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LOW-THRESHOLD SUPPORT SERVICES FOR ADDICTIONS

A Brochure of Addiction-Based Services in Helsinki

ABSTRACT

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The aim of this product-based thesis was to produce a brochure in the English language for addiction-based services available in Helsinki. The purpose of the brochure is to promote social inclusion for people who comprehend English and need addiction-based support. Four types of addictions are covered in this thesis: alcohol, narcotics, gambling, and video gaming. Part of the objective was to receive low-threshold services working within this field.

The new product was created for KRAN rf, which is a non-governmental organisation working in addiction-based care. KRAN rf provide services for people in any stage of the recovery process using Swedish, Finnish, English, and Russian languages.

Data was collected by sending surveys to professionals working in the field of addiction support. The survey was constructed in way to find out the key information that would be published in the brochure. Examples would include, on how to join the service, general contact details, languages used and low-threshold services. Explanations about the services and sectors were also added to help the reader. Once the data was collected it was organised and added to the brochure. The brochure was created on Adobe Photoshop using Envato Elements database to assist in the creation stage.

The final product was a bi-fold brochure, although a z-fold brochure was the initial plan. Three of the four addiction-based services were covered in the final product. All services mentioned in the brochure had services suitable for an English speaker.

The evaluation was conducted on the feedback of the product given by KRAN rf. The planning and implementation stages were also evaluated for the thesis, as to provide a clear report of how the product's development could be improved or changed.

Keywords: Substance abuse, alcohol addiction, behavioural addictions, low-threshold support, English speakers in Finland, social inclusion, brochure

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1 INTRODUCTION

This product-based thesis describes the process of how a brochure for addiction-based services in Helsinki was created. The product was created in the English language and the need for the product in the field of social work is due to the rise of immigration into Finland. Helsinki especially, has many migrants who cannot comprehend Finnish or Swedish language therefore, restricting the accessibility to addiction-based services. Without Finnish or Swedish language, reading websites, brochures or posters makes finding a service complex and difficult. Therefore, the relevance of this product is to allow service users to easily find services either by themselves or with a health care professional. In summary, many people are unable to receive addiction-based support due to language, which can leave people feeling excluded and isolated in their time of need.

As part of the bachelor's degree programme at Diaconia University of Applied Sciences, I conducted my third practical placement at KRAN rf. The name KRAN is an abbreviation for "Kristliga blåbandsförbundet för rehabiliteringsarbete bland alkohol- och narkotikamissbrukare i Svenskfinland" which translated into English, "Christian blue band association for rehabilitation with alcohol and drug addictions for the Swedish speaking community in Finland". In continuation KRAN rf are a non-governmental organisation working in addiction-based care on a national level. For the duration of my practical placement, I worked alongside the expert by experience course to which I created questionnaires to monitor the participants' progress. The information gathered was to help KRAN rf have a better understanding of the courses' success rate. The objectives of the questionnaire was to analysis if the course had educational benefits while ensuring the participants were achieving their own personal goals. Finally, the course was monitored to help further development for the upcoming courses.

While on placement at KRAN rf, I understood that the organisation wanted to broaden the languages used for their services. Now the organisation has services in Finnish, Swedish, English, and Russian languages. Although, KRAN rf had

mentioned the need for addiction-based services in other minority languages, especially in Helsinki.

In conclusion, the aim of this thesis was to create a brochure of addiction-based services available in Helsinki. The brochure would include low-threshold services and would concentrate on service providers for alcoholism, substance abuse, gambling, and video gaming addictions. Additionally, services that might not be low-threshold but do offer support in English language will be considered for the brochure. To ensure the products functionality, service providers which offer services in English language would be highlighted to make it clearer for the reader. In continuation, the other aspects included in the product are; how to join a service, location, contact details and what sector it belongs to. Finally, the target group for the brochure is anyone who can comprehend English language and who is considered an adult because of the more complex language used.

2 BACKGROUND

The background provides a review of the stakeholders for this product and what their roles were for the duration of the project. Furthermore, research was conducted into existing products on the market in Finland that work similarly to the product. Finally, this chapter will explain the purpose of the goals and objectives that were formulated for the product process.

2.1 Stakeholders

A stakeholder is a person or a group of people that will directly be affected by the outcome of the project or influence the project itself (Dobson, 2015). For this project KRAN rf are known as the downstream stakeholders, as they provide the resources and services which aid the development of the project. KRAN rf also fit into to the project stakeholder group as the project is being commissioned by them (Spolander & Martin, 2012, 104). Additionally, KRAN rf work as a project sponsor as they oversee some responsibility for the product's outcome (Dobson, 2015). The professionals that participate in the survey are also downstream stakeholders as they provide the information which will be used for the brochure. These secondary stakeholders influence the result of the product by providing the key resources or data. In conclusion, both these stakeholders have the highest position of power in the project and can positively and negatively influence the outcome (Spolander & Martin, 2012). In continuation, the author of this thesis is a stakeholder because they are working as the product creator. Finally, the upstream stakeholders are the end users as they are the recipients of the final product (Spolander & Martin, 2012, 104).

KRAN rf was founded in 1982 and is part of the non-governmental organisation sector. As KRAN rf is a Swedish speaking organisation and for this thesis the term "rf" will be used meaning *registrerad förening* opposed to the Finnish abbreviation ry (*rekisteröity yhdistys*) which in English translates to registered organisation. KRAN rf focus on peer support and low-threshold areas of addiction work.

Complementary to this, KRAN rf provide support for people with addictions, people in recovery and the family members, they also provide an expert by experience course as mentioned above. In addition to this course, KRAN rf offer educational seminars for students, health- and social care professionals. These seminars provide information on prevention and recovery needed in the field of addiction-based support.

2.2 Addiction-Based Products Available for Service Users in Helsinki

A similar product that is available to use in Finland is a mobile application made by the City of Helsinki. The recovery app is available in English, Finnish and Swedish language and includes a list of services available for addictions. These services are mainly provided by the City of Helsinki meaning that the services are from the public sector. Additionally, most of these services are for substance abuse which leaves a gap for service users with other addictions. In the list on the application, are services that require no appointment, or outpatient clinics and emergency care services. Low-threshold services are included, for example day activities and peer support groups. In contrast to the application, the brochure's content will concentrate more on the third sector, low-threshold services and additional addictions such as gambling or video gaming.

When using the application, it does not specify what language the service is provided in, while in some cases the names have been translated into the user's language. This makes selecting the right service difficult as it is unclear what the service does and who it is for. In addition, bad translations which do not read well in the English language can leave the reader confused. This can then result in time wasting by endlessly searching for the right service. Therefore, a main objective of this product was to clearly state which services are available in English.

The brochure will have similar content to the mobile application. For instance, locations, telephone numbers and website links will be provided as it is key information. One part of the application that makes finding a service complex is the navigation to the service itself. When using the app, service websites provided

by the City of Helsinki navigate the user to a large list of services and not all listed are relevant to the search. Concluding, that the app is not always reliable when searching for a service.

On the other hand, infopankki.fi have a webpage dedicated to a list of services available for addictions in Finland. Ordered from type of addiction with a link to the correct part of the website for English based services. Although only four health care providers are listed, each have services in English. This includes services in the low-threshold sector and rehabilitation clinics. Importantly this page does not cover gaming addiction or any other type of internet addiction. Päihdelinkki was contacted to inquire about any existing brochures on the market. Unfortunately, the only information received was a link to the Infopankki webpage.

2.3 Goals and Objectives

For a goal to work it must have a direction for change, meaning goals are formulated with the prospect for change or improvement. An objective on the other hand, is part of the goal which can be measured. Therefore, the goal should be separated into objectives to make it more manageable. Moreover, goals and objectives should be concise, specific and time bound (Griffin & Michael, 2015, 98). According to Griffin and Michael (2015, 98) goals and objectives should be in support of the company's (organisation's) mission. For instance, this product was created to be used by service users in need of addiction-based support, which directly correlates to KRAN rf's mission working in the field of addictions.

The aim of this thesis was to create a brochure what will include services based in Helsinki for the four types of addictions mentioned in the introduction. The goal is to promote social inclusion for people in Helsinki who comprehend English language and who need addiction-based services. This is due to the limited number of products on the market for English speakers. Furthermore, one objective is to receive as many low-threshold support services as this correlates to the working life partner's services. To ensure the goal is reached, it should be divided into objectives using the SMART tool. The term SMART is an abbreviation of specific,

measurable, agreed, realistic and timebound (Martin, Charlesworth & Henderson, 2010, 356). For instance, the specific objective is to create a brochure that includes suitable and relevant services for the four types of addictions mentioned in this thesis. The product must have accurate information about services in Helsinki and be written in the English language. For this objective to be successful it must have a short description of what addiction the services cater to and what treatment, care or support they offer, while including details on how to join a service or any groups that are currently running in their organisations that could be useful for an English speaker.

When regarding the measuring of the goal, the amount of services included in the brochure is one element. Although, more importantly looking at the amount of services that use English is more important to the end user. Secondly, as specified by KRAN rf, the amount of low-threshold services included can also be measured.

The strengths that assist in achieving this objective, are that the working life partner has experience in the field of addiction-based work along with having strong connections to other addiction-based service providers. Additionally, KRAN rf have two service points in Helsinki where the product can be distributed to the community. In continuation, the connections they have to the field of addiction-based services supports the data collection process. Lastly, the skills that the creator had to create the physical product allows the product to be made on time and no outsourced resources are needed.

The relevance of the goal is that it fits to the working life partner's mission. For instance, KRAN rf work with the Swedish-speaking community in Finland which is the second official language of the country. According to Frackman, (2019, para 4) the population of Swedish speakers in Finland was 14.3% in 2017 as stated by Statistics Finland. Therefore, this organisation understands the need for services for minority groups, which the English language is also classified as in Finland. In addition, KRAN rf are working to support the community members who have addictions which is part of the aim. As this product is timebound, the product must be created by the end of September and data collection must be

collected before this deadline, more details about the data collection process in chapter 6.

3 LITERATURE REVIEW

The literature review will give a detailed account of key concepts used in this thesis. The purpose of the literature review is to help support the need and justification of the product. The literature review takes into consideration the Finnish context of the key concepts along with the global aspects. Finally, the evolution of research and contrasting views are considered throughout this chapter.

3.1 Definitions of Addictions

This part of the literature review will explain the definitions of an addiction from different aspects. The purpose of this sub-chapter is to fully understand what is meant by addiction and how the definition changes throughout time and contexts.

According to Mieli, Mental Health Finland an addiction can be defined as,

“A harmful addiction can develop for any activity or substance that causes feelings of pleasure (eating, drugs, games...). Addiction refers to a situation in which a person is willing to devote considerable amounts of time and effort to be able to use a substance or carry out an activity, such as gambling”.

In contrast to this, the American psychiatric journal states that addiction is a complex disorder which causes compulsive use of a substance, such as drugs, alcohol, and tobacco (Parekh, 2017). In relation to this, substance use disorders are classified when an individual takes a substance in larger amounts or over a long period of time (American Psychiatric Journal, 2013, 483). Therefore, as stated in the fifth version of the American Psychiatric Journal otherwise known as DSM-5, gambling disorder is the first non-substance related addiction to be classified in the journal (Petry, 2015). In reflection it is key to note that the “DSM-5 does not define *addiction* nor advocate the use of the term” and therefore the word disorder is used (American Psychiatric Journal, 2013, 485). In this thesis when the DSM-5 or “American Psychiatric Journal” is used as a reference the word addiction will be replaced by disorder.

The DSM-5 has yet to classify many compulsive activities that could be regarded as an addiction or a behavioural disorder. These disorders such as video gaming, eating, shopping and exercise disorders have yet to be classified but show similar signs or symptoms to the already classified disorders (Petry, 2015). These direct links as stated by Petry (2015) show that the overlaps in phenomena such as cravings, tolerance and withdrawal, along with the nature of relapsing are all present no matter what the activity.

Finally, it is important to recognise that not all people will become addicted when participating in what are commonly known as addictive activities (Smith & Smith, 2015, 6). Therefore, understanding the diagnostic criteria which is specified by the World Health Organisation or DSM-5 is crucial when determining if a person is addicted or not.

3.2 Alcohol Addiction

An alcohol-related disorder can be defined as “problematic pattern of alcohol use leading to clinically significant impairment or distress” (American Psychiatric Journal, 2013, 490). In addition, alcohol-related disorder can be manifested when alcohol is often consumed or in large quantities. A sign or symptom of this disorder is shown by the strong desire or urge to use. In relation to this, tolerance and withdrawal symptoms also are prevalent in this addiction (American Psychiatric Journal, 2013, 491). The diagnostic criteria for an alcohol-related disorder can be exhibited by slurred speech, lack of coordination and problematic behavioural or psychological changes (American Psychiatric Journal, 2013, 497).

When Finland joined the EU in 1995 new laws regarding alcohol were constructed. In relation to this, restrictions on age of purchase have been put in place, whilst the accessibility to alcohol has been adjusted over the years. Statistics in 2008 show that alcohol consumption has risen to an annual amount of 8.5 litres per inhabitant, meaning consumption has quintupled from the 1950’s (Addiction link, 2006). Although, according to Finnish Institute of Health and Welfare (2018) between the years of 2007 and 2018 the overall amount of alcohol consumed has

decreased by a fifth. A survey conducted on the drinking habits recorded that 13% of people questioned were at risk of having long-term health related risks due to alcohol. Similarly, the alcohol consumption in hazardous use was recorded at 78%. This percentage is in correlation to people classified as problem users or by people who have exceeded the drinking limit (5 units in a succession). In relation to the statistics regarding hazardous use there are still many people at risk of becoming alcohol dependent and consequently will need health and social services (Finnish Institute of Health and Welfare, 2018).

3.2 Narcotic Addiction

A substance abuse addiction or disorder can be defined as a person's dependency and continuous misuse of a substance. Substances that are typically misused include opioids, stimulants, and marijuana. Although, addictions to other substances such as designer drugs are becoming more common (Smith & Smith, 2015, 11). In continuation, substance-related disorders show similar factors to alcohol-related disorders as specified in DSM-5. Both show the prevalence of high consumption or misuse, the persistence of loss of control to stop or prevent intake and finally, not being able to full one's personal responsibilities (American Psychiatric Journal, 2013, 577)

The use of illegal drugs in Finland is steadily becoming more common. A survey by the Finnish Institute of Health and Welfare (2019, para 6) show that illegal drug using is increasing especially among young adults aged between 25 to 34. This was found to happen in both surveys conducted in 2014 and 2018. Therefore, the health and social risks involved in drug abuse will increase throughout the next generations. As the risks are being assessed in young adults, the next generations of young adults should be taught about the risks involved with substance abuse and preventative measures should be put into place by the state.

In 2016 the Finnish government budgeted an estimated 334.2 million euros towards narcotic related services, over half of this budget was used towards services and healthcare (European Monitoring Center for Drugs and Drug Addiction,

2019, 3). On a municipal level, the regions provide services required to fit the needs of the public. Such services include long term rehabilitation and peer support groups, with provisions coming from all social sectors. The most common treatment plans include short- and long-term care provided by the municipalities. Detoxification, psychiatric care and rehabilitation are the main aspects of this form of care. However, due to the increase in service users and decrease in budgeting, long term care is now being replaced by housing services. With budgeting problems and the rise of service users, health care sectors are having to change and adopt their services to try and ensure peoples care (European Monitoring Center for Drugs and Drug Addiction, 2019).

3.3 Gambling Addiction

As stated in DSM-5 (2013) gambling addiction was diagnosed as an addictive disorder in relation to substance-related and addictive disorders (Levounis, American, Zerbo, & Aggarwal, 2016). In addition, gambling addiction has become more common in recent years in Finland. Table 1 below shows the number of helpline calls to “Peluri” which is a low-threshold support line funded by the National institute of health and welfare. In this period the total calls had risen dramatically and almost every year the calls have increased for relatives concerned about a loved one.

Table 12 | Calls to the Peluuri helpline concerning gambling problems in 2004–2012

Peluuri 1 September 2004– 31 December 2012	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total number of calls concerning gambling-related problems	312	1 161	1 231	1 390	1 253	1 159	1 120	1 189	1 374
- From gamblers	208	869	844	933	854	726	787	736	853
- From gamblers' relatives	84	219	271	379	356	383	290	389	463
- From indirectly affected individuals	20	73	116	78	43	50	43	64	58

FIGURE 1. Calls made to the Peluuri helpline concerning gambling problems in 2004-2012 (The Year Book Of Gambling in Finland 2012, 64)

Furthermore, most of the gambling that takes place in Finland is in kiosks and supermarkets thus making gambling very accessible. In relation to this, many people in recovery struggle to refrain from gambling. According to the National Institute of health and welfare (2013) one main target group with the highest risk of becoming addicted to gambling are young males in contrast to young females who are less likely to find ways to gamble when under the legal age. (National Institute for Health and Welfare, Ministry of Social Affairs and Health, & Ministry of the Interior and National Police Board, 2013)

3.4 Video Gaming Addiction

Video gaming addiction has now been classified as a disease; it can be “defined in the 11th Revision of the International Classification of Diseases (ICD-11)”. It refers to when gaming takes over a person’s life and interferes with a persons’ everyday routine. Not sleeping and missing work or school can be a major sign contributed to video gaming addiction. (The World Health Organisation, 2018).

On the other hand, DSM-5 have concluded that more research needs to be conducted on gaming addiction as it is not classified as a substance-related addictive disorder (substance abuse, alcohol, tobacco) or a behavioural addiction such as gambling. The main reason for this not being determined as an addiction is due to insufficient evidence. Researchers are unsure to what is causing the addiction, as Parekh explains that gaming addiction is not limited to gaming itself as there are other aspects like the use of a smart phone or the internet. (Parekh,2018)

A study conducted in the United States, United Kingdom, Canada and Germany concluded that 0.3 to 1.0 percent of the general population might qualify for a potential diagnosis of internet gaming disorder. In contrast the researchers suggest there is an important distinction between passionate engagement (someone enthusiastic and focused on gaming) and pathology (someone with an illness/addiction) (Parekh, 2018).

Moreover, The World Health Organisation study did not outline the distinction of passionate engagement and pathology, thus making their diagnosis unclear. Furthermore, most of their research was conducted in China and South Korea where new laws have been put in place to address the problem of internet gaming. The governments are monitoring young people's gaming time and restricting their access to stop a new generation becoming addicted, meaning that China and South Korea have already classified gaming as an addiction which has then been criticized by other researchers in the field. According to Parekh (2018) extensive research or understanding of the problem has not been clearly resolved as many are unsure if the problem should be classified as an addiction or behavioural problem. Although, one researcher from the Chang-Ang university hospital of Seoul opposes the classification of internet gaming being an addiction as many patients did not exhibit withdrawal (Zastrow, 2015). In summary, video gaming addiction will still need to be researched as many countries and researchers still have contrasting views on the topic.

3.5 Low-Threshold Services

The term low-threshold as explained by the Public Health Agency (2018) means that anyone can get help for an addiction problem. In this case, the services are offered for substance abuse and alcohol addictions to which, the agency explains abstinence or sobriety is not needed to receive help. The Public Health Agency (2018) explain that low-threshold services can help a person manage their addiction, by offering harm reduction services or help finding stable accommodation. In addition, according to Little & Franskoviak (2010), low-threshold means giving the community as many access points to services as necessary, while allowing the community choice on how they access the service. For instance, this can include services not requiring paperwork or personal information being recorded when a service user reaches out for help (Little & Franskoviak, 2010). Complementary to this, Melles, Márványkövi & Rácz (2007, 85) state that defining the term low-threshold services has been problematic due to different agencies understanding of the term.

In continuation, low-threshold services are commonly staffed by counsellors and support workers and additionally the volunteers are needed to train as new drug workers (Morton & O'reilly 2016). Furthermore Morton & O'reilly (2016) state that low-threshold services combined with harm reduction can address and reduce immediate risk to the lives of the service users (as cited Toumbourou, Stockwell, Neighbors, Marlatt, Sturge & Rehm, 2007). Common types of low-threshold services include offering safe practices when using substances and overdose prevention. Along with help to get access to health check-ups and addiction treatment if the person requests them (Public Health Agency, 2018). Overall, low-threshold works on the premise that no one should be excluded from treatment as the recovery process is individual while being accessible.

As mentioned above, harm reduction can be used as part of low-threshold services. Harm reduction is a key part of rehabilitation when concerning addictions, such measures include injection rooms, sharing information on healthy injecting practices or establishing low-threshold services. Medications can also be used as part of harm reduction to treat substance abuse and alcoholism. Replacement drugs can be used that are less addictive or drugs such as disulfiram are used to treat alcoholism. Although, it must be considered that the responsibility to take the medication falls on the service user, which can affect the overall worth of the medication (Smith & Smith 2015).

Harm reduction has many positive aspects such as social inclusion back into society, reducing health problems and slowing the spread diseases. Additionally, low-threshold services reduce pressure that coincide with many rehabilitation programs and work on reducing stigma associated with addictions. According to Morton & O'reilly (2016) drug users feel that stigma and guilt is reduced when practicing harm reduction techniques. Stigma can be found in all social aspects due to lack of understanding which can cause isolation within the community. Although, it has received speculation on an international level due to it not being the conventional way of treating an addiction (Andersen & Järvinen, 2007).

Another aspect of low-threshold work is the use of experts by experience in the field of addiction-based recovery. The term expert by experience has many meanings, one being that the person (expert) has obtained their knowledge in the

social field through experience, rather than education or formal training. In addition to this, many of the experts are service users who may or may not have received the correct services and therefore, have obtained knowledge in the field of social services (McLaughlin, 2008). Although, the term expert by experience is problematic as there is no official criteria to what an expert implies. Furthermore, experiences cannot be evaluated or measured. Concluding that two people may have the same experience but have contrasting views or guidance (McLaughlin, 2008).

3.6 Immigration in Finland

As the product was created for people who may not comprehend Finnish and Swedish language, it is important to explore the migration patterns into Finland. In the year 2018, The Finnish Immigrant Service registered 34,407 resident permits to which most of the applications in this year were based on family ties and or being an EU citizen (The Finnish Immigration Service, 2019, 4). Likewise, in 2011, 29,500 permits were received thus showing a steady increase in migration into Finland (Annual Report of Immigration 2012, 2013).

Due to this influx of migrants arriving Finland, there is more need for services to be provided in other languages. Although, English is not one of the top registered native languages of the migrants in Finland, 22 000 people were recorded to be native English speakers in 2019 (Statistics Finland, n.d. b). In addition to this, 2019 had the largest amount of foreign languages used in the population as the statistics is over 400,000 people (Statistics Finland, n.d. a). Moreover, the European Commission state that in 2006, 38% of EU citizens comprehend a basic conversation in English. At the time “19 out of 29 countries polled, English was the most widely known language apart from the mother tongue” (The European Commission, 2006, 4).

3.7 Social Inclusion

Social inclusion is a complex phenomenon that can be defined as the process of improving people's participation into society (Identifying Social Inclusion and Exclusion, 2016,1). Participation in this context refers to political, economic, and social aspects of their lives, social inclusion is the process to which equal opportunities are provided to everyone no matter their background (United Nations, n,d, para 1). To promote social inclusion all members of society must have access to (public) services for example health, social and education, along with the chance to participate in political decision-making processes that directly affect them (United Nations, n,d para 2). Therefore, social exclusion is when a group of people are marginalised, discriminated against or excluded from participating. This can be on the premise of a person's background which can be any part of their identity. In relation to this the identity can include economic status, ethnicity, race, gender, religion, and disability which can, in affect be the most vulnerable groups of people in the community (Identifying Social Inclusion and Exclusion, 2016, 21).

People with addictions can also be categorized as a vulnerable group, for instance many people with an addiction are more likely to need access to health care or social services. According to Peters (2015) people with addictions are concentrated in the poorest part of society and therefore, many people with addictions are excluded due to their socioeconomic status. Moreover, Peters (2015) states that people who have a combination of problems such as unemployment, low education levels or unstable housing often become isolated by society (as cited Social Exclusion Unit Report, 2001). Many of these factors directly affect a person with an addiction thus leading them to become socially excluded.

4 PRODUCT DESIGN

For a project to be successful the project manager must understand what the outcome of the project will be. In this case, the outcome is a product. Before starting the process certain variables must be considered, for example the idea must have value or serve a purpose. The project manager must also consider the stakeholders, to whom the project or product will benefit or affect. Other key aspects include budgeting and understanding the life cycle of the product. In addition to project management, Lock states that “deliverables are something that the project manager will always be accountable for” (2013, 8). This includes time, cost, and performance while assessing the risks involved. Therefore, this chapter will include a breakdown of the aspects that were used before the implementation.

Additionally, all products have a life cycle, meaning that the relevance and accuracy of the product will be affected over time. For the purpose of this product, the life cycle can be influenced by the information published. The matter of the organisation’s details, services and contact details influence the life cycle. If the organisations were to close their services or change location it would affect the current reader. In addition to this, when receiving the email addresses as part of the contact details, I chose not to use staff’s personal work addresses. These email addresses are not being used because staff members change and for confidentiality reasons.

4.1 Work Plan

When designing a product, a workplan is critical to monitoring the process. The process should be documented in the early stages of the product design and continued throughout the implementation. For this process, a software called Asana was used for the documentation. Asana is a task management software application that allows a user to create a project. The key purpose of the software is to allow users to create tasks or projects, which can be tracked throughout the

process and assigned a deadline (Davidson, 2019, 167). This software was used because of the ability to categorize tasks along with adding notes and subheadings to them.

Figure 2 is an example of how Asana was used for this thesis. Firstly, creating a main task “Brochure creation”, then adding what that task entails for completion. The “text for brochure” was the first part to which it had 3 sub parts, “about us, service description and intro, and write up each organisations info”. These individual parts can be assigned deadlines with the ability to add notes about the process progress.

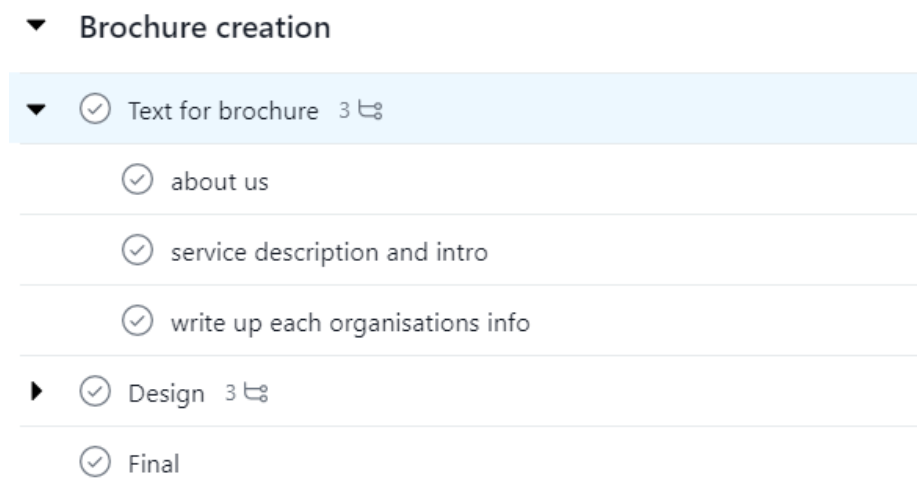


FIGURE 2. Asana Workplan Breakdown

This method of documentation was not shared with the stakeholders as it was the individual’s workplan. Although, the whole process was documented using Asana this was not shared even though KRAN did participate in some of the tasks, the correspondence was done through email.

4.2 Budgeting

Budgeting in project management usually happens in the beginning. Budgeting is an important part of the project as it effects the decision making and the resources available. The scale of the project is also affected by the budget. For

example, the cost of human resources and the allocated personnel used for the project. Therefore, most of the costs need to be put into place before starting the process. On the other hand, unexpected changes outside of the project can lead to budgeting changes. The project manager must understand and take into consideration cost changes. Changes that effect the budget can also affect the deadline of the project. Moreover, project managers must communicate this to other parties involved.

For this project, a small budget was allocated for the printing of the brochure, costs that could be budgeted for this project have been included to show the use of budgeting. Below is a budgeting table which is based on the reported costs and benefits of the expenditure report recommended by Martin et al, (2010).

The budget report was created to show estimates of how much printing could cost from a Helsinki based printing company, although KRAN rf have a company which will print the product and the cost will be their responsibility. In regards the to the graphic designer, the creator has the skill set to create the product and therefore, no expenditure needs to be considered for this.

TABLE 1. Initial Budgeting Report

Item	Benefit	Considerations
Printing cost for 2000 copies of a z-fold brochure. Est: 570E including VAT.	This benefits the project as the product will be a physical copy with allows the product to be more visible to the public.	This price has been formulated from a Helsinki based printing company (MEB). Note: KRAN rf have a company that they usually use so the price may be different.
Graphic designer hourly rate: 15.36E Estimated time frame 20 hours. Overall cost: 307.20E	Professional product development and skills. Mediator between the author and working life partner.	Price for graphic designer is estimated from Payscale.fi. This was based on an average salary in Finland.

As mentioned above changes in the project can affect the budget. For instance, when planning to create the survey I had originally planned to use an online service called Survey Monkey. After creating the survey, I noticed that to have the set number of questions included in the survey the service was no longer free. As no budget had been created for such expenditure, I decided to research for an alternative. As mentioned by Dobson (2015) a pricing risk could happen and

a project manager should evaluate how much to spend on the given risk, while considering the impact that it has on the project.

In this given case, plan B was to find a free alternative that would work the same way and have all the attributes needed to collect the data. Plan C could be to change the way the survey is handed out. For example, using Microsoft Word or a similar alternative to email to the participants. In conclusion, plan D would be to ask KRAN rf for a budget. Overall plan B came into effect as I was able to use Google forms for free.

4.3 Time Frame

The process started in the beginning of June 2020, when the email draft and excel sheet were created. After which, the Asana project was created and used throughout the whole process. The data collection process started in June and the deadline for the collection was the 14th of September 2020. The deadline for the final product was the 28th September 2020, because it allows time for final editing before the submission of the thesis publication. This precaution was put in place to allow time for any small changes that need to be made to ensure the quality of the product. More details about the process implementation including time frames which are included in chapter 6.

4.4 Risk Assessment

For the risk assessment a project manager must understand what a risk is and how it affects the project. The PMBOK guide defines a risk as “an uncertain event or condition that, if it occurs, has a positive or negative effect on one or more project objectives such as scope, schedule, cost, and quality” (as cited by Dobson, 2015, 96). Contrary to this Dobson, (2015) states that this should be transcribed in a broader capacity as not all risks have immediate impact or have long term consequences.

When looking at risks a S.W.O.T analysis can be used to break down the risks. S.W.O.T is an abbreviation meaning strengths, weaknesses, opportunities and threats. As mentioned in the PMBOK, risks can be positive and negative which for the purpose of the S.W.O.T analysis the opportunity translates as positive effect, and the threat is the negative effect (Dobson, 2015). Table 2 shows the SWOT analysis for the overall product.

TABLE 2. S.W.O.T Analysis of Overall Product

<p>Strengths:</p> <ul style="list-style-type: none"> • KRAN rf have knowledge in the field of addiction-based services. • KRAN rf have connections to the professionals interviewed. • The author has the skill set to create the brochure. • Understanding knowledge of the needs of the reader. 	<p>Weakness:</p> <ul style="list-style-type: none"> • No permanent place to keep an online copy. • KRAN rf do not have services for all addictions covered in this brochure. • Motivation
<p>Opportunities:</p> <ul style="list-style-type: none"> • No other products on the market with details on the services and groups. • English language will make it unique. • To provide more information to the reader and include more details about the services. • To help someone find the right service. 	<p>Threats:</p> <ul style="list-style-type: none"> • No replies to the survey affecting the contents. • Budgeting changes. • Products life cycle. • Service providers not wanted to be included due to language. • Distribution and publishing challenges. • Time bound project.

Firstly, one strength for this product is the knowledge the team have. KRAN rf have a clear understanding of what the client needs when looking for a service. The experience from working with clients and working in the community is a bonus. Furthermore, KRAN rf have strong ties to other organisations and professionals working in Helsinki. The weaknesses being that KRAN rf do not have a space on their website to store a PDF copy which then directly affects the availability. Although, KRAN rf have many years of experience in working with addictions, they do not have services for video gaming addiction. Lastly, another weakness is motivation, as many professionals do not have the time to fill in the survey, which influences the results of the brochure.

The risks can be categorised as positive and negative as stated above. For instance, the opportunity of having the product in the English language might

benefit a reader because of the lack of products on the market. On the other hand, a risk being that service providers may not want to advertise their services in English because they do not have any services suitable. Contrary to this, if no service providers contributing data to the brochure, a plan B would need to be formulated to receive information. For instance, changes on how the data would be collected is one idea.

An additional risk is budgeting, as changes in the product plan can affect the overall timeline of the product. One example includes changing the style of the brochure and how it effects the cost of printing, this could cause a delay in the final production stage. Another consideration would be if KRAN rf could not publish the brochure, therefore I would need to think of a new budgeting strategy.

Risks can also be formulated using condition and consequence (Dobson, 2015). For instance, a conditional risk could be that the product is never distributed and therefore, the consequence is that the product is unsuccessful. The conditional risk here has many factors which can also be broken down. One factor for the product not being published could be budgeting changes in the organisation or the product not being finished on time. Therefore, by identifying the smaller factors of the larger risk, the project manager can oversee the risks before they happen.

5 ETHICAL CONSIDERATIONS

When using human resources to collect data an understanding must be made that the person is willing to participate and can leave the process at any time. In addition to this, participants receiving the survey will be health and social professionals meaning no minors will be used for this project.

All the participants must understand that the data collected will be published to the public. Although, none of the information received can be traced back to an individual thus keeping within the Data Protection Act (1050/2018). Only service organisation names or business titles will be mentioned in the product not individual professionals. Participants receiving the survey must fully understand what will be published and who will see the information. Concluding that, a clear email must be made explain the purpose of the thesis product. Another aspect is the copy right act legislation which intitles the rights to the owners, to ensure safe practices I will use the Diaconia provided consent form when sending out the survey (The Rectors' Conference of Finnish Universities of Applied Sciences Arene, 2019).

As the thesis process is a key part of the degree qualification it is important that the subject matter reflects on the previous learning assignments and fits to the degree subject. As the product and thesis will be published, the student must ensure that none of the work is plagiarised and is aware that the work will be checked for plagiarism (The Rectors' Conference of Finnish Universities of Applied Sciences Arene, 2019). Moreover, to ensure ethical practices with data it must never be tampered with or changed to fit the outcome of the students or working life partners wishes (Ammattikorkeakoulujen Rehtorineuvosto Arene ry, 2018).

5.1 Consent Forms

For the data collection process, a consent form will need to be signed in order to use the data. A consent form template provided Diaconia was used, although amendments were made to fit the purpose of this project. For the consent form, I wanted the participants to understand that their participation is voluntary, and they have the right to revoke their participation at any stage of the process. In addition, an amendment was made about using information found online about the organisation if English language was used. This was to help further my knowledge on the organisation and use information that could be relevant for the brochure. A copy of the consent form has been added to appendix 2, to which my signature and student number have been removed for confidentiality purposes.

5.2 Permits and Data storage

Before the thesis process can start, the cooperation agreement for thesis form must be signed by the working life partner, student and Diaconia thesis supervisor. Originally, a paper copy was made so all members could sign the form. Once being signed a digital copy was sent to KRAN rf. The original paper copy is stored away and will be destroyed after publication.

All data and consent forms will be stored on a password protected computer, although PC storage can cause some ethical issues. According to Oliver (2010) using ICT is a desirable and useful trend to store data, although the researcher should be aware of who may have access to it. Therefore, all data should be secured with passwords to prohibit the use of a third party and all software used must comply with basic ethical principles. Concluding that, all data storage and data collection methods are checked to fit within the ethical principles Oliver (2010).

5.3 Confidentiality

Once the thesis has been published all the files must be deleted and removed from the storage bin. All data collected will be destroyed after the thesis process to ensure confidentiality. When sending the survey and consent forms all participants were informed that no personal data would be published. Participants were also advised not to put any private or personal information on the survey. Regarding this, one responding participant had provided an email address which included their name. Although, the consent form had been signed, I felt obligated not to use this email address in the product. Finally, when sending out emails with attachments, checking to make sure the correct files are being used.

6 PRODUCT PROCESS

This chapter will explain the process on how the product was created, exploring the creation of the survey, data collection process, content creation, changes in the content and design implementation.

6.1 Creating the Survey

As the brochure requires information, at the start of the project I created a survey with the stakeholder KRAN rf. A self-administered questionnaire was conducted. One method of a self-administrating questionnaire is the way in which the data is received and collected. According to Phillips, Aaron and Phillips (2013) email is a conclusive way to self-administer a survey as it is cost effective and much data can be collected. The key to writing a coherent survey is to receive clear responses, whilst the answers being measurable if needed. Such tools as specific, measurable, achievable, relevant and timebound or SMART can be implemented when creating a survey. The construction of the questions must be answerable and understandable to reflect in the answers given (Phillips et al., 2013).

When formulating the questions KRAN rf's workforce oversaw the survey construction as their knowledge of the service users is valuable. As the product is for KRAN rf's use the main stakeholder will be the executive director, in which all proceeds towards creating the brochure will be overseen by her. This is to ensure that the product has all the relevant information included and their needs have been met.

The survey style used for this project will be a self-administered questionnaire. Surveys are created to either solve a problem or resolve an issue. In the start of the process before making the questions, knowledge of the topic and background research is needed. Following from this, clear objectives must be set so that the researcher can understand what expected outcomes are given by the recipients (Phillips et al., 2013).

Firstly, I needed to identify what data would be needed to make the brochure successful and thinking like a service user helped me identify what data I should collect. Creating a mind map aided me to see what questions arose when looking for a service. After constructing the mind map, I understood that I would need to include the service details, for example the address and telephone number. In addition to the location, if they work in a local setting or a national one, as it helped me understand the scale of the organisation. The addition the organisation works with is also important, as many organisations work with several different addictions and some specialise in just one. Figure 3 is the first part of the mind map used.

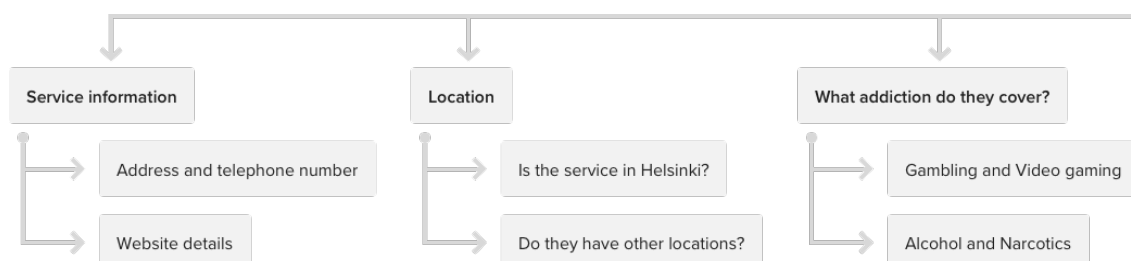


FIGURE 3. Mind Map Part 1

In continuation, I wanted to understand which sector the organisation belongs to, as this can affect the service user whether it be cost or how to join the service. Secondly the languages used by the service providers was also key, as part of the objective was to find English speaking services in Helsinki. Therefore, it was paramount to ask the professionals about the languages used. Not only to find primarily English-speaking services but to find non-English speaking services that could be suitable. As mentioned in the introduction the services must fit the brief, for example, work in the addictions covered in this thesis, be low-threshold services and be in Helsinki. Figure 4 shows this part of the mind map.

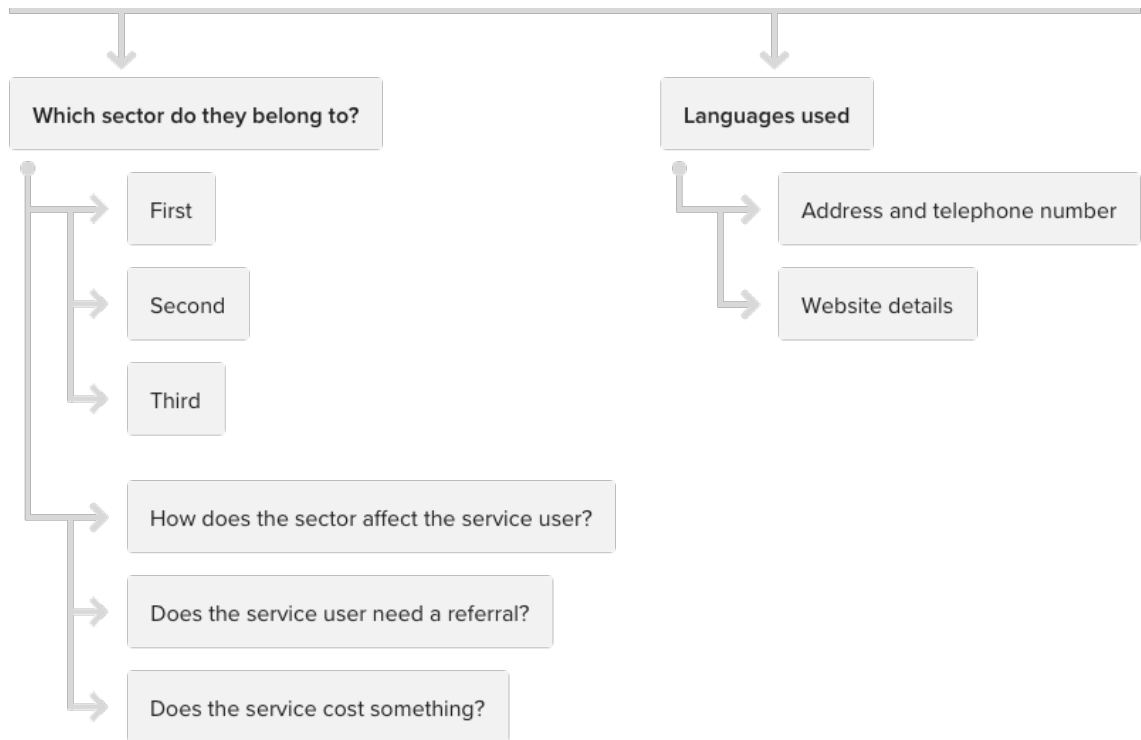


FIGURE 4. Mind Map Part 2

Finally, the last stages of the mind map were to continue with the objective of finding low-threshold services and peer support groups for addictions and finding out about current groups or specialist groups that could be useful to the reader. In the survey I asked the participants to list any low-threshold or peer support services, see appendix 1. Included in the survey were types of services organisations may have to help the reader understand what help they can receive. I used the most common types of services and left a space on the survey for the participants to add any additional services.

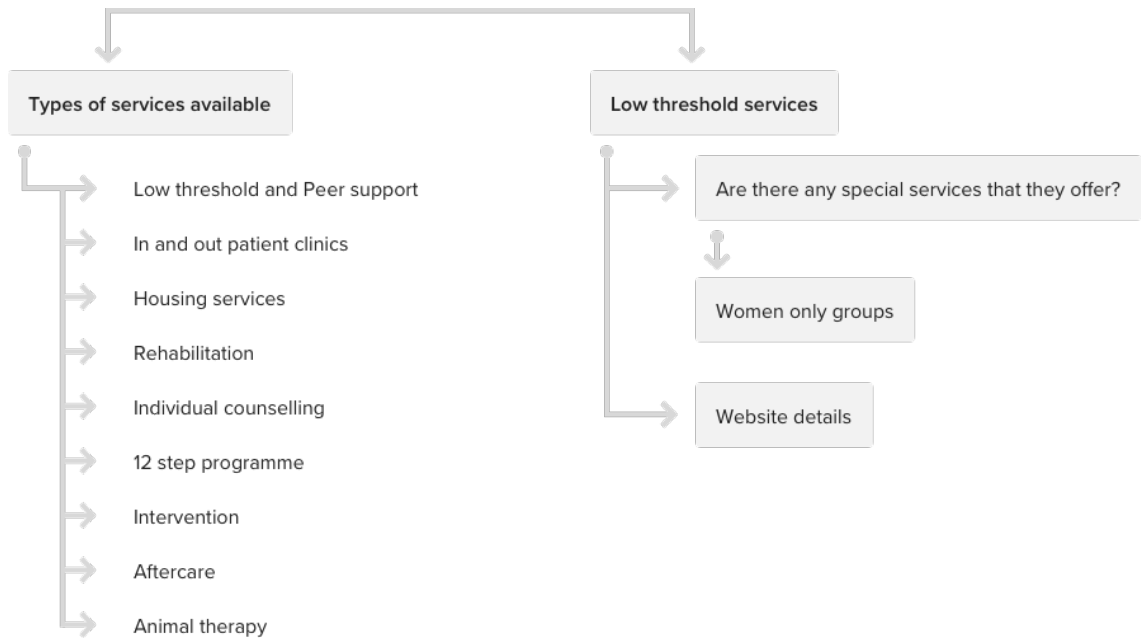


FIGURE 5. Mind Map Part 3

Once this had been constructed, I used this as a tool to assist with the question writing. Afterwards I constructed the questions on a word document and sent them to KRAN rf. Then the coordinator assisted me with the questions by giving me the Finnish translations of the services, so the participants could have a better understanding of the survey. After that, I then proceeded to create the survey using Google forms. A copy of the survey can be found under appendix 1.

6.2 Data Collection Process

At the start of data collection, I worked together with KRAN rf to create an email draft which would explain why I was contacting the participants. The email had to include the purpose of the thesis, why the data was being collected, what information would be used and the clear instructions on how to participate. Furthermore, the link to the survey was included and the consent form was attached. Participants were reminded not to publish personal or private information and that participation is voluntary along with the right to revoke participation at any given time.

Following this, I constructed an Excel Sheet in collaboration with KRAN rf. The Excel sheet was used by both parties to add names of organisations and contact persons to whom would be contacted. The sheet was used to keep track of who had responded and if the consent forms had been signed. The first batch of emails was sent around the end of June to which, only three people replied. After contacting KRAN rf I was made aware that many people were on holiday and that most people would be expected back to work around the beginning of August. Therefore, the emails were later sent again to which an extension for the data collection was added. In the first set of emails the deadline for the survey was the 13.7.2020, for the reminder or resent emails, the date was amended to 14.9.2020.

TABLE 3. Data collection process

Start date	Task	Deadline	Status
01.06.2020	Excel sheet: Formatted and shared with KRAN rf.	0.6.06.2020	completed
01.06.2020	Create email template and get approval from KRAN rf.	20.06.2020	completed
03.06.2020	Create consent forms.	03.06.2020	completed
10.6.2020	Receive Finnish translations for the survey.	10.06.2020	completed
22.06.2020	First emails set to the professionals.	22.06.2020	completed
23.06.2020	Contacting people who have filled in the survey but have not signed the consent form.	18.09.2020	Completed as deadline for all consent forms was the 18.09.2020.
12.07.2020	Find additional professionals to contact. (second batch)	10.08.2020	completed
11.08.2020	Reminders send with amendments to the deadline of completion.	11.08.2020	completed
11.08.2020	Send survey to the second batch of professionals.	11.08.2020	completed
31.8.2020	Reminders via telephone or email	10.9.2020	completed
14.9.2020	Deadline for data collection	14.09.2020	completed
22.06.2020	Deadline for consent forms	18.09.2020	completed

Above is a table which explains the data collect process more clearly. This information on table 3 was firstly formulated on Asana, but this table was constructed for the thesis as it has a clearer overview of the listed tasks.

6.3 Content Creation

The first stage of the content creation was to write about KRAN rf. To create this content, I took information from the website and translated it into English. When using translations there can be room for error which creates illegible text. Therefore, I wished to create a more precise and understandable text in English language. After creating a draft with a few variations, it was sent to KRAN rf for their approval.

Due to the nature of the complex wording used in the brochure a description was added to aid the reader, as not all people reading the brochure will understand what is meant by the service type. A short description was added to explain what the service is and what it does. These descriptions were aided by Roget & Fisher (2009) for the explanations about in and outpatient clinics along with rehabilitation. Low-threshold and peer support explanations were aided by the background for this thesis and individual counselling and housing services were based of the creator's knowledge. These descriptions were then sent to KRAN rf for approval. In addition to this, a description was added about what sector the services belong to and their definition. The purpose behind this was to help the reader understand how they would join the service along with what the service may cost.

After receiving the first survey replies and consent forms, I started to formulate the text by taking the key parts of the information and constructing it on a Word document. After which, I moved the text around to see what order would be best for the reader. All the information was used that was provided by the survey unless it broke the ethical protocols. Some of the text had to be re-worded so that it was comprehensible, nevertheless most of the text was satisfactory. In addition to the wording, addiction was not used as way of describing what type of addiction the service covered. The word dependency was used because it does not imply what stage of the recovery process a person is in. As I do not have direct contact with the readers, I cannot assume which stage of the recovery process they are in and what services would benefit them.

For the content, a final deadline for the consent forms had been created. The 18th of September was chosen as it allowed time for the information to be written up and added to the product. In continuation, the final product was handed to KRAN by the 28th September 2020 as mentioned before. The reason for allowing time to receive the consent forms is due to the participants forgetting to sign them once they have completed the survey.

6.4 Changes in the Content

During the implementation stage, some changes happened that effected the content of the brochure. As mentioned before, this brochure was specifically for addiction-based services in Helsinki. While searching for services online in English, The Finnish Association of Mental Health or Mieli was recommended. With this search I was then redirected to a page called Addiction Problems (n, d.). Therefore, contact was made to them about being part of the brochure, to which they completed the survey but informed me that Mieli does not have specific services for addictions in English language, as it would have been informed on the survey. Although a crisis helpline was recommended by the representative which is conducted in English language.

After receiving this information, a decision was made to use Mieli's participation because many people who use substances are often diagnosed with a mental health disorder (National Institute on Drug Abuse, 2020). In addition, substance abuse can lead to changes in the brain and therefore, a person is higher risk for obtaining a mental disorder (National Institute on Drug Abuse, 2020). When taking that into consideration mental health support for people with addictions is greatly needed.

The second change that occurred during the implementation phase resulted in a loss of participation. One organisation had completed the survey but had yet to consent. After contacting them about signing the consent form, they voided their participation, more about this in the evaluation part.

6.5 Design Implementation

As discussed with KRAN rf a z-fold brochure would be created. To start the process, I looked on Envato Elements which is an online database for graphic designers. This database has templates of brochures which can be downloaded and edited with Adobe Photoshop. After selecting two designs I started to incorporate my text and changing the visuals on the template. At the start of the project process, I was made aware of what KRAN rf prefer visually for their marketable content. This being the colour scheme incorporated in the logo and the colour pallet, in this case dark blue, white and black is commonly used. To make the brochure more dynamic the use of light blue was used to create accents.

Succeeding this, the z-fold design was later changed as the participation grew. The amount of information that was provided by the participants would not fit on the design. Therefore, a new bi-fold brochure style design had to be created. At this stage timing was an issue, so two designs could not be created. Although to allow KRAN rf control over the new design the front page and one of the content pages were sent to them for feedback. In continuation, as much of the time was used creating the previous designs, I needed to receive feedback on this design before continuing to create more pages.

Once the new design idea was approved by KRAN rf and I had received feedback on the first pages, I started to work on the final design. This process started again with finding a template on Envato Elements and working on it using Photoshop. Adjusting the colours to fit the stakeholders brief, as mentioned above. The use of KRAN rf's colour scheme was implemented to which, I had access to the colour codes needed for Photoshop. The use of font for the text had to be considered in the design. The most common factors that aid a designer to choose a font are; to think about the audience, who is the reader and what message are you trying to convey (Inkbot, 2020). As this is an informative brochure, with a serious subject matter a clear readable font needed to be used. For instance, in this case Roboto and Railway fonts were used as they belong to the sans-serif font family. These font types are considered to be more modern (Inkbot, 2020, para 13). In addition to being modern and commonly used, Roboto and Railway are easy to read.

Once the fonts had been selected, I copied the text that was formulated on the Word document onto the pages on Photoshop.

Next steps in the process was to find photos that would be suitable for the brochure. Envato Elements was also used in this stage because part of the subscription allows the user to have access to stock photos. Therefore, no licensing policies were broken by using these images, as they are permitted to be used for publication purposes. The images selected were of people in groups or peer support group settings. To which, different groups of people were used to promote inclusion. Below is one example of an image used in the product.



IMAGE 1. Example of Image used in the Final Product

To understand the design and creation process more clearly Figure 6 is a flow chart of the order of how I constructed the brochure. Starting from when the bi-fold brochure template was constructed to the final handover. A version of the brochure was sent to KRAN rf on the 10th of September 2020 as there was still time to receive a photo and quote from the executive director.

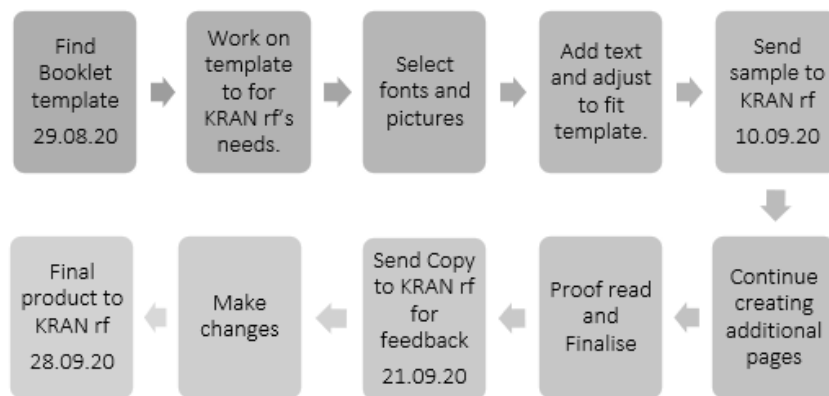


FIGURE 6. Process Chart for Brochure Creation

Lastly, the final product did include the photo and quote from the executive director. This was done to make the brochure feel more personal and for the reader to see a face behind the organisation. As the reader may contact KARAN rf it was important that the reader could have a better understanding of the organisation's motives and new directions, which was included in the quote by the executive director.

6.6 Final Implementation Stages

The final stages of the implementation went as followed. On the 14th of September 2020, the data collection process ended. To which, two participants had completed the survey but had not signed the consent forms. Therefore, in the final days after the data collection process I contacted those participants about their consent for the brochure. This will be explained in more detail in the evaluation chapter.

The product was handed to KARAN rf on 21st of September 2020 and the final product was sent on the 28th of September 2020. The reason for sending the product before the deadline was to ensure the quality and make the changes if needed. Furthermore, the feedback I received could then be used in the evaluation process. Figure 7 is a timeline of the tasks that were implemented in the final stages this process

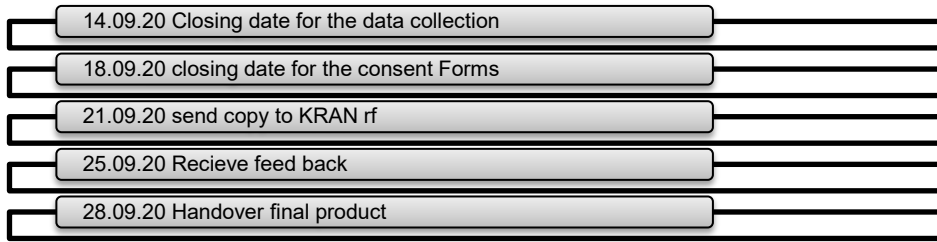


FIGURE 7. Final Deadlines for Implementation Phase

Additionally, there was a few issues with sending the product due to the size of the files and therefore, the official product was given to KRAN rf on the 2nd of October 2020. The files were stored on a private Google Drive where they could be downloaded by the workers at KRAN rf.

7 PRODUCT EVALUATION

A goal-based evaluation is a method used to analyse the outcomes of the project, by going through the process step by step to see if the overall goal of the project was successful. In continuation, the observations can help with future projects (Foster, 2020). The evaluation will show if the overall aim and goal for this thesis was achieved, while taking into consideration what challenges occurred throughout the process.

The purpose of this thesis was to create a product in the English language for addiction-based services in Helsinki. As the product has been handed over to KRAN rf, this was successful. Furthermore, the product must fully function by including all the relevant information mentioned in the background. This was achieved because all the responding participants included this information on the survey which was then published on the product. When measuring the information collected for the brochure, four of the five responses had low-threshold services. Additionally, all stated that some of the services would be suitable for an English speaker and two responses having services primarily in English.

The product had to include services from the four types of addictions mentioned in this thesis. Therefore, an evaluation was conducted on service providers addiction-based working fields. One type of addiction-based service was not included in the final product and that was video gaming addiction. Finding services in this field proved to be challenging as many of the providers given by KRAN rf were from their specialist field. Therefore, I had to conduct online research into finding the service providers to which I used English language. The results that were given were not substantial, as the results did not specify that the services were truly for video gaming addiction. A plan B was conducted to which I contacted general addiction-based services that have offices in Helsinki. Consequently, video gaming addiction was rarely disclosed on the websites, although other forms of addictions or behavioural disorders were listed. After compiling a list, contact was made to these services to which one responded to the survey. This participant listed video gaming addiction as one of their support criteria.

Once this data was received, the consent form had to be signed in order to publish the data. Consequently, the consent form was not signed. This part of the data collection was conducted at the later stages of the process and therefore, timing might have been an issue. The correct channels were constructed to receive the consent by emailing the participant, although the deadline for the consent forms was fast approaching.

Furthermore, when analysing the product, it does include relevant services where the reader can easily understand where the service is located and how to join. This was part of the objective made in the planning stages and therefore, control during the project ensured the outcome of the objective. The manager of the project should have effective control to ensure the most successful outcome. Furthermore, by controlling the project throughout the cycle ensures that the efforts made in the planning stage are not wasted (Martin et al, 2010, 273).

The overall goal of the product was to promote social inclusion for English speakers who need addiction-based services. The product's target audience are people with an addiction who often are stigmatized due to their addiction (Peters, 2015). Social inclusion as mentioned in the literature review is allowing all people to have access to services no matter their status or identity. Therefore, to create a product for people with an addiction in relation to how to find a service promotes social inclusion. Providing the product in a language that is not official language also promotes inclusion as mentioned in the literature review.

7.1 Evaluation of the Implementation

For the data collection process, contact was made with as many service providers as possible. This was achieved by using KRAN rf's knowledge and connections in the field of addiction-based work. Using this strength, 27 organisations were contacted throughout the data collection process, to which seven replied and five consented. Therefore, the overall success rate of the replies from the survey was roughly 26%. In reflection, of those who took the survey 80% of the participants

stated to have a low-threshold service in English or services that can be conducted in English.

The first challenge faced in the implementation phase was the change in software for the survey. As mentioned in the budget, survey monkey software was replaced by Google forms. The change happened because of budgeting and an understanding was made that a free alternative must have been available. Being able to problem solve and formulate alternative plans is key in project management (Dobson,2015). Fortunately, Google forms proved to be a good choice of software because it allowed for a secure way to collect and save data. Furthermore, the features it had proved to be useful when writing the content.

When changes occur in project management it is important to assess the impact it has on the overall outcome of the project and what other aspects it could affect in the process. Such variables like the budget, the amount of time used, the stakeholder's opinion and materials used must be considered when change arises (Harrin, 2019).

In relation to this project, one participant voided their participation which directly affected the product's outcome. This was due to the organisation not having regular services in English and not wanting to "cause harm" by advertising their services to English speakers. Due to the large scale of the organisation they were not confident in saying that all the staff members could assist a person in English language. Therefore, this did affect the brochures' success because of the organisation's relevance in the field of addiction-based work. Although ethically, I was able to understand why this happened and this risk had been considered before starting the project. When this happened, it was important to inform KRAN rf as this was going to affect the quantity of services used for the product. Additionally, the project manager must be able to present the change to the stakeholders and be able to recommend how to proceed (Harrin, 2019).

Finally, the other change that occurred when implementing the content was whether to include the mental health-based service in the brochure. As the service mentioned in this brochure (helpline) was not specifically for addictions a

SWOT analysis was conducted before contacting the stakeholder. The background research into mental health and addictions proved that the service could be relevant to the reader. Additionally, this service had public information about addictions in English which can later be accessed by the reader. In connection to this, the service provider included public information about all four addictions mentioned in this thesis. In general, the provider had additional information about how to receive help for an addiction in English language. Lastly, one threat that had to be considered was the stakeholder's opinion on the participation. Furthermore, once a clear SWOT analysis had been created, a conversation with KRAN rf was conducted, to which resolved the service provider's participation.

7.2 Evaluation of the Design

In the planning stages of the product an agreement was made with KRAN rf that two designs would be created. The purpose of creating two designs was to allow KRAN rf more control over the design and overall look of the brochure. For the original idea, a z-fold brochure would be created, but due to the large amount of text the format had to be re-evaluated. Therefore, the 2-fold brochure style was created.

This new format had to be approved by KRAN rf for several reasons. One being that if the original z-fold format were to be used, not all the information could be published. This would then place a risk on completing the overall goal, as I wanted to create a product with more detail descriptions about services in Helsinki. The other reason being, that the printing cost would increase, and this needed to be authorised by KRAN rf. Nevertheless, KRAN rf were happy to accept the new design although if they were not, a discussion about next steps would have been planned.

The plan B for this stage would have been to use the z-fold design, but not include as much information. KRAN rf would need to be aware of this as it directly affects the objectives for the product, if more professionals participated in the survey, I may have had to close the data collection process. The reason being, myself and

KRAN rf would need to decide which organisations would make it into the product. Therefore, what I have learnt from this experience is to do more background research on the resources used. In this case, at the start of the project, I pitched to KRAN rf a z-fold brochure, without having a full understanding on how to use Photoshop. After this process I have learnt more skills using Photoshop, although not related to the field of social work, my professional skills in this field have strengthen.

Due to the resources being used for the project differing from the initial budget, below is a table which shows the official costs to design the product. Table 4 shows the official budget for the brochure. Note, that these costs had already been paid by myself and no invoice was sent to KRAN rf for the purpose of using these resources.

TABLE 4. Official Budgeting Report

Tools used to create Brochure.	Why is it needed?	Cost
Adobe Photoshop:	Is the software that create a professional product. Allows to make design changes to suite the working life partner.	300E for a yearly subscription.
Envato Elements:	The database has templates, fonts and pictures which are needed in this product.	350E for a yearly subscription.

As mentioned before Envato Elements and Adobe Photoshop were the key tools to create the brochure. Adobe Photoshop is used to create a professional product and Envato Elements is databased used by graphic designers. Envato Elements aids the designer into finding stock photos that match the brief and help make the product look more appealing. In addition, the templates were proven to be useful when starting the product as it cuts the time spent in the creating phase. For instance, the paper size and margins are already constructed.

7.3 Closing Out

During the preliminary stage, a copy of the thesis was sent to KRAN rf for their feedback. The feedback received at this time was to clarify the details of the services which KRAN rf offer. First being that the services available for family members of a person with an addiction should be mentioned along with details of the languages used in the organisation. Therefore, as this thesis was about publishing services in a language that is not an official language of Finland it was important to mention that KRAN rf have services in Russian language in the Helsinki district.

The closeout was the final step of the product process, which contains several steps to achieve a successful closeout. Although, for the purpose of this project the only necessary steps are the transfer, administrative closure and lessons learnt (Dobson, 2015). In this case the transfer was to hand over the final product which was done in October 2020. Next was the administrative closure which was to notify KRAN rf that the project has been completed. The final step of the closeout included starting all ethical procedures as mentioned in chapter 5 along with conducting a self-evaluation or lessons learnt as mentioned by Dobson (2015).

8 CONCLUSION

This final chapter will explore how this product could be further developed into other fields of social work while summarising professional development skills and recommendations for the future.

8.1 Future Product Development

When researching for this project, the background on existing products was vital to ensure that the product was needed. This product being for addictions could be transformed into many variations of the product, meaning the target service users and the language used could be interchangeable. The use of different languages could be researched by looking at what other non-native languages are commonly used in Greater Helsinki. According to statistics Finland, the migration into Finland grew by one third in 2019 from the previous year. In addition to this the same article states that “foreign-language speakers accounted for 71 per cent of total net migration in Greater Helsinki” (Statistics Finland, 2020, para 1).

If the product is incorporating into other languages, some considerations would need to be thought about. Will service providers have services suitable in these languages or will the product only include native speaking services? As reflected in the evaluation, this product only included services that did have the ability to provide support for an English speaker. Therefore, a background check into services would need to be conducted. To be able to collect the information about the languages used in the services before creating the product would be useful. Then the product’s value would already be assessed. As a recommendation, this process could have been conducted before starting this project as it would have resolved several challenges and ethical problems. For instance, it would have helped with the design part, if I would have fully understood the scale of the brochure. Although collecting the information about languages would have required more time and correspondence with the participants, it might have resulted in less time wasting in other parts of the process.

In addition to language, other service users could be considered. For instance, this product could be made into a brochure for other service providers for vulnerable groups. As a recommendation when working to creating future products, the collaboration with a stakeholder is necessary, meaning that the development of the product should be in collaboration with a stakeholder that is an expert in their field. In this case, KRAN rf have experience and ties to the field of substance abuse, alcohol addiction and gambling addictions, which made collecting the data more efficient.

8.2 Professional Development

The professional development can be the skills in which a person develops throughout a learning process. In addition, the approaches on how tasks should be conducted is also part of the professional development. When tasks have been implemented, an evaluation can be done to see if the best possible approach was taken. In this case, looking back on how the data collection process was implemented or the design of the product, it can be used to assess professional development.

Furthermore, one skill that progressed throughout the process was time management. This skill was constantly developing as many parts of the implementation had strict deadlines. By planning in advance and using tools to help this process, I was able to see clearly when and how tasks should be completed. When working alone on a project I understood the relevance of the working life partner and how they assisted me into achieving the most successful product.

Throughout the implementation phase more could have been done to receive answers for the survey. Participants could have been contacted by telephone in the middle stages of the data collection process. This was not done at this time due to language difficulties. In this case, I was able to understand that my skills in this area were lacking. Being able to summarise the key points and clarify that the recipient understands them are important parts of being able to communicate on the telephone (Ellis, 2002). Although at the final stages of the implementation,

telephone calls were made to participants who had filled in the survey but had not consented. By using the key points made by Ellis (2002) I was able to plan beforehand and practice this professional skill. By planning the key points, I was then able to get my point across more clearly resulting in a more fluid conversation. This skill is important when working in any field, being able to communicate is vital when working with people. In conclusion after implementing this product, I can reflect on how this skill limited the results while accepting to make a change in later stages.

8.3 Recommendations

As a recommendation, the time frame should be carefully assessed before the implementation. One risk that was accounted for was not receiving the data on time. However, the consideration of the time in which the surveys were sent should have been evaluated. As the surveys were originally sent in June with a deadline for July this was not sustainable as summertime is a common time for people to take vacations. Therefore, the risk management process should have been conducted more thoroughly at this stage. The process quality control as the name suggests is the improvement of how tasks are performed. Improvements on how tasks are performed are visible throughout the project and can be evaluated at the end (Dobson, 2015).

A further recommendation would be to ensure an extensive literature review and background research into similar products. The importance of understanding the terms used in the brochure was key, as I do not have direct experience in working with addictions. Additionally, with the experience in studying social services, I have become familiar with the terms such as low-threshold and what social sectors initial. Therefore, being able to step outside of the professional background and try to understand the reader is needed when creating a product for the public.

Furthermore, once the product is printed it will be accessible to the service users at KRAN rf. This product will be available at KRAN rf offices and hopefully will reach the target market. In continuation it would be ideal if the product could be

published online either on the KRAN rf website or social media sites. Although, KRAN rf do not have any other marketable material online, this could be added in the future along with other products. The possibility to have a section of the website with this product and similar products could benefit users when accessing the website.

Finally, as part of the goal I hope that this product can benefit someone in their time of need. With KRAN rf having strong ties to other non-governmental organisations the product will reach a larger audience and continue to provide support for future service users.

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doi:10.1073/pnas.170507

APPENDIX 1. Survey Used For Data Collection

Section 1 of 3

Information Collection for a Student Thesis Project on Helsinki's Addiction Based Services.

This survey is for data collection about addiction based services in Helsinki. The brochure will mainly focus on low threshold and support services in Helsinki.
The brochure will be published in English language by KRAN ry in 2020.
Please do not provide any personal or private information.

Email address *

Valid email address

This form is collecting email addresses. [Change settings](#)

Please provide the name of the organisation.

Short-answer text

Please provide the address.

Long-answer text

Please provide the general telephone number.

Short-answer text

Please Provide the general email address

Short-answer text

Please provide a link to your website.

Short-answer text



Which sector does the organisation belong to?

- First
 - Second
 - Third
-

Which languages do you conduct your services in?

- Finnish
 - Swedish
 - Other...
-

What addiction services are the organisation's main focus?

- Narcotics
 - Alcohol
 - Gambling
 - Video gaming
 - Other...
-

What type of services do you provide?

- Vertaistuki (Peer Support)
 - Matalan kynnyksen palvelut (Low threshold)
 - Avohoito (Outpatient Clinic)
 - Laitoshoito (Inpatient Clinic)
 - Asumispalvelut (Housing Services)
 - Kuntoutus (Rehabilitation)
 - Yksilöterapia (Individual counselling)
 - 12 step program
 - Intervention
 - Aftercare
 - Animal therapy
 - Other...
-

How does a service user join a service?

- By telephone
 - By email
 - Personal meeting with someone at the organisation.
 - Must have a referral
 - walk in on the day
 - Other...
-

Must the person be sober or abstinent to use the services?

Short-answer text

The next questions will be based on low threshold services.



Description (optional)

Can you please specify any peer support groups that the organisation offers? Please include which addiction it covers, the location, when it takes place, the language used and how to join.

Long-answer text

Can you please specify any family support groups that the organisation offers? Please include which addiction it covers, the location, when it takes place, the language used and how to join.

Long-answer text

If the organisation has any other services that may be essential for someone in the recovery process, please provide the following information. A brief background on what it is and title. Which addiction it covers, the location, when it takes place, the language used and how to join.

Long-answer text

Does the organisation provide any specialised addiction based services? For example any women-only groups, youth groups, migrant based services?

Long-answer text

In the next questions, I will refer to an English speaker.



The meaning, in this case, refers to someone who has none or little knowledge of Finnish and or Swedish.

Does the organisation provide any services primarily for English speakers?

Yes

No

If "Yes" please specify; Name of the service and which addiction it covers. Also provide the location, when it takes place and how to join

Long-answer text

Are any of the Finnish or Swedish speaking services suitable for an English speaker?

Yes

No

If "Yes" please specify; Name of the service and which addiction it covers. Also provide the location, when it takes place and how to join

Long-answer text

If you have any comments or additional information please use the comment box below.

Long-answer text

Thank you for completing this survey. Please remember to sign the consent form and email it back to amber-leigh.sinisalo@student.diak.fi

APPENDIX 2. Consent Form



Written consent to use information provided by survey for study thesis project.

Name of Thesis: Lowthreshold Support Services for Addictions

Student Name and Student Number: Amber-leigh Sinisalo

Student Signature:

The results will be published in the product created by the student which will be published and printed by KRAN ry. In addition the process will be published in the students bachelor thesis. To also allow permission to use information found online in English language (if applicable).

I have been told about the purpose of the assignment and that the written material will be used in a thesis and product. I am aware that my participation is voluntary and can revoke my right to participation at anytime. I am also aware that my identity will remain known only to the student and personal details will not be disclosed.

Date:

Name:

Signature:

APPENDIX 3. Brochure Pages

THE SERVICES

This brochure is to help you find addiction-based services in Helsinki. The addiction-based services are for alcohol, narcotic and gambling addictions. In this brochure you can find what types of services are available and how to join them. The languages used by service providers have also been included.

To better understand this brochure, here are some explanations of the terms used.

Peer support

When people with similar experiences work together to support each other through the recovery process.

Low-threshold services

A service where the person does not need to fully stop the addiction. This type of service is inclusive for anyone who is concerned about an addiction.

Outpatient clinic

Treatment or care that does not require an overnight stay or hospitalisation.

Inpatient clinic

Treatment or care which is long term requiring hospitalisation.

Housing support services

Where an organisation can help a person find a place to live if facing homelessness.

Rehabilitation

A process used to treat an addiction which uses both medical and therapeutic methods.

Individual counselling

A one to one counselling session with a health care professional.

Public Sector

Service providers that are owned and funded by the municipalities.

Third Sector

Service providers that are non-profit and non-governmental.

ABOUT KRAN rf

Yrjönkatu 18 A, Third floor, Room 305
00120 Helsinki
Tel: 050 410 7001
Email: kran@kran.fi
www.kran.fi

Sector

Third sector

Working with

Alcohol, narcotic and gambling dependencies

KRAN rf is a non-governmental organisation that works in the field of addiction-based care. When established in 1982, KRAN's work in preventative and rehabilitation care was mainly focused on the Swedish-speaking population in Finland. Nowadays the organisation can offer services in three languages, Swedish, Finnish and English.

KRAN works with substance abusers and their families, to offer support and guidance throughout the recovery process. Our work is based on Christian values, which means equality and humanity are the cornerstones of our services. Finally, at KRAN we strive to raise awareness and reduce stigma about substance abuse.

SERVICES AT KRAN rf

KRAN rf has two service points in Helsinki, working with alcohol, narcotic and gambling dependencies. The services are low threshold, where experts-by-experience offer peer support. Both locations offer support in Swedish, Finnish and English. The location in Vuosaari also offers support in Russian. Appointments are made by texting the telephone number.

Kalasatama low threshold peer support

Opening hours: Tuesdays at 14-18 and Wednesdays at 12-16.

Kalasatama health station,
4th floor, room 4 A, 10,

Työpajankatu 14 A,
00099, Helsinki

To book an appointment send a text to 050 538 8552 with your name and contact details.

Vuosaari low threshold peer support

Opening hours: Mondays at 13-16.

Vuosaari health station,
6th floor,

Kahvikuja 3,
00980, Helsinki

To book an appointment send a text to 050 411 2319 with your name and contact details.



A-KLINIKKA OY

Ratamestarinkatu 7 A
00520 Helsinki
Tel: 0105065550
Email: asiakaspalvelu@a-klinikka.fi
www.a-klinikka.fi

Sector

Public sector

Working with

Alcohol and narcotic dependencies

How to join a service

Contacting by telephone or a referral through the municipal health care services. Note, depending on the service it may require a person to be sober.

Languages Used

Mostly in Finnish. Although there are no services primarily in English, some services can be conducted in Swedish and English.

Types of services provided

Peer support, low threshold support, inpatient and outpatient clinics, housing services and rehabilitation care. Digital services include online therapy and online appointments.

Low threshold support services

Many of the Inpatient and Outpatient services provide peer support groups. Additionally, peer support groups for the families are conducted in the same setting. More information about these groups can be found through the website or contacting the customer service telephone number (010 506 5550).

SUOMEN VALKONAUHALIITTO

Liisankatu 27 A 3
00170 Helsinki
Tel: 08091351268
www.suomenvalkonauhalitto.fi

Sector

Third sector

Working with

Alcohol dependency

How to join a service

Contacting by telephone or email. Additionally, you can arrange a personal meeting with someone at the organisation. Note that all persons using services provided by Suomen Valkonauhalitto must be sober.

Languages Used

Finnish, Swedish and English. Although there are no services primarily in English, some of the services provided in Finnish and Swedish are suitable for English speakers.

Types of services provided

Peer support, low threshold, individual counselling, group therapy, music therapy and art-based therapy.

Low threshold support services

Suomen Valkonauhalitto have many groups, including women only groups. More information about these groups can be found through the website.

