

# Study for the Icenii Project: can staff enable change with their interventions?

- Service users' and staff's points of view

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Study for the Icenii Project: can staff enable change with their interventions?  
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I did my thesis in February-April 2014 during three months in exchange in Eastern England, Ipswich. I did my thesis for a local project called "Icen Project." The project is meant for families where at least one family member is struggling with addiction problems and the idea is to comprehensively support the whole family. The Icen Project sees that the problem is not just the addiction; it is much more about the problems behind the addiction.

The idea of my thesis was to gather information about how well the staff members achieve change through their interventions with clients and how change happens within practice context. The information was gathered by interviewing both the project's staff and service users. Also I was trying to find some development ideas for the project.

My study was qualitative. I interviewed seven staff members and three service users who are nearly at end of the process of Icen's work. Before the interviews, I had opened social work with children and families, so that the framework where Icen Project operates will be more understandable. Also it was important to open the thesis' central terms: change, intervention and addiction.

In the end of my thesis, I compared staff members' and service users' views to each other and I made conclusions according to these views. After this, I interviewed three more staff members and tested the conclusions which I had found.

My thesis showed that intervention and change is possible with Icen Project's work methods from the staff members' and service users' points of view. Three main intervention methods in the project seemed to be: crisis intervention method, relationship based model and sharing awareness of service users' issues and values. Icen's methods were very unique and view-points were very client centric. The clients saw that the project's best part is that the service users are seen as they are and the staff is not criticizing them. According to the staff, it is important to give positive feedback to the service users and not be focused on the client's negative sides.

Development ideas were related most often to the ideas of how to broaden out the Icen Project's work. According to the interviews, the project's methods are very unique and workable, so it is necessary to broaden the Icen Project in some way. The discussions revealed that it could be broadened out even to other areas in the UK so it would reach all the potential clients. Also by doing this, interventions could possibly be made earlier. Some of the service users have trust issues and they feel that they need more time to build trust. Clients are now referred to the project often when they are already in a crisis situation, and there is no time because the work needs to be done immediately because the crisis demands this.

According to the interviews, Icen needs to develop their endings. Endings were seen as difficult and not happening very well. Development ideas were that the service users have to be empowered more and one needs to start discussing the endings earlier with the clients. Also it was seen that it would be important to give a copy of the action plan to the service users so they could follow their own path better and see what they have already reached.

Key words: addiction, change, crisis, intervention, relationships, awareness, qualitative

Inka Numminen

**Tutkimus Icenin-projektilla: voivatko työntekijät mahdollistaa muutoksen interventionsa avulla? Asiakkaiden ja henkilökunnan näkökulmia.**

Vuosi

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Toteutin opinnäytetyöni kansainvälisessä vaihdossa opintojeni aikana helmi-huhtikuussa 2014. Tein työni Icenin-projektilla Englannissa, Ipswichissa, paikalliseen projektiin nimeltä "Iceni Project". Projektin tarkoitus on perheille, joissa yhdellä tai useammalla perheenjäsenellä on jokin päihderiippuvuus. Projektin tarkoituksena on tukea kokonaisvaltaisesti perhettä perheen kaikissa ongelmissa. Projektin ideologiana on se, että ongelma ei ole vain päihderiippuvuus vaan kaikki ne ongelmat, jotka ovat johtaneet riippuvuuteen.

Opinnäytetyöni tarkoituksena oli tutkia miten muutos mahdollistetaan työntekijöiden intervention avulla ja miten muutos toteutuu projektin käytännön työssä. Tarkoitukseni oli tarkastella sekä Icenin-projektin henkilökunnan että asiakkaiden näkökulmia haastattelemalla osaa heistä. Tarkoituksena oli kerätä myös kehittämisehdotuksia Icenin-projektia varten.

Tutkimukseni oli kvalitatiivinen. Haastattelin teemahaastattelun avulla seitsemää projektin työntekijää ja kolmea asiakkuuden loppuvaiheessa olevaa asiakasta. Ennen haastatteluja olin avannut teorian avulla Englannin sosiaalityön viitekehystä lasten ja perheiden parissa, ja näin valottanut Icenin-projektin toimintaympäristöä. Lisäksi keskeistä oli avata opinnäytetyön keskeisiä käsitteitä: muutos, interventio ja riippuvuus.

Opinnäytetyöni lopussa vertasin henkilökunnan ja asiakkaiden näkökulmia toisiinsa ja muodostin vertailun avulla päätelmiä. Tämän vertailun jälkeen testasin saamiani päätelmiä haastattelemalla vielä kolmea työntekijää ja testasin saamieni päätelmien paikkaansa pitävyyttä.

Opinnäytetyöni osoitti, että henkilökunnan ja asiakkaiden mukaan Icenin-projektin työmuodoilla avulla voidaan mahdollistaa intervention kautta muutos. Keskeisimmät interventiokeinot olivat haastattelujen perusteella: kriisi-interventio, ihmissuhdemalli ja asiakkaiden tietoisuuden lisääminen heidän omista asioistaan ja arvoistaan. Sekä henkilökunta että asiakkaat puhuivat myönteisesti Icenin-projektia kohtaan. Projektin toimintakeinot nähtiin ainutlaatuisina ja hyvin asiakaskeskeisinä. Asiakkaat näkivät projektin parhaimpina puolina asiakkaiden kohtaamisen sellaisina kuin he ovat eikä heitä kritisoida. Henkilökunnan mukaan on tärkeää antaa asiakkaille positiivista palautetta eikä keskittyä negatiivisiin puoliin.

Kehittämisehdotuksia nostettiin esille etenkin projektin toiminnan laajentamista kohtaan. Koska projektin työkeinot nähtiin ainutlaatuisina toimivina keinoina, koettiin haastattelujen perusteella tärkeäksi laajentaa projektin toimintaa jopa muualle Iso-Britanniaan, jotta palvelu tavoittaisi kaikki potentiaaliset asiakkaat. Lisäksi interventio voitaisiin mahdollistaa aiemmin, mikäli projektin toiminta laajenisi. Osa asiakkaista kokee tarvitsevansa enemmän aikaa luottamuksen rakentamiseen henkilökuntaa kohtaan. Asiakkaat ohjautuvat nyt pitkälti kriisitilanteissa projektiin eikä aikaa tämän vuoksi ole, kriisitilanteissa tulee toimia nopeasti.

Haastatteluista nousi esille, että asiakkuuden lopettamisessa tarvitaan vielä paljon kehitettävää. Haastateltujen työntekijöiden mukaan asiakassuhteen päätyminen ei suju hyvin. Kehittämisehdotuksia nostettiin esille seuraavasti: asiakkaita tulee voimaannuttaa entistä enemmän tekemään itse asioitaan ja asiakkuuden päättymisestä tulee keskustella aiemmin asiakkaiden kanssa. Lisäksi asiakassuunnitelman kopio voitaisiin antaa asiakkaille, jotta he pystyisivät paremmin seuramaan omaa polkuansa ja nähdä, mitä he ovat jo saavuttaneet projektin aikana.

Avainsanat: riippuvuus, muutos, kriisi, interventio, ihmissuhteet, tietoisuus, laadullinen

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## 1 Introduction

The idea of my thesis is to find new information for the Icen Project. The project does not have any kind of researched data of what intervention methods are effective and how change happens in service users and which methods enable clients to change. These are the core objectives of the project. Icen needs this information so the project could be able to identify their methods which are effective and they could be able to focus on only these and develop them further. The project sees that their methods are working based on positive feedback from service users and authors, but they do not identify the practical methods which give the expected results in service users. The Icen Project believes that their methods are working but there is not much evidence of it. In addition, UK's social work system has turned more and more to evidence-based practice, and funders are waiting for written proof and all the project's actions need to be proved by evidence.

I am going to do my thesis during three months in exchange in Ipswich, a small town in the county of Suffolk in eastern England. I was really keen on going to exchange as a part of my study. I applied for exchange, because I want to develop my skills in English and I was also interested in doing my thesis there. I was keen on seeing social work in a different culture, and learn from it. Developing my skills in English will also help me in my work where I need English broadly when I am working, for example, with immigrants. In the future I am also interested in working with things more related to international affairs.

In the spring of 2013 I met Dr. Sue Hollinrake. She is the programme leader and the senior lecturer in social work at the University Campus of Suffolk. We had a discussion about my thesis. I offered to do my thesis in Ipswich, if Dr. Hollinrake knew some organization that would need a study to be done. I want to enhance working life in reality, not only in theory. In the summer of 2013 the Icen project offered me a study idea; the project wants information about what works within their practice and how well they achieve change through their interventions. Change and intervention are familiar words to me based on my work experience. I feel that I am struggling with the same issues as the Icen Project, although, in a different working environment. I am keen on the study because it is interesting and challenging, and I believe that it will benefit the project's work in the future. This kind of study has not been done there before, and this way the thesis has a significant novelty value.

My thesis is approved by UCS Ethics Board. The thesis has been divided into nine chapters. Second chapter aims to examine issues relating to social work with children and families in England, so that the framework within which the Icen Project operates will be more under-

standable. Chapter three will discuss the Icen Project's work methods, who the staff members are and what kind of service users they have.

The central terms; change, intervention and addiction will be studied in chapters four and five. In chapters four and five I will be examining theories from individuals' points of view. Although, the Icen project is focusing on family work, I will not interview the whole family. I will only be focusing on the key family member who has the addiction problem and examination will be done from an individual's point of view. That is why it is important to understand how one is able to enable change in an individual and what is the concept idea of intervention and change when studying an individual. It is also important to examine individuals' views and understand how addiction affects a single person. When I examine a theory like this, it will build a strong theory base which will support my thesis' results.

Chapter six will explore more of the concept idea of qualitative research. In chapter seven there will be a comparison of my results to Brynna Kroll's (2010) study results. Her research was done on drug-misusing parents and their children. This study was found after my interviews, and comparing our findings will work as a good tool. Chapter eight will reveal the conclusions of the thesis and the last chapter will be reflection.

Through the whole thesis, the issues will be examined from the service users' and staff members' points of view and those views will be compared to theory. In my thesis, I am using the parallel word "client" when I mean the Icen Project's service users. When talking about the project workers, I use the words "staff" and "staff members". When I am talking about the Icen project, I use the words "the project" and "Icen".



## 2 Social work in UK

The English central government ministries responsible for social services are the Departments of Health (DoH), which provide guidance and professional support to social services. However, DoH's main focus is health care and the National Health Services (NHS). (Payne & Shardlow 2002, 34, 42.) In the UK, the system is divided into two sectors: the statutory sector and the independent sector. The statutory sector refers to organisations which have been established by statute to deliver services to citizens. That includes both central and local government, the legal system, health care and education. The independent sector consists of voluntary agencies and private businesses. (Humphrey 2011, 7-8.)

According to Malcom Payne and Steven M. Shardlow (2002), the wealth of the country is unequally distributed with the per capita income of the south being on average greater than the northern part. That is, because a major source of the nation's wealth is derived from the financial services industry that centres upon the City of London. Payne and Shardlow (2002) say that this brings huge challenges also to social work: disparities of economic development across the country create highly localised economic and social conditions that pose as a challenge in social work. (Payne & Shardlow 2002, 31-32.)

In the UK, the private sector's authority has grown. According to Malcom Carey (2008), the private sector now dominates key sectors of social care, and it has also transformed the culture of state social work practice and many of the accepted beliefs and ideals of the social work profession. (Carey 2008, 918-919.) According to Parves Khan and Lena Dominelli (2010), various global transformations are leading to the privatization and individualization of 'risk'. (Khan & Dominelli 2010, 99). Malcom Carey (2008) sees that in the future privatization of state social work will continue. According to Carey (2008), the future of social and health care in the UK might be an American-style private insurance scheme. Malcom Carey says:

"Such an outcome would have serious consequences for any claims to 'welfare' for vulnerable children and adults, especially for people from poorer backgrounds"

(Carey 2008, 931.)

However, Ian Ferguson (2007) raises the question of whether the state should play a reduced role in the provision of services, and that individuals should take on greater responsibility for their own lives. (Ferguson 2007).

Also in the UK, social work direction has turned more and more to evidence-based practice. It basically means that social care practitioners need to base their work on evidence of "what works" and to "take responsibility for maintaining and improving knowledge and skills". More

attention was paid to the outcome of social care interventions, and also to effectiveness, which means the capacity of an intervention to deliver outcomes specified in advance. (Newman, Moseley, Tierney & Ellis 2005, 1-2.) Bill Jordan (2007) sees a risk in evidence-based practice:

.. "to return a justification of social work activity in terms of relationships and feeling seems to throw away hard-won gains in effectiveness, rigour and value-for-money. The past 15-years have seen a major shift towards evidence-based practice in the profession (and in health care too) along with a style of management which demands successful evidence before a project or priority is funded."

(Jordan 2007, vii.)

Since the 1970's child care services have come to focus on child protection, because children are seen as particularly vulnerable. A significant change for social work with children and families was the Children Act in 1989. This action tried to answer the problems in the current framework for social work with children and families. It was intended to be a response to a series of perceived difficulties in the provision of social work for children and families during the 1970's and 1980's. They raised the issue of damaging effects, for example, upon children not being placed with families, but being left in institutional forms of care. (Payne & Shardlow 2002, 34, 42, 53, 60.)

In 1998 the Secretary of State for Health set up goals, which were, for example, improving adoption services, clearing new national objectives for children's services and bringing up other service interests like the voluntary sector. There also arose a desire by Government to take a holistic approach to children in need, evidenced by policy statements. Also the need of understanding children's developmental needs, parenting capacity and family, and environmental factors increased. According to Malcom Payne and Steven M. Shardlow (2002), social work with children and families has become a media issue:

"Through this media attention and high exposure, the effectiveness of social work has been thrown into question, and has led to managerialist demands for compliance with performance indicators and evidence-based practice."

(Payne & Shardlow 2002, 42, 53, 56, 58-60.)

According to Caroline Humphrey (2011), work with children is always back and forth between prevention with protection (Humphrey 2011, 6).

Bill Jordan (2007) sees that value for money and choice has become a "new managerialism" in which professionals are required to demonstrate efficiency and effectiveness in service delivery. This undermines the Secretary of State for Health's goals. (Jordan 2007, 15.) That also pressures staff into delivering "more for less". (Humphrey 2011, 6). John Harris (2003) sees that these demands have an effect on social work's boundaries, working methods and relationships, operating procedures, accountability and culture (Harris 2003, 181). According to

Gillian Ruch (2010), lack of staff resources and growing demands of social work have a direct impact on relationships between staff members and service users. Social workers are under pressure: they need to fill service users' needs but at the same time they need to be effective and cope under a funder's demands. (Ruch 2010, 16-18.)

### 3 The Icen Project - what they do?

The Icen Project offers family work with a frame work where at least one family member is dealing with addiction problems: drug dependency and misuse problems. Their slogan is "Fighting addiction together", which explains from my point of view their mission very well. The project is focusing their work on the whole family and not only on individuals. They want to involve the whole family in the project's work. One big reason why they are involving the whole family is to cut the circle where the addiction problem is inherited from gender to gender. As Tuuli Pitkänen (2006) proves in her doctoral thesis, young people take drinking and smoking models from their parents and inherit parents' behavior (Pitkänen 2006). The Icen Project's idea is that with using an early intervention tactic, you can prevent problems from escalating and requiring statutory involvement. Increasing family bonding is also a major goal. (Icen Project 2013.)

On their web page, they say that the aims of their family services are:

- "To reduce social care interventions for these families and to prevent children from being taken into care.
- To work with other agencies to provide a single point of contact for families with addiction and associated problems.
- Reduce the financial cost to society by keeping families together.
- To empower and provide parents and carers the help they need to improve opportunities for children to fulfil their potential and ensure that children are given every chance to live a healthy, fulfilling and happy life."

(Icen Project 2013.)

The project's work is heavily associated with child protection social services. They have also many other networks, for example, social care services, children's centres, GP's (general practice), mental health teams, schools, Cafcas (Children and Family Court Advisory and Support Service), Criminal Justice System, police, housing providers, other drug agencies, Women's Aid and Self-referrals (Icen Project 2013.)

Icen Project offers comprehensive assistance: support, guidance, rehabilitation and awareness about addictions and misuse. These kind of troubles are usually related to other problems which show for example as other addictions, domestic violence and economic difficulties. They have lots of services to offer. They are filling up the care plan with families which

give directions to plan next steps with family members. In the care plan, they fill in the client's needs, what work methods they will be using.

The project offers a wide range of methods like, for example, therapy (couple and family therapy), counselling, parent support, anger management and acupuncture. According to Icen Project's statistics (2012), clients were receiving through the project: guidance and support (88 percent), ongoing general support (60 percent), structured one on one counselling (60 percent), couples counselling (5 percent), structured family therapy (15 percent), acupuncture (62 percent), other touch therapy (17 percent), interventions required a level of court work (12 percent), regular social service liaison (38 percent) and referring other agencies as part of action plans (14 percent) (Iceni Project statistics 2012).

The Icen Project uses a holistic approach. This means that they try to look at a person from a whole-of-life perspective. That includes, according to the Queensland Council of Social Service (2013), which I think has expressed it well: emotional support, education, work, recreation, health and mental health, finances, accommodation and housing, relationships (networks, community, family), culture and religion and also legal issues. Within the holistic approach, a service user's wellbeing is seen from a wide-ranging perspective including the client's social, emotional, physical and mental context. (Queensland council of social service 2013.) So the problem is not just the addiction, it is much more about the problems behind the addiction. The Icen Project's idea is to support the client entirely and to see the person as a whole. The project's idea is that, if you treat only the addiction, and not the other problems beneath the addiction, the client will probably start "using" again, because problems which led her or him "to use" at the beginning are still there.

Service users most likely have multiple issues where they need help. That is why it is important to recognize all these problems, and that is why it is important that there are many different workers helping one client from different points of view (Queensland council of social service 2013). As the Icen Project, they try to recognize all the service user's problems and needs, and the whole staff group helps one client, and the client does not have only one worker. In the project the whole staff is offering help for one client and that way they can also look into the client's situation from a different point of view. They only determine one key worker who is responsible for putting the client's service plan together with him or her, and who is the most responsible of the client's situation when needed to, for example, check-up the goals. The project also tries to look for someone who might be the most suitable to work with that certain client and with whom the "chemistry comes together".

### 3.1 Funding and the staff

The Iceni Project is a small organisation whose funding is based on donations. Some of the funding is coming from the government, but this is not significant “In from the cold - Rehabilitation charity thrives despite controversy over paying sex workers to keep them off the streets after the Ipswich murders”. The Iceni Project’s status increased positively during the time a serial killer struck in Ipswich. The Guardian notes the value of Iceni Project in Anita Pati’s (2008) article. (Pati 2008). In 2006 a serial killer murdered five prostitutes in an area of Ipswich. The Iceni Project was prominently involved by helping other prostitutes out of the street by offering shelter. According to the conversations with the project’s staff, the citizens of Ipswich valued the project’s efforts in helping at the time of the murders. Since then, citizens have begun to believe in the project by donating and supporting their work.

The Iceni Project started to work with new methods in April 2010 and they began to do only family work (Iceni Project 2013). It was based on loss of the statutory: the demand was to broaden the project’s work to a larger area in the UK which they were not able to do. Discussions in the Iceni project showed that this was not possible with the staff amount they had, according to the project. They see that if they would increase the number of clients, they would not be able to help as much as they can help them now: when you increase the number of clients that much you have less time for a single client. But financing needed to be secured so that the Iceni Project’s work could go on in some way. After that event, they changed their work methods and that way also the financing was secured.

According to their web page; loss of the statutory was a disappointment (Iceni Project 2013). However, the project saw this as an opportunity to work more tightly in the context of the whole family and also improve the working methods in relation to addictions. The project offers practical support; such as support and advocacy, social services liaison and crisis management; life skills; for example domestic violence awareness; addiction and health and nutrition; and family assessment; such as counselling and therapies. (Iceni Project 2013.)

The project works under the Criminal Justice System (CJS). In the UK, local authorities provide social services, but other national and local government provisions, for example the criminal justice, education, health care and housing, are closely connected as a provider of social services (Payne & Shardlow 2002, 34). The project is not working in the whole area of the United Kingdom, it works only in the area of Ipswich. They offer all their services under one roof. They have a wide range of services to offer and they have also a huge network for signposting service users forward. The staff are: project director, two managers (service and admin manager), two social workers, four therapists, sessional workers, non-permanent therapists and many volunteers (who for example run their café and work in reception).

### 3.2 Service users

The Icen Project now has approximately 170 clients. According to Icen Project's statistics (2012), genders of primary referrals were 25 percent males and 75 percent females. Majority of the service users' ages were between 31 to 41 years old (42 percent) or over (41-50 years old 21 percent and 51 and up 6 percent). Parental status was almost equal; single parent families were 56 percent while 44 percent lived with a partner. Number of children per family was usually one or two children, clients rarely have five or more children (5 percent). Ages of children vary: 0-5 years 31 percent, 6-10 years old 22 percent, 10-15 years old 24 percent and fifteen or plus 23 percent. (Icen Project statistics.)

The project offers help within the local community for families affected by addiction (Icen Project 2013). Basically any family can be Icen project's customer if one of their children is under sixteen and one of the family members has some kind of drug or alcohol addiction problem. Those are the only criteria. According to their web page, the families might be among the society's most vulnerable and socially excluded part. One of the project's goals is to help families achieve deeper participation in society and greater self-sufficiency and independence. (Icen Project 2013.)

It is totally voluntary to be a customer of Icen Project. However, Icen Project's policy is that treatment is not offered to anyone who does not give their consent to share drug test results. Basically the clienthood starts based on some authority, for example, school, health care or social worker's initiative by filling up a referral form and sending it to Icen. According to Icen Project's statistics (2012), social care referred clients the most (61 percent), children's centre's part was nine percent and others 30 percent (other including for example Criminal Justice and Health Care) (Icen Project statistics 2012). The family must be aware that the form has been sent to the project. After that; Icen contacts the family and invites them to a first meeting.

In the first meeting the referral form is looked through. In the next session "family assessment"-form is filled up with the family. That form is basically like a care plan, and in the form they write about the current situation and decide goals and plans and what work they are willing to take part in. It is important to fill up the interim form during some point of clienthood with the family and look through where they are now and where are they headed next. According to Steven Walker and Chris Becket (2011), family therapy offers a broad framework for intervention enabling the mapping of all the important elements affecting families as well as the method of working with those elements to effect beneficial change. The method offers key factors such as: giving a voice to everyone connected to an individual

problem, helping identify the quality of relationships, energizing family to find their own solutions. (Walker & Becket 2011, 22.)



#### 4 Change and intervention

What does change mean and what does it require so that intervention is possible? That is the kind of basic question that I wonder daily at my work. I work as a social care worker for the City of Helsinki. Sometimes you can see that change is really concrete and other times it is not so clear. In some clients change is tremendous, and in others it is only "baby steps". Basically in my experience change always has to start from the clients themselves before it is possible.

I cannot see that intervention has any use, if the service user is not ready to change his or her habits. It is interesting that in the Icen Project's forms they are asking the clients how difficult they see their addiction problems on a scale of one to twenty. In this way service users can express their point of view where they see themselves at the beginning of clienthood and it is a very good way for the workers to see where they are starting with the client. I feel that is a very important starting point. You know what the client is thinking and you know where to start with him or her. According to Steven Walker and Chris Becket (2011), every intervention should have a purpose which is identified clearly and openly and it should be a part of the agreement established with service users, other key individuals and professionals involved (Walker & Beckett 2011, 18).

Carlo C. DiClemente (2006) says that there are five steps towards change: precontemplation, contemplation, preparation, action and maintenance. With intervention you can help a person towards a changing process, but the person needs to do tasks and reach goals for themselves. In the first stage a person does not even consider change or those considerations are minor. It is important to first start increasing awareness of need for change. If the person sees his or her current pattern functional, change cannot happen. A goal in this stage should be the understanding for his or her behaviour and have them consider change for this behaviour. (DiClement 2006, 25-28.)

A second step is to consider the present situation and behaviour pattern and decide if a person in earnest is ready for a change. The person also needs to understand the costs and benefits of change. Third stage is to make a strategy plan how to reach that change. Fourth part is an action stage where it's needed to work actively towards change. The fourth stage is not just about going forward smoothly: a person needs to really want to work towards change and want that change to happen which requires also that the person evaluates his or her old patterns and behaviours. Fifth part is that the old pattern has changed to a new pattern of behaviour and lifestyle for the individual. (DiClement 2006, 27-33.) In my experience, social

worker's role is to be by the client's side and support him or her towards change. In the end, motivation and decisions are in his or her hands, and not the social worker's.

From my point of view, change means intrinsic motivation to cope with something new, and intervention is not possible without that motivation. According to Marylene Gagne and Edward L. Deci (2005) intrinsic motivation involves people doing an activity, because they find it interesting and derive spontaneous satisfaction from itself. Intrinsic motivation is reflected based on Gagne and Deci (2006) in different means for behaving, for example, identified and integrated reasons of motivation involve behaving because people personally value the behaviour and have totally accepted its meanings for their self-selected goals and their well-being. (Gagne & Deci 2005.) So from this point of view; behaviour also has a huge role in alteration work.

A large part of the alteration work is also the service user's involvement and engagement. These two things drive clients to, for example, take part in their documentary consultation or care provision. (Coulshed & Orme 2006, 74-75.) I see that this is kind of a common idea in social work, involving groups and individuals to take part of the work that affects them. Anyhow, I think these two words; involvement and engagement, are heavily related mainly in basic individual work.

The individual approach is associated with person-centred planning. According to Veronica Coulshed and Joan Orme (2006), there are some common enablers of and barriers to change, for example, a long and slow process of change was usually driven by the persistence of both users and managers to optimise the enablers of change and to overcome the barriers for change. Based on Coulshed and Orme (2006), the key enablers were, for example, a consistent commitment to user-centred user involvement and concentration to practical change. What was fragile in the work was that it was dependent on different things like individual commitment and availability of resources. As Veronica Coulshed and Joan Orme (2006) say, what worked was about building strong relationships between those in decision-making roles and those seeking to have more influence. (Coulshed & Orme 2006, 75-78.)

When looking from a higher point of view, this alteration work is not narrowed only to working with individuals. It has also an impact on society. In the tradition of social work, part of the idea for alteration work is not only individual- and family work but also in a change of the social advocacy. Social workers have two roles; they act as influencers and drivers of change in favour of customers and on the other hand in the direction of social debate. (Anis 2004, 79, 81.)

Why alteration work is not giving any results? One problem might be that service users behold their situations and lifestyles differently than their workers do and they do not see that an intervention is needed. Clients might think that they do not need any kind of help, and change is not necessary in their situation. When service users' workers begin working with them, it is hard to start a process anywhere if clients see that there is no need for change. What seems irrational activity or passivity to workers is logical to service users, and belongs in their lifestyles. (Vaihtohtoinen tarina 2007, 12-13.) Clients bring their own visions and expectations about transactions, services, benefits and ideas of helping and how to be helped (Jouttimäki, P, Kangas, S & Sauramo, E 2011).

One reason might be that behind all these are clients' feelings of failure and all the imagined plans that never happened. Should service users change or should workers change their working habits? (Vaihtohtoinen tarina 2007, 12-13.) However according to William Miller (2008) clients should never be defined through their problems like being labelled as an addict. It is not motivating, especially if the client does not see his or her behaviour as a problem. (Miller 2008, 23.)

If we look at the principle of utilitarianism, it does not say "whose good" we should promote. If two of the group are thinking that use of the drug does not promote health, but eight of them are thinking it is going to be better to their health if they used the drugs, what should we promote? Is change even needed if it does not promote majority's good? Should we listen to the minority which we social workers might think as a general good despite the factor that using drugs seems to be "general good" from the majority of service users' points of view? (Banks 2012, 51.) In this case, I feel that an intervention is not possible. However, if intervention work is started, there should be a really good idea of what the starting point is and as Carlo C. DiClemente (2006) says, awareness of people's behaviour is the key to understanding their current situation. (DiClement 2006, 25-28.)

So a client should be empowered in his or her process more and workers should listen more to his or her point of view. Although, user involvement rarely goes smoothly. A lack of resources, knowledge base, skills, understanding and support from the field are common obstacles. (Wilson, Ruch, Lumberg & Cooper 2011, 632.) As Krista Ryödi (2013) says, when interacting and encountering clients, social workers' professional skills, values and ethical competence are revealed (Ryödi 2013, 66-67).

Task centred practice is one intervention method which tries to empower clients: time limits and task reviews aid motivation and promote optimism. Service users define their problems themselves and this way it empowers them to work on those by themselves. Clients are in the dominating position in the process. Task centred practice is based on client agreement or ser-

vice user acceptance of a legal justification for action. It is a very structured model of practice, and it moves on block by block, in a way. The method aims to move from problem towards the goal, and it is based around tasks which are central to the process of change, and supports the strengths of the service user as much as possible. The process is time-limited. It tries to preserve clients' self-esteem and independence as much as it can. (Walker & Beckett 2011, 24.)

Psychodynamic practice might bring understanding to why people behave in destructive ways and why the behaviour is repeated. It is one tool to enable intervention. (Walker & Beckett 2011, 23.) The key idea is the notion of defence mechanisms which are a normal part of a functioning human being and serve to protect the individual from anxiety that he or she cannot handle. They include such things as, for example, regression, splitting and denial. (Brill & Levine 2005, 54.) It is a helpful way of assessing people who have difficulty expressing their emotions. The practice method can help evaluate the strong feelings aroused in particular work situations. The method can empower to experience, and understand themselves and to take more control over their own lives. This way the practice can make intervention possible, and steer people toward change. (Walker & Beckett 2011, 23.)

One way to start working with hard-to-reach clients might be a motivational interview. It is a way to increase a service user's interest to change harmful behaviour and habits. The method is client-oriented. It aims to increase an individual's intrinsic motivation to change by exploring and studying contradiction of problematic behaviour. The strength of this method is interaction which steers towards change, and it helps clients find their own resources. Motivational interview proceeds by open questions, summaries and encouraging feedback. (Päihdelinkki 2014.)

Crisis also enables intervention. Crisis intervention has become a practice with a theoretical base. It may offer a person the opportunity to make long-term changes. Intervention does not happen by choice, because it is a crisis situation. It is a time when a person finds themselves much more dependent on external sources of support than in other times in their life. In a way, it is a checking point in their life: can a person go back to old ways after the crisis or does a person need to change their lifestyle so that they can go on with their life after the crisis. (Walker, Becket 2001, 21-22.) As Juha Jokinen (2004) sees in his study, in this phase one needs to involve the rest of the family to the individual's work. An individual needs to understand also what expectations the rest of the family has towards an individual. If an individual has a family, the key is to discuss if they can carry on as a family after a crisis. (Jokinen 2004, 14-15.)

#### 4.1 “Theory of change”

Theory of change evolved from evaluation planning techniques. The method was designed as a helpful tool for planning complex interventions: it could give a more detailed causal model to explain why the intervention is working. (Kail & Lumley 2012, 3, 7.) Also this theory can be used as a good tool for the prevention of complex social problems (Andersson 2005, 1). With a theory of change, long-term change is more reachable (Vogel 2012, 14).

The method developed in the United States in the late 1990's and from there it migrated to the UK. (Vogel 2012, 9) Nowadays more and more different theories of change are used in the UK and also many funders are keen on seeing them (Kail & Lumley 2012, 3). According to Isabel Vogel (2012) the method is used worldwide in all kinds of work sectors, and not only in charities as Angela Kail and Tris Lumley (2012) say (Vogel 2012, 11 & Kail & Lumley 2012, 3). Theory of change can help charities to, for example refocus their goals and help to begin measuring their work's impact. The work should always go backwards: first thinking what you want to achieve and after that start pondering how are you going to obtain that goal. (Kail & Lumley 2012, 3, 7.)

Theory of change shows the work's path: first describe what change you want to make and steps that are required before the change can happen. For example it can involve five steps: identify a realistic and definite goal, work backwards from the goal to work out the intermediate outcomes, establish the links between the outcomes and their order by working out causes and effects. Finally work out which activities lead to which outcomes and identify what else is needed for the intervention to work. It reveals also the assumptions beneath reasoning and when it is possible, these assumptions are backed up by evidence. (Kail & Lumley 2012, 3-4.)

The model of theory of change can be simple or complex, depending on the context, the method used, and how complicated the intervention is. As many points of view should be gathered as possible so that the theory will be thorough and strong. One way to gather these perspectives is workshops involving, for example, trustees, management team, staff and stakeholders. (Kail & Lumley 2012, 4.) Another good thing is that when you are putting a team together, everyone can express their opinions and views, and after it all, the pathway and targets are clear for everyone who is involved (Andersson 2005, 9).

With that model you can also evaluate the work and understand outcomes. To ensure that an evaluation framework is successful, it has to measure the right things. A theory of change can identify outcomes, which need to be measured. Outcomes should always be realistic and a

theory of change can help focus on making concrete and defined aims and outcomes which can be measured. (Kail & Lumley 2012, 9.)

It is also important to understand how outcomes are connected, for example, can charities adapt their programs according to what works and what happens as a result of their activities. Sometimes the goals are long-term goals, so it is good to measure, for example, at the half-point where we are going now. As in for the funders, charities can show that they are halfway through and they are progressing towards the long-term goal. (Kail & Lumley 2012, 9.) Outcomes can be seen also on the pathway to change, and not only in the end of the process (Andersson 2005, 5). But are the funders and social workers advocating the same goals? If social workers are advocating well-being in their work as an outcome and funders are waiting quality as an outcome which does not always mean service user's well-being - how do the outcomes come together? Will those goals meet? (Jordan 2007, 141-143.) Also discussions in the Icen Project showed that workers think that funders are seeking different outcomes than they: workers are holding soft outcomes (for example well-being) and funders' expectations were hard outcomes (for example money).

## 5 Addiction

The United Kingdom Government's policy about drug-related penalties depend on the drug and the amount a person has in his possession, and if the person is also dealing or producing the drug. According to it, the most severe penalty can be an unlimited fine and life in prison. The penalty will depend on: the class and quantity of the drug, where the person and the drugs were found, personal history, other aggravating or mitigating factors and dealing or supplying drugs (sharing drugs is also illegal). The person can be charged with possession of an illegal substance if caught with drugs and even if they are not his or her own. (The United Kingdom Government 2014.)

According to conversations in the Icen Project, methadone is the most abundant drug which clients are using. However, according to Icen Project's statistics (2012), the majority of primary addictions were alcohol (38 percent), cannabis (34 percent) and heroin (13 percent) and majority of secondary addictions were cannabis (38 percent), alcohol (19 percent) and eating disorders (19 percent) (Icen Project statistics 2012). Drugs are categorized in three different classes: A, B, C. The most serious is class A and C is the least serious, but all are illegal. For example, methadone is class A, amphetamine class B and benzodiazepine class C. (The United Kingdom Government 2014.)

The UK's treatments for drug and alcohol problems are divided in two activities: general and specialist (Wilson, Ruch, Lumbery & Cooper 2011, 632). According to the NHS (2014) there are many services for drug and alcohol addicts, for example: local drug treatment services, replacement therapy (for example a heroin substitute such as methadone and buprenorphine), counselling, self-help groups, inpatient detox and residential rehab centres (NHS 2014). Central to the Government's strategy for fighting against drugs in England and Wales is The Drug Intervention Programme (DIP). The delivery of the DIPs at a local level is through Drug Action Teams (DATs) and they use the Criminal Justice Integrated Teams (CJITs). (Wilson, Ruch, Lumbery & Cooper 2011, 632.)

The Icen Project (2013) states that addiction is a persistent compulsive dependence on a behaviour or substance and may, for example, include substance or alcohol misuse, eating disorders and gambling (Strengthening families affected by addiction 2013). Anja Koski-Jännes (2008) raises Robert Weist's (2006) theory of addiction. According to it, one can define addiction as a long-lasting disruption of motivation system where an individual starts to unduly favour something immediately rewarding, but consequences lead to harmful behaviour (Koski-Jännes 2008, 7). According to Carlo C. DiClemente (2006), within the last twenty years the term "addiction" has expanded: it includes any substance use or reinforcing behaviour that

has an appetitive nature, has a compulsive and repetitive quality, is self-destructive and is experienced as difficult to modify or stop. (DiClemente 2006, 4).

The Public Health term for addiction can be found in the ICD-10 Classification of Diseases. According to it, drug and medicine addiction can be examined by using different criteria. These criteria are: strong craving or/and compulsive desire to use drugs, impaired ability to control the use, withdrawal syndrome reduction in the use, increased tolerance, use of drugs becomes the most important priority of life and using continues despite the disadvantages. If three or more of these criteria occur simultaneously in at least one month during the past twelve months or is repeated if the periods are shorter, it can be said that there is addiction. (Seppä, Aalto, Alho, Kiiänmaa 2012, 9.)

Päivi Ahtiala and Kaisa Ruohonen (1998) speak about positive and negative addiction. Positive addictions are those which support an individual's life management and well-being. This kind of addiction enables interactions and contributes to the ability to adapt to changes. Positive addiction includes the ability to make independent choices and take responsibility of those. Negative addiction can lead to suspension of their own well-being and in life threatening relationships, substances or affairs. (Ahtiala & Ruohonen 1998, 144.)

There are seven traditional models for understanding addictions. There are: social or environmental models, genetic or physiological models, personality or intrapsychic models, coping or social learning models, conditioning or reinforcement models, compulsive or excessive behaviour models and integrative biopsychosocial model. So based on these models reasons for addictions might be explained by: social influences, genetic (inherited from gender to gender), drugs being a symptom of a larger psychological problem, poor or inadequate coping mechanisms, multidetermined behaviours, compulsive behaviour or result of a confluence of factors. (DiClemente 2006, 6-18.)

According to Kate Wilson, Gillian Ruch, Mark Lumbery and Andrew Cooper (2011) drug problems are seen as essentially based in social and psychological issues. When using this approach, it is important to educate and empower the addict's behaviour by concentrating on the identification of triggers, help develop relapse prevention strategies and boost positive self-talk. It is believed that it is possible to intervene at any stage if the stage is properly identified. So that process of change can be a series of motivational stages. This approach relies on client choice and client responsibly: the client's need to take responsibility for his or her drug problem, and is not duty of the client's worker. (Wilson, Ruch, Lumbery & Cooper 2011, 625.)



### 5.1 What does addiction do to your health?

According to Findings from the 2012 to 2013 Crime Survey for England and Wales (2013), around 1 in 12 (8,2 percent) adults had taken an illicit drug in 2012. Drug use has decreased: in 2011 8,9 percent of adults took an illicit drug. However, drug use has increased among some of the drugs, for example, cannabis, LSD and magic mushrooms (Findings from the 2012 to 2013 Crime Survey for England and Wales 2013). According to Health and Social Care (2013), in 2011 61 percent of men and 72 percent of women had either drunk no alcohol during last week or had drunk within the recommended levels on the day they drank the most alcohol. There were 200 900 admissions where the primary diagnosis was attributable to the consumption of alcohol which is a one percent increase when comparing to year 2011. (Health and Social Care 2013.)

Woody Caan (1996) says that drug and alcohol use can contribute to neuropathology in five ways: direct damage to neurons from any single dose, non-specific damage associated with use, altered metabolism following short binges of heavy use, cumulative irreversible changes associated with chronic use and impaired fetal development after maternal use (Caan 1996, 56). There are a number of factors that influence how and to what extent alcohol affects including, for example: how much and how often a person drinks, the age at which he or she first began drinking and how long the drinking has been going on and family history of alcoholism (Alcohol's damaging effects on the brain 2004). The factors that influence how and to what extent drugs affect an individual are similar with effects of alcohol, but, according to Antti Holopainen (2007), personal tolerance is more significant when being a drug addict than an alcohol addict (Holopainen 2007).

Intoxication impairs a person's cognitive abilities such as reaction speed, alertness, memory and concentration. Also a sense of balance decreases. All the above-mentioned will increase the risk of accidents which may lead to non-specific damages associated with use. The long-standing use of alcohol can lead to, for example, brain cell death and dementia. As a result of alcohol abuse, the risk of other brain diseases increases, for example, ischemic stroke. When drinking alcohol, person's sympathetic nervous system activates which leads, for example, to an acceleration of the heart rate and blood pressure. This will increase the risk of heart disease and the damage to the heart muscle. Heavy use of alcohol damages the liver and can lead to liver diseases: fatty liver, alcohol hepatitis and cirrhosis of the liver. Strong alcoholic beverages can damage the mucous membranes throughout the upper gastrointestinal tract. Other risks of heavy drinking are pancreatitis, Gastro esophageal Reflux Disease, cancers (such as esophagus, colon and pancreas). Also heavy alcohol use and psychiatric symptoms are often related. Alcohol addicts suffer more than average of mood disorders, personality disorders, anxiety and psychotic symptoms. (Alkoholi ja terveys 2014.)

The health effects related to drug use depend on the narcotic drug but common factors are at least depression and loss of appetite. The long-standing use of amphetamine may lead to personality changes, paranoia, hallucinations and schizophrenia. The long-term use of heroin and opiates can cause physical impairments: damaged and clogged arteries, blood vessels and heart infections, abscesses as well as skin and soft tissue infections, liver and kidney damage, lung disease (pneumonia and tuberculosis), arthritis and rheumatism. LSD may lead to psychological consequences such as paranoia, chronic fearfulness, deep depression, mental disorders and flashbacks. LSD use can cause long-lasting psychoses, which can also occur in individuals with no prior history of psychiatric disorders. Consequences of using mushrooms are terror and the fear of death, confusion and anxiety, aggressiveness, nausea, restlessness, dizziness, palpitations, convulsions and muscle weakness. Cannabis' effects are anxiety and paranoia. Smoking cannabis can damage the respiratory tract. The mouth, pharynx and larynx cancer risk increases with cannabis smoke. The use of cannabis also increases heart rate and blood pressure, which exposes the cardiovascular complications as well as stroke. (Tietoa eri huumeista 2014.)

## 6 Survey

### 6.1 What and why

The idea for this thesis came from the Icen Project. They needed information about what works within their practice and how well they achieve change through their interventions. These two issues were set as the main research questions. The project would like to know the views of service users and staff. This thesis is written basically from an individual's point of view. The Icen Project is doing family work, but I am studying an individual's changing process. So in theory I try to understand how change happens from an individual's point of view and how addiction affects that individual and how hard it is to cut the circle of addiction. This was the main grounds for the study, and from this idea the thesis was developed further.

The idea is to interview both service users and staff and finally compare these two views with each other which will be the conclusions of the thesis. In the end, the idea is to also test these conclusions by interviewing some of the staff more. This way the project will get an extensive picture of their work when opinions are heard broadly.

The Icen project did have high expectations that their work methods are giving good results based on positive feedback from service users and authors, but the project workers were not able to identify these methods which are giving the expected results. The project needed answers what practice methods are working and how they can achieve change through their intervention so they could be able to focus on these methods and develop them further. Also there are rising expectations from funders to have more evidence-based practice which is somehow provable. UK's social work system has turned more and more into evidence-based practice. My thesis will also support these expectations when the project is able to identify their methods and they can study them further. Also it was important to gather development ideas wider which could benefit the project, for example what interviewees are expecting more from the project's activities and which things are not working.

This study topic is very important for the Icen Project because it brings practical and useful info to the project. When they get the information what practice methods work and what do not, they can develop their work further. With this study they can get the information how alike service users and the staff think about those things which have led to change and what has been the key element with the interventions.

Hopefully, the thesis will also confirm existing assumptions of how important the Icen Project's work is for the service users and gives a clear idea of why it is so remarkable for them.

The assumptions are very high based on all the positive feedback that the project has gotten from the clients for a long time. I feel that this way the Icení Project's work could be made even better when these reasons are known and understood. It will also be worthy to check development targets even though the feedback has been good.

## 6.2 Survey methods

The study is qualitative research. By using qualitative research method, one can get more in-depth answers than by using quantitative research way. In quantitative research you are identifying statistically significant relationships between variables, but in qualitative research you are looking more at the explanations and reasons beyond these variables. Quantitative analysis can of course give more macro level answers, because these methods are measuring a larger group. But quantitative research is just giving the numbers, and is not answering such questions as how and why this phenomenon is seen like this, for example, why people behave in a certain way. Qualitative research is focused on the micro level, and when looking at the numbers, the method does not bring answers in the big picture. (Barbour 2008, 11-13.)

Numbers and quantity are not the main point in qualitative research though. The main point is to focus on the qualitative side where a smaller group provides better answers. So the main thing in this method is not to attempt to gather numbers. It is important to be focused on a very small study group and analyse this group as profoundly as possible. (Eskola, Suoranta 1998, 18.) As Rosaline Barbour (2008) says, this way qualitative research can provide a fuller picture. (Barbour 2008, 11).

Two to three former service users and some of the staff are going to be interviewed individually. When I am doing individual interviews I will ensure that there is enough room for that person to speak. In a group, an individual's voice can disappear. According to Rosaline Barbour (2008), one-on-one interviews are maybe the most commonly used method in the qualitative research work method (Barbour 2008, 17, 119-120). The idea is very simple: when we want to know what a person is thinking, we ask that from her or him. That is the basic idea of interviews. (Tuomi & Sarajärvi 2013, 72.) The plan is to do theme interviews which are semi-structured interviews that proceed with pre-selected themes and explanatory questions related to the research's main and sub-questions. (Barbour 2008, 17, 119-120).

The idea is to do more open theme-interviews, just using topic headlines. According to Jouni Tuomi and Anneli Sarajärvi (2003), it is a matter of the taste of the researcher how an interview's frame is built (Tuomi & Sarajärvi 2003, 77). Also some questions will be written which support the interview situation further as Rosaline Barbour (2008) suggests (Barbour 2008, 17,

119-120). Interviews will be more open, because there has to be room for free conversation. I do not want to ask too direct questions because I do not want in any way to lead them in any direction. It is good to hear what they want to tell me, and I want the situation to be as open as possible and not too stiff. Theme interviews take into account the fact that people's interpretations of their issues are important and these meanings are created in interactive situations. These meanings of interpretations are seen as very central. (Hirsjärvi & Hurme 2001, 48.)

The risk might be that you get different kinds of answers from interviewees. But when these answers are related to topic questions, you can still combine answers together related to the topics. As Jari Eskola and Jaana Vastamäki (2010) say, it is important to go through the themes before an interview starts so the interviewee also knows the themes that are supposed to be gone through (Eskola & Vastamäki 2010, 28-29).

Every interview will be done in exactly the same order if possible. Also during interviews memos will be written while interviewing is going on. Immediately after the interview the recorded data will be listened back and written down word for word exactly how it was on the tape in the order of the topics.

### 6.3 Planning and execution

The idea was to first interview former service users and after that the staff. The idea changed a little bit in the first week when I started to work with Icen Project in February 2014. My thesis stayed as qualitative study and the key ideas stayed the same: "change" and "intervention" in practice context, but the interviewees changed a little bit. The wish was to get views from clients who are nearly at end of the process of the Icen Project's work and not the views of former service users. In the end of March, the thesis' idea deformed further, and the decision was that I also tested my conclusions from the research by interviewing three more staff members.

The project told me that from their point of view there might be seven possible interviewees, but the project's workers did not know if those clients were willing to take part in my study. From those seven, three service users were selected. I basically chose the clients who were willing to take part in my thesis. I decided that I am not going to interview directly the staff member who has been that service user's key worker. Instead I will interview staff generally. That way I could better protect the client's privacy. I was also wondering would the client answer me honestly if they knew that I'm going to ask the same things from the staff member. So I decided to do sort of a general look into what clients and staff are thinking about

the topics of change and intervention, and I did not look precisely into one service user's path and focus on one client's change.

Also I decided to interview seven staff members first so I could understand the system of the Icen Project better and how the staff understands the meaning of change and intervention and what are the key factors that motivate clients towards change. I thought that in this way I can get a better understanding of the project, and it is easier for me to compare the results in the end. After all I decided to interview seven permanent workers. I chose the staff members basically randomly, but I tried to select those who work almost daily at Icen so they have seen the everyday life of the project. In this way I could get more views and also a better understanding of the project's work.

I went to Ipswich the 1st of February 2014. During the first week I got to know about the project, and I wrote the project's key idea on paper. After that, the theme interview questions were modified further. The study changed a little bit, so the need was to also edit the questions based on that. During the second week staff interviews began. I did all the staff's interviews in one and a half weeks and after that I started to go through the material that I got from interviews with the staff. Parallel to that, the service users' interviews began. The clients came in and I was introduced to them. Then I talked with them individually about my thesis and I asked if they would be interested in taking part in my study. After that I booked appointments with them.

After staff members' and service users' interviews, I interviewed three more staff members. I chose interviewees randomly, this time I tried to choose workers from different backgrounds and work experiences so the perspective would be wider. I used the theme interview method, but I had written some direct questions to myself so I could test my conclusions better based on all the interviews. Although I had direct questions helping the interview process, the process still went theme by theme and I left room for free conversation according to that issue. The decision was that I would test those issues which had been unclear or the responses were divided. For example, is it reality that action plans are not checked as service users' had said or why the timing is seen differently from staff's and clients' points of view and how this could be taken more into account in the future. From all the interviews rose new themes that I did not think as a conclusion and I saw that a theme interview was a good method here to complement my conclusions. If I had asked only direct questions, I would not have all that information which I now got.

The approach is inductive: I try to create a theoretical body of the research material and I try to get a theoretical understanding of how well the staff members achieve change through their intervention with clients and what works in practice context. The process started by

going through the material by listening the recorded data and writing down word for word exactly what the interviewee had said in the order of the topics. This phase was slow, but it was a significant step in the process. In this way, it was easier to find similarities, differences, content and meaning from the data.

After that the research material was gone through by using content analyses and Timo Laine's analysis method was found very helpful, which Juoni Tuomi & Anneli Sarajärvi (2013) bring in their book as a good example. According to it, first I needed to decide what interests me in my research material. That decision needed to be final. After that I went through the material again, and I noted those things which were included in my interests, and took all these notes apart from the rest of the data. So other things, which were not included in my interests, I just basically left out. (Tuomi & Sarajärvi 2013, 91-92). I think that this stage was maybe the hardest part in my analyzing process, because I had so much material and I found it difficult to leave anything out. However, I decided to leave things which were discussed in interviews and left out those things which were not mentioned at all or were only mentioned passingly. For example, I saw it interesting that in the Icen Project's web page they are mentioning psychodynamic method as their key method, although, hardly no one mentioned this in interviews (Icen Project 2013). I was puzzled, because this should have been a big area of the results, but it was not.

When all the notes were gathered together, then I think came the easiest part of my analyzing process. The material was viewed by using a thematic approach. I saw that this was easy for me because I had done theme interviews, so the topics already existed: path of clienthood (start, middle point and end), encountering, support, care plan, key methods, time and timing, health issues, reliability and trust issues, motivation and development ideas. So notes were put under the right themes. In practice it is not so easy. You really need to be careful what things you are putting under one theme. There is the question of interpretation. The researcher is deciding which notes are going under that theme and which are not. So I needed to be really careful and view it very critically when I went through that process. (Tuomi & Sarajärvi 2013, 92-93.)

This process was done three times: first the staff's interviews were examined, after that the service users' interviews and in the end staff's interviews when testing the research conclusions. The process was exactly the same. Although, I felt that the last staff members' interviews were easier to view, because I had already done that process twice so it felt familiar to me.

When I had gathered results under the right themes and before writing conclusions; I modified the original themes again a little bit, which were: path of clienthood (start, middle point and

end), encountering, support, care plan, key methods, time and timing, health issues, reliability and trust issues, motivation and development ideas. Based on these new themes, I structure the results into my thesis. I combined and shortened the themes and I also used titles which I found from the interviews as key findings, and my new themes were: importance of relationship-based work, timing, boundaries and dependency issues, non-judgementality, managing difficulties, trust issues and towards change - motivation, key points and planning. Based on these new themes, I also structured my conclusions and these were a basis for the theme interview model which I used in the last interviews.

I see my material as very sensitive. When I went through both the staff and the service users' interviews, I felt that I needed to really think what I can write in my thesis, so that their identity was not revealed. There are not many people working in the Icen Project. There are 170 service users in the project, but because all the staff is working with every client and workers had chosen the clients to be interviewed themselves, I needed to be very careful what I was going to write so the clients would not be recognizable. So another good thing in thematising according to Juoni Tuomi and Anneli Sarajärvi (2013) is that you don't need to care about numbers, for example, write numerically how many people said they think change is possible (Tuomi & Sarajärvi, 93). I did not feel it necessary to write how many people said this and that, because I was thinking that is not going to bring useful information towards my research. And it might be sensitive if six staff members are saying yes and one is saying no, so would that stir disputes? I found it interesting to look generally at all the themes, and write a summary of these foundations of the interviews.

#### 6.4 Critical points

As a professional in social services, you have to respect the confidentiality of a client. You have to also protect the privacy of a customer. (Talentia 2012, 8.) In my thesis, there was a risk involved in keeping the service users' and also staff's anonymity. After a discussion with Dr. Sue Hollinrake, who was my supervisor in the UK, the decision was that direct quotes from the staff members and services users could be written. After seeing my interview materials, she realised that the results were very sensitive and it was very easy to discern the person from the material. So all direct quotes were left out. But still, it felt sad to leave some good and useful things out, because a few of those were really good. In the end, the decision was to edit the interview's point a little bit but not so much that the basic idea would change and use them like that. Dr. Hollinrake said that in this way you could be able to use the material, and not lose anything worthy. At the same time all interviewee identities would be safer than if I used direct quotes.



I saw an ethical risk in that the Icen Project had already decided these seven service users from whom I chose three of them. I needed to be very mindful of that and think a few things through. First is it ethically fine that the staff members I am going to interview are also choosing the service users to be interviewed as they may not be objective. Secondly should I think that they are choosing only good candidates and this way they could get good answers. Thirdly I wonder if the client will answer me as honestly as possible and will those answers be reliable, because they know that the staff are aware that they are going to take part in this study.

However, when you are dealing with hard-to-reach clients, it is good to know who are ready to take part in the study and who are not. Because the project has chosen the clients, they know that those clients are in that phase that they can participate in this study and they are able to tell their opinions. Some of the clients might not be ready to answer those questions, because their process is incomplete. I see that my thesis is coming to use in the work place, so I am just bringing the information to them. The duty is to be as objective as possible, think through the ethical issues, and produce as much information as I can.

I feel that my mind needs to be set as "tabula rasa" because assumptions based on feedback are so high towards the project's work. In a way, I have to start at the beginning and forget all the assumptions and feedback that I already know. I feel that I need to be as much an outsider as I can and not involve myself in the Icen Project's work and take a clear position as a researcher. I feel that it might also be a sensitive matter when I start to question their work and start to find the reasons why the project's work is unique and important for both, the service users and staff members based on feedback and how change and intervention happens in reality. That is why I am glad that I decided to do theme interviews and I have the possibility to discuss and correct misunderstandings immediately. As a researcher, my duty is to try to understand a phenomenon and that is why it is important to look at issues from all angles.

## 7 Results

### 7.1 Importance of relationship-based-work

Brynna Kroll (2010) says that if professional relationships between staff and hard-to-reach clients, like drug-misusing parents and their children, are built with care; it provides a basis for trust, engagement, disclosure, progress and change (Kroll 2010, 70). Anna Metteri (2012) writes in her doctoral thesis that raising confidence and developing a trust-based customer relationship are requirements for working, regardless of the client or client group one is working with (Metteri 2012, 228). In all the interviews with the staff and the service users the value of relationships between the service user and the staff were noticed in some way. One of the staff members said that building a relationship with a client feels almost as building a partnership with him or her. The staff members see relationships as basis of the work with customers as Brynna Kroll (2010) does too (Kroll 2010, 79-80). Without that, it is impossible to start work with a client. All the service users said that they have good relationships with the staff and they got the feeling that the staff really cares. In one of the interviews, a service user said that sometimes the chemistry does not work between a service user and a staff member. According to that, then it is important to change the key worker. However, all the service users said that they feel that the staff members are there for them and they genuinely want to help them.

According to Naomi I. Brill and Joanne Levine (2005), meaningful relationships can be the most important source of satisfaction and fulfilment in the total life experience, but they can also be destructive and a source of unhappiness. Good helping relationships should be, according to Brill and Levine (2005), transactional in nature and based on mutual trust and respect. And those relationships do not just happen, they require work from both client and worker. Brill and Levine (2005) see that these kinds of relationships are built in six stages: acceptance (acceptance of the individual's right for existence, importance and value), dynamic (both participate actively in the process), emotional (give and take attitudes and feelings), purposeful; time-limited and goal-directed, honest; realistic; responsible and safe (be open) and authoritative (a helping relationship is an authoritative one). (Brill & Levine 2005, 117-124.)

Almost all the staff said that you have to build that relationship as soon as possible, and basically the main basis of the relationship should begin progressing at the first meeting. One of the staff members said that the first hour is very important when you are building a relationship with a service user. It is also a very crucial period because during the first meeting the client is going to decide if he or she is going to come back. According to the interviews, one

cannot start working with a service user without a sound basis. Some of the staff said that all could be lost, if trust was not built at the first meeting. In the service users' interviews this time was seen as the key when building a relationship: one needs the time before one can start to trust them and start building that relationship. It was seen that some are more open and more ready to talk than others: for some it might take a year and for some it only takes one month. So according to the interviews, it varies greatly how much time clients need before they are ready for the changing process and to begin that relationship with staff members.

## 7.2 Timing

The staff said that sometimes clients are not coming early enough and intervention might come too late. Although, staff recognized that if the client is coming too early, they will probably not be ready to get that help and be ready to change. Kate Wilson, Gillian Ruch, Mark Lumbery and Andrew Cooper (2011) say that client's process of change includes many motivational stages and motivation plays an important role in interventions and influences the desire to change (Wilson, Ruch, Lumbery, Cooper 2011, 625). Few of the staff members said that if a client is guided too early to the Icen Project, it basically does not matter, because clients know that the project is there and when they are ready, then can come back. Some of the service users said that it took almost a year before they were ready to start the changing process and begin genuinely working on themselves. Reasons might be not having any motivation to change or they needed the time to first grow towards new and build trust. Almost all the service users said that the help came early enough when they were ready to change.

Almost all the service users said that they did not know the Icen Project before they were guided to the project. Clients said that the project's work should be advertised more widely at least for the other authority networks. The authorities could then guide the clients better to Icen when they know about the project's work methods. The staff members also discussed about promoting the Icen Project more widely. The flip side is that it might bring too many clients and staff might not be able to handle all of them - the project's work might come over loaded which might change the project's work methods. It was seen from both the staff members' and the service users' point of view that then there would not be as much time for each client as there is now. The time what the Icen Project can give the service users was seen as unique. The clients said that they have never gotten so much time that they have got now in the Icen Project, and that they appreciate it.

All the staff members said that every service user is unique. So also the time they need is unique depending on the client's situation. One of the workers said that it really depends on

the client's situation and need for time is based on that. Service users said that they are feeling that they are getting the time they need. A few of the service users said that they have felt that in other services you can see the rush but in the Icen Project you do not see the haste at all which is good. Service users said that It felt good to come every day to have a cup of coffee there, have some place to come every day, and know that there is someone who you can talk to if needed. Some of the clients said that they have made friends with other clients of the project.

Brynna Kroll (2010) says in her study that quality of the interactions is a crucial factor, not the quantity (Kroll 2010, 81). Some of the staff thought they cannot give more time to clients, because there simply are not enough days. A few brought up the question of money. If there would be more money to hire more people or full-time staff members, that way they could give more time to clients. Some of the staff members suggested that the project should be open also during the weekends and evening times so it would be reachable to all clients. Anyhow, all the staff members said in that all the service users know that they can always call them, and this will make service users feel that there are welcomed and time is given to them. So being there for service users was seen as very important. One of the interviewed staff members said, when talking about a client not turning up to an appointment and the staff not calling the client after that, that the client might think that you do not care.

### 7.3 Boundaries and dependency issues

In interviews, questions rose in my mind relating to service users becoming dependent on the staff. This could lead to problems with endings in the project's work. One big challenge in therapeutic relationships is professional roles and boundaries. The workers need to decide what role he or she is going to take in different situations and consider the issues between personal and professional life. (Banks 2012, 21.) Staff had different ideas where the boundary between client and staff should be placed. Some said that there should be a direct line which you do not cross. Some said that you have to have some boundary in there, but at the same time you have to give something from yourself to service user so that the client sees that you care about him or her. Some said that sometimes your own personal experiences, for example, if something similar has happened to you, can help the client towards change, so that could be important to share.

One of the staff members said that it is a good sign when service users are moving on because it shows that they are not so needy. Basically this would mean that clienthood could end when a client is feeling that way. One might think: clienthood cannot go on forever. Many of the staff members said that endings are always hard. Some of the staff thought that they

should always start speaking about the end point immediately at the start of the clienthood. Sometimes endings will go well as happy endings, sometimes not, and sometimes clienthood has lasted several years. Some of the service users said that they are not ready to let go and it would be devastating to them. It was seen that a client should be able to decide when it is time to move on from some of the service users' point of view. Some of them were able to think about the end point while some of them said that the ending is so far away that they do not want to think about it. A few of them said that when the clienthood ends they want at least to be able to come have some coffee and catch up with the staff.

#### 7.4 Non-judgementality

Mainly every interview with the staff showed that the value of the service user should be recognised. The value was seen as the basis of the relationship. Both the staff and service user should understand and recognize the service user's value. Values can be regarded as particular types of belief that people hold about what is regarded as worthy or valuable (Banks 2012, 7) A few of the interviewed raised the idea of how staff should see clients' positive sides and encourage clients to see them as well. Kate Wilson, Gillian Ruch, Mark Lumbery and Andrew Cooper (2011) suggest too that positive self-talk can be an ideal factor on the way to change (Wilson, Ruch, Lumbery, Cooper 2011, 625). The main idea should not be to focus on client's negative sides. As Brynna Kroll (2010) says the aim should be that the client should feel themselves valued and understood (Kroll 2010, 70).

I also asked the staff if they ever judge their clients in their minds and if not, is it hard not to judge. Many of the staff recognized that they own feelings of frustration. Frustration replaces the feelings of judgement. But it was a complex thing. Many said that they do not judge. But why and how, answers were mixed. Some said that they try to hold an objective mind and some said that they try to look at things from a perspective of what is considered general good.

Every staff member still basically had the same way of handling difficult matters with clients, not depending on the starting point. They start to talk with the client and they try to help them see their situation as an outsider. One of the staff said that they make the service users think his or her situation from a different point of view, for example, saying would you leave your children to a baby sitter who drinks as much as you do and that might awake in client's mind the needed reaction and that way give them a starting point to understand his or her drinking habits.

Also there were thoughts about judgement as a normal feeling. You cannot be human if you do not judge anything. That is based on humans' natural behaviour model. Brynna Kroll (2010) says that she needed also to work with her own attitude and assumptions about parents who use drugs problematically. She said that she needed to understand and manage through cultural differences, acknowledge similarities and face up to her own prejudices. (Kroll 2010, 81.)

### 7.5 Managing difficulties

Dark humour was seen as one of the ways to cope in difficult client situations. One of the staff member said that they do not taunt their service users with that humour, but it is a way to deal with all kinds of feelings and "clear the air" in a way. Most of the staff members talk about morning meetings as a channel to talk about cases. The meetings were a good place to talk and share thoughts. It was seen that staff members supported and trusted each other. However, it was seen by staff members that when they are doing work in different roles other staff members might not be able to view the situation from that role and they might not be able to understand what difficulties they are facing with the client. Some good things came from switching roles as well. When staff members are helping clients in different roles, they get more varied ideas when they are looking at client situations from different angles.

The staff members' relationship and cohesion was seen as extremely important from both staff's and service users' point of view. It was seen that the Iceni Project would not work without this staff team because the staff makes the project work. When discussing development proposals, almost every interviewee, both staff members and service users, said that Iceni Project's work should be expanded to other areas of the UK. However, a risk was seen. Almost everyone said that the project would not work elsewhere as well as it is working now. The reasons were that the staff would not be the same and you could not find as good staff members whose cohesion is working as well as it is working now in the Iceni Project. The project's work methods should be shared because the method was seen as unique but the way how it should be done was unclear.

Most of the staff did not raise the question of how sensitive questions should be dealt with. Clients might be concerned, according to Brynna Kroll (2010), about what happens to information they are giving to the staff and what they might do with the given information. Service users might think carefully what they can talk about and what must remain secret. It might also be that a client is thinking if the staff member can appreciate or understand what living in a drug culture might be like and the impact of the stigma it brings. (Kroll, 79-80.)

## 7.6 Trust issues

Some of the service users said that it is difficult to start talking about themselves, because they have not spoken about those issues before. Some topics were more difficult to talk about than others. According to interviews, most of the clients recognize that the Iceni Project is trying to look at a person from a whole-of-life perspective and for this very reason staff try to deal with all the problems clients might have. All the clients appreciate comprehensive help. The flip side was, however, that some of the service users were not so willing to talk about all the problems which they might have.

Some of the clients see that it is important to first trust the staff before you can open up and it is impossible to trust everyone: you can tell something to others and keep secrets from others because you cannot build good trust with everyone. However, a few of the service users said, on the contrary, that they can tell everything to every Iceni Project's staff member and they do not have any secrets. Some of the staff said that it is difficult for service user's to start discussing sensitive things, because clients might think that the staff will punish them. In that case the key thing would be to get clients to see that the staff is not there to judge them. All the service users felt that the staff is not there to judge them and in the interviews it was seen as one of the greatest parts of the project's work. One of the service users said that you can go there and you can be yourself. The client said that it had been the first time they had not felt criticized.

## 7.7 Towards change - motivation, key points and planning

Brynna Kroll (2010) raises many of the theories about drug-using parents and their children who do not have good experiences with professionals and therefore lack the trust towards the staff. Many parents have, for example, troubled histories and family relationships, so the experiences may be deeply rooted. Also fear, for example, of criminal proceedings and the threat of children taken under custody are real to them. According to Kroll (2010) customers can build defences because of these fears and staff should be able to recognize these boundaries and also service users' feelings according to these. (Kroll 2010, 79.) Some of the staff said that these are, although, good motivators for clients to start their change process. When there are real things that you have to start to deal with so you do not, for example, lose your children, that might be the trigger.

A few of the staff members brought up the fact that fear, however crude it sounds, is actually a good motivator. As one of the staff members said, if you did not have any motivation to start to think your habits before, now you do, because you are losing your children if you do

not change. Kate Wilson, Gillian Ruch, Mark Lumbery and Andrew Cooper (2011) suggest too that it might be the best time to work with clients when they have "hit rock bottom" (Wilson, Ruch, Lumbery & Andrew 2011, 624). Service users also said that they needed to have some really big reason to start the changing process otherwise they would not have any motivator to push themselves forward.

According to the staff, awareness was the key factor in frame of change work as Brynna Kroll (2010) sees too. Kroll says that working on client's awareness of their real situation is main thing and could be a good starting point. (Kroll 2010, 80.) According to the staff, awareness is a really good starting point with clients. It basically starts the change process, when service users begin to understand their situation. One of the workers said that when clients start to be aware of their problems, they begin to really want change.

Awareness was seen as a key factor to discussing health issues with service users. Staff said that some know the health effects related to addiction problems and some do not know. Some of the staff said that they use concrete examples to waken up the clients and realistic stories about what has happened to addicts that might wake clients to see their situation before it is too late. Sometimes when clients do not know the health risks and they are told about them, it might help start a change in them. Many service users said the same. Some of the clients said that they did not care about the health effects or even understand them before they were told about them. Some of the clients did not realise that there might be health issues affecting them before it was brought to their attention: health was not their biggest motivation, although, staff members saw big health risks in their behaviour. A few of them said that it is sometimes really hard to think about health issues and that is why it is also hard to talk about them.

Having an action plan was seen as good, but also bad. Some of the staff would like to get rid of all the paper work and that way also give more time to service users. Some of them said that they would forget all "filling up boxes" and they wish for more open methods. Still some of the staff underline the meaning of having some kind of a plan with the clients. Action plan was seen as a good tool for the client, but also for the staff. That was the key thing to make the goals together with the client and decide what to do next. It was seen by one of the staff members as empowerment to have clients make their own choices. Many service users did not remember that an action plan was filled up and one of them said that an action plan was filled up at the beginning but the goals were not checked so it was hard to remember what was filled up to the plan. However, new plans had been decided on together but according to the client, those were not written up to the action plan. A few of the staff members raised the thought that it's also good to check the goals when one target has been reached or when



something new was coming up. Some of the service users did not see the action plan as a relevant tool. The meaning of it was unclear.

## 8 Conclusion

In my study, there were many key findings which rose from interviews as conclusions. According to both staff members' and service users' interviews, many things were working in practice context. Building a relationship between a staff member and a service user was a major practice method which led to service user's change which in a way enables the intervention. There were a few things recognized which needed to be there so that a relationship could grow: time, motivation, trust and safety issues. The staff members said that also a major thing in practice context is to recognise the service user's value but clients did not mention this directly. Service users said that they felt that they were not criticized and this could be seen as a kind of feeling that they were valued. To make them aware of their issues was seen as a practice method that was achieved by working towards change. The staff members said that awareness of all the client's issues led to change, but service users talked more about awareness in health issues where some of them hoped for more help.

Achieving change through the interventions was seen as success from both, staff members' and service users' points of view. Staff members say that change can also be minor and it does not have to be drastic every time. Change happens in small steps. Staff members said that they have good feelings overall of those clients who have changed but not from many of those who did not change. According to the Icen Project's statistics (2012), in 32 cases there is clear evidence of the success of preventive work when looking at social service intervention impact (Icen Project statistics 2012).

Service users said that they have changed and many of them mentioned that it is because of the Icen Project. However, one of the service users said that you are more satisfied in the Icen Project's work depending on what stage you are in the project's work: starting point, middle point or the end. The discussions with clients showed that their changes have been dramatic. Almost every service user only talked about drastic changes and they did not mention the minor changes at all. All the interviewed service users were nearly at end of the process but they all said that they are not ready to let go yet, although, major changes have happened.

Time was seen as a crucial part when building a relationship between a service user and a staff member. According to interviews, staff members see that it is important to start building that relationship as soon as possible but service users see that they need more time to grow to that relationship. It was seen that it is not easy to trust and open up immediately. Some service users need more time when building a relationship than others. Staff members see that it is crucial to build that bond immediately so you can start working towards change

with the service user. Staff members see that in some cases a crisis situation might occur, for example, service user might lose his or her children if the process is not started immediately. Service users saw that, although there might be a crisis, the process cannot start as if by magic.

Crisis intervention method was recognized clearly from the interviews and you could say it was seen as the most beneficial intervention tactic for the Icen Project. Crisis enables change: crisis was seen from both, staff's and service users' points of view as a constraint point to do major changes. Staff members said that most of the service users are coming with some kind of crisis and fear is a big motivator for change for them. Service users appoint many things in their lives which drove them to change and were big motivators. These included some kind of fear. However, clients did not say directly it is fear that motivates them to change.

Staff members said that service users might be afraid and not trust them because they might think that they will be punished. Service users said they were not afraid of that, because they felt that workers did not criticise them and they were encountered well by staff members: staff did not define clients only by their problems. Most of the clients said that they were afraid when they first came to the Icen Project and they were fearful of what was going to happen.

Many of the service users said that they have bad experiences with other services so they did not know what to expect from the Icen Project or the expectations were low. Many of the service users said that their expectations started to rise positively when the process moved on. Trust issues towards authorities were difficult for many - most of them said that they were not used to trusting agreements with the authorities because authorities did not keep their promises. For example one of the service users said that when some authority person promised to check something out and call the client afterwards, that did not happen and the call never came.

In almost all the interviews the end point of their clienthood was mentioned as a major part that is not working. Problems were seen with how it is happening now and questions were raised about how it should be handled. Service users were satisfied with the Icen Project's work and they were happy with the changes that had happened. The changes had been drastic. When change has happened, you would think you are happy to move on. And as one of the staff members said, clients are not so needy anymore after changes have happened. Why then do the clients still need to hold on to the project and the staff? Steven Walker and Chris Beckett (2011) say that endings are sometimes hard and it might bring mixed feelings such as frustration, anger, happiness, confusion and guilt. These feelings should be used as a tool in a

final meeting. Also workers should think their own feelings through, and how it might affect to service users. For service users it might be hard to end that process, because it has brought something valuable. Staff members do not want to, for example, let clients down. (Walker & Beckett 2011, 30.)

According to interviews, I could see that the Icen Project needs some tools to work with endings. As a development idea for the future, Steven Walker and Chris Becket (2011) raise a model for an easy ending process and they suggest:

- "A discussion in the first meeting about the fact that help will not go on forever"
- Use the experience of ending to confirm what that client has gained
- Employ a fixed time limit where possible
- Giving the client certain objectives to achieve in the ending phase of work
- Explore a person's feelings about the forthcoming ending
- Introduce a new worker and facilitate expressions of anger/ resentment
- Help the person construct a natural helping network within their community
- Explore your own feelings and show the client they will be remembered
- In some contexts a ritual ending and exchange of gifts might be appropriate
- Write a closing record together"

(Walker & Beckett 2011, 30.)

I could see that the Icen Project's staff members could use this model somehow to work with the endings and develop from this idea their own model of how to work with endings.

Other development ideas which rose from interviews were related most often to how to expand the Icen Project's work. The project's work was seen as unique and there is a need to spread the project's idea. Problem was how to do that. Staff members' cohesion and bond was seen as a key part as to why the project is working so well so it would be difficult to make it work the same if you cannot duplicate the staff. Some of the staff members said that you need to give it a try at least. A rolling stock was one idea. You could move around with a bus and give the services to the clients from the bus. That way the project's work could broaden to a larger area. Another idea was that the Icen Project's office hours should be more flexible and it could also be open on Saturdays. That way those clients who are working would be able to come at a more convenient time, and the project could reach them better.

Others ideas were related mostly to money issues. An idea that came from a service user was that the Icen Project needs to have more fundraisings, for example, some events where they could collect money to the project's work. Some of the service users could also take part in fundraisings. A few of the service users had some frustrations towards how the money is used in the project. According to them it should be directed better, for example, not on food but on group work. A few staff members were frustrated with the expectations that funders have. Some of the staff members hoped for more workers and a few of them hoped for more work-

ers to be appointed to the same job as themselves. Both staff members and service users wished for new groups and activities for example comparison groups, individual work related to health, school and work support group and some groups where clients could get economic advice.

In the interviews, also problems regarding the action plan were raised. The staff members had mixed feelings towards the action plan which reflected on the service users. Some of the staff members valued the plan and some of them saw it as some kind of compulsory to do as "ticking boxes". It was seen as a good tool to start the conversation with a service user. A few of the staff said that it is important to check the goals in the action plan, for example in the middle of the clienthood. None of the service users remembered that the goals had been checked out and many of them did not remember the action plan at all. If it is an important tool for the staff members, as it was seen in some interviews, it would be important to check the plan with service users. I felt that if the staff members are not giving any value to the plan it reflects on the clients, at least those clients I interviewed.

### 8.1 Testing conclusions

Relationships are important from staff members' and service users' points of view. When testing conclusions, the interviews showed that there are many reasons why relationships between staff and service users are so important. First, relationships are part of humanity; everyone needs relationships and it is basic human nature. Secondly, if clients have not had any kind of good relationships before, this relationship with staff might become very remarkable. Particularly for younger clients, the Iceni Project's workers might feel like family members. Thirdly, one cannot start building trust without a relationship and trust is a big issue. One needs to have a reliable relationship so that he or she can start discussing themselves. A good relationship between the staff member and the service user requires right boundaries, one has to be able to listen and understand and the relationship needs to be transparent. Also one needs to build a positive relationship and not a negative one - it is important to concentrate on service user's positive sides which in turn empowers him or her and leads to change.

The theoretical basis is rooted for some of the staff and they do not deliberately think theory; they work by using a theoretical basis but they do not think of it. Some of the staff said that they are very conscious of the theory and they very clearly consider it when they are working. Sometimes one needs to check the theory: it was seen that one has to start thinking theory consciously when you have a difficult client situation and then one has to find a solution to this from the theory or when the old theoretical basis does not work for that client and one has to try with new ways. Theory needs to fit the existing situation and one needs to change

it depending on how the situation moves on. Reflection was seen as important. It was also seen as very important to compare theory and working habits inside the team.

Boundaries are set differently because every staff member is unique. It was seen that the team knows the professional boundaries between the staff and the clients, but it is set differently based on what kind of a relationship there is between the staff member and the service user. For example, the client's key worker might be closer to the client than other staff members. Boundaries are still very clear and service users know the boundaries quite well. Staff needs to put up clearer boundaries for some service users though. Occasionally some of the clients might test those boundaries. It was seen important that the staff members are not the service users' friends, for example, you are not their friend in Facebook. Still boundaries vary. One is not their friend, although, some of the staff want to set professional boundaries little bit differently and want to be closer with the service users. However, there is a line that service users are not crossing.

It was seen that one can easily recognize the starting point. Middle points vary based on service users' situations; sometimes you can go back and forth and one can come back many times to the middle point. Endings were seen as sticky. However, some improvements were happening with the endings.

The service users might be afraid of the future - what if he or she is going back to old habits. According to the interviews, the endings could be made easier by going through the action plan with the service users. The staff members could point out for example that: "hey, this target has been achieved and this also" and this way show how long a path he or she has already walked through. It is important to discuss the process and view it truthfully with clients. In the future it could also be important to print out the action plan to the service users. All the service users said that they did not remember the action plan, and that is why it could be important to give a copy of it for them. Also this way the service users could easily follow their own plan when they have the copy. All the "Paperwork" was seen as very important. It might be hard to write everything up, but it is the only way to do evidence-based work which for example funders are waiting for.

Both the service users and the staff are very pleased with the Icen Project and all the outcomes that have been reached. When testing conclusions, interviews revealed that because the service users are so thankful for Icen it might be hard to let go and that is why endings might be hard. Some of the service users might become dependent on the project. It was also revealed that for some of the staff endings are harder than others. Discussions showed that if one empowers clients to do more themselves, it is going to ease out the endings. This has grown: before staff could do some little things for the service users but more and more they

are empowering clients to do that by themselves. Some of the staff saw that when the service user's crisis is over, then they would be ready to start to move on. In the end, someday the clienthood must end and then the person needs to move on. But also it was seen that there are clients who are "chronic ones", and their path is going to be longer and then the staff needs to support longer. According to the discussions, the doors are always open for the clients.

It is hard to make service users be more aware of their own value and be aware of all their issues. It might be that the clients are aware of them but they do not talk about it, they cannot name them or they just use different terms than the staff. For example self-confidence has grown, but the service user does not see that and the staff member might help by pointing that out to him or her. Based on interviews, it was seen very understandable that the service users did not speak more about the awareness of their issues and values. The reasons might be that they are feeling that this is the first time they are heard and not criticized, although, other relationships with authorities might have been good but the service users do not see those as good themselves. Second reason might be that in past life the service users needed to only think of surviving, and they did not have the capacity to think about other issues. Based on the interviews, it is good to recognize this, and when staff members are more aware of these issues they can better take them into account.

According to the interviews, it is also a good thing that staff members are aware that some of the service users need more time to build trust. It is good to be aware of the time that service users need and keep that in mind. However, staff members might not be able to offer that time to the service users. Timescales are hard. There might be pressure towards the Icen Project from social work and funders. The situation might be that a client is in a crisis situation and the staff needs to react immediately, at least try to buy more time for a service user. It might be that if no action is taken right now, for example a service user might lose the custody of his or her children. It might be that intervention is not coming early enough - a referral form is sent too late. If there is, as one interviewee said, all the time in the world, and there is no crisis, you can give the needed time better. Sometimes the start might be too rough. The staff members said that one needs to just encourage the service users to speak. It is reality that some clients are more open than others- every service user is unique and that way the situation is also unique.

The discussions showed that the Icen Project should be expanded into other parts of the UK. As the service users mentioned, the project's work is unique from their point of view too and all the other potential clients deserved the opportunity to get the same kind of service. However, staff members' cohesion is remarkable, so the question was set if the Icen Project would work without the same staff. When testing the conclusion, it showed that if there

would be some enlargement of the project, some of the staff should be transferred to that other team, and when you are picking the team members, the choice must be made with care.



## 9 Reflection

As Jouni Tuomi and Anneli Sarajärvi (2013) say, thesis is a student's exercise and with it that student is showing that he or she has learned something valuable (Tuomi & Sarajärvi 2013). With my thesis, I think that I have learned three very important things. First, doing a research in a foreign country using foreign language. I think that I got a huge opportunity when I got the chance to do research in the UK and to see how things are done in their country. My English skills also improved enormously. Still sometimes I really felt stuck because every now and then it is hard to express myself with a foreign language. Also I realize that words do not always mean the same thing, like counselling has a different meaning in Finland than in the UK. Secondly, I was really keen to learn and see what social work in the UK is. The university and work place offered a great place to view that, which I appreciate. Thirdly, I really believe that I got an understanding how change can happen in practice context.

For summary, the three main intervention methods in the Icen Project seem to be: crisis intervention method, relationship based model and sharing awareness of service users' issues and values. With these methods, one can achieve change. According to the interviews, the methods were very practical and viewpoints were very client centric. The service users usually have bad experiences with other authorities which can show at the start of clienthood. But when service users notice that they are heard and seen as they are and they are not criticized, they start to trust the staff members, which eventually leads to a professional relationship with the staff.

The start of clienthood can be rough. However, crisis intervention is an effective method. Staff members mentioned fear as a big motivator which makes change almost compulsory. In a crisis situation, people need to evaluate their own situations and make a decision on which way they will go. In a crisis, a person needs to change somehow, and it can be in any direction; better or worse. Crisis can bring up client's intrinsic motivation.

It is important to discuss with the service users how aware they are of their own selves. It is crucial to make them feel valued. As interviews showed, it is necessary to give positive feedback to clients all through their path in Icen. The service users did not mention that they had started to value themselves, but they mentioned how they had started to be more comfortable in their own skin. As the conclusions showed, the service users might evaluate themselves and can be very aware of their issues at the end of the clienthood, but they use different words than the staff. Sometimes the staff members really see how the service user is changing. One can see it from their behaviour and it almost shines from them. The staff members can then point it out to the service users and ask for example: "Have you noticed your self-

esteem has grown?". So one can say that the method works, but the concepts need to be clarified: staff members need to be sure that the service users have adopted this idea of self-worth and they understand it the same way as the staff members do. In the end, the project's idea is to make service users be good enough to be parents. No one needs to be perfect.

I was surprised that psychoanalytic work method did not come up in the interviews. In the Iceni Project's web page, they are mentioning psychoanalytic approach as their key method (Iceni project 2013). According to interviews, that was not seen as a key method. Every one gave huge value to relationship based model which was mentioned in their web page as the other key method (Iceni Project 2013). I see that Iceni needs to discuss how they are using this psychodynamic method or are they using that at all. Also they need to give more value to relationship based model and develop it further, because workers are seeing it as such an important approach. If relationship based model is giving the expected results, that needs to develop. Also on their web page they are not mentioning this sharing awareness of issues and values as a key method, although, everyone is seeing it as very crucial. That needs to be clarified and set as one of the key methods, because they recognize it as one. I see that crisis intervention was a key method also, but workers did not say a word of it and did not recognize this approach. With my thesis, they can hopefully develop it further when the method is identified and deepen this approach to theory base.

In the end, I want to discuss why the Iceni Project's work needs to broaden out in some way. First it is important because now the project's intervention might not come early enough for everyone. The discussions with all the interviewees showed doubt toward this. If the referral form is sent earlier, the intervention might come at a better time, and then service users have more time to build trust with the staff of Iceni. But as the interviews showed, all the service users might not be ready to change if they are guided to the project too early. So crisis intervention method is giving the results, although, for everyone it does not work. If the intervention might come earlier, that could help others. If Iceni would be able to reach clients earlier, help might come in a different way and it could help other clients who are not able to change in a crisis situation.

The wish was that the Iceni Project should advertise their work more, at least for the other authorities. In this way, Iceni can enable intervention earlier. However, this can lead to the problem that there might come too many service users for the project and they could not handle them all. I feel that this is a very big dilemma. The only solution is to broaden the project's work so they can tell more people about it and can be ready to take more clients in and also intervention can happen earlier.

One small change which could be a starting point might be to broaden out Icenis opening hours. As the interviews showed, the wish was that the project could be open a little bit later in weekdays and maybe weekends sometimes. There is also the possibility that the staff could dismount more to the streets and even use some kind of a rolling stock.

As all the interviews showed, this kind of work as the Icenis Project is doing, is also needed elsewhere in the UK. The Icenis Project has worked so long, so I just wonder why it has not broadened out earlier. Everyone was talking about how unique Icenis is. If their methods are so unique and priceless, why they have not talked about their work and shared their approach if they are able to help more families in this way. The Icenis Project needs to share more about what makes them so unique. They need to also prove it to the funders so their financing is secured in the future. When Icenis work is so remarkable, it is necessarily to broaden out the work so it could reach other families who are struggling with addiction problems.

But what makes the Icenis Project so unique? The service users said the best part is that they are seen as they are and staff members are saying that the methods are unique. Icenis methods are working based on interviews, because it has led to a changing process in clients. Also methods can be seen as effective, because all the outcomes that the staff members and the service users talked about were positive. Some development ideas were raised, but no one criticized the project's work. Also staff members' cohesion was seen as unique. If Icenis is broadened out, they need to build a new team with care so that the same kind of cohesion would come into a new team. One idea is that from the current team some of the staff members are moved into that new team, as conclusions also showed. I see that the project needs to tone up what makes them so unique that also an outsider understands it and sees that.

Also the Icenis Project needs to do something with their endings which were seen as very sticky. There is no room for new clients if the old ones are not moving on, even if the project would broaden out their work. There needs to be some kind of change happening all the time. Some improvement ideas were to empower service users more, give a copy of the action plan to clients and start discussing endings earlier with them.

With my thesis, I hope that the Icenis Project has gotten answers and also some ideas for the future. I can see that three more researches could be done in the future. One could be how the project's work can be broadened out and the second could be related to Icenis endings. Thirdly they could try to tone up the idea of why the Icenis Project is so unique and start to build some kind of theory based on these unique methods. These are just ideas, which I could see helping to improve Icenis Project's work in the future.

## References

- Ahtiala, P & Ruohonen K 1998. "Se oli sitä koko elämä" - Kokemuksia ja näkemyksiä huumeriippuvuudesta. Tampere: Tammer-Paino.
- Alcohol 's damaging effects on the brain 2004. Alcohol Alert number 63. National Institute on Alcohol Abuse and Alcoholism. Referred 14.3.2014.
- Alkoholi ja terveys. Terveystieteiden tutkimuskeskus 2014.  
[http://www.thl.fi/fi\\_FI/web/neuvoa-antavat-fi/alkoholi-ja-terveys](http://www.thl.fi/fi_FI/web/neuvoa-antavat-fi/alkoholi-ja-terveys). Referred 14.3.2014.
- Anis, M 2004. Sosiaalityö kehittyväksi muutostyöksi. Sosiaali- ja terveysministeriön monisteita 2004: 15 - Sosiaalityö hyvinvointipolitiikan välineenä-artikkelikokoelma. Referred 9.1.2014.
- Banks, Sarah 2012. Ethics and values in social work. Croydon: Palgrave Macmillan.
- Barbour, R 2008. Introducing qualitative research - A student guide to the craft of doing qualitative research. London: Sage Publications Ltd.
- Brill, N & Levine J 2005. Working with people. The helping process. USA: Pearson education Inc.
- Caan, W. 1996. Exogenous drugs and brain damage. In the book Adrian Bonner and Waterhouse James (edit.) Addict behavior, molecules to mankind. London: Macmillan Press Ltd, 56-68.
- Carey, M 2008. Everything must go? The privatization of state social work. British Journal of social work 38, 918-935.
- Couldshed, V & Orme, J 2006. Social Work Practice. London: Palgrave Macmillan.
- Eskola, J & Suoranta, J 1998. Johdatus laadulliseen tutkimukseen. Tampere: Vastapaino.
- Eskola, J & Vastamäki, J 2010. Teemahaastattelu: Opit ja opetukset. Teoksessa Juhani Aaltola & Raine Valli (2010) Ikkunoita tutkimusmetodeihin II - Metodien valinta ja aineistonkeruu: virikkeitä aloittellevalle tutkijalle. Juva: PS-kustannus, 26-44.
- Ferguson, I & Lavalette, M 2003. Crisis, austerity and the future (s) of social work in the UK. The Policy Press. 95-110.
- Ferguson, I 2007. Increasing User Choice or Privatizing Risk? The Antinomies of Personalization. <http://bjsw.oxfordjournals.org/content/37/3/387.full>. Referred 18.2.2014.
- Findings from the 2012 to 2013 Crime Survey for England and Wales 2013.  
<https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2012-to-2013-csew/drug-misuse-findings-from-the-2012-to-2013-crime-survey-for-england-and-wales>. Referred 14.3.2014.
- Gagne, M and Deci E L. 2005. Self-determination theory and work motivation. Journal of organizational behavior. Volume 26. Canada.
- Harris, J. 2003. The social work business. London: Routledge Taylor & Francis Group.

- Health and Social Care 2013. Statistics on alcohol.  
<http://www.hscic.gov.uk/catalogue/PUB10932>. Referred 14.3.2014.
- Hirsjärvi, S & Hurme, H 2001. Tutkimushaastattelu – Teemahaastattelun teoria ja käytäntö.  
 Helsinki: Yliopistopaino.
- Holopainen, Antti 2007. Huumeriippuvuus on aivojen sairaus. *Irti* 1/2007, 9-11.
- Humphrey, C 2011. *Becoming a social worker. A guide for students*. London: Sage
- Iceni Project 2013. <http://www.iceniipswich.org/> Referred 30.12.2013, 7.2.2014 & 8.2.2014.
- Iceni Project statistics 2012. Referred 7.3.2014 & 8.3.2014.
- Jokinen, J 2004. Kriisityön kehittäminen huostaanotossa – kartoitusta ja kehittämistarpeita.  
 Sosiaali- ja terveysministeriö, lastensuojelun kehittämisohjelma.
- Jordan, B 2007. *Social work and well-being*. London: Russel House Publishing Ltd.
- Jouttimäki, P, Kangas, S & Sauramo, E (toim.) 2011. Uudistuva ja voimaannuttuva aikuissosiaalityö – Visio vahvasta aikuissosiaalityöstä- hankkeen loppuraportti. *Socca Työpapereita 2011: 1*. Referred 9.1.2014.
- Kail A & Lumley, T 2012. *Theory of change. The beginning of making difference*. London: NPC.
- Khan, Parves & Dominelli, Lena 2010. The impact of globalization on social work in UK. *European Journal of social work*. Vol 3, no.2, 95-108.
- Koski-Jännes, A 2008. Johdanto. In the book Anja Koski-Jännes, Liisa Riittinen & Pekka Saarnio (edit.). *Kohti muutosta – Motivointimenetelmiä päihde- ja käyttäytymisongelmiin*. Jyväskylä: Tammi, 7-15.
- Kroll, B 2010. Only connect. Building relationships with hard-to-reach people: establishing rapport with drug-misusing parents and their children. In the book Gillian Ruch, Danielle Turney and Adrian Ward (edit.) *Relationship-based social work - Getting to the heart of practice*. London: Jessica Kingsley Publisher, 69-84.
- Metteri, A 2012. *Hyvinvointivaltion lupaukset, kohtuuttomat tapaukset ja sosiaalityö*. Doctoral thesis. University of Tampere. School of Social Sciences and Humanities.
- Miller, W 2008. Motivaation ja muutoksen käsitteellistäminen. In the book Anja Koski-Jännes, Liisa Riittinen & Pekka Saarnio. *Kohti muutosta – Motivointimenetelmiä päihde- ja käyttäytymisongelmiin*. Jyväskylä: Tammi, 16-40.
- Newman, T; Moseley, A; Tierney S & Ellis A 2005. *Evidence-based social work. A guide for the perplexed*. London: Russel House Publishing.
- NHS 2014. <http://www.nhs.uk/Livewell/drugs/Pages/Drugshome.aspx>. Referred 20.2.2014.
- Pati, Anita 2008. In from the cold. Rehabilitation charity thrives despite controversy over paying sex workers to keep them off the streets after the Ipswich murders. *The Guardian*. 10.12.2008.
- Payne, M. & Shardlow S. 2002. Social work in England. In the book Malcom Payne & Steven M. Shardlow (edit.) *Social work in British Isles*. London: Jessica Kingsley Publisher, 29-75.

- Pitkänen, T 2006. Alcohol drinking behavior and its developmental antecedents. Doctoral thesis. University of Jyväskylä. Studies in Education, Psychology and Social Research 293.
- Päihdelinkki 2014. Motivoiva haastattelu. <http://www.paihdelinkki.fi/alkoholineuvonnan-opas/motivoiva-haastattelu>. Referred 16.3.2014.
- Queensland council of social services 2013. Definition of "holistic". <http://legacy.communitydoor.org.au/resources/etraining/units/chccs402a/section1/section1topic03.html>. Referred 14.2.2014.
- Ruch, G. 2010. The contemporary context of relationship-based practice. In the book Gillian Ruch, Danielle Turney and Adrian Ward (edit.) Relationship-based social work - Getting to to the heart of practice. London: Jessica Kingsley Publisher, 13-28.
- Ryödi, K. 2013. "Olen aika lailla unelma-ammattissa" - Sosiaalityöntekijöiden asiantuntijuudet ja ammatti-identiteetit. Master's theses. University of Tampere. School of Social Sciences and Humanities.
- Seppä, K; Aalto, M; Alho, H & Kiianmaa K 2012. Huume- ja lääkeriippuvuudet. Helsinki: Duodecim.
- Strengthening families affected by addiction - specialist, tailored and holistic support for families 2013. Icení Brochure. Referred 7.1.2014.
- Talentia 2012. Arki, arvot, elämä, etiikka. Sosiaalialan ammattilaisen eettiset ohjeet. Sosiaalialan korkeakoulutettujen ammattijärjestö Talentia ry.
- The United Kingdom Government 2014. <https://www.gov.uk/penalties-drug-possession-dealing>. Referred 11.2.2014.
- Tietoa eri huumeista. Terveystieteiden tutkimuskeskus ja hyvinvoinninlaitos 2014. [http://www.thl.fi/fi\\_FI/web/fi/tutkimus/tyokalut/aikalisa/materiaalit/paihteet/huumeet/tietoa\\_huumeista](http://www.thl.fi/fi_FI/web/fi/tutkimus/tyokalut/aikalisa/materiaalit/paihteet/huumeet/tietoa_huumeista). Referred 14.3.2014.
- Tuomi, J & Sarajärvi, 2013. Laadullinen tutkimus ja sisällönanalyysi. Jyväskylä: Tammi.
- Tuomi, J & Sarajärvi, A 2003. Laadullinen tutkimus ja sisällönanalyysi. Jyväskylä: Tammi.
- Vaihtoehtoinen tarina - Mitä on sosiaalinen muutostyö? Socca:n ja Heikki Waris-instituutin julkaisusarja nro.14 2007. Heikki Waris-instituutti: Yliopistopaino.
- Walker, S. & Beckett, C. 2011. Social work. Assessment and intervention. London: Russell House Publishing.
- Wilson, K; Ruch, G, Lumbery, M & Cooper A 2011. Social work. An introduction to contemporary practice. Essex: Pearson education limited.
- Vogel, I 2012. ESPA guide to working with theory of change for research projects. <http://www.espa.ac.uk/files/espa/ESPA-Theory-of-Change-Manual-FINAL.pdf>. Referred 18.2.2014.

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## Appendix 1

### INTERVIEW TOPIC GUIDES / THEME INTERVIEW

#### Facts needed from service users:

- duration of the clienthood
- number of meetings

#### Facts needed from staff members:

- how long worked in here
- number of meetings
- additional contacts made with other services
- worked with the client through the whole process

#### Questions for former service users:

- feelings at the start of clienthood and nearly end of the process (and situation now)
- how the service user was encountered by staff members (feelings and thoughts)
- feelings about being heard and seen
- adequacy of support
- care plan - were they involved?
- feelings about the methods that were used- how much were intervention methods explained by staff, what method felt the most beneficial - what worked?
- did help come at the right time?
- addiction and side effects/ health now and then
- reliability - were they able to trust the staff
- how important was your relationship with staff in making changes?
- the easiest and hardest part
- what happened to make you initially decide that change was needed
- changing through the process: key elements which helped to change and were there inhibiting factors - what helped and what hindered
- was there agreement about what constituted change?
- things that could be changed and things which couldn't/shouldn't be changed
- why do you think you were successful in achieving change?
- development proposals

#### Questions for staff members:

- feelings at the beginning of service user's clienthood and nearly at the end of the process
- encountering service users - how did you feel?
- were there any personal drivers to motivate you
- the amount of time with service user - is it enough
- the support that can be given to the service user
- care plan
- work methods - the key methods (relationship based model and psychodynamic, what else?) - what work method felt the most beneficial
- early intervention - how does it show
- service user's addiction and side effects/ promoting health



- reliability - were they able to trust the client
- the easiest and hardest part
- changing through the process: key elements which helped the service user to change and were there inhibitory factors
- was there agreement about what constituted change?
- things that could be changed and things which shouldn't be changed
- development proposals

## Appendix 2

### TESTING CONCLUSIONS - QUESTIONS

Relationships between the service users and the staff members were seen important from both the staff's and service users' point of view

- why the relationships are so important
- how aware you are about the theoretical basis when you are building relationships with the service users
- how aware you are of your own habits/working methods when working with the service users - do the habits change
- what are the risks when building relationships with the service users

Relationships and time, intervention & trust

- the service users said that they need more time to build a relationship than the staff members - do you think this is true and why do you think that the service users need more time and how this could be taken more into account in the future?
- the service users said that they need more time to open up before they are ready to discuss themselves - how could you help the service users to be ready earlier to work on their issues?

Boundaries and dependency

- in the interviews different boundaries were set by the staff between the staff members and the service users - why is that? Do you discuss about boundaries as a team?
- do you see that the service users understand boundaries?
- endings were seen as difficult based on the interviews - according to the staff's interviews, one big reason was that the service users come to depend on the project's work - do you see that this is true and how could endings be made easier? What theoretical basis do you use with endings?
- how do you see that the service users are empowered to take responsibility of their own problems and decisions? If they are empowered, why are the service users so dependent on the project?
- if the service users are nearly at the end of clienthood - why are they not ready to let go?

Non-judgmental

- the service users see that you are non-judgmental - but the staff members were not sure about it - reasons for this?
- how do you work as non-judgmental as a group?

Managing difficulties

- how should sensitive questions be dealt with?

Motivation and planning

according to the interviews, the service users did not remember that an action plan had been done with them or what was included in it - what do you think about that? Should there be some improvements and if so, what kind of improvements?

- do you recognize a clear starting point, a middle point and an end point in the service user's path
- how could the service users' awareness increase of all their issues - most of the service users recognize only the health issues
- how could the service users' awareness of their own value increase- none of the service users mentioned that