



Accessible services? The most essential social and health care services and their accessibility for the clients of Shelter Mona

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The aim of this functional thesis was to create a guidebook for the social and health care services in Helsinki that are the most essential for immigrant women who have experienced domestic violence, and to evaluate the accessibility of the services from the point of view of immigrant women. The evaluation of the accessibility concentrated on the use of interpreters and the accessibility of the web pages. The thesis was written in co-operation with Shelter Mona and the guidebook was created for professional use at the shelter. The thesis consisted of two parts: the written report and the guidebook as the output of the thesis.

The theoretical part covered violence, immigrant women as a client group, and accessibility. The thesis contained basic information about the services and the use of interpreters, as well as the author's evaluation of the accessibility of the web contents. The basic information about the services was collected from the service providers' webpages. The information about the use of interpreters was collected by contacting the service providers by email or by phone. The author's evaluation of the accessibility of the web contents was based on the Web Content Accessibility Guidelines. The key findings were that the use of interpreters may compromise the privacy of immigrant women because the service providers often share private information, such as the name of the client, to the interpreters before the interpretation. The author found that the reason for sharing private information to the interpreters was unclear within the service providers and within the interpreter centre where the interpreters came from. The evaluation of the accessibility of the web contents showed that the accessibility was often not equal for immigrant women. For example, many web pages did not provide their texts in other languages than in Finnish, and often the overall amount of information was smaller in other languages than in Finnish. The findings can be used to enhance the accessibility and the process of using interpreters in the future, which is important for promoting the equality of immigrant women.

Keywords: Accessibility, immigrant women, domestic violence, social and health care services, guidebook

Satu Härkönen

Palvelua saatavilla? Turvakoti Monan asiakkaiden keskeisimmät sosiaali- ja terveysterveystoimet ja niiden saavutettavuus **Accessible services? The most essential social and health care**

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Tämän toiminnallisen opinnäytetyön tavoitteena oli luoda opas lähisuhdeväkivaltaa kokeneiden naisten keskeisimmistä sosiaali- ja terveysterveystoimista Helsingissä, sekä arvioida niiden saavutettavuutta maahanmuuttajataustaisten naisten näkökulmasta. Saavutettavuuden arviointi keskittyi tulkkien käyttöön palveluissa sekä verkkosivujen saavutettavuuteen. Opinnäytetyö toteutettiin yhteistyössä Turvakoti Monan kanssa ja opas luotiin ammattilaisten käyttöön turvakodilla. Tähän opinnäytetyöhön kuului kaksi osaa: kirjallinen raportti sekä opas, joka oli toiminnallisen opinnäytetyön tuote.

Opinnäytetyön teoreettisen viitekehyksen keskeisiä aiheita olivat väkivalta, maahanmuuttajataustaiset naiset asiakasryhmänä, ja saavutettavuus. Opinnäytetyön tuotteena syntynyt opas sisälsi palveluiden perustiedot, tietoa tulkkien käytöstä, sekä kirjoittajan arvion verkkosivujen saavutettavuudesta. Palveluiden perustiedot kerättiin palveluiden omilta verkkosivuilta. Tieto tulkkien käytöstä kerättiin jokaiselta palveluntarjoajalta erikseen sähköpostitse tai puhelimitse. Kirjoittajan arvio verkkosivujen saavutettavuudesta perustui kansainväliseen ohjeistukseen verkkosivustojen saavutettavuudesta. Opinnäytetyö osoitti, että tasa-arvo ei toteudu verkkosivujen saavutettavuudessa maahanmuuttajataustaisilla naisilla, esimerkiksi sen vuoksi, että useat verkkosivut eivät tarjoaneet tietoa eri kielillä yhtä kattavasti kuin suomen kielellä. Opinnäytetyön aikana selvisi, että tulkkien käyttö saattoi vaarantaa maahanmuuttajataustaisten naisten yksityisyyden suojan. Monet palvelut luovuttivat asiakkaiden tietoja, kuten asiakkaiden nimet, tulkeille ennen tulkkausta. Syy tietojen luovutukselle oli epäselvä sekä palvelujen tarjoajille että tulkkeille, josta tulkit tulivat. Opinnäytetyön löytöjä verkkosivujen saavutettavuuteen sekä tulkkien käyttöön liittyen voidaan hyödyntää tulevaisuudessa niitä kehitettäessä. Kehittäminen on tärkeää maahanmuuttajataustaisten naisten tasa-arvon ja yhdenvertaisuuden kannalta.

Asiasanat: Saavutettavuus, maahanmuuttajataustaiset naiset, lähisuhdeväkivalta, sosiaali- ja terveysterveystoimet, opas

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1 Introduction

This is a written report of a functional thesis that I completed as a part of my studies in Laurea University. I created a guidebook about the most important social and health care services in Helsinki for immigrant women who have experienced domestic violence and evaluated the accessibility of the services. I planned and implemented the thesis project in cooperation with Shelter Mona.

The thesis was implemented exclusively by myself. The idea for the thesis started from the current need of the work life and from my own interest to do a functional thesis regarding the work with domestic violence. Shelter Mona needed a guidebook that would include the services that their clients can use. I responded to their need by creating a guidebook that presented the most essential services in Helsinki for immigrant women who have experienced domestic violence and evaluated the accessibility of the services.

Immigrant women who experience domestic violence face discrimination on multiple levels and have certain challenges when using the social and health care services. For example, the lack of Finnish or Swedish language skills, racism, and ethnic discrimination affect the quality of the services that they receive. (Alitolppa-Niitamo 2002, 82; Ellonen & Korhonen 2007, 21; Honkatukia & Perttu & Ruohonen, no date, 22-23; Jasinskaja-Lahti et al. 2002, 28-30; Viren et al. 2011, 45, 46.) The analysing of the accessibility in the thesis concentrated on the use of interpreters in different services and on the accessibility of the webpages of the services.

I decided the services in the guidebook in cooperation with Shelter Mona. The guidebook included basic information of the services, information about the use of interpreters in different services, and my own evaluation of the accessibility of the webpages of each service provider. I collected the basic information, such as the contact details, from the webpages of each service provider. I found out about the use of interpreters by contacting the services individually. I asked all the service providers the same questions about the use of interpreters, to make sure that the information is in-line and comparable. I evaluated the accessibility of the webpages based on the European Union Web Accessibility Guidelines, concentrating on the challenges that people may have if they do not speak Finnish or Swedish or if they struggle to read text. I created a visually coherent guidebook to be used at Shelter Mona and I shared my evaluation of the accessibility of the webpages with the service providers who had presented their interest in receiving it.

I start this written report by introducing Shelter Mona as the working life partner, the aims and objectives of the thesis and the elements of a functional thesis. The theoretical framework focuses on domestic violence and violence against women, immigrant women as a client

group, the service needs of immigrant women who have experienced domestic violence, and the accessibility of the services from the point of view of immigrant women.

After the theoretical framework, I introduce the processes of planning and implementing the project. I continue by presenting the feedback and evaluation of the thesis product and the project work, and lastly, I contemplate the results of the thesis and the further development ideas in conclusions. The guidebook is attached to the thesis as an appendix.

2 Working life partner

The working life partner for the thesis was Shelter Mona. I became familiar with Shelter Mona during my practice placement in 2019-2020.

Shelter Mona offers temporary accommodation and support for women and children who have experienced domestic violence or the threat of it (Monika-Naiset liitto ry, no date). Shelter Mona offers their clients a safe place to stay in a secret address, psychosocial support, guidance in house-seeking and support to continue life without violence. It is currently the only shelter in Finland that works in a completely secret address. Clients can contact Shelter Mona themselves, or they can be referred by authorities such as the police or the municipality social workers. Most of the clients at Shelter Mona are women and children with immigrant backgrounds. The average length of a stay at the shelter is one month, depending on each client's personal situation. Clients have regular meetings with the professionals, and the individual service plan is created for each client personally. An important part of the work at Shelter Mona is to make sure that the clients have accurate information about the social and health care services that they can use after their stay at the shelter has ended. (Åhman-Nakarmi 2020.)

Shelter Mona is a part of Multicultural Women's Association which works to prevent violence against women in Finland. It is a nationwide and non-governmental organisation that operates in the field of social affairs and its main office is placed in Helsinki. It promotes equality and integration of immigrant women and it prevents violence against women. The organisation works as an expert and an advocate to improve the position of women. It provides statements, training, announcements, and it works in cooperation with multi-professional network nationally and internationally. The logo of Multicultural Women's Association is presented in Figure 1. (Monika-Naiset liitto ry, no date.)



Figure 1, The logo of Multicultural Women's Association
(Monika-Naiset liitto ry, no date)

In addition to Shelter Mona, Multicultural Women's Association receives clients in two other service points which are the Integration Centre and the Crisis Centre. I visited them both during my practice placement. They work in a joint office in Helsinki and they work in co-operation with Shelter Mona. The Integration Centre supports immigrant women by offering aid for employment, job seeking, societal skills and for individual needs. Clients can take part of group activities and they can receive an own tutor for personal support. The Crisis Centre offers support for immigrant women regarding to any types of crisis or difficulties they are experiencing in life. The Crisis centre offers support through online chat, through phone calls or by face-to-face meetings. They have supported housing options for victims of domestic violence after the stay at a shelter has come to an end. (Induction visits 2019 & 2020.)

All the professionals and the voluntary workers at the Multicultural Women's Association are women. All the services are aimed for women with immigrant background; however, Shelter Mona may accept people of any gender and background as their clients as well. (Induction visits 2019 & 2020.)

Shelter Mona is funded by the Finnish Institute for Health and Welfare (THL) and the Ministry of Social Affairs and Health (STM) (Turvakoti Mona, no date). The prime financiers of Multicultural Women's Association are the City of Helsinki, The Funding Centre for Social Welfare and Health Organisations (STEA), STM, THL, the Ministry of Education and Culture, Stiftelsen Den Sjunde Mars Fonden and the City of Vantaa. (Monika-Naiset liitto ry, no date.)

3 Purpose and aim of thesis

The purpose of this thesis was to create a guidebook of the most necessary social and healthcare services in Helsinki for immigrant women. The aim was to produce material for the

professionals at the Multicultural Women's Association and their Shelter Mona, and to analyse the accessibility of these services for immigrant women. Majority of the clients at Shelter Mona are women with immigrant backgrounds.

The guidebook includes the contact information of different services, basic information about the service path and the accessibility of the services for immigrants. The aim of the guidebook is to support the professionals in client work at Shelter Mona and to develop their work. The guidebook especially supports new employees who are not that familiar with the services that their clients could use. The aim is that the guidebook becomes a tool that the professionals use at Shelter Mona as a part of their work. Overall, the objective for the guidebook is to be visually clear and lucid.

The aim of analysing the accessibility of the services is to gain an understanding of how the service providers take people who do not speak Finnish or Swedish into account. The guidebook includes information on whether the service providers use interpreters or not, and how accessible the web pages of services are for immigrants. The information about the accessibility can be used in the future for development of the services. Due to the extent of the thesis, analysing the accessibility is limited to the use of interpreters and the qualities of the service web pages.

My personal learning goals are strengthening my skills in project work, learning about the social and health care services in Helsinki, and gaining experience in planning and implementing a long-term project from the start to the end by myself.

3.1 Background of thesis

The equality between people in Finland is regulated in the Non-discrimination Act. The aim of it is to promote equality, prevent discrimination and to reinforce legal protection of people who experience discrimination. According to the Non-discrimination Act, people in Finland are rightful to be treated equally regardless of age, origin, nationality, language, religion, or other personal reasons. The Non-discrimination Act applies in public and in private activities but not in private life, family life, or religious practices. (The Non-discrimination Act 1325/2014.)

The factual equality of immigrant women does not succeed as stated in the Non-discrimination Act. Some of the major obstacles that affect the equality of women with immigrant backgrounds are racism and prejudice based on race. Racism means a systematic view that labels other ethnic groups and cultures inferior to own group. Racism underlines a strong prejudice regarding race, and it can appear on different levels such as negative thoughts, negative attitudes, and strong animosity against certain group of people based on their

ethnicity, race, religion, or culture. Racism may also appear as conscious acts such as calling people names, starting a racist organisation, and spreading racist material, and as general circumstances such as discrimination in work life or with housing. Ignorance and unwillingness to intervene racist activities is one form of racism. (Jasinskaja-Lahti et al. 2002, 28-30; Viren et al. 2011, 45.) Ethnic discrimination is a concept closely related to racism. It refers to treating a person in an unequal way because of their ethnic background. (Viren et al. 2011, 46.) Ethnic discrimination means causing harm on certain ethnic groups and it may appear as direct or indirect. Direct ethnic discrimination can occur as treating people differently, such as favouring one group at the expense of others, according to skin colour, nationality, or culture. Indirect ethnic discrimination means treating people ostensibly in equal way but which truthfully leads to discrimination. For example, employers setting unreasonably high expectations of Finnish language skills for job applicants is ethnic discrimination. (Jasinskaja-Lahti et al. 2002, 29-30.) Continuous experiences of discrimination or racism can lead to social exclusion, mental disorders, anxiety, and depression (Räty 2002, 194).

The accessibility of services is regulated in different laws in Finland, and it includes the accessibility of online material (Tamminen & Alinikula 2020). For example, as I mentioned earlier, the Non-discrimination Act states that everyone has the right for equal treatment, but the factual equality does not carry off as it is stated in the law. For that reason, I found it important to investigate the truthful equality of accessing online services from a point of view of immigrant women, concentrating on the websites of the most essential social and health care services for the clients of Shelter Mona. This information is crucial for the professionals at Shelter Mona, for understanding the overall ability of immigrant women as their clients to act and to seek for services independently. I introduce the concept of accessibility in more detail in the chapter six.

The Act on the Status and Rights of Social Welfare protects the right to receive social services in everyone's own language, and it obligates the social service providers to use interpreters when needed (The Act on the Status and Rights of Social Welfare 2000/812, §5). The use of interpreters brings up a question of how the anonymity of clients is guaranteed. For example, can the interpreter and the client from a minority language group know each other, and is personal information of the client shared to the interpreter.

I had an opportunity to hear the thoughts of an interpreter who works for multiple different interpreter centres within the capital area in Finland. She attends the appointments and meetings of clients in social and health care services as an interpreter. In her experience, the anonymity of clients is not always taken care of. In the past, she has received the social security numbers of clients on the interpretation requests. Nowadays, she has noticed that the social security numbers have not been passed on to her anymore. However, other personal

information such as the name of the client, the place, and the reason for the meeting and, for example, the specific ward of a hospital, are informed to her before she accepts the interpretation request. She believes that sharing the name with the interpreter has good and bad sides; on the other hand, the anonymity of the client is compromised, but on the other hand the interpreter has an opportunity to decline the interpretation request in case they recognise the name of the client. She mentions how easy it is for an interpreter to receive sensitive information about the client before the interpretation. She refers to a time when she called a hospital to ask for more information about the prearranged interpretation, to be able to prepare for the vocabulary better. She introduced herself and asked for information of what is the upcoming interpretation about. The hospital staff shared personal and sensitive information about their patient, such as the illnesses that they had. This kind of a situation, when sensitive information has been shared to her before the interpretation, has happened more than once. The name of the interpreter is not mentioned in the thesis to protect her anonymity. (Oral communication 2020.)

Immigrant women are at a disadvantage when using social and health care services in Finland. Racism and ethnic discrimination affect the quality of the services they receive, and their anonymity and privacy may be compromised when using interpreters. Websites and online material of social and health care services may not be accessible for people who do not understand Finnish or Swedish or who are illiterate, therefore raising a question if accessing information is equal between people in Finland.

3.2 The elements of functional theses

Activity based thesis is an alternative option for the traditional research-based thesis and it is commonly used in the universities of applied sciences. It is a work life oriented, project-style thesis, often completed in cooperation with a working life partner. A functional thesis means that as the result of the thesis, the author creates a product or implements an activity, for example, organises an event. (Vilkka & Airaksinen 2003, 9; Opinnäytetyön ohjaajan käsikirja, no date; Hakala 2004, 23-26.)

The aim of the functional thesis is to guide and organise practical work. It includes two parts; implementation of the activity and producing a report that includes the documentation and the evaluation of the project. Functional thesis is a worthy option to consider for students who prefer project-like working and want to create something that serves the working life. (Saastamoinen et al. 2018.)

The principle of the education in the universities of applied sciences is to prepare the students to be experts in their own field of work and to be able to develop their work. The

functional thesis provides opportunities for the thesis author to improve these skills. Having a working life partner increases the feeling of responsibility of the thesis author throughout the project, strengthening their project management skills as well as opening the opportunities to learn about the current development areas in the work life. Often the work life changes fast, and the education follows behind. The benefit of the functional thesis is that it responds to the present development needs of the work life. (Vilkkä & Airaksinen 2003, 10-17.)

Functional thesis is an opportunity for the author to show their professional competence and ability to develop themselves, the work community, and the field of work. It requires critical and investigative thinking, independent and goal-oriented working, and good communication skills. (Opinnäytetyön ohjaajan käsikirja, no date.)

This functional thesis is implemented in a form of a project. A project means a set of tasks that are precisely defined and scheduled, and it has unambiguous goals, a start date and an end date and a given amount of resources (Silfverberg 2007, 21). A project is a one-time venture that aims to accomplish a pre-agreed mission and it follows certain development phases according to the tasks of the project. However, it is common that the goal of the project reshapes during the different phases. (Virtanen 2000, 20, 35.)

Usually, a project aims to develop something in an organisation. A project can be, for example, finding new ways to work, strengthening the skills of personnel, or finding new contacts for collaboration. Projects usually follow certain similar types of steps. Separating a project to different parts improves the learning process throughout the project. (Silfverberg 2007, 23, 34.) The different project stages are presented in Table 1, and the stages of this functional thesis are explained in detail in chapters seven and eight.

The project starts from a pre-planning stage. A pre-planning stage includes critical observation of the project and consideration of the need for the project. (Silfverberg 2007, 39.) During the pre-planning stage, the urgency for the project is analysed and the type and target group of the project are clarified (Virtanen 2000, 74).

Löow (2002, 22-25) separates the pre-planning stage into two parts: generating a project idea and shaping it into a project suggestion. A project idea may begin as a need to solve a certain problem in an organisation or desire to develop a new service or a product. A project suggestion follows the project idea and it includes more detailed information about the project such as the aim and the objective of the project. When the project suggestion has been approved, the project planning can begin.

The aim of a project plan is to estimate the schedule, to take right actions in the right way, and to point out possible deviations from the goals. Careful project planning is important for

the functionality of the project and it supports the time management of the project. The project plan may include information of the project background, the aim and objective, the action plan, the timetable, and the communication plan. Clear goals for a project support it until its end. However, the project plan can and should be modified during the implementation when needed. All projects get exposed to changes and the project plan should follow on the side of the project even after the implementation has started. (Virtanen 2000, 89; Lööw 2002, 63.)

Planning stage is followed by an execution stage. During the execution stage, the project plan is actioned, and the goals and objectives are modified when appropriate. For instance, the knowledge of the final product might increase during the execution. In that case, modifying the project plan accordingly is important for the success of the project. (Lööw 2002, 89.)

After the execution stage, project is closed during a closing stage. Project closing can be, for example, a meeting where the project product is presented, and the project journey is discussed. Lastly, the feedback of the project is collected during a project monitoring stage. The feedback and the evaluation can include questions regarding to reaching the goals, and the success of the timetable, documentation, and communication. (Lööw 2002, 105-107.)

Table 1, Five project stages

Project stage	
1. Pre-planning	Project idea. Project suggestion. Critical observation. Is the project needed?
2. Planning	Information of the background. Aim and objective. Action plan. Timetable.
3. Execution	Following the project plan. Making changes when appropriate.
4. Closing	Presenting the result of the project. Discussing the project journey.
5. Monitoring	Collecting feedback. Evaluating if aims and objectives were reached.

(Lööw 2002 & Silfverberg 2007 & Virtanen 2000)

Collecting feedback and the evaluation are important parts of the process of implementing a project. Virtanen (2000, 138-139) writes that a common belief for evaluating a project is that it is either successful or unsuccessful judging by the result after the project has ended. In the reality, the success of a project starts from the pre-planning stage. Many factors such as project management and setting detailed goals affect the success of the project, and success should not only be evaluated by the result.

To evaluate the success of this thesis, I collect feedback systematically from Shelter Mona and I use the feedback to evaluate the success of the thesis product. I write a learning diary during the project, where I document my observations and learning. I use the learning diary to evaluate my own learning process. In addition, I take part of the regular thesis guidance sessions at Laurea University and request the professors for feedback during the writing process. The process of collecting feedback and the evaluation of the project are presented in more detail in chapter ten.

4 Violence

World Health Organisation (WHO) defines violence as following:

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.” (World Health Organisation 2019.)

Violent acts are always connected to time, place, culture, and religion. Feeling rightful to use violence is often connected to the traditional gender roles of different cultures and religions. In the past, violence has been considered as a question of human rights but nowadays its significance is understood more as a public health issue. (Hannus et al. 2011, 37.) Violence is a large concept with plenty of different themes. In this thesis I concentrate on the themes of domestic violence and violence against women.

4.1 Domestic violence

Domestic violence means an act of violence that happens in an intimate relationship in a private setting. It exists in all parts of society. For example, socio-economic status, age, or cultural and ethnic background have no effect on the occurrence of it. Domestic violence means all behaviour in an intimate relationship that causes harm to the other person. It includes, for example, physical, emotional, and sexual violence and it is often gendered violence. In most of the cases, the victim is a female, and the offender is a male. (White Ribbon Australia 2014, 1; Hannus et al. 2011, 39.)

From WHO’s definition of violence it is understood that violence is not only physical acts but also using power, threatening or intimidation which are types of mental violence. WHO’s definition of violence also covers passive violence which is, for example, neglect. This leads to understanding that the consequences of domestic violence are not always physical and visible

but also mental and social problems that can last for years after the abuse. (Hannus et al. 2011, 38.) Children are always affected by domestic violence regardless if they are direct victims or witnesses of violence against their parent or siblings. According to research, there is no difference in the impact of direct and indirect abuse in children. Living with abuse may cause children fear, low self-esteem, loss of self-respect or self-confidence, sleeping disturbance, eating disorders or lowered school performance. Violence can affect family dynamics because of the possible burden of keeping violent experiences a secret, causing intimidating atmosphere at home and damaging relationships between siblings and between children and parents. (Mullender et al. 2002, 22.)

Next, I present the different types of domestic violence. I introduce them first in more detail, and I present the main points in the Figure 1. The list of the types of domestic violence in this thesis is not complete, and there might be more types of domestic violence than introduced in this thesis.

Mental violence is the most common type of domestic violence and it can be verbal or non-verbal. For example, calling names, threatening with physical violence, humiliation, yelling, swearing, pressuring, controlling, and blaming are forms of mental violence. (Hannus et al. 2011, 46.) Often violent behaviour starts from mental violence and later escalates to physical violence or other types of violence. Especially controlling and forcing the victim to act in certain way are types of mental violence that have a high risk to escalate to physical violence later. Mental violence includes intimidation, for example throwing items and causing fear in the victim. Threatening and intimidating have similar, distressing effects on the victim than physical violence. Threatening can include pressuring the victim with financial situation. Breaking victim's belongings and, for example, mistreating, harming, or killing their pet is behaviour that falls between mental and physical violence. Ways for abuser to control the victim can be various. Controlling behaviour does not limit in just one occasion. It is a reoccurring endeavour to limit and control the life of the victim. For example, it can be keeping record on the times when victim leaves and returns home. (Lehtonen & Perttu 1999, 38.) Mental violence is especially damaging for the victim because it harms the victim's view of themselves (Hannus et al. 2011, 47).

Physical violence means causing direct harm to the body of the victim. It is, for example, pushing, hitting, kicking, using weapons, or sleep deprivation. (Terveyden ja hyvinvoinnin laitos 2018; White Ribbon Australia 2009, 2.) It includes limiting the freedom of movement, slapping, grabbing, and forcing to commit suicide. Physical violence usually leaves physical marks which can be used as evidence of the violence. (Äärelä & Gerbert 2012, 12.)

Sexual violence means all kinds of sexual acts that happen against the will of the victim. It includes blackmailing, sexual touching by force, forcing degrading sexual acts, rape, treating as a sex object, calling names, and criticising the body parts of the victim. Sexual violence is often connected to other types of violence - for example, physical abuse can end in a rape. Victim may feel like they must consent to sex to avoid the rage of their partner that would happen if they refused to have sex. (Hannus et al. 2011, 49.) Most rapes happen in intimate relationships at home. The attitudes and beliefs about intimacy in marriage and domestic partnership can result in feeling of entitlement to sex. For example, men can believe that it is their marital right to have sex, and the consent of their partner is not important. This way marriage and intimate relationship can make sexual violence acceptable. (Lehtonen & Perttu 1999, 41.)

Financial violence means financial repression, financial blackmailing and controlling how the victim uses money. It may show as one partner overseeing purchases and not allowing the other partner to control their own money. It may also show as using partner's money without permission. (Hannus et al. 2011, 49.) Often financial control is connected to other types of violence as well. The victim might not have any access to money at all, which is an effective way to prevent them from leaving a violent relationship. Threat of physical violence can be connected to financial violence, for example in a situation where the victim has lost a receipt or cannot prove what they used money on. Financial violence does not necessarily end if the victim starts working outside home, but it might get new kinds of forms. (Lehtonen & Perttu 1999, 42-43.) An example of financial violence is when in a family, the victim must spend their money on food and clothes for the children without being able to buy anything for themselves. Violent partner has a freedom to make purchases for themselves when the victim contributes their whole salary to the family's common good. Another example is a situation when, for instance, a house that is bought together does not have both partners' names on the title deed. Preventing the partner to go to work or isolating them from work community are also forms of financial violence. (Hannus et al. 2011, 50.) Lehtonen & Perttu (1999, 42) present that the roots for financial violence can be studied in the history. Financial status of women has been strongly connected to men. In the agrarian society girls did not have a right for their parents' legacy and the marriages were arranged according to the financial benefits. Women lacked options for getting a divorce or it was not practically possible due to financial matters. This caused financial suppression for women throughout their lives and often over generations. When paid work started to get more common during industrialism, women started to gain more opportunities to earn their own money and reach financial independency.

Spiritual violence is harmful behaviour that has its roots in religion. It means that the offender uses religious threats or demands to break the victim's view or way of life, or their opinion. The offender justifies their behaviour by referring to religious authority, such as the bible or the religious community. Spiritual violence can include, for example, activities and rules that seem suspicious, distressing, or unfair to the victim. It is typical for spiritual violence that the oppression of women is explained as a rule of the religion and the offender might quote such parts of the bible that highlight the submissive position of wives towards their husbands. Religious norms can be used as a tool to gain sexual authority. Spiritual violence can include threatening to shut the victim outside of a religious community or threatening that no-one in the community will believe what the victim says. (Hannus et al. 2011, 48-49.)

Honour violence refers to violent acts that are taken to reserve the honour of an individual, a family, or a community. Honour violence can occur on very different levels, and it can include for example threatening, controlling, isolating, forced marriages, female mutilation, or murder. The difference to other types of domestic violence is that the perpetrator might act together with the whole family or with the community. In cultures that highlight moral honour, the honour for women depends on their decent behaviour, and the honour of men depends on the decency of the family members. It might be expected within the community that men defend their honour and control the behaviour of women. If a man does not act to preserve his honour, he might be resented by the community. (Mannerheimin lastensuojeluliitto 2009, 6-7.)

Violence that continues after breaking up can lead to stalking. Stalking means that after breaking up or divorcing from a violent relationship, the abuser continues their violent behaviour on the victim. Often the type of the violence stays the same or it is similar to the type of violence when the couple were together. Stalking is, for example, unwanted contacting, following the activities of the victim in real life or online, ruthless phone calls, sending letters and continuous stalking. It is intentional behaviour when the abuser controls everyday life of the victim, limits their social space and activities and causes anxiety, fear and the feeling of unsafety in the victim. (Nikupeteri & Laitinen, no date, 23, 26; Pentikäinen 2002, 22.)

Mental violence	Verbal or un verbal. Examples: controlling, calling names, humiliation, threatening with physical violence.
Physical violence	Causing physical harm to the victim. Examples: hitting, kicking, using weapons, slapping.
Sexual violence	Sexual acts that happen against the victim's will. Examples: rape, treating as a sex object, criticism about victim's body, blackmailing.
Financial violence	Controlling the victim's use of money. Examples: demanding to see receipts, spending the victim's money without permission, forcing to spend money on something, not letting the victim to go to work.
Spiritual violence	Violence, that has roots in religion. Examples: justifying violence by referring to religious authority, activities and rules that seem suspicious to the victim, threatening to shut the victim outside the community
Honour violence	Violent acts to reserve the honour of a community, a family or an individual. Examples: threatening, controlling, isolating, forced marriages, female mutilation, murder.
Stalking	Violence that continues after breaking up. Examples: unwanted contacting, continuous stalking, ruthless phone calls, following the victim in real life or online.

Figure 2, Types of domestic violence

(Based on: Hannus et al. 2011, 46, 48-50; Lehtonen & Perttu 1999, 42-43; Mannerheimin lastensuojeluliitto 2009, 6-7; Nikupeteri & Laitinen, no date, 23, 26; Pentikäinen 2002, 22; Terveyden ja hyvinvoinnin laitos 2018; White Ribbon Australia 2009, 2; Äärelä & Gerbert 2012, 12.)

Domestic violence is often cyclic, and the violence might not be present in the relationship all the time. The cycle of violence can be split to three parts: 1) acute explosion, 2) honeymoon, and 3) tension building. Acute explosion means the time when the abuser uses violence against the victim. It is followed by honeymoon, which includes the abuser apologising and promising to be better in the future. Third part of the cycle is tension building, when the behaviour of the abuser turns to threatening and engaging in argument, ending up in a new acute explosion. (White Ribbon Australia 2009, 2.) Dutton (2006, 211-212) agrees that domestic violence follows this type of a cycle and he explains that the cycle starts from a phase of increasing tension in the relationship, which may show as yelling, verbal abuse, or moody behaviour. The change between the first and the second phase could be anything between a few seconds to a few months. The second phase, a rage phase, is when serious violence occurs, and it typically lasts up to twenty-four hours. The victim might seek help from outside during

this phase. After the rage phase is over, it is common that the abuser changes their behaviour completely, and, for example, sends presents to the victim and makes promises about the future.

4.2 Violence against women

Violence against women in all forms is a global problem that crosses country lines and cultural lines (Kyllönen-Saarnio & Nurmi 2005, 13). It reached general awareness in 1970 when an international feminist female movement drew attention to the issue, and a political agenda arose for it. Fundamental principles, according to which the human rights of women and girls are an inseparable, essential and indivisible part of the universal human rights, were established in Beijing in 1993. Violence against women was stated as a serious violation of human rights in Beijing in 1995. According to the agreement in Beijing, parliament of Finland accepted a program to promote equality between genders in 1997. (Ruusu vuori 2002, 13.)

Violence against women begins from selective terminations of pregnancy when female foetuses are systematically aborted. It includes treating girls poorly or killing girl babies and genital mutilation. Arranged marriages, sterilisations, abortions or forcing the use of birth control are common examples of violence against women all around the world. According to the United Nations (UN), in 2002 there was a shortage of 200 million women, when in 1997 the amount was 60 million. The shortage is due to selective abortions, murders of girl babies, lack of food and healthcare for girls especially before the age of five. (Ruusu vuori 2002, 13-14; Perttu 2002, 25.)

Most common place for women to experience violence is their own home or other private place. According to research, most of the violent acts against women are done by men. Research shows that in most cases, the abuser is a current spouse, and in the second most common cases, it is an ex-partner. (Pentikäinen 2002, 18, 22.) Gender roles and the position or value of women and men are often different depending on the culture. For example, in some cultures using physical violence against wife or disciplining children is allowed. (Pentikäinen 2002, 23.)

Violence against women is stronger within cultures where women are financially depended on men, or where women do not have much power in their own life. In Finland, immigrant women are on average more often depended on their partners than Finnish women. The lack of social contacts, education and language skills may result in immigrant women staying home especially within the first years of living in Finland. The same factors that make women depended on their partner, prevent them from seeking for help and safety outside their home. (Alitolppa-Niitamo 2002, 82.)

Finland is committed to prevent violence against women and to help the victims of violence through several international agreements (Kyllönen-Saarnio & Nurmi 2005, 13). For example, Istanbul Convention is an agreement that prevents violence against women, and the agreement was put into operation in Finland in 2015. Istanbul Convention obligates Finland to protect the victims of violence and to bring the perpetrators into justice. (Sosiaali- ja terveysministeriö 2017.)

5 Immigrant women as a client group

An immigrant means a person who is not a citizen of Finland and who lives in Finland permanently (Räty, 2002, 11-13). A person with an immigrant background refers to someone whose both parents, or the only known parent, has been born outside of Finland. At the end of 2018, about seven percent of the population of Finland were people with immigrant backgrounds. In the Southern Region the percentage was about thirteen. Over half of the people with immigrant background in Finland lived in the Southern Region. The gender distribution was overall close to fifty percent of women and fifty percent of men, however, depending on the country of origin, there were big differences between the number of men and women. For example, eighty-four percent of people who have their origins in Thailand and who live in Finland, were women. (Tilastokeskus, no date.) The number of immigrants in Finland has been growing fast since 1990, and it is expected to keep growing in the future. The reasons to move to Finland are numerous and they vary from moving for work to applying for asylum. The people who move to Finland may be anything between highly educated to illiterate. (Terveyden ja hyvinvoinnin laitos 2012.)

Most common reason for the residence permit applications in Finland in 2018 was family ties. Sixty-one percent of the granted residence permits due to family ties were given to women. The other two most common ways to move to Finland were EU-citizen registering and work residence permit. In 2018, thirty percent of the granted work residence permits were given to women and forty-two percent of the new EU-citizen registrations were women. (Euroopan muuttoliikeverkosto 2019.)

Some obstacles that affect the equality of immigrant women, such as racism, ethnic discrimination, and accessibility of services, were mentioned earlier in chapter 3.1. Ethnic discrimination affects the quality of services that people with immigrant backgrounds receive. According to law, everyone is rightful for equal position in society in Finland, however, research has shown that people with immigrant backgrounds do not have an equal position. For example, level of unemployment is higher within immigrants. Research interviews with authorities

and public officers have revealed a belief according to which their main purpose is to offer services to people with Finnish background. Servicing immigrants is more often experienced as obnoxious because it may be slower due to language difficulties. (Räty 2002, 193-194.)

Qvist (2002, 89) points out that the immigrant women in Finland are more often illiterate and less educated than the immigrant men in Finland. It is common that immigrant women who have many children stay at home caring for the children. This may happen due to traditional gender roles, but it may also be difficult for women to find the opportunities to learn Finnish language or to learn about the society in Finland. Without Finnish language skills, immigrant women might not know about their own rights or the services that the society offers in Finland, and therefore they are at a higher danger to experience social exclusion. New circumstances can create tension within families which might break up as domestic violence, leaving immigrant women often as the victims.

Moving to a new country is often related to a decrease in mental well-being, which is a risk factor for violence. Leaving the home country, adapting to a new culture, being isolated or a possible steep fall in socio-economic situation are threats to the mental health of immigrants. Finland aims to gender equality, and it may cause tension within immigrant families by weakening the role of men. Parents may lose their authority with their children if the children learn Finnish language quicker and adapt to the Finnish culture quicker than the parents. (Ellonen & Korhonen 2007, 167.)

5.1 Immigrant women who experience domestic violence

According to research, immigrant women are victims of violence more often than Finnish women, and immigrant women are victims of sexual crimes almost twice as often than Finnish women. (Lehti et al. 2014, 182-186.) Immigrants are over-represented in the shelters for victims of domestic violence. In 2018, when seven percent of the population in Finland was people with immigrant background, twenty-eight percent of the clients in all the shelters in Finland spoke something else than Finnish or Swedish as their native tongue. In 2017 the percentage was thirty, and in 1998, when the total percentage of immigrants in Finland was three, the percentage of immigrants at the shelters was fourteen. Majority of the clients at the shelters are women, for example, in 2018, ninety-three percent of the adult clients in all the shelters in Finland were women and seven percent were men. The relatively large number of immigrants at the shelters shows that immigrants experience more violence than Finnish people. However, seeking help from a shelter may also be due to the lack of friends and family in Finland. It can drive immigrants to seek help from a shelter more often than Finnish people would do. (Qvist 2002, 91; Ellonen & Korhonen 2007, 170; Terveiden ja hyvinvoinnin laitos 2019; Tilastokeskus, no date.)

There is a possibility that an immigrant woman living in Finland has faced violence throughout her life. For instance, there could have been violence in her childhood home or in her relationships, there could have been a war or a conflict in her home country, she might have stayed at a refugee camp or faced violence at her workplace. (Kyllönen-Saarnio & Nurmi 2005, 13.)

Immigrant women who experience domestic violence are victims of multiple discrimination. They are discriminated by the violent spouse and often also by the society. They may have a weak social network in Finland, not much knowledge about their own rights and possibilities, weak language skills or weak societal know-how. Racism, the cultural beliefs, unemployment, isolation, or the immigrant status can create an unequal position for them. Domestic violence can make women feel strongly depended on their spouses financially as well as information-wise. It is more difficult for an immigrant woman who is a victim of domestic violence to seek for help than it is for Finnish women. The lack of money, the fear of being deported or the fear of losing the custody of the children can make it more difficult to seek for help for domestic violence. (Honkatukia & Perttu & Ruohonen, no date, 22-23; Korhonen & Ellonen 2007, 21.) Immigrant women might not know about the shelters and might not know how to look for the contact details, or they are not understood when they contact a shelter (Qvist. 2002, 91).

5.2 The service needs of immigrant women who have experienced domestic violence

The social service needs of immigrants are connected to culture, language, reason for coming to Finland and the ability to manage every-day life (Vuorio et al. 2001, 20). The service needs are varied individually, as immigrant women are not a homogenic group (Ellonen & Korhonen 2007, 167). Walli (2009, 76, 78) researched the service needs of immigrant families in a social welfare office in Finland. The results of the research showed the pronounced need for guidance, counselling, social guiding, and multi-professional cooperation. The service needs were connected to finding a suitable apartment, learning to use the local services, handling different types of permits, and guidance about work, education, and free time.

Äärelä & Gerbert (2012, 30-34) investigated the life situation and service needs of immigrant women who have experienced domestic violence in a project that took place at a low threshold service point. Domestic violence is usually long-term violence and it has often lasted for many years. Healing from domestic violence can take longer than healing from a one-time violent event. However, as healing is a personal progress, the needs for services are varied and clients might require versatile support to break out from the violence. The most common services where clients were directed to, were support conversations at the low threshold service point, the shelters for victims of domestic violence, the social offices, and the police. The

investigation of Äärelä & Gerbert (2012) showed that the most typical client at the low threshold service point was an unemployed immigrant woman. Most typically she was married or living in domestic partnership and her husband or partner used violence against her.

An investigation by Tervola & Verho (2011) showed the differences in the use of the social security benefits between Finnish people and immigrants. In 2011, immigrants in working age used about quarter more social benefits than Finnish people. The difference was explained by low employment of immigrants especially within the first years after arriving in Finland. It was also more common for immigrants to use family benefits because due to different age structure than Finnish people, they had more often children than Finnish people.

Integration at its simplest means the process during which an immigrant finds their spot in the new society. The process of integration is bidirectional, which means that the receiving society experiences a change too, when receiving immigrants. Immigrants have the right for their own language and to their culture, which affect the new society. (Saukkonen 2017, 15.) The integration of immigrants in Finland is regulated in the Act to Promote Integration. According to the law, integration means arrangements and activities that are organised by authorities and that promote integration. Some important actors that organise integration services are municipalities, ministries and job seeking services. In research, integration has been given more detailed definitions than in the law. According to research, integration is affected by multiple different factors such as education, health, social relations, safety, and employment. Integration is goal-oriented and comprehensive work that aims to facilitate immigrants to get employed, to reach services, and to know about their rights. (Sotkasiira no date, 31, 32.) Research has shown that immigrant women are at a higher risk to not experience integration than immigrant men. However, integration is a multidimensional process and as it is affected by many factors, as the culture in the country of origin, the type of the residence permit and the personal ability to participate in activities, it can be understood that personal differences affect integration more than the gender. (Martikainen & Tiilikainen 2007, 24.)

6 Accessibility

Accessibility means the ability to move, hear, see, and understand. It means the ability to access buildings, to receive services and to participate in the society, the working life, hobbies, and the cultural activities, regardless of the personal traits. Accessibility is an indicator of the functionality of our society. As notions, accessibility and equality are close to each other, and their meaning is often the same. (Putkinen 2009, 9-11.)

Teräsvirta (2007, 7-9) introduces these six dimensions of accessibility, which are also presented in the Figure 2: 1. The physical accessibility, which is defined by the design of a building or a place. For instance, the design of places can prevent people with disabilities from physically accessing a building or a place. 2. The accessibility of information, which means the ability to gain the information about a certain matter. Different communication ways may be used to present the same information and presenting it in a simple and in a clear way promotes the accessibility of the information. 3. The accessibility regarding to senses, which means alternative ways to understand the content than hearing and seeing. For example, using sign language or braille promotes accessibility regarding to senses. 4. Accessibility regarding to understanding, which is connected to how easy or how difficult the information is to understand. For example, using plain language or having options for different languages promote accessibility regarding to understanding. 5. Social and cultural accessibility, which means taking the aspects and experiences of the minority groups into consideration, and not only serving the majority of the people. 6. Financial accessibility, which means the financial possibility to participate in something. For example, different entrance prices for different groups of people such as the students, the unemployed or the retired. Lower prices for certain groups can make it more possible for different groups to be able to afford the fees. (Teräsvirta 2007, 7-9.)

Physical accessibility	<ul style="list-style-type: none"> •Physical ability to access a building or a place •Possibility to access with physical disabilities
Accessibility of information	<ul style="list-style-type: none"> •Ability to gain information •Different ways to communicate the information
Accessibility regarding to senses	<ul style="list-style-type: none"> •Alternative ways to understand information than hearing and seeing •Sign language or braille
Accessibility regarding to understanding	<ul style="list-style-type: none"> •How easy or difficult the content is to understand •Plain language, option for different languages
Social and cultural accessibility	<ul style="list-style-type: none"> •Taking the experiences and the point of view of minority groups into consideration
Financial accessibility	<ul style="list-style-type: none"> •Financial ability to take part of an activity •For example, different entrance prices for students, unemployed and retired

Figure 3, The dimensions of accessibility
(Teräsvirta 2007, 7-9)

There are many laws in Finland that regulate the accessibility, or the themes closely related to it. According to the Constitution of Finland, no one can be put in an unequal position due to their personal traits (The Constitution of Finland 1999/731, 6 §). The Administrative Procedure Act obligates the authorities to use clear and understandable language and it mentions the right of the clients to use their own language with authorities (The Administrative Procedure Act 2003/434, 9 §). The Act on Public Procurement and Concession Contracts imposes that when planning a new sight, the accessibility of people with disabilities must be guaranteed and the planning must take all the special requirements of the users into consideration (The Act on Public Procurement and Concession Contracts 1397/2016, 71 §). The convention of United Nations about the rights of the people with disabilities came into effect in Finland in 2016. It regulates the equal accessibility for people with disabilities, and it obligates to plan the services to be accessible for the people with disabilities. (27/2016, article 1, 9.)

There are multiple different aspects about accessibility, however, in this thesis, I concentrate on two accessibility dimensions that are important for immigrant women: the accessibility of information and the accessibility regarding to understanding. To be more particular, I focus on the accessibility of online services and the use of interpreters. As it has been noted before, immigrant women are in an unequal position when using social and health care services in Finland.

6.1 Accessibility of online services

Accessibility of online services as a notion means the attributes of a digital publication. These attributes can be measured to find out how accessible, understandable, and usable a web content is for everyone, regardless of the personal disadvantages of the users. The attributes determine if the web content is available for all, and if it can be found and understood by all the users. Accessibility of the online services is a moral obligation to offer services equally for everyone. (Selovuoto 2019, 11, 13.) In this thesis I concentrate especially on the accessibility of the online services for people who have difficulties with understanding languages or reading text, because these are the kind of challenges that the clients of Shelter Mona are likely to face.

The European Union standards for accessibility are stated in the European Union Web Content Accessibility Guidelines (WCAG). The European Parliament regulates the accessibility of web contents in a directive that is based on WCAG. The directive was published in 2016, and it sets the minimum requirements for the accessibility of the online services. The directive concerns the online services of public administration, such as municipalities, schools and bureaux, and organisations that are regulated or primarily funded by authorities. WCGA aims to

assure the accessibility of online content for everyone regardless of their personal traits. The online platform services must meet minimum accessibility criteria by September 2020, and the mobile applications by June 2021. (Saavutettavuusdirektiivi, no date; The Act on the Provision of Digital Services 306/2019; Selovuoto 2019, 19.)

Everyone in Finland has an equal right to use online services, to find information online, and to take part of activities online (Selovuoto 2019, 13). The Finnish standards for accessibility of online services are stated in the Finnish Law for Offering Digital Services. The law obligates service providers to follow the requirements of the European Union, and it includes information of where the requirements can be found in Finnish and in Swedish. (The Act on the Provision of Digital Services 306/2019.)

WCAG includes information of how to take different people into consideration when creating an online service. Regarding to people with difficulties with language and reading, WCAG mentions text-to-speech software and media alternatives. They refer to an opportunity for a text content to be listened to in an audio or in a video. In addition, the use of symbols and an opportunity to switch to plain written language are also beneficial for people who have difficulties with reading or with understanding the language. (Web Content Accessibility Guidelines 2.0, 2008.)

Plain written language means that the text is designed to be easily understood by the receiver. The point of view of the reader must be kept in mind when producing plain written language. For example, plain written language for people who are learning to speak Finnish should consider the challenges and the progress of learning a new language. The writer should know the most difficult words or grammar in Finnish language for foreign language speakers and avoid using them. (Leskelä 2019, 89-90.)

All the factors of a web content, such as the colours of a web page, the combined use of text and images, the contrast between the background and the text, the spelling style and the use of empty spaces, affect how the user can understand the content. Often the web page designers design the content according to how they would understand it themselves. However, many of the users do not see, hear, or experience things in the same way. For example, people whose mother tongue is not Finnish, benefit from clear written text on web pages. Using plain language and avoiding peculiar expressions promote the accessibility for everyone, but especially for people who have difficulties to understand Finnish language or written text. The responsibility to produce accessible and understandable content is on the publisher of the web content. (Selovuoto 2019, 13-15.)

WCAG has defined four principles for the accessibility of a web content. They are observability, manageability, understandability, and reliability. (Selovuo 2019, 25.) The four WCAG principles are presented in Figure 3 and explained in more detail after the figure.

1. Observability

- All the online content and the parts of the user interface are observable for the users

2. Manageability

- Navigating the content and the user interface is easy with different techniques, and the attributes of the user interface does not disturb or prevent the use

3. Understandability

- The structure of the content is clear, the language is understandable and the functionality is easy to understand

4. Reliability

- The online content can be used with multiple different devices, with different operating systems and with most common browsers

Figure 4, The four WCGA principles of accessibility of online content

(Selovuo 2019, 25)

Observability of a web page is affected by multiple factors. For ideal observability, all the photos and non-text content, such as audios and videos, have corresponding content in a written form. Videos that have sound, should also have subtitles or other alternative ways to understand the information for hearing-impaired people. The structure, the presentation and the order of the content should be logical and clear. All the buttons, lists, and links should be visually easy to notice and to understand, and the understanding of the content should not only be based on the use of the colours. It should be possible to scale the content without it affecting the usability of the page. (Selovuo 2019, 26-27.)

For ideal manageability, the content of a web page should be accessible only by using the keyboard. Any content should not require using a mouse or other device. Time-limited functions should have an option for stopping the timer, changing the length of the time limit, or requesting for extra time. The user should be able to control any moving, flashing, or automatically updating content, and the content should never flash for more than three times within one second. In the beginning of each page, there should be links that take the user straight to the correct point on the page, so that the user does not have to scroll down. The

links must be clear to understand. Pages should have relevant headlines or captions, and alternative options to search for information within the web page, such as a site map, or a searching tool. (Selovuo 2019, 28-29.)

For good understandability, the web page shows the language of the content, and points out if the language changes. The content should not change when the user navigates through the page, and the navigation should be the same on all the pages. If the user makes a mistake with the input of an information, the web page should inform the user about the mistake in a clear and understandable way. The design of a web page should be equable, and symbols should always have the same meaning. (Selovuo 2019, 30-31.)

The reliability of a web page depends on using flawless HTML-code. The used attributes should be according to the instructions, so that the elements of the webpages work on different browsers and readers. (Selovuo 2019, 31.)

6.2 The use of interpreters in social and health care services

In Finland, the right for using an interpreter in social welfare services is regulated in the Act on the Status and Rights of Social Welfare Clients. The act states that the mother tongue of the social welfare client must be taken into account, and the rights, the obligations, the different options and their effects must be communicated to the client in a way that the client can understand them. The social welfare service providers must organise an interpretation when it is needed. (The Act on the Status and Rights of Social Welfare 2000/812, 4 §, 5 §.)

The Act on the Status and Rights of Patients regulates the rights of the health care service users. According to this act, the patient has a right to receive information about their health, the importance of the treatment, different treatment plans and the effects of them and other significant facts regarding to their health. This information must be communicated to the patient in a way that they can understand it, and the health care service providers must organise an interpreter when it is needed. (The Act on the Status and Rights of Patients 1992/785, 1 §, 5 §.) According to the Administrative Procedure Act, the state authorities, municipality authorities and institutions governed by public law must organise an interpretation in cases when the concerned person does not understand Finnish or Swedish (The Administrative Procedure Act 2003/434, 26 §).

According to The Finnish Association of Translators and Interpreters, interpretation in social and health care services is usually consecutive, meaning that the speaker and the interpreter take turns to speak. Whisper interpretation may also be used, which means that the interpreter whispers the interpretation at the same time when the speaker is speaking. The interpreter can be present in the meeting or remote interpretation may be used, which means

that the interpreter is contacted through a phone or a video connection. (The Finnish Association of Translators and Interpreters 2020.)

The assets of the phone interpretation are being cost-effective and environmentally friendly, the fast availability of interpreters in sudden situations, and the fact that the interpreter does not need to be located nearby. Using the phone interpretation improves the availability of the interpreters in the small language groups. If the interpreter is from another area or a city than the client, it reduces the risk of the interpreter and the client knowing each other. Also, having an interpreter from a different area or city makes it easier to handle sensitive topics especially within small language groups. On the other hand, phone interpretation prevents the interpreter from understanding the non-verbal communication between the speakers, and the interpreter does not see the documents or objects that are handled during the interpretation. Technical issues may also affect the quality of the phone interpretation. (The Finnish Association of Translators and Interpreters 2020; Lehtinen 2017, 11.)

Being physically present in a meeting can make the interpreting easier because the interpreter can see the facial expressions and the body language of the speakers and make visual observations. It is recommended to use the present interpretation with very young children, with people who have psychological problems or with people who have impaired hearing. (Semantix, no date.)

Interpreters must follow the obligation of confidentiality (The Administrative Procedure Act 2003/434, 13 §). However, the obligation of confidentiality of interpreters is an ethical dilemma, as different interpreters can have different views about it. Some interpreters never break the obligation of confidentiality, when others believe that it can be broken in certain situations. Interpreters have different attitudes towards ethical choices, which can result in different attitudes towards the obligation of confidentiality. Another ethical problem is that the interpreters are not allowed to take advantage of the information that they have learnt during the interpretation; however, it is impossible to monitor if it has happened. (Kalela 2010, 29-32.)

7 Planning the project

The project planning started from my own interest to do a functional thesis. I chose to do a functional thesis because I wanted to develop the working-life and to strengthen my skills in project work. I decided to do my thesis alone because I found it easier for the time-management.

I was interested in creating a guidebook related to working with immigrants and domestic violence. I chose the guidebook as the thesis product because I did not have experience of creating a guidebook before, and I wanted to learn something new. I also did not want to plan something too complicated, as I did not have experience about thesis work before.

I had previous experience with working with different cultures, and I had gotten interested in the work against domestic violence through my studies at Laurea University. The work and the client group of Shelter Mona fit my interests well and I was thrilled to be offered the opportunity to do my thesis for them. It was important to me to create something that would be useful for current work life, therefore I started the process of choosing the topic for the guidebook in co-operation with Shelter Mona. The professionals at the shelter presented their need for a guidebook of the services that their clients could use. The thesis idea got me interested and I started to work the idea further. The first steps of the thesis planning are presented in the Figure 5.

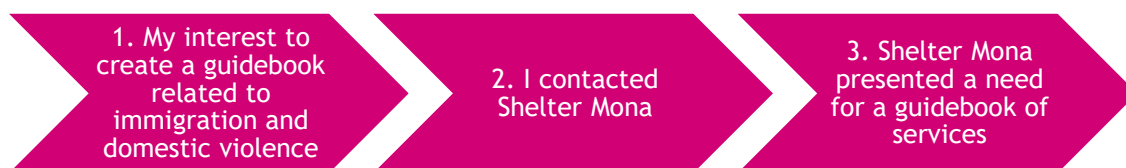


Figure 5, The first steps of the planning stage of the project

I started the planning process by writing a topic analysis for the thesis. Topic analysis was a short, written document which included basic information about the aims of thesis, the implementation methods, and the preliminary timetable of the project. The topic analysis was approved by Laurea University professors, and I shared it with Shelter Mona as well.

After the topic analysis, I started to work on the thesis plan. I created a project plan for the thesis and presented it for my professors at the Laurea University in November 2019. At that point, my plan was to create a guidebook that would include basic information of social and healthcare services in Helsinki that are especially beneficial for women with immigrant backgrounds. However, after the thesis plan presentation, the feedback I received made me to realise that there would have been some problems when creating this kind of a guidebook. Firstly, deciding which of the services are useful enough for this client group would have been difficult, and the guidebook could have ended up including a huge amount of services, and it could have been too much work for the extent of the bachelor's thesis. Secondly, the truthful accessibility of these services for people who do not speak Finnish or Swedish would not have been clear. The clients could have received the information about the services, but the

guidebook would not have evaluated the actual accessibility of the services. Lastly, services for people with immigrant background are often projects that last for a short time. Therefore, if the services did not receive long-term funding, they could not continue existing for a longer time. That would have meant that the guidebook had included old information possibly within one year.

The feedback from the Laurea University professors helped me to realise that I should narrow down my topic to include only the most important services for the clients at Shelter Mona, and that analysing the accessibility of the services would be valuable. The steps that I took after creating the project plan are presented in Figure 6.

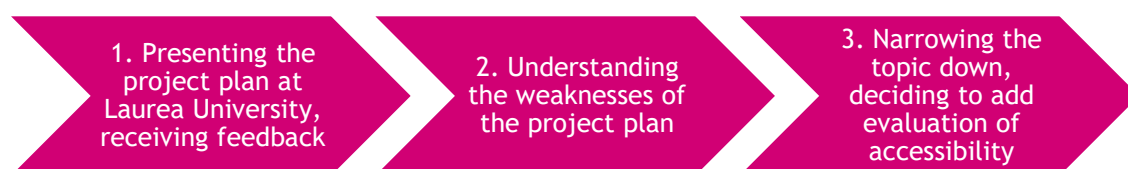


Figure 6, The steps after creating the project plan

I completed my practice placement at Shelter Mona during the planning stage of the thesis project. I kept the staff at Shelter Mona informed about the changes in the thesis plan and in the guidebook by presenting them at the shelter during my placement shifts. I notified the workers at Shelter Mona that the guidebook of services will be fairly short due to the extent of the thesis project, and that Shelter Mona has an opportunity to continue and add more services in the guidebook in the future.

8 Implementing the project

Due to the extent of the thesis, I delimited the information about the accessibility of the services in the guidebook to include the process of using interpreters and my own evaluation about the accessibility of the webpages. I chose to find out about the process of using interpreters because the clients of Shelter Mona often do not speak Finnish or Swedish and they are depended on the use of interpreters. I wanted to find out whether different social and health care services offer their clients or patients the opportunity to use an interpreter or not, and what is the basic procedure when using interpreters. I chose to analyse the accessibility of the webpages of different services because I wanted to find out if the webpages and the online information are equally accessible for immigrant women. Internet is a fast way to

receive information about social and health care services, and I wanted to offer up-to-date material about how accessible the online information is for immigrant women.

Before I started to work on the thesis product, I began to write the written part of the thesis. It gave me an opportunity to process the changed aims of the thesis and to get familiar with the theory and the thesis project as a whole. I participated in the thesis workshops at Laurea University and I planned the evaluation process of the project. I wanted to be prepared before starting to work on the thesis product, therefore I delayed the start of it from my original plan. Originally, I had planned to start creating the guidebook in December 2019, however, I delayed the start until February 2020. I learnt that the planning process and the writing of the theoretical part were more time-consuming than I had thought in the beginning of the project.

During my placement at Shelter Mona, I prepared the thesis product by mapping out the most important services for the clients of the shelter. I had informal conversations with the professionals when I collected opinions and thoughts of the most important services from as many workers at the shelter as I could. I noticed that the same services, such as the municipality child protective services, the Victim Support Finland, and the municipality adult social work services were repeated often by many workers, and that is how I considered these services to be the most important. At the end of my placement in January 2020, I presented the list of the services that I had collected to the social worker at the shelter, to make sure that the list was thorough. The services that I included in the guidebook are presented below in the Table 2. The table 2 shows the names of the services and the addresses of the webpages which I evaluated in the guidebook.

Table 2, The services in the guidebook

Service provider	Webpage
Crisis Centre (Multicultural Women's Association)	www.monikanaiset.fi/apua-vakivaltaa-kokeille/kriisikeskus-monika/
Integration Centre Monika (Multicultural Women's Association)	www.monikanaiset.fi/tukea-kotoutumiseen/kotoutumiskeskus-monika/
Adult Social Work, Helsinki	www.hel.fi/helsinki/fi/sosiaali-ja-terveyspalvelut/sosiaalinen-tuki-ja-toimeentulo/sosiaalityo/
Child Protective Services, Helsinki	www.hel.fi/sote/toimipisteet-fi/aakkosittain/lastensuojelu/
	www.lastensuojelu.info
Victim Support Finland	www.riku.fi
SOS-crisis centre	www.mieli.fi/fi/tukea-ja-apua/kasvokkain/sos-kriisikeskus
Seri Support Centre	www.hus.fi/sairaanhoito/sairaalat/naistenklinikka/poliklinikat/seri-tukikeskus

SafetyNet Helsinki	www.helsinki.mll.fi/turvaverkko-helsinki
SOPU work	www.soputila.fi
Trauma Therapy Centre	www.traumaterapiakeskus.com
Child guidance and family counselling centres, Helsinki	www.hel.fi/sote/toimipisteet-fi/aakkosittain/perhe-neuvola/
Maternity clinics, Helsinki	www.hel.fi/sote/perheentuki-fi/raskaus-ja-synnytys/palvelut-raskausaikana
Open maternity clinics, Helsinki	www.hel.fi/sote/toimipisteet-fi/aakkosittain/neuvola/avoin-neuvola/
Family centres, Helsinki	www.hel.fi/sote/toimipisteet-fi/perhekeskukset/
Youth Station	www.hel.fi/helsinki/fi/sosiaali-ja-terveyspalvelut/mielenterveys-ja-paihdepalvelut/paihdepalvelut/nuorisoasema
Youth Crisis Point	www.helsinkimissio.fi/nuorten-kriisipiste
Tyttöjen talo	www.tyttojentalo.fi
Global Clinic	www.globalclinic.fi
Kalasadama health centre, services for the paperless	www.hel.fi/helsinki/fi/sosiaali- ja-terveyspalvelut/terveyspalvelut/muita-terveyspalveluja/paperittomien-sote-palvelut
Accident and emergency hospitals, Helsinki	www.hus.fi/sairaanhoito/sairaalat/haartmanin_sairaala
	www.hus.fi/sairaanhoito/sairaalat/malmin_sairaala
	www.hus.fi/sairaanhoito/sairaalat/Uusi-lastensairaala/vastaanotot/paivystys

On my last day of the placement at Shelter Mona, I presented my thesis process in a meeting to the manager and to the workers of the shelter. I presented the procedure of how I collect feedback from the shelter, and I was named a thesis contact person. A written thesis agreement was signed by me and by the manager of Shelter Mona in February.

When the theoretical part of the thesis was almost ready, I started to work on the guidebook. I decided to collect basic information about the services, such as the contact details and the opening times, from the webpages of the services. I found out as much about the services online as I could, and I wrote a short description of each service. I created a coherent style for the guidebook, which stays the same throughout it.

After I had completed collecting the basic information of each service, I started to concentrate on the information about the use of interpreters. I created questions that I asked from each service provider, and the questions are presented in figure 7. I asked all the service providers the same questions to make sure that the information in the guidebook is comparable.

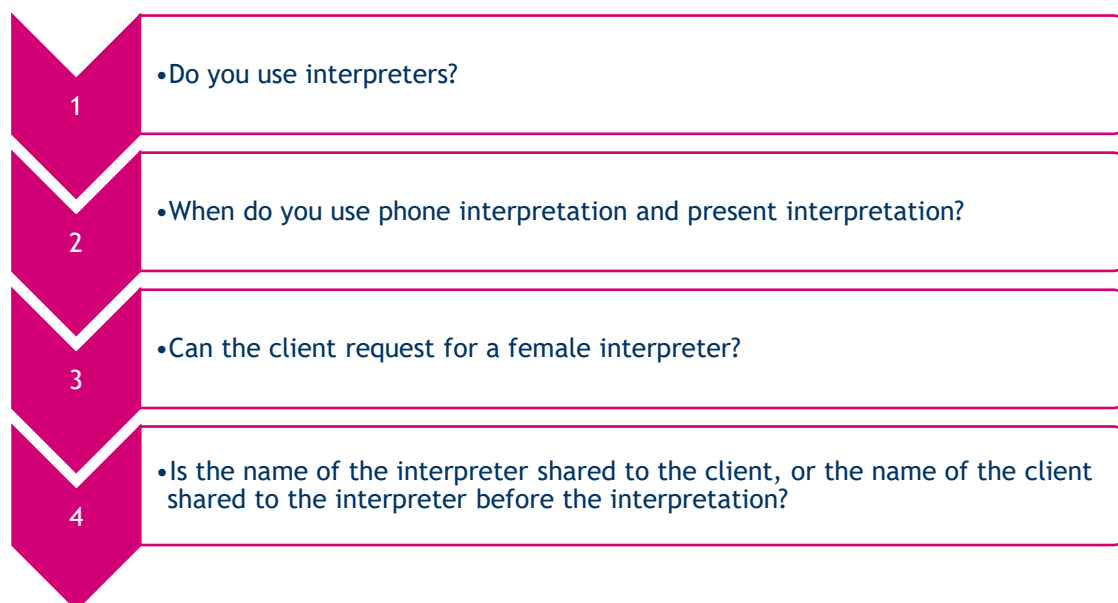


Figure 7, The questions about the use of interpreters

I chose the first question “Do you use interpreters?” to find out if the service providers use interpreters at all as a part of their service. With the second question “When do you use phone interpretation and present interpretation?” I aimed to find out the type of interpretation that different services use. As it was stated in the chapter 6.2, using phone interpretation has a smaller risk that the interpreter and the client would know each other, and handling sensitive topics, especially when the client is from a small language group, is easier when using phone interpretation. The type of the interpretation in different services is valuable information for the professionals at Shelter Mona as their clients may be from small language groups and the topics related to domestic violence are sensitive.

The third question “Can the client request for a female interpreter?” is important information from the point of view of immigrant women who have experienced domestic violence. As it was found in the chapter 4.1, in most of the domestic violence cases, the offender is a male and the victim is a female. The gender of the interpreter may affect the client, and the option for requesting a female interpreter is important from the point of view of immigrant women who have experienced violence.

The purpose of the fourth question “Is the name of the interpreter shared to the client, or the name of the client shared to the interpreter before the interpretation?” aimed to find out if the interpreter and the client can have information about each other before the interpretation. At first, I planned to only ask whether the client can know the name of the interpreter

and has an opportunity to decide if they want to proceed with the interpretation. However, during the implementation of the thesis, I learnt that some services share the name of the client to the interpreter when they book the interpretation. Therefore, I found it important to ask each service about it as well. It is relevant information for the clients of Shelter Mona, so that they are aware that their name is shared to the interpreters in certain services.

I collected the information about the use of interpreters by calling or by emailing the service providers. I introduced my thesis idea to the service providers and asked whether I could collect information about the process of using interpreters. I also introduced my idea of evaluating the accessibility of the webpages, and I collected a list of services that were interested in receiving my evaluation about the accessibility after it was ready.

During the collection of information about the use of interpreters, I noticed that there is a problem in the inconsistency regarding to the reasons that the names of the clients are given to the interpreters. I noticed that the services that are organised by the municipality of Helsinki, often give the name of the client to the interpreter when booking the interpretation. I asked one municipality service provider for the reason for informing the name of the client, and I received a reply that the name is informed to the interpreter centre because the centre requires it. Next, I contacted the interpreter centre in question and asked for the reason for requiring the name of the client. The interpreter centre replied that they do not require the names of the clients, but the names are collected because the municipality of Helsinki has requested so.

The possibility of the social and health care services sharing sensitive information about their clients to the interpreters was stated in chapter 3.1, and the difficulty to monitor if the interpreters follow their work ethics was mentioned in the chapter 6.2. The uncertainty within Helsinki municipality service providers and the interpreter centre that they use, regarding to requesting and informing the name of the client, is a worrying fact for the security and the privacy of the clients. It seemed that no one could explain the reason for the personal information of the clients being shared to the interpreters.

After I had completed collecting the information about the use of interpreters, I moved on to evaluating the accessibility of the webpages. The webpages which I evaluated were listed earlier in the Table 2.

I concentrated on evaluating the accessibility with a help of questions which are presented in the Table 3. I chose these questions based on the WCAG recommendations about designing a web content for people who have difficulties with reading or with understanding the language of the webpage. The clients of Shelter Mona are mostly women with immigrant backgrounds,

and many of them may have these kinds of difficulties. The WCAG recommendations were mentioned in more detail in chapter 6.1.

Table 3, Evaluating accessibility of webpages

Factors that affect accessibility	Indicator
1. Use of different languages	<ul style="list-style-type: none"> • Does the webpage have an option to switch to other languages than Finnish or Swedish? • Is it possible to switch to plain Finnish?
2. Alternative options for reading text	<ul style="list-style-type: none"> • Does the webpage have an option for listening the text content in an audio or video?
3. Use of symbols or pictures	<ul style="list-style-type: none"> • Are there symbols on the webpage? • Are there pictures that support the use?

(Based on the Web Content Accessibility Guidelines 2.0, 2008.)

I evaluated each webpage by visiting them and answering the questions that are presented in the Table 3. I answered the same questions for every webpage that I evaluated. I did the evaluation of the accessibility in March 2020.

I checked the options for different languages and for plain Finnish language on each webpage and I reported my findings in the guidebook. I checked if the links for different languages worked, and I compared the content of the text in Finnish and in English. I do not speak more languages than Finnish and English, therefore I checked if the layout of the webpage and if the length of the text in other languages is similar to the Finnish or English texts, to consider if the content is the same. I noticed that many pages had options for different languages, however, clicking the link did not work or it led to a different webpage with a different content. I mentioned this in the guidebook for each service accordingly.

I checked each webpage for an option for listening the text in an audio or in a video. These options are useful for people who find it easier to listen to the content than to read it. I checked if the webpages have a button for listening to the text and if the button works. I watched the videos and compared the content in them to the text content on the webpages. I noticed that some webpages had videos, but the content in the videos was not relevant for the service users, or the videos did not include the same information that was presented in the text. For example, I did not consider the videos about the success of an organisation as relevant information for the clients because the videos did not include any information about the offered services or how to use them. Also, some videos had subtitles, therefore I

considered that these videos are not useful for people who do not read text. I reported my findings in the guidebook accordingly.

I checked each webpage to see if they have used symbols, for example, in connection with the different links on the webpages. Examples of symbols that I saw on different webpages were a symbol of a phone for finding the phone number, an information icon to mark a link that leads to a page with more information about the service provider, and a symbol of a speaker next to the link that plays the text as an audio. I noticed that some webpages had used only one symbol, therefore I decided to mention in the guidebook if the number of the symbols on a webpage was very low. Many pages had social media sections, and they were usually at the end of the page. I did not consider the social media logos as symbols in my evaluation because they did not support the use or the understandability of the webpage.

I checked each webpage to see if they have used pictures, if the pictures are related to the text, and how the pictures affect the usability of the webpage. I noticed that some pages had quite irrelevant pictures to the content of the page, such as a picture of a band playing music on a page that presents the contact details of the service. Some pages had very big pictures that made it difficult to scroll down on the webpage. I reported my findings about the use of pictures in the guidebook accordingly.

Overall, according to my evaluation, the accessibility of the webpages is not equal for immigrant women. Most of the webpages lacked at least some of the factors that are presented in the Table 3. I evaluated twenty-three webpages, and according to my evaluation, only one of them had a good accessibility for people who have challenges with Finnish language or with reading.

After I had collected the basic information of the services, the information about the use of interpreters, and evaluated the accessibility of the webpages for all the services, I finalised the design of the guidebook. I concentrated on creating a clear and coherent layout. I sent the first version of the guidebook to Shelter Mona at the end of March in 2020 and I requested for feedback through an online questionnaire. The content of the online questionnaire and the feedback and evaluation processes are presented in detail in the chapter ten.

I made changes in the guidebook according to the feedback that I received on the online questionnaire. I changed the colours in the guidebook to match the colours of the logo of Shelter Mona and the logo of Multicultural Women's Association. I changed the order of the services in the guidebook so that it starts with the Multicultural Women's Associations own services: The Crisis Centre and the Integration Centre. I changed the order of the rest of the services so that the most important services are presented first.

I sent the final version of the guidebook to Shelter Mona in April 2020 in email as a PDF-document and as a Word-document. The guidebook is attached to the thesis as an appendix. I printed out three booklets of the guidebook and sent them to Shelter Mona in mail. Shelter Mona has an opportunity edit the guidebook in the future in the Word-document. I requested for final feedback from the shelter through an online questionnaire. The online feedback questionnaire is presented in detail in the chapter ten.

Lastly, I sent my evaluation of the accessibility of webpages to those service providers that had previously presented their interest for receiving it. I sent the evaluation of the accessibility via email and I explained how I had evaluated the webpages. I included the Table 3 in the emails and explained that it is based on the European Union Web Content Accessibility Guidelines.

9 Thesis ethics

This thesis did not particularly include ethically challenging work as the thesis did not concern protecting the privacy or personal information of anybody. However, I followed the ethical principles that were suitable for the thesis.

Every researcher has a responsibility for implementing good scientific practice. The principles of good scientific practice are honesty, care, and accuracy throughout the research work and in the saving, in the presenting, and in the evaluating of the results. Good scientific practice means that the implementation is sincere, the results are published responsibly and the referring to the work of other researchers is respectful. The planning, the implementing and the reporting of a research must follow the requirements for handling scientific information. The required research permits must be acquired, and in some cases, the evaluation of ethics must be completed in advance. The rights, the responsibilities, and the principles of all the parties of the research must be pre-agreed. (Finnish Advisory Board on Research Integrity 2012, 6-7.)

I followed good scientific practice throughout the thesis project. I collected information about the use of interpreters in the same and in a clear way from every service provider, to make sure that the information in the guidebook is reliable and comparable. I evaluated every webpage in the same way with the help of the questions which I based on the WCAG. Using coherent procedures increased the reliability of the thesis. I was open and honest about the purpose and aims of the thesis with everyone that I contacted regarding to it. I explained the reason that I collected information about the use of interpreters, and I was open about where and how the information will be used. I informed the service providers that in addition to collecting information about the use of interpreters, I evaluate the accessibility of their

webpages from the point of view of immigrant women. I offered to send my evaluation to them via email, and I handled the list of email addresses and the information that I collected carefully. I deleted the list of email addresses immediately after it was not needed. I sent the evaluation of the webpages to the service providers from my Laurea University email address as separate individual emails. I attached the Table 3 in the emails and explained how I had evaluated the accessibility of the webpages. I did not collect the names of the people that I talked with in different services.

When I was evaluating the accessibility of the webpages, I ensured the quality and the reliability of the evaluation by planning the indicators in advance according to the existing principles about accessibility of web contents. I used my best ability to find out the factors that are the most relevant for women with immigrant backgrounds. I used the information of other researchers respectfully and I took it into consideration when I planned and implemented this project. I presented the process of evaluating the accessibility in an open and honest way in the thesis in the chapter eight.

I presented the information in the guidebook correctly and up to date. I gave Shelter Mona an opportunity to edit the guidebook in the future.

I agreed the way for the cooperation with Shelter Mona before the start of the project, and I kept them updated about the changes in the project plan and the timetable. I was clear about the way that I collected feedback, and I sent regular updates to the manager and to my contact person at the shelter.

10 Feedback and evaluation

As it was explained in the chapter 3.2, I collected feedback during the thesis project mainly from Shelter Mona. I also wrote a learning diary during the thesis project, to document my own learning process, and I received feedback from Laurea University professors.

To help the evaluation of the success of the thesis, I created the Table 3. It demonstrates the aims of the thesis, the indicators for evaluating the success of the different aims, and the evaluation material that I used to evaluate the success of each aim.

Table 4, Evaluating the success of the aims

Aim of thesis	Indicator	Evaluation material
1. Creating a guidebook to be used at Shelter Mona	<p>Is the guidebook suitable to be used at Shelter Mona?</p> <p>Is the guidebook clear to read?</p>	<ul style="list-style-type: none"> • Online feedback questionnaires from workers at Shelter Mona • Feedback from the Laurea University professors
2. Including the most necessary social and healthcare services in Helsinki for immigrant women who have experienced domestic violence	<p>Are the services in the guidebook relevant for the clients of Shelter Mona?</p>	<ul style="list-style-type: none"> • Online feedback questionnaires from workers at Shelter Mona
3. Analysing the use of interpreters and the accessibility of the webpages for immigrant women	<p>Is accessibility of the webpages considered from the point of view of immigrant women?</p> <p>Is the information truthful?</p> <p>Is the information important for Shelter Mona?</p> <p>Does the guidebook provide new information?</p>	<ul style="list-style-type: none"> • Online feedback questionnaires from workers at Shelter Mona • Feedback from the Laurea University professors
4. Developing work at Shelter Mona and supporting new employees	<p>Does the guidebook respond to the needs of Shelter Mona?</p> <p>Is the guidebook useful for new employees?</p> <p>Do workers at Shelter Mona believe that they use the guidebook in the future?</p>	<ul style="list-style-type: none"> • Online feedback questionnaires from workers at Shelter Mona

My original plan was to collect feedback from Shelter Mona by using paper feedback forms and by organising feedback conversations with the staff members. However, due to the corona virus pandemic, the government of Finland recommended to avoid using public transport and to avoid organising meetings at the time when I had planned to visit Shelter Mona for collecting feedback. Therefore, I decided to collect feedback from Shelter Mona by using online questionnaires. The questions on the online questionnaires are presented in the appendix of the thesis.

During the collection of feedback, I created two online questionnaires that I sent to Shelter Mona. I created the first questionnaire after the raw version of the thesis product was ready. I sent the raw version of the guidebook and the link to the online questionnaire to Shelter Mona via email. The first questionnaire included ten questions: 1) How suitable the guidebook is for Shelter Mona, 2) Does the guidebook respond to the need of Shelter Mona, 3) Is the amount of the services appropriate, 4) How easy the guidebook is to read, 5) How necessary is the information in the guidebook for Shelter Mona, 6) Did you learn something new from the guidebook, 7) How useful is the information about the use of interpreters, 8) How useful is the evaluation about the accessibility of the webpages, 9) What is good in the guidebook, 10) What could be different in the guidebook. The staff members responded to each question by choosing the most suitable answer and by writing open comments. I received feedback from three workers during the first feedback collection.

According to the feedback from the first online questionnaire, the workers at Shelter Mona thought that the guidebook was suitable to be used at the shelter and it responded to the need of the shelter. The amount of the services could have been bigger. The guidebook was evaluated to be easy to read and the information in the guidebook was necessary at the shelter, especially for new employees. The feedback showed that the staff members learnt something new from the guidebook, especially about the use of interpreters, which was seen as new and useful material that is important for the guidance of the clients. The evaluation of the accessibility of the webpages was seen as a little bit less important information than the use of interpreters, but relevant for understanding the individual support needs of different clients. According to the feedback, the guidebook included specific information that is useful in the work at Shelter Mona and the visual look of the guidebook was clear. The suggestions for the factors that could have been different in the guidebook were regarding to the order of the services, the amount of the services, the use of colours, and one correction of a piece of information. I responded to these suggestions at my best ability, however, due to the extent of the thesis, I did not add more services in the guidebook because it would have been too time-consuming.

The second time that I asked for formal feedback from Shelter Mona was when the thesis product was ready. I created the second online feedback questionnaire and sent it to Shelter Mona in an email together with the final thesis product. The second feedback questionnaire included five questions: 1) Is the guidebook needed, 2) How suitable is the guidebook for the professional use at the shelter, 3) How easy is the guidebook to read, 4) How good is the content of the guidebook, 5) Do you believe that you will use the guidebook in the future. I asked the workers of Shelter Mona to choose the most suitable answer for each question and to leave open comments. I received feedback from one worker during the second feedback collection, and the feedback did not include open comments.

According to the feedback on the second questionnaire, the guidebook was needed at Shelter Mona and it was suitable for the professionals to use. The feedback showed that the guidebook was very easy to read, and the content of it was very good. According to the feedback, it was not certain whether the guidebook will be used in the future at the shelter.

A surprising source where I received feedback was the service providers, to who I sent the evaluation of accessibility of their webpages. I did not ask for feedback in my emails, but many services replied to me and said that my evaluation of the accessibility was valuable, and that it can be used in the future for enhancing the accessibility of the webpages. Some services said that they had already thought about enhancing their webpages, and my evaluation gave them good new perspective about the accessibility.

The feedback from Laurea University professors throughout the thesis project helped me with the planning stage and with writing the theoretical part of the thesis. I received regular verbal and written feedback which I used to enhance the thesis. The feedback from showed that the thesis topic was important, the theory responded well to the functional thesis, and investigating the accessibility of social and health care services was significant. After I presented the final thesis, I received formal feedback from the professors. The final feedback helped me to make last corrections in the thesis.

I created the Table 4 to evaluate the success of my personal learning goals during the thesis project. The Table 4 shows my learning goals, the indicators to evaluate them, and the evaluation material that I used to evaluate my own learning.

Table 5, Evaluating personal learning goals

Personal learning goal	Indicator	Evaluation material
1. Strengthening my skills in project work	Have I strengthened my skills?	<ul style="list-style-type: none"> • Self-evaluation • Learning diary

	Did I learn something new about project work?	
2. Learning about the services for immigrants in Helsinki	Has my knowledge about the services changed?	<ul style="list-style-type: none"> • Self-evaluation • Learning diary
3. Planning and implementing a project from the start to the end	Was the planning and implementing overall a success?	<ul style="list-style-type: none"> • Learning diary • Online feedback questionnaire from workers at Shelter Mona • Feedback from the opponent • Feedback from the Laurea University professors

I reached all three of my personal learning goals well during the thesis project. This was the biggest project that I had completed regarding to my studies at Laurea University, and it strengthened my project work skills by increasing my experience in project planning and implementing. I learnt that planning and implementing the project were more time-consuming than I had thought in the beginning, and I learnt to understand the importance of a good project plan. I learnt that the planning stage has more aspects than just writing the action plan, such as the ethical investigation and providing explanation for the chosen working methods.

I learnt about the social and health care service system in Helsinki, and about how different services take people who do not speak Finnish or Swedish into account. I did not have any knowledge about some of the services in the guidebook before creating it, and I learnt something new about the services that I knew beforehand. Creating the guidebook was very valuable for my own learning about different social and healthcare services in Helsinki, and I can rely on the guidebook in the future myself as well.

The overall planning and implementing the project was not easy and it required a lot of ability to adapt to changing situations. It was sometimes challenging to balance between the suggestions from Shelter Mona, the suggestions from Laurea University professors, my own way to work, and the changing situations, for example due to the restrictions regarding to coronavirus pandemic. Overall, I see the project as a great success. I was able to make changes in the thesis plan and in the working methods when it was needed. I took part of all the thesis guidance sessions at Laurea University and I kept Shelter Mona updated during the planning and the implementing of the project. I am very proud that Shelter Mona is able to use the guidebook in their work, and that I provided new information to the workers at the shelter. The project was a great learning experience for me.

11 Conclusions

The thesis project was good way for me to transfer from studying into working life. I learnt perseverance and I made connections to current working life with Shelter Mona and with the services that I contacted during the project. I kept one printed guidebook for myself so that I can use it in the future.

The thesis provided new material to be used in work life at Shelter Mona and it showed that the people who do not speak Finnish or Swedish are in an unequal position when using social and healthcare services in Helsinki. Shelter Mona has an opportunity to continue or to edit the guidebook in the future, if the information in it gets old.

In the future, the guidebook can be used to develop the social and healthcare services in Helsinki and to promote the equality of immigrant women in the services. A further research or development idea could be a project to investigate the experiences of accessibility from immigrant women who have experienced domestic violence. It could be implemented as interview conversations to find out the challenges that immigrant women who have experienced domestic violence face when using the social and healthcare services.

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Appendix 1: Guidebook of the most essential social and health care services for the clients of Shelter Mona and the accessibility of the services

TURVAKOTI MONAN
ASIAKKAIDEN KESKEISET
SOSIAALI- JA
TERVEYSPALVELUT
SAAVUTETTAVUUDEN
NÄKÖKULMASTA

TURVAKOTI MONA
TEKSTI JA MUOTOILU: SATU HÄRKÖNEN

Tämä opas sisältää tietoa sosiaali- ja terveysalan palveluista Helsingissä. Opas on suunniteltu ammattilaisten käyttöön Turvakoti Monassa.

Turvakoti Monan asiakaskunta on pääosin lähisuhteiden väkivaltaa kokeneita maahanmuuttajataustaisia naisia – siksi tämä opas painottuu nimenomaan niihin palveluihin, joita väkivaltaa kokeneiden maahanmuuttajataustaisten naisten voi ajatella eniten tarvitsevan.

Opas esittelee palvelut lyhyesti ja sisältää tietoa tulkkien käytöstä eri palveluissa. Lisäksi oppaassa arvioidaan palveluiden verkkosivujen saavutettavuutta kieleen ja lukemiseen liittyvien haasteiden näkökulmasta.

Opas on toteutettu osana opinnäytetyötä Laurean ammattikorkeakoulussa niillä tiedoilla, jotka olivat ajankohtaisia opinnäytetyön julkaisemisen aikaan keväällä 2020.

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Kriisikeskus (Monika-Naiset Liitto ry)

Maksuton palvelu. Asiakkaan ei tarvitse olla helsinkiläinen.

Verkkosivut:	www.monikanaiset.fi/apua-vakivaltaa-kokeneille/kriisikeskus-monika/
Sähköpostiosoite:	kriisikeskus@monikanaiset.fi
Osoite:	Hermannin Rantatie 12 A, 4. krs
Puhelin:	Auttava puhelin: 0800 05058 (ma-pe klo 9-16)

Kriisiapua, psykososiaalista tukea, vertaistukiryhmiä, neuvontaa ja palveluohjausta sekä tukiasuntoja. Keskus on auki ma-pe kello 9-17. Ajan voi varata puhelimitse etukäteen, mutta ajanvaraus ei ole välttämätöntä. Asiointi on mahdollista aukioloaikoina myös ilman ajanvarausta.

Monika-Naiset liiton ihmiskaupan vastaisen työn koordinaattori on Anna Nuotio, puh. 050 3592904, anna.nuotio@monikanaiset.fi. Annaa voi konsultoida ihmiskauppaan liittyvissä kysymyksissä. Yhteyttä voi ottaa sekä asiakkaat että ammattilaiset.

Tukea chatistä verkossa:

Arabiaksi ja suomeksi tiistaisin kello 10-12

Englanniksi ja suomeksi keskiviikkoisin kello 10-12

Venäjäksi ja suomeksi torstaisin kello 10-12

Tulkkien käyttö, Kriisikeskus (Monika-Naiset Liitto ry)	
Läsnäolotulkkaukset	Ei käytössä
Puhelintulkkaukset	Keskuksella käytetään vain puhelintulkkauksia
Naistulkki	Asiakas saa naistulkin halutessaan
Saako asiakas tietää tulkin nimen ennen tulkkauksia?	Ei, mutta tulkki esittelee itsensä tulkkauksen alussa
Saako tulkki tietää asiakkaan nimen ennen tulkkauksia?	Ei. Mahdollisuus asioida anonyymisti.

Verkkosivujen saavutettavuus, Kriisikeskus (Monika-Naiset Liitto ry)



Ei selkosuomea. Kielet: suomi, englanti, ruotsi, venäjä, arabia. Verkkosivujen sisältö pienempi muilla kielillä kuin suomeksi, ja kieltä vaihtaessa ohjautuu eri sivulle kuin alkuperäinen sivu.



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Symboleita käytetty paljon. Kuvia käytetty paljon. Kuvat ja symbolit tukevat verkkosivujen käyttämistä.

Kotoutumiskeskus Monika

Maksuton palvelu. Asiakkaan ei tarvitse olla helsinkiläinen.

Verkkosivut:	https://monikanaiset.fi/tukea-kotoutumiseen/kotoutumiskeskus-monika/
Osoite:	Hermannin Rantatie 12 A, 4. kerros
Puhelin:	045 1268 803 ja 045 2635 729

Yksilötukea arjen asioihin, asumiseen, lomakkeiden täyttämiseen, työhön ja opiskeluun liittyviin asioihin ja vanhemmuuteen. Keskus auki ilman ajanvarausta ma klo 9-16, ti klo 9-18, ke ja to klo 9-16, pe klo 9-15. Halutessa ajanvaraus puhelimitse.

Keskuksella on ryhmätoimintaa, kuten suomen kielen opetusta. Aikataulu löytyy verkkosivuilta. Keskukselta on mahdollisuus saada vapaaehtoinen työelämämentori, kielimentori, digimentori tai harrastusmentori.

Tulkkien käyttö, Kotoutumiskeskus Monika	
Läsnäolotulkkaus	Käytetään vain, jos osallistujia on paljon
Puhelintulkkaus	Ensisijainen vaihtoehto
Naistulkki	Käytetään mahdollisuuksien mukaan aina naistulkkia

Saako asiakas tietää tulkin nimen ennen tulkkausta?	Kyllä. Lisäksi tulkkia pyydetään esittäytymään tulkkauksen alussa. Asiakkaalle annetaan mahdollisuus kieltäytyä tulkkauksesta.
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Ei. Mahdollista asioida anonyymisti.

Verkkosivujen saavutettavuus, Kotoutumiskeskus Monika



Ei selkosuomea. Kielet: suomi, englanti, ruotsi, venäjä, arabia. Verkkosivujen sisältö pienempi muilla kielillä kuin suomeksi, ja kieltä vaihtaessa ohjautuu eri sivulle kuin alkuperäinen sivu



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Symboleita käytetty paljon. Kuvia käytetty paljon. Kuvat ja symbolit tukevat verkkosivujen käyttämistä.

Aikuissosiaalityö Helsinki

Maksuton palvelu. Helsinkiläisille.

Verkkosivut:	www.hel.fi/helsinki/fi/sosiaali-ja-terveyspalvelut/sosiaalinen-tuki-ja-toimeentulo/sosiaalityo/
Puhelin:	Palvelupisteillä omat puhelinnumerot. Sosiaalineuvonta ohjaa tarvittaessa eteenpäin, puh. 09 3104 4400 (arkisin klo 12-15). Akuutissa tilanteessa virka-ajan ulkopuolella sosiaalipäivystys puh. 0206 96006

Neuvontaa ja ohjausta sosiaalipalveluissa, etuuksien tai tukien hakemisessa ja niihin liittyvissä kysymyksissä.

Uudet asiakkaat voivat olla yhteydessä oman alueen palvelupisteeseen puhelimitse. Puhelinnumerot löytyvät verkkosivuilta. Palvelu on jaoteltu 16-29 vuotiaille ja yli 30 -vuotiaille.

Kalasataman palvelupiste (16-29 -vuotiaat ja yli 30 -vuotiaat)

Työpajankatu 14 A, 00580 Helsinki

Kontulan palvelupiste (16-29 -vuotiaat)

Ostoskuja 3, 1. kerros, 00940 Helsinki

Vuosaaren palvelupiste (16-29 -vuotiaat ja yli 30 -vuotiaat)

Kahvikuja 3 A, 4. kerros, 00980 Helsinki

Malmin palvelupiste

Ala-Malmin tori 2, 00700 Helsinki

Haagan palvelupiste (16-29 -vuotiaat ja yli 30 -vuotiaat)

Hopeatie 6, 00440 Helsinki

Myllypuron palvelupiste (yli 30 -vuotiaat)

Tulkkien käyttö, Aikuissosiaalityö Helsinki	
Läsnäolotulkkaukset	Ajanvarauksissa aina, ellei asiakas erikseen pyydä puhelintulkkia
Puhelintulkkaukset	Pyydettyäessä ja äkillisissä tilanteissa
Naistulkki	Kyllä, pyydettyäessä

Saako asiakas tietää tulkin nimen ennen tulkkausta?	Ei. Asiakas voi toivoa aiemmin käytettyä tulkkia.
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Kyllä

Verkkosivujen saavutettavuus, Aikuissosiaalityö Helsinki



Ei selkosuomea. Kielet: suomi, ruotsi ja englanti. Englanninkielisellä sivulla ei ole puhelinnumeroita.



Mahdollisuus kuunnella teksti. Ei videoita.



Symbolien käyttö vähäistä, sivut ovat tekstipainotteiset. Ei kuvia.

Lastensuojelu Helsinki

Maksuton palvelu. Helsinkiläisille.

Verkkosivut:	www.hel.fi/sote/toimipisteet-fi/aakkosittain/lastensuojelu/ SEKÄ www.lastensuojelu.info
Puhelin:	Puhelinvaihte 09 310 5015. Virka-ajan ulkopuolella sosiaalipäivystys puh. 0206 96006.

Lastensuojelun tehtävänä on lapsen oikeuksien turvaaminen sekä vanhempien ja muiden huoltajien tukeminen kasvatustehtävässä. Lastensuojelun palvelupiste riippuu asuinalueesta. Lastensuojeluilmoitus tehdään palvelupisteen puhelinnumeroon, puhelinvaihteeseen, tai virka-ajan ulkopuolella sosiaalipäivystykseen.

Eteläinen Helsinki:

Kallion toimipiste: Toinen linja 4 C, 00530 Helsinki.

Itäinen Helsinki:

Itäkadun toimipiste: Itäkatu 11, 00930 Helsinki, (käyntiosoite Tallinnanaukio 1)
Puh 09 3107 3273.

Kallio-Berghäll toimipiste: Toinen linja 4 C, 00530 Helsinki.

Vuosaaren toimipiste: Kahvikuja 3 B, 7 krs, 00980 Helsinki.

Pohjoinen Helsinki:

Malmin toimipiste: Ala-Malmin tori 2, 00700 Helsinki. Puh. 09 3107 2874.

Maunulan toimipiste: Suursuonlaita 1, 2. krs, 00630 Helsinki.

Läntinen Helsinki:

Lassilan toimipiste: Kaupintie 11 A, 6. krs., 00440 Helsinki.

Tulkien käyttö, Lastensuojelu Helsinki	
Läsnäolotulkkkaus	Käytetään ensisijaisesti
Puhelintulkkkaus	Vain äkillisissä tilanteissa
Naistulkki	Kyllä, pyydettyessä
Saako asiakas tietää tulkin nimen ennen tulkkausta?	Pääsääntöisesti ei, mutta pyydettyessä on mahdollista
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Kyllä

Verkkosivujen saavutettavuus, Lastensuojelu Helsinki



Ei selkosuomea. Kielet: suomi. (Ruotsin ja englannin kielille löytyvät linkit johtavat eri sivulle.).



Mahdollisuus kuunnella teksti. Lisäksi suomenkielinen video, jossa esitellään lastensuojelua. Video ei sisällä lastensuojelusta tietämättömän henkilön näkökulmasta tärkeää tietoa.



Symbolien käyttö hyvin vähäistä, sivut ovat tekstipainotteiset. Ei kuvia.

Verkkosivujen saavutettavuus, Lastensuojelu.info



Kielet: suomi, selkosuomi, englanti, ruotsi, ranska, venäjä, viro, somali, arabia, farsi ja kurdi.



Tekstiä ei ole mahdollista kuunnella. Sivustolla on tekstiä tukevia videoita kaikilla tarjotuilla kielillä.



Symboleita ei ole käytetty. Sivuilla paljon selkeitä kuvia. Sivut ovat visuaalisesti selkeät ja kuvat tukevat tekstiä.

Rikosuhripäivystys (RIKU)

Maksuton palvelu. Asiakkaan ei tarvitse olla helsinkiläinen.

Verkkosivut:	www.riku.fi
Osoite:	Maistraatinportti 4A, 4. krs, 00240 Helsinki
Puhelin:	Päivystysnumero: 116 006 (suomeksi ma-ti klo 13-21 ja ke-pe klo 17-21, ruotsiksi ke klo 13-17) Juristin puhelinneuvonta 0800 161 177 (ma-to klo 17-19)

Tukipalveluita rikoksen uhrille, hänen läheisilleen ja rikosasian todistajalle. Ammattilaiset voivat pyytää neuvoa asiakkaan rikosasiaan liittyen.

RIKU tarjoaa rikokseen liittyviä neuvoja ja keskusteluapua. Neuvoa saa puhelimitse, verkossa tai varaamalla tapaamisajan.

RIKUsta saa tietoa esimerkiksi seuraavista asioista:

- Rikosilmoituksen tekeminen
- Rikosprosessin vaiheet
- Rangaistus, vahingonkorvaukset ja niiden vaatiminen
- Poliisin kuulustelut
- Lähestymiskiellon hakeminen
- Oikeudenkäynti, oikeudenkäyntikulut ja niiden maksaminen

- Oikeusavustaja
- Tiedotusvälineisiin suhtautuminen

Asiakkaan on mahdollista saada RIKUsta tukihenkilö mukaan poliisi kuulusteluun tai oikeudenkäyntiin. Tukihenkilö antaa neuvoja rikosprosessiin liittyen ja auttaa jatkoavun saamisessa.

Tulkki käyttö, Rikosuhripäivystys	
Läsnäolotulkkaus	Ensisijainen vaihtoehto
Puhelintulkkaus	Käytetään vain poikkeustilanteissa
Naistulkki	Kyllä, pyydetessä
Saako asiakas tietää tulkin nimen ennen tulkkausta?	Kyllä, mikäli asiakas pyytää sitä
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Ei

Verkkosivujen saavutettavuus, Rikosuhripäivystys



Ei selkosuomea. Kielet: suomi, ruotsi, englanti.



Mahdollisuus kuunnella tekstit. Sivuilla videoita suomeksi, ruotsiksi ja englanniksi.



Ei symboleiden käyttöä. Kuvat eivät tue tekstiä.

SOS-kriisikeskus

Maksuton palvelu. Asiakkaan ei tarvitse olla helsinkiläinen.

Verkkosivut:	www.mieli.fi/fi/tukea-ja-apua/kasvokkain/sos-kriisikeskus
Sähköpostiosoite:	sos-keskus@mieli.fi
Osoite:	Maistraatinportti 4 A, 4. kerros 00240 Helsinki
Puhelin:	Kriisipuhelin (24h): 09 2525 0111 Ajanvaraus: 09 4135 0510

Lyhytkestoista keskusteluapua kriisistä selviämiseen. Asiakas voi saapua vastaanotolle yksin, puolison kanssa tai perheenä. Käynnit ovat luottamuksellisia. Vastaanotolle ei tarvita lähetettä.

Ajanvaraus puhelimitse ma-to klo 9-12 ja 13-15 sekä pe klo 9-12. Mahdollisuus jättää yhteydenottopyyntö nettilomakkeella.

Tukea ja apua tarjotaan suomeksi, ruotsiksi, englanniksi tai tarvittaessa tulkin välityksellä. Työntekijät ovat kriisityöhön koulutettuja sosiaali- ja terveysalan ammattilaisia. Kriisikeskuksessa on mahdollisuus asioida anonyymisti.

Tulkkien käyttö SOS-kriisikeskus	
Läsnäolotulkkaukset	Ensisijainen vaihtoehto
Puhelintulkkaukset	Käytetään vain poikkeustapauksissa
Naistulkki	Pyrkimys saada naisille naistulkki
Saako asiakas tietää tulkin nimen ennen tulkkauksta?	Ei. Asiakas voi toivoa tiettyä tulkkiä.
Saako tulkki tietää asiakkaan nimen ennen tulkkauksta?	Kyllä, ellei asiakas asioi anonyymisti

Verkkosivujen saavutettavuus, SOS-kriisikeskus



Ei selkosuomea. Kielet: suomi. (Ruotsin ja englannin kielille löytyvät linkit johtavat eri sivulle.)



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Verkkosivujen yleisilme on sekava. Palvelun nimi jää epäselväksi (välillä Kriisikeskus ja välillä SOS-kriisikeskus) Symboleita on käytetty vähän. Kuvia on vähän.

Seri-tukikeskus

Maksuton palvelu. Uudenmaan kuntien asukkaille. Muiden kuntien asukkaat voivat käyttää palvelua, jos rikos on tapahtunut Uudenmaan alueella, tai risteilylaivalla (Tukholman ja Tallinnan laivamatkat).

Verkkosivut:	www.hus.fi/sairaanhoito/sairaalat/naistenklinikka /poliklinikat/seri-tukikeskus
Osoite:	Naistenklinikka, K-porras, 1. krs Haartmaninkatu 2, 00290 Helsinki
Puhelin:	Päivystyspuhelin (24h): 040 701 8446

Seksuaaliväkivaltaa kohdanneiden tukiyksikkö yli 16-vuotiaille sukupuolesta riippumatta. Keskuksen palveluita voi käyttää, jos rikoksesta on kulunut alle kuukausi. Matalan kynnyksen palvelu, jonne voi hakeutua itse, omaisten kanssa tai viranomaisen ohjaamana.

Palvelut: oikeuslääketieteellinen näytteenotto raiskauksen uhrilta, tilanteen kokonaisarvio, tukea selviytymiseen, psykistä tukea toipumiseen, tukea oikeusprosessin käynnistämiseen ja hoidon jatkosuunnitelma.

Tukikeskus on auki kattavimmin arkisin klo 8-18. Akuutti vastaanotto sekä oikeuslääketieteellisten näytteiden otto muina aikoina Naistenklinikan päivystyksen kautta. Alle 16-vuotiaat hoidetaan Lastenklinikan ja Jorvin sairaalan lasten päivystyksissä.

Tulkkien käyttö, Seri-tukikeskus	
Läsnäolotulkkaus	Psykologikäynnillä läsnäolotulkkaus, muuten suositetaan puhelintulkausta
Puhelintulkkaus	Pääsääntöisesti puhelintulkkaus asioiden arkaluontoisuuden vuoksi. Myös Tulka käytössä.
Naistulkki	Kyllä, pyydettyäessä
Saako asiakas tietää tulkin nimen ennen tulkausta?	Ei, ellei asiakas itse pyydä
Saako tulkki tietää asiakkaan nimen ennen tulkausta?	Kyllä

Verkkosivujen saavutettavuus, Seri-tukikeskus



Ei selkosuomea. Kielet: suomi, ruotsi, englanti.



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Ei symboleita, ei kuvia. Tekstipainotteiset sivut.

Turvaverkko Helsinki (MLL)

Maksuton palvelu. Pääkaupunkiseudun asukkaille.

Verkkosivut:	www.helsinki.mll.fi/turvaverkko-helsinki
Sähköpostiosoite:	turvaverkko.helsinki@mll.fi
Osoite:	Kauppakartanonkatu 7 A 4, Helsinki
Puhelin:	040 645 3622 (parhaiten tavoittaa ti klo 12-14 ja to klo 8.30-10.30)

Matalan kynnyksen palvelu perhe- tai lähisuhdeväkivaltaa tai niiden uhkaa kokeneille aikuisille ja lapsille. Tukea, tietoa ja käytännön apua väkivaltakokemuksista selviytymiseen, turvaverkon vahvistamiseen, turvasuunnitelman laatimiseen ja arjen asioihin. Mahdollisuus yksilötapaamisiin. Mahdollisuus osallistua vertaistukiryhmiin sekä aikuisille että lapsille.

Turvaverkon Helsingin Olohuone on avoinna tiistaisin klo 16-18 osoitteessa Kauppakartanonkatu 7 A 4, Helsinki. Tällöin voi tavata työntekijöitä ilman ajanvarausta.

Tulkkien käyttö, Turvaverkko Helsinki (MLL)	
Läsnäolotulkkaukset	Ei
Puhelintulkkaukset	Puhelintulkkaukset käytössä yksilötapaamisissa
Naistulkki	Kyllä, asiakkaan pyytäessä
Saako asiakas tietää tulkin nimen ennen tulkkauksetta?	Ei
Saako tulkki tietää asiakkaan nimen ennen tulkkauksetta?	Ei. Asiakkaalla on myös mahdollisuus asioida anonyymisti

Verkkosivujen saavutettavuus, Turvaverkko Helsinki (MLL)



Ei selkosuomea. Kielet: suomi, englanti.



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Ei symboleita tai kuvia tekstin tukena.

SOPU-työ

Maksuton palvelu. Pääsääntöisesti pääkaupunkiseutalaisille.

Verkkosivut:	www.soputila.fi
Sähköpostiosoite:	sopu@loistosetlementti.fi
Puhelin:	Päivystys: 050 4700 490 (ma-to klo 13-16)

Kunniaväkivaltaan liittyvää ennaltaehkäisevää työtä sekä kriisi -ja konfliktityötä. Tavoitteena on ennaltaehkäistä ja tarjota apua kunniakäsityksiin liittyviin konflikteihin ja väkivaltaan perheissä ja yhteisöissä.

Kohderyhmänä ovat nuoret, perheet ja yhteisöt, joissa esiintyy kunniaan liittyviä haasteita. Toiminta on sukupuolisensitiivistä ja sovittelevaa. Nuoria ja vanhempia tuetaan kunnioittavaan vuorovaikutukseen. Sopu-työhön voi ottaa yhteyttä ennen kuin väkivaltaa tapahtuu, tai jos kokee väkivallan uhkaa, tai jos väkivaltaa on jo tapahtunut.

Ennaltaehkäisevän työn puolella mahdollisuus osallistua ryhmiin tai yksilötapaamisiin. Ryhmissä paikalla Sopun työntekijän lisäksi asiakkaan äidinkieltä puhuva vertaisohjaaja. Vertaisohjaajan voi pyytää mukaan myös yksilötapaamiseen.

Kriisi- ja konfliktitilanteissa perheen lapsia ja aikuisia tavataan erikseen, ja keskusteluyhteyttä heidän välillään pyritään avaamaan. Sopu-työntekijät auttavat ratkaisujen ja sopimusten tekemiseen perheenjäsenten välillä.

Bahar-hanke on osa SOPU-työtä pääkaupunkiseudulla. Hanke tarjoaa tukea nuorille ja nuorille aikuisille, jotka ovat menettäneet perheensä tai kasvuyhteisönsä. Bahar-hanke tukee itsenäistymistä ja sopeutumista uuteen elämäntilanteeseen, ja tarjoaa vertaistukiryhmiä, tapahtumia ja tukihenkilötoimintaa. Ammattilaiset voivat tiedustella kunniaan liittyvästä väkivallasta, sen vaikutuksista ja yhteisöstä irtautumisesta. Yhteydenotto SOPU-työn yhteystietojen kautta.

Tulkkien käyttö, SOPU-työ	
Läsnäolotulkkaus / puhelintulkkaus	Käytäntönä sopia yksilöllisesti paras tulkkausvaihtoehto
Naistulkki	Kyllä, pyydettyäessä
Saako asiakas tietää tulkin nimen ennen tulkkausta?	Ei, mutta tulkki valitaan etukäteen yhdessä asiakkaan kanssa
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Ei, ellei kyseessä ole tuttu tulkki

Verkkosivujen saavutettavuus, SOPU-työ



Ei selkosuomea. Kielet: suomi (kielivalikon muut kielet eivät toimi)



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Symboleita käytetty kielen vaihtamiseen, muuten ei symboleita. Ei juurikaan kuvia. Sivut ovat tekstipainotteiset.

Traumaterapiakeskus

Maksullinen palvelu. Asiakkaan ei tarvitse olla helsinkiläinen.

Verkkosivut:	www.traumaterapiakeskus.com
Sähköpostiosoite:	toimisto.helsinki@traumaterapiakeskus.com
Osoite:	Malminkatu 24 C 34, 2. krs, 00100 Helsinki
Puhelin:	09 4356 8280 (arkisin klo 8-15.15)

Traumapsykologian asiantuntijakeskus, joka tarjoaa konsultaatiota ja hoitoa traumasta tai traumaattisesta surusta kärsiville henkilöille, perheille, ryhmille ja yhteisöille.

Keskuksella järjestetään traumaterapiaa, traumapsykoterapiaa ja KELA-korvattua psykoterapiaa (asiakkaalla täytyy olla KELAn päätös), sekä erilaisia ryhmiä traumatisoituneille. Paikkatilanteet voi tarkistaa nettisivuilta tai tiedustelemalla. Keskuksella ei ole käytössä tulkkipalveluja.

Verkkosivujen saavutettavuus, Traumaterapiakeskus



Ei selkosuomea. Kielet: suomi, ruotsi, englanti. (Ruotsin ja englanninkieliset sivut ovat suppeammat kuin suomenkieliset)



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Ei symboleiden käyttöä, kuvia on vähän.

Perheneuvolat Helsinki

Maksuton palvelu. Helsinkiläisille.

Verkkosivut: www.hel.fi/sote/toimipisteet-fi/aakkosittain/perheneuvola/

Apua 0-17 vuotiaan lapsen tai nuoren kehitykseen ja kasvatukseen liittyvissä kysymyksissä, pulmallisissa perhetilanteissa sekä lasta tai perhettä kohdanneissa kriiseissä. Palvelua haetaan oman alueen perheneuvolasta.

Hoito suunnitellaan ja toteutetaan perheen tarpeet huomioiden. Moniammatillisten tiimien työntekijät ovat sosiaalityöntekijöitä, psykologeja ja lastenpsykiatreja.

Palvelupisteet:

Etelä: Toinen linja 4 C, 3. krs, 00530 Helsinki. Puh. 09 3104 4960, ma-pe klo 11-12.

Itä: Tallinnanaukio 1, 00930 Helsinki. Puh. 09 3106 2499 ma-pe klo 11-12.

Vuosaari: Kahvikuja 3 B, 7. krs, 00980 Helsinki. Puh. 09 3106 2496 ma-pe klo 11-12.

Länsi: Kaupintie 11 A, 4 krs., 00440 Helsinki. Puh. 09 3104 7490 ma-pe klo 11-12.

Pohjoinen: Suursuonlaita 1, 2. krs, 00630 Helsinki. Puh. 09 3106 9528 ma-pe klo 11-12.

Koillinen: Malmin asematie 3 A, 2. krs, 007000 Helsinki. Puh. 09 3105 8252, ma-pe klo 11-12.

Ruotsinkielinen työryhmä (koko Helsinki): Toinen linja 4 C, 3. krs, 00530 Helsinki. Puh. 09 3104 4825, ma-pe klo 11-12.

Tulkkien käyttö, Perheneuvolat Helsinki	
Läsnäolotulkkaukset	Käytetään
Puhelintulkkaukset	Ei käytetä
Naistulkki	Kyllä, pyydettyäessä
Saako asiakas tietää tulkin nimen ennen tulkkausta?	Ei
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Kyllä

Verkkosivujen saavutettavuus, Perheneuvolat Helsinki



Ei selkosuomea. Kielet: suomi. (Ruotsin ja englannin kielille löytyvät linkit johtavat eri sivulle)



Mahdollisuus kuunnella teksti. Ei videoita.



Symbolien käyttö vähäistä, ei kuvia. Sivut ovat tekstipainotteiset.

Äitiysneuvolat Helsinki

Maksuton palvelu. Helsinkiläisille.

Verkkosivut:	www.hel.fi/sote/perheentuki-fi/raskaus-ja-synnytys/palvelut-raskausaikana
Puhelin:	Keskittetty puhelinpalvelu 09 3105 5530 (arkisin 8-14)

Odottavan äidin, sikiön ja vastasyntyneen terveyden turvaaminen. Tukea lapsen syntymän aiheuttamaan suureen muutokseen sekä perheen terveyden ylläpitoon.

Haagan neuvola

Huovitie 5, 00400 Helsinki

Herttoniemen neuvola

Toinen linja 4 C, 00530 Helsinki

Itäkadun perhekeskuksen neuvola (paperittomat ja turvapaikanhakijat)

Tallinnanaukio 1, 00930 Helsinki

Jakomäen neuvola

Vuorensyrjä 8, 00770 Helsinki

Kallion perhekeskuksen neuvola

Toinen linja 4 C, 00530 Helsinki

Laajasalon neuvola

Koulutanhua 2 A, 00840 Helsinki

Laakson neuvola

Lääkärintkatu 8 R, 00250 Helsinki

Lauttasaaren neuvola

Taivaanvuohentie 6, 00200 Helsinki

Malmin neuvola

Talvelantie 4, 00700 Helsinki

Malminkartanon neuvola

Lutnantintie 12-14, 00410 Helsinki

Maunulan neuvola

Suursuonlaita 3 A, 00630 Helsinki

Munkkiniemen neuvola

Laajalahdentie 30, 00330 Helsinki

Oulunkylän neuvola

Kylänvanhimmantie 25, 00640 Helsinki

Paloheinän neuvola

Paloheinäntie 22, 2. krs, 00670 Helsinki

Pihlajamäen neuvola

Meripihkatie 8, 00710 Helsinki

Pitäjänmäen neuvola

Konalantie 6-8 C, 00370 Helsinki

Puistolan neuvola

Ajurinaukio 1, 00750 Helsinki

Suutarilan neuvola

Suutarilantie 32, 00740 Helsinki

Töölön neuvola

Sibeliuksenkatu 14, 2. krs, 00260 Helsinki, Kivelän sairaala

Vallilan neuvola

Toinen linja 4 C, 00530 Helsinki

Viiskulman neuvola

Pursimiehenkatu 4, 00150 Helsinki

Vuosaaren perhekeskuksen neuvola

Kahvikuja 3 A, 6. krs, 00980 Helsinki

Tulkkien käyttö, Äitiysneuvolat Helsinki	
Läsnäolotulkkaus	Ensisijainen vaihtoehto
Puhelintulkkaus	Käytetään äkillisissä tilanteissa, tai jos naistulkkia ei ole saatavilla
Naistulkki	Kyllä, pyydettyäessä. Naistulkin saaminen riippuu kielen yleisyydestä

Saako asiakas tietää tulkin nimen ennen tulkkausta?	Ei, mutta asiakas voi esittää toiveita tulkista etukäteen
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Kyllä

Verkkosivujen saavutettavuus, Äitiysneuvolat Helsinki



Ei selkosuomea. Kielet: suomi. (Ruotsin ja englannin kielille löytyvät linkit johtavat eri sivulle)



Mahdollisuus kuunnella teksti suomeksi. Ei videoita.



Symbolien käyttö vähäistä. Sivut ovat tekstipainotteiset.

Avoimet neuvolat Helsinki

Maksuton palvelu. Helsingiläisille. Asiointi millä pisteellä tahansa.

Verkkosivut: <https://www.hel.fi/sote/toimipisteet-fi/aakkosittain/neuvola/avoin-neuvola/>

Neuvola ilman ajanvarausta. Mahdollisuus saada neuvolan rokotusohjelmaan kuuluvia rokotuksia, tarkistaa vauvan paino ja kuunnella sikiön sydänäänet. Itsemittauspisteellä mahdollisuus tarkistaa verenpaine ja virtsan sokeri ja valkuainen. Jos lapsi on sairas, tai on tarve yli 15 minuutin vastaanottoajalle, avoimen neuvolan sijaan tulee hakeutua terveysasemalle.

Avoimet neuvolat eivät tilaa tulkkeja. Avoimet neuvolat toimivat Helsingin neuvoloiden yhteydessä, seuraavina aukioloaikoina:

Maanantai

Kallion perhekeskus	15.00–18.00
Töölö	8.30–11.00
Viiskulma	8.30–11.00
Vuosaari	15.00–18.00
Oulunkylä	12.00–15.00

Malminkartano	8.30–11.00
Tiistai	
Kallion perhekeskus	15.00–18.00
Lauttasaari	12.00–15.00
Itäkadun perhekeskus	15.00–18.00
Puistola	8.30–11.00
Haaga	8.30–11.00
Keski viikko	
Kallion perhekeskus	12.00–15.00
Itäkadun perhekeskus	8.30–11.00
Oulunkylä	15.00–17.30
Laakso	15.00–17.30
Torstai	
Kallion perhekeskus	8.30–11.00
Töölö	15.00–18.00
Itäkadun perhekeskus	8.30–11.00
Vuosaari	8.30–11.00
Oulunkylä	12.00–15.00
Malmi	8.30–11.00
Pitäjänmäki	12.00–15.00
Perjantai	
Kallion perhekeskus	8.30–11.00
Itäkadun perhekeskus	8.30–11.00
Laajasalo	8.30–11.00
Pihlajamäki	8.30–11.00
Munkkiniemi	8.30–11.00

Verkkosivujen saavutettavuus, Avoimet neuvolat Helsinki



Ei selkosuomea. Kielet: suomi. (Ruotsin ja englannin kielille löytyvät linkit johtavat eri sivulle)



Mahdollisuus kuunnella teksti suomeksi. Ei videoita.



Symbolien käyttö vähäistä. Sivut ovat tekstipainotteiset.

Perhekeskukset Helsinki

Osittain maksuton palvelu. Helsinkiläisille.

Verkkosivut:	www.hel.fi/sote/toimipisteet-fi/perhekeskukset/
Puhelinnumero:	Lapsiperheiden sosiaalineuvonta: 09 3101 5454 (ma-pe klo 9-12)

Lasten ja perheiden palveluja samassa palvelupisteessä, ehkäisevistä palveluista erityispalveluihin. Kokonaisvaltaista tukea perheille. Kohderyhmänä 0-18 vuotiaat helsinkiläiset lapset ja nuoret perheineen.

Helsingissä on kolme perhekeskusta. Ajanvarauksen voi tehdä puhelimitse tai oman terveydenhoitajan kautta. Palvelut ovat pääsääntöisesti maksuttomia, mutta esimerkiksi lapsiperheiden kotipalvelu on maksullista.

Verkosta löytyy ”Tarvitsen apua” -nappi, jonka avulla asiakas voi lähettää yhteydenottopyynnön perheeseen tai lapsiin liittyviin huoliin. Yhteydenotto tapahtuu puhelimitse 1-3 arkipäivän sisällä.

www.turvalomake.hel.fi/tarvitsenapua

Kallion perhekeskus.

Toinen linja 4 C, 00530 Helsinki. Avoinna ma-to klo 7-20 ja pe klo 7-18.

- Äitiysneuvola
- Lastenneuvola
- Avoin neuvola
- Puheterapia
- Neurolapsykologi
- Fysioterapia
- Toimintaterapia
- Ravitsemusterapia

Itäkadun perhekeskus.

Itäkatu 11, Helsinki. Sisäänkäynti Tallinnanaukio 1.

- Äitiys- ja lastenneuvola
- Avoin neuvola
- Neurolapsykologi
- Lasten ja nuorten suunterveys
- Lasten puheterapia
- Fysio- ja toimintaterapia
- Kasvatus- ja perheneuvonta
- Lapsiperheiden palvelutarpeen arviointi
- Lastensuojelun avohuolto
- Vammaisten sosiaalityö
- Lapsiperheiden kotipalvelu
- Lapsiperheiden sosiaaliohjaus

Vuosaaren perhekeskus

Kahvikuja 3, 00980 Helsinki

- Terveysasema
- Sosiaalipalvelut
- Neuvola- ja perhepalvelut
- Suun terveydenhuolto
- Psykiatria- ja päihdepalvelut
- Laboratoriopalvelut
- Nuorten palvelut
- Vammaispalvelut

Tulkkien käyttö, Perhekeskukset Helsinki	
Läsnäolotulkkaukset	Ensisijainen vaihtoehto
Puhelintulkkaukset	Käytössä toissijaisesti
Naistulkki	Asiakas voi toivoa naistulkkia, toiveet pyritään huomioimaan
Saako asiakas tietää tulkin nimen ennen tulkkauksta?	Kyllä, jos asiakas itse pyytää
Saako tulkki tietää asiakkaan nimen ennen tulkkauksta?	Kyllä

Verkkosivujen saavutettavuus, Perhekeskukset Helsinki



Ei selkosuomea. Kielet: suomi. (Ruotsin ja englannin kielten linkit johtavat eri sivulle)



Mahdollisuus kuunnella teksti ja katsoa videoita perhekeskusten toiminnasta. Yhden videon voi kuunnella suomeksi, muuten videot perustuvat tekstityksen lukemiseen. Videoissa tekstitykset myös englanniksi ja ruotsiksi, mutta ei mahdollisuutta kuunnella näillä kielillä.



Symbolien käyttö vähäistä. Ei kuvia.

Nuorisoasema

Maksuton palvelu. Helsinkiläisille.

Verkkosivut:	www.hel.fi/helsinki/fi/sosiaali-ja-terveyspalvelut/mielenterveys-ja-paihdepalvelut/paihdepalvelut/nuorisoasema
Osoite:	Siltasaarenkatu 4, 6 krs., 00530 Helsinki
Puhelin:	Päivystys ma-ke klo 13-15 ja to-pe klo 8.30-10.30 Neuvonta ma-pe klo 8.30-16 puh. 040 688 3377

Matalan kynnyksen palveluita 13-23 -vuotiaille päihteillä, pelaamisella tai lievillä mielenterveyden häiriöillä oireileville nuorille ja heidän läheisilleen sekä päihdeperheissä kasvaneille. Apua liialliseen ajankäyttöön netissä. Palvelut on tarkoitettu myös nuorten vanhemmille ja yhteistyökumppaneille. Palvelu perustuu vapaaehtoisuuteen. Tavoitteena avohoitosuunnitelman laatiminen ja tarvittaessa laitoshoitoon ohjaaminen.

Tulkkien käyttö, Nuorisoasema	
Läsnäolotulkkaukset	Ensisijaisesti vaihtoehto
Puhelintulkkaukset	Käytössä vain poikkeustapauksissa
Naistulkki	Kyllä, pyydettyäessä
Saako asiakas tietää tulkin nimen ennen tulkkauksta?	Ei, ellei asiakas itse pyydä
Saako tulkki tietää asiakkaan nimen ennen tulkkauksta?	Kyllä

Verkkosivujen saavutettavuus, Nuorisoasema



Ei selkosuomea. Kielet: suomi, ruotsi, englanti.



Mahdollisuus kuunnella teksti. Ei videoita.



Symboleita käytetty vähän. Ei kuvia. Sivut ovat tekstipainotteiset.

Nuorten kriisipiste

Maksuton palvelu. Asiakkaan ei tarvitse olla helsinkiläinen.

Verkkosivut:	www.helsinkimissio.fi/nuorten-kriisipiste
Osoite:	Albertinkatu 33, 00180 Helsinki
Puhelin:	045-341 0583 (ma klo 9-11)
Aukioloaika:	Drop-in vastaanotto: ti-to klo 9-11

Luottamuksellista keskusteluapua kriisityöntekijän kanssa 12–29-vuotiaille nuorille, aikuisille, pareille ja nuorten perheille. Palvelua saa suomeksi, ruotsiksi ja mahdollisuuksien mukaan englanniksi.

Kriisipisteellä ei ole käytössä tulkkauspalvelua.

Verkkosivujen saavutettavuus, Nuorten kriisipiste



Ei selkosuomea. Kielet: suomi, ruotsi.



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Ei symboleita. Kuvia on käytetty tekstin tukemiseen.

Tyttöjen talo

Maksuton palvelu. Asiakkaan ei tarvitse olla helsinkiläinen.

Verkkosivut:	www.tyttojentalo.fi
Sähköpostiosoite:	tyttojentalo@tyttojentalo.fi
Osoite:	Hämeentie 13 A, 4. kerros 00530 Helsinki
Puhelin:	050 911 1370 (ma, ti, to klo 15-19)

Kaikille 10-29 -vuotiaille tytöksi tai naiseksi identifioituville, tai tyttöyttä itsessään pohtiville. Tyttöjen talo tarjoaa palveluja vapaa-ajan viettoon, harrastuksiin ja vaikeisiin elämäntilanteisiin pääsääntöisesti suomen kielellä.

Avoimessa kahvilassa voi viettää aikaa ja keskustella haluamista aiheista työntekijöiden kanssa. Avoin kahvila on auki ma ja ti klo 15-19 ja torstaisin klo 15-18.

Avoimissa ryhmissä voi harrastaa esimerkiksi kuvataiteita, kokkausta, tanssia tai joogaa. Avoimiin ryhmiin ei tarvitse ilmoittautua etukäteen. Aikataulut löytyvät nettisivuilta.

Seksuaalikasvatusta järjestetään ryhmissä, joissa mahdollisuus saada seksuaalineuvontaa. Ryhmiin tulee ilmoittautua etukäteen. Seksuaalista väkivaltaa kokeneille tarjolla vertaistukiryhmiä ja yksilötukea. Ajan varaaminen soittamalla tai sähköpostitse.

Apua omaan vihaan ja väkivaltaan 15-28 -vuotiaille:
Keijun varjo -chat: ma klo 15-17, to klo 14.30-16.30. www.keijunvarjo.fi

Tunteiden käsittelyyn on tarjolla myös tunnetaitoryhmiä.

Alle 22-vuotiaille äideille on ryhmä- ja yksilötukea äitiyden tukemiseen. Lisätietoa nettisivuilla.

Tyttöjen talolla ei ole käytössä tulkkaukspalvelua.

Verkkosivujen saavutettavuus, Tyttöjen talo



Ei selkosuomea. Kielet: suomi.



Ei mahdollisuutta kuunnella tekstiä. Perustoimintaa ja kävijöiden kokemuksia esitellään suomenkielisillä videoilla.



Ei symboleita. Kuvia on vähän.

Paperittomat Helsingissä

Helsingissä kaikki paperittomat pääsevät välttämättömään hoitoon samaan hintaan kuin kuntalaiset. Alle 18-vuotiaat ja raskaana olevat saavat samat terveydenhuollon palvelut kuin helsinkiläiset.

Paperittomien hätmajoitus:

Diakonissalaitos, Alppikadun kortteli
Aukioloaika: joka päivä kello 21.00-08.00.
200 petipaikkaa

Neuvola paperittomille ja turvapaikanhakijoille:

Itäkadun perhekeskuksen neuvola
Tallinnanaukio 1, Helsinki
Keskitetty puhelinpalvelu: 09 3105 5530 (arkisin 8-14)
Ajanvaraus puhelimitse tai vastaanottokeskuksen kautta

Global Clinic Helsinki

Maksuton palvelu

Verkkosivut:	www.globalclinic.fi
Sähköpostiosoite:	globalclinic.finland@gmail.com
Osoite:	Salainen, täytyy tiedustella puhelimitse
Puhelin:	Ammattilaisille: 044 744 9932 (ma-pe klo 9-16) Potilaille: 044 977 4547 (potilaiden soittoihin pyrkimyksenä soittaa takaisin vuorokauden sisällä, mikäli vastaaminen ei onnistu heti)
Aukioloaika:	Tiistaisin kello 17.00-20.00

Vapaaehtoistoiminnalla järjestettyä, paperittomille suunnattua terveyteen liittyvää neuvontaa ja apua.

Klinikka tarjoaa moniammatillista apua niille, joilla ei ole oikeutta julkiseen terveydenhoitoon Suomessa. Apua saa veloituksetta, anonyymisti ja luottamuksella. Klinikalla toimii vapaaehtoisia lääkäreitä, sairaanhoitajia, kättilöitä, hammaslääkäreitä, psykologeja sekä tulkkeja. Klinikalta saa lisäksi oikeudellista neuvontaa, ehkäisyneuvontaa ja hiv-pikatestauksen kerran kuussa.

Potilaat saavat palvelua puhelimitse suomeksi ja englanniksi ja paikan päällä useilla kielillä. Jos potilas tietää klinikan osoitteen, hän voi mennä paikalle klinikan aukioloaikana ilman ennakoilmoitusta.

Tulkkien käyttö, Global Clinic	
Läsnäolotulkkkaus	Klinikan aukioloaikoina aina paikalla neljä tulkkiä: kaksi romanian kielen tulkkiä, yksi bulgarian kielen ja yksi arabian kielen tulkki. Muiden kielten läsnäolotulkit varataan tiedettäessä etukäteen.
Puhelintulkkkaus	Äkillisissä tilanteissa tai etukäteen sopimalla, mikäli potilas ei halua läsnäolotulkkiä.
Naistulkki	Kyllä, pyydettyäessä
Saako asiakas tietää tulkin nimen ennen tulkkausta?	Ei. Asiakkaan on mahdollista etukäteen pyytää puhelintulkkiä toiselta puolelta Suomea anonymiteetin suojaamiseksi.
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Tulkki ei koskaan saa tietää potilaan nimeä tilausvaiheessa. Nimi voi tulla tulkkauksitilanteessa esille, jos se on potilastyön kannalta merkittävää. Potilaan on mahdollisuus asioida anonymisesti.

Verkkosivujen saavutettavuus, Global Clinic



Ei selkosuomea. Kielet: pääosin suomi, yksi sivu englanniksi.



Ei mahdollisuutta kuunnella tekstiä, tai saada tietoa palvelusta videon kautta. Etusivulla on video englannin kielellä, joka ei kuitenkaan ole palvelun käyttämisen kannalta olennaista tietoa.



Ei symboleiden käyttöä. Sivulla suuria kuvia, jotka eivät tue tekstiä. Tekstin hahmotus hankalaa sen suuren määrän vuoksi.

Kalasataman terveystakeskus, paperittomien palvelut

Osittain maksuton palvelu

Verkkosivut:	www.hel.fi/helsinki/fi/sosiaali- ja-terveyspalvelut/terveyspalvelut/ muita-terveyspalveluja/paperittomien -sote-palvelut
Osoite:	Työpajankatu 14A, Helsinki.
Puhelin:	Maahanmuuttoyksikön neuvontapuhelin: 09 3103 7577. Terveystakeskus ajanvaraus: 09 3105 0333 (ma-pe klo 7-20) Hammashoidon ajanvaraus 09 3105 1400 (ma-to klo 7-18 ja pe klo 7-15)

Paperittomille välttämätön ja kiireellinen sosiaalihuolto, kiireellinen toimeentulotuki, tarvittaessa psykososiaalista tukea. Terveystakeskusten palvelut päiväsaikaan.

Hoitaja, lääkäri, neuvolapalvelut ja välttämätön sosiaalihuolto ovat maksuttomia. Hammashoito ja päivystyskäynti ovat maksullisia.

Sosiaalipalvelut sijaitsevat terveystakeskusten kuudennessa kerroksessa. Ajanvaraus sosiaalipalveluihin ensisijaisesti asioiden paikan päällä arkinen kello 8.15-16.00. Soitto neuvontapuhelimeen vain tarpeen vaatiessa.

Ajanvaraus terveystakeskusten palveluihin päiväsaikaan puhelimitse. Iltaisin ja viikonloppuisin sairaaloiden päivystyspisteet.

Tulkien käyttö, Kalasataman terveystakeskus	
Läsnäolotulkkaukset	Käytetään ajanvarauksissa
Puhelintulkkaukset	Käytetään äkillisissä tilanteissa
Naistulkki	Kyllä, pyydettyäessä
Saako asiakas tietää tulkin nimen ennen tulkkaukseen?	Ei. Asiakkaan on mahdollista etukäteen pyytää läsnäolotulkin sijaan puhelintulkkauksen anonymiteettinsä suojaamiseksi.
Saako tulkki tietää asiakkaan nimen ennen tulkkaukseen?	Kyllä

Verkkosivujen saavutettavuus, Kalasataman terveyskeskus



Ei selkosuomea. Kielet: suomi, ruotsi ja englanti. Kieltä vaihtaessa myös sivun sisältö vaihtuu.



Mahdollisuus kuunnella tekstit. Ei videoita.



Symbolien käyttö hyvin vähäistä, sivut ovat tekstipainotteiset. Ei kuvia.

Päivystykset Helsinki

Maksullinen palvelu (päivystysmaksu). Kiireellisessä tilanteessa asiakkaan ei tarvitse olla helsinkiläinen.

Apuja äkillisiin terveysongelmiin terveysasemien ollessa kiinni. Ennen päivystykseen hakeutumista soita maksuttomaan numeroon 116 117. Kiireetöntä terveysneuvontaa helsinkiläisille: 09 3101 0023 (24h palvelu)

Haartmanin sairaala (yli 16-vuotiaat)

Verkkosivut: www.hus.fi/sairaanhoito/sairaalat/haartmanin_sairaala

Osoite: Haartmaninkatu 4, Rakennus 12.

Puhelin: Vaihde: 09 4711 Päivystysosasto: 09 471 76849

Hammashoito ilta- ja viikonloppupäivystys: puh. 09 471 71110

Malmin sairaala (yli 16-vuotiaat)

Verkkosivut: www.hus.fi/sairaanhoito/sairaalat/malmin_sairaala

Osoite: Talvelantie 6, Helsinki

Puhelin: Vaihde: 09 4711 Päivystysosasto: 09 471 77026

Lasten päivystys, Uusi lastensairaala

Verkkosivut: [www.hus.fi/sairaanhoito/sairaalat/ Uusi-lastensairaala/vastaanotot/ paivystys](http://www.hus.fi/sairaanhoito/sairaalat/Uusi-lastensairaala/vastaanotot/paivystys)

Osoite: Stenbäckinkatu 9, Helsinki. 1. kerros, A-ovi

Puhelin: Vaihde: 09 4711 Vahtimestarit: 09 471 72783

Tulkkien käyttö, Päivystykset Helsinki	
Läsnäolotulkkaus	Jos puhelintulkkaus ei ole mahdollinen
Puhelintulkkaus	Käytetään ensisijaisesti
Naistulkki	Kyllä, pyydettyessä

Saako asiakas tietää tulkin nimen ennen tulkkausta?	Ei
Saako tulkki tietää asiakkaan nimen ennen tulkkausta?	Kyllä

Verkkosivujen saavutettavuus, Päivystykset Helsinki



Ei selkosuomea. Kielet: suomi, ruotsi ja englanti.



Ei mahdollisuutta kuunnella tekstiä. Ei videoita.



Symbolien käyttö vähäistä, sivut ovat tekstipainotteiset. Kuvia käytetty vähäisesti.



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