



User participation among people in vulnerable situations at service level. A scoping review exploring impact for individual stakeholders and services

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Abstract

User participation is an attempt to democratise and improve health and welfare services. Although central political guidelines emphasise user participation, there is limited knowledge of its impact, especially regarding user participation at service level, where the aim is to improve services in general. This knowledge gap applies particularly to groups of users who face difficulties in exercising autonomy. This scoping review aimed to explore the impact of user participation at service level for people in vulnerable situations and how this process affects the involved stakeholders. From a literature search that yielded 4,964 hits, 22 articles were included in the final review. The finding shows that, at the individual level, user participation could facilitate personal empowerment among the involved users and affect the involved professionals' knowledge. However, some users also experienced disempowerment due to their involvement in user participation activities. Impacts at the organisational level were that user participation resulted in changes in attitudes, knowledge, culture, professional practice, interventions, an increased number of employees, organisational development and changes in policies. This review also contributes to theoretical development by expanding the knowledge of how the impact of user participation may be perceived, and argues for a circular understanding of impact.

Keywords

Impact, user participation, empowerment, power

Introduction

User participation relates to a broader discussion about democracy and citizenship and has been a topic among users, service providers and governments since the 1970s (Barnes & Cotterell, 2012; Beresford & Carr, 2012). According to Vedung and Dahlberg (2013), user participation can allow for adjusting services to meet users' needs, transferring power to users, promoting empowerment and enhancing the efficiency and legitimacy of service

delivery. There is little consensus about user participation as a concept (Halabi et al., 2020). However, official documents state that people who use public services should influence their service reception, often referred to as individual user participation, and participate in developing the services in general, often referred to as user participation at service level (White Paper 34, 2015–2016). User participation at service level aims to change service offerings for everyone in the same situation (Seim & Slettebø, 2007), but may also have consequences for the involved individuals. Even if the documents state ambitious goals, people in vulnerable situations may find user participation difficult due to issues in exercising their autonomy. People in vulnerable situations are often marginalised and underrepresented due to disability, health problems, poverty or/and social circumstances, but still have the right to user participation (Matthies, 2016; United Nations, 2006). Research in the Nordic context has identified some of these groups as people with dementia (Smebye et al., 2016), substance abuse problems (Järvinen, 2014; Larsen & Sagvaag, 2018), mental health problems (Karlsson, 2021; Matscheck & Piuva, 2021) and intellectual disabilities (Gjermestad et al., 2017; Witsø & Hauger, 2020), as well as people involved with child protective services (Havnen et al., 2020), asylum seekers and refugees (Valenta & Berg, 2010). This scoping review focuses on user participation at service level among these groups in particular.

Both the understanding and practice of user participation depend on the context, geographical area, user groups in focus, overall welfare ideology and whether one sees user participation through the lens of citizenship or consumerist ideology (Askheim et al., 2017; Christensen & Pilling, 2019). Citizenship ideology focuses on political, civil and social rights and sees user participation as an end in itself (Eide et al., 2017). It is rooted in user movements and normalisation philosophy, focusing on empowering underrepresented and marginalised groups by obtaining equal rights and inclusion in society (United Nations, 2006; Wistow & Barnes, 1993). Empowerment has also been recognised as a vital strategy for improving health and well-being (World Health Organization, 1986) and can be understood as both a goal and a process whereby individuals or groups obtain power to influence their situation. While individual empowerment describes psychological changes in individuals, resulting in increased mastery in one's own life (Rappaport, 1987), collective empowerment refers to a group's capacity to exert influence and achieve collectively defined goals (Freire, 2000). In contrast, consumerist ideology emphasises user participation as a means to an end and advocates improving services by introducing market models and obtaining increased feedback from users (Wistow & Barnes, 1993). Citizenship and consumerist ideologies are often difficult to separate in practice. Normally, elements of both perspectives are included in the understanding of user participation.

User participation is also about power, and an important question is how much influence users can and should have. There is no unified understanding of power, but Weber (2000, p. 51) described it as the probability of an actor carrying out one own's will despite resistance within a social relationship. Power is often operationalised to decision-making, and Arnstein (1969) uses this approach in her influential Ladder of Participation model, illustrating that different degrees of participation and non-participation depend on how much decision-making power the users have. The two lowest steps on this ladder (manipulation and therapy) symbolise cooperation that inhibits protest. The three next steps (information, consultation and placation) indicate degrees of tokenism without guarantees of influence or power. In Arnstein's (1969) view, only the top three steps (partnership, delegated power and citizen control) represent real participation. However, Tritter (2009) criticised Arnstein and suggested a distinction between direct participation, which refers to taking an active part in decision-making, and indirect participation, which is about infor-

ming the decision-making process in various ways. Nevertheless, according to Lukes (2005), power should be understood through a three-dimensional perspective, including *decision-making* power, *non-decision-making* power and *ideological* power. Decision-making and non-decision-making relate to overt conflicts and focus on who takes the decisions and how the agenda is set. Ideological power focuses on hidden conflicts and how people's wishes and thoughts are affected, and how this can lead people to do things that go against their own self-interest.

Understanding the impact of user participation is critical to its success (McKinley & Yian-noullou, 2012), and the lack of evidence of impact can result in user participation becoming merely a tick-box activity (Tritter, 2009). Impact is often understood in terms of effect or outcome and as a linear process, that is, its evaluation aims to describe causal effects and intended outcomes. Banks et al. (2017) provide an understanding of impact as a circular process with the concept of *co-impact*. The theoretical concept includes both the process and outcomes, distinguishing three levels of impact: the impacts of the user participation process for the involved stakeholders (participatory impact), the impacts the findings from the participatory process have on attitudes, culture, practice and policy (collaborative impact), and, finally, the deliberately targeted impacts on the societal level (collective impact).

Today, the impact of user participation at service level is receiving increased attention in research. In 2011, Mockford et al. stated that studies reporting on the impacts of user participation in healthcare services were often of low quality due to minimal theoretical underpinning, the absence of robust measurements and the lack of detail in the descriptive evidence. Bath and Wakerman (2015) found that user participation, besides improving health outcomes, was associated with improved access to services and increased quality, responsiveness and utilisation of services. Bombard et al. (2018) describe how user participation can enhance service delivery or care processes and governance. Rosenberg and Hillborg (2016) found that user participation had a self-reinforcing effect among users, increased their confidence and reduced the stigma they experienced. The authors also describe that user participation can contribute to changes in policy, services and organisational culture. These impacts align with the findings of Olsson et al. (2020), who also found that user participation worsened the health and well-being of some users. However, there is still a need to expand the knowledge base on the impact of user participation, especially in relation to people in vulnerable situations.

Therefore, the aim of this review is to explore the impact of user participation at service level among people in vulnerable situations and how this process affects the involved stakeholders. The review addresses the following questions:

1. What are the characteristics of the studies, study participants and user participation activities?
2. What types of impact are associated with user participation in the studies?

Method

User participation in health and welfare services among people in vulnerable situations is an emerging field of research that applies a range of study methodologies. According to Arksey and O'Malley (2005) and Levac et al. (2010), the purpose of a scoping study is to provide greater clarity about a specific topic or field of evidence and to review the literature more openly than in the case of a full systematic review. Along these lines, we have chosen to conduct a scoping review of the impact associated with user participation at service level since there is a lack of knowledge about this regarding people in vulnerable situations. In

this review, we wanted to investigate the scientific knowledge about user participation and chose not to include grey literature.

We conducted an initial search to become familiar with the literature, and identified a lack of knowledge about the impact of user participation at service level, which then became the focus of this review. Four databases (SocINDEX with full-text, CINAHL, Academic Search Elite and PubMed) were searched for peer-reviewed research articles published in English between January 2009 and October 2019 on September 30, 2019. The search combined 39 terms for user participation (user/patient/client/consumer combined with participation/involvement/representative/evaluation/consultation/experience/perspective/view/ council/panel) and 22 terms for groups of people in vulnerable situations (mental health problems/intellectual disabilities/dementia/substance abuse/asylum seekers/refugees/child protective services/homeless persons). The first and last authors developed the search strategy and imported the 8,401 hits into a shared Endnote library. Excluding duplications and articles published before 2009 reduced this to 4,962 hits. In the further described process of identifying relevant studies for inclusion in the review, the articles were assessed by the following eligibility criteria:

- Does the article describe user participation at service level?
- Does the article describe people in vulnerable life situations?
- The article should not describe user participation in technology development or service delivery.
- Does the article describe impacts associated with user participation?
- Is the article an empirical research study?

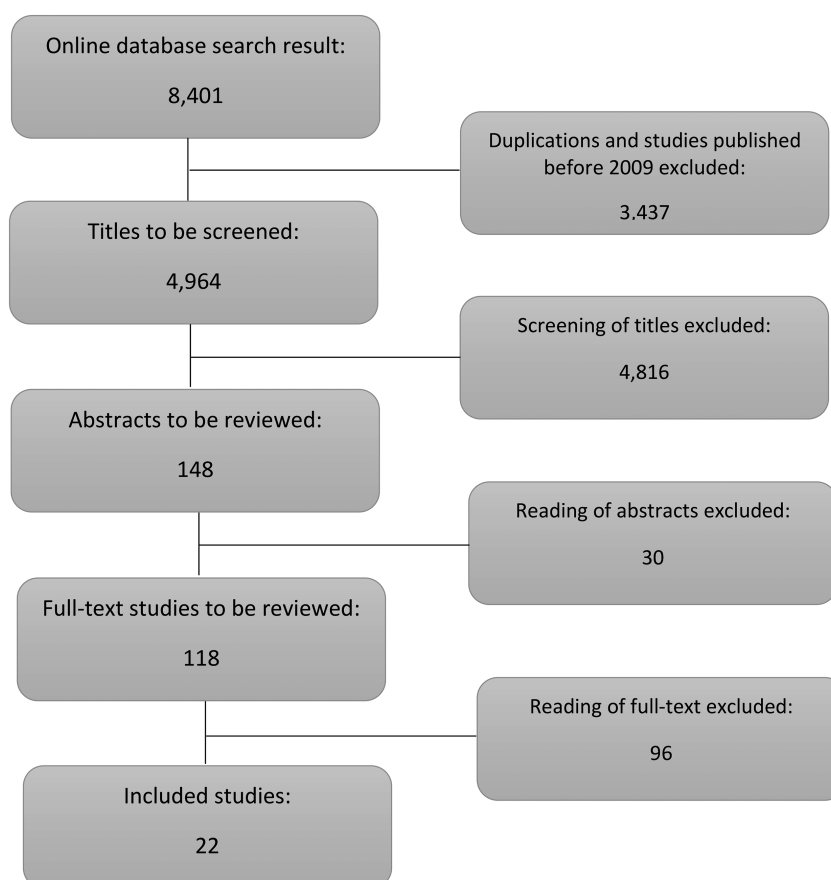


Figure 1. Process of identifying relevant studies

Before screening the 4,962 titles, the first and third author screened through a sample of the titles independently to test and revise the eligibility criteria. The first author then screened all the titles two times to identify relevant articles. During this screening, all authors met on multiple occasions to resolve issues regarding the eligibility criteria and the review's focus. This screening was inclusive, and studies were included if there was doubt about their relevance. The screening identified 148 articles as potentially relevant. The first and third author then read and assessed a sample of the 148 abstracts independently and discussed and resolved issues before the first author read and assessed all abstracts, narrowing the number of articles to 118. The first and third authors then read and assessed the full-text articles independently based on the eligibility criteria. The most common reasons for excluding studies were no description of impacts or/and not a relevant user group. In addition, a tool for assessing research quality was applied (Hong et al., 2018), but few studies were excluded on lack of quality alone. However, the most common reasons for exclusion after the quality assessment were an inadequate description of the aim of the study, methodology or analysis. After these assessments, 22 articles met the eligibility criteria and had satisfactory quality.

Table 1. Overview of included studies

| Authors | Service user group | Study Design | Participation channel(s) | Study Results: Impacts associated with service user participation |
|--------------------------|---------------------------|--------------|---|--|
| (Ailey et al., 2012) | Intellectual disabilities | Qualitative | Interviews with people with ID. | Improved information materials |
| (Armstrong et al., 2018) | Dementia | Qualitative | Guideline development groups. | Improved guidelines |
| (Boyden et al., 2009) | Intellectual disabilities | Qualitative | Focus groups with people with ID. | Improved information materials |
| (Broer et al., 2014) | Mental Health | Qualitative | Improvement teams. | Empowerment Improved the professionals' understanding and knowledge Rearrangements in services Disempowerment |
| (Brunero et al., 2009) | Mental Health | Quantitative | Service user feedback survey. | Improved the professionals' understanding and knowledge Adjustments to/new interventions/routines Increased participation/new channels for participation |
| (Burnell et al., 2015) | Dementia | Mixed method | Consultation with service users to develop a peer support intervention. | Empowerment Improved information materials Adjustments to/new interventions |
| (de Freitas, 2015) | Mental Health | Qualitative | Weekly meeting in service between users and professionals concerning care provision. Participation in Health council. | Empowerment Hiring of more staff |
| (Ham et al., 2014) | Mental Health | Qualitative | Guideline Development groups. Advisory committee. | Improved guidelines User organisations withdrew from guideline process |

| Authors | Service user group | Study Design | Participation channel(s) | Study Results: Impacts associated with service user participation |
|---------------------------|--------------------------------------|--------------|--|---|
| (Ham et al., 2016) | Mental Health | Qualitative | Patient representatives in the development group and advisory committee, focus group discussions with patients, a dialogue session. | Empowerment Improved the professionals' understanding and knowledge Unspecified development in a user organisation Improved guidelines |
| (Harding et al., 2010) | Mental Health | Qualitative | Guideline development groups. | Improved the professionals' understanding and knowledge Improved guidelines |
| (Neech et al., 2018) | Mental Health | Qualitative | Participants had participated in at least one involvement activity; peer support, research, consultation, staff interviews, training or attendance at forums, committee meetings, salaried user involvement roles. | Empowerment Disempowerment |
| (Omeni et al., 2014) | Mental Health | Quantitative | Unspecified Survey about user involvement in three trusts. | Empowerment Improved professionals' understanding and knowledge Services more responsive to the service users' needs Disempowerment |
| (Patterson et al., 2009) | Substance and alcohol abuse problems | Quantitative | Unspecified Reported channels by survey respondents: Contact with members of user group(s); Service representatives attend user group meetings; Contacts with individual service users; Users represented on committees; User surveys, Employment of a UI co-ordinator; Employment of service users; Open consultation; Newsletters; website information sharing; Commissioning user-led research; Volunteer programme; Feedback via workers. | Improved attitudes towards users and participation among professionals Adjustments to/new interventions Rearrangements in services Increased participation/new channels for participation Increased user feedback |
| (Petersen et al., 2012) | Mental Health | Qualitative | Establishment of a multisectoral community collaborative forum. Focus groups and consultations. Capacitating community members to deliver peer-facilitated psychosocial interventions. | Adjustments to/new interventions Hiring more staff Services more responsive to the service users' needs More culturally sensitive service Increased participation/new channels for participation |
| (Phillips & Kuyini, 2018) | Homeless persons | Qualitative | House meetings, complaints, making suggestions to services and advocating other consumers. | Empowerment |
| (Rai et al., 2018) | Mental Health | Qualitative | Service users were trained as co-facilitators for trainings delivered to primary care workers. | Empowerment |
| (Restall, 2015) | Mental Health | Qualitative | Citizen-user involvement in health policy development in open forums. | Empowerment Improved the professionals' understanding and knowledge Enhanced the user-professional relationship Dis-empowerment |
| (Restall et al., 2011) | Mental Health | Qualitative | Direct dialogue with decision-makers (formal or informal meetings) and indirect communication mediated by others within the policy network. | Improved the professionals' understanding and knowledge Professionals afraid of being viewed as incompetent |

| Authors | Service user group | Study Design | Participation channel(s) | Study Results: Impacts associated with service user participation |
|---------------------------|--------------------------------------|--------------|---|--|
| (Rise & Steinsbekk, 2015) | Mental Health | Quantitative | Establishment of a user office, purchase of user expertise. | No impact of participation after implementing a development plan for user participation at all hospital levels |
| (Seim & Slettebø, 2011) | Child Protection Service | Qualitative | A dialogue-based participation group for youths in child protection, and a group for parents who have lost custody of their children. | Empowerment Improved the professionals' understanding, knowledge and attitudes towards users and participation Adjustments to/new interventions Increased participation/new channels for participation |
| (Slettebø, 2013) | Child protection | Qualitative | A dialogue-based participation group for youths in child protection, and a group for parents who have lost custody of their children. | Empowerment Improved the professionals' understanding, knowledge and attitudes towards users and participation Adjustments to/new interventions/routines Increased participation/new channels for participation |
| (Treloar et al., 2011) | Substance and alcohol abuse problems | Qualitative | Implementation of different channels (unspecified) of user involvement in drug services to increase the level of involvement in service delivery and development. | Increased user feedback Resistance from professionals |

As proposed by Levac et al. (2010), a thematic analysis was applied. The data were retrieved from the articles and plotted in an evolving data charting form by the first author. This charting form included the following sections: aim, user group, user participation channel, method and impact associated with user participation. All authors were involved in the process of analysing the data, led by the first author. After reading the texts multiple times, the data were coded and sorted into themes. Banks et al.'s (2017) concept of co-impact inspired the analysis and provided a framework for understanding impact as a circular process and a multilevel construct.

Results

The analysis resulted in the following four themes: characteristics of the studies, individual impact, organisational impact, and harmful or no impact. The latter is highlighted as a theme because these impacts of user participation have received little attention in the literature.

Characteristics of the Studies

Twenty-two studies were included in the final analysis. Of these, 19 were conducted in western countries, including the United Kingdom (6), Australia (3), Norway (3), the Netherlands (3), the United States (2) and Canada (2). The remaining studies were conducted in Brazil, Nepal and South Africa.

The study designs were qualitative (17), quantitative (4) and mixed method (1). Data in the qualitative studies were retrieved from interviews (16), focus groups (1), observations (4), documents (4) and audiotaped meetings (1). The quantitative descriptive studies were based on surveys.

Stakeholders in the studies were both users (e.g. users, user representatives, next of kin) and professionals (e.g. health professionals and social workers, managers, government offi-

cials, politicians). All 22 studies included users (some had a combination of users, representatives and next of kin), while professionals were included in 15 studies. The studies dealt with the user participation of people with mental health problems (13), substance and alcohol abuse problems (2), dementia (2), intellectual disabilities (2), children and adults in child protective services (2) and homeless persons (1). We did not find any relevant studies about refugees or asylum seekers.

The activities described in the studies were user participation in developing or modifying interventions, user surveys, guideline development, consultations about information materials or interventions and general service development. Most of these activities included collaboration between users and professionals. Some studies did not specify the act of user participation but described a range of different activities.

Impacts associated with user participation at service level was a minor theme in many studies, and some of the articles focused mainly on individual user participation or other phenomena. The studies also used a range of different terms for user participation, and many did not define the concept and their ideological approach to it.

Individual Impact

Individual impact relates to how users and professionals are individually affected by their engagement in the user participation activities and to how the process affects the interaction and the relationship between the stakeholders.

Engagement in user participation activities was reported to be associated with an increased feeling of empowerment among the users (Burnell et al., 2015; Omeni et al., 2014; Phillips & Kuyini, 2018; Restall, 2015; Seim & Slettebø, 2011; Slettebø, 2013). Other studies also reported impacts associated with individual empowerment, such as increased self-esteem (Broer et al., 2014; Neech et al., 2018; Omeni et al., 2014; Phillips & Kuyini, 2018; Restall, 2015; Seim & Slettebø, 2011), development of new skills and knowledge (de Freitas, 2015; Ham et al., 2016; Neech et al., 2018; Rai et al., 2018; Seim & Slettebø, 2011), expanded social networks and a sense of group belonging (de Freitas, 2015; Omeni et al., 2014; Seim & Slettebø, 2011; Slettebø, 2013). Studies also described the user participation process as leading users to adopt new roles as helpers (de Freitas, 2015; Seim & Slettebø, 2011), having a positive effect on health and well-being (Neech et al., 2018; Omeni et al., 2014) and possibly leading to increased access to health experts and reduced caregiver burden (Rai et al., 2018).

For professionals, studies reported that the user participation process resulted in increased knowledge about the users' perspective and that this insight improved the professionals' understanding of the users' situation and expanded their knowledge foundation (Broer et al., 2014; Omeni et al., 2014; Restall, 2015; Restall et al., 2011; Seim & Slettebø, 2011; Slettebø, 2013). This knowledge enabled them to identify and acknowledge the users' resources, thus enhancing the user-professional relationship.

In the collaboration process, user participation was associated with increased access to and focus on the users' perspective, expanding the professionals' knowledge for decision-making and making the discussions more fruitful (Broer et al., 2014; Brunero et al., 2009; Ham et al., 2016; Harding et al., 2010; Restall, 2015; Restall et al., 2011). In addition, user participation challenged taken-for-granted knowledge (Harding et al., 2010) and enhanced the user-professional relationship (Restall, 2015).

Organisational Impact

Organisational impact refers to the uptake and use of knowledge acquired in the user participation process.

Some studies reported improved attitudes towards users and towards user participation among professionals because of the user participation process (Patterson et al., 2009; Seim & Slettebø, 2011; Slettebø, 2013). Other studies reported that user participation contributed to improved information materials on the basis of user feedback (Ailey et al., 2012; Boyden et al., 2009; Burnell et al., 2015). When these materials were part of an intervention, users contributed to making the intervention more appropriate for meeting their needs. An example is a study in which users improved a video that informed people with intellectual disabilities of their human rights (Boyden et al., 2009). User participation activities also led to adjustments in existing interventions and the development of new interventions (Burnell et al., 2015; Patterson et al., 2009; Petersen et al., 2012; Slettebø, 2013), such as a new psychosocial programme at a psychiatric ward (Brunero et al., 2009).

Two studies reported rearrangements in services due to user participation. The rearrangements consisted of removing a staff room in accordance with the users' wishes (Broer et al., 2014) and relocating services for drug users away from a bar (Patterson et al., 2009). Studies also reported that user participation led to hiring more staff to provide the services (de Freitas, 2015; Petersen et al., 2012), adjustments to existing routines or the development of new ones (Brunero et al., 2009; Seim & Slettebø, 2011; Slettebø, 2013), services which were more responsive to the users' needs (Omeni et al., 2014; Petersen et al., 2012), and a more culturally sensitive service (Petersen et al., 2012). Two studies provided vague descriptions of service development (Omeni et al., 2014; Patterson et al., 2009).

Some studies reported that user participation reinforced itself by increasing user participation in the existing user participation activities and establishing new channels for user participation at service level (Brunero et al., 2009; Patterson et al., 2009; Petersen et al., 2012; Seim & Slettebø, 2011; Treloar et al., 2011). Other studies reported that service providers received increased user feedback (Patterson et al., 2009; Treloar et al., 2011), and one study described unspecified development in a user organisation (Ham et al., 2016).

A few studies reported on changes in overarching policies as a result of user participation. For example, in the development of national guidelines for different mental disorders in the Netherlands, the focus and language were adjusted or changed as a result of user participation, and the user perspective was better interwoven in the text (Ham et al., 2016; Ham et al., 2014). Also, in the guidelines for the diagnosis of dementia in the United States and the mental health guidelines in the UK, user participation affected the information materials, which included scope, topics, outcomes and recommendations for implementation (Armstrong et al., 2018; Harding et al., 2010).

Harmful or No Impact

Harmful or no impact refers to the potential for user participation to have unintended impact or fail to have any impact.

At the individual level, studies indicate that user participation led to some users experiencing a decrease in self-confidence (Broer et al., 2014; Omeni et al., 2014) and a worsening of their mental health (Neech et al., 2018; Omeni et al., 2014). Other studies reported that the lack of visible impacts of user participation led to frustration among users (Omeni et al., 2014; Restall, 2015) and that users could experience feelings of vulnerability in the user participation process (Restall, 2015).

At the organisational level, one study described how the internalisation of the norm of user participation among professionals led the professionals to accuse one another of unnecessary use of power towards the users, thus worsening the working environment (Broer et al., 2014). Clarification of how power is exercised can be positive and lead to better practice,

but this is not mentioned in the study. In another study, government officials were afraid of being viewed as incompetent if they did not meet the users' outcome expectations (Restall et al., 2011). User participation can also lead to resistance from professionals who do not believe the users are representative and think that users are overly critical of the service (Omeni et al. 2014; Treloar et al., 2011). One study identified no impact of user participation after implementing a development plan for user participation at all hospital levels, including no change in the users' perceptions of user participation (Rise & Steinsbekk, 2015).

At the policy level, one study described that user organisations withdrew from the process of developing new guidelines in mental health services because they disagreed with the content (Ham et al., 2014).

Although user participation seems attractive, the above findings show that there are also some unintended consequences. The most alarming phenomena are user disempowerment, professionals' scepticism towards user participation, and no impact from the user participation.

Discussion

The aim of this review was to explore the impact of user participation among people in vulnerable situations at service level and how this process affects the involved stakeholders. In the following paragraphs, we discuss the impacts associated with user participation, applying Banks et al. (2017) understanding of impact and power in the participation process.

To our knowledge, this is the first review that focuses on user participation at service level among people in vulnerable situations with a cross-sectoral perspective. Our findings align with studies focusing on other groups of users who report benefits from user participation, such as promoting the users' health and well-being, strengthening the channels for user participation, organisational development and changes in professional practice (Bath & Wakerman, 2015; Bombard et al., 2018; Rosenberg & Hillborg, 2016; Olsson et al., 2020). These findings indicate services and professionals who are willing to listen and adjust services on the basis of the users' feedback. In line with the one study reporting negative impacts (Olsson et al., 2020), our review provides a major contribution to the field of research by developing new and unique knowledge of the challenges of user participation at service level. In line with other literature (Rosenberg & Hillborg, 2016; Olsson et al., 2020), the result of this study shows that individual empowerment among users is an important impact associated with user participation at service level (Broer et al., 2014; Burnell et al., 2015; de Freitas, 2015; Ham et al., 2016; Neech et al., 2018; Omeni et al., 2014; Phillips & Kuyini, 2018; Rai et al., 2018; Restall, 2015; Seim & Slettebø, 2011; Slettebø, 2013). Improved self-esteem, expanded social networks, development of skills and increased knowledge are elements of individual empowerment (Rappaport, 1987) and can motivate users to participate and contribute to collective empowerment (Freire, 2000). However, the findings also indicate that user participation may have an unintended and negative impact on the users' mental health and their feeling of empowerment (Broer et al., 2014; Neech et al., 2018; Omeni et al., 2014; Restall, 2015). These findings are in line with Olsson et al. (2020), who found that users need to experience concrete results from user participation; if not, the process may result in feelings of powerlessness and frustration. These findings are alarming, especially when people in vulnerable situations already often experience disempowerment, reduced health, and social challenges. One may ask whether it is the situation of these user groups that can sometimes cause user participation to be harmful or whether it

is the result of the service providers and professionals facilitating the user participation inappropriately.

In the review process, it became clear that impact as a concept, and the connection between user participation and impact, has received little attention in the literature. In contrast to a linear and causal understanding of impact, Banks et al. (2017) emphasise the process and state that co-impact is a circular and complex process rooted in a citizenship ideology that emphasises co-production. In many of the included studies, the impact of user participation was a minor topic, and a few only mentioned it in adverbs. Also, the authors do not describe their understanding of impact, and they alternate between terms like change, result, lead to, influence, consequence and outcome, which make it hard to grasp if this relates to a linear or circular understanding of impact. In addition, few authors describe their ideological perspective on user participation, and even if some frameworks for ideological approaches to user participation exist (Dent & Pahor, 2015; Fotaki, 2011), this receives little attention concerning impacts in the reviewed studies. Nevertheless, one can imagine that the traditional understanding of impact as a linear process has been the most widespread in the literature, since the concept largely seems to be taken for granted and used unconsciously. Using Banks et al.'s (2017) concept, this article provides a theoretical contribution to the field of research by expanding the perception of impact associated with user participation, emphasising a circular understanding.

Impact can also be perceived as various forms of citizen power (Arnstein, 1969). User participation in the included studies was mainly consultative, where users seemed to have little decision-making power. However, all the stakeholders reported that users influenced the professionals' thoughts, ideas and attitudes during the user participation process (Broer et al., 2014; Brunero et al., 2009; Ham et al., 2016; Harding et al., 2010; Omeni et al., 2014; Restall, 2015; Restall et al., 2011; Seim & Slettebø, 2011; Slettebø, 2013). From this perspective, people in vulnerable situations may have more power than seen at first glance and can contribute to changes by influencing the professionals through having a degree of ideological power (Lukes, 2005). Nevertheless, it is unclear whether this entails permanent changes in the services and results in collective learning. User participation activities can also be perceived to promote the services' and society's ideal of autonomous, well-informed citizens. The framework for participatory activities can influence users' actions and thoughts and result in co-optation, wherein users adopt the professionals' perspectives as their own and discipline their thoughts and behaviour according to this logic (Eriksson, 2018). This co-optation could result in less critical users and manipulate user participation to become what Arnstein (1969) describes as non-participation. In addition, people in vulnerable situations may have difficulties handling power, and they may experience stress and mental strain in situations where other users do not support them or if user participation is facilitated inappropriately by professionals.

Limitations

This review has several limitations. We have conducted a literature review with data retrieved from other research articles, and thus we have analysed and described the impacts of user participation indirectly. A scoping review does not review all the existing literature on a topic, and therefore relevant literature could have been omitted. The researchers' preconceptions may have influenced the search strategy as the review includes two studies conducted by the second author. The term impact is also rarely used in research concerning user participation. In the initial searches, terms such as impact, effect, influence and consequence were part of the search string. However, since these terms excluded many relevant stu-

dies, we decided to remove them and make the search string more open. Despite the limitations, the scoping approach allowed us to include different study designs and user groups.

Conclusion

This review has shown that user participation at service level among people in vulnerable situations may have an impact on the involved individuals and organisations. The findings illustrate that participation can be more than an empty ritual and that service users and service providers should be encouraged to participate in these activities in order to develop and improve services. An important finding from this review is the focus and description of unintended and potentially harmful impacts of user participation at service level. Therefore, we recommend that in facilitating user participation, service providers pay attention to the possible harm the process may cause the participants.

The cross-sectoral perspective is also a unique research contribution in this review. The findings indicate that the impact of user participation has received more attention in relation to people with mental health problems than to other people in vulnerable situations. Future research should address this and pay particular attention to the challenges and possible negative side effects of user participation. Finally, by applying Banks et al.'s (2017) concept, the review contributes to new knowledge of user participation by emphasising a circular approach when assessing impact.

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Conflicts of interest

The authors declare that there is no conflict of interest.

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