, informational, evaluative meanings - quantitative terms as in social network, boundary related to frequency, extent of affiliation, contact, influence	Social environment supporting wellbeing - contact to relatives (care, part of intercommunication) - friends as support (care, support to manage) - getting help (peer support, concrete help in living at home) - enjoyable living community (people as part of satisfaction, social intercommunication, raising mental wellbeing)
Symbolic environment	- power structure (authority) - role expectations - sick-role expectations - institutional history - ethical standards	- norm - morality - scientific knowledge - rationality - positivism - metanarratives	- elements that define what health and illness are, what one should do about ones health and illness - elements that define available resources in dealing with health issues - elements that prescribe role-relationships in health care	Symbolic environment supporting wellbeing - spirituality (believe in managing, natural spiritual dimension) - ideal characteristics of wellbeing (safety of housing environment, fears relating to housing environment, loosen from daily routines) - normative characteristics of wellbeing (physical environment strengthens the feeling of freedom, experience of illness as limiting, experience of partners illness as limiting)

Elo (2006) developed a theory about environment supporting the wellbeing of elderly people living in Northern Finland. In her theory supportive environment consists of three parts: the physical, social and symbolical areas. Physical environment supporting wellbeing comprises the Northern environment (temperature, environment, dark/light, availability of services), safe environment enabling functions (to support functioning through renovation – supportive devices, safe passages enabling movement, safe activity in near environment) and enjoyable environment (clean, nature environment, nature environment as place to meet, as place to move). Social environment supporting wellbeing embraces contact to relatives (care, part of intercommunication), friends as support (care, support to manage), getting help (peer support, concrete help in living at home) and an enjoyable living community (people as part of satisfaction, social intercommunication, raising mental wellbeing). The third part, the symbolic environment supporting wellbeing includes spirituality (believe in managing, natural spiritual dimension), ideal characteristics of wellbeing (safety of housing environment, fears relating to housing environment, loosening from daily routines) and normative characteristics of wellbeing (physical environment strengthens the feeling of freedom, experience of illness as limiting, experience of partner's illness as limiting).

4.2.2 Family wellbeing approach in housing environment

Denham (2003) who researched family health is stating that the care and nursing care nowadays is patient-centered, primarily aiming at individuals whereby the complex context and process related to health outcomes are ignored. To capture the mentioned complexity and dynamics of family systems, as well as the individuality and complexity of people, persons with learning disabilities in interaction with the environment and its process the adequate theoretical concept from a nursing perspective might be well being.

According Åstedt-Kurki (2001) Whall (1993) states that family can be seen as a self-identified group of two or more members who may or may not be related by bloodlines and whose association is characterized by special terms. Friedemann (1995) in Åstedt-Kurki (2001) states that family may be seen as a context of one individual family member, it may address dyads and larger units, or it may be seen as a structural and functional system, which is interacting with the environment.

Denham (2003) suggests in her model to view family health within an ecological context and salutogenic, wellness perspectives. Referring to Bronfenbrenner (1997) Denham applies the idea of microsystem, mesosystem, exosystem, macrosystem and chronosystem to describe contexts affecting family health. Bronfenbrenner further offers four perspectives to understand environment. The first he named as a set of nesting dolls, one context fits inside another, they dynamically interact. Environments and family members having relationships

with one another is the second perspective. The third and fourth perspectives are described as environments and family members who affect one another even when members are not present (in those environments where events occur and as a dynamic, interactive environment, that changes over time, and has an organization or schema). (Denham 2003).

An ecological view gives an opportunity to envision family interventions at system, subsystem and intersystem levels (Denham 2003). The ecological approach seems to imply the complexity and dynamics of the wellbeing of human beings. It seems to offer a conceptualization about environment focusing on the interrelationships and moreover it points out the importance and potentials lying in environment and the interaction.

Denham's Family Health Model describes three perspectives named by contextual, functional, and structural perspectives. The functional perspective includes the ways family members learn about health, and how they respond to contextual factors. The structural perspective explains the families' health routines. (Denham 2003). Both perspectives point out the importance and role of family in health or wellbeing issues and furthermore the potential family care and family nursing has toward wellbeing and health. The contextual perspective is the approach of most interest for housing environment for persons with learning disabilities. This perspective is focusing on potential relationships and dynamic interactions pertinent to wellbeing and the process of becoming, as well as individual and family health. Context thereby refers to complex interactions in past, present and future. Among others Denham (2003) takes the geographic household location, broad environmental factors, the social background and the political milieu into consideration including members' experiences over time within households, neighborhoods, communities and the larger society. Thus, she considers concepts, which offer relevant grounds when planning the housing environment with the person with a learning disability. Persons with learning disabilities and their families have been excluded from the community for quite some time. Acting upon and reacting to the demands of human rights, basic rights and values as inclusion is proved already to be a slow process.

The contextual perspectives in ecological context is described by five points, consisting of the way family membership and experience affect family health over the life course, family household, neighborhood, community and the larger society impact and family health, both internal and external family environments affect family health. The embedded context provides a way to conceptualize how many dynamic interactions relevant to family health members are affected as they interact within shared contexts and react to what they experience within non-shared contexts. (Denham 2004)

Addressing a person with a disability as a client constructing and designing their own housing environment implements the empowerment to make own choices and enables his/her defined family to take part in creating housing environment. Inclusion into the community can be reflected by the idea of Bronfenbrenner (in Denham 2003) concerning the contexts affecting the health of household members. Family is supported to construct an interaction among each other and with the environment

4.2.3 Service environment as part of housing environment

In the summary of an Expert Committee on Disability Prevention and Rehabilitation, the World Health Organization (1981) clarifies the need of restructuring and reorienting the present organization and delivery of health and other relevant services. Humanity and economic issues are taken into consideration. One aim is to approach provision of rehabilitation using the primary health care, and to further provide rehabilitation services for total coverage of all populations. The WHO states already in the eighties the necessity of shifting toward community-based care, compared to institutionalized care, due to financial and manpower resources. In Finland the institutionalized care was supported by the state especially after the year 1958 (Retardation Law / Vaajamielislaki), when institutions where built with schooling opportunities and day activities (Nummelin 2003). According to Nummelin (2003) statistics indicate a change toward community-based care, with a rather slow start during the eighties, but more effective during the nineties, when the number of people being cared in institutions decreased clearly. In the year 1994, for the first time, people with disabilities used more living services than institutionalized services. In the year 2000, 5820 people with disabilities used living services, while an estimated number of 2500 were in institutionalized care. These numbers indicate that Finland is in the middle of the process in reaching the guidelines discussed by the WHO.

In Finland the housing service is stated in the legislation and considers the provision of service housing and supported accommodation (Social Welfare Act 22§). Housing services are provided in the case of persons who need help or support with organizing housing or their living conditions (Social Welfare Act 23§). The housing service for people having a learning disability is separated into three (3) service groups, named as helped, guided and supported housing. Helped housing includes support and guidance around the clock. When employees are needed during daytime but not at night the service is named guided housing. Supported housing offers individual support, from once a week to a daily basis. (Valtonen 2007). The services are arranged by the social services.

Nummelin (2003) researches housing services and work- and day-activity services. In Finland those services are the ones most increasing since the year 1965. In the year 1982 the work-

and day-activity services topped the institutionalized care services, and increased steadily, with only one exception in the year 1985, until the year 2000, as far as the available statistics reach. Already in the year 1977 a United Nations Expert Group meeting (WHO 1981) pointed out that a narrow interpretation of economic implications of disability in society placed an emphasis on questions such as productivity and led to a concentration on the job-oriented rehabilitation reaching only some groups.

In developed countries the care for people with learning disabilities and physical disabilities tend to belong more to the government's function than to the families (WHO 1981), which implies an increased demand for government services. The Expert Committee on Disability Prevention and Rehabilitation (WHO 1981) outlines social changes with negative implications for the disabled. Among others the changes away from extended family systems, which are said to be encouraged by economic circumstances implies changing values and less time to take care of a person with disabilities at home.

One problematic issue seems to be the financial and labor force resources of societies versus the humanity and rights of people. Within the ongoing development recommended by the World Health Organization already in 1981, and as statistics of Finland demonstrate, the development from institutionalized services toward home-like housing services are needed to realize the break down of the institutionalized services. That implies the need for building more housing environments. The WHO (1981) outlines the fact that services for people with disabilities emphasize job-oriented rehabilitative services at expense of services for others. The statistics of the momentary services offered in Finland reflect a similar situation (Nummelin 2003).

4.3 Values affecting home environment

The Social Board of Helsinki chose to extinguish the homeless as one goal for the next years. According to the Social Chairman Vuotilainen (2007) especially the long-term homeless situation has to vanish by the year 2015. He leans on basic law, international commitments Finland made and especially on human values. Piispa Huovinen (Katz 2007) mentions the basic rights of private life and domestic peace. He concludes that having a home has to be a basic condition in life, which belongs to human values. Considering people who are not necessarily able to talk for themselves or fight for their position in a society, rights were established in Finland. They are relating to the United Nations and the European Union for example to assure the value of equality in living and housing. Following is giving an insight into interdependence as a value and guidelines and rights in housing issues. Thereby the rights

include the Finnish history of rights stated in the law, the United Nations declaration of human rights and the European Union.

4.3.1 Interdependence

During literature research the value of interdependence emerged as a more than appropriate concept going along with inclusion through home environment and services based on the laws. The criticism by Kitchin (2000) about the approach applied by the WHO is based on the assumption that disability is a medical issue. Thus, solutions are rehabilitation, prevention and treatment to overcome impairment and to take part in 'normal' daily activities. Kitchin (2000), who writes about the opportunity of geographical changes and their influence on disability, points out the importance of social factors such as geographical environment. The medical model of disability relating to the Western society views of disability via impairment, disability and handicap is underlined in his discussion. As a critical other approach he mentions the social model of disability, indicating the society's failure of acceptance and provision of adequate facilities. Referring to Bureau (Rausher & McClintock 1997) who is debating society's current views and approaches on disability in practical terms, based on the two models, Kitchin (2000) mentions four conceptualizations of disability in practical terms (see Table 4); medical and rehabilitation, and independent living and interdependency. Kitchin relies on a mix of the social and the medical model. This conceptualization led us to focus more on interdependence as a value. Through creating a home environment and a more independent living the persons with disabilities are the individuals who guide and use the services. Rigidly set up laws, values and attitudes of society are challenged, from dependency toward interdependency. The goal is independent and interdependent living in the community whereby the person with disability retains sovereignty over their own life and is entitled to a full range of choices. (Bureau (1997) in Kitchin 2000).

The concept of interdependence was first used in Marx's *Communist Manifesto* from the year 1848, describing the universal interdependence of nations in comparison to the old model of local and national seclusion and self-sufficiency. Since then the concept has been used by philosophers and religious leaders in the 20th century, describing interdependence of people as the source of love, peace and compassion among fellow men. Mahatma Gandhi states for example following: "Interdependence is and ought to be as much the ideal of man as self-sufficiency. Man is a social being. Without interrelation with society he cannot realize his oneness with the universe or suppress his egotism. His social interdependence enables him to test his faith and to prove himself on the touchstone of reality." Nowadays the concept has been adopted by politicians from various parties to define the interdependent nature of societies in the age of globalization. (Wikipedia 2009, www.en.wikipedia.org).

TABLE 4: Conceptualizing disability in practical terms (Bureau in Rausher&McClintock 1997 in Kitchin 2000)

	MEDICAL	REHABILITATION	INDEPENDENT LIVING	INTERDEPENDENCY
Definition of dilemma or problem	That a person has a physical, mental or emotional impairment.	Given their disability, the person lacks necessary job skills and needs rehabilitation.	Dependence on medical professionals, family, friends, and the community at large to get own needs met.	Historical distances from the heart of society. Viewed as broken, abnormal, and of no essential, genuine value.
Central issues of dilemma/ problem	The actual existence of the disability. That it must be eradicated if at all possible.	The person does not fit into society with their disability. They need to adjust/adapt to the situation.	The laws, values and attitudes of society are set up rigidly to enforce dependency and restrict freedom.	Dualistic society, which acts to perpetuate categories of superior/inferior. The intentional oppression of disabled people
Solution to dilemma/ problem	Research into curing the disability through surgery, drugs or invasive treatment.	Vocational rehabilitation, sheltered workshops, physical therapy, and adaptive technology.	Mutual support, self-help, removing all barriers. Cross-disability political action, and social change.	Shift control of available resources to people with disabilities. Empowerment and transformation.
Social role of person	Medical patient.	Rehabilitation patient.	Disabled person who consumes/uses services	Respected and valued community member.
Expectations of person	Absolutely compliant with medical advice, submissive, never question authorities.	Grateful, eager to appear like everyone else, to be normal. Should complete treatment plan.	Assertive, retains sovereignty over own life, entitled to a full range of options/choices.	Personal freedom, dignity in taking risks, learning, succeeding, creating, and even, at times, failing.
Group who control services	Traditional medical schools, licensed doctors who support drugs and surgery.	Funding sources, social services agencies, charities, foundations, and all levels of government.	Disabled people.	All disabled people, and their own genuine chosen community.
Goals and outcomes	To cure, to do everything possible to get rid of it, or at least to numb any existing pain.	Maximum adaptation to society, to be made as normal as possible, and to get a job.	Independent living in the community, on own terms.	Recognition that our world has tremendous social diversity, which must not be used to justify fearing or dehumanizing anyone.

4.3.2 Laws concerning housing and environment and people with disabilities

Nummelin (2003) refers to several laws (see Table 5), which she names to be influential on the services for people with disabilities, concerning living environment. Thereby the term disability is not defined. The retardation law (Vajaamielislaki) came into force in the year 1958 and among other things institutional care got enforced during that time. The law about special care for people with learning disabilities (Kehitysvammaisten erityishuolto, 1977/519) aimed toward inclusion and financial support of various housing services, not only public housing service. The law for social care (Sosiaalihuoltolaki, 1982/710), and social- and healthcare planning and state funding (Laki sosiaali- ja terveydenhuollon suunnittelusta ja valtionosuudesta, 1982/677) gave more power to municipalities to deliver services in their regions. In 1987 a law about arranging services and support based on disability was established. The special needs are addressed and ensured. The law defines that

municipalities should deliver service and how the medical rehabilitation and social welfare should be ensured. It also addresses the treatment of people who cannot participate in common life in the society, and are detained inside institutions. The rights and regulations for limiting freedom are addressed. In the year 1992 municipalities got the responsibility to deliver services to all its citizens.

TABLE 5: Finnish laws affecting housing situation of persons with lD

NAME OF THE LAW	YEAR/NUMBER	MEANING IN HOUSING FOR PEOPLE WITH LEARNING DISABILITIES
Vajaamielislaki (law on retarded people)	1958	Human rights addressed. Right for health care and rehabilitation. Special institutions built for living. The size 300 – 600 beds. Also the daily activities and schools were located inside the institutional area. Housing in wards, shared rooms and premises.
Kehitysvammaisten erityishuolto (Special care for people with learning disabilities)	1977 / 519	Inclusion. Care through public services. Law ensured additional care for people with LD. Equal funding for all sorts of housing service, not only public.
Sosiaalihuoltolaki (Law for social care) Laki sosiaali- ja terveydenhuollon suunnittelusta ja valtionosuudesta (Social- and healthcare planning and state funding)	1982 / 710 1982 / 677	Local power. Municipalities got right to deliver service as they wish. Funding directed by the state.
Laki vammaisuuden perusteella järjestettävistä palveluista ja tukitoimista (Law about arranging services and support based on the disability)	1987 / 380	Special attention on people with LD. The special needs are addressed and ensured. The law defines that municipalities should deliver service and how the medical rehabilitation and social welfare should be ensured. It also addresses the treatment of people who cannot participate in common life in the society, and are detained inside institutions. The rights and regulations for limiting freedom are addressed.
Laki sosiaali- ja terveydenhuollon suunnittelusta ja valtionosuudesta (Social- and healthcare planning and state funding)	1992 / 733	Local rights and responsibilities. The municipalities have the responsibility to deliver service for all its citizens. They can deliver service as they wish. A lot of people with LD moved out of institutions and back to their hometowns.

Since 1996 the reformation of the laws concerning disability are under discussion in Finland based on the update of the constitutional law in 1995. Core themes are the combination of disability and learning disability laws toward one law, personal support as subjective right and consistency between the regions. The reformation is discussed by the government at this moment and relates to the international development such as the Convention on the Rights of Disabled people (United Nation 2006a, www.un.org) and movements within the European Union.

Human rights according to the United Nations Declaration of Human Rights in 1948 (United Nations 1948, www.un.org) had a profound effect on humanity in general and legislative processes ever since. The ideals of the declaration are ideal and are not yet equally distributed in the world. The United Nations' Declaration of Human Rights was adopted after the World War II in December 1948. The Declaration includes the most important rights, but it is nevertheless a product of its time. People may not be segregated or assigned a different status on the basis of a quality related to the individual in question. Neither can human rights

be taken away from anybody. The countries that have adopted the human rights conventions are committed to securing their citizens the implementation of human rights. In the human rights, discrimination is defined as follows: "Discrimination means such segregation that is aimed in some significant way at people in the same position and for which there are no acceptable grounds" (United Nations 1948, www.un.org). This must be kept distinct from treatment in different ways. For instance people with disabilities can be offered services that others do not obtain. It is vital that the grounds for different treatment must be positive. The authorities do not systematically monitor the human rights of people with disabilities in Finland. Therefore disability organizations play a key role in the monitoring of human rights. People with disabilities have the same human rights as other people. Contrary to other vulnerable or marginalized groups, people with disabilities however have not any legally binding document that would expressly protect their rights.

United Nations (2006b, www.un.org) declares in the final report of the Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities: Article 28 Adequate standard of living and social protection. Thereby the states' role is to recognize, safeguard and promote the stated rights of persons with disabilities. The state's parties ensure equally in case that the service or right is not specific due to the disability. The rights consist of adequate standard of living, which also includes family and social protection, without discrimination. The latter implies equal access to clean water, services, devices and assistance for disability-related needs; access to social protection programs and poverty reduction programs; access to assistance from the state including training, counseling, financial assistance and respite care if needed due to poverty; access to public housing programs; and access to retirement benefits and programs.

Finland is a member of European Union (EU) since 1995. The European Union, as foreseen in all the treaties since the Treaty of Rome, is based upon and defined by universal principles of liberty and democracy, respect for the rule of law, human rights and fundamental freedoms. (Council of the European Union 2000). The commission of the EU established a High Level Group of Member States Representatives on Disability. The group's purpose is to follow the policies and priorities of governments concerning people with disabilities. The group also gathers information and experience (European Communities 1995-2008b, www.ec.europa.eu). Actions of EU consist of several policies, which support people with learning disabilities as a subgroup of disabilities. The European Year of People with Disabilities in 2003 presented several initiatives for EU. In 2004 the European Commission prepared a Disability Action Plan that focused on employment. The EU disability strategy is stated in Directive 2000/78/EC (The Council of the European Union 2000), which establishes a general framework for equal treatment in employment and occupation. This Directive prohibits discrimination on a number

of grounds, including disability, and underlines EU respect for international obligations relating to the fundamental rights of disabled workers. Within the EU, a High Level Group on Disability has been set up to monitor the policies and priorities of governments concerning people with disabilities. The mandates of the group are strengthening participation in society, including the interests and needs of families and caretakers; mainstreaming the disability perspective into all relevant sectors of policy formulation and implementation; enabling people with disabilities to participate fully in society by removing barriers; and nurturing public opinion to be receptive to the abilities of people with disabilities and towards strategies based on equal opportunities. (European Communities 1995-2008b, www.ec.europa.eu).

In these ways, whilst recognizing that responsibility in this field lies with the Member States, the Commission and Member States strengthen co-operation in the field of disability, and encourage the exchange and the development of good practice in the European Union. This means that Finnish good practice, like the assumed and suggested interdependent model for housing can influence the whole EU housing services for people with learning disabilities, hence fulfilling their human rights.

4.4 Short-Term Home and Workshop Lyhty as a service provider

The Short-Term Home Lyhty (Helsingin lyhytaikaiskoti- ja työpaja Lyhty ry) is a non-profit association, which provides housing-, educational-, and day activity services for adults with learning disabilities. Lyhty is located in Helsinki, Finland, and was founded in 1993. The basic idea of Lyhty was to provide services for people with learning disabilities within the mainstream of Finnish society. When the original planning took place, the founding members studied the history and future prospects of care in general, and researched national and regional trends in this area. In addition, they took a close look at the life and social standing of people with learning disabilities in various societies (Liimatta 1993). The aim was to create a high-class home environment. Nowadays Lyhty provides service for approximately hundred individuals plus their families in four buildings. The employees consist of sixty professionals, who provide service around the clock. Further Lyhty has several non-professionals as civil servants and volunteers.

4.4.1 Lyhty as a physical environment

The physical environment consists of the actual buildings with their surrounding area, and their location. The location can be seen as a factual source of potential to enable the people

to fulfill their citizenship. The services are all professional and non-professional acts of support that aims to maintenance of individual housing. Table 6 depicts the physical home environments of Lyhty through their history. The highlighted premises are units, which are in use nowadays.

TABLE 6: The physical housing environment of Lyhty

Name of the premise	Year	Location in Helsinki	Address	Clients
Iso Lyhty	1993 - 2000	Pitäjänmäki	Sylvesterintie 10	11
Pikku Lyhty	1993 – 2000	Pitäjänmäki	Sylvesterintie 10	5
Eljas	1996 -	Mäkkylä	Eljaksentie 9	5
Kotikutonen	1999 – 2000	Mäkkylä	Kyläkirkontie 28	5
Kotikutonen	2000 -	Mäkkylä	Kyläkirkontie 15	5
Iso Lyhty	2000 – 2004	Maunumeva	Kaarelankuja 7	7
Pikku Lyhty	2000 – 2004	Maunumeva	Vuorilinnakkeentie 2	9
Lyhty A	2004 -	Konala	Vuorikummunpolku 1 A	8
Lyhty B	2004 -	Konala	Vuorikummunpolku 1 B	8
Lyhty C	2004 -	Konala	Vuorikummunpolku 1 C	8

Lyhty started with two group homes, Iso-Lyhty was accommodating ten permanent inhabitants and Pikku-Lyhty was accommodating four permanent inhabitants. Two additional rooms were planned for short-term practice. The units were located in Pitäjänmäki, Helsinki, and were connected to an orphanage. Iso-Lyhty consisted of an entrance, a hallway, one living room area with kitchen, two toilets, a bathroom, a balcony and six rooms. Pikku-Lyhty had its own entrance, five rooms, a kitchen, a living room and a bathroom/toilet. Thus, hygiene facilities were shared. Some clients had to share rooms. Several clients moved to their new home from an institution and their lives expanded through the possibilities that the new location brought along. Yet, the physical environment was creating and maintaining housing problems. Problematic issues were thin walls, small and shared bathrooms and shared rooms.

Most clients lacked health care services or were suffering from decreased functionality in living due to their medical condition. Therefore the nursing science oriented development of the service was of advantage to the clients' wellbeing. The social services in form of day-activities, employment and education were lacking.

Due to renovation plans and an on-going negotiation between Lyhty and the city of Helsinki Lyhty bought two houses located in Maunumeva, Helsinki, in the year 2000. It was a temporary solution while working on construction plans for a new building. Iso-Lyhty was a single-leveled one family house. People who used walking aids had to be accommodated in Iso-Lyhty. The house had one entrance, a terrace, a living room, one kitchen, six rooms, one toilet and a toilet with a shower and a sauna. Most of the clients had their own private room. Thin walls compromised the privacy of the clients. The hygiene facilities weren't designed for the extent of use that was needed by the clients and thus were prone to mould. The floors

weren't designed for wheelchairs and wore off rapidly. Several further construction mistakes in e.g. drainage and roof construction, inappropriateness in floor heating, compromised the quality of the physical housing environment.

Pikku-Lyhty was a three-story building two kilometers away from Iso-Lyhty. The house included nine rooms, three toilets, sauna, two living rooms and two kitchens, narrow stairs, two entrances and one balcony. Every inhabitant had her/his own room, and the building quality of the house maintained a reasonable privacy. The narrow and complex nature of the inner architecture complicated mobility for some clients, but enabled privacy to the clients.

Lyhty A, B & C (Lyhty ABC) was developed together with architects, the design group Talli and Lyhty as part of the building facilities for day activities. Minna Lukander SAFA was the main architect in the project. The aim was to realize the philosophy applied in Lyhty in form of a physical environment, thus through construction. The ideals of inclusion, active participation, continuity through durability and functionality and features of philosopher Jaana Venkula's five forms of knowledge and time - as presented in her fluctual model (Venkula 2003) were present in the architectural plans. The planning involved researching the present ideals in Finland and abroad both in print and live through visits in Sweden, Denmark and Netherlands.

Beab Seicon Oy erected the building during 2001 - 2004. The building is constructed with cement, wood and steel. The materials are natural and long lasting. The walls are thick and the ceilings are constructed with paper structure, absorbing sound. Thus, the house offers privacy through insulation. The floors are covered with planted sucupira, which is one of the hardest wooden floor materials. The large wood sided energy windows in the Lyhty -building give the inhabitants possibility to experience the environment with fewer boundaries. The building won the prize of "The rose of construction" (Rakentamisen ruusu 2004) from the city of Helsinki. The Lyhty –building was regarded as a fine example of modern social construction. The Lyhty-building includes three workshops, an educational unit Lamppu and three housing units Lyhty A, B & C (Lyhty ABC). A canteen area and shared large bathing area with sauna, balcony and room with a fireplace are available to the inhabitants with no extra cost. The outdoor-area is constructed by the Lato –outdoor workshop and by the people who live in the units Lyhty ABC. The units Lyhty ABC include eight residential rooms each and have a group home nature. Each unit has one common entry, a hallway, a kitchen, a maintenance room and office. Lyhty A and B are in two levels, Lyhty C is single-leveled. The residential rooms have two exits and a shower room with toilet. Lyhty A and B have two apartments for more individual living. These include a small kitchen. Lyhty A and B offer one room for short-term practice for several clients. The period is approximately one week at a time.

Eljas is a three-story house, located in the Mäkkylä, Helsinki. Eljas accommodates five people (Eljas) and the Art and Textile Workshop Luovilla (Luovilla). Eljas was originally built in the 1940's and has a history of being a shop, a bar and a Hare Krishna –temple. The house consists of two entrances, a hall, a kitchen, an office, a room for the art- and textile shop, a living room, wide stairs, room for the Luovilla art- and textile workshop, sauna, five rooms with toilet and shower and a small attic. Lyhty was able to acquire the house in 1996. Lyhty renovated the house in 1996 and 1998. The aim was to provide an environment where action and peace can exist in harmony. The five rooms for individual living are at the top floor, and each room has a private toilet with a shower. The rooms are color coded to help people recognize their own rooms, and to bring some liveliness to the deco design. Five adults with LD work in Luovilla during the daytime. The workshop is located on the ground floor to separate the living area from the workshop area and maintain privacy to the people who live in Eljas.

For a short period of time Lyhty had rented a flat for a new service: a home for young adults who needed help in living and housing, but did not have a medical diagnosis for any learning disability. The aim was to support and improve their abilities in individual living and enable a process toward a less supported and more individual living environment. Kotikutonen was established in terrace house in Mäkkylä. Due to the antisocial aspects in the behavior of clientele, the unit of KotiKutonen moved to a one family house in 1999.

Kotikutonen is a two-story house located in Mäkkylä, Helsinki. Kotikutonen was bought and renovated in 1999 – 2000 by Lyhty. The main material is white brick, the floors are wooden or built with ceramic tiles. The house includes five rooms for five individuals, two shared bathrooms with toilets, two shared kitchens, a living room, an office, a room for physical exercise, a meeting room, a storage room and a garden. Two new apartments for more independent living are planned for the future. Kotikutonen is no longer a short term or period home, but provides long term housing service for five adults.

4.4.2 Lyhty as a service provider

In the planning phase of Lyhty the service was aiming to offer short-term practice of individual living, which explains the name of the association (lyhytaikaiskoti meaning short-term home). In the beginning of the 1990's there was a demand for short-term care. Meanwhile structural change in the provision of services aimed at diminishing institutionalized housing and creating *normal* housing within the society. Due to the structural changes the demand for permanent homes for people living in the institutions increased and the city of Helsinki asked Lyhty to provide housing service for this target group.

The service philosophy of Lyhty was originally based on nursing philosophies. Nowadays the service is formed by philosophies and methods through research and education including nursing paradigms, primary nursing, the fluctual model developed by Venkula, the approach toward human being of Rauhala and a multi-professional teamwork. Figure 2 depicts the connection of the fluctual model and the four nursing paradigm. Lyhty offers supported living-, independent living trainee- and day activity service. The majority of the employees are registered nurses or public health nurses. Further professionals are physiotherapists, practical social workers, gardeners, florist and employees having an artistic education.

Lyhty primarily aimed to establish and develop a comprehensive nursing approach alongside an approach that focused on particular problems, illnesses, pedagogy and rehabilitation. Lyhty as an association aims to affect the provision of services for the people with learning disabilities, nursing professionals, and society in general, and aims toward changing the way persons with learning disabilities receive support and service in Finland.
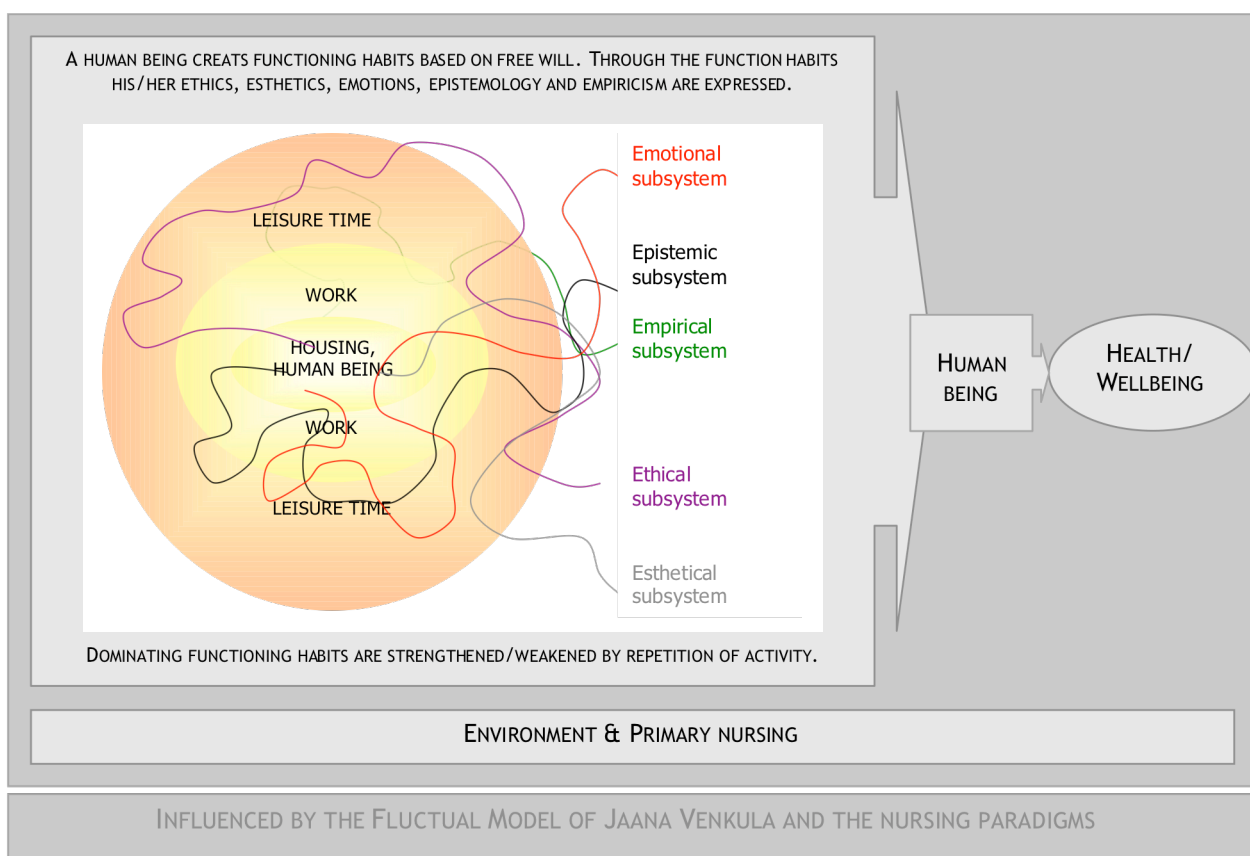

FIGURE 2: Approach toward the offered service of Lyhty

The care is provided according to the principles of primary nursing (Hegyvary 1987) to realize the ideals of individuality, continuity of care, and responsibility in providing the care, accountability, and quality of service. Primary nursing was the model for the operational

principles adopted at Lyhty. Primary nursing draws its strength from norms and regulations and a philosophical operational model of nursing. The philosophical approach aims to understand things as they are, rather than looking for the causes. The aim is to improve and develop nursing, create a basis for nursing and nursing science, reform and improve it. Nurses are accountable primarily to the individual client and the client's family, and also to his or her profession, organization and society. The primary nurse is responsible for the planning of the nursing care. The nursing care plan ensures the amount and quality of the support in living. The nursing care team works according to the nursing care plan to ensure that the validity and effectiveness of the care can be researched and the service developed accordingly. Lyhty aims through actions to improve the social status of people with learning disabilities. The four nursing paradigm – human being, nursing, health, the environment – and the values connected to them, guide the elements in service. According to Rauhala (1989), a holistic approach to a human being refers to the sense of one's body, the sense of consciousness and the sense of one's life situation. Rauhala's understanding of man is based on phenomenological-existential thinking, which emphasizes people's individual experiences, the way they interpret their experiences, and their perception of the universe.

4.5 Working definition based on hybrid model

The housing environment for people with a learning disability, such as that offered by Lyhty, is the focus of this study. Environment is defined and studied in several contexts from various perspectives. One definition of environment is a state of being environed in the sense of the nature, external conditions and resources with which we interact. Developing housing environment concepts and a service for and with people having a learning disability, the family aims toward the client as an integral part of the service, as experts of their own matter. Housing environment is also seen as an important interactive factor of the wellbeing of the client as a family member. (Friedemann 1995 in Åstedt-Kurki 2001). Using the method of interviewing, the family members do additionally advocate the client and eventually interpret the message of the person having a learning disability.

According to the nursing theory of Kim (2000) environment is explained through three characteristics: the spatial, temporal and the qualitative. Thereby the spatial characteristic provides frameworks around the person and defines limits and boundaries. The temporal characteristic describes aspects of environment with respect to duration and manner of presence. The qualitative characteristic consists of the physical, the social and the symbolic environment.

A family oriented approach of environment describes the concept as nesting dolls, where one context fits inside another. The environment is dynamic, interactive and changes over time. Family members have relationships and affect one another. The family health model of Denham (2003) includes among others contextual factors, which affect family health. The contextual perspective takes into account that family membership and experience affect family health over the life course, family household, neighborhood, community and the larger society impact, family health – internal and external family environments affect family health.

Finnish studies concerning housing focus on the physical/spatial environment and the housing service (Viitala et al. 2007). Recommendations are e.g. to differentiate between the housing solution, flat and services needed in housing concept; housing services should be provided from the perspective of individual assistance and support (Niemelä & Brandt 2008); multifaceted housing service is needed in the area of Helsinki (Valtonen 2007).

Lyhty is a concrete housing environment in which the clients live. Lyhty offers primary nursing care and multi-professional care in that environment. When planning and building the concrete physical environment senses, privacy (space, isolation), aesthetics, ethics and the residents were taken into consideration. Experiencing and doing is seen as one core of the care in Lyhty, with the goal of strengthening skills and activating functionability. The residents are getting stimulated, strengthened and challenged by their housing environment. Lyhty aims towards an environment that enables and supports well being of the clients through offering options to develop skills, manners and routines, ethically, aesthetical, emotionally, via experiences and knowledge.

5 METHODOLOGY OF THE EMPIRICAL PHASE

The hybrid model of concept development enables uniting and developing through a combination of theory, empiricism and analysis. The empirical phase researches the manner how the parents and their child with LD conceptualize housing environment based on Lyhty. The methodology of this phase is formed by family interview method as data collection and the applied method of inductive, qualitative content analysis. Following give insight into the chosen methodology.

Qualitative research has been used to mean different things throughout its historical context. Yet, the main interest has always been to gain a better understanding about the studied matter through interpretative practices. The practices represent the world in the attempt of

making things visible. Methods are e.g. interviews, conversations, recordings etc. Qualitative research has an interpretative approach in the means of making sense of the information people bring to a qualitative researcher. (Denzin & Lincoln 2005). According to Cormack (1996) qualitative indicates understanding of motives and meanings, describing of the action and interaction of the research subjects in their context. Motives and meanings are mainly considered in the context of the transcript, not through observation of the moderators during the interview. Action and interaction of the respondents create the content of the data but haven't been the focus of analysis.

Since the values of interdependence and inclusion are embedded in the project, the aim is to analyze, clarify and develop a conceptualization that is both relevant and applicable in creating a housing environment for people with learning disabilities. The qualitative approach through interviews underlines interdependence, developing concepts by listening and deepening the insight into the concerned peoples experience (DiCicco-Bloom & Crabtree 2006).

5.1 Family interview as data collection method

In the application of the hybrid model in concept development the fieldwork phase, phase two, was realized through interviews. Four families participated in the interviews. Referring to Åstedt-Kurki (2001) qualitative methods are suited to study family experience. The aim of phase two was to seek for knowledge of the families concerning housing environment. This supports the underlining value of interdependence. The development of concepts seeks to strongly involve the perspective of the clients. Through the hybrid model already existing conceptualizations of environment are taken into consideration.

Åstedt-Kurki (2001) points out that family-nursing research focuses on the perspective of family welfare and its promotion. She further stresses the importance of the chosen unit of analysis. Traditionally one family member gives information on behalf of the whole family (Uphold & Strickland 1993 in Åstedt-Kurki 2001). Developing housing environment concepts for people with learning disabilities should necessarily be open to include family as an integral aspect of a person with a learning disability. To avoid rigidity due to the definition, the family could remain a self-identified group, as Whall (1993 in Åstedt-Kurki 2001) defines it.

Several clients of Lyhty have their own nurse as the nearest significant other. The aim of the research was to gain insight into the families' and clients' perspectives. Thus, we chose

clients who had parents. We also predefined the participants and invited the parents and the child having a learning disability to the interviews, siblings weren't invited. The age of the clients having a learning disability varied from 20-47 years old at the time of the interviews. Three clients were using the supported living service offered by Lyhty. One participant lived in their own apartment in the neighborhood of Lyhty and works in one of Lyhty's workshop. Their capability of verbal expression varied to a great extent from good to no verbal communications skills. The clients have lived 3.5, 4, 10 and 11 years in their momentary home. The parents' age is on average 59,4. The youngest parent participant was 37 years old, the oldest parent participant was 70 years old at the time of the interviews. Four of the parents were in retirement.

Through a face-to-face, in-depth interview we sought for insight into individual experiences and perspectives from the participants. DiCicco-Bloom & Crabtree (2006) point out that an in-depth interview facilitates a co-creation of meaning with the interviewees and that the interview can eventually change the direction due to the interviewee's information, interest and knowledge. The interviews aimed to be an interactive conversation including exchange of information. The interviewers' role was participative, thus more than just interviewing per se. Thereby the interviewers' input was included into the analysis as context of the gained information, not in its content. The formed concepts originate from the participants' information. A qualitative research interview contributes to a body of knowledge (DiCicco-Floom & Crabtree, 2006), which is necessarily bound to a context (Denzin & Lincoln, 2005), thus not objective. Denzin & Lincoln (2005) describe it as "a walking stick to help some people get on their feet" (p 695).

The semi-structured interview is the source of the data and additional observations are not made. The interview is scheduled outside everyday events and organized around themes, which originate from nursing theories and studies and projects done in the field of housing environment (see Appendix 1 & 2: Invitation letter to the interview).

5.2 Qualitative content analysis as method

Content analysis is a generic name for a variety of means of textual analysis that involves comparing, contrasting, and categorizing a corpus of data. In other words content analysis means a transformation of the inquired data into findings, and words are organized into fewer content related categories. (Patton 2002, Cavanagh 1997, Schwandt 1997). According to Mayring (2000) the qualitative content analysis aims to transfer the advantages of quantitative content analysis to the qualitative content analysis. Content analysis as a

qualitative process is a method of analyzing data systematically and objectively, which includes to a certain extent subjective interpretation and the approach of the researcher (Burns & Grove 1997). Yet it is an empiric, methodological and controlled analysis of a textual body in context to its communication (Mayring 2000). Referring to Cormack (1996) and Patton (2002) the implementation of analysis is adapted to the data, therefore rules do not exist, strategies are only suggested. Mayring (2000) refers to quality criteria when talking about the trustworthiness and reliability of this method. He suggests that the analyzing process has to take place through rules. The goal, the variable of the participants (text-producer), the formation of the material should be defined and illustrated. Graneheim & Lundman (2004) accept in their work eight concepts in qualitative content analysis, based on the literature (see Table 7): manifest and latent content, unit of analysis, meaning unit, condensing, abstracting, content area, code category and theme.

TABLE 7: Definition & process of qualitative content analysis according to Graneheim & Lundman)2004)

CONCEPTS IN QUALITATIVE CONTENT ANALYSIS	DEFINITION IN THIS PROJECT	APPLICATION / AIM
Manifest or latent content	Manifest content (what) Latent content (how) describing dynamics	Described through codes & categories Described through sub-themes & themes
Unit of analysis	Interview by interview	Processing to the meaning units
Meaning unit	Considering words, phrases, paragraphs by content & context	Working with and in the transcript, reducing the data according content & context
Condensing	Shortening the text	Capturing the core of the content, shortening but not changing the data
Abstracting	Describing & interpreting on a higher level of abstraction	Condensed, shortened text, processing towards content areas, eventual paraphrasing
Content area	Identifying explicit areas of content, no interpretation	Processing the shortened data according to the content (in context) (looping back to original data) towards codes
Category	Descriptive level of content, eventually through sub-categories	Unit of analysis shifts to the whole corpus of coded data, in reflection to the original data (loop)
Theme	Latent content, describing content through how-question, underlining meaning	

The manifest content takes into consideration the visible and obvious components of the text. The latent content refers to the underlining meaning of the text, considering the relationship aspect. Both deal with interpretation differing in the depth and the level of abstraction. The concept of the unit of analysis deals with the object of study. The unit size aims toward being large enough to be considered as a whole, and small enough to be understood in the context of the meaning unit. The meaning unit stands for words, sentences or paragraphs, which include relating aspects through their content or context. Synonyms in other theories are e.g. content unit, coding unit (Baxter 1991), idea unit (Kovach 1991), textual unit (Krippendorff 1980) and keyword and phrase (Lichtstein & Young 1996). Codes are related to the meaning unit, understood in contextual relation. A code originates from meaning units and condensed

meaning units. Condensing deals with shortening the text but preserving the core information. Reduction and distillation are terms used in other theories to represent equal processes. Abstraction relates to the process named also aggregation. The term abstraction underlines the 'descriptions and interpretations on a higher logical level' (Graneheim & Lundman 2004, 106). Content area sheds light on a specific explicit area of content identified with little interpretation. Processing to categories aims to create a descriptive level of the content, often through sub-categories. It is an 'expression of the manifest content of the text' (Graneheim & Lundman 2004, 107). Sub-categories can be abstracted into categories and categories divided into sub-categories. According to Krippendorff (1980) in Graneheim & Lundman (2004) a category answers to the question of 'what'. A theme is related to the latent content. It answers to the question of 'how' and deals with the 'underlining meaning' (Graneheim & Lundman 2004, 107). Themes are based on the condensed meaning units, codes or categories on an interpretative level.

The process of finding a meaning unit, condensing the meaning unit and abstracting, is seeking for codes, categories, themes. Eventually themes are created through meaning units and sub-themes. This process differs from the coding and categorizing in that it is the underlining meaning through condensed meaning units, codes or categories on an interpretative level.

6 FINDINGS OF THE EMPIRICAL PHASE

Following conceptualization of the activating housing environment through six environments includes resources, manners to activate the resources, clients and families, aims and values. The six environments arising from the perspective of the parents and their adult child having a LD are activating care environment, social environment, organizational environment, broader environment, physical housing environment and service environment. Figure 3 depicts the method of analysis within this research. The housing environments integrate strongly the interdependence of the environments through a supportive or restrictive nature. As example, the organizational environment has a strong activating role in the social environment. The interviews' quotations are translated to English, the original quotations are found in the Appendix 7.

Based on the method of analysis of Graneheim & Lundman (2004) the findings aim to capture the manifest and the latent content of the data. Thereby the manifest content considers the 'what' content, analyzed through and thus described by sub-categories and categories. The findings reflect the manifest content as resources of the six environments. Thereby the

resources are specific for each environment and give an overall definition of the environment at hand. The latent content reflects on the 'how' content and aims toward describing the dynamics of the content of the data through sub-themes and themes (Graneheim & Lundman 2004). Based on the data the themes consider the manners to benefit from the resources through activation, enhancement, support and use of the resources. The manners are not environment-specific. The content of the manners (latent content of the data) though relate to the content of the resources (manifest content of the data).

The challenge in the conceptualization was to capture the described interdependences and the complexity of the data. Thus, emerged from the data the findings are, further to Graneheim & Lundman's method, describing the 'what for' and the 'why' content. Thereby the question 'what for' captures the aims of the activation of the environments' resources through the themes. The aims are environment-specific through their content.
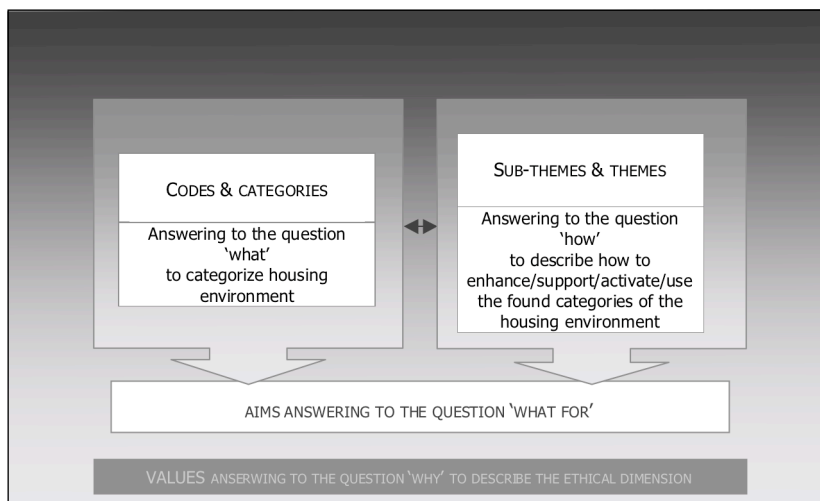

FIGURE 3: Applied method of analysis

The question 'why' captures the ethical dimension through values, which emerged to be strongly underlining the manifest and latent content. This method of analyzing includes certain overlapping within the six environments, which contradicts the chosen definition of concepts according to Steen (1993b) in Morse et al. (1996). Yet, the categories define the environments' what-content that is environment-specific. The overlapping is concerning the themes, aims and values through the interdependence of the environments. Thus, certain environments are included as part of how to enhance resources of other environments. Furthermore the aims and the values are interdepending and overlapping, argued by the chosen focus on the data, the housing environment.

6.1 Activating housing environments

The activating housing environment embraces six environments. The categories define the resources of the environment. The themes describe the manners of enhancing, supporting, using and activating the resources of housing environment striving toward aims, underlined by values. Figure 4 depicts the six housing environments with their aims to create an activating housing environment.
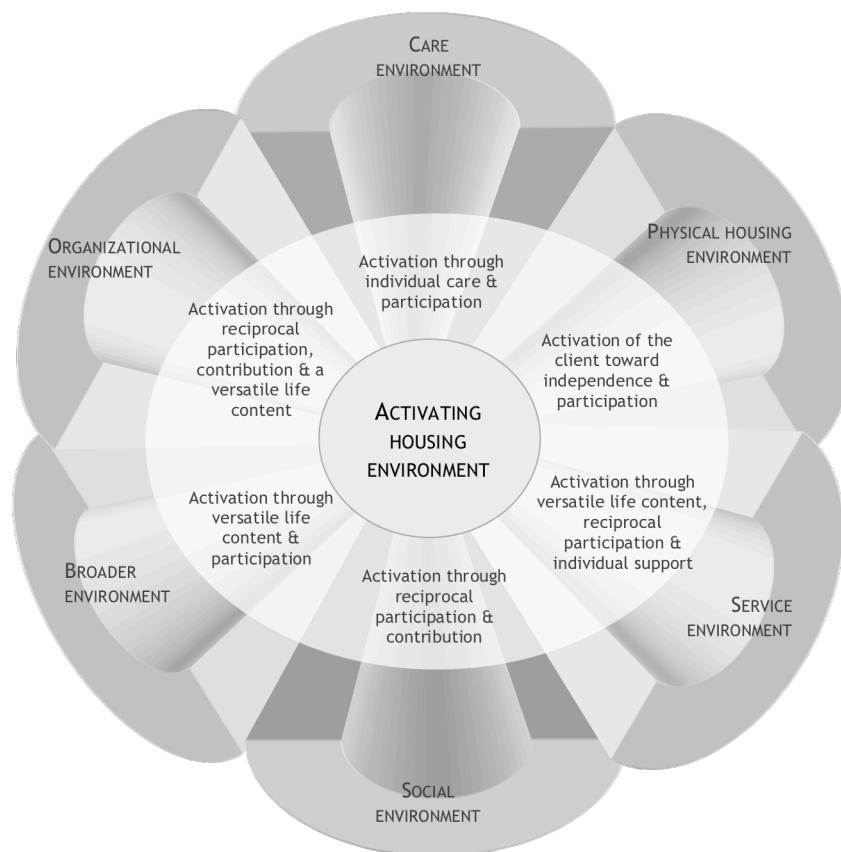

FIGURE 4: Activating housing environment

The aims of the environments are individual care, activation of the client toward independence, versatile life content, individual support, contribution and (reciprocal) participation. Participation evolves as an overall aim. Contribution of the client is a further aim within the organizational and social environment. The service, organizational and broader environment aim toward enhancing versatility in the client's life content. The care environment is further aiming toward individual care. The individuality is present also in the aim of the service environment through individual support. The housing environment evolved as being activating through the mentioned aims. Thereby the housing environment resources

as well as the client with his/her family are focus of the activation that can take place within the housing environment. The client is described as an active participant, who makes contributions, participates, whose life content is aimed toward being enhanced and how should be the core of the individual care and the individual support.

6.2 Activating care environment

Activating care environment is described through care resources (categories) and how to activate and strengthen care resources (themes) to reach the aim of individual care and participation. Descriptions of the activating care environment are tightly related to the values individuality, respect, trust, continuity, wellbeing, rights and flexibility. Following quotation depicts the client's resources, their activation and the underlining values of respect, individuality and wellbeing.

> 1. "Yeah the thing is, that here everybody's considered as an individual, respecting an individual, not that everyone would repeat a certain pattern. I think it's well said what (other client's) parents once said that "all the things (the other client) had previous been criticized on have actually turned into a strength in Lyhty". Yes, yes it's... One could say, that considering the strong characteristics, 'cause (Client) has quite a lot of them, very strong, that one should concentrate on them.." (Mother)
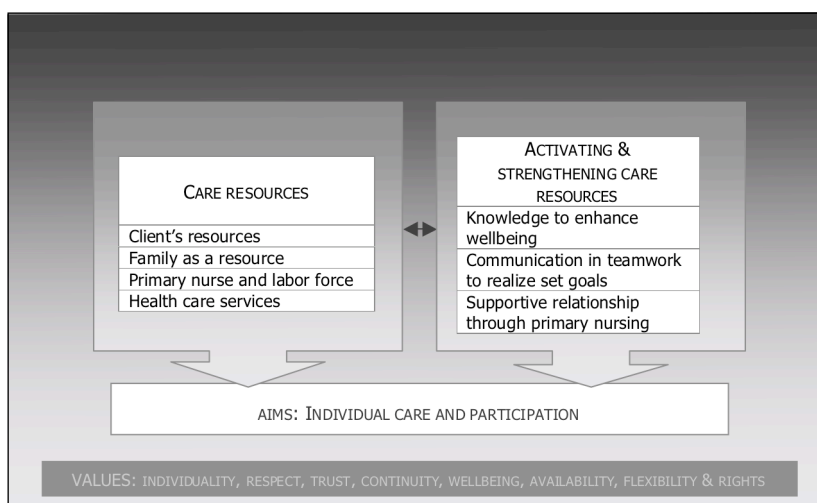

FIGURE 5: Care environment and its aspects

Figure 5 depicts the activating care environment through the category care resources and its four sub-categories, the theme activating and strengthening the care resources through three sub-themes, the aims and the values. Following is a description of the activating care environment and its aspects.

6.2.1 Care resources

The category care resources includes the four sub-categories client's resources, family as a resource, primary nursing and health care services. Figure 6 depicts the care resources in its categories, sub-categories and values. Following is describing the resources of the activating care environment.

The skills, goal setting and decision-making, interests and the health of the client form the client's resources. The client's skills are described through mobility, communication, senses, mental processing and practical skills. The client's goal setting and decision-making is depicted as having impact on decision-making instead of decision-making as such. This is depending on the skills (and partly on the degree of disability) of the client to make own decisions and to communicate them.

> 2. "Thinking individually, what are the points of interest of (Client), from what does he get energy to his life (…) we're talking about things that are very individually based and thinking what one needs, what's important, where does one get motivation and joy to their life. What's a strong thing that pushes further." (Mother)
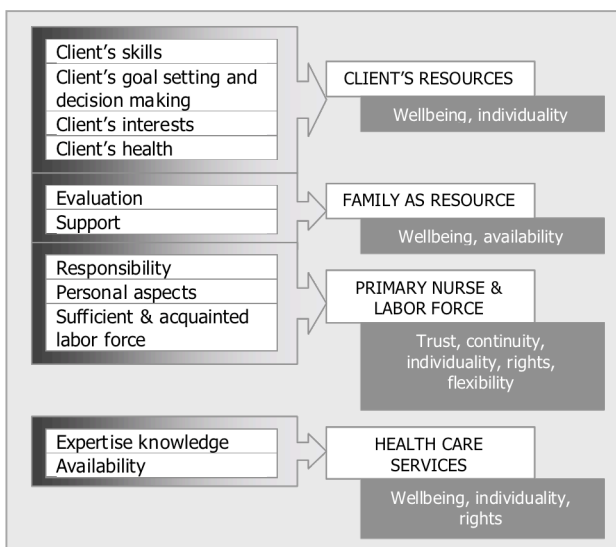

FIGURE 6: Care resources with its values

The client's interests, described as passions, priorities and joy, are stated to be the starting point of a strength-oriented approach in the care and a thinking approach on an individual level. The interests are partly described as being connected to childhood experiences. The client's health emerged as one of the care resources of the clients through descriptions of the employees' focus on the client's individual health matters.

> 3. "Everybody has individual problems, we have seen how greatly you have taken care of problems of several clients." (Father)

The family as a resource within the care environment arose through description of the parents being involved in the everyday life matters of the client. The involvement is described as an evaluative and supportive resource with a great extent of availability by being flexible. Evaluative resource is associated to health care related aspects as medication, mental and physical wellbeing. Moreover the evaluation by the parents emerged in housing environment aspects, through evaluation of the condition and location of the apartment, flat or the group home. Also the need of services is strongly evaluated by the parents. Thus, the family as a resource in the care environment considers the client's wellbeing in a broad context. The family as a supportive resource relates to the client's resources. The support, thus, focuses on the client's skills, the goal setting and decision-making and the client's interests. Thereby the support is depicted as being a medium between client's expressions, understanding the client and communicating with the second part toward a continuation of the client's communication and realizing wishes.

> 4. "And another thing, it was so funny, we were looking for that job. Back when (Client) was working in (...) in one of those factories and they were kinda freaked out that he worked there, it was so... We didn't like that job. I was all the time like shooting in the dark, thinking what would be better. By chance I saw a small ad on Helsingin Sanomat, that this Luovilla is hiring and I called Helka. And Helka said you are welcome to visit us. And that's where it began." (Mother)

Further support is described through co-operation with the services in the interest of the client. The support in practical matters of housing as housework and everyday life matters demands control depending on individual skills and situations.

> 5. "It's quite far based on constant control, we've been controlling all the time. Every morning and every night and it's like, it's not gotten better, but we've noted even more these like practical everyday things. Besides taking the medicine, that kinda practical normal stuff." (Father)

The primary nurse and labor force as resources in the care environment emerged through responsibility, personal aspects and sufficient and acquainted labor force. The primary nurse has clear responsibilities based on the method of primary nursing. The responsibility is described as 24 hours a day and in a holistic manner, focusing on the individual care. The primary nurse meets the interests of the client. The employees are described to have personal aspects, which are important in the care environment. The client's connect better with certain employees due to personal aspects.

> 6. "And it is very much depending on the instructor, the person (...) it's so much about what kind of person one is." (Mother)
> 7. "Some (of the employees) are real good supporters." (Client)

The need of sufficient labor force is described in connection with activating and supporting the client's resources. People are needed to strengthen client's skills, to support the goal setting and decision-making of the client and to meet the interests of the client. Health can be improved through different methods based on being acquainted to the care.

8. "(…) when there's staff with polytechnic degrees, but Espoo doesn't seem to realise that and they're hiring people to Rinnekoti, and they   manage easier and cheaper, when there's no nurse (…) When there's too few employees you have to use medicine to calm the residents down, when the employees are busy, when there's not sufficient amount of people working." (Client)

The health care services as a resource of the care environment are described through expertise knowledge and availability. The availability of the services is mostly connected to health care centers and therapies. Health care services are physiotherapy, occupational therapy, speech therapy, health care centers and specialized physicians.

6.2.2 Activating and strengthening care resources

The theme activating and strengthening the care resources (depicted in Figure 7) describes how to enhance an activating care environment for the client and the family. The care environment consists, based on this theme, of three sub-themes including knowledge to enhance wellbeing, communication within the team to realize set goals and a supportive relationship through primary nursing.
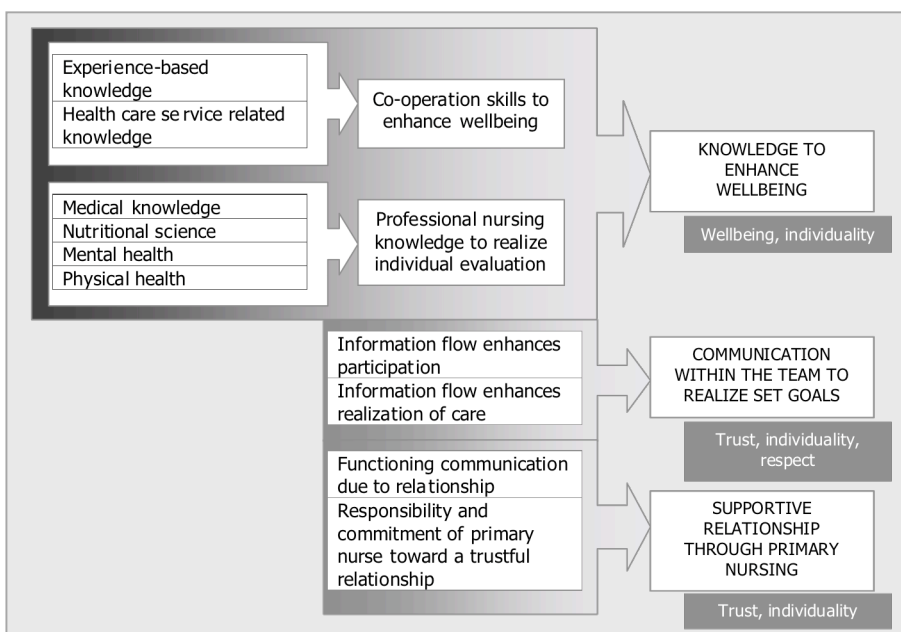

FIGURE 7: Activating and strengthening the care resources

The first sub-theme depicts the needed knowledge of housing service employees to enhance wellbeing through cooperation skills and nursing skills to evaluate. This sub-theme involves professional knowledge from the housing service employees and knowledge about how to cooperate with other health care services. It complements the knowledge of the parents and the client. Knowledge to realize individual evaluation is described as nursing knowledge. Co-

operation skills involve factual knowledge about co-operating with health care services and experience-based knowledge about cooperation possibilities.

> 9. "One thing we always stressed on when fighting the city of Espoo, that it would be important for people like (Client) to have trained staff around, that he would really get the support and help, like from a psychiatric nurse or an education like that, that you can't have a hand craft's teacher, it's demanding. It's easily said that 'cause it's a housing service all you do is cook and wash clothes, but there's plenty of other need for support and that's why it's important." (Mother)

> 10. "An other important part is that this inborn illness of (Client) has been investigated and diseases related to it. There wasn't very much medical knowledge back then, but then we found an expert through the Family Federation of Finland, who found these slight anomalies and problems in form of disease and they've found several and Client has been treated on them. (…) It's impossible to know all the possibilities what society offers and that's what you have experience on, 'cause you have a large group of young people in need of help there." (Father)

The second sub-theme depicts the role of communication within the team to realize the goals that are set by or with the client and family. Communication is described as information flow, which enhances participation of the family and enables realization of the care. The third sub-theme emerges through functioning communication due to relationship, responsibility and commitment of the primary nurse toward a supportive relationship. The method of primary nursing is considered as a ground for building up a supportive relationship with the client through time. It thus activates the client's resources and the families through the primary nurse as care resource. Functioning communication between the client and the primary nurse is mentioned to be an indicator of a supportive relationship. The employees are described through personal aspects that have impact on the supportive relationship. The client's connect better with certain employees due to personal aspects.

The service environment and the organizational environment can have a supportive or restrictive influence on the care environment. Their impact is described to lie on the selection and demands on employees. The amount of employees is depending on the services. The financial opportunities are further depending to a certain extent on the services.

6.2.3 Activation through individual care and participation

Individual care and participation of the clients and the families arose to be the aims of the activating care environment. The two aims are interdependent. The individual care enhances participation of the client and the family. The relation between the client and the family within the care environment not only considers the family as a care resource as described above but also considers the family as a part of the client. It is expressed that the wellbeing of the family is connected to the wellbeing of the client.

11. "And it's like so good for us, when our children are doing well. We're not worrying so much." (Mother)

Through an activating care environment the client's role is described to be more active through participation. Unaccomplished individual care and participation results in dissatisfaction of the client and thus parents and leads, in ideal circumstances, to changes.

The importance of individual care is depicted as a necessary goal, a focus on individuality, a thinking approach, and as the reason for applying to the housing serviced offered by Lyhty. The sub-category of the client's resources (skills, goal setting and decision-making, interests and health) is the core of the individual care. To activate the mentioned resources of the client labor force is needed. To enhance participation of the client the decision-making within the care environment is interdependent with the consideration of the client's interest. The consideration of the client's interests enables the clients to have an impact on decisions when they cannot be met by the client him/herself. Thereby a supportive relationship between the client and the care giver, in this case the primary nurse, supports the client's communication, enhancing understanding and enabling realization of the client's goals.

The family as a resource of the care environment is connected to the client's resources in a supportive manner. While enabling participation for the client and enabling the clients having impact on decision-making also the family gets encouraged to participate more actively in the care. That is described through participation through the client. Thereby the communication within the team, assuring realization of set goals enhances the participation of the families.

Enabling the families to be a resource in the care environment enhances the participation of the families. Activating the families as a resource demands flexibility of the services in case the families are not available. Thereby one interviewed family underlined that the perspectives of the client and the parents might differ. The health care services offer a variety of expertise knowledge, which enables to reach an individual care.

6.3 Activating social environment

The activating social environment captures the aim of being social through participation, interaction and contribution and is described by the category *social resource* and the needed *support in being social*. Thereby the category is defined by five sub-categories of social resources; the social environment at home, parents, the neighborhood and people in the broader environment. The theme *activating social resources* is tightly related to the social resources and has impact on using the opportunities offered by social resources. It is described by three sub-themes; support through supportive devices, through communication,

through organizational, broader and service environment, and the location of the housing. Figure 8 outlines the activating social environment and its aspects.
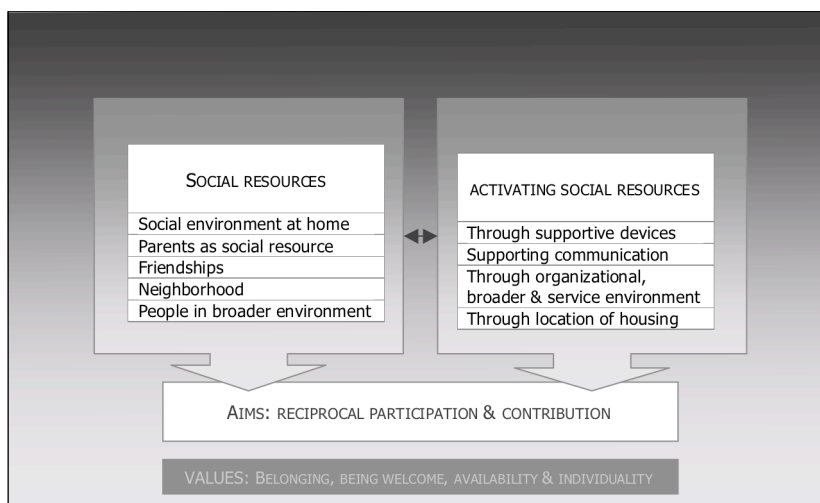

FIGURE 8: Social environment and its aspects

Belonging, being welcome, availability and individuality embrace the values of activating social environment. Being welcome is depicted through tolerance and interaction. Thereby interaction stands for reciprocal participation, as mentioned above. A successful use of the social resources leads to a welcoming atmosphere, whereby resistance within then social environment stands for the risk when not succeeding. Belonging emerged through the choice of location of the housing environment and indirectly included the social environment. Individuality stands for the client's own goals and needs. In the social environment individuality is described through choices of the client about the timing of privacy and social being, and the roommates with whom the client has to live together.

6.3.1 Social resources

Social resources are described through five sub-categories (see Figure 9); the social environment at home, the family as a social resource, friendships, neighborhood and people within the broader environment. The social resources are proximal to the client as the core of the housing environment.

The social environment at home outlines the people who are living in the same home using the same service. Roommates as a resource in being social can be achieved through consideration of with whom to live.

> 12. "Other clients of a group home environment come and ask how you are (…) It is a pleasure to hear other clients asking how are you doing." (Father)
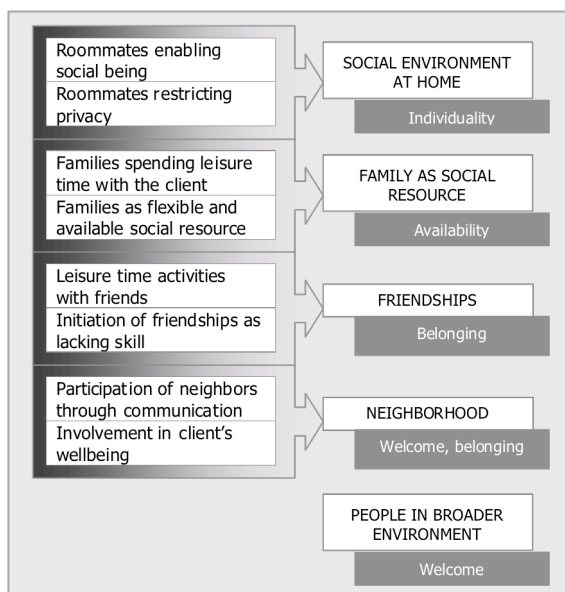
FIGURE 9: Social resources with its values

The parents as social resource evolved through description spending leisure time with the parents and supporting when difficulties in everyday life or services appear. An indirect evidence of the family as a social resource emerged through descriptions of their availability when needed.

> 13. "And about dwelling of (Client). (Client) spends every weekend with us. Be it at city or at our country place." (Mother)

The sub-category of friendship as a social resource arose from the perspective of the parents. Activities in leisure time and independence from the parents as social resource are motivators for supporting friendships. The initiation of friendships and activities is described as necessary support. The neighborhood as a social resource is described as people who are involved in the clients' everyday life. The involvement is identified through being worried due to observations and through communication.

> 14. "But this one person is wondering can this person reside when he's discussed with some people of the house and complained that so many people like this visit him. That can this kind of delusional person reside there." (Mother)

Their involvement can be limiting or supportive. People within the broader environment consist of people in the public environment and reaches as far as the clients move. It is seen as important that the clients are in communication with the people and in contact with the life in society.

> 15. "And they never check (Clients)... his swimming card. They were just like yeah we believe (Client) has it. He's got it for a year... the swimming card yes. They all know there... this gives a certain...(a lot)" (Mother)

6.3.2 Activating social resources

The activation of social resources through four sub-themes aims toward supporting the client reciprocal participation and contribution. The sub-themes embrace supporting through supportive devices, supporting communication, supporting through the organizational and service environment and the location of the housing environment. Figure 10 depicts the activation of the social resources toward being social with its values.
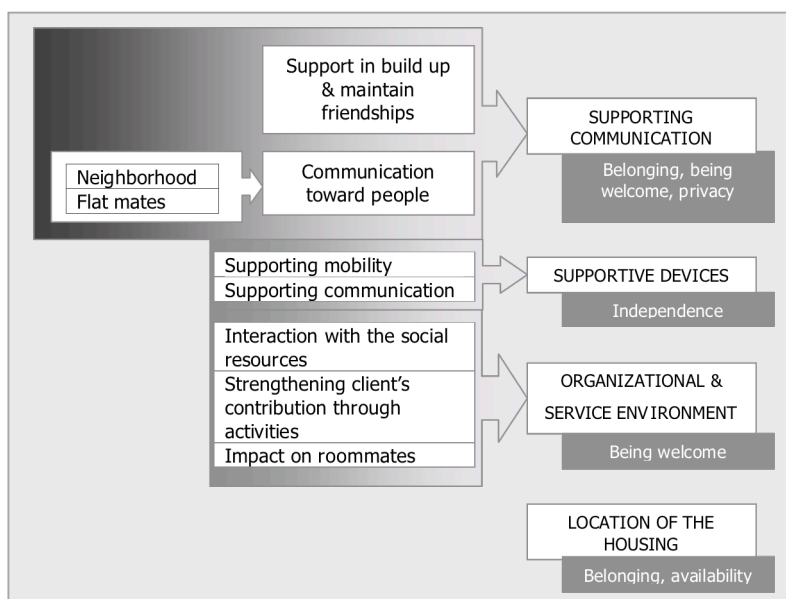
FIGURE 10: Activating social resources toward being social

The supportive devices are linked to being social at home due to enabling a versatile use of the space and due to an improved opportunity to communicate through mobility and communication. Supporting communication meets two eventual needs of supporting resources; support to build up and maintain friendships and the support in communicating with people by whom the client is surrounded. Thereby roommate and the neighbors were considered.

Communication is seen as a way to enhance the participation of the parents. Thereby the parents are a resource for the clients' social being as well as a part of the client through a family care approach. Communication as part of the activating care environment points out the strengthening and activation of the parents as a care resource. As in the care environment the communication toward the parents supports their participation and contribution to the social being of the client and the family as the client through being welcome.

The organizational environment, which is a category as such, is described has having a main impact on building up a welcoming atmosphere through interaction with all the categories

belonging to social resources. Through the organizational environment interaction toward reciprocal participation with the neighborhood and people in the broader environment can be enhanced, choices of roommate could be influenced if the networking with social services is functioning and parents as social resource can be strengthened. Further the organizational environment can create actions, which enable contribution from the client's to the society.

> 16. "… and then for example, I didn't know that across the street... that this couple that lived there the man died... I remember when we took part in this voluntary raking happening in autumn, that this widow wasn't there, but the Outdoor-group thought that we should rake there too... That what it feels like, this person who was so much against starts to think that how... When... I didn't know that when we went for a Christmas meal at Lyhty that this opposing person was there." (Mother)

The location of the housing environment is described as having impact on the sub-category parents as social environment. If the location of the client's home is near to the parents' home the parent's role in the social environment is increased.

6.3.3 Activation through reciprocal participation and contribution

The aim of being social evolved through two sub-aims, reciprocal participation and contribution. Reciprocal participation arose from participation of the client in the happenings in the environment and participation of the family, neighborhood and the people within the broader environment in the client's life. The manner to enhance reciprocal participation bases on interaction of the social resources and is supported by supportive devices and in supporting the client's communication. Supportive devices and support in communication enhance the opportunity for reciprocal participation of the client and others, and participation through communication of decision-making in general and specifically concerning being social through the use of the space in the housing environment. The organizational environment can have an essential impact on activating the family, neighborhood and people of the broader environment to participate in the client's life through creating a welcoming atmosphere. Further the neighborhood has impact on a welcoming living social environment for the client instead of resistance through everyday communication.

A risk when not achieving the social aspect of living with other people the right to privacy is at risk. Thereby the choice of roommate is described as absence, the awareness of the service providers apart from the direct housing service providers about the social aspect of group homes is described as lacking.

> 17. "The first thing that (Client) brought up was his own privacy and that this other client is bothering him. It's very much talked about." (Mother)
> 18. ": I've sometimes said it goes like this: if this isn't fixed one of us, this certain fellow or I, have to go... One can't stand this situation!" (Client)

19. "When he was living in that residential home he was somehow bothered and he always locked his doors and no one could come in ... that he didn't like people visiting his room." (Mother)

Contribution of the clients to the environment emerged through the activities of the organization environment. The activities are named as public celebrations, organizing concerts, garden workshops and daily activities, which include supporting the people and taking care of the environment of the neighborhood.

6.4 Activating organizational environment

The organizational environment is described by the category of organizational resources with two sub-categories, versatile activities within the organization and contributive activities within the social environment. Using the organizational resources to enhance reciprocal participation, contribution and enabling a versatile life content embraces two sub-themes, process orientation within the organization and enabling use of resources through creation of opportunities. Figure 11 depicts the organizational environment with its aspects.
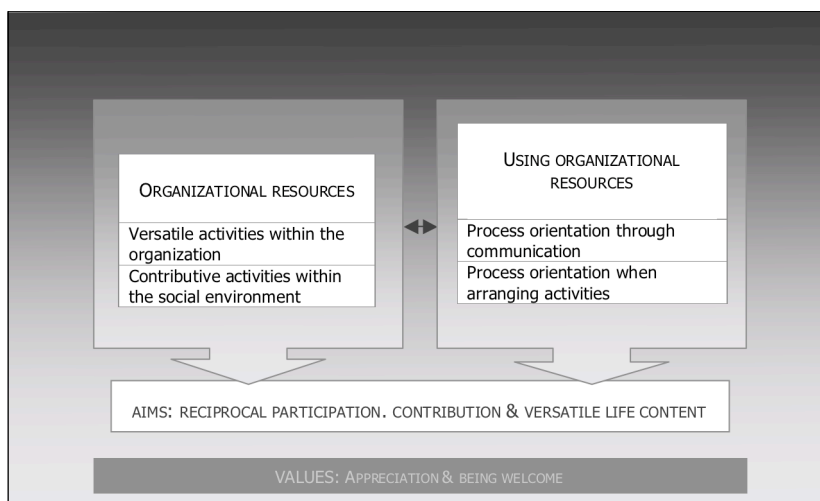

FIGURE 11: Organizational environment and its aspects

The organizational environment is linked to the values appreciation and being welcome. Appreciation on the side of the parents and the clients is created by factual knowledge and experience-based knowledge about ongoing processes of the organization or organized by the organization. In other words information flow enables appreciation due to gained knowledge and creates a welcoming atmosphere. The factual knowledge is gained by information flow, whereby the organization has the active role in offering information. Creating an environment where the family members gain knowledge according to their interest and strengths is

described as a supportive factor. Experience-based knowledge is gained through welcoming the clients and family members into joining the processes.

> 20. "Yea, you were so smart in that. When there were the battles, about the quitting, some said that some organization (parents association within Lyhty) like this, then the other parents were like they don't belong. That there's these few who tinker and potter around... that everybody's equal when you have nothing. And you can participate according to your own recources." (Mother)

> 21. "For example this Tähkätie house... How one's been able to follow, they've never left parents out of it... when you know all the battles from beginning, how that plot, how Helka got it, how it was for so long, that it almost had to be given away, the city wanted it... and you always felt how on earth, it felt instantly like a victory, like this wonderful... like how you appreciate everything... if you didn't know these things, if we hadn't been told about them... there's this plot... but when you know the project and for example we got to participate in voluntary work happenings with (Client) in Tähkätie, when the trees were cut and twigs being carried, and you kinda began to feel like home in that community. I've talked to Helka many times, for example about the colour of the tiles of outside walls. And Helka said let's go look for this dark tile... one got to be there the whole time. It feels wonderful." (Mother)

Through welcoming the neighbors and people from the broader society a reciprocal participation is enabled, which enhances being welcome is described by of the client within the social environment.

> 22. "And you had there these common get-togethers for the voluntary workers, to which people from the neighborhood were invited and welcome, and the word spread through Konala-society or... and in other ways it created positive atmosphere." (Father)

6.4.1 Organizational resources

Two sub-categories, the versatile activities within the organization and contributive activities within the social environment, form the organizational resources. It describes an active organization, arranging happenings. Being active as an organization grounds in the attitude and goals of the housing service offering organization (see Figure 12).
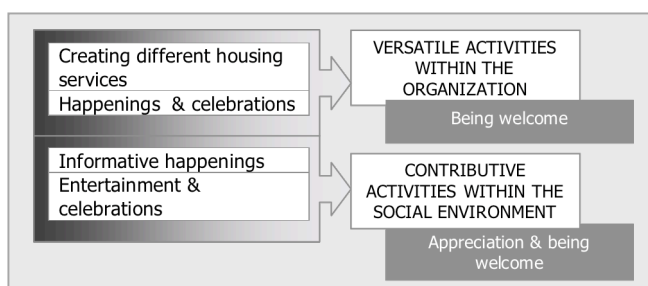

FIGURE 12: Organizational resources with its values

Versatile activities within the organization emerge through being active in creating different housing services and in arranging versatile activities for the client within the housing environment. The presence of various activities is described as having valuable impact of

creating a housing that is more than a sleeping place, a group home or institution. The activities are named with celebrations, sport events and music events within the organization.

> 23. "There are that many activities, you can't call it to be a residential home." (Father)

Creating different housing services involve awareness of the client's situations and of the opportunities offered by the environment.

> 24. "And the first year at Kutonen I suppose was quite difficult on many of the inhabitants. And after a year we took off to another Kotikutonen at Kirkonkyläntie. (Mother) (…) It's quite a peculiar thing that this house happened to be free back then." (Father)

Contributive actions within the social environment consider informative happenings and entertainment and celebrations within the society. Happenings are of informative or active nature for the clients, family members, neighbors and people from the broader social environment. Celebrations are organized in various scales, named by Christmas and Easter celebrations, music events, sport events and its celebrations. Contributive actions are also described as daily interactive tasks with the neighborhood.

> 25. "You arrange public happenings in the neighborhood, as the Christmas market, Easter happenings, sport activities. They are of great importance." (Father)

6.4.2 Using organizational resources through process orientation

Using organizational resources through process orientation is described by two themes, process orientation through communication and process orientation within activities (see Figure 13). Process orientation within the organization evolved through examples how Lyhty is functioning as an organization.

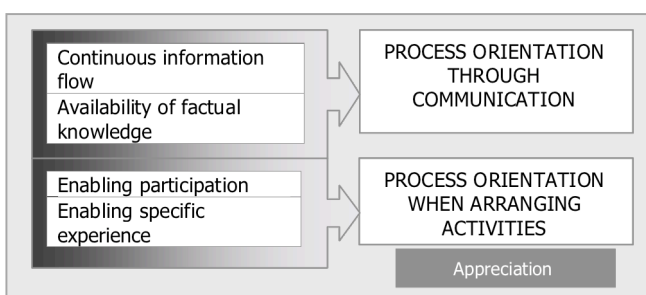FIGURE 13: Enabling use of organizational resources

Process orientation through communication is exemplified by a continuous information flow initiated by the people working in the organization toward the parents and families of the clients. Communication considers the availability of factual knowledge when wanted or needed. It emerged through description of information flow concerning crisis times, care

philosophy, changes within the housing services and constructions, including the planning phase, construction phase and moving in. Process orientation within activities considers the possibility of participating in the process of arranging various happenings initiated by the organization. Thereby the processes themselves might take place in various environments.

6.4.3 Activation through reciprocal participation, contribution and a versatile life content

The organizational environment described with the categories and themes is relating to the aims of reciprocal participation, contribution and versatile life content. Thereby participants belonging to the reciprocal participation are unlimited, from the clients and their family to the employees and the society. The contribution is described as activities from the clients contributing to the society, such as arranging public celebrations, concerts and considering the neighborhood in daily actions.

The process orientation enables participation of the clients and the families according to their wish in a full process. Happenings are arranged and information is available. This is created and allowed by the organization. Reciprocal participation and contribution as aims of the organizational environment are congruent with the aims of the social environment. The organizational environment is explained as a major opportunity to activate the social resource and support the aim of being social due to activated reciprocal participation and contribution. By enabling the client to join processes of arranged activities the life content is described to be more versatile.

6.5 Activating broader environment

The broader environment consists of two sub-categories describing the broader environment resources and the theme of enabling active use of the resources. Three sub-themes describe manners to reach the aims of a versatile life content and participation of the client in the facilities offered by the broader environment. Figure 14 depicts the activating broader environment and its mentioned aspects.

The values connected to the aspects of the broader environment are accessibility, independence, wellbeing and appreciation. Following gives insight into the connection of the values to the other aspects of the broader environment. Accessibility is described by availability of the facilities, which is enabled through the location of the housing environment. Additional to the availability the support from other people and the creation of opportunities enable the client to access the facilities by which he/she is surrounded.

Independence arouse through the theme of the support from the services. Thereby independence is strongly described through its counterpart of dependence. The client as a service user is depending of the service providers. The parents express appreciation due to the more versatile life content of the their adult child. The latter is also connected to the wellbeing of the client and indirectly of the family.
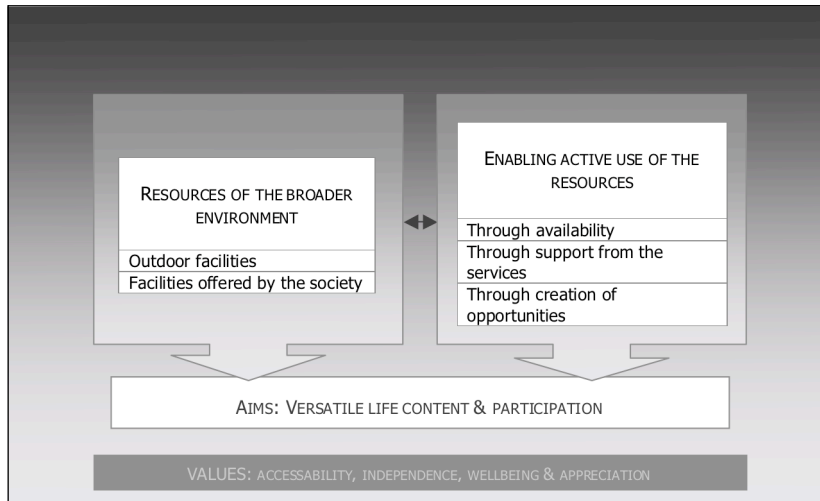

FIGURE 14: Broader environment and its aspects

6.5.1 Resources of the broader environment

The resources of the broader environment offer options for activities and enable the client to participate in society. Two sub-categories, the outdoor facilities and the facilities offered by the society constitute this category. Thereby the broader environment includes strongly the values of accessibility, independence, wellbeing and appreciation. As depicted in Figure 15 following is a definition of the broader environment's resources and its values.
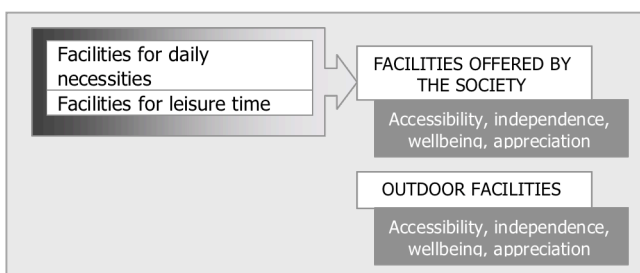

FIGURE 15: Broader environment's resources and its values

The outdoor facilities are depicted by the surrounding nature. Facilities offered by the society include facilities for leisure time and facilities for daily necessities as shopping. Leisure time facilities enable physical exercise, activities as shopping and traveling, and

include facilities to socialize. Facilities for physical exercise are named by swimming halls, riding places and by a variety of sport clubs.

> 26. "In Rinnekoti you have the nature but nothing else, from Lyhty you get to (…)
> That's such a great place, 'cause it's in the middle of settlement, there's short distance
> everywhere, to city center. I think it's important people aren't taken somewhere." (Mother)

6.5.2 Enabling active use of the resources

Three sub-themes evolve through descriptions of the use of the broader environment's resources, thus facilities (see Figure 16). Enabling active use of the facilities takes place through availability of facilities, support from the services and creation of opportunities by people interacting with the client. It aims toward supporting a versatile life content for the client by benefiting from the resources.
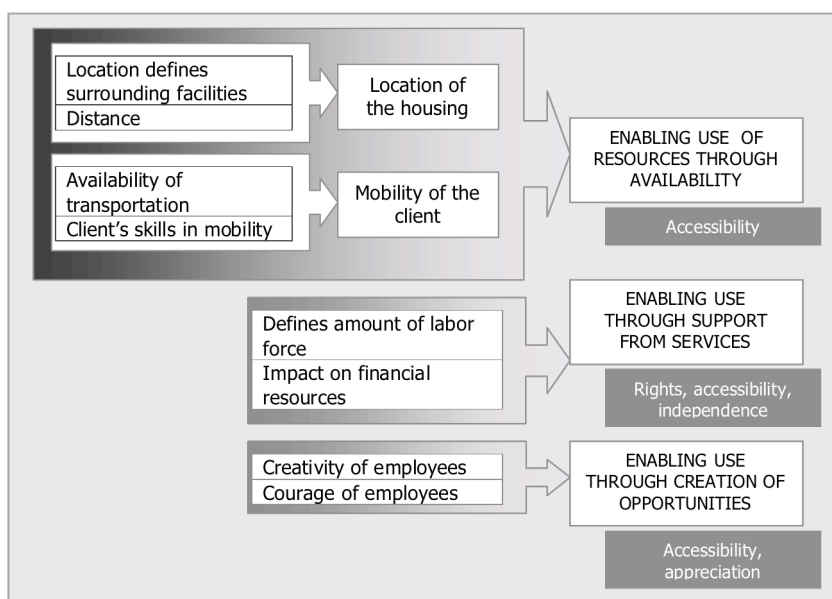
FIGURE 16: Enabling use of the broader environment's resources

The availability of a variety of facilities is defined by the location of the housing and the mobility of the client. The location defines the facilities by which the client is surrounded and the distance between housing and facility. It has impact on the possible choices the client has in being active. The mobility of the client is supported through availability of transportation and enables the client to benefit from the facilities.

The support from the services influences or eventually defines the amount labor force and financial resource. Thus the support can have a major impact on activating the ability to use the facilities surrounding him/her. Creation of opportunities considered the creativity and

courage of the employees within the housing environment. Creation of opportunities is thus standing for daring to try unknown and new activities with the clients.

6.5.3 Activation through versatile life content and participation

Versatile life content for the client can be enhanced through consideration of the three themes describing the availability, the needed support and the possibility to create opportunities to use resources of the broader environment. Availability of facilities can be influenced by choice of location of the housing. The service environment has impact on the offering the needed support and the employees of the housing services influence the creating opportunities. Following example illustrates the versatility of life content.

> 27. "And then there's hobby possibilities created by Lyhty... Very diverse hobbies. There's been photography club and a band and you played floor ball for a while, now you've been to judo and you're still at Resonaari playing music." (Father) (…) "Of course it's splendid that (Client's) life is so diverse and wonderful like that...." (Mother)

Participation in society is described as participating in events organized external of the service and organizational environment. Participation in various events and using facilities offered by the society enhances the versatility of the client's life content. Participation concerns thus the clients and their ability and opportunities to participate in the society. Thereby the location of the housing environment and the mobility of the clients are supporting or limiting the possibilities of participation of the clients.

> 28. "(My) Sister always asks why can't (Client) go around by taxi. But (Client) doesn't use it. When he went to school he used it for a little while, we took him to the school by car, but then (Client) absolutely wanted to take a tram. He likes that and it's good he's seeing other people. Like seeing normal life." (Mother)

6.6 Activating physical housing environment

Physical housing environment evolved through the category of resources of the physical housing environment described by space and construction features, forming the two sub-categories. The theme concerning activating physical housing environment resources describes how features can be resources for the client's decision-making and independence. The activation takes place through the two sub-themes of the client's sensorial experiences and the client's mobility. The aim of the activating physical housing environment is to activate the client through the use of the physical housing environment resources toward independence and participation. Figure 17 depicts the physical housing environment with its aspects.

The values of this environment are wellbeing, privacy, independence and safety.

Thereby privacy as a choice, independence through mobility and safety are related to wellbeing. Privacy has to be a choice, which needs space and noise isolation. Mobility enhances independence from caregivers, whereby the physical housing environment has impact on the barriers limiting or enhancing mobility. Safety is related to privacy as a choice and mobility. The construction features can enhance or limit both of them due to safety reasons originating from the client's resources, as having epileptic attacks or lacking skills to avoid the self-endangering issues.
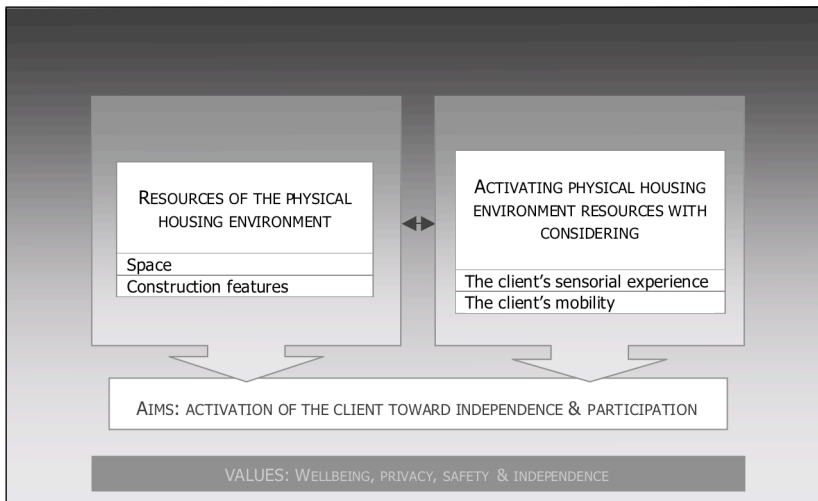
FIGURE 17: Physical housing environment and its aspects

6.6.1 Resources of the physical housing environment

The physical housing environment is described by terms as comfortable, lovely, homey, in good condition, well planned and renovated. The aspects of the physical housing environment are divided into space and construction features as depicted in Figure 18.

Space relates to common space and private space. The amount of space, common or private, is necessarily connected to the client's mobility and need of supportive devices, and the resources of the client. Thereby the resources might change by time and influence directly the experience of privacy.

FIGURE 18: Physical housing environment's resources and its values

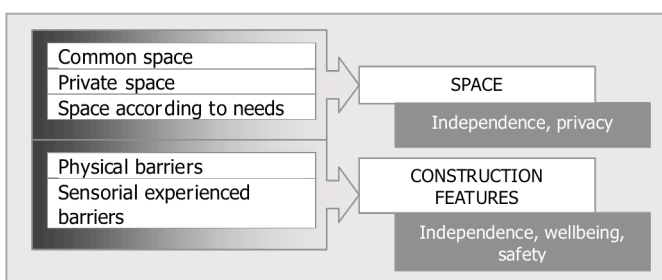The construction features are identified as being restrictive or enabling through present or absent barriers. Physical barriers are related to the skills of the client. Other barriers of the physical environment are named by light and noise isolation.

6.6.2 Activating physical housing environment resources

The theme activating the client through the physical housing environment resources includes two sub-themes, client's sensorial experience, client's mobility and client's choices describing how the physical environment is perceived and enabling the client to use the space well. Figure 19 depicts the sub-themes how to activate the client. The latter describes the aim of the physical housing environment. Following description thus includes the theme and the aim of the physical housing environment.
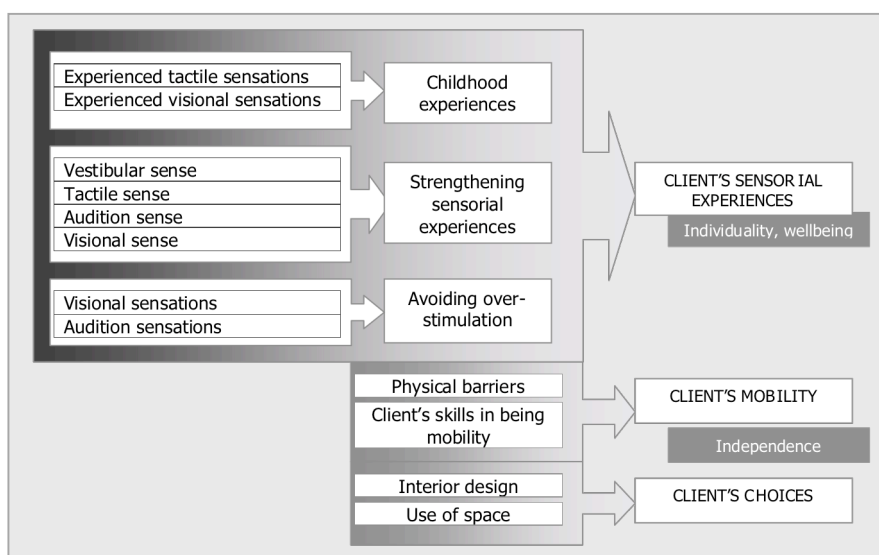
FIGURE 19: Activating physical housing environment

The client's sensorial experience is describes as relating to childhood experiences, strengthening sensorial experiences and avoiding over-stimulation. In context of the physical housing environment the tactile, audition, visional and vestibular senses evolved. Sensorial experiences made during the childhood are a possible resource to plan the physical housing environment.

> 29. "…(Client) was born near rapids (…) in the shore, it surely has to do with this sound from the childhood." (Father)

Thereby planning the needed space for offering opportunities to experience different tactile input can support tactile sensations. Visional sensation is related to planning light installations and further to wellbeing through e.g. epilepsy or headache caused by certain lights.

30. "It was also before this dim light... It's this interior design related thing that's important to client. The lights are importat. 'Course (Client) gets headaches from certain kind of lights." (Father)

Strengthening sensorial experiences relate to vestibular, tactile, audition and visional senses. The vestibular and tactile sense can be strengthened through considering the material and needed space for various sensorial inputs, as different sitting opportunities and space for certain devices. The audition sense arose through noise isolation. The latter, thus hearing easily is over-stimulated due to weak noise isolation in group-homes. Visional sensations can be over-stimulated due to inappropriate light installations. The client's mobility in the context of the physical housing environment is defined by the client's skills to be mobile and by physical barriers. The latter affects limitation if present and supports mobility if absent. The client's skills have impact on what is defined as a barrier. Client's choices focus on the opportunity to choose the interior design and the use of the space.

31. "And when you think about this environment (Client) lives in, physically, that (Client) has possibilities to move. There's good corridors there and (Client) rolls by himself a lot." (Mother)

6.6.2 Activation of the client toward independence and participation

Concluding, the physical aspect of the housing environment has impact on the sensorial experiences of the client and his/her mobility. Activation of the client thus relates to various possibilities of sensorial stimulation and an environment absent of barriers so that the client's mobility is possible to its greatest extent without depending on other people as the caregivers. Independence is described through deciding where to spend time, which is enabled through mobility. The physical housing environment can thus have impact on the client's dependence on caregivers through barriers.

The participation within the physical housing environment concerns the inner design. The client can have impact on the inner design already in the planning phase of the housing environment and throughout the time living in the environment. Colors and use of space are two mentioned areas where the client and the family can participate through choices. Following statement depicts the client's participation in process of the physical space.

32. "I think when you always include inhabitants in these processes (…) like for example Eljaksentie back when it was in it's final stages, you said on the phone, when I was so stoked, that it's to wonder, that there's this room... that colors... you had options there and everything. To think, that it's not told to you, that (Client), his wishes are being taken to consideration... as far as possible... and it was like... oh we get colors, Client gets to choose... You had green, there was some other left, red and yellow were taken. Then (Client) started pondering." (Mother)

6.7 Activating service environment

The service environment includes the category service resources, which consists of five sub-categories, and the theme activating resources with four sub-themes. The sub-themes describe how to activate the resources in the client's interest. Figure 20 depicts the service network environment with its aspects.

The values connected to the service environment are continuity, respect, trust, wellbeing, individuality, availability, reliability, safety and rights. The dependence of services that define the availability of services, from housing service to health care and social services, endangers all the mentioned values belonging to the service environment. Thereby the social services have a major role in the service availability by offering and financing services. They can have a key role in capturing the client as the core within the services. Every lacking or functioning co-operation of the services affects the client's life and is directly or indirectly affecting the housing environment.
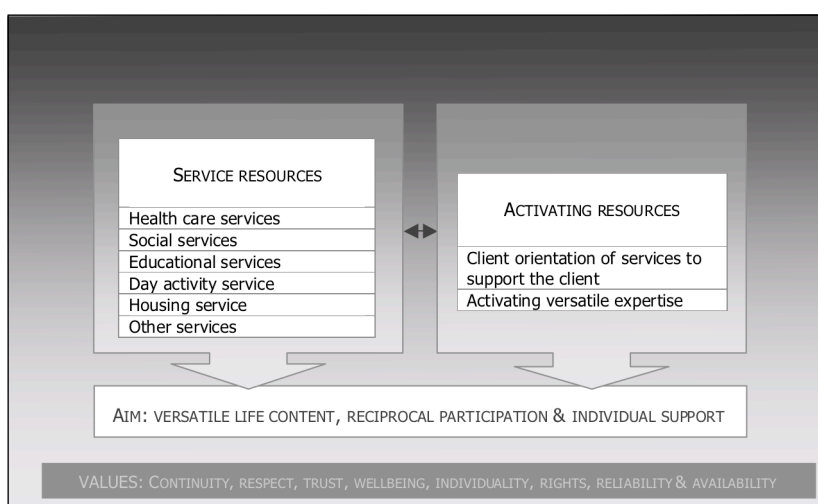
FIGURE 20: Service environment and its aspects

6.7.1 Service resources

The service environment is described by the services the client and his/her family are using. Six sub-categories form the service resources including health care services, social services, educational services, day activity service, housing service and other services as depicted in Figure 21. The link of the variety of service resources to the housing environment is partly a direct link and partly an indirect link through the client. The client is affected by the services, which involves indirectly the housing service, where the client is living and at home.

FIGURE 21: Service resources and its values

The health care services consist of several therapy forms named with occupational therapy, physiotherapy, riding therapy and speech therapy. The medical services concern the service of public health care centers, physicians of public services, co-operation with specialists in the medical area and in disability issues, dentists and home nursing. The latter was described as temporary need in context of accidents for example.

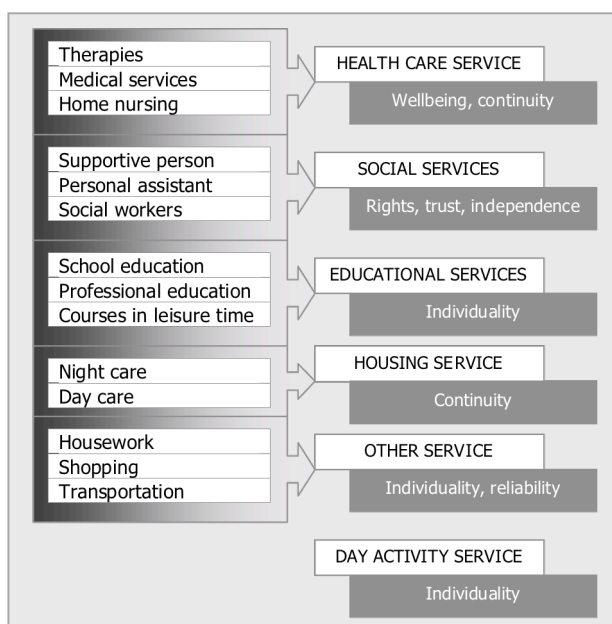Social services define to a certain extend the availability of services based on rights and finances. The supportive person, personal assistant and social workers are named as belonging to the social services. Educational services embraced school education, professional education and courses in leisure time.

6.7.2 Activating service resources

Activating service resources is depicted by two sub-themes named as client orientation of services to support the client and activating versatile expertise as Figure 22 shows. Client orientation of the services to support the client embraces integrated support in the client's every day life, the subjective need of support and support needed by certain groups of clients. Integration of the service support into the every day life takes place through information flow, offering factual knowledge about service possibilities and laws for example. Participation of the services in the client's life is the second aspect of integration of the service support. It is described by services being present in the client's every day life and own environment. It thus captures the demand to reach the client in his/her own housing

environment and to offer the needed service support at place. Following quotations describe the needed holistic approach to reach client-orientation.

33. And to use his own taxi, which must've increased Client's possibilities when you know you can trust. (Client) must feel safer to start off and it's nicer and easier to go when you don't have to think about those things." (Mother)

34. "So many times you think, planning these things, doing it in such small pieces that you can't see the big picture. That what all is tied together, how it works. Or how it stops working when one piece doesn't function." (Mother)
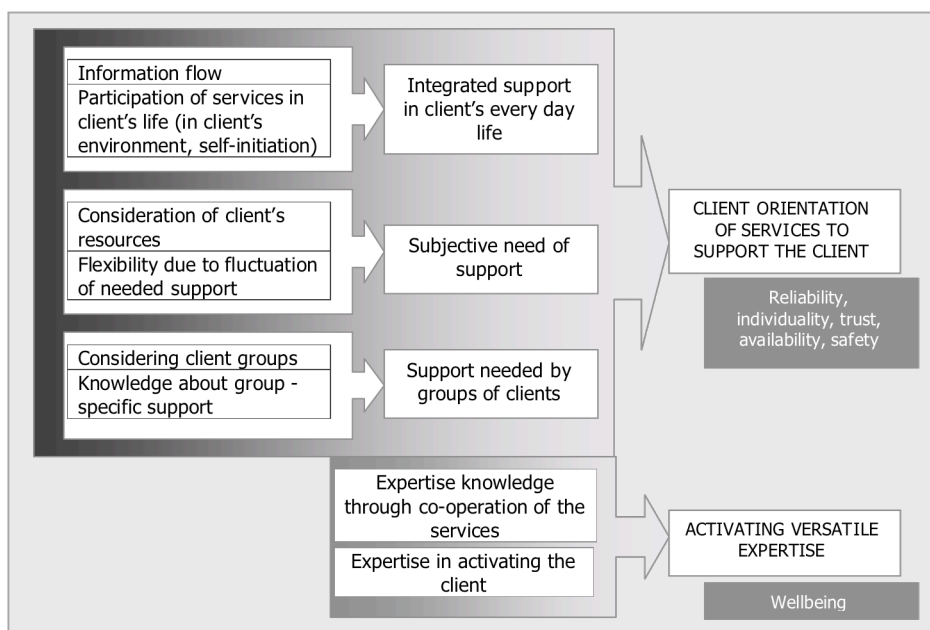
FIGURE 22: Activating service resources

Self-initiation of participation enhances the probability to offer genuine integrated support. The support varies from practical support in daily issues to specific factual information, depending on the client's situation.

The subjective need of support ensures the consideration of the client's resources and flexibility due to fluctuation of available resources and thus needed support. The demand for flexibility refers to the momentarily too rigid definitions of housing services, time-wise and client-group-wise and service-wise.

35. "If we're talking about percents, it should be quite flexible. Sometimes there's a need when something happens, then it's much more that 30% and then sometimes you don't need more than somebody taking contact every now and then, checking everything is ok." (Father)

36. "More generally thinking that selling this kind of idea to local authorities, that there should be a kind of hybrid and as a selling point could be that expenses are smaller than with fully assisted living." (Father)

The consideration of client's resources relates to finances, parents as resources and client's skills. These resources are described to be fluctuating. Therefore flexibility of the services in needed to strengthen and use the mentioned resources, and to support when needed.

Activating versatile expertise evolved from expertise knowledge through co-operation of the services and expertise in activating the client. Through co-operation of the service resources the service environment can offer client-specific expertise knowledge (medical knowledge, disabilities specific knowledge) and expertise in activating the clients. Therapy forms capture expertise in activating the client through rehabilitation, activities in every day life and innovations for coping in the every day life. The latter is described as originating mostly in the occupational therapy.

6.7.3 Activation through versatile life content, reciprocal participation and individual support

The aims of the service environment are described strongly from the client's perspective. Thereby enhancing the versatility of the client's life content, reciprocal participation and individual support evolved as the aims from the social environment. The aim of supporting the client's versatile life content relates to the decision-making of the service environment considering labor force and content of the provides services.

The reciprocal participation emerged from the description of the services the client uses. The described main focus is the relation of the services to the client. The relation extends from being supportive to the client's dependence on the services. The client is always affected by the services. Thus different services are related to each other, if not directly then through the life of the client. That demands a holistic approach of the service providers reached through reciprocal participation among the services and between the client and the services, and individual support. Reciprocal participation between the service provider and the client also meets the wish of being familiar to each other.

> 37. "Yeah and then there's one thing... Not that, I'm not saying that... But around when this service plan was made there was talks about someone could go with the client... relating to that Espoo service, like go somewhere evenings and Espoo would be willing to pay a little fee for this companion and there was someone named for that, but I didn't hear how it went." (Father)

Individual support as aim evolved through integrated support and subjective need of support. Integrated support stands for supporting the client within his/her own environment. Consideration of the subjective need of support takes place through activating the client's own resources, as finances, skills and social environment. Individual support is further reached through activating the versatile expertise existing within the service environment to

gain client-specific knowledge. In the service planning it is essential to gain a supportive role in the client's life.

7 CONCEPTUAL MODEL OF ACTIVATING HOUSING ENVIRONMENT

The purpose of the research was to develop concepts of housing environment for people with learning disabilities from perspective of parents and their clients using services from the private organization Lyhty. The process of this research leaned on the three phases of the hybrid model. The theoretical phase lead to a working definition, which was used as background information for the interviews. The found concepts of housing environment are based on four family interviews and qualitative, inductive content analysis. The six concepts of housing environments are defined by environment-specific categories, environment-unspecific manners of activation, aims and values. Table 8 illustrates a summary of the findings that are described more detailed in the chapter 'Findings of the empirical phase'. Following is a reflection on the findings and the theoretical phase, refining the findings from the empirical phase.

7.1 Health promoting perspective on housing environment

Housing environment is an important interactive factor of the wellbeing of the client as a family member according to Friedemann (1995) in Åstedt-Kurki (2001). Activating housing environment described through resources, themes of activation, aims and values can be seen as a health promoting approach of conceptualizing housing environment for people with learning disabilities. Wellbeing as value emerging from the data argues the health approach of this conceptualization. Activating the housing environments' resource for the client and activating the client's own resources underline further a health promoting approach in housing. Thereby client refers to client and the significant others such as the family. Themes of activation take place through enhancing, using, supporting and strengthening the resources of the housing environment for the good of the client. Themes of activation further happen by direct activation of the clients and the families through their resources and aims toward participation, contribution and creation of a versatile life content. Next to the advocacy role, the parents as resources in the client's life, the family's wellbeing emerged to be of importance. The wellbeing of the parents is described to relate strongly to the wellbeing of the client. That underlines the importance of the family care approach. Denham's family health model (2003) underlines the focus on wellbeing by its salutogenic perspective.

7.2 Interdependence and housing environment

Interdependence as an underlining value presents the need of shift control of the resources to the people with disabilities as a solution of the dilemma. The dilemma in the conceptualization of disability through interdependence is named as historical distances from the heart of society. Disability in its dilemma is viewed as broken, abnormal, and of no essential, genuine value. (Bureau in Rausher & McClintock (1997) in Kitchin (2000). To rigid service definitions and practices, and lacking participation of the service providers lead to dependence of the client. Independence is described as relating to client's skills in communication and mobility. Lacking participation of the service providers is also described as leading to a lack of focusing on the individual and on the conjunctions of the parts affecting the clients' life.

Bureau (1997) in Kitchin (2000) underlines these findings by stating that to rigidly set up laws, values and attitudes of society are challenged to change from dependency toward interdependency. He further states that the goal is independent and interdependent living in the community whereby the person with disability retains sovereignty over their own life and is entitled to a full range of choices. The descriptions about activation of the housing environment's resources to activate the client are congruent with Bureau's suggestion of a solution to the dilemma of disability from the perspective of interdependency. He names it as a shift control of the resources to the people with disabilities leading to empowerment and transformation (Bureau in Rausher & McClintock (1997) in Kitchin (2000)). The housing environment resources include the client's and family's resources and activation leads to participation, contribution and individual care & support. Especially individuality in care and support, and the contribution are congruent with the shift control of the resources to the people with disabilities. Independency and dependency are applied terms in the interviews. The described supportive or restrictive interrelationships of the housing environments underline the interdependent nature of those environments.

7.3 Ethical dimension in housing environment

Values capture the ethical dimension, which emerged to be strongly underlining the manifest and latent content. The values did not emerge as environment-specific, but several housing environment resource aimed through their activation toward same ethical goals. The ethical dimension and the aims reinforce the interactive and interdependent nature of the housing environment. The ethical dimension is described through individuality, respect, trust, continuity, wellbeing, rights, privacy, safety, (in)dependence, reliability, availability, belonging, being welcome and appreciation. Etymological the term ethics bases on the two

Greek words: 'ethos', standing for custom, nature and disposition, and 'ethnos' meaning home, nation, and people. According to the etymology ethics can eventually differ to a great extent within individuals, situations, people, nations and cultures and is relating to home. The latter conforms with the strong appearance of underlining values throughout the interviews. Venkula (2003) discusses three perspectives on reality named with science, art and ethics. She concludes that these three perspectives are different ways of appearances of the reality. Further, ethically guided questioning leads to information, which is not reachable through science (Venkula 2007).

The need of individuality in concerns of people with learning disabilities demands not only planning on organizational and legal level but ground work with the clients through out the housing service planning process. Lyhty aims toward individual care, continuity of care and responsibility through primary nursing, as defined by Hegyvary (1987) as principles of primary nursing.

7.4 Refined terminology of housing environment

The term applied term 'people with learning disabilities' refers to people who have a limited ability of functioning due to a disability that started in their developmental age. It thus is not focusing on the diagnosis. Environment relates to 'environ' (to compass, circuit). The adverb 'environ' means around and stems from en (in) and viron (circle, circuit). A further term relating to environment is 'virer', meaning to turn. Therefore environment is a state of being environed in the sense of the nature, external conditions and resources with which an organism interacts. Kim (2000) applies the definition of environment as defined as an external entity to a person.

Housing is having several functions that lean on concepts of life (Sosiaali- ja terveysministeriön oppaita 2003:4, www.stm.fi). The clients live in their housing environment. The clients are affected by the found concepts of housing environment, which concern more than the being at home and housing services. The concepts are interdependent through the client's life. This conjunction is described by the activation of certain environments through other environments such as the depicted support of the organizational and broader environment to the social environment and leads to interdependence of the environments. The activation is subjective to the clients' perspective.

Housing environment from the families' perspective consists of care environment, physical housing environment, service environment, social environment, broader environment and organizational environment and embraces environments, which affect the client's housing

and living. Thus, the housing environment connects a variety of environments interacting and affecting the client's life and thus the client's housing. Environment-specific resources define the housing environments. The care resources consisting of client's resources, family as a resource, primary nurse and labor force, and health care services define the care environment. Space and construction features define the physical housing environment. The service resources embracing health care services, social services, educational services day activity service, housing service and other services define the service environment. Social environment at home, parents as social resource, friendships, neighborhood and people in broader environment define the social environment. Outdoor-facilities and facilities offered by the society define the broader environment. Versatile activities within the organization and contributive activities within the social environment define the organization environment.

The aims of the housing environments are activation of the resources offered by the environment leading to activation of the client (and family) and direct activation of the clients and families. Kim (2000) states that environment can be consciously used for the benefit of existence. This happens through activation of the client and the family. Activation stands for reciprocal participation of the involved people, focusing on the participation of the client and the family. Activation further is realized through contribution, individual care and support, the client's independence as a goal and through aiming toward versatile life content.

8 DISCUSSION

Following discussion consists of ethical considerations and trustworthiness of this research. The discussion of the findings aims toward depicting the context of the findings in relation to previously published recommendations, evaluation criteria, studies and laws within Finland. The recommendations for further research originate from the data, the chosen concepts, considered literature and experience of this research process.

TABLE 8: Activating housing environment with its aspects

Housing Environments	Categories	Themes	Aims	Values

Care environment	**Care resources**
	Client's resources
	  Client's skills, client's goal setting & decision making, client's interests, client's health
	Family as a resource
	  Evaluation, support
	Primary nurse and labor force
	  Responsibility, personal aspects, sufficient & acquainted labor force
	Health care services
	  Expertise knowledge, availability
		Activating & strengthening care resources
		Knowledge to enhance wellbeing
		  Cooperation skills to enhance wellbeing (experience-based knowledge, health care service related knowledge)
		  Professional nursing knowledge to realize individual evaluation (medical knowledge, nutritional science, mental health, physical health)
		
		Communication in teamwork to realize set goals
		  Information flow enhances participation
		  Information flow enhances realization of care
		Supportive relationship through primary nursing
		  Functioning communication due to relationship
		  Responsibility and commitment of primary nurse toward a trustful relationship
			Activation through individual care & participation	Individuality, respect, trust, continuity, wellbeing & rights

Physical housing environment	**Resources of the physical housing environment**
	Space
	  Common space, private space, space according to needs
	
	Construction features
	  Physical barriers, sensorial experienced barriers
		Activating resources considering:
		Client's sensorial experience
		  Childhood experiences (tactile & visional sensations)
		  Strengthening sensorial experiences (vestibular, tactile, audition & visional senses)
		  Avoiding over-stimulation (visional & audition sensations)
		Enabling mobility
		  Physical barriers, client's skills of being mobile
		
		Enabling choices in concerns of interior design and use of space
			Activation of the client toward independence & participation	Wellbeing, privacy, safety & independence

Service environment	**Service resources**
	Health care services
	  Therapies, medical services, home nursing
	Social services
	  Supportive person, personal assistant, social workers
	
	Educational services
	  School education, professional education, courses in leisure time
	Day activity service
	Housing service
	  Night care, day care
	Other services
	  Housework, shopping, transportation
		Activating service resources
		Client orientation of services to support the client
		  Integrated support in client's every day life (information flow, participation of services in client's life, participation through self-initiation)
		  Subjective need of support (consideration of client's resources, flexibility due to fluctuation of needed support)
		  Support needed by groups of clients (considering client groups, knowledge about group-specific support)
		Activating versatile expertise
		  Expertise knowledge through cooperation of the services
		  Expertise in activation the client
			Activation through versatile life content, reciprocal participation & individual support	Continuity, respect, trust (threat), wellbeing, individuality, rights, reliability, safety & availability

Social environment	**Social resources**
	Social environment at home
	  Roommates enabling social being, roommates restricting privacy
	Parents as social resource
	  Families spending leisure time with the client, families as flexible and available social resource
	Friendships
	  Leisure time activities with friends, initiation of friendships as lacking skill
	Neighborhood
	  Participation of neighbors through communication, involvement in client's wellbeing
	People in broader environment
		Activating social resources
		Through supportive devices
		  Supporting mobility, supporting communication
		
		Supporting communication
		  Support in building up & maintain friendships, communication toward people (neighbors, roommates)
		Through organizational & service environment
		  Interaction with the social resources, strengthening client's contribution through activities, impact on choice of roommates
		Location of the housing
			Activation through reciprocal participation & contribution	Belonging, being welcome, availability & individuality

Broader environment	**Resources of the broader environment**
	Outdoor facilities
	Facilities offered by the society
	  Facilities for daily necessities, facilities for leisure time
		Enabling use of the services
		Through availability
		  Location of the housing (location defines surrounding facilities and distance), mobility of the client (availability of transportation, client's skills in mobility)
		Support from the services
		  Defines amount of labor force, impact on financial resources
		Creation of opportunities
		  Creativity of employees, courage of employees
			Activation through versatile life content & participation	Accessibility, independence, wellbeing & appreciation

Organizational environment	**Organizational resources**
	Versatile activities within the organization
	  Creating different housing services, happenings & celebrations
	Contributive activities within the social environment
	  Informative happenings, public happenings & celebrations
		Using organizational resources
		Process orientation through communication
		  Continuous information flow, availability of factual knowledge
		
		Process orientation when arranging activities
		  Enabling participation, enabling specific experience
			Activation through reciprocal participation, contribution & versatile life content	Appreciation & being welcome

8.1 Ethical considerations

Christians in Denzin & Lincolns (2005) refers to codes of ethics as a conventional format for moral principles. Especially for qualitative studies, agreed ethical guidelines are lacking, which bothers e.g. medical research ethics committees (Richards & Schwartz 2002). Christians (2005), mostly on social science, summarizes the codes of different scholarly associations into four guidelines: the informed consent, deception, privacy and confidentiality, and accuracy. The British Sociological Association's Statement of Ethical Practice released in the year 1991 (in Richards & Schwartz 2002) focuses on following issues in their guidelines for qualitative studies: power relationships between researchers and participants, consent and anonymity, and privacy and confidentiality. The appropriateness of ethical codes in qualitative research is discussed broadly. Richards & Schwartz (2002) state the need of guidelines in health service research, at least to stimulate discussion. Their guidance consists of two parts, the risks to the participants and ways to minimize the risks. Qualitative research has emphasis on the anonymity of the participants (Fontana & Frey in Denzin & Lincoln 2000).

The participants' identity has to be protected and the anonymity assured (Laki lääketieteellisestä tutkimuksesta 488/1999). Anonymity and confidentiality assure that the gained data is handled confidentially and that the participants are not identifiable (Burns & Grove 2001). The focus on voluntariness is of importance. As grounds for voluntariness the respondents have to be informed appropriately and sufficiently about the background and purpose of the research (Fontana & Frey in Denzin & Lincoln 2000). Voluntariness, confidentiality and informed consent e.g. are mentioned throughout different approaches in ethical guidelines.

The ethical considerations evolved from the research project's purpose and question and lean on the guidance offered by Richards & Schwartz (2002). The ethical guidelines give a framework to consider the wellbeing of the participants and further ethical decisions of this project. By discussing ethical issues the third part is informed about conditions met during this project. It thus aims toward enhancing trustworthiness by giving insight.

Exploitation of the participants is named as a risk by Richards & Schwartz (2002). Power relationships are the focus of this risk. The involved people in the process before and after the interviews are health professionals and families with their child having a learning disability. The child and the family, as a client, are using the service of the organization, where the interviewers are working. To decrease pressure on the families the parents were informed about the purpose and background of the project by phone call. Additionally an instructive invitation letter (Appendix 1 & 2) was sent to them after the first agreement of

participating. The participant having a learning disability got support by a co-worker to go through the given information. All the participants got the informed consent (Appendix 5 & 6) before the interview and signed it at the beginning of the interviews. Concerning exploitation, the informed consent assures once more the understanding of the topic and purpose, the use of the data and the voluntariness of joining the interview.

Identification of the participants as a harm is reduced by confidentiality. Confidentiality is a primary safeguard against unwanted exposure. Personal information, such as names, was shared only with the interviewers and the person transcribing. After the transcribing process names will be dealt confidentially, as well as the information about diagnosis.

Misrepresentation and misinterpretation is always a risk in qualitative studies. The research does not include respondent validation to decrease any inconvenience to the participants. Participation in the interviews was evaluated as time consuming enough. Through guidance and peer feedback misinterpretation should be avoided as much as possible and soundness of the research process should be enhanced. Methodology should be sound with respect to the purposes and assumptions throughout the process. Data-analysis methods and guidance aimed toward soundness and a decrease in misrepresentation or misinterpretation. The interviews, thus the empirical phase, took place in the Finnish language. The theoretical and analytical phase were partly realized in English. Either language is the native language of the researcher. Therefore a native speaker transcribed the data or checked the transcripts. During the interview a second interviewer was invited, whose native language was Finnish, with the aim of avoiding misunderstandings due to language. Meetings with the Finnish native speaker were kept also during the analytical phase.

Inconvenience and opportunity cost relates to the costs and time asked from the participants. The estimated duration of the interview was announced before the families decided to participate. For the location of the interview three options were offered to make it as convenient as possible for the participants.

The diagnosis of a disability could be discussed as a considerable influence in issues such as housing environment. As mentioned above interdependence and inclusion are leading values in this project. Certainly every human being needs and is in steady interaction with the environment, and vice versa. Here the aim is to gain information from four families with adult children having a disability whereby the housing environment according to those families is the focus, not the disability.

The fieldwork phase of the hybrid model is of a qualitative nature, four interviews with four families. According to Åstedt-Kurki (2001) qualitative research through interviews involves

eventually information with ethical implications. In this project the interviewers and interviewees have or have had an existing care relationship. That enhances the trust level and the option of contact after the interview, if wished or needed. Due to the nature of the topic and the qualitative approach of this study the method of family interview is preferred to focus group interviews. The aim is to provide a trustful environment for the interview situation. A debriefing after the interview (Åstedt-Kurki 2001) will be held and should enhance the satisfaction of the participants. Ethical questions are present throughout each research phase.

According to Graneheim & Lundman (2004) Watzlawick, Beavin & Jackson (1967) state two manners of communicating, the digital and the analogical way. According to him verbal communication is thereby mainly digital. Non-verbal communication is analogical and thus less considerable in a transcript. The interview as data-collection method demands the ability of verbal communication. The interviewee is the entity of parents with their child, who has a learning disability. As known beforehand the children's verbal communication skills will vary from well to none. Thus it is of great importance to clarify their participation and role in this project. Since we seek knowledge and insight of the parents about the environment for their child, the child and his/her interaction with environment is the core issue. Therefore, his/her presence, and furthermore, his/her inclusion into the discussion is of importance. Inclusion happens partly through the parents, the child's communicational skills and the interviewer, who are familiar to the child. To capture purely the view of the person having a learning disability, an ideal form of data-collection might be a combination of observation and interviewing.

8.2 Trustworthiness

Due to the researcher's analytical thought processes in qualitative content analysis certain subjectivity cannot be avoided. As a conclusion, reliability and validity are not measurable. To enhance trustworthiness a report about the analyst's own analytical processes and procedures is given. (Patton 2002). Trustworthiness in qualitative research is commonly described through credibility, dependability and transferability (Graneheim & Lundman 2004). Talbot (1995) mentions additionally confirmability.

Credibility is needed to ensure that the researcher has developed convincing conclusions and interpretations. This is gained by getting a debriefing from a peer (Talbot 1995). In this research two meetings with the second interviewee were arranged to reflect on the content and context of the interviews and the analysis process. It is of importance to keep the

meaning of the text throughout the analysis process to assure credibility in qualitative content analysis. The meaning units have to be suitable, not too broad, not too narrow. Broad meaning units lead to units containing various meanings. Narrow meaning units lead to fragmentation. To prevent losing the context of the interviews the analysis process included several loops to the original data, leaning on the analysis method of Graneheim & Lundman (2004). Loops stand for returning to the original transcript of the interviews to ensure the contextual meaning of the words, sentences and paragraphs. Further, the analysis process, thus the development of categories and themes, is illustrated in the findings. This aims to facilitate the reader to get insight into the manner of analysis and thus enables judging credibility (Graneheim & Lundman 2004). Ethical considerations discussed the language question, since Finnish is not the native language of the researcher. Additional to the ethical considerations, Appendix 7 exemplifies the translations and use of the data to enhance trustworthiness.

Dependability allows someone else to follow the process and procedures used in the study. This is accomplished by using an auditor that goes over the inquiry process and determines whether it is authentic. (Talbot 1995). *Confirmability* is to guarantee that the data supports the findings, conclusions and recommendations. This is reached by using an auditor (Talbot 1995). Next to the involved interviewee and four peer meetings within the Master Degree Program, Laurea's lecturer Pirnes and senior lecturer Lehto guided the analysis process.

Transferability permits someone else other than the researcher to decide if the findings can be applied in another context or setting (Talbot 1995) or groups (Polit & Hungler 1999 in Graneheim & Lundman 2004). It is achieved by giving out a detailed database and a full description (Talbot 1995). Graneheim & Lundman (2004) suggest an increase of transferability through a clear description of culture and context, selection and characteristics of participants, data collection and process of analysis. Transferability was considered through out the writing process, aiming toward a understandable structuring of the text that includes research related context and process details.

8.3. Discussion of the findings

The purpose of the research is to develop concepts of housing environment for people with learning disabilities from families' perspective. The data originates from four interviews with parents and their adult children who have a learning disability and who are clients of the private association Lyhty. Inductive content analysis is applied for the conceptualization of the data. A hybrid model for concept development is further applied to define, research and

refine the conceptualization of housing environment as illustrated in Table 1. The refined conceptual model suggests an activating housing environment with a health promoting, interdepending perspective. Thereby previously established recommendations are considered to a certain extent. The families' perspective clearly states the importance of a holistic approach focusing on the client's life and thus housing. Therefore housing and living are relating to each other and various aspects depict the activating housing environment.

The Ministry of Social Affairs and Health, Finland released a report concluding to propositions (Niemelä & Brandt 2008), and quality recommendations for housing services (Sosiaali- ja terveysministeriön oppaita 2003:4). Possible definitions of terminology and tools for evaluation and development are offered by those reports. Hintsala et al. developed quality factors from perspective of individuals, work-communities and organizations (Niemelä & Brandt 2008). Housing for people with learning disabilities has been further researched by Valtonen (2007), who considered the perspective of people with learning disabilities, relatives and employees, mainly through questionnaires and 17 interviews. Based on that study recommendations were developed. Viitala et al. (2007) studied the physical environment of five housing units aiming toward evaluation criteria for housing units planning. Clients of the housing units were interviewed. Pitkänen et al. (2004) evaluated housing services of two foundations also from the perspective of the service users. Institutional care will be further reduced and therefore Niemelä & Brandt (2008) state the need of acquiring 600 flats a year for more individual living for people with learning disabilities. Thus, recently several guidelines were released within Finland. That clearly indicates movement in the area of disability and housing. Meanwhile it seems to be a challenge to grasp a conceptualization of housing and housing services, which is general and flexible enough to support client driven services. This research offers an additional conceptualization of housing environment from the perspective of client's with their parents, gained through theme interviews in qualitative means. It aimed toward grasping a client driven conceptualization.

In the context of gaining information by interviewing the method demands verbal communication skills. The advocacy role of the parents offered expert information about the matter of housing and their child. Based on the interviews this role is described as a possible resource in the client's life. Thus, the perspective of the interviewees was congruent with the chosen grounds for family interview as method. The composition of the interviewees leads to dynamics, which partly give the parents the advocacy role. The level of participation of the client thus varied, supposedly due to family dynamics and due to verbal communication skills. Certain topics might have remained unspoken due to the presence of parents and the client. Family interviews enabled to get insight about the supportive roles between client and parents or significant others. It further enables the use of the resources the family is offering

to the client. Focusing on the families' resources is enabling their participation, which is connected to their wellbeing. Further and as mentioned above the family's wellbeing is connected to the client's wellbeing.

Participation of people with disabilities and learning disabilities in the society is reflected in the momentary discussion of renewing the laws. The goal is to implement basic rights (Niemelä & Brandt 2008) leaning on human rights. WHO (1981) states that the governments in western societies take over responsibilities that previously belonged to families. Using the clients' resources, including the family and their understanding of resources, aims toward strengthening their participation. Participation is related to contribution of the client to the society and gaining a more versatile life content. The established conceptual model reflects a client driven conceptualization of housing environment through a qualitative study of the families' perspective.

8.4. Recommendations for further research

Previous studies include the service users' perspective in developing recommendations (Valtonen 2007, Niemelä & Brandt 2008), quality criteria (Hintsala et al. in Niemelä & Brandt 2008) and evaluation criteria (Viitala et al. 2007) concerning housing, housing services and physical housing environments. One applied approach was to consider the clients' opinion in the mentioned study. Yet, family interviews specifically haven't been applied in the found studies and housing environment has not been conceptualized as such. Based on the gained conceptual model a continuous development of the model is recommended. This research focuses strongly on the clients' and families' perspective of housing environment. It offers a client driven groundwork to develop further the model through including various client groups. This research focused on a Finnish context. An international scope to integrate a broader perspective to the field is seen as fruitful.

The health promoting perspective of the model indicates the need of appropriately educated employees within the housing environment. This need underlines also the needed professional expertise on housing environment in developing further the conceptual model. It is suggested to strongly involve the caretakers with a health care education, such as nurses, physiotherapists, occupational and speech therapists to develop the health promoting aspect of housing environment. Through observation methods the perspective of ground workers in the field can be add as an expertise dimension of different professions to the housing environment's conceptualization. Choosing complementing perspectives on housing and the

life of the clients capture the interdepending conjunctions and support the client and his/her resources within the housing context.

The family perspective on the matter of housing environment for people with learning disability embraced the clients and parents as experts and the family as client. In this research family was predefined as clients with their parents. Overall family should be seen as a self-identified group of two or more members who may or may not be related by bloodlines and whose association is characterized by special terms (Whall (1993) in Åstedt-Kurki 2001). This approach aims toward self-determination of the clients and toward capturing the individual situations of the clients. Applying family interviews also in future and developing observation methods that function additional to family interviews enable the clients to participate in a qualitative mean. It might enable services to gain information about the housing environment to develop the housing service client driven. Conceptualizing housing environment from the clients' and family's perspective further captures the service users wellbeing and understanding.

In the context of gaining information by interviewing the method demands verbal communication skills. Individually evaluated, it is reasonable to gain additional information from the client and the parents separately. Considering people having learning disabilities gaining insight into their voice other methods than interviewing might be more informative and fair to them. Additional to the observation methods supportive devices are recommended to strengthen the clients' ability of communicating and the others to understand.

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LYHTY
Helsingin
lyhytaikaiskoti
ja työpaja
Lyhty ry   INVITATION TO THE INTERVIEW   03/2008

Lyhty got financial support from Finland's Slot Machine Association (RAY) to realize the project 'Researching the housing environment of persons with learning disabilities in various environments, and developing housing service'. In Lyhty I, Christiane Schiemer, have been employed as a volunteer worker and a personal assistant. I graduated as a nurse and am nowadays joining the Master Degree of Health Care. I have been employed in Lyhty for 7,5 years. This project is partly realized through the thesis of the Master Degree in Health Care, Laurea University of Applied Science, Espoo.

We very much appreciate your participation within this project. To agree about the interviewing schedule we will contact you in the near future.

The purpose of the project is to develop concepts of housing environment for people who have a limited ability of functioning due to a disability that started in their developmental age. In this research the perspective of the parents' with their child's, who has a learning disability is studied through interviews. The adult child with a LD is using services offered by Lyhty. The information gained from the interviews will be combined with theories and previous studies to develop housing environment concepts.

We will tape record the interviews. The data will be dealt confidential. At the end of the project tapes and transcripts will be destroyed.

We kindly ask you to read the attached background information. Chosen theories and previous studies about environment and housing environment are summarized. During the interviews we will ask you to reflect on the given background information. It therefore is of importance to get familiarized to the following content.

_____

Schiemer Christiane
Nurse
Student of the University
of Applied Science

LAUREA UNIVERSITY OF APPLIED SCIENCES

SUPPORTED BY RAY FUNDING
RAY:N TUELLA

Housing environment for people with learning disability offered by Lyhty is the focus of this study. Environment is defined and studied in several contexts from various perspectives. One definition of environment is a state of being environed in the sense of the nature, external conditions and resources with which we interact. Developing housing environment concepts and a service for and with people having a learning disability family and the client are an integral part, as experts of their own matter. Housing environment is also seen as an important interactive factor of the wellbeing of the client as a family member. (Friedemann 1995 in Åstedt-Kurki 2001). Using the method of interviewing, the family members do additionally advocate and eventually interpret the message of the person having a learning disability.

According to the nursing theory of Kim (2000) environment is explained through three characteristics: the spatial, temporal and the qualitative.
- The spatial characteristic provides frameworks around the person and defines limits and boundaries.
- The temporal characteristic describes aspects of environment with respect to duration and manner of presence.
- The qualitative characteristic consists of the physical, the social and the symbolic environment.

A family oriented approach of environment describes the concept as nesting dolls, where one context fits inside another. The environment is dynamic, interactive and changes over time. Family members have relationships and affect one another. The family health model of Denham (2003) includes among others contextual factors, which affect family health. The contextual perspective includes that family membership and experience affect family health over the life course, family household, neighbourhood, community and the larger society impact, internal and external family environments affect family health.

Finish studies concerning housing focus on the physical/spatial environment and the housing service (Viitala, Winikka & Åkerblom 2007). Recommendations are e.g. to differentiate between the housing solution, flat and services needed in housing concept; housing services should be provided from perspective of individual assistance and support (Niemelä & Brandt 2008); multifaceted housing service is needed in the area of Helsinki (Valtonen 2007).

Lyhty is a concrete and housing environment the clients live in. Lyhty offers housing service through primary nursing care and multi-professional care in that environment. When planning

and building the concrete physical environment senses, privacy (space, isolation), aesthetics, ethics and the residents were taken into considerations. Experiencing and doing is seen as one core of the care in Lyhty, with the goal to strengthen skills and activate functionability. Environment demands, stimulates and strengthens the people living surrounded by its environment. Lyhty aims toward an environment that enables and supports well being of the clients through offering options to develop skills (valmiuksiaan), manners (tapa) and routines (tottumuksiaan), ethically, aesthetical, emotionally, via experiences and knowledge.

Leading themes for the interview

1. Reflect the background information
        Lyhty as environment.
        a. Lyhty as your/your child's home   where and how do you live
           Lyhty as environment
               - building/home
               - wellbeing
        b. Lyhty as service environment   what supports you
           (e.g. individual assistance and support).

2. What else do you want to tell about Lyhty as housing environment?

LYHTY
Helsingin
lyhytaikaiskoti
ja työpaja
Lyhty ry HAASTATTELUKUTSU   04/2008

Lyhty ry haki projektiavustusta RAY:ltä ja sai rahoituksen toteuttaa "Kehitysvammaisten asumisen tutkimiseen eri ympäristöissä ja asumispalveluiden kehittämiseen" projekti. Minä Christiane Schiemer olen ollut Lyhty ry:ssä vapaaehtoistyössä ja sen jälkeen henkilökohtaisena avustajana, opiskellut sairaanhoitajaksi ja nyt suoritan ylempiä AMK-tutkintoa. Olen siis ollut Lyhdyssä 7,5 vuotta.

Lyhdyn projekti, joka koskee asumisen kehittämistä, toteutuu osittain minun opinnäytetyönäni. Teen sen Laureassa, jossa myös on samanaiheinen laajempi tutkimusprojekti meneillään, joten tutkimukseni ja kehittämistyö Lyhdyssä liittyy yhteishankkeeseen Laurean kanssa.

Kiitän, että olette lupautuneet haastatteluun. Varmistamme haastatteluajan puhelimitse lähipäivinä.

Projektin tarkoituksena on kehittää asuinympäristön konsepteja ihmisille, joiden toimintakykyä rajoittaa kehitysiässä syntynyt vamma. Tutkimuksissa haemme tietoa niistä kokemuksista, joita teille on syntynyt sinä aikana, kun olette käyttäneet Lyhdyn palveluja. Haastatteluissa vanhemmilta ja lapsilta saaduista tiedoista sekä aiemmista tutkimuksista ja teorioista luodaan asuinympäristön konsepteja.

Haastattelut nauhoitetaan. Tutkimukseen kerätty tieto säilytetään huolellisesti ja hävitetään Lyhty ry:n projektin päätyttyä.

Pyydän teitä tutustumaan mukana seuraavaan taustatietoon. Se koostuu ympäristöön ja asuinympäristöön liittyvistä teorioista sekä aiemmista tutkimuksista, jotka olen opinnäytetyöhöni valinnut. Haastattelun aikana teidän tulisi kertoa omista kokemuksistanne taustatietoihin pohjautuen. Sen vuoksi on tärkeää huolellinen tietoihin tutustuminen.

_____
Schiemer Christiane
Sairaanhoitaja
YAMK opiskelija

LAUREA UNIVERSITY OF APPLIED SCIENCES

LYHTY
Helsingin
lyhytaikaiskoti
ja työpaja
Lyhty ry

TAUSTATIETO   04/2008

Tämän haastattelun kohteena on Lyhty ry:n mahdollistama asuinympäristö ihmisille, joiden toimintakykyä rajoittaa kehitysiässä syntynyt vamma, joka tuo esille joitakin edellytyksiä / erityisvaatimuksia asuinympäristöön. Perheiden kokemuksilla ja niiden tietoon saattamisella on suuri merkitys kehitettäessä asumista ja asuinympäristöä koskevia uusia konsepteja.

Ympäristö-sanan etymologia tulee ranskan kielen sanasta "virer'', "in/viron" ja tarkoittaa olemista luonnon ympäröimänä, ulkopuolisia olosuhteita ja resursseja joiden kanssa organismi on vuorovaikutuksessa. Friedeman määrittelee perheen ja ympäristön välistä suhdetta sekä ympäristön vaikutusta siihen kontekstiin, jossa ihminen perheessään on vuorovaikutuksessa muiden perheen jäsenten kanssa.

Haastattelemalla perheiden jäseniä he toimivat puolestapuhujina ja tuovat esille tulkintoja lapsensa viesteistä.

Kimin (2000) hoitoteorian mukaan ympäristö muodostuu kolmesta osa-alueesta:
- tilan osa-alueesta, joka tuottaa kehykset ja määrittää rajat / spatiaalisuus (= geometrinen, avaruudellinen – Wikisanakirja)
- ajan osa-alueesta, jolloin kuvaillaan ympäristön läsnäoloa suhteessa tapaan olla läsnä ja tapahtuman kestoon
- laadullisesta osa-alueesta, joka koostuu fyysisestä, sosiaalisesta ja symbolisesta ympäristöstä

Perhekeskeinen tapa lähestyä ympäristöä kuvailee konseptin maatuskanukkena, jossa yksi mahtuu toiseen. Ympäristö on jatkuvasti liikkeessä olevaa (dynaaminen), vuorovaikutteista (interaktiivinen) ja muuttuu ajan kuluessa. Perheen jäsenet ovat keskinäisessä vuorovaikutussuhteessa. Denhamin (2003) esittämä malli perheen terveydestä sisältää mm. asiayhteyksiä, jotka vaikuttavat perheen jäsenten terveyteen. Asiayhteyteen liittyy
- perheen jäsenenä oleminen ja siinä syntyneet kokemukset vaikuttavat perheen terveyteen koko elinkaaren ajan
- perheen talous
- naapuruus
- yhteisö ja yhteiskunta sekä niiden vaikutus
- perheen sisäiset ja ulkoiset ympäristöt vaikuttavat perheen terveyteen

- perheen sisäinen ympäristö
- ulkoinen ympäristö

Suomalaiset asumiseen liittyvät tutkimukset kohdistuvat fyysiseen/spatiaaliseen ympäristöön, esteettisyyteen ja asumispalveluun (Viitala, Winikka & Åkerblom 2007). Suositusten mukaisesti esimerkiksi asumisratkaisu, asunto ja asumiseen tarvittavat palvelut on erotettava toisistaan; asumiseen tarvittavat palvelut tuotetaan henkilökohtaisen avun ja tuen – näkökulmasta; (Niemelä & Brandt 2008); tarvitaan riittävästi monimuotoisia asumispalveluita (Valtonen 2007).

Lyhty ry:n mahdollistama asuinympäristö: Lyhdyn tarjoamat asumispalvelut ovat muodostuneet yksilövastuisen hoitotyön mukaisesti. Siihen sisältyy sekä työnjakomalli että palvelujen sisällön kehitys. Palvelujen sisältöön vaikutetaan moniammatillisen osaamisen kautta. Moniammatillisen henkilöstön tieto / taito tulee perustumaan fluktuaaliseen malliin (Jaana Venkula), jonka taustalla on mm. kvanttiteoria, sumea logiikka ja kaaosteoria. Kehitettäessä konkreettista asuinympäristöä on otettu huomioon asukkaat, heidän ja heidän perheidensä toivomukset mm. sijoittumisen ja värien suhteen. On huomioitu asukkaiden yksityisyyttä (tila ja äänieristys), esteettisyyttä, eettisyyttä sekä kunkin yksilöllisiä kykyjä tehdä ja aistia. Tekeminen ja kokeminen nähdään tärkeänä osana hoitotyötä. Tavoitteena on vahvistaa asukkaiden taitoja ja toimintakykyä. Ympäristö asettaa vaatimuksia, virkistää ja vahvistaa ihmisiä. Lyhty pyrkii mahdollistamaan ja tukemaan asukkaiden hyvinvointia siten, että he voivat kehittää valmiuksiaan ja tapojaan – eettisesti, esteettisesti, emotionaalisesti, kokemuksellisesti ja tiedollisesti.

Johdantokysymyksiä ja haastattelun teemoja

1. Keskustelua haastattelukutsun mukana lähetetystä taustamateriaalista

   Lyhty ympäristönä.

   a. Lyhty sinun / lapsen (vanhempien näkemys) asumispaikkana

   missä asut, miten asut

   Lyhty ympäristönä sinulle/lapsellenne
   - rakennus/asunto
   - sinun/lapsen hyvinvointi

   b. Lyhty palveluympäristönä   mistä saat tukea
   (esim. henkilökohtaisen avun ja tuen tarve)

2. Mitä muuta haluatte kertoa Lyhdystä ympäristönä?

Participants in the interview: _____

Age of the participants: _____

Profession: _____

Family member, who is using the service of Lyhty,

Sex	☐	Female
	☐	Male
Housing situation	☐	Alone
	☐	With the family
	☐	Guided/Supported/Helped housing

Lived in this housing situation for _____ years.

Using Lyhty's housing service	☐	Helped housing service
	☐	'Independent living trainee'
Using Lyhty's service, others	☐	Educational service Lamppu
	☐	Day activity service

Haastatteluun osallistujat: _____

Haastatteluun osallistuvien iät: _____

Ammatit :   _____

Perheenjäsen, joka käyttää Lyhdyn palveluita:

Sukupuoli   ☐   Nainen

                             ☐   Mies

Asumismuoto   ☐   Yksin

                             ☐   Perheen kanssa

                             ☐   Ohjattu/tuettu/autettu asuminen,

koti

Tämänhetkinen asumismuoto on toteutunut_____ vuotta.

Käyttämämme Lyhdyn palvelu asumisessa: ☐   Autettu asuminen

                                         ☐   Asumisharjoittelu

Päivätoiminnassa: ☐   Työpaja tai oppimisyksikkö

                                         ☐   Oppimis- ja työpajaharjoittelu

APPENDIX 5   Informed consent, English

We _____ agree to take part in the interview
for researching and developing housing environment for people having learning
disabilities. We are aware that this research belongs to the project Valid For Living,
where this information we give will be used further to develop save housing
environment. It also is part of Lyhty's project "Researching housing environment for
people with learning disabilities and developing housing service".

We grant authorization for the use of the information we give throughout this interview.
Thereby we understand fully that anonymity and confidentiality will be preserved
through out the research. We understand that our names will never be disclosed or
referenced in any way. We are aware and grant permission to use the information that
we are using the service offered by Lyhty. We understand that the tapes, transcripts
and saved versions, will be handled confidentially and will be erased after the research.

We understand that our participation is entirely voluntary and that we may withdraw
the permission to participate in this study without explanation at any.

_____
Client's signature

_____
Parent's signature

_____
Place and date

LYHTY

Helsingin
lyhytaikaiskoti
ja työpaja
Lyhty ry TIETOINEN SUOSTUMUS   04/2008

Suostumme (_____ja_____) osallistumaan tähän haastatteluun, jonka aiheena on asuinympäristön kehittäminen ihmisille, joilla on erityistarpeita kehitysiässä syntyneestä vammasta johtuen. Olemme tietoisia että tämä projekti liittyy ylimmän ammattikorkeakoulun tutkintoon, sekä että se on osa Lyhdyn projektista "Kehitysvammaisten asuinympäristön tutkiminen eri ympäristöissä ja asumispalvelun kehittäminen". Tässä kerättyä tietoa käytetään asuinympäristöjen kehittämiseen.

Annamme luvan käyttää tämän haastattelun aikana annettuja tietoja Lyhty ry:n projektiin. Olemme tietoisia siitä, että tietomme käsitellään anonyymisti ja luottamuksellisesti. Hyväksymme ja annamme luvan käyttää tietoa Lyhdyn asiakkuudestamme. Tutkimukseen kerätty tieto säilytetään huolellisesti ja hävitetään tämän projektin päätyttyä.

Olemme tietoisia, että osallistuminen tähän haastatteluun ja projektiin on täysin vapaaehtoista ja että voimme kieltäytyä osallistumasta tähän projektiin milloin tahansa ilman selitystä.

_____
Asiakkaan allekirjoitus

_____
Vanhempien allekirjoitus

_____
Paikka ja aika

1. ”Niin kyl tässä on se, että tuolla kaikki otetaan niin kuin yksilöinä ja kunnioitetaan yksilöä, eikä sitä, että mennään kaikki saman kaavan mukaan. Niin kuin musta on hirveen hyvin se, jotenkin ne (toisen asiakkaan) vanhemmat joskus sanoi, että kun kaikki ne, mitä (toinen asiakas) oli ennen moitittu, niin ne tuli Lyhdyssä vahvuudeksi. Niin…niin se oo.. ihan voitas samaa sanoa, että otetaan ne ihmisen vahavat puolet, kun niitä on hurjan paljon esimerkiksi (Asiakkaalla), tosi vahvoja, että keskitytään niihin.” (Äiti)

2. ”Kun ajatellaan yksilöllisesti että mitä on niin kun (Asiakkaan) mielenkiinnon kohteet, mistä hän saa virtaa elämään (...) puhutaan hyvin yksilölähtöisistä asioista ja mietitään sitä mitä ihminen tarvitsee mikä on ihmiselle tärkeää, mistä ihminen itse saa motivaatiota ja iloa siihen elämäänsä. Et mikä on semmoinen voimakas asia joka ajaa.” (Äiti)

3. “Kaikilla on omat ongelmansa, olemme nähneet kuinka hyvin olette hoitaneet useiden asiakkaiden ongelmia.” (Isä)

4. ”Ja oli vielä, se oli niin hauska kun me etittiin sitä työpaikkaa. Kun (Asiakas) oli niissä siellä Vallilassa semmos tehtaassa ja niitä kauhistutti ett se oli siellä töissä, se oli niin... ei tykätty siitä työpaikasta. Mä koko aika niiku hakuammuntaa et mikä olisi parempi. näin sattumalta näin Hesarissa näin pienen ilmoituksen että tää Luovilla ottaa töihin ja soitin Helkalle. ja Helka sanoi tulkaa käymään. Ja siitä se lähti.” (Äiti)

5. ”Kyllä se pitkälle pohjalle niiku perustuu siihen että kontrolloidaan koko ajan ja on kontrolloitu niinku tähän saakka ja aamuin ja illoin ja kyll se niinkun Ei se niinku parempaan päin se asia ole kehittynyt vaan et kyll se on niinku huomattu entistä enemmän niikun tämmösiä ihan käytännön asioita. Lääkkeenottamiseen lisäksi niin semmoisia käytännön asioita niin.” (Isä)

6. ”.. ja kyllähän se hirveästi vejästä riippuu, siis ihmisestä (…) riippuu hirveästi millainen ihminen on.” (Äiti)

7. “Joku (henkilökunnasta) on ihan hyvä tukija.” (Asiakas)

8. ”(...) kun on ammattikorkeakoulutasoista henkilökuntaa, mutta Espoo ei tunnu tajuavan sitä ja Rinnekotiinkin otetaan ihmisiä, jotka pääsevät helpommalla ja halvemmalla, kun eivät ole sairaanhoitajaa (...) Kun henkilökuntaa on liian vähän, asukkaita joudutaan rauhoittamaan lääkkeillä, kun henkilökunnalla on kiire, kun henkilökuntaa ei ole tarpeeksi.” (Asiakas)

9. ” Yksi asia, mitä me aina korostettiin, kun Espoon kaupungin kanssa tapeltiin, että (Asiakkaan) tapaisellakin ihmisellä on olisi hyvä, että olisi sellaista koulutettua henkilökuntaa, että hän oikeasti voi saada sitä tukea ja apua, just niin kuin esimerkiksi psykiatrisen sairaanhoitajan tai tämän tapaista koulutusta, että ei mikään niin kuin askarteluohjaaja ei käy, se on vaativaa. Helpostihan sitä sanotaan, kun se on asumispalvelu, että se on vaan sitä asumista, että siinä vaan niin kuin asutaan ja katsotaan, että laitetaan ruokaa ja vaatteet, mutta siinä on hirveän paljon sitä muuta tuen tarvetta, niin sen takia se on tärkeä.” (Äiti)

10. ”Toinen tai eräs tärkeä osa-alue on se, että (Asiakkaan) tätä synnynnäistä sairautta on tutkittu ja siihen liittyviä tauteja, ja niistä ei niin kuin lääketieteellisestikään ollut silloin kovin paljon tietoa, mutta että sitten sieltä Väestöliiton kautta on löytynyt ja sieltä asiantuntija, jotka on löytänyt tämmöisiä lievissä muodoissa, näitä sairauden muodossa olevia erilaisia anomalioita tai ongelmia, ja niitä on sitten useampia löydetty ja (Asiakas) on saanut niihin hoitoa. (...) Niin eikä voi tietää kaikkia mahdollisuuksia, mitä yhteiskunta tarjoaa ja tuota teillä on kokemusta, kun siellä on iso joukko erilaisia apua tarvitsevia nuoria ihmisiä.” (Isä)

11. ”Ja sitten se niiku se on meillekin hirveän kiva, kun … aina kun lapsilla menee hyvi. Ei ole huolta sillä tavalla.” (Äiti)

12. ”Muut asumisyksikön asiakkaat tulevat kysymään kuinka voit (…) On ilo kuulla muiden asiakkaiden kyselevän vointiani..” (Isä)

13. "… ja sitte vielä tosta (Asiakkaan) asumista. (Asiakas) on joka viikkoloppu meidän kanssa. Ollaan kaupungissa taikka sitten siellä (…) maalla." (Äiti)

14. "Mutt tää yksi ihminen ihmettelee voiko tämä ihminen asua kun hän oo keskustellut jonkun talon ihmisten kanssa ja valittanut ett hänellä käy niin kauheesti tämmöisiä. niin tota kai että voiko tämmoinen nyt asua kun oo näin harhainen." (Äiti)

15. "Ja ei koskaan kato (Asiakkaan) … edes niin… sitä uimakorttia. Johon kuittasi että terve että ne uskoo että (Asiakkaalla) on se. hänellä on vuoden kestävä …uimakortti niin. Kaikki ne tuntee siellä … että tääkin tiettyä antaa sellasta kaiken… (Äiti)

16. "Ja sitten esimerkiksi, mä en tiennyt, että siinä kadun toisella puolella… niin niinpä sitte sen pariskunnan mies kuoli… Muistan, kun oltiin syksyllä haravointitalkoissa, niin ei tää leski ollut siellä ollenkaan, mutta tää Lato-ryhmät oli sitä mieltä, että haravoidaan sieltäkin… Niin miltä se tuntuu, varmaan se ihminen, joka niin kun hirveesti on vastustanut, niin rupee ajattelemaan, että miten… Sitt kun … En tiennytkään, että silloin kun mentiin jouluaterialle Lyhtyyn, niin tää vastustaja oli siellä." (Äiti)

17. "Ensimmäinen asia, jonka (Asiakas) otti esiin, oli tämä oma yksityisyys ja sitten tämä, että yksi asiakas häntä häiritsee. Se on hyvin pinnalla." (Äiti)

18. "Joskus mä oon sanonut, uhannat sillä lailla, että jos ei tilanne korjaudu, niin sitten meistä jompikumpi, tämä eräs herra tai sitten minä, lähtee… eihän tätä tilannetta enää kestä!" (Asiakas)

19. "Että sen verran silloin kun hän asui siellä asuntolassa niin jotenkin häntä häiritsi se että hän lukitsi aina oman ovensa ettei sinne saa tulla kukaan.... että hän ei niin kun ainakaan siitä niiku pitänyt siellä että muut ois käynyt." (Äiti)

20. "Niin sä olit fiksu siinä. Ei mutta silloin kun oli ne taistelut, kun oli se lopettaminen, niin jotkut sanoivat, että joku tällainen yhdistys, niin silloin ne toiset vanhemmat ettei me kuulu. ett ne on siellä muutamat, jotka liehuu ja häärii… että tässä on nyt kaikki samanvertaisia, kun ei oo mitään. Ja saa niiku tavallaan omien voimiensa mukaan tulla." (Äiti)

21. "Ja onhan se esimerkiksi sitten se, kun se Tähkätiekin niin totta… kun on saanut kaikkea seurata, ettei vaan ei ole koskaan jätetty vanhempia jonnekin pimentoon… kun tiedetään ihan kaikki ne alkutaistelut, miten se tontti, että miten Helka sen sai, miten kauan miten se oli, että se täytyi melkein luovuttaa, että kaupunki sen haluaa… niin sitten aina tuntui, että miten ihmeessä, sitten tuntui heti niin kuin sellainen voitto, niin kuin sellainen ihana… että miten sitä sitten arvostaa kaikkea… jollei näitä tietäisi, ellei meille olisi kerrottu… siinä on yks tontti… mutta kun tietää, mikä se on ollut se projekti ja sitten esimerkiksi saatiin olla siellä niiku (Asiakkaan) mukana talkoissa Tähkätiellä, kun niitä puita kaadettiin ja risuja kannettiin, niin sitt on niin siihen sillä lailla kotiutui siihen yhteisöön. Ja sitten kaikkea, mitä siinä, niin minä olen monta kertaa Helkalle sanonut, että esim. minkä värinen esimerkiksi se ulkotiili on valmiiksi. Niin Helka on sanonut, että mennääs katsomaan sellainen tumma tiili… niin että koko ajan on saanut olla siinä mukana. Että tuntuu niin ihanalta." (Äiti)

22. "Mutta olihan siellä erilaisia yhteisiä tilaisuuksia talkooväelle, joihin sitten oli nää ympäristön ihmiset kutsuttu ja tervetulleita, ja ehkä meni sana sieltä Konala-seuran kautta tai … ja ehkä muutenkin tuota sehän loi positiivista…" (Isä)

23. Siellä on niin monta toiminta, että se ei ole mikään semmonen asuntola." (Isä)

24. "Ja ensimmäinen vuosi Kutosessa taisi olla erittäin monelle asukkaalle hankala. Ja sitten lähdettiin vuoden kuluttua sinne uuteen Kotikutoseen Kyläkirkontielle." (Äiti)
(…) "On se aika erikoinen juttu, että talo sattui juuri silloin olemaan vapaana." (Äiti)

25. "Te järjestätte julkisia tapahtumia naapurustossa, kuten joulumarkkinat, pääsiäistapahtuma, urheilutapahtumia. Ne ovat todella tärkeitä." (Isä)

26. "Rinnekodissa on luonto, muttei muuta. Lyhdystä pääset… (…) Tuohan on niin hyvä paikka, kun se on keskellä asutusta, siitä on lyhyet matkat joka puolelle, kaupunkiin. Minusta se on tärkeätä, ettei viedä ihmisiä jonnekin." (Äiti)

27. "Ja sitten on näitä harrastusmahdollisuuksia luotu sieltä Lyhdyn puolesta että…On hyvin monipuolista harrastamista. On ollut valokuvakerhoa ja bändiä ja nyt sä kävit jossain välissä shlyssä, nyt olet judossa käynyt ja Resonaarissa käyt soittamassa edelleenkin." (Isä) (…) "Tietenkin se on hienoa, että (Asiakkaan) elmämä on niin monipuolista ja ihanaa sillai…" (Äiti)

28. ”Sisko aina sanoo miksei se voi tulla taksilla ja mennä taksilla. Mutt kun ei (Asiakas) sillä liiku. Hän (...) kävi koulua, niin vähän aika hän kulki sillä, vietiin kouluun autolla mutta sit hän halusi ilman muuta mennä ratikalla. Hän just tykkää tästä ja sehän se on hyvä että näkee sitä muuta ihmisiä. Sitä niiku normaalia elämää niin”.

29. “(Asiakas) oli silloin kun syntyi joskus siinä (..) koskellla, siinä (...) kosken rannassa se varmaan tulee siit se liittyy lapsuuden ääneen.” (Isä)

30. “Se oli ennenkin semmoinen himeä valo...se on niin kun yksi semmoinen sisustus juttu mitä on (Asiakkaalle), tärkeä. Ne valot on tärkeitä Sitä tietysti hänen pääsärkyä tietyistä valoista.” (Isä)

31. “Ja sillä että kun ajattelee tätä (Asiakkaan) asumisympäristö, fyysistä, että täällähän (Asiakkaalla) olisi mahdollisuuksia liikkua. Siellä on hyvät käytävät ja (Asiakas) kelaa paljon.” (Äiti)

32. ”Ja kyllä mun mielestä se, että aina otetaan niiku esim. asukkaat näihin kaikkiin prosesseihin mukaan (...)kuin esimerkiksi sitten Eljaksentie silloin, se oli jo niin loppuvaiheessa, sä vain puhelimessa sanoit, kun mä olin niin hädissäni, että ihmeellistä, että täällä on yksi huone… että värit vaan… siellä oli vielä vaihtoehtoja ja muuta. Että semmonen, että ajatellaan, että ei sitä määrätä, että se niin kuin se (Asiakas), sen toivomuksia hoidetaan... niin pitkälle kuin pystyy… ja vaikka tää oli näin, niin… että ai jaa, me saadaan värit, (Asiakas) saa valita… Sitten oli vielä vihreä, jäljelle jäi jokin muu, punainen ja keltainen oli mennyt. Niin sitten (Asiakas) rupesi sitä pohtimaan.” (Äiti)

33. ”Ja saadaan käyttää tota oman taksiaan mikä on varmaan hirveästi lisännyt (Asiakkaalla) mahdollisuuksia kun tietää että voi luottaa. Ja (Asiakkaalla) on varmaan turvallisempi lähteä ja kanssa on mukavampi ja helpompi lähteä kun ei tarvi miettiä niit asioita.” (Äiti)

34. ”Kauhea monta kerta kun ajatellaan, suunnitellaan näitä asioita, tehdään niin pienissä palasissa että sitte ei osata nähdään sitä kokonaisuutta. Että mitkä kaikki nivoutuu yhteen, miten ne toimii. Tai miten ne lakkaa toimimasta siinä vaiheessa kun yksi osa ei toimi.” (Äiti)

35. ”Niin jos menee tommoseen prosenttimääriin niin sen pitäs kuiteskin aika lailla joustavaa. Joskus niinku sitä tarvetta on sitten kun sattuu jotain niin se on paljon enemmän kun 30 % ja sitten välillä ettei ei juuri muuta tarvisi muuta kun että joku välillä on yhteydessä ... että kaikki on kunnossa.” (Isä)

36. ”Yleisemminkin ajatellaan niin tosta näin niin kun voisi ajatella että sitten noille kunnallekin päin voisi myydä sen tyypistä ajatusta että pitäisi olla joku semmonen välimuoto ja ja noin myyntiargumenttina voi jolla se voi että että kunnan kustannukset on pienemmät kun se että pistetään ihan niikun täysin asuminen.” (Isä)

37. ”Niin ja sitt yksi asia ... ei sillä myös, en sillä niiku sano ett ettenkö… mutt silloin just silloin palvelusuunnitelman teon aikaan silloinhan puhuttiin siitä että joku voisi käydä (Asiakkaan) kanssa ... siihen tuota Espoon palveluun niiku liittyen jossakin niiku iltaisin ja niin ja sitte Espoo oli valmis maksamaan siihen jonkun pieni palkkion tälle seuralaiselle ja siihen nimettiinkin henkilön mutt mä en ainakaan kuullut että se olisi mitenkin ollut.” (Isä)