



# A HUMANE BREEZE ON THE STREETS' LIVED MARGINS

TUKIALUS PROJECT WORKERS'  
DESCRIPTIONS OF THE IMPACT  
OF SUPPORT AND OUTREACH WORK  
ON SUBSTANCE USE DISORDERS

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# PREFACE

Finland is committed to the Housing First model and has managed to reduce homelessness as a result. The model is implemented on the principle of low threshold, which aims to make housing accessible to everyone. Despite this, there are still people in Finland whose lives are largely centred on the streets.

Legislation recognises the need for outreach and street-level work, as well as the fact that support and services do not reach everyone. The Social Welfare Act states that as part of community social work or other social services, outreach work to reduce social exclusion should be organised.

The Deaconess Foundation also carries out this important work. Professionals meet with people on the streets, develop effective and impactful models for the work, and engage in societal discussions to prevent social exclusion.

The Deaconess Foundation boldly works for human dignity where people are and goes where distress and indignity are greatest. The group's non-profit activities strengthen participation and agency through impactful development work.

The activities strengthen societal trust, which starts with small acts, such as caring and respectful encounters between two people. The Tukialus ('support vessel') project, launched in 2019 and funded by the Funding Centre for Social Welfare and Health (STEA), supports the life and daily management of people with substance use and mental health disorders who spend their time on the streets while connecting the encountered individuals

to existing services. In 2023, there were 6,619 street encounters. More than 600 new people are encountered each year. The project is being run in three locations: Helsinki, Lahti, and Tampere.

Everyday effectiveness refers to the impacts of a certain method or chosen actions on people's daily lives in their natural environment. Demonstrating effectiveness requires data collection and documentation, use of indicators, and analysis of results. The Tukialus project has collected anonymised statistical data and information describing client work processes. For this report, interview material has also been produced. The report describes the results and impacts of Tukialus from the perspective of the project workers.

The main finding of this study is that Tukialus has succeeded in developing an approach that works flexibly between the client's everyday life and social and health services.

The impact mechanism is a humane and accepting encounter that enables a two-way channel between the individual's daily life and services. Clients feel understood, heard and valued as human beings.

Many thanks to the Tukialus team and the author of the report, Jenni Mäki.

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# INTRODUCTION

This study examines the impacts and results of the Deaconess Foundation's Tukialus project, funded by STEA, from the point of view of project workers during 2019–2023. The report's review period spans two project periods, although it does not cover them entirely. The street-based Tukialus project offers service guidance, psychosocial support, and care for people suffering from substance use and mental health disorders who are often homeless and excluded from social and health services.

The study was commissioned by the Deaconess Foundation. Its focus is on the analytical examination of the Tukialus project work's impacts through materials produced by the workers about their work. The review period covers a total of five project years from 2019 to 2023. The study is primarily built on empirically analysing, verbalising, and describing the statistics produced in the project. In addition to the materials collected during the project work and produced by the workers, interviews with all project workers were conducted during the research process to complement the overall picture of the project work's impacts in light of qualitative data.

Tukialus' work extends to the streets because "the people of the project", meaning individuals belonging to the project's target group, are often outside the social and health service system and without permanent housing. This study, which examines street-based outreach work, is theoretically anchored in the literature addressing social inequality, marginalisation issues, and the recognition of human dignity (Sennett 2004; Therborn 2015; Perälä & al. 2023; Stenius-Ayoade & al. 2018).

A vulnerable social position impacts on an individual's overall well-being, health, and, for example, life expectancy. According to the relational concept of well-being, a vulnerable social position and repeated lack of being treated with human dignity challenge an individual's functioning in society (Saikkonen et al. 2022). For instance, substance use disorder as an addiction puts a person in a situation where obtaining substances determines the rhythm and operational logic of everyday life. Additionally, low income and homelessness, combined with substance use disorder, make it difficult to take care of one's affairs and oneself, such as engaging in work or studies, or family life.

The study presents various dataset-specific research questions that address the broader research question of "what results and impacts the Tukialus project's activities have had between 2019–2023". Recurring experiences of inequality and chronic lack of being treated with human dignity build an othering perception of one's "position" and "place" in society. In the outreach work of the Tukialus project, efforts have been made to reach out to the streets and work towards reducing social inequality

and marginalisation, and to help people access the necessary services they are entitled to. According to statistical data, at least 5,430 different clients have been encountered in the work, with a total of nearly 26,000 encounters. The majority of people encountered in the project (74%) have been men. Most of those encountered (55%) have been 18–40 years old. The most common place for client encounters has been the street (in 69% of cases). Clients have most often been helped through psychosocial and physical support methods.

The report describes how, through harm reduction and low-threshold work orientations, by earning clients' trust, long-term supportive relationships have been established in the best cases, helping clients navigate the service system. The project work has also functioned as an interpreting service between the client and the service system, with its task being to promote the possibility of cooperation between these and especially to ensure the realisation of clients' legal protection within the service system. People living on the streets with substance use disorders may be considered a challenging clientele in social and health services, as they are seen as difficult to help, especially due to their lack of commitment to services. The special impact of the project work has been its ability to engage clients not only in seeking help from its activities when needed but also in advancing their affairs in a multidisciplinary manner, as well as acting more safely and healthily in their own lives. Long-term client work has been made possible by a low-threshold, non-moralising service orientation that recognises human dignity, where client goals are always defined from the client's perspective.

This report presents in the following chapter the background, objectives, and target group of the Tukialus project. The work is theoretically anchored in recognising human dignity and reducing social inequality, as well as alleviating the burdens of marginalised life experiences. The street as a place for project work and the everyday life of the client target group is defined in the report as an extreme manifestation of social inequality, where work takes place in a no-man's-land. The harm reduction work orientation is defined in the report as a substance use disorder work activity that recognises human dignity, framed by the goal of responding to clients' legal service needs. The chapter also presents the study design, questions, and data, as well as the process of data collection and analysis, and also considers ethical aspects related to the study. The chapter on outcomes presents the study findings by dataset, and the final chapter provides a summary and conclusions of the research results. The appendices to the study include various files related to the ethical evaluation of the study and the collection of research data.

# RECOGNITION OF HUMAN DIGNITY AND STREET-BASED SUBSTANCE USE DISORDER WORK IN AN UNEQUAL SOCIETY

The study is empirical in its approach. It is primarily based on the analysis and reporting of data collected during the Tukialus project work. However, the evaluation of results and impacts in the report is guided by a theoretical framework that examines social inequality and addresses marginalisation issues, through which the project results are examined in the everyday lives of the target group. This chapter first describes the background, objectives, and target group of the Tukialus project. It then examines the street, the most ubiquitous setting of the work of the Tukialus project, as a context of social inequality and a key operating environment in the everyday life of the project's target group, and explains how the lived experience of marginality on the streets shapes an individual's relationship to themselves and their environment. After this, the project's harm reduction and low-threshold outreach work is theoretically linked not only to the promotion of human rights but also to the recognition of human dignity. Based on the theoretical positioning of the chapter, the report examines the project's street-level outreach work as acts of recognising human dignity, which makes it possible to get close to people who are in the blind spots of the social and health service system and thereby support their well-being and the realisation of autonomy in everyday life and in statutory social and health services.

## Background, goals, and target group of the Tukialus project

The Deaconess Foundation's Tukialus project has provided service guidance, social care, and psychosocial support to people suffering from substance use disorders in three different cities between 2019–2023 in two separate STEA projects. During the year in review year, the Tukialus project was operating in its final year of funding, still with three

pairs of workers in Lahti, Tampere, and Helsinki. The project's target group is in particular those people suffering from substance use and mental health disorders who are outside the social and health service system and experiencing homelessness. One of the project's key objectives is to offer people outside the service system a genuine opportunity to be comprehensively encountered on a low-threshold principle and to provide support in accessing the services they need. The low-threshold nature of the service is promoted, among other things, by ensuring the anonymity of people encountered on the streets and by working in the everyday environments of the client group. Additionally, the project's key objectives include supporting the target group's mental health and life and everyday management with a harm reduction approach to substance abuse work. (Tukialus project 2024.)

The substance use that challenges clients' everyday lives is conceptualised in this report as a substance use disorder, not as a substance abuse problem or addiction, as is generally done. The chosen concept builds a conceptual distinction from such social discussion and representation of a "person with substance abuse problems," where the discussion about substance use is primarily morally structured as personal choices of individuals problematically using substances. Moralising attitudes about individuals' own problems can be seen in the social and health service system, for example, in such speech where working with substance users is perceived as difficult because "they don't commit" to services or receiving them. This report builds a picture of work where project workers commit to working with a substance-using client in their individual life situation, where the goal of the work becomes increasing the client's well-being, and the client's level of motivation or ability to commit to getting rid of their substance addiction does not determine access to services.

## The street as a context of lived marginality and social inequality

The study is based on a relational understanding of well-being, where an individual's well-being is seen as possible (only) in a situation where the individual's basic needs, such as food and safety, have been taken care of (Saikkonen & al. 2021). For a person suffering from substance use disorder and living without permanent housing, it can be practically impossible to arrive at a meeting with a worker at a certain, calendared time, because during homelessness, managing one's own affairs is often challenging as life is unpredictable. Those with substance use disorders may also feel that the official network cannot help them in a way that corresponds to their own service needs (Perälä 2012). According to the National Institute for Health and Welfare (THL), drug deaths, which have increased in Finland in recent years, are strongly linked to social disadvantage. The Finnish government has emphasised in its drug policy, in addition to continuing and developing long-term basic-level work, harm reduction and the realisation of the fundamental and human rights of people using substances, among other things. (Rönkä & Markkula 2020.) Societal practices, such as substance use disorder or mental health services, do not always function in a way that is easily accessible from the perspective of their target group.

In the case of the Tukialus project, this phenomenon is linked to the social position of the target group, where, for example, the next meal or safe overnight stay with its implementation location are not self-evident matters. In some situations, for example, to get a place in housing services intended for the homeless, a person would first have to go to meet a social worker who can make a service needs assessment for them and then make a service request needed for support housing, after which the client may still have to wait for a supported housing place to become available. The bureaucracy does not work according to the Housing First principle from the client's perspective. If the service system becomes inaccessible to a person due to their addiction disorder, services that reach out to them and take into account their individual service needs have, in practice, an enormous significance in offering support, as it fundamentally narrows the inequality experienced by clients. (See also Perälä 2012; Isola & al. 2021.)

As a context for the outreach work of the Tukialus project, the street as a location in many ways aside from traditionally conceived 'substance abuse' work, although street-based substance use disorder work based on a harm reduction orientation has increased in Finland in recent years (see Ranta 2023). The meeting place is thus not the client's home, the worker's office, or a treatment period in an institutional environment, but the street space, which is open to all and as a permanent place of being and living is socially unacceptable, owned by no one, and often an unsafe area.

The experiences of lived marginality of the target group are individual and thus different and unique for everyone, but elements describing the street as a place of living are unpredictability, temporariness, social stigma, and insecurity, all of which in part build the experience of lived marginality in relation to the individual's personal life history and experiences (see Holmberg 2023; Perälä 2012; Mäki 2017). For someone suffering from substance addiction, spending time in the street environment can be fateful in two ways. According to studies, social relationships are highly important for an individual's possibilities of rehabilitation and maintaining personal boundaries; they can either support or challenge orientation to necessary services, and on the other hand, long-term stay without a permanent, safe home supporting privacy boundaries can at worst deepen substance addiction, not to mention other problems linked to prolonged homelessness (Ranta & al. 2023b; Perälä 2012).

Street homelessness has been found in studies to be the hardest core of homelessness in the sense that most often when homelessness has been prolonged, work and studies have also been left behind, income level has dropped, and substance use and mental health disorders that maintain homelessness have been left untreated: various social, health, and physical problems begin to accumulate (Granfelt 2015). In street-based outreach work, the lived margin comes "before the eyes" of the worker, and becomes visible in a different way than, for example, in client meetings at the office.

The Tukialus project has particularly supported people who are not always accessible from the perspective of social and health services. The issues of accessibility go in two directions, as correspondingly, the clients of the project's target group are not always able to find or attach to such social and health service system services that they would need and to which they have a legal right.

Both being outside the service system and the street as the living environment of the target group refer to such inequality in the lives of the target group that prevents the realization of their well-being (see also Perälä 2012; Therborn 2015). The following figure presents the differences between normative social position and the margin lived on the street. For the actual accessibility of services, it is extremely important to understand the world of life of the target group for whom services are produced because the world does not appear the same to all of us. Our worldview is greatly influenced by the routines within which we live. The picture of everyday possibilities built from the street differs significantly from what many of us consider normal in our lives. Inequality is approached in this report not only from the perspective of factors building, maintaining, or removing structural societal dividing lines, but also as a lived experience from the margin of society. In the image, Ordinary Oscar wonders why Homeless Harry "doesn't just get a home". For Harry, however, the situation may appear such that it's not even possible for him to get a home, no matter how hard he tries.



**Figure 1. Normative societal position, The Tukialus project's target group on the margins of the streets and inequality**

<p>Why doesn't he just get a house and take a shower?</p> <p>Ordinary Oscar, 40 years old, who lives An ordinary life.</p>	Has a permanent home	Lives without a permanent home – insecurity	<p>F*ck – if only I could get a home and some rest...</p> <p>Homeless Harry, 40 years old</p>
	Legal source of income	Commits crimes for a living, evades the authorities	
	Able to make rational choices	Cognition driven by substance use disorder – substance use the first choice	
	Regularly well fed	Regularly goes hungry	
	Sees a doctor when needed	Sees doctor if possible – health problems pile up	
	Clean and tidy, as enjoys regular washing facilities	Outward appearance untidy, can't wash regularly or access to it	

Göran Therborn divides the mechanisms of inequality into three parts: 1) *resource inequality*, 2) *existential inequality*, and 3) *inequality of the conditions of life* (Therborn 2015).

In the lives of the Tukialus project's target group, resource inequality manifests, for example, as homelessness, low income, and the inability to acquire drugs without committing crimes (Mäki 2016; Perälä 2012).

Existential inequality is manifest in the life of the target group, for example, as an experience of lived marginality, where everyday practices are produced in interactions between people (see Holmberg 2023). These practices are guided by cultural meanings, such as societal norms and stigma: according to the normative view, everyone should have their own home and every adult should be able to manage their own affairs, and one should not be intoxicated during the day, especially in public spaces. Breaking norms causes social disapproval, i.e., stigmatisation, which manifests as dismissive and belittling attitudes and glances towards people living on the street and those who are ill. From the normative perspective, street life becomes "sick" because it is such a deviant lifestyle. However, fewer people realise that people are on the street specifically because of their diagnostic illnesses. Accepted or not, the lived margin of the project's target group is built by their daily experiences: for example, it is very different to suffer from a cold or stomach flu in one's own home, where there are sufficient fluids available, toilet facilities, and the possibility to ablution opportunities, compared to being on the street during the day, intoxicated and without adequate hydration or washing facilities and in

fear of being assaulted. In this example, the substance use disorder and reduced functional capacity of the client group are linked to low income and chronic insecurity, which puts the experiencer in an unequal position; all of these factors not only weaken the individual's functional capacity but also significantly shape their understanding of their place in the world (Ranta & Perälä 2022).

Therborn's third category, inequality of the conditions of life, refers to health factors such as diseases, mortality, and the level of nutrition received. One of the work forms of the Tukialus project is distributing food to clients. The term inequity is also used to describe health disparities, which refers to such health differences that a person cannot influence themselves (THL 2020). Health disparities related to inequity for the project's target group include, for example, issues related to the availability of substance use disorder and housing services, as well as the fact that most homeless people are men or that many young people die from drugs in Finland.

Applying the concept of inequity would be justified for the project's client group, but in this report, to open up the multifaceted nature of the inequality phenomenon and the results and impacts of the project work, the conclusions rely on Therborn's (2015) three-part division, against which the project's impacts are examined. An important background idea in the Tukialus project is that people in the target group are supported regardless of why they are on the street, and the orientation is to generally reduce all kinds of human suffering and harm caused by substance use in the lives of the target group.

## Substance harm reduction work and low-threshold encounters as an act of recognising the human dignity of marginalised individuals

The Tukialus project has developed the content of work on substance use disorder based on the principle of low-threshold service, aiming to support participation and life management without requiring commitment (SOSTE 2019). The low-threshold approach is concretised in the project's practical work, especially through the client's option for anonymity and the workers' outreach to the target client group. Anonymity is important as it enables providing help to people who are not reached by official services (Ranta et al. 2023a). The goal of the work is to enable the formation of a client relationship through encounters. The guideline for work on substance use disorder implemented as a low-threshold service comes from the harm reduction work orientation, which arrived in Finland as a form of work on substance use disorders at the turn of the millennium. The harm reduction approach in work on substance use disorder is oriented towards human dignity, avoiding the moralisation of clients, and pragmatism with measures focused on the harms caused by substance use. The approach does not inherently aim for sobriety, nor does intoxication prevent service provision. However, the client is supported towards reducing or quitting substance use if they appear motivated to do so. Harm reduction work primarily aims to reduce the harms caused by substance use. (Perälä 2012; Ranta & Perälä 2022.) According to Hekkala et al. (2023), research conducted during the Covid-19 pandemic emphasises that, in addition to securing basic needs as per Section 19 of the Constitution, human contacts are also essential for survival in marginalised positions, as they *"enable being seen, interaction, a sense of belonging and community, and are thus prerequisites for a dignified and meaningful life"* (ibid., p. 325).

With the increase in drug use and to promote the accessibility of substance use disorder services, low-threshold substance use disorder work in Finland has been conducted not only on the streets but also, for example, in the anonymous Tor network. From an accessibility perspective, the continuous availability of substance use disorder services that ensure anonymity is extremely important and is likely to remain so in the future if people needing support to reduce the harm of drug use continue to be defined as criminals in Finland (Ranta et al. 2023a). A criminal lifestyle and homelessness keep people detached from normative society (Mäki 2016). Recognising human dignity and striving for humanity as the core starting point for service provision differs in orientation from official

work, which emphasises project workers' obligation to respond to legal service needs; in this case, the client process is hoped to progress as a kind of "logical continuum" and is built more within a framework of disciplined management (Perälä 2012). An advantage of work organised as a third-sector service is that the content methods of the work are not guided by an official "substance use work client process protocol," within which clients have sometimes been seen to be in a somewhat subordinate position in the client-worker interaction based on traditional institutional positions (Ranta et al. 2023a).

The project work examined in this report is referred to as acknowledging substance use disorder work. The concept of acknowledgement is a formulation by sociologist Richard Sennett (2004), who has studied inequality, of what it means to be encountered as an equal. In this report, I conceptualise each client encounter in the project work as an act of acknowledgement. Acknowledgement means looking at humanity and human dignity and avoiding moralisation. According to Sennett (ibid.), as well as Therborn (2005), inequality manifested in cities operates through certain mechanisms, and these mechanisms push some of us more to the margins of society than others. The appreciation a person receives is primarily influenced by local social norms, or a person's "cultural measure," which the Tukialus target group does not reach while living on the streets. Through prolonged street life and homelessness, people are often unable to work or support themselves financially. Substance use disorder and low income often lead to self-sustenance through criminal activities, for example. Additionally, an intoxicated and unwashed person stands out in the public street spectacle in a negative way compared to prevailing social norms.

As the experience of living on the margins becomes chronic and deepens, people may no longer even want to try to return to society, as the journey there feels too long, even impossible. Walking the streets with the project's work pairs, I was able to observe the stigmatising gaze directed at the client group, indicating their placelessness in society: they should not be on the street, nor sitting on benches in public spaces. The project's target group has no right to their own space or place, so they take it and position themselves in opposition to the rest of society. Acknowledging human dignity is methodologically something that has enabled Tukialus workers to get close to their target group and begin to gain their trust. The long-term goal is to achieve clients' trust, which opens up new working opportunities among the target group and reduces their social marginalisation (Perälä 2012). The following chapter presents in more detail the diverse data of the study and its use in evaluating the effects of the project work.

# RESEARCH DESIGN

This study was commissioned by the Deaconess Foundation and it aims to produce an evaluation of the impacts of the project's harm reduction work on substance use from 2019–2023. The review period combines two different project periods and its perspective is produced by the project workers. It would not only be interesting, but also important, to study the impact of street outreach and face-to-face substance use work on clients' lives from the clients' perspective, so that the target group of the project would be more involved in the production of the research data. Researchers recommend including marginalised people and the substance use workers who reach them in the planning and development of social security (Hekkala et al. 2023; Suoranta & Rynnänen 2014). With the data available in this study, it is possible to create an indirect picture of what meanings the project's actions and the method of engaging work may have had on clients' lives and daily routines, as the project workers have reported in the data both the contents, processes, quantities of work done among clients, as well as feedback received from clients about their work. This chapter presents the research questions guiding the evaluation of the Tukialus project, as well as the research data and methods of analysis, ethical issues concerning the conduct of the research, and the process of carrying out the study.

## Research data and questions

The study examines and describes the impacts of the Tukialus project work from the perspective of the project workers for the period 2019–2023. The report uses three different types of research data:

1. Anonymous statistical data collected during the project (N = 25,960) on actions implemented in client encounters in three different cities;
2. Anonymous slide material produced by project workers examining the content of longer client processes (N = 50), and
3. Interview material from project workers (N = 4).

The report is built on the analysis of these three research datasets, each of which is presented with its own more specific research question in the analysis (see Table 1).

The overall guiding research question is "What results and impacts has the Tukialus project (2019–2023) activity had from the project workers' perspective?"

**Table 1:** Research questions and data for the impact assessment of the Tukialus project

Tutkimuskysymys	Tutkimusaineisto
1. What activities and how many of them have been implemented in the Tukialus project work in 2019–2023?	Anonymous statistical data on client work actions that took place in encounters between Tukialus project project workers and clients (N = 25,960)
2. What work methods have been implemented in the Tukialus project's client work processes?	Anonymous slide material describing work done in the project's longer client processes (N = 50)
3. How do the Tukialus project workers describe the impacts and significance of their own work in the daily lives and well-being of the project's target group?	Project worker interviews (N = 4)
4. What results and impacts has the Tukialus project activity had from the project workers' perspective in 2019–2023?	All material

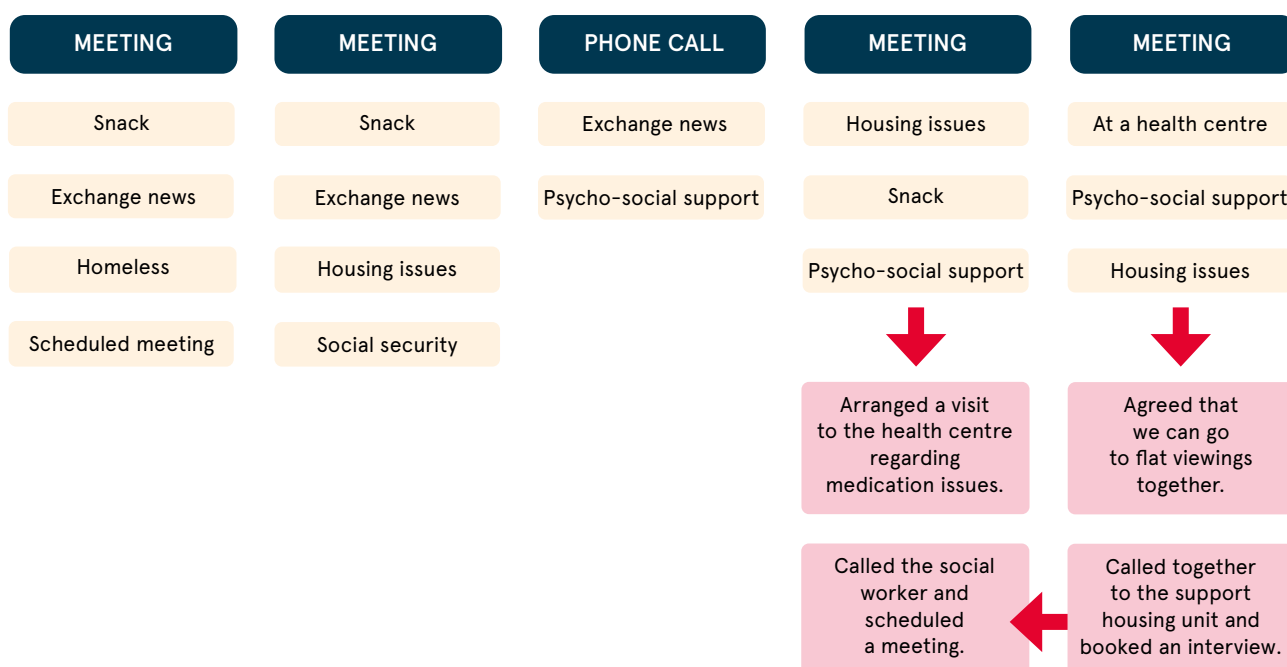
## Collection of research material

The work of the Tukialus project is done anonymously among clients, so even the project workers do not always know the clients' names. The statistical data of the study (N = 25,960) is anonymous and describes the actions taken in client work quantitatively. The statistical data has been collected from three different cities: Lahti, Tampere and Helsinki. The content framework of the collected statistical data has been developed as the project progressed in 2019–2023. The statistical templates for different years are visible in the report as attachments (appendices 8–11). The effects of changes in the project's statistical methods over the years on the analysis of the data and the reliability of the results are discussed in more detail in the next subsection. The quantitative statistical data concern the client's age and gender, as well as the location, participant network and quality of the encounter event or the content of material goods shared in the encounter, such as food or injection equipment. In addition, the statistical data includes qualitative descriptions of events in client encounters and immediate descriptions of feedback given by clients on the encounter, such as "Thank you for being here, I was so scared" or "You restored my faith in

people like you". Project workers have been instructed to fill in the statistics daily/weekly. When recording the statistical data, the project workers had the opportunity to write a short description of the client encounter if they felt that the content of the work was not evident from the statistical entries following the project's activities. The data includes a total of 1,553 more detailed descriptions of client situations.

The anonymous slide material produced by the project workers (N = 50) describes various long-term client processes carried out in the project work. The slide material does not contain information about target cities, dates or clients, but it describes in more detail on a PowerPoint slide the actions taken and the content of support work in individual client processes, as well as the number and quality of places, such as phone calls or face-to-face meetings realised in the project work. The slide material describing the project's client processes was also produced in advance by the project workers in 2019–2023, and it was anonymised by the project workers before being delivered as research data. Figure 2 opens up in more detail how longer-term client processes become visible through the slide material. The image does not present a real client case of the project, but it has been created to mimic real slide material to describe the quality of the data used in the report.

Figure 2. Example of slide data on long-term client processes



The third area of research material, the interviews with project workers (N=4, total of seven workers) used in the report were conducted as semi-structured thematic interviews (see appendices 3-6) in pairs via TEAMS. The project manager was interviewed separately: the previous divisions were made due to differences in the job descriptions of the project manager and supervisors and the varying operating environments of project work in different cities. Before starting the interview, the research notice and privacy statement were reviewed together with the pairs of workers. In addition, oral consent for the interview was requested from the project workers and they were informed that participation is voluntary. Before conducting the interviews, the researcher accompanied the pairs of workers in the three cities where project work is carried out to observe their work with clients. The aim of this was to increase the researcher's understanding of the contents of project work, encounters, and their connection to the rest of the social and health service system, as well as the social position of clients who are the target group of the project. No research diary was written about the observation, nor was research data collected in connection with the observation. For research ethical reasons, only the researcher who wrote the report at hand had access to the interview material of the project workers during the research. The interview material was deleted upon completion of the study.

## Analysis of research data

The analysis of the project's statistical data is based on opening and verbalising quantitative data and especially describing the effects of measures taken in project work on the everyday lives of the client target group. The collection of statistical data has been developed over the project years, which posed its own challenges for analysing the material. The table below is an example of changes in measurable variables.

Changes in measurable contents have been taken into account in the analysis of the report and in the way the results are presented. In the analysis of statistical data, the statistics of all different cities for all different operating years were combined into one Excel, which created an overall understanding of the amount and quality of project work done during the years selected as data. All project work statistics, such as feedback given by clients, are not presented in this report. The statistics are presented in the report as a national entity, although they contain city-specific differences. The differences were partly explained, for example, by project work resources: in some project years, the same pair of workers operated in both Tampere and Lahti, and from the beginning of 2022, Lahti had its own pair of workers, which affected the statistics of both cities. However, the intention of the report is primarily evaluate the effects of work done during the project years as a whole, so a more detailed analysis of city-specific differences does not serve the purpose of the report.

The material describing client processes documented anonymously as project work is structured in the results section of the report not only in terms of work methods and goals used in client processes but also as a theory-led, data-driven content analysis. In the content analysis, the data was classified under different themes based on the content of the client processes presented in the data. These themes were especially located through how long-term client work processes were seen to help clients and how they worked in reducing the inequality they experienced.

The analysis of the material concerning client processes thus focuses on the significance of project work not only in responding to clients' service needs but also in relation to the rest of the social and health service system. The slide material consisted of a total of 1-5 slides per individual client process.

**Table 2:** Example of changes in the Tukialus project's statistics between different years

Project year / variables	Where encounters with clients take place						
2019	On the street	Public space	Municipal service	In partner service	In own service	In a private space	By phone
2023	Street environment	Public/general indoor spaces	With first sector services	With second sector services	With third sector services	Elsewhere	

For scheduling reasons, the interview material of project workers was not transcribed, and in the early stages of the study, the interviews were thought to function as supporting and validating material for the analysis of other data. Through going into the field among workers and subsequent interviews, this material became at least as important in describing the work methods and effects of project work, as they significantly deepened the understanding of the phenomenon under study. Notes were made during the interviews, which were also used as support in making the analysis. The interview material has been analysed in the same way as the material describing client processes: interview speech has been examined as a theory-led, data-driven content analysis, where the focus is on how the impacts of project work appear in the lives of the client target group and how project work has been able to reduce the inequality they experience.

## Progress of the research process and ethical principles of the process

The implementation of the commissioned research was agreed between the Deaconess Foundation and the researcher in December 2023. An employment contract for the researcher was made for the period 2.1.-31.3.2024. Discussions were held on the question setting of the research and the possibilities of materials about the information needs of the research commissioner, based on which steps were agreed together to carry out the research. The goal of the research was to comprehensively evaluate the effects of work done in the Tukialus project during 2019-2023 from the perspective of various statistics, reports, and descriptions produced by project workers about their own work.

The research design was formulated so that its implementation does not cause harm to the project, its clients, or project workers. The main materials of the research were anonymised. Special attention has been paid in the reporting to ensure that the project's clients, workers, or target cities are not identified through the report. Regarding the interview material of project workers, the research was reported to protect the anonymity of project workers. The project workers were aware of the research being conducted even before it started and had a positive attitude towards researching their work. Right at the beginning, an endorsement was sought and obtained for the research from the ethical committee of the Deaconess Foundation, after which the research could actually be started.

The research materials were stored and analysis was carried out during the research on a TEAMS channel created for the research. The statistical data and slide material describing client processes used in the research remained available for use by the research commissioner after the completion of the research, but the recordings of the interview material of project workers and notes made from it were destroyed in connection with the completion of the research. The results of the report are examined as a national entity, and this is thought to minimise the risks of identifying individuals from the research. Individual client cases or target cities are not reported in the research, because the aim is to avoid any stigmatisation of the target group or the services they use or the people working in them, which could have any harmful significance for the accessibility of services or doing work. Otherwise, the focus of the report is, instead of analysing individual cases, rather in the effects of project work on a broader societal scale, without underestimating the uniqueness of individual experience.

The target group of the Tukialus project is in a socially marginal position, so from an ethical perspective, it is particularly important to collect and produce information about work done among them. Social marginalisation means, for example, in the lives of the project's target group, that they are often not involved in political decision-making that affects them or in the planning of the social and health services they use (see also Perälä 2012; Suoranta & Ryyänen 2014; Hekkala & al. 2023). This makes reporting on work to assist the target group particularly ethical and important: the marginal position of the research target group is partly built on the fact that they do not attain suitable services for themselves from the social and health care system, but often remain, at least to some extent, outside the service system, which maintains their vulnerable social position.

Researching the help provided in the Tukialus project helps increase knowledge about the lives, service needs, and prerequisites for benefiting from services of people who are left outside the service system, experiencing homelessness and suffering from substance addiction. The social marginalisation of the target group in question can be partly increased by a lack of knowledge about their life situation and service needs, as well as stigmatising preconceptions related to the above.

## Reflection on the reliability of results

The reliability of research results is challenged by the inaccuracy of statistical data in two ways. The first challenge is that the variables of statistics have been changed during the project years, naturally to meet the needs of project work, but on the other hand in a way that challenges the combination of statistics made in different years. The second factor challenging the reliability of statistical data is that project workers have not recorded all client work encounters. This is, on the other hand, only a small problem, because based on the data, it is possible to say how many encounters according to different variables have at least occurred in the Tukialus project work. In reality, there have been more encounters with different variables according to the project workers.

Regarding the reliability of the slide material describing longer client processes in project work, the challenge is the selection of reported client processes. If the Tukialus project has encountered at least over 5000 people during 2019-2023, 50 client work processes from it is a rather small share, only 10%. On the other hand, the research does not aim to describe what project work has "only and solely been", but rather to present different forms of project work and its effects on the lives of the

client target group. The material has been selected according to the fact that client processes have been longer than one encounter, but this is taken into account in reporting the results, which does not claim that such processes have been carried out with all encountered clients.

The reliability of the interview material can be promoted by the fact that project workers knew that the researcher writing the report would be the only party to access it. In analysing the interview material, I have taken into account that when project workers talk about their own work, they may have a need to present work-related issues in a positive tone, which is a humane feature and on the other hand understandable also in the sense that project workers would like the form of work to continue, as they consider it to be important in clients' lives. In the study, only such contents have been reported from project workers' interviews that have come up in several interviews. It was also obvious that such themes would arise, because although the target cities partly differ, for example, in terms of the operating environment or culture related to drug use, very similar social phenomena are encountered in street-based substance use work regardless of the locality that is the context of the work. Following the practical activity of the project workers reinforced the understanding of information obtained based on the interviews.

# EFFECTS OF STREET-BASED ENCOUNTER WORK FROM THE PERSPECTIVE OF PROJECT WORKERS

In this chapter, the results of the study are presented by data. Reporting begins with the analysis of statistical data and quantitative opening of work done in project work during 2019-2023: using statistics, the report examines, for example, where and in what life situations have clients been encountered in project work and what forms of work have been conducted with them. The project work is then presented through slide material describing its longer client processes: the focus is on the different client work methods that longer client work processes have included. In addition, the methodological contents of project work are classified using theory-led, data-driven content analysis, drawing visible the central contents of project work carried out among the lived margin of the client target group thematically. At the end of the chapter, the results of the analysis of the interview material are presented, in the construction of which theory-led, data-driven content analysis has also been utilised.

## Statistical data

Regarding statistical data, the statistics accumulated in Tukialus's work during two different project periods from 2019 to 2023 are presented. In interpreting the research results presented by the statistics, it should be noted that the statistical base has not remained the same throughout all years, but has been developed as the project progressed. Due to these content changes, statistics have been combined, but only to the extent that this is possible. In addition, more workers have been hired for the project over the years, which is why there are partly significant differences in the number of encounters between project years. The second observation guiding the interpretation of statistics is that filling in statistics has not always been as important to workers in the everyday life of project work as their engaging client work. This means that not all client encounters have been recorded in statistics, which is of course unfortunate from the point of view of presenting the results of the project. In reality, there have been more encounters in the project work than are presented in this results section. The report focuses on examining those statistics that are available from the project work, as the recorded numbers of encounters are quite significant. The research question presented for the statistical data in the report was: *What measures and how many of them have been implemented in the work of the Tukialus project from 2019 to 2023?*



## Encounters in the Tukialus project in 2019–2023

The table below shows that during five years, a person has been encountered in project work in three different cities a total of 25,960 times, which means an average of slightly over 5,000 encounters a year, i.e., an average of 1,667 encounters a year per city.

Most (69%) of the street-based outreach work of the Tukialus project has taken place in the street environment, i.e., where the work is basically planned to take place.

**Table 3:** The settings and numbers of Tukialus encounters in 2019–2023

Encounter setting	2019	2020	2021	2022	2023	Total
Street	2 176	3 026	2 499	5 521	4 715	17 937 (69 %)
Public space	549	638	665	547	920	3 319 (13 %)
Phone	439	463	380	279	341	1 902 (7 %)
Other	195	97	77	592	1 841	2 802 (11 %)
<b>Total</b>	<b>3 359</b>	<b>4 224</b>	<b>3 621</b>	<b>6 939</b>	<b>7 817</b>	<b>25 960</b>

During the five years under review, the Tukialus project has encountered clients in the street environment a total of 17,937 times, in public space 3,319 times, and elsewhere, such as by going to another service with the client, 2,802 times. Encounters of the project have

been carried out by phone 1,902 times. The growth in the number of encounters is explained at least in 2022 by the fact that in that year, for the first time, three pairs of workers operated full-time in three different cities.

**Table 4:** Gender of clients encountered in Tukialus project work in 2019–2023 and their familiarity with project workers when encountered

Client encountered	2019	2020	2021	2022	2023	Total
Female client	993	1 144	893	1 621	1 705	6 356 (26 %)
Male client	2 406	3 074	2 723	5 315	4 576	18 094 (74 %)
Non-binary	16	6	5	3	6	36 (0 %)
New client	1 189	1 239	897	1 497	608	5 430
Previously encountered client	2 226	2 985	3 466	5 442	5 679	19 798

Tables 4 and 5 show the gender distribution, age, and familiarity of encountered clients to project workers. Most of the encountered clients (74%) have been men and about a quarter women (26%). The proportion of women among clients is similar to that in Finland's homelessness statistics (ARA 2024) and among those in substance use care due to drug use in Finland in 2018, of whom 29% were women (Rönkä & Markkula 2020). Non-binary people have also been encountered in project work, although their encounters have usually been recorded less than 10/year, so the share of this group does not rise significantly in light of statistics. The side effects of inequality are seen to accumulate for men in Finland, and this becomes visible also through the project work statistics (Saari 2015; Ritala-Koskinen 2022).

Based on the total number of new clients, it can be stated that Tukialus project workers have encountered a total of about 5,430 different clients during 2019–2023. It is a significant number, as according to the THL there were a total of 31,100–44,300 people using amphetamines and opioids problematically in Finland in 2017 (Rönkä & Markkula 2020). Based on the previous figures, it can be said that the project reaches its target group extremely well and strengthens the gendered picture of inequality that has previously been noted in Finland.

**Table 5:** Ages of clients encountered in Tukialus project work in 2019–2023

Client ages	Under 18	18–29	30–40	41–50	51–65	Over 65
2019	19	679	1 515	795	378	29
2020	7	752	1 755	1 147	522	41
2021	11	471	1 651	1 000	468	20
2022	44	1 354	2 534	468	777	172
2023	5	895	1 959	20	790	175
<b>Total</b>	<b>86</b> (0%)	<b>4 151</b> (17%)	<b>9 414</b> (38%)	<b>7 465</b> (30%)	<b>2 935</b> (12%)	<b>437</b> (2%)

Over half (55%) of the clients encountered in the project were 40 years old or younger. In 2018, the average age of clients who had sought treatment in substance use care for problematic drug use was 34 years. A significant age group in Tukialus's client base during the project years 2019–2023 has also been formed by 41–50-year-olds, who account for almost a third (30%) of those encountered in the project. Because substance use disorder and life on the street significantly shorten a person's life expectancy, it is natural that the proportion of over 65-year-olds encountered has remained relatively small.

Concerns are raised by observations made in connection with going into the field with project workers about the intergenerational nature of inequality experienced by clients, which raises questions about the actual opportunities offered by the welfare society to break away from a chronically marginalised life. In addition, concerns are raised by observations of under-18-year-olds using substances on the street, who have also been encountered in project work, although they do not belong to the project's target group due to their age.

## Support offered in Tukialus encounters in 2019–2023

The table below (Table 6) presents statistics on the content of support provided in project work during 2019–2022. The statistics for 2023 were structured very differently in terms of measuring support content, so the report does not detail the support content for 2023 in this respect. The table also shows a change made in the way statistics are recorded, which aimed to produce a more accurate assessment of when an encounter is

shorter and more of an exchange of greetings, whereas in the early years of the project, it was still measured how often information about the Tukialus project’s activities was shared during encounters. In the early years of the project, one of the support contents emphasised was the social marketing of the project’s services, i.e., informing clients about the project’s activities and highlighting opportunities to help them.

**Table 6:** Content of support offered to clients in Tukialus encounters in 2019–2022

Type of support	2019	2020	2021	2022	Total
Social support	896	1250	758	1 019	3 923
Physical support	2 078	3 303	3 033	5 839	14 253
Psychological support	3 132	3 829	3 042	5 846	15 849
Brief encounter	0	0	0	4 519	4 519
Told about activity	1 619	1 130	739	0	3 488
Guidance or advice	2 232	1 881	807	1 682	6 602
Supported and encouraged	0	3 498	2 447	1 238	7 183
Accompanied to another service and given support there	146	236	1 394	389	2 165

According to the statistics, project work has evolved over the years to become increasingly supportive of the people encountered: there is a quantitative increase in social, physical, and psychological support work as the project years accumulate. The statistics depict the gradual building of trust in the client-worker interaction relationship; this phenomenon is explained in more detail in the analysis of other data. During 2021, i.e., during the Covid-19 pandemic, support work emphasised guiding encountered clients to other services, which can be explained by the closure of services during the pandemic and restrictions on physical distance between people, which unfortunately affected marginalised groups in society, who in some cases were left in a very vulnerable position and faced unacceptable situations in their daily lives (Hekkala et al. 2023).

For 2022, a factor explaining the statistical increase in encounters is that more project workers were hired for the project over the years so that for the first time, one pair of workers operated in each of the three project cities at this stage. When moving about in the field, the project workers knew where the clients frequented and where to look for them. In addition, a trusting interaction relationship has formed between the project workers and many clients over the project years, in which the project worker can support a client with psychosocial

methods based on the client’s needs in different situations (see Granfelt 2015; Ranta & Perälä 2022). Effective methods are learned for each client through personal acquaintance. In a client-worker interaction relationship based on familiarity and trust, the project worker can find various ways to help the client.

Looking more closely at the forms of psychological support in Tukialus project work, we see that psychosocial support has been offered 13,970 times and other psychological support 4,290 times in client encounters (see Table 7). Thus, psychosocial support has been offered to the project’s target group in over half of all project work client encounters, which totalled 25,960. In addition, workers have encountered an acute crisis with a client at least 849 times. Crisis situations in work on substance use are often psychologically heavy, as in the world of criminal and substance use, they are linked to various forms of violence or loss of life. The project work has dealt with both life and death issues. The project workers’ job description includes daily debriefing sessions where psychologically heavy events are processed among the workers. For example, people experiencing prolonged homelessness often need long-term, special support for planning, arranging, and creating a permanent home.

**Table 7: Quantities and quality of psychosocial support content in encounters during the Support Project work from 2019–2023**

Year	2019	2020	2021	2022	2023	Total
Psychosocial support	3 085	2 895	2 095	3 809	2 086	13 970
Acute crisis	102	157	85	80	425	849
Other support	29	26	4	12	4 219	4 290

The amount of psychosocial support content describes the lived societal margin through its psychosocial support needs. As trust has been earned with clients in the Tukialus project, it has been possible to offer longer-term processes of help that go deeper than “mere food or needle distribution,” which increases not only social sustainability in society but also the opportunities for individuals living on the street to receive help, as they rarely get to experience belonging to society. Research has indeed found that a harm-reduction approach that enables a sense of belonging and trauma work expertise is particularly beneficial when working with society’s margins (Hekkala et al. 2023).

Table 8 details the quality and quantity of physical support content provided in project work encounters from 2019–2023 on an annual basis. By far, the most common form of physical support provided to clients was food, distributed a total of 17,971 times, or in 70% of encounters. The large amount of food distribution is partly explained by the fact that food has been used in the project as a social marketing tool, making it easy to reach the client group. On the other hand, the amount of food distributed has

not decreased over the project years but rather increased. When going out to the streets with the workers, I noticed that clients often ate and drank the offered food and drinks immediately. They were hungry and suffering from malnutrition. Some said they hadn’t eaten in days and asked for more food. Also, to prevent various drug use-related diseases and complications, such as injection infections, clean injection equipment has been distributed in the project, totaling 7,889 times over the project years, well over a thousand per project year.

Drug use and the sex work often linked to financing it involve risks of disease and unwanted pregnancies. To minimise the health risks associated with drug use and financing it through sex work, the project has distributed condoms and/or lubricants a total of 2,199 times in addition to clean-use equipment and provided health counselling and guidance a total of 2,084 times. Health counselling has aimed to particularly address minimising the harm caused by drug use and issues related to clients’ sexual health, such as terminations of unwanted pregnancies.

**Table 8: Quantities and quality of physical support content provided in encounters during the Support Project work from 2019–2023**

Year	2019	2020	2021	2022	2023	Total
Food	1 614	3 021	2 879	5 531	4 926	17 971
Needles, syringes	1 130	1 895	1 395	1 982	1 487	7 889
Personal hygiene products	99	175	819	70	20	1 183
Condoms/lubricants	555	45	20	937	642	2 199
Health advice/guidance	322	554	279	709	220	2 084
Wound treatment	39	45	18	37	0	139
Emergency stand-by	8	9	4	19	60	100
Health centre	17	13	25	36	20	111
112 emergency number called	9	3	6	26	17	61

The following table presents the forms of social support provided in the encounters. During 2019-2023, social guidance has been provided over 2,000 times in the project work, clients' housing issues have been addressed nearly 1,500 times, and clients have been assisted with basic income-related benefits over 1,200 times. Clients have also been helped in accessing substance use disorder services and supported in employment services. For 2023, statistics on forms of social support in encounters have not been collected with the same variables. According to individual city-specific statistics for that year, the housing status of encountered clients was known for 60-70% of cases, of which 40-57% (depending on the target city) had their own home at the time of the encounter.

The rest of those encountered have lived in street environments or emergency housing in exchange for services – i.e., by purchasing accommodation with sex or other services.

Clients have been supported in housing-related matters when they so desired. In substance use services, social guidance, and basic income support-related issues, the project work has often involved promoting the realisation of social rights defined by law for clients, as not all clients always have sufficient individual capacity to function independently in the service system and to obtain the benefits and services they are entitled to. This phenomenon is explained in more detail in the outcomes section of the following material.

**Table 9:** Forms of social support offered in encounters during the Support Project 2019-2022

Year	2019	2020	2021	2022	Total
Basic social assistance benefits	303	393	343	199	1 238
Housing issues	292	432	350	412	1 486
Social welfare and crisis emergency services	9	9	4	2	24
Social welfare guidance	583	858	101	472	2 014
Substance use disorder services	161	190	134	252	737
Employment office	39	49	28	13	129

Statistics make visible the service needs experienced in living on the margins of society. In many places, the question has been about basic human needs, such as food, and the need to be heard and seen. In addition to these, the diverse needs of clients and responding to them paint a picture of the lived margins as a landscape of constant insecurity and violence, where people face various crises. However, the statistics do not reveal the content of psychosocial support in the client-worker interaction relationship of the project work or its connection to the rest of the service system in the same way as the other materials used in the study, which will be discussed next in the report.

## Slide material describing long-term client work processes

The material describing the processes of clients who have been met several times depicts in detail the diverse accompanying work that has been done with clients in the Tukialus project. The research question presented for the material in the report is: "What working methods have been implemented

*in the client work processes of the Tukialus project?"* The 50 client processes analysed for this report differ from each other both in terms of the methods used in client work and in terms of how clients have been helped. Some processes ended as if in the middle, in which case the client has probably disappeared from the scene. Some processes ended in the client's death, and in some, the story gradually moved towards a safer and healthier attachment to society and finding one's place. This observation reinforces the understanding that the goals of client work have been determined on a case-by-case basis and on the individual client's terms in the project work, strongly respecting the autonomy of the person encountered. This subchapter now describes the most frequently used working methods in the longer client processes of the project work, after which it examines thematically more closely how clients have been helped in the project work. The themes have been classified using theory-led, data-driven content analysis, highlighting such working methods that unite many client processes and are related to reducing the inequality experienced by clients.

**Table 10: Working methods used in the Tukialus client processes**

Aim of client work	Methods used
<b>Substance use disorder treatment</b>	<ul style="list-style-type: none"> <li>• Networking with substitution treatment, rehabilitation, detoxification, emergency services, low-threshold service providers, and housing units (appointments, phone calls, and joint meetings)</li> <li>• Service guidance for those unfamiliar with services and/or their rights</li> <li>• Motivating clients to seek substance use disorder treatment (substitution treatment, detoxification, and rehabilitation)</li> <li>• Distribution of clean injection equipment</li> <li>• Contacting the Ombudsman for Substance Abuse Matters</li> <li>• Support in arranging detoxification treatment</li> <li>• Support in arranging substitution treatment</li> <li>• Support in arranging rehabilitation</li> <li>• Demanding the creation of a rehabilitation plan for the client in services</li> <li>• Accompanying the client when desired</li> <li>• Escorting the client to services when desired</li> <li>• Meetings during substance use disorder treatment</li> <li>• Meetings with the client’s support network during substance use disorder treatment</li> <li>• Communication with loved ones with the client’s permission</li> <li>• Crisis work with loved ones after client’s relapse</li> <li>• Supporting the client after relapses and re-motivating them for substance use disorder treatment</li> <li>• Support in changing substitution medication and treatment location</li> <li>• Support in engaging with clinical services for substance use disorder</li> <li>• Motivating pregnant individuals to seek substance use disorder treatment</li> <li>• Motivating those who have discontinued substance abuse treatment to continue</li> </ul>
<b>Ensuring housing</b>	<ul style="list-style-type: none"> <li>• Networking with Kela (Social Insurance Institution), landlord, housing unit, property manager, close relatives, low-threshold service providers, representatives from other municipalities, payment intermediary, and social work (appointments, phone calls, and joint meetings)</li> <li>• Ensuring housing-related social benefits (assistance with social assistance applications and attachments)</li> <li>• Ensuring rental agreements are made (delivering attachments to landlord and Kela)</li> <li>• Investigating eviction situations and taking necessary actions</li> <li>• Investigating power cut-offs and assisting in reconnection</li> <li>• Home visits</li> <li>• Arranging storage for household items</li> <li>• Completing housing applications</li> <li>• Managing relocation-related matters</li> <li>• Assisting in terminating supported housing contracts</li> <li>• Supporting engagement with housing support services</li> </ul>
<b>Ensuring basic social assistance</b>	<ul style="list-style-type: none"> <li>• Networking with Kela (Social Insurance Institution), social work, and payment intermediary</li> <li>• Accompanying clients to Kela</li> <li>• Service guidance and counselling</li> <li>• Filling out social assistance applications</li> <li>• Helping to obtain attachments for social assistance applications</li> <li>• Offering a phone to the client for official business</li> <li>• Networking with employment (TE) offices</li> <li>• Investigating the social security situation of those without income and supporting financial arrangements</li> </ul>



Aim of client work	Methods used
<b>Ensuring health and healthcare</b>	<ul style="list-style-type: none"> <li>• Health counselling</li> <li>• Service guidance for Hepatitis C treatment</li> <li>• Cooperation with the city's nurse</li> <li>• Measuring inflammation values (CRP) with a nurse</li> <li>• * Picking up prescription medications with the client</li> <li>• Distribution of injection equipment</li> <li>• Arranging wound care with a nurse</li> <li>• Accompanying and assisting at the health center</li> <li>• Arranging antibiotics to be picked up at the day center</li> <li>• Outreach visits to hospitals and wards to meet clients</li> <li>• Accompanying and assisting at the emergency room</li> <li>• Motivating to reduce the use of additional substances during substitution treatment</li> <li>• Calling an ambulance</li> <li>• Making laboratory appointments</li> <li>• Accompanying and assisting at the laboratory</li> <li>• Distributing condoms</li> <li>• Sexual counselling</li> <li>• Accompanying the client for drug screening</li> <li>• Service guidance</li> <li>• Supporting in matters related to arranging a bus card that supports substitution treatment</li> <li>• Arranging HIV tests</li> <li>• Service guidance for vaccinations</li> <li>• Guiding those suffering from injection-related infections to healthcare emergency and motivating them to get antibiotics</li> <li>• Accompanying to X-ray, MRI, and casting (for bone fractures)</li> <li>• Arranging pregnancy tests</li> <li>• Accompanying during ultrasound</li> <li>• Obtaining a referral for abortion and accompanying during the procedure</li> </ul>
<b>Supporting psychological well-being</b>	<ul style="list-style-type: none"> <li>• Supportive work</li> <li>• Exchanging news and checking in</li> <li>• Psychosocial support</li> <li>• Crisis work for those who have experienced violence, been robbed or suddenly lost a close relative</li> <li>• Meetings via phone and face-to-face</li> <li>• Accompanying and assisting at psychiatric emergency</li> <li>• Support in aggression management</li> <li>• Motivating those tired of street life to change</li> <li>• Calming people who hear voices and motivating them to take antipsychotic medication</li> <li>• Supporting those experiencing distress due to child custody loss</li> <li>• Counselling for traumatised individuals</li> </ul>



Aim of client work	Methods used
Ensuring basic rights	<ul style="list-style-type: none"> <li>• Ensuring client access to statutory social and healthcare services</li> <li>• Informing about own activities and providing contact information</li> <li>• Accompanying clients with behavioral disorders in services</li> <li>• Service guidance</li> <li>• Snacks and food aid</li> <li>• Finding clothes with the client at the day center</li> <li>• Service guidance to food distribution points</li> <li>• Service guidance to clothing donation points</li> <li>• Scheduling follow-up meetings</li> <li>• Arranging new appointments to replace cancelled ones whenever the client wishes</li> <li>• Assisting in obtaining an ID card</li> <li>• Taking to social emergency services</li> <li>• Mapping out service chains for individuals with significant executive function challenges due to mental and substance use disorders</li> <li>• Support in child protection processes</li> <li>• Support in dealing with administrative court</li> <li>• Networking with third sector actors</li> <li>• Assessing service needs on the street</li> <li>• Cooperation with district court on grounds for reducing fines</li> <li>• Guiding victims of violence to shelters and in making police reports</li> <li>• Accompanying intoxicated individuals home</li> <li>• Lending a phone for handling affairs</li> </ul>

In the table above, the substantive methods of project work are classified according to various broader client work aims into work on substance use disorders, support for psychological well-being, ensuring basic rights, and objectives related to securing housing and social security. The key aspect of the project work has been to meet the client in their current situation and focus on supporting the client not only in relation to their current needs and goals but also towards longer-term goals, such as accessing substance abuse rehabilitation whenever possible when meeting the client. The clients' marginal position in society is evident, for example, in the abundance of working methods related to various basic rights and social security. In addition, the fact that clients have often been accompanied to places they need, such as healthcare emergency services and meetings with social work or Kela (The Social Insurance Institution of Finland), and supported in their dealings on-site, paints a picture of the challenges experienced by the client group in using social and health services. This phenomenon is described in more detail in the following subsection, which examines the preceding working methods as a response to the social inequality experienced by clients.

### **Crisis work that is responsive to the moment and determined by the client's life situation**

Each encounter with clients in the project work is different. The settings of the meetings and the forms of work done in them vary from one encounter to another, which is based on the marginal nature of the client target group's life situation understood in the project from the project plan onwards. In long-term customer work processes based on confidential interaction, there can be many different parallel goals, which are always negotiated respecting the client's autonomy, current functional capacity, and decision-making power (see also Ranta & Perälä 2022). For example, if through the psychosocial support offered during the encounter, it becomes clear that the client needs support in coping with substance use and arranging housing matters, we pragmatically start with what is defined as the most important thing for the client to handle in the situation. On the other hand, if during the same encounter, it turns out, for instance, that the client also has a situation requiring a visit to the healthcare emergency services, based on the employee's assessment of the situation, an attempt is made to motivate the client to visit the emergency services. If the client is ready to do so but lacks the resources and capacity needed to get there, such as a ticket or perseverance, they can be accompanied to the emergency services if necessary and supported in clarifying the health situation on-site.



Essential to the encounter, in addition to the priority of the support needs expressed and experienced by the client, is also the project worker's situational professional overall assessment, where the first priority is to solve challenges and problems acutely affecting the client's health and safety. Not every encounter is structured as a client work situation requiring multidisciplinary consideration and follow-up plans, but in principle, practical work is prepared for the possibility that an entire working day may be spent with one client if necessary, and the handling of matters may continue the next day or later in the same week. If the work content of the encounter is defined as "just" a snack, providing clean injection equipment, and exchanging news, after the encounter, we move forward on the street to find the next person to meet and assess their life situation and need for help. It is worth noting that the "toolbox" of working methods used in the project is not primarily closed, but we always act with the client in the way required by the situation. Such a working method practically dismantles the structural challenges of sending the client from one service point to another in the service system, and it can also be assumed to reduce the structural demand for disturbance directed at the system (see Hyytiälä 2023). Failure demand refers to situations where people, despite their attempts, fail to access the services they need. In such cases, the demand and supply of services are not met. For example, a person with a substance use illness may try to seek mental health care but may not necessarily receive it because the system, in the form of available services, does not recognise simultaneous substance use and mental health disorders. Repeated "unnecessary" seeking of help is, from the perspective of the service system, failure demand.

### **Ensuring the protection of clients' social, health and basic rights**

As mentioned earlier, the Tukialus project plan has already acknowledged the marginalised position of the client target group, which is explained by and also linked to the fact that they often lack the resources and capacity to address their own social or health challenges and obtain the help they need and are legally entitled to.

In the Tukialus encounters, a lot of different advisories, service guidance, and support work has been done related to the aforementioned service needs of clients and their neglect. This work could well be described as human rights work that recognises the indivisibility of human dignity. While preparing the report, situations emerged where it was practically impossible for clients to independently handle matters required of them: for example, how could a psychotic person, potentially dangerous to themselves and others, go to psychiatric emergency services on their own? Or how would it occur to a woman who has lived on the streets for years to seek help from social work if her strong and subjectively certain experience is that "you can't get any help for anything from there"? During the preparation of the report, it was repeatedly highlighted how somatically

and mentally unwell some of the clients are: in the lived margins, i.e., street life, people learn to consider "normal" things that are not widely considered as such in this society; for example, violence "belonging" to one's life, either as a perpetrator or victim.

The multifaceted deprivation of the client group challenges their capacity to act significantly in the long term, which puts them in a challenging position socially, as such behaviour and life situations are often not easy to understand from a normative position. The less familiar and every day different things and practices are to people in general, the more foreign they feel to themselves and the more prejudices they form against what they don't know. This is one tragic background factor regarding the social recognition of substance use disorder: actively using drugs on the street is hardly valued, let alone understood, because "I would never act that way myself". The lack of understanding between different social groups is called, for example, the social distance and solidarity gap in social sciences. However, the gap should not affect the negative treatment of people in the social and health service system. For example, substance use disorder combined with chronic psychotic mental health challenges significantly impair a person's ability to function. Since these are situations caused by a multifaceted cycle of illness, it would be not only important but also ethical to accept the symptoms of diseases in their treatment. A person living on the street with substance use disorder does not fail to show up for an appointment at an office because they don't value the services offered to them, but because their life situation prevents them from committing to calendar appointments. This means that it would be important to organise and offer services to the target group in an accessible way, taking into account their complex, capacity-limiting life situations.

### **Two-way interpretation work and supporting client process management in networks**

Longer client processes in the Tukialus project have been made possible through the trusting interaction relationship formed between the client and the worker. As described above, these interaction relationships have been characterised by efforts to secure the client's access to necessary social and health services and substance use disorder treatment and particularly related service guidance and counselling provided by project workers. In many cases, project workers have acted as interpreters and explainers of the service system and its legalities for their clients, aiming to lower the threshold for clients to seek services. Workers described this phenomenon as a wall or barrier between the client and the service system. People living on the streets may experience the expectations of the service system, such as operating within appointment times or waiting for hours in emergency care, as major challenges within their own functional capacity, resulting in a feeling that the service system is "not for them". In the

Tukialus project, workers have in many places supported clients living in marginal positions towards society by articulating the operational logic of the service system and motivating them to try to use services. For various reasons, clients may have formed perceptions that they are not wanted or cannot be helped. Tukialus project workers have addressed these misconceptions and acted as interpreters for clients in making the terms of the service system understandable.

In addition to clients, the interpretation work of the Tukialus project has also focused on clarifying client needs towards the service system: project workers have accompanied their clients in various processes, from arranging detoxification or substitution treatment and substance abuse rehabilitation to terminating and acquiring housing, and repeatedly especially in social work and in connection with healthcare emergency services. The challenges in the life situations of the client base, such as acute mental health fluctuations, substance use disorders, and for example, living under constant threat of violence and lack of nutrition, significantly challenge their functional capacity in everyday life and in dealing with social and health care office services, especially if accessibility factors for this target group have not been considered in the services.

Independent dealings and functional capacity are challenged by, for example, short-sightedness, fatigue, deficiencies in cognitive capacity, distrust towards authorities, as well as understanding “official jargon” and what is expected of oneself. While preparing the impact assessment report of the Tukialus project work, an impression was formed that people in the societal margins need a support person to navigate the social and healthcare service system.

The Tukialus project has responded to this need in many ways, but it’s essential that the workers first had to gain the trust of the clients. This has been made possible by ensuring anonymity for the clients in the project work, as in their life situation, even their substance use related to their addiction is criminal, which in part ties the client group to criminal culture and social margins. Through the project work, clients become more accessible to other service systems as well, since the workers, when going out to the streets, have the opportunity to relay messages to clients from other network workers.

## Interviews with project workers

All seven workers of the Tukialus project were interviewed for this report. A total of four interviews were conducted. The working pairs in the project were interviewed in pairs by city, and the project manager was interviewed alone. This division was made not only because of the differences in job descriptions between workers and the project manager but also to observe the differences and similarities in work across cities: in the early stages of the research, the researcher was

already aware that outreach work is done “with one’s own personality,” which means that the workers’ personal and individual professionalism takes on a central meaning in the work, and workers are not easily replaceable.

The study aimed to describe the most central, unifying elements of the outreach work methods developed in the project. The research question presented for the workers’ interview data in the report was “How do the Tukialus project workers describe the impacts and meanings of their own work in the everyday life and well-being of the project’s target group”?

To answer this question, the interview data was classified using data-driven content analysis into four interconnected and separate themes, which link to the theoretical discussion on social inequality and the target group’s relatively marginal position in it, used as the framework for the report. First, we examine communicating equality and acknowledging human dignity through body language, after which we present the humane background values of the project work, including the project’s social marketing methods. We then present the project work methods in identifying and responding to client needs. Finally, we evaluate the possibilities of street-based, trust-based and long-term worker-client interaction relationships in the social inclusion of the marginalised target group.

### Communicating equality and human dignity through body language in project work

At the beginning of the study, the interview framework did not include questions about body language or physical contact between clients and project workers. However, these were raised as an interview theme based on observations made during fieldwork, as physical activity appeared to be a central part of the interaction and trust-building with encountered individuals on the streets (see also Ranta 2023). In each city’s project work, the researcher formed an understanding that a key factor in building encounters is the use of certain body language that communicates acceptance in client situations. In the encounter, the employee’s body posture is relaxed yet active, hands are not kept defensively crossed, and often the body is physically positioned close to the client. If the client is sitting, the employee either sits at the same level or crouches next to the client so that they can have a conversation at the same level. Gestures communicate to the client that the situation involves people who are equal and at the same level in human dignity. In addition to physical gestures, the gaze is mainly directed at the client’s eyes, is accepting and friendly, and when asking challenging questions to the client, eye contact may be enhanced with a particularly warm, encouraging, and determined gaze directed at the person. When showing empathy, the gaze and often slightly furrowed brows are sadly understanding and convey regret on behalf of the client. Through body

language, showing empathy aims to communicate that the difficulty of the client's life situation is understood. It's hardly a coincidence that a large part of the client feedback on the work is linked to the fact that they have been able to feel understood, heard and valued as human beings. The project workers' accepting gaze, which recognises human dignity and autonomy, acts as a counter-narrative in the clients' lives to the judgmental, pitying, or disapproving gaze that is often directed at these people on the streets.

Regulating physical touch is a significant part of the work, partly because the context of the work is usually an informal place where there is no routine worker-client setup and, for example, no specific places where people always sit. Some clients sway a lot due to their intoxicated state, which means that project workers must be able to naturally react to various accidental collisions in the interaction situation, without starting to blame the client for these during the encounter. Sometimes, if the client's demeanour is extremely aggressive or nervous, or if they make disturbing sexual comments towards the project workers, physical distance is maintained during the interaction. Sexual harassment and innuendo are primarily ignored, but if it continues, it is stated that this is not part of the project work. As an interesting detail, it should be mentioned that in these cases, according to the project workers, it is almost always the clients' excessive use of alcohol, not primarily illegal substances. When deploying to the field, I did not see situations where project workers were the target of client aggression, and apparently, such situations have rarely occurred. The aggression expressed in street encounters seems to stem more from the clients' challenging life situations and, for example, from being victims of violence themselves. When a familiar client is agitated and talking about their aggressions, the employee may also place their hand on the client's upper arm to physically calm them down, as well as to reinforce the client's experience of being heard. With familiar clients, a hand is often placed on the upper arm also at the end of the encounter and when saying "goodbye."

Employees reported their observations that in the experiential world of this group of people, unconditional and safe physical touch is rare: the often perceived unkempt appearance of this client group keeps most people away from them, and street life, in turn, keeps the threat of violence constantly present in their lives. Employees described unconditional touch as an acknowledgement of human dignity and stated that physical touch and closeness are also basic human needs. Some project workers reported feeling natural about hugging their clients, some did not. It is not only important that project workers have the opportunity to form their own attitudes and boundaries regarding physical touch at work, but naturally, it is primarily important to recognise the client's needs and especially inhibitions regarding

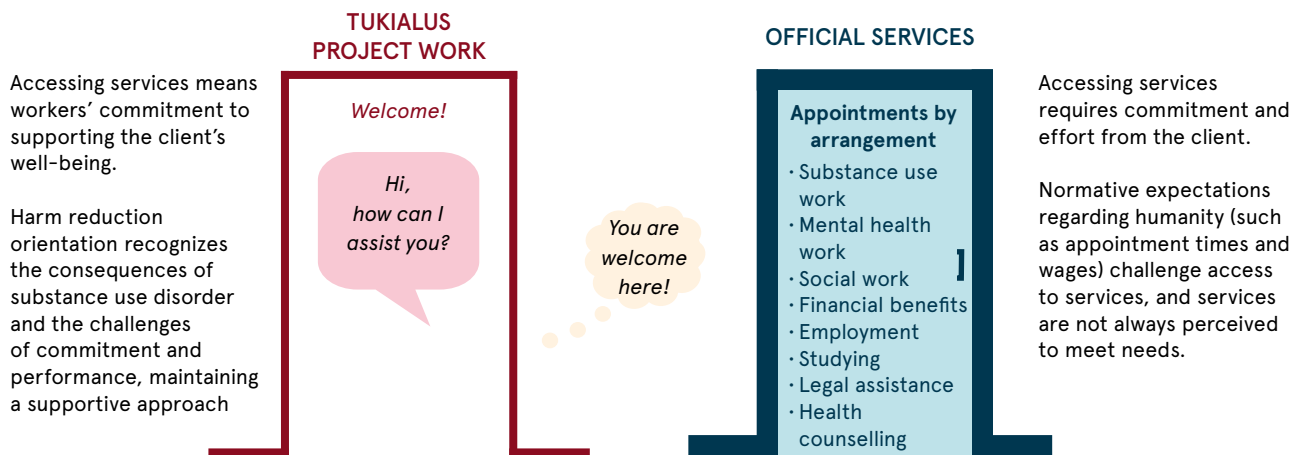
being touched in the situation. This is possible in a good, open work atmosphere that recognises human dignity. Unconditional touch requires the employee to have professional skills and expertise, for example, in terms of body posture, gaze, and touch and non-touch, and touch hardly seems unconditional if it comes forcedly. In addition to communicating equality, physical touch has often manifested in project work as health-related care, when project workers have, for example, checked the inflammation status of clients' injection sites or wounds or bruises caused by assaults or accidents. According to the project workers, the client's experience is often that they are shunned and discriminated against by the rest of society, and that the project workers know how to help in a "special way" concerning the mental health and substance use treatment provided by authorities or social work. Presumably, the multiple stigma of the client base affects how (in)humanely they are received in the service system.

### **Harm reduction, recognition of human dignity, and social marketing of services**

In the context of harm reduction work, the project workers of the Tukialus project have internalised a non-moralising way of relating to the people in their target group. This is already evident in the way project workers talk about "encountered people," "people," or "our people." The work orientation accepts the meaning-constructing power of language, which is why in outreach work, for example, they do not talk about clients with substance abuse problems or marginalised clients. One of the most significant principles of the harm reduction work orientation is that the client is never considered to be "wrong" or "in the wrong condition" for services – unlike how they might be encountered elsewhere in the service system and consequently turned away from services. The non-moralising nature of the work approach is about understanding substance use disorder and especially the difficult-to-manage everyday equation that becomes a daily reality for a person through substance use disorder and living on the street.

In that reality, people can hardly trust anyone, and crime and violence are a central part of everyday life. Figure 3 summarises, from the perspective of a person with substance use disorder and spending time on the street, the difference in accessibility between the harm reduction and human dignity-recognising project's substance abuse services and official services. The primary benefit of the Tukialus project's approach that recognises human dignity and does not moralise people's everyday lives is that it makes it practically possible for clients to access the services they need, or at least a pathway to them.

**Figure 3. Accessibility of official services and outreach substance abuse work from a marginal perspective**



An engaging and receptive approach welcomes the client and enables the development of trust and the provision of services. The service system's perspective on the challenges of client non-commitment prevents access to services.

Non-moralisation does not mean that workers communicate to their target group that their criminal choices in everyday life are acceptable. Rather, workers communicate to their clients that they understand their challenging life situations, where everyday choices are often made on a tight schedule and, so to speak, with their backs against the wall, meaning that in their everyday experiential world, there are often no good alternatives to choose from in practice (see also Mäki 2017). In this case, substance use disorder and a tight financial position guide a person mainly to momentary survival instead of being able to make or promote long-term plans based on normative life goals. Instead of moralising, workers may remind the people they meet, from the perspective of harm reduction and recognition of indivisible human dignity, for example, that no one should be subjected to violence, that sleeping in public toilets is not safe or healthy, or that it is possible to get help from project workers to manage financial matters through legal channels. The purpose then is to verbalise and make visible to the client another possibility of managing things, but above all, that the project worker is ready to support the client in the change in the way they wish and need.

Many people in the target group of the Tukialus project live in daily trauma amid the violence they encounter in street life, society's moral disapproval, and untreated social and health problems. The above-mentioned factors describing the narrowness of the target group's life situation, as well as observations of their significant challenges in getting support from the social and health services to which they are legally entitled, have been one of the key starting points of the project: the project work aimed to develop a street-based and person-centred working model, from which the target group can get the help they need.

A key part of this work promoting the realisation of human rights is social marketing, where the primary product is food distributed to people on the street. Work pairs often carry various snacks and drinks in their backpacks to distribute to the people they meet. Most of the food distributed by the Tukialus project is received as various donations. Food distribution is not only technically quick to implement but also a way to recognise the basic human needs related to nutrition of people living their everyday lives on the street, many of whom live inadequately in this respect.

### Understanding people's service needs and the selection of service activities in the client-worker interaction

As mentioned earlier, many of those encountered ate and drank the snacks offered to them on the street immediately. With some clients, the project workers also go to the store to purchase items needed for their homes, such as food and household supplies. Food and drink have usually been distributed in the field work whenever available as donated goods, except in one project city where donations are not available. There, workers buy the food they distribute in the mornings. Satisfying a person's hunger serves as a non-verbal message at the beginning of the encounter that the worker understands basic human needs, and that taking care of them is an important service event in outreach work. Nutrition is a very fundamental human need, and its lack in street life is particularly linked to poverty and substance abuse-driven behaviour with finances.

The capacity of a hungry person suffering from a lack of nutrition to function with themselves and others is

likely to be significantly lower than that of someone who eats regularly and healthily. Many encountered on the street also told workers about their hunger as the researcher followed the project's outreach work. When asked about the significance of food in clients' lives, workers treated it as a kind of by-product of services, as they felt that distributing food served as a means to initiate the actual interaction situation. While distributing food, they could conveniently inform about the service opportunities offered by the project, as well as assess the well-being, news, and various social and health service needs of those encountered. During the street outreach work, the researcher pondered how much receiving nutrition affects such things as people's physical and mental endurance and their behaviour in the street environment.

The contents and goals of psychosocial support work are interestingly constructed in the project's worker-client interactional relationship. Goals are primarily set to meet clients' needs on a case-by-case basis: if a client urgently needs, for example, an ID card, online banking credentials, or help with accessing housing or making a social assistance application, the encounter immediately starts to pinpoint suitable times for the work pair and the client to advance these matters. They are often dealt with to some extent already during the encounter, for example, by calling necessary contact parties and clarifying possibilities and boundary conditions related to handling matters. If the issue cannot be resolved at once or later the same day, the next meeting is arranged in a way that benefits the client as much as possible.

### **Opportunities opened up by sustained, non-moralising and confidential interactional relationships – supporting individual life changes from the margins towards society**

Since Tukialus is fundamentally a service that ensures anonymity, relying on assistance with errands requires trust from the client towards the worker. During the outreach work, we visited a housing service where staff had, after of years of effort, managed to assist an individual who had been homeless for several years – for so long that they felt it was even normal and, paradoxically, also safe for them.

The non-moralistic orientation of the project work, which understands marginal culture, enables long-term client relationships, one of the end results of which is that people who have lived on the margins for years are able to find a safer and healthier place for themselves in society, such as housing, education and work. For a person living a normal and normative life, it can be challenging to understand life on the margins as a life experience. But just as in the mainstream world, marginal culture has its own 'norms, rules and routines'; they are just very different from those of normative society. One feature of 'belonging' to

criminal and street life is violence, which takes many forms.

Although the project work of Tukialus understands the marginalised life of the target group with its criminal lifestyle, this does not mean that the workers support the criminal life or the client's criminality. However, the starting point is that every person who uses drugs in Finland is in practice a criminal. This is one of the reasons why people do not always come to the social and health services, which, as government services, can be seen as threatening rather than supportive in the face of life's challenges. For example, it is different in terms of maintaining client autonomy to tell a project worker anonymously about occasional use of illegal substances than to tell a professional in an official capacity. The former can only listen and advise the client, while the latter has to take action upon receiving the information.

However, a starting point for the project work was the observation of how diverse and critical the problems of marginalised people become when they do not receive the services they need in their daily lives. The impact affects not only the individual but ultimately also society, as chronic substance abuse, homelessness and exclusion from social and health services on the streets manifest themselves, for example, in violence and disorder, reduced life expectancy and increased social and health costs.

In street outreach outreach work, violence done and experienced by people comes to light in many different ways: during the fieldwork observation of the project workers, I noticed that a large part of the people encountered on the street either looked beaten up or reported having been beaten up. Sometimes clients also told about their violent intentions, to which workers responded by reminding those encountered that violence is not a humanly sustainable solution in their lives. In the daily life of the target group, violence can be brutal, which increases the psychological burden of the work. As a researcher, I thought it was very possible that the clients were relieved to be able to 'let off steam' with the workers. It seemed that the social position from which people were talking and venting was a narrow one, with their backs to the wall in many ways. As if they were in a kind of "fight or flight" state, where the complex tangle of life's challenges does not offer an opportunity for a peaceful stop, but rather maintains the course of self-destructive events as people get used to what they are used to on the streets.

# SUMMARY OF RESEARCH RESULTS AND CONCLUSIONS

It is worth investing in facilitating confidential client relationships for marginalised groups, such as those with criminal backgrounds, women, young people or the homeless, who often have negative experiences and mistrust of the service system. It has also been found that the service system needs significant structural reforms to promote its social sustainability. (Granfelt 2015; Hekkala & al. 20–23.) People living on the streets with substance use disorders may need many different services at the same time, but it is difficult for them to get the help they need from a service system that structurally ‘repels’ people with mental health and substance use disorders from its services, for example by often requiring the client to treat one of their disorders first before starting treatment for the other. In practice, such an approach to accessing services can prevent people living on the margins from using and engaging with the service system altogether. It is important to recognise and validate the work of the third sector in different meeting places as frontline human rights work alongside the public sector (ibid). The overarching research question that guided the entire research report on project work was *What are the outcomes and impacts of the activities of the Tukialus project between 2019 and 2023?* This chapter first presents a summary of the main research findings. It then discusses the results and impacts of the project’s work, firstly within the framework of the levels of inequality presented in the theoretical part of the report, especially from the perspective of reducing inequality, and secondly as part of the service system and society. The chapter concludes with suggestions for the development of statistics on project work and further research, as well as reflections that arose during the preparation of the report.

## Summary of Research Results

In the Tukialus project work, thousands of people have been encountered on the streets through a zero-threshold, interactive, and harm-reducing approach to work on substance use, which has successfully provided various forms of assistance to people. Getting close to clients has meant, in practice that they have been successfully assigned their own social worker, who can, in the best case, significantly help improve the client’s situation. In such cases, upholding the client’s social, health, and human rights has also been easier for project workers. When acquiring a social worker for a client in anonymity-based interaction, particularly significant progress has been made, as the client is willing to reveal their identity and enter the official system, which is sometimes perceived as a hostile entity in life on the margins. One key result of this study is that the project has succeeded in creating a work method that deftly navigates between the client’s everyday life and the social and health service system, where human interaction enables a two-way bridge between the aforementioned in many different ways.

The following figure presents a summary of the research questions, materials, and key results for different questions in the research report.

Figure 4. Summary of the study's research questions, data, and key results

<b>STATISTICAL DATA:</b> <b>What measures and how many of them have been implemented in the Tukialus project's activities during 2019-2023?</b>	<b>CLIENT PROCESS DATA:</b> <b>What work methods have been implemented in the Tukialus project's client work processes?</b>	<b>INTERVIEW MATERIAL:</b> <b>How do the Tukialus project workers describe the impacts and significance of their own work in the everyday life and well-being of the project's target group?</b>
<ul style="list-style-type: none"> <li>A total of 25,960 encounters, of which the majority, 69%, took place in the street environment or other public spaces (13%).</li> </ul>	<ul style="list-style-type: none"> <li>Different work methods have been implemented in the Tukialus project work when encountering people: central to the selection of work methods has been not only that the goal of the activity helping the client is defined together with the client, and that the activity starts from the service needs experienced by the client, but also that the methods used in working with clients are determined situationally in the interaction between clients and project workers.</li> </ul>	<ul style="list-style-type: none"> <li>The significance and impacts of the Tukialus project work encounters in clients' lives can be divided into four different themes.</li> </ul>
<ul style="list-style-type: none"> <li>The vast majority (74%) of the people encountered are men and a smaller portion (26%) are women. Non-binary clients have also been encountered, but their number is not statistically significant.</li> </ul>		<ul style="list-style-type: none"> <li>Communicating the experience of equality and acceptance to clients, where the ultimate goal is to offer people encountered on the street, generally viewed with disapproval in society, an experience of being seen and heard as a human being and with human dignity.</li> </ul>
<ul style="list-style-type: none"> <li>A total of 5,430 different clients were reached in the project work encounters. Each year, the number of previously met clients increased. Known clients were re-encountered a total of 19,798 times.</li> </ul>		<ul style="list-style-type: none"> <li>Through a harm reduction orientation, the project work has succeeded in social marketing and offering a service based on recognising human dignity, which aims to enable and promote individuals' social inclusion and realisation of human rights by supporting their access to the help they need and building accessibility in relation to statutory services for their target group.</li> </ul>
<ul style="list-style-type: none"> <li>Slightly over half (55%) of the clients were 18-40 years old, and about a third (30%) were 41-50 years old.</li> </ul>	<ul style="list-style-type: none"> <li>In the project work, countless methods supporting the client's situation have been in use, which reflects not only the diverse needs of the project's client group but also their mutual differences: not all clients are treated the same, other than in terms of humane encounters and promoting services. The goals of the project's work methods have thematically focused especially on clients' substance abuse treatment, securing housing, securing social benefits, securing health and healthcare, supporting mental well-being, and ensuring basic rights.</li> </ul>	
<ul style="list-style-type: none"> <li>Those encountered in the project work have most often been offered psychological (15,849 times) and physical (14,253), but also social (3,923) support. Physical support has in practice most often meant distributing food (17,971) and injection equipment (7,889).</li> </ul>		
<ul style="list-style-type: none"> <li>Psychosocial support has been offered in the project work in a total of 13,970 encounters. In 849 of the cases, the client's situation was some kind of acute crisis</li> </ul>		<ul style="list-style-type: none"> <li>The service needs of the people encountered have been understood not only in individual encounters but also in longer client processes. The needs of people living on the street have been addressed in a client-centred way, with a commitment to the goals that the client perceives as current.</li> </ul>
<ul style="list-style-type: none"> <li>The project's social support has focused especially on securing housing, social guidance, substance abuse services, and helping to obtain basic social assistance benefits.</li> </ul>	<ul style="list-style-type: none"> <li>In client processes, project workers have supported clients with crisis work methods in the moment, in totality related to ensuring social, health and basic rights of clients, in addition, workers have done two-way interpretive work between the client and the service system.</li> </ul>	<ul style="list-style-type: none"> <li>Long-term, non-moralising and trust-based client-employee interaction relationships have been able to build opportunities for inclusion from marginal lifestyles to social ties such as housing, work or study.</li> </ul>

## The impact of the work carried out in 2019–2023 by the Tukialus project in the framework of the fight against existential, vital and material inequalities

In a socially sustainable welfare society, there must be a research-based understanding of everyday life on the margins of society (Hekkala & al. 2023). Most of the client work encounters in the Tukialus project took place on the streets, and based on the statistics it can be said that the work has made a significant contribution to promoting the well-being of people living on the streets, as on an annual level the project work encounters have accumulated over 5,000. The number of encounters in the project work increased significantly to over 5,000 encounters per year in 2022, when for the first time a full-time work pair was working in each of the three cities. The project work reached a total of 5,430 different clients, some of whom were met more than once during the project work. Unfortunately, the statistics do not show how long the client processes have lasted, but based on the interviews, the longest are years. In the following subsections, the impact of the project work on the lives of the project's target group, as presented above in the results section, will be examined in terms of Therborn's three levels of inequality, which will be used to examine in particular what means of dismantling inequality experienced at the social margin have been implemented in the project work.

### Reducing Existential Inequality

A person's experience of themselves is built in close relation to others, which means that people also adopt various social identities available in society based on what the environment tells them about themselves. The environment can offer identities such as "criminal," "poor," or "substance abuser", or "privileged," "successful," or "respectable." (Berger & Luckmann 2010.) The humane encounters carried out in the Tukialus project have aimed to offer those encountered not only human experiences of themselves, i.e., being seen as a person but also of the society that clients often perceive as being or acting against them from the lived margin. The societal inequality of the living conditions in the lived margin has been reduced in the project work not only through street outreach and means of finding people but also by actively communicating equality in encounters.

The physical methods of recognising human dignity used in the project work, such as an empathetic gaze or unconditional and encouraging approach, seem to be an effective and interesting approach in the field of substance abuse work for communicating human

dignity (see also Ranta 2023). The gratitude of those encountered while reaching out to the streets was almost overwhelming, not only towards the workers but also towards the form of the work itself. Many clients wanted to commit to working together with the Tukialus "people" ..

Through the means of compassionate encounters, the project work has also reached close to chronic marginality: people have been found who perceive their place in society in blind spots, far from what is normal and ordinary. Routinisation into the lived marginality can mean, for example, getting used to violence and its constant threat, experiencing social worthlessness and the inability to imagine oneself as part of normal society in the lives of the project's target group. By repeatedly offering anonymous and harm-reducing services, the low-threshold orientation of the Tukialus project has been able to gain the trust of some clients, which has opened up avenues not only for identifying clients' real service needs, but also for identifying ways to help them. At the heart of the respect for human autonomy and the recognition of humanity in the project work was the idea that the client should be allowed to set the pace of their own process and articulate their own needs for help. What seems to be particularly special in relation to the rest of the service network in project work is the idea that it is the worker who should commit to the client, rather than primarily expecting commitment from the client. This type of operational model is based on the understanding that the project's target group often has a history of rejection in dealing with social and health services, which significantly challenges their ability to trust service providers or authorities.

A key working method in reducing the inequality of living conditions has been the social marketing of project work to people in need encountered on the streets. Through social marketing, they have first of all been able to reach and get close to the client target group and enable them to benefit from the services they are legally entitled to. These services may appear distant and unattainable from the perspective of the margin lived on the street. The almost daily humane encounters made on the street in the project work have restored clients' faith that they too have a genuine opportunity, if they so wish, to make their lives safer and healthier in many ways. Being seen as a human increases belief not only in one's own humanity but also in the fact that someone else can care. From the framework of relational well-being, the project work has significantly increased the possibility of well-being for the people it has encountered in Finnish society by providing the kind of channel described above for accessing services that reduce their existential inequality, but also by offering a different quality of experience of humanity and being seen as a human being on the street.



## Reducing Resource Inequality

People who use drugs and live on the streets, often with low or no income, are seen as the most marginalised group in Finnish society (Saari 2015). Compared to societal norms, the deficiencies they experience in available life resources are significant: people may lack a home, clean and unspoiled clothes and shoes, money, the ability and communication skills needed to access public services, and food.

The Tukialus project has responded to and aimed to reduce the inequality of resources for clients in many ways. Project workers have helped their clients reduce resource inequality by, for example, assisting them in arranging housing and necessary housing services, storing household furniture, arranging electricity contracts, dealing with social security issues, and substance use disorder treatment. Additionally, social and health care worker contacts have been arranged for clients in accordance with social and health care legislation, for example, concerning social work, substance use disorders, and mental health work.

Access to social work services has helped many clients to move forward in managing their own affairs, as the social worker is usually the one who makes various decisions regarding social care. The Tukialus project has also been able to support its clients in engaging with the services they need, as project workers have accompanied clients to visit different service staff when necessary. Because they have a confidential relationship with many clients, they have often reminded clients of scheduled appointments at offices, and have also looked for 'missing' clients from other network actors and relayed necessary messages between them.

Resource inequality was reduced in the project work by, for example, distributing or arranging for unspoiled, clean and warm clothing, clean injecting equipment, condoms, lubricants and food for the people they met. These can be described as essential commodities for a dignified life, given their living conditions, where they are often hungry and cold. Sex work, or survival sex, is common in order to finance drug use and provide a place to stay, so people receive significant health protection from condoms and lubricants, which low-income people may not be able to afford if money is already used for something else. Providing safe human contact in a situation where a person doesn't really have anyone to trust has also reduced resource inequality. Project workers described themselves as acting as a human link to mainstream society for the people they encounter on the streets. This is significant, for example, in increasing clients' rehabilitation opportunities, where an individual's social relationships in street life can act as a barrier (see also Ranta & al. 2023b; Perälä 2012).

An important factor in enabling the reduction of resource inequalities has been the approach of working alongside and sticking with the client. If clients have lacked the ability and capacity to deal with, for example, health care or social work, project workers have accompanied the client. Long-term life on the street,

where almost every day spent deepens the degree of a person's traumatisation and increases the likelihood of worsening substance use disorder and mental health illnesses, erodes people's ability and capacity and is one of the background factors in why people also remain in their lived marginality: the longer one lives on the street, the fewer means there are to get out of it (Perälä 2012). The statistics compiled by the Tukialus project show that there is a great need for street-based work on substance use disorders in Finland, with the number of clients encountered during the project years averaging over 5,000 per year. Project workers have also paid attention to intergenerational cycles of disadvantage where the welfare state has been unable to help children.

## Reducing inequality in the conditions of life

In Therborn's classification, inequalities in conditions of life are related to different health factors, such as mortality, morbidity and expectations of health status (Therborn 2015). Research has shown that not only morbidity, but also mortality is statistically significant for people living on the streets (Stenius-Ayoade & al. 2018). It is clear that street outreach projects have not been able to address the structural factors that influence the development of social inequalities, such as intergenerational disadvantage, or the fact that marginalisation is more common among men than women, or that income level affects an individual's health status. Such aspects of structural inequality can primarily be addressed at the national policy level. With the work of Prime Minister Orpo's government, which began in 2023, inequality in the conditions of life in Finland could potentially increase, as the government has pushed through many policies that are particularly targeted at low-income people, which are expected to have a devastating effect on the most vulnerable part of the population (SOSTE ry 2023). Nevertheless, the project work has attempted, with varying degrees of success, to share an understanding of harm reduction work and dignified encounter orientation at a structural level in each of the three cities in which the project operates.

The distribution of food and drink can be interpreted as one of the key methods in project work aiming to reduce inequality in life preconditions, although its effect is often quite short-term in clients' lives. However, in terms of health, it is different to get even occasionally more food than to be chronically undernourished. Project workers have also brought bags of groceries to clients' homes, ensuring a supply of food for example for a week, which is a bit more permanent than a day-to-day impact. The project work has also aimed to influence inequality in the conditions of life occurring at the individual level by building bridges between clients and health care and substance use disorder treatment in the way clients need. Intergenerational disadvantage has been prevented, for example, by arranging IUDs for female clients for longer-term pregnancy prevention or, in case of pregnancy, guiding the female client

to substance abuse treatment and rehabilitation or pregnancy termination. The distribution of clean injection equipment, which is central to project work, can be seen as reducing inequality in the conditions of life, as clean equipment reduces the risks of contracting infectious diseases related to intravenous drug use. The distribution of condoms also serves to prevent both intergenerational inequality and infectious diseases.

The project's encounters have done abundant psychosocial support for people and often crisis work related to mental health challenges, which can be thought to have significance for the individual's health. A special significance for reducing inequality in the conditions of life arises from a longer-term trusting client-worker interaction relationship, the significance of which can be great in terms of alleviating clients' marginal position (see also Granfelt 2015). This is the case, for example, when the worker is able to get the client into acutely needed health care by means of accompanying the client in health care services. In the case of intravenous drug users, for example, checking for injection infections and guiding to antibiotic treatment supports the treatment of infections with a low threshold and at the same time prevents their surgical treatments, which are very expensive for society.

## Societal Impacts of the Tukialus project work

Based on the results of the research report, the Tukialus project work can be assessed to have societal impacts. These primarily arise from the fact that the project has encountered people outside social and health services, whose social and health care-related service needs are often not only obvious but also diverse. The longer people in many ways vulnerable positions postpone acquiring appropriate and necessary services, the greater their social and health problems grow: this is also one reason for the differences in health status of homeless people living on the street compared to the general population. Providing housing for homeless people has been found to be cheaper for society than homelessness. A key factor in this is the access of individuals to appropriate social and health services and the reduction of service use related to various crisis and order maintenance situations, such as the use of police custody and housing emergency services or the need for acute health care. (Ministry of the Environment Reports 2011.)

Distributing food to hungry people may possibly reduce public order disturbances on the streets. The psychosocial support work done a lot in the project has often been linked to some crisis encountered by the client, in which case crisis work methods have, in the best case, reduced the distress experienced by clients, which prevents the crisis from manifesting on the street in some other way, such as an act of violence

or becoming a victim of it. The societal impact of project work is particularly defined by its position between the client and the rest of the service system: through long-term outreach work, workers have been able to earn the trust of clients, which supports the long-term social inclusion of clients by enabling them to access the services they need. This can increase client well-being in many ways, such as getting a home or accessing substance abuse rehabilitation, and on the other hand, likely reduce the disruptive demand related to the service system for this target group.

While writing up this study, it became very clear that the target group often has significant difficulties in coping independently within social and health care, Kela, and substance abuse treatment services, which raises concerns from the perspective of human rights realisation and the genuine accessibility of services.

## Suggestions for assessing project work impacts in the future

In addition to the human impact, there is likely to be a social and economic case for inclusion work with marginalised people. In order to assess the societal and cost impact of project work, it is recommended that future statistics include variables that would reveal the cost impact of work among the target group and of measures that prevent major health and social problems related to the resources of the service system. Such variables include, for example, prevention of eviction, acquisition of housing, referral to housing services, prevention of unwanted pregnancies, provision of a personal social worker for the client, prevention of diseases transmitted through injection equipment or unprotected sex, and treatment of intravenous injection infections with antibiotics instead of hospital care (Ristola 2006; Granfelt 2015; Rönkä & Mattila 2020; ARA 2023; Hekkala & Raitakari 2023; Ministry of the Environment Reports 2011). By recording and monitoring these variables, it would be possible to produce an evaluation of the work that also examines its societal cost impact, which could have a positive impact on presenting the impact of project work to decision-makers, as welfare organisations work with limited financial resources.

Important areas for future research in assessing the impact of this type of work are linked to examining the perspectives of the project work network and the clients. Firstly, it would be interesting to examine how Tukialus project-like activities are perceived in the social and health service system, for example, is it seen as supporting the work of the actor network, and if so, in what way? It would be interesting to explore this, for example, in the context of reducing disruptive demand on the service system for a vulnerable client group, as the findings of this report indicate the strong importance of project work between the client and

the service system. The clients' perspective, on the other hand, needs to be studied because the services affect them, so they are best placed to judge how well the project work services are meeting their needs. In the course of writing this report, the impression has emerged that the clients have a very positive experience of the form of work and that they see it as exceptional and humane in relation to the rest of the service system, a form of work that suits them. An interesting area for further research would be the significance and potential of unconditional touch as a way of working that recognises human dignity.

## Afterword

Drug policy researchers Nils Christie and Kjetil Bruun said of the Nordic situation in 1986

*"Current drug policy is practised in a way that is in sharp contrast to the amount of knowledge we have about drugs and drug users. It harms groups who can hardly bear any more harm, and it strengthens the claims of those in power who should not be strengthened. But worst of all, it prevents us from focusing on the real and deeply serious problems facing us and our highly industrialised society. (Ibid.)"*

Some 40 years after this was written, Finnish drug policy has legitimised the orientation of harm reduction work towards helping and supporting the social, societal and health situation of drug users (Perälä 2012). However, during the writing of this research report, concerns arose as to whether drugs, as illegal substances, are still to some extent defined at the level of work practices as such a 'social enemy' that those who use them are also positioned as 'enemies' in society (Christie & Bruun 1986).

As drug use continues to increase, it is extremely important to pause and consider whether we have really done our best to ensure that problematic drug users have the opportunity to get help in a way that is appropriate to their situation.

The results of this study offer different perspectives on the fact that it is possible to help people living on the street and using drugs with the threshold free encounter method used in the Tukialus project. With this method it is possible to reach drug users, get them

to cooperate, gain their trust and help them in difficult situations. Hekkala and colleagues (2023) describe street and mobile work as promoting not only the protection of human rights but also the functioning and influence of the people encountered. The key enablers for this are the equal interaction between the helped and the helper, which strongly includes respect for the autonomy of the person being helped, and the 'open toolbox' available to workers to choose working methods that best help the client. During the preparation of the research report, it became clear that the understanding of client autonomy among workers in the social and health care system varies: some workers are able to act respectfully towards these people and some are not. Problems arise, for example, from various conservative rehabilitation expectations, according to which the client should, to put it bluntly, be ready to go from the street through rehabilitation to working life in two years. Such attitudes, which stem from a Protestant ethic, show a lack of understanding of the challenges of everyday life, the capacity and executive function of people who, for a variety of reasons, live on the streets and use drugs.

Given the still existing stigmatising attitudes towards drugs and people who use them in the social and health service system, it is possible not only to help the client group and realise human rights, but also to avoid disruptive demand on the service system (Hyytiälä 2023), it would be important, not only for the clients, but also for actors such as the Tukialus project, to secure through some kind of arrangement cooperation and networking contacts with workers in the social and health service system who do not have a judgmental attitude towards people who use drugs and are addicted to substances. It is important for the social and health service system to be able to work with the clientele to whom its services are legally owed. 13.7% of the Finnish population are considered to have functional limitations when using health services (Karvonen 2019). Functional limitations include memory and concentration problems. Harm reduction street work and human dignity outreach work, such as the Tukialus project, significantly support the possibilities of drug addicts and street people to access statutory services, enable guidelines from lived marginality to social participation, and promote the realisation of human rights.

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# Appendix 1.

# RESEARCH PLAN

## EVALUATION OF THE IMPACT OF STREET-BASED OUTREACH WORK IN THE SUPPORT VESSEL PROJECT (2019–2023)

This study examines the impact and outcomes of the Deaconess Foundation's STEA-funded Tukialus project work (2019–2023), from the perspective of project workers. The project provides street outreach, psychosocial support and care for people with substance abuse and mental health problems, who are often homeless and excluded from social services. The study is commissioned by the Deaconess Foundation and focuses on evaluating and analysing the impact of the outcomes of the Tukialus project work through materials produced by the workers about the project and their own work.

The study is theoretically grounded in research literature on social inequality and the recognition of human dignity, but is empirically constructed through the analysis, verbalisation and reporting of statistics produced in the project. In addition to the data already collected, interviews will be conducted with pairs of workers in the Tukialus project to complete the qualitative picture of the project's work. The study is entitled "Evaluation of the Impact of Street-Based Outreach Work in the Tukialus Project (2019–2023)".

### Background of the study

The clients of the Tukialus project work are people in a marginal position in Finnish society, with whom work is mainly done through street outreach. The work is street-based because the project's target group often includes people who have experienced homelessness and those who have fallen out of the service system, suffering from drug addiction and mental illness. Research on street-based outreach work is theoretically linked to the literature on social inequality and relative agency, as well as the literature on the recognition of human dignity (Sennett 2004; Therborn 2015; Ranta 2020; Perälä & al. 2023; Stenius-Ayoade & al. 2018). A vulnerable social position has implications for an individual's overall well-being, health, social opportunities and, for example, life expectancy.

A vulnerable social position and significant deficits in being treated with human dignity challenge an

individual's ability to function in society. For example, substance addiction as an illness places a person in a position where obtaining substances regulates the rhythm of everyday life, and low income or homelessness together with substance addiction complicates taking care of one's affairs and oneself, such as going to work or family life. What makes the life of the client target group particularly challenging with their illnesses is that they often fail to receive help from the social and health service system, which should provide them with the services they are legally entitled to.

Repeated experiences of exclusion, i.e., experiences of inequality and chronic lack of being treated with human dignity in society, build an alienating perception of one's own "position" and "place" in society. In the outreach work of the Tukialus project, workers go to the streets and work with substance users on the street, prioritising encounters that respect human dignity. Evaluating the results and impacts of project work among people who are in a marginal position even in social and health services is important to gain an understanding of the possibilities and impacts of the work, and to further develop the work and the service system based on the information obtained through the report.

### Research questions and material

The aim of the research report is to examine and describe the impacts of the Tukialus project work, especially from the perspective of the project workers. The report uses three different types of research material:

1. Anonymous statistical data (N= 26,800) collected during the project (2019–2023) on measures taken in client encounters in four different cities,
2. Pseudonymous overview material (N= 60) produced by project workers examining the methodological contents of client processes, and
3. Interview data from project workers (N=3).

The aim of the study is to produce an overall picture of the impacts of the project work from the workers' perspective. The report consists of an analysis of three different research datasets; each dataset is presented with its own more specific research

**Table 1: Research questions and data for the impact assessment of the Tukialus project**

Research question	Tutkimusaineisto
1. What activities and how many of them have been implemented in the Tukialus project work in 2019-2023?	Anonymous statistical data on client work actions that took place in encounters between Tukialus project workers and clients (N = 25,960)
2. What work methods have been implemented in the Tukialus project's client work processes?	Pseudonymous overview material describing the client work methods of the project N= 60
3. How do the Tukialus project workers describe the impacts and significance of their own work in the daily lives and well-being of the project's target group?	Project worker interviews (N = 3)
4. What results and impacts has the Tukialus project activity had from the project workers' perspective in 2019-2023?	All material

question in the overall report, which are presented in Table 1. The guiding research question for the overall report is *"What results and impacts has the Tukialus project (2019-2023) had?"*

The work of the Tukialus project is done anonymously among the client target group. Even the project workers may not know the real names of their clients. The statistical data (N= 26,800) of the study is anonymous. It quantitatively describes the measures taken in the project's client work. The pseudonymous "sheet" data produced by the project workers describes various client processes in the project work and especially the contents of the workers' work in these event chains most often. The sheet data does not contain information about the target cities, dates, or clients of the events, but presents the measures and methods used in the client processes of the project work. Both of the preceding datasets have already been collected by the project workers for the years 2019-2023. The statistical data has been collected from four different cities: Lahti, Tampere, Helsinki, and Jyväskylä. The analysis of the statistical and sheet data is based on articulating the quantitative work and qualitative theming of the work contents, which means that the results of the report are examined as a national whole. This minimises the risks of any kind of identifiability from the study. Individual client cases, workers, or target cities are not reported in the study, and possible identifiability is minimised by the project's experienced marginalisation researcher in connection with the analysis.

The interviews with project workers, which are used as contextualising and validating research data for the statistical data and overview information analysis, are conducted as semi-structured theme interviews in pairs via TEAMS, where before the start of the interview, the research information and privacy

statement are reviewed together. In addition, workers are asked for verbal consent to the interview and are told that participation is voluntary. The project workers are aware of the research and that they will be interviewed for the study. The workers have a positive attitude towards both the research and the interviews. Before conducting the interviews, the researcher will accompany a working pair working in three different cities (Helsinki, Tampere, and Lahti) to observe their client work. The purpose of the observation is to increase the researcher's understanding of the project work measures, methodological contents, and their connection to the social and health care service system, as well as the social position of the clients who are the target group of the project. No research diary is written about the observation, nor is information collected during the observation used as research data. For research ethical reasons, only the researcher has access to the workers' interview data. The interview data will be destroyed after the completion of the research report.

The analysis of the project's extensive statistical data is based on articulating and classifying the quantitative data, i.e., especially describing the quantities and content meanings of the measures taken in the project work in the everyday life of the client target group. The sheet data describing the project's client processes is analysed as data-driven content analysis, where the data is classified through the most central contents of the project work's client processes, focusing on the significance of the project work not only as part of clients' service needs but also concerning the rest of the social and health care service system. The interview data from project workers is not transcribed but is primarily used to validate the analyses made on the statistical

and sheet data. Of course, the information obtained through the interviews can complement the picture of the project work methods and impacts built through the statistical and sheet data. The research data is stored and processed, and the analysis is carried out on a TEAMS channel created for the research, to which only the project researcher has access. The original statistical and sheet data of the study will remain in the use of the research client after the completion of the study. The researcher will destroy the files related to the processing of the aforementioned data upon completion of the study. The workers' interview data will also be destroyed upon completion of the study.

### Implementation of the study

This is a study commissioned by the Deaconess Foundation, for which an employment contract has been drawn up for the period 2.1.-31.3.2024. The temporal progression of the research process is described in Table 2. (see next page). The process began with the researcher familiarising herself with the description of the Tukialus project, based on which a research plan is prepared.

In addition to the research plan, a request for a statement with attachments is prepared for the ethics committee of the Deaconess Foundation. A deadline of 9.1.2024 has been agreed for submitting the request for the statement. After the completion of the request for a statement, the research continues with familiarisation with research literature and by joining the work of the Tukialus project in three different cities (Lahti, Tampere, and Helsinki).

Upon receiving the favourable statement from the ethics committee, familiarisation with the statistical and sheet data would begin, possibly even in January. With familiarisation with the data, the presentation method of the research results is planned and structured. The analysis of the research data and the recording of results began in February. During February, the joining of the project in the target cities was completed, and worker interviews were conducted via TEAMS. During the first half of March, the analysis of the research report was finalised, and the key results and conclusions of the report were written. During week 12, the research report was submitted to the research client for reading and commenting. In the last week of March, the report was further corrected as needed and possible according to the points raised by the working group.

**Table 2:** Schedule for the implementation of the assessment

WEEK	CONTENT OF TASKS
1-2	Research design and ethics statement request
2-3	Familiarisation with the research literature
3-5	Familiarisation with statistical data <ul style="list-style-type: none"> <li>• Ethnography (Helsinki)</li> <li>• Ethnography (Tampere)</li> <li>• Ethnography (Lahti)</li> </ul>
6	Reporting and writing out statistical data
7	Familiarisation with the overview material
8	Analysis and documentation of the Lakana material
9	Collection of interview material (TEAMS) and start of analysis
10	Writing the analysis of the interview data
11	Writing and refining of overall text
12	Text to be circulated for comments early in week
13	Amendment of the text in light of comments



## The ethical basis of the study

The target group of the Tukialus project is socially marginalised and in a very unequal position compared to the rest of the population, so it is particularly important to collect and produce information about work done among them that takes into account human dignity. Social marginalisation in the life of the project's target group means, for example, that they are often not involved in political decision-making concerning them or in the planning of social and health services. This makes reporting on assistance work for a target group outside the service system, a particularly ethical and important issue: the marginal position of the study target group is partly built on the fact that they do not find suitable services for themselves in the social and health care system, but remain outside it, which maintains their vulnerable social position. Researching assistance work among people in marginalised positions helps to increase knowledge about the lives, service needs, and prerequisites for benefiting from services of people who are left outside the service system, experiencing

homelessness, and suffering from substance addiction. The social marginalisation of the target group in question can be partly increased by a lack of knowledge about their life situations and service needs, as well as related stigmatising preconceptions.

The aim of the study is to provide information about the work carried out over the years of the project as a whole. The research design has been formulated so that its implementation will not cause harm to the project, its clients or its staff. The main research materials have been anonymised and pseudonymised, and the project's clients, staff or target cities will not be identified in the report. Interviews with project workers will not be transcribed. In addition, the research will be reported in such a way as to protect the anonymity of the employees and will not discuss any workplace-related issues of the interviewees that could impact negatively on the situation of the project workers.

## Bibliography

**Riikka Perälä & Veera Niemi & Jenni Mäki & Mikko Ilmoniemi** (2023) *Displacement and Inequality. An Analysis of the Negative Consequences of Displacement at Society's Margins*. Nordisk välfärdsforskning, 8(2), pp. 152-164.

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**Sennett, Richard** (2004) *Kunnioitus eriarvoisuuden maailmassa*. Vastapaino.

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# Appendix 2.

# APPROVAL OF THE RESEARCH SUPERVISOR

As the supervisor responsible for the study, I have approved the plan:

Jenni Mäki: *Evaluation of the impact of the work of the Tukialus project (2019-2023).*

I have familiarised myself with the guidelines of the ethics committee.

I support the research permit application and take into account the statement of the ethics committee.

# Appendix 3.

## RESEARCH INFORMATION FOR PARTICIPANTS

### Contact information of the project researcher:

Jenni Mäki, email [jenni.maki@hdl.fi](mailto:jenni.maki@hdl.fi)

### Project leader:

Terhi Laine

### Organisation:

Deaconess Foundation Alppikatu 2, 00530 Helsinki

### Name of the study:

**EVALUATION OF THE IMPACT OF STREET OUTREACH WORK IN THE TUKIALUS PROJECT (2019-2023)**

### Purpose of the study:

I invite you to participate in a study that deals with the key contents and impacts of the street outreach work done in the Tukialus project (2019-2023). You have been selected for the study because you work in the Tukialus project. In connection with the study, I will conduct interviews with working pairs in the project in three different cities. The significance of the interview material is to support the analysis of statistical and sheet data collected in the Tukialus project.

Through employee interviews, the study also aims to complement the assessment of the project work's impacts and significance in the everyday lives of its clients. In the interviews, I am particularly interested in the employees' personal observations about their work, its contents, and the significance of the work in the everyday life and well-being of the client target group.

### How will a research interview be conducted?

The research interview is conducted so that I interview you together with your work partner in the TEAMS application, where I also record the interview. The interview material will not be transcribed, but in the analysis, I will go through the interview recording. The time and place of the interview will be agreed as it suits you and your work partner. The interview lasts approximately 2-3 hours.

In the study, I will examine the issues that emerge in the interview material, especially in relation to other material used in the study, which reviews various measures and client processes of the project work. Of particular interest in reporting the interview material are the employees' views on client work measures, content methods, and the effects of the work on the lives of the project's target group. The aim of the study is to achieve a qualitative overall picture of the effects and significance of the project work in the everyday life and well-being of its target group. The report will likely be published in the Deaconess Institute's report series and also electronically on the internet.

### Potential benefits of the study

The study can contribute to the development of content and methods of outreach and street work among clients using substances on the street. The study can increase understanding of the life situation and service needs of the Tukialus project's target group and make visible the development needs of services intended for them.

No compensation is paid for participating in the study.

### Potential disadvantages of the study

Participation in the study takes up the working time of the interviewed work pair, which may have an impact on clients' life situations. However, research interviews are primarily aimed to be scheduled at a time when they would cause the least possible harm to the street work of the project.

Recalling the contents of project work over many years can be a psychologically heavy experience for the interviewee. The psychological strains of the work have been taken into account in the basic working structures of the interviewee's work pair, i.e., the workday already includes the processing of various burdensome issues. On the other hand, an interview about the contents of one's own work can

also serve as an opportunity to reflect on the project work, in which case a separate debriefing session may not be necessary.

### **Confidentiality of information and the researcher's duty of professional secrecy**

The report I write may contain direct quotes from you because I have recorded our interview. However, the report will not contain any information that could identify you and will refer to you either by name or pseudonym. Similarly, the cities in which people work are not named in the report in a way that would allow pairs of people working in different areas to be identified from the study. Any dialect terms are masked to avoid identification.

The research interviews will be destroyed upon completion of the report.

The researcher is bound to confidentiality. I must not disclose any information obtained in the interviews in a way that could identify you.

Audio recordings will be protected by user IDs and stored in a password-protected TEAMS channel set up for the material during the research project. Only the researcher will have access to the interview material.

Your participation in the research will not affect your working conditions, as I will take special care to remove any identifying information when reporting the results.

### **Voluntary participation**

Your participation in this study is completely voluntary and you have no obligations in relation to the research. There are no negative consequences for you or your family if you refuse to take part in the research. You can also stop participating in the research at any time.

*If you have any questions about the research, you can contact the persons responsible for the project.*

*Contact information can be found at the beginning of this form.*

# Appendix 4.

# CONSENT TO PARTICIPATE

# IN RESEARCH

## Name of the study:

## EVALUATION OF THE IMPACTS OF STREET-BASED OUTREACH WORK IN THE TUKIALUS PROJECT (2019-2023)

**Researcher:** Jenni Mäki

**Description of the study:** The study examines the effects and results of the STEA-funded Tukialus project work (2019-2023) of the Deaconess Foundation, particularly from the perspective of the project workers. The project offers street-based service guidance, psychosocial support, and care for people suffering from substance abuse and mental health problems who are often homeless and have fallen outside societal services. The research is commissioned by the Deaconess Foundation, and its focus is on evaluating and analytically examining the results achieved in the Tukialus project work using materials produced by the workers about the project and their own work. The aim of the study is to create an overall picture of the key contents, methods, and effects of the project work carried out in four different cities. The research question concerning the interview material of the workers in the report compilation is: \*How do the workers of the Tukialus project describe the effects and meanings of their own work in the everyday life and well-being of the project's target group?\*

**Consent:** The purpose of the above-mentioned study and the research methods used in the study have been explained to me. I have been able to ask the researcher questions about the study before starting the interview. I am aware that participation in the study is voluntary. I am also aware that participation in the study does not cause me any costs, my identity remains known only to the researcher, the material concerning me is used only for this study, and the material will be destroyed after the study is completed. The interview material of the Tukialus project workers is visible and audible only to the researcher, and your supervisor or other member of the HDL work community does not have access to the research material.

I agree to be interviewed and that the information I provide will be used for the purposes of this study. I can, if I wish, discontinue my participation in the study at any time without having to justify my discontinuation or it affecting my employment relationship.

Date

\_\_\_\_\_  
Signature of the research participant and print name

\_\_\_\_\_  
*Note. The signature for the interview consent is provided verbally during the TEAMS interview..*

# Appendix 5.

## INTERVIEW AND DATA COLLECTION FORMS / QUESTIONS, QUESTIONNAIRES

### INTERVIEW STRUCTURE

(semi-structured thematic interview)

#### Content of the project work

*What work is done with clients in the Tukialus project?*

*Why is the work of the Tukialus project needed on the streets?*

*How do you view the basic mission of the Tukialus project among its target group?*

*Do you currently have any goal-oriented client processes ongoing with some clients? What are your goals as project workers in these processes? What goals do you believe the clients have?*

#### Impacts of the project work

*How do clients respond to the work of the Tukialus project? What kind of feedback do you receive from clients?*

*What impacts do you think the project work done during 2019-2023 has had on the health and lives of clients?*

*What impacts do you think the project work has had on clients' social lives (family relationships, income, housing and social relationships)?*

*How do other actors in the service system view the work of the Tukialus project? What kind of feedback do you receive from the cooperation network?*

*What societal impacts (e.g. issues related to the service system and clients' rights) do you think the project work has?*

*What will happen in the clients' lives if the project ends and they no longer receive the Tukialus project service in the future?*

# Appendix 6.

## DATA PRIVACY NOTICE FOR RESEARCH PARTICIPANTS

**Name of the study:** Evaluation of the impacts of the street outreach work of the Tukialus project (2019-2023)

**Data controller:** Diakonissalaitos (Deaconess Foundation)

**Contact person for research-related matters:**

Jenni Mäki, researcher

You are participating in a study conducted by the Deaconess Institute. This notice describes how your personal data will be processed in the study.

Participation in the study is voluntary. You will not face any negative consequences if you do not participate in the study or if you discontinue your participation in the study. If you discontinue your participation in the study during the interview, nothing you said in the interview before its interruption will be used as research material. At the end of this notice, you will find more information about your rights and how you can influence the processing of your data.

### Purpose of personal data processing

Data is processed to carry out the study "Evaluation of the impacts of the street outreach work of the Tukialus

project (2019-2023)". The aim of the research report is to examine and describe the impacts of the Tukialus project work, especially from the perspective of the project workers. The research report uses three different research materials, which are:

1. Anonymous statistical data (N= 26,800) collected in the project during 2019-2023 on measures taken in client encounters in four different cities,
2. Pseudonymous sheet data (N= 60) produced by project workers examining client process methods and work contents, and
3. Interview data from project workers in pairs in three different cities (N=3).

The aim of the report is to provide an overall picture of the impacts of the project work from the perspective of the project workers. The report consists of an analysis of three different research materials.

Each dataset is presented with its own more specific research question, which are presented in the table below. The research question guiding the overall study is "What kind of results and impacts has the Tukialus project (2019-2023) activity had"?

**Table:** Research questions and materials for evaluating the impacts of the Tukialus project (2019-2023)

Research question	Research material
1. What activities and how many of them have been implemented in the Tukialus project work in 2019-2023?	Anonymous statistical data on client work actions that took place in encounters between Tukialus project workers and clients (N = 25,960)
2. What work methods have been implemented in the Tukialus project's client work processes?	Pseudonymous overview material describing the client work methods of the project N= 60
3. How do the Tukialus project workers describe the impacts and significance of their own work in the daily lives and well-being of the project's target group?	Project worker interviews (N = 3)
4. What results and impacts has the Tukialus project activity had from the project workers' perspective in 2019-2023?	All material

## Legal Basis for Processing Personal Data

The processing of personal data requires a lawful basis. In this study, the basis for processing personal data contained in the materials used is scientific research in the public interest as provided by law (Data Protection Act 1050/2018, Section 4).

The research materials will not be examined from the perspectives of individual clients or employees at any stage of the research, nor will they be combined in such a way that information about individual clients or employees could be obtained through data combination.

## Special Categories of Personal Data

The research does not specifically ask any questions belonging to special categories of personal data, but for example, political opinions or health-related issues of the interviewed employees (N = 3) may come up in the interviews if they voluntarily bring them up. Any information belonging to special categories of personal data that may arise in the interviews will not be reported in the study.

The statistical data on the contents and measures of the Tukialus project work (2019–2023) client work (N = 26,800) has been collected anonymously, but it provides statistical information about the health of the project's target group, as the project carries out health care-related measures, for example. These statistics cannot be traced back to individual clients.

The sheet data describing the project work's client processes (N = 60) also contains information about the health of the project's client target group, but the data has been pseudonymized by the employees, so even the researcher cannot identify the clients involved in the client processes or their event cities through them.

Special categories of personal data are processed in this study based on the exception for scientific research in the Data Protection Act (Data Protection Act 1050/2018, Section 6), and identification information will be obscured during reporting, paying particular attention to the sensitivity of the research topic.

## Recipients of Personal Data

Jenni Mäki, a specialized social worker in marginalization issues and researcher with extensive experience in homelessness research, is responsible for managing the research data during the study and destroying the research interviews at the end of the study. Personal data will not be disclosed to persons outside the research group or outside the EU or EEA area.

## Retention Period of Personal Data

Personal data will be stored on a TEAMS channel established for storing and analyzing the research data during the research period from January 2 to March 31, 2024. HDL has the right to retain the data collected in the Tukialus project (statistical and sheet data) even after the end of the study. The recordings of employee interviews will be stored on a TEAMS channel established for storing research data, to which only researcher Jenni Mäki has access. The interview data, including personal data, will be destroyed after the end of the research project.

## Provision of Personal Data

Providing personal data is entirely voluntary.

## Protection of Personal Data

X data is confidential.

No manual data is used in the study.

Personal data is stored password-protected. The interview data is stored on a TEAMS team created for research data, to which only the researcher has access. The researcher collects the data and processes it on a computer owned by HDL and used for the researcher's work. No contact information is collected in the study. During the research project, only the project researcher (see the contact person for the study) has access to personal data. Processing of direct identifiers for digital data: For interviews, direct identifiers are removed during the reporting phase. Interview data is not transcribed. The statistical data is anonymised, and the sheet data is pseudonymised by Tukialus project employees before being delivered to the researcher.

Only the researcher has access to the research data and ongoing analysis material. The storage device is protected by a username and password. The TEAM team and the channels where the data is stored will be destroyed at the end of the study.

## Rights of Data Subjects

According to data protection legislation, the research subject has certain rights to ensure the protection of privacy, which is a fundamental right. If the research subject wishes to exercise the right mentioned in this section, please contact the study contact person Jenni Mäki (by email [jenni.maki@hdl.fi](mailto:jenni.maki@hdl.fi)).



*Withdrawal of Consent  
(Article 7 of the GDPR)*

You have the right to request information on whether your personal data is being processed in the study and what personal data is being processed in the study. You can also request a copy of the personal data being processed.

*Right to Request Access to Data  
(Article 15 of the GDPR)*

Sinulla on oikeus pyytää tietoa siitä, käsitelläänkö henkilötietojasi tutkimuksessa ja mitä henkilötietojasi tutkimuksessa käsitellään. Voit myös halutessasi pyytää jäljennöstä käsiteltävistä henkilötiedoista.

*Right to Request Rectification of Data  
(Article 16 of the GDPR)*

If there are inaccuracies or errors in your personal data being processed, you have the right to request their correction or completion.

*Right to Request Erasure of Data or Restriction of Processing, Right to Object to Processing, Right to Data Portability  
(Articles 17, 18, 20, 21 of the GDPR)*

You can also request the deletion of your personal data used in the study or the restriction of their processing, and you can object to the processing or request the transfer of your data from one system to another.

*Derogation from Rights*

The rights mentioned in this section are not absolute and therefore do not apply in every case, and these rights may be derogated from in accordance with data protection legislation, e.g., when the rights prevent or greatly hinder the achievement of scientific or historical research purposes or statistical purposes. The need to derogate from rights is always assessed on a case-by-case basis.

**Right to Lodge a Complaint**

Sinulla on lisäksi oikeus tehdä valitus tietosuojavaltuutetun toimistoon, mikäli katsot, että henkilötietojesi käsittelyssä on rikottu voimassa olevaa tietosuojalainsäädäntöä.

**Contact information:**

*Office of the Data Protection Ombudsman*

*Street address: Ratapihantie 9, 6th floor, 00520 Helsinki*

*Postal address: PO Box 800, 00521 Helsinki*

*Switchboard: 029 56 66700*

*Fax: 029 56 66735*

*Email: tietosuoja@om.fi*

# Appendix 7.

## LIFECYCLE OF THE RESEARCH DATA CONCERNING THE TUKIALUS PROJECT (2019–2023)

### ACQUISITION OF RESEARCH DATA

Statistical and overview data collected in the Tukialus project (2019–2023). After obtaining the endorsement of the Ethics Committee, the data will be delivered to the researcher by encrypted email.

Research interviews are conducted and recorded in the TEAMS application after obtaining the ethical endorsement. The data will not be transcribed; it is particularly contextualizing data for the analysis of other materials.



### STORAGE, PROCESSING, AND RETENTION OF RESEARCH DATA DURING THE STUDY

The researcher stores the statistical and sheet data for the duration of the study on a TEAMS team created for data storage, with each dataset having its own sub-channel. These channels will be used for dataset-specific analysis, and the texts will be stored with the data during the working phase. A backup of everything is made in a backup team created in TEAMS according to the instructions above.

The researcher stores the Tukialus project pair interviews in TEAMS. The research interviews are stored in chronological order and numbered. No individual information such as interviewee name or place of work is used in the storage. Data is backed up, record by record, in the folders of the back-up team set up for the research project.



### PROCESSING AND DESTRUCTION OF RESEARCH DATA AT THE END OF THE RESEARCH PROJECT

The TEAMS team, in which the researcher stores statistical and form data during the research, will be destroyed after the research report has been completed and before the researcher's employment for the commissioned research ends. The Deaconess Foundation has the right to keep the statistical material collected in the Tukialus project even after the project has ended. The researcher is only responsible for destroying the research data stored for the study.

The TEAMS team, where the researcher stores the interview data during the research, is destroyed after the research report is completed and before the researcher's employment on the commissioned research ends. No one other than the researcher has access to the interview data of the project pairs throughout the life cycle of the data.

# Appendix 8.

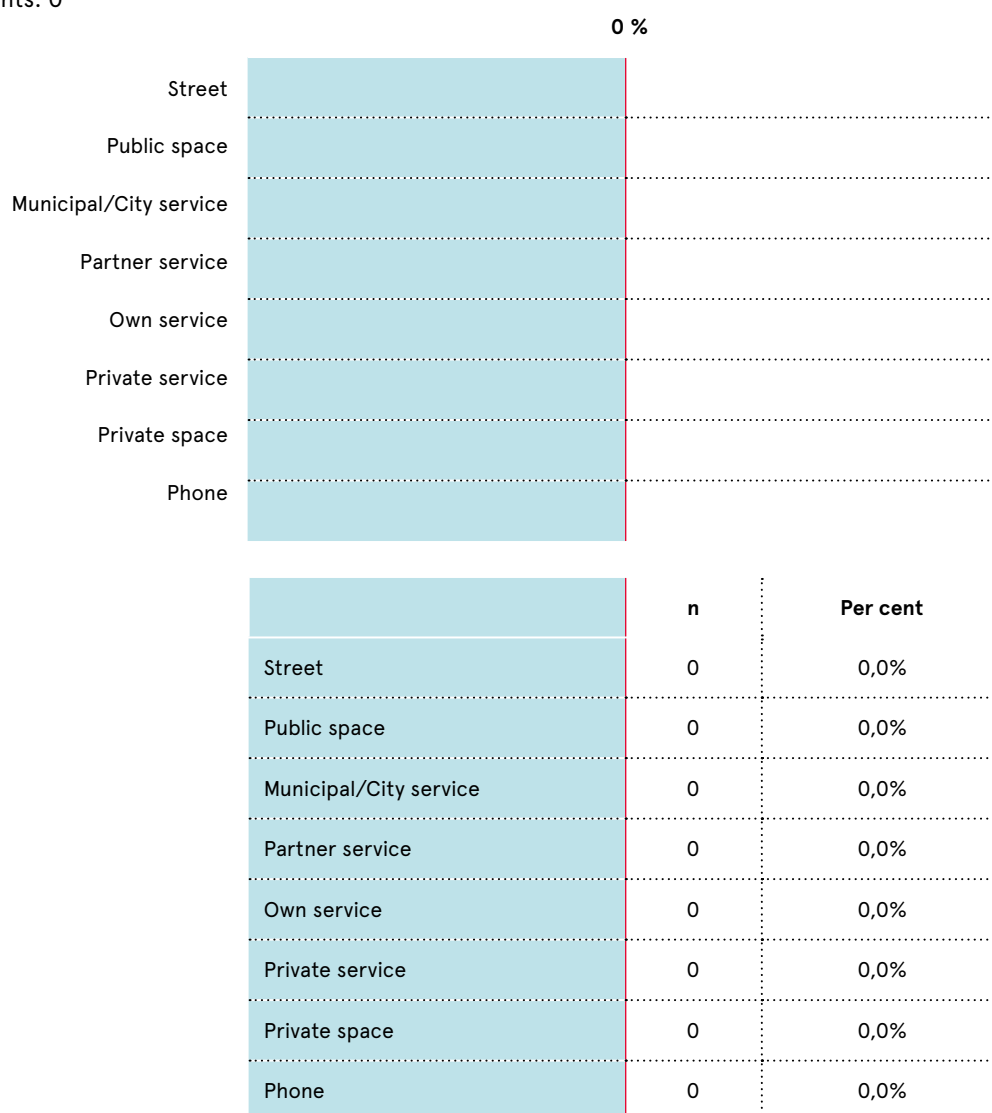
## TUKIALUS PROJECT WORK

### STATISTICS TEMPLATE FOR

#### 2019–2020

#### Location of encounter

Number of respondents: 0



### Municipal/City service

Number of respondents: 0

### What service

### Partner service

Number of respondents: 0

### What service

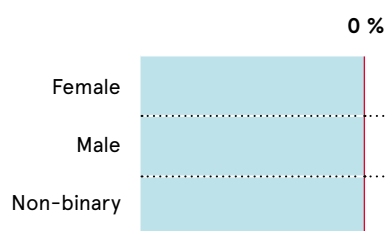
### Own service

Number of respondents: 0

### What service

### Gender

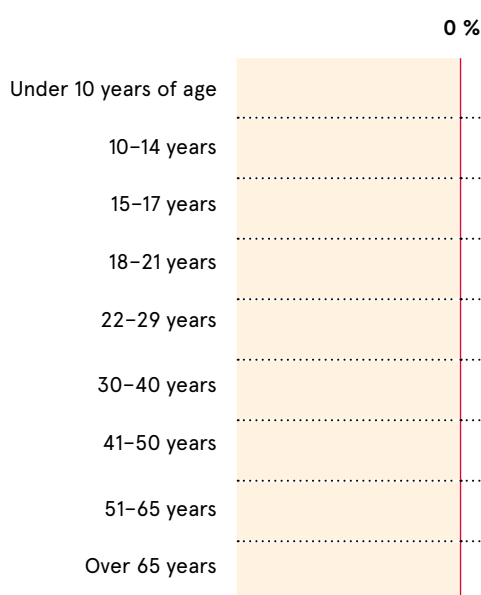
Number of respondents: 0



	n	Per cent
Female	0	0,0%
Male	0	0,0%
Non-binary	0	0,0%

### Age

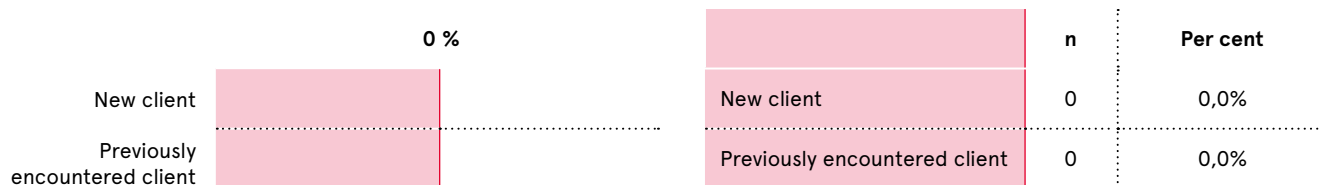
Number of respondents: 0



	n	Per cent
Under 10 years of age	0	0,0%
10-14 years	0	0,0%
15-17 years	0	0,0%
18-21 years	0	0,0%
22-29 years	0	0,0%
30-40 years	0	0,0%
41-50 years	0	0,0%
51-65 years	0	0,0%
Over 65 years	0	0,0%

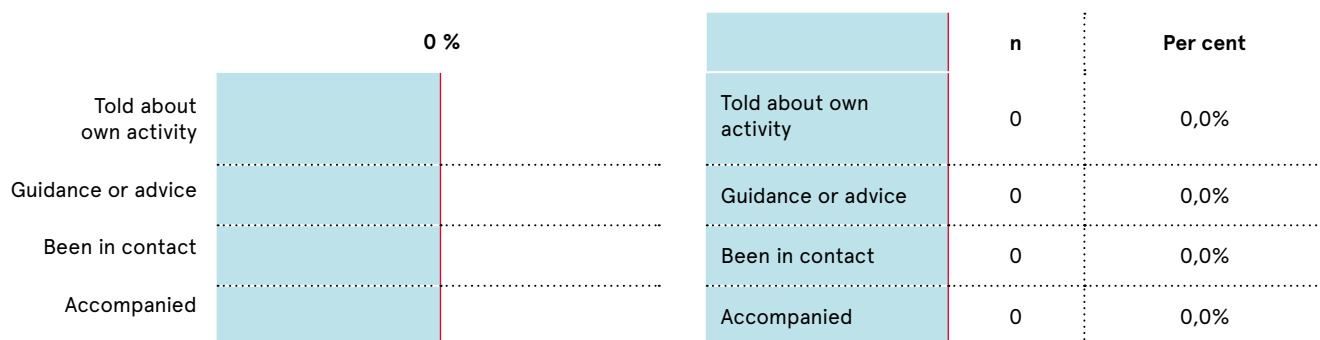
## Client

Number of respondents: 0



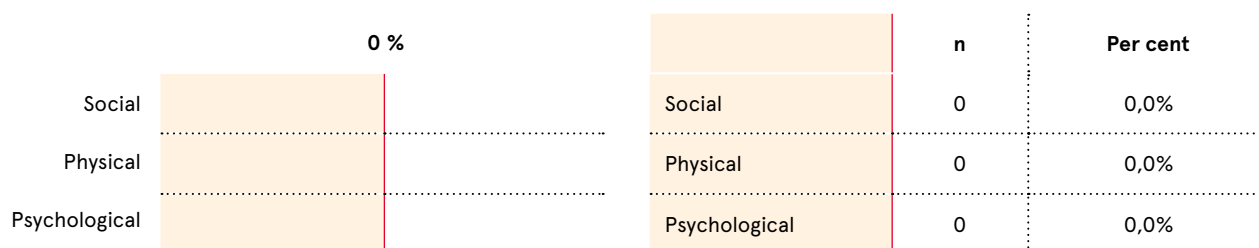
## Support content

Number of respondents: 0, number of selected responses: 0



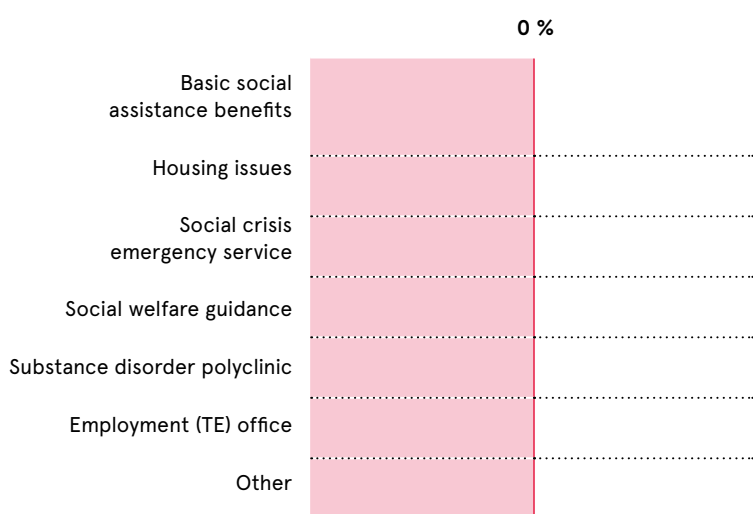
## Support provided

Number of respondents: 0, number of selected responses: 0



## Social support

Number of respondents: 0, number of selected responses: 0



	n	Per cent
Basic social assistance benefits	0	0,0%
Housing issues	0	0,0%
Social crisis emergency service	0	0,0%
Social welfare guidance	0	0,0%
Substance disorder polyclinic	0	0,0%
Employment (TE) office	0	0,0%
Other	0	0,0%

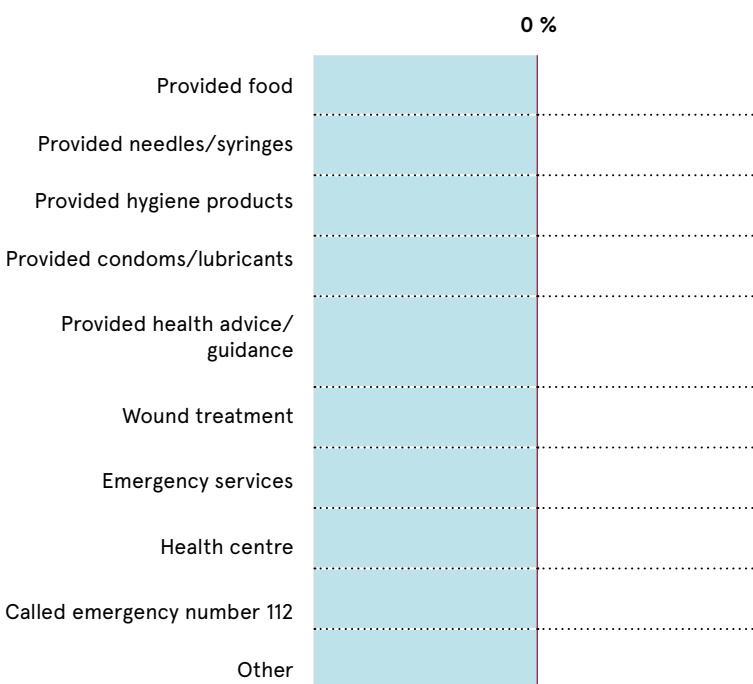
## Other social welfare support

Number of respondents: 0

## Brief description

## Physical support

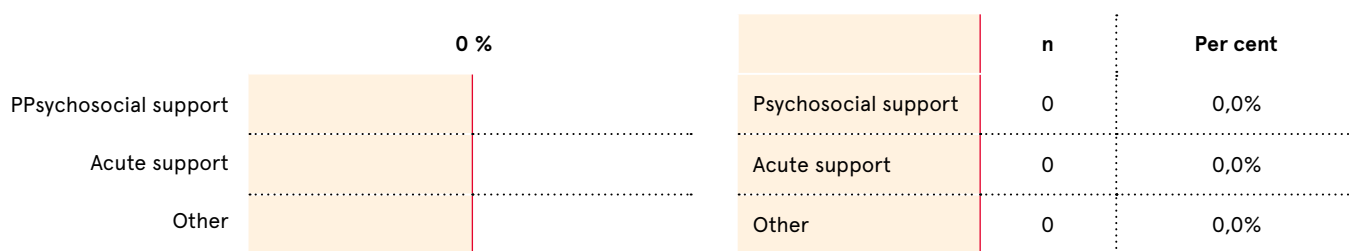
Number of respondents: 0, number of selected responses: 0



	n	Per cent
Provided food	0	0,0%
Provided needles/syringes	0	0,0%
Provided hygiene products	0	0,0%
Provided condoms/lubricants	0	0,0%
Provided health advice/guidance	0	0,0%
Wound treatment	0	0,0%
Emergency services	0	0,0%
Health centre	0	0,0%
Called emergency number 112	0	0,0%
Other	0	0,0%

### Psychological support

Number of respondents: 0, number of selected responses: 0



### Acute crisis

Number of respondents: 0

### Brief description

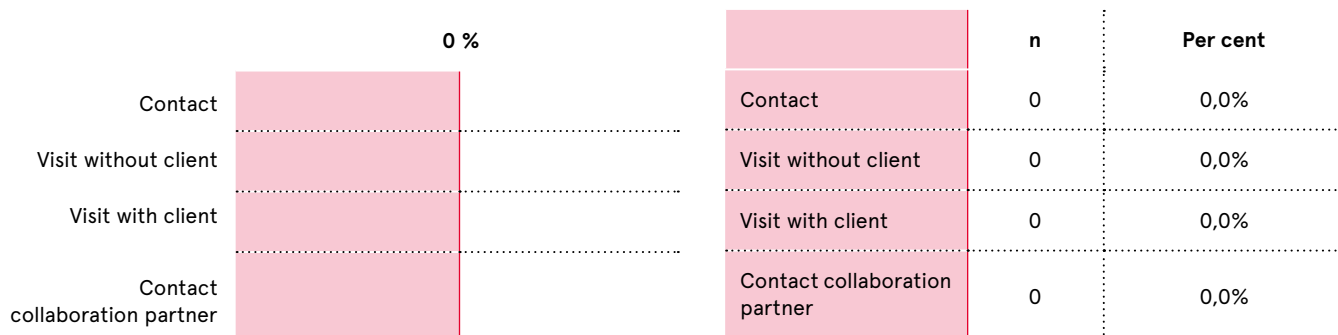
### Other psychological support

Number of respondents: 0

### Brief description

### Partner organisation

Number of respondents: 0, number of selected responses: 0



### Contact collaboration partner

Number of respondents: 0

Name of collaboration partner

### Visit collaboration partner without client

Number of respondents: 0

Name of collaboration partner

### Visit collaboration partner with client

Number of respondents: 0

Name of collaboration partner

### Partner organisation contact with Tukialus

Number of respondents: 0

Name of collaboration partner

### Working group assessment of client assistance needs

Number of respondents: 0

MINIMUM ESTIMATE	MAXIMUM ESTIMATE	AVERAGE	MEDIAN	AMOUNT	STANDARD DEVIATION
0,0	0,0	0,0	0,0	0,0	0,0

### Were client needs met?

Number of respondents: 0

MINIMUM ESTIMATE	MAXIMUM ESTIMATE	AVERAGE	MEDIAN	AMOUNT	STANDARD DEVIATION
0,0	0,0	0,0	0,0	0,0	0,0

### Working group overall evaluation of outreach

Number of respondents: 0

MINIMUM ESTIMATE	MAXIMUM ESTIMATE	AVERAGE	MEDIAN	AMOUNT	STANDARD DEVIATION
0,0	0,0	0,0	0,0	0,0	0,0

### Client feedback on outreach

Number of respondents: 0

	0 %	n	Per cent
Positive		0	0,0%
Neutral		0	0,0%
Negative		0	0,0%

### Positiivinen palaute

Number of respondents: 0

Specify, if you wish

### Neutraali palaute

Number of respondents: 0

Specify, if you wish

### Negatiivinen palaute

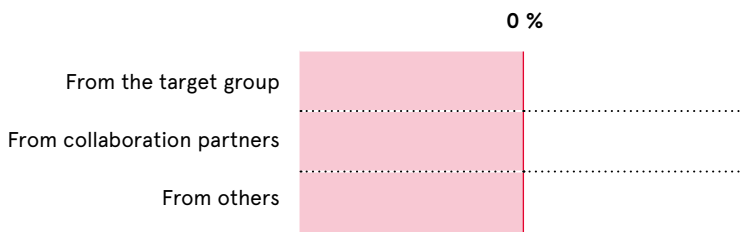
Number of respondents: 0

Specify, if you wish



### Suggestion for developing the project

Number of respondents: 0



	n	Per cent
From the target group	0	0,0%
From collaboration partners	0	0,0%
From others	0	0,0%

### Suggestion from target group

Number of respondents: 0

Feedback

### Suggestion from collaboration partners

Number of respondents: 0

Feedback from collaboration partners

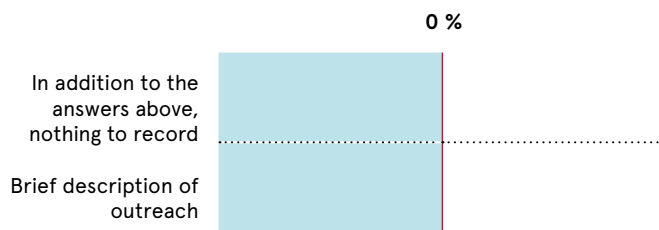
### Feedback from other organisations

Number of respondents: 0

Name of organisation. Feedback given

### Brief description of outreach

Number of respondents: 0



	n	Per cent
In addition to the answers above, nothing to record	0	0,0%
Brief description of outreach	0	0,0%

# Appendix 9.

## Tukialus project work statistics base year 2021

Number of respondents: 0

Location of encounter

Number of respondents: 0

	0 %	n	Per cent
Outdoor space general/public		0	0,0%
Indoor space general/public		0	0,0%
Social service		0	0,0%
Health service		0	0,0%
Second sector service		0	0,0%
Third sector service		0	0,0%
Other public service		0	0,0%
Other private service		0	0,0%
By phone		0	0,0%
Directed to the Tukialus service		0	0,0%

### Name of health service

Number of respondents: 0

### Name of social welfare service

Number of respondents: 0

### Who/from where guided to Tukialus service?

Number of respondents: 0

### Name of second sector service

Number of respondents: 0

### Name of third sector service

Number of respondents: 0

### Name of other public service

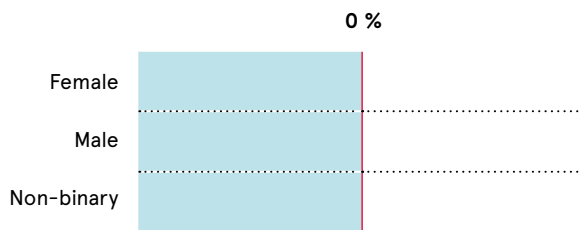
Number of respondents: 0

### Name of other private service

Number of respondents: 0

### Gender

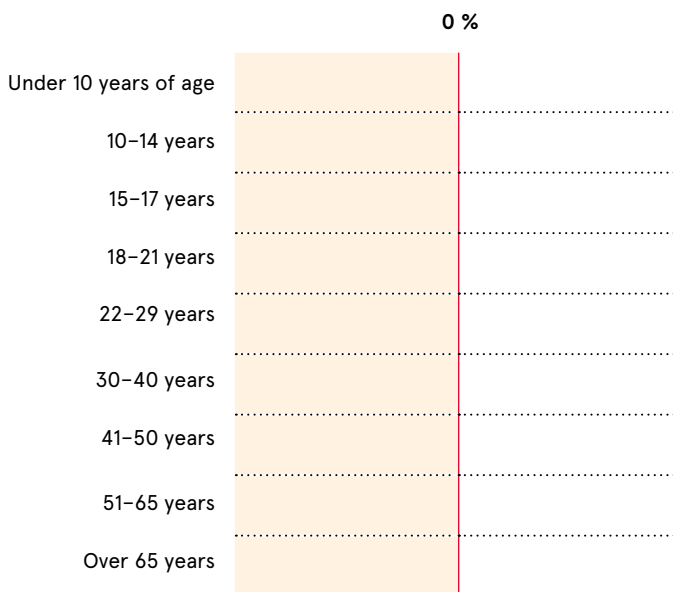
Number of respondents: 0



	n	Per cent
Female	0	0,0%
Male	0	0,0%
Non-binary	0	0,0%

### Age

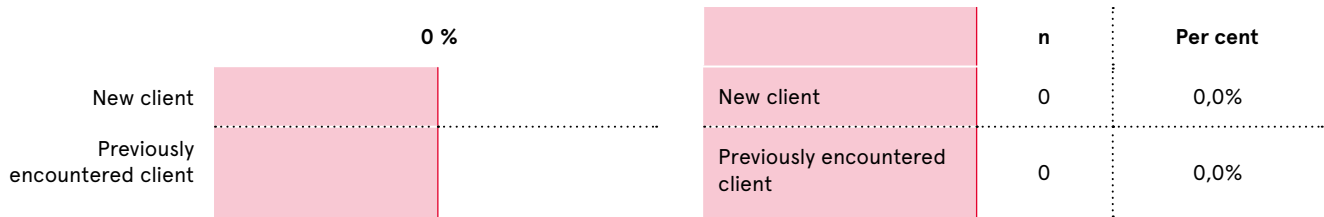
Number of respondents: 0



	n	Per cent
Under 10 years of age	0	0,0%
10-14 years	0	0,0%
15-17 years	0	0,0%
18-21 years	0	0,0%
22-29 years	0	0,0%
30-40 years	0	0,0%
41-50 years	0	0,0%
51-65 years	0	0,0%
Yli 65 years	0	0,0%

### Client

Number of respondents: 0



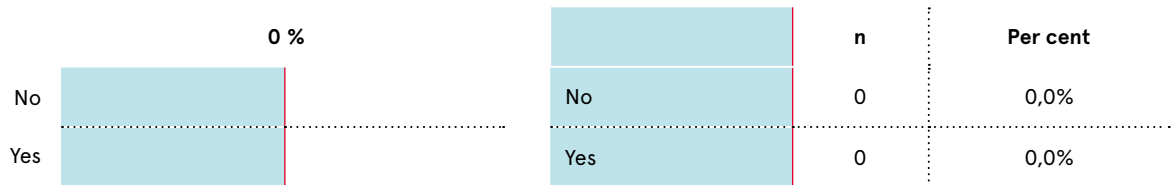
### Previously encountered client

Number of respondents: 0

Have there been any significant changes since the last encounter?

### Were there any significant challenges in the encounter to do with the service chain?

Number of respondents: 0

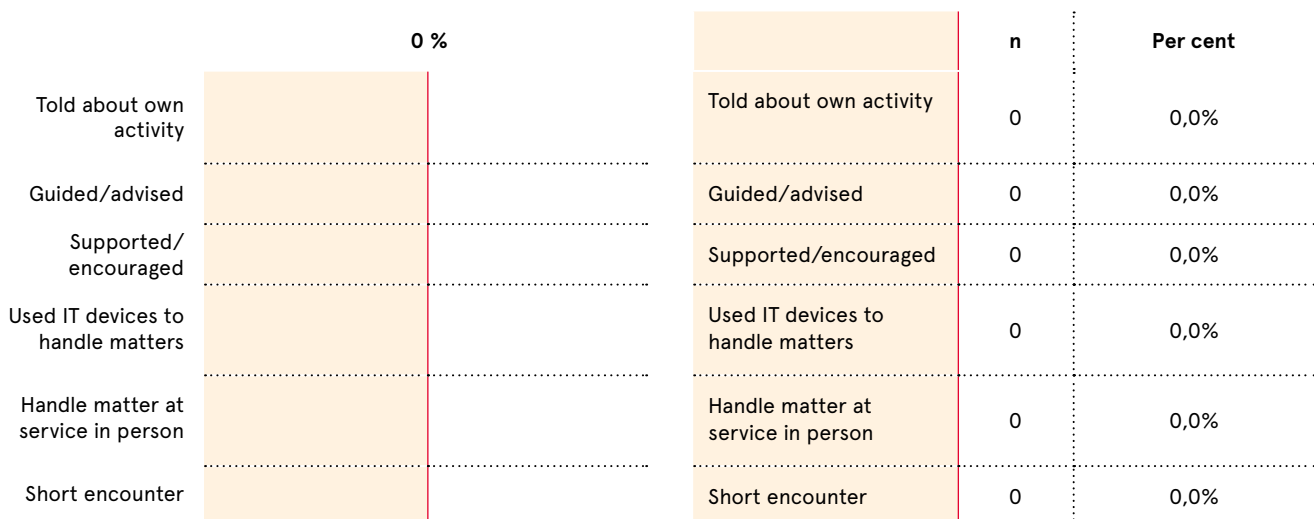


### Brief description of the challenges to do with the service chain

Number of respondents: 0

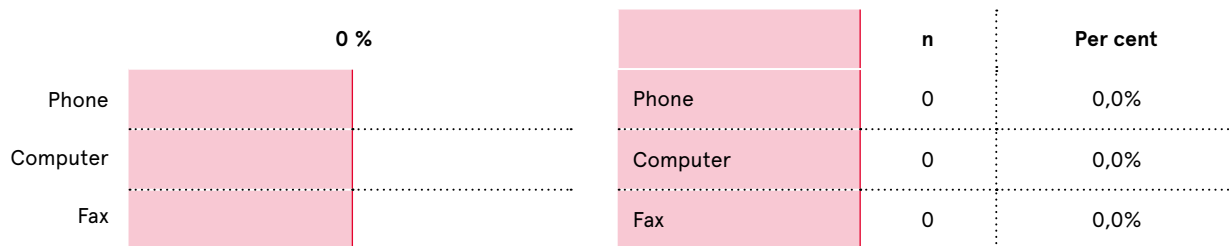
### Content of support

Number of respondents: 0, number of selected responses: 0



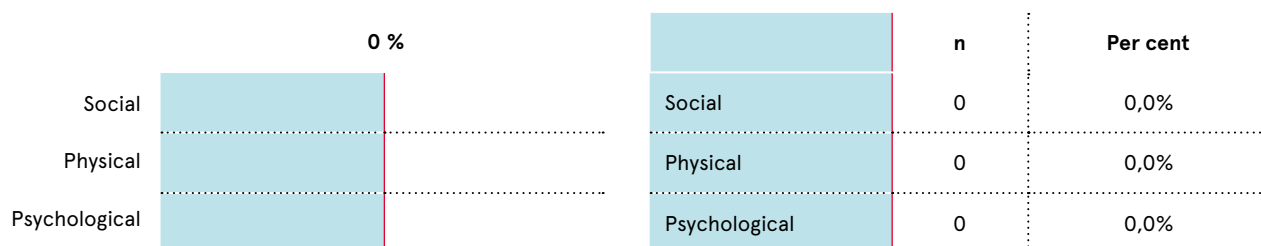
### IT devices

Number of respondents: 0, number of selected responses: 0



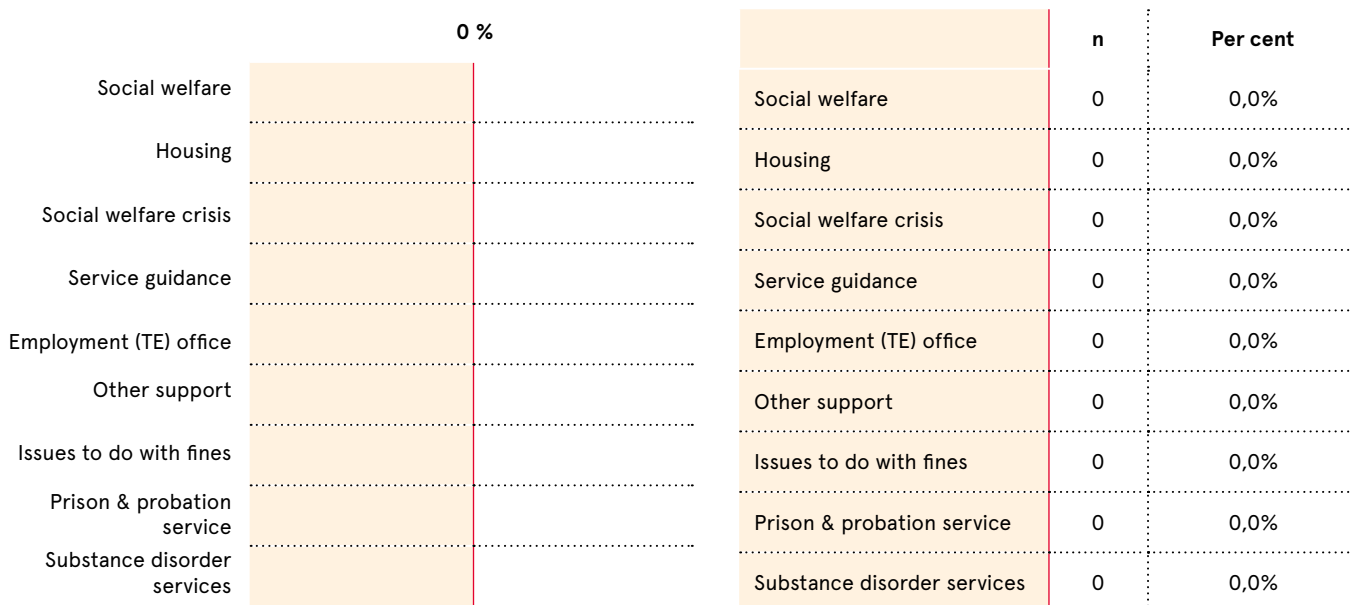
### Support provided

Number of respondents: 0, number of selected responses: 0



### Social welfare support

Number of respondents: 0, number of selected responses: 0



## Social welfare

Number of respondents: 0, number of selected responses: 0

	0 %		n	Per cent
Kela		Kela	0	0,0%
City social services		City social services	0	0,0%

## Housing

Number of respondents: 0, number of selected responses: 0

	0 %		n	Per cent
Homeless, on the streets		Homeless, on the streets	0	0,0%
Emergency accommodation		Emergency accommodation	0	0,0%
Homeless, staying with a friend		Homeless, staying with a friend	0	0,0%
Homeless, other arrangement		Homeless, other arrangement	0	0,0%
Housing, threat of eviction		Housing, threat of eviction	0	0,0%
Housing, other threat/risk		Housing, other threat/risk	0	0,0%
Housing, inadequate accommodation		Housing, inadequate accommodation	0	0,0%
Housing, temporary		Housing, temporary	0	0,0%
Housing, permanent at present		Housing, permanent at present	0	0,0%

## Reason for contact with emergency social welfare crisis service

Number of respondents: 0

## Content of service guidance

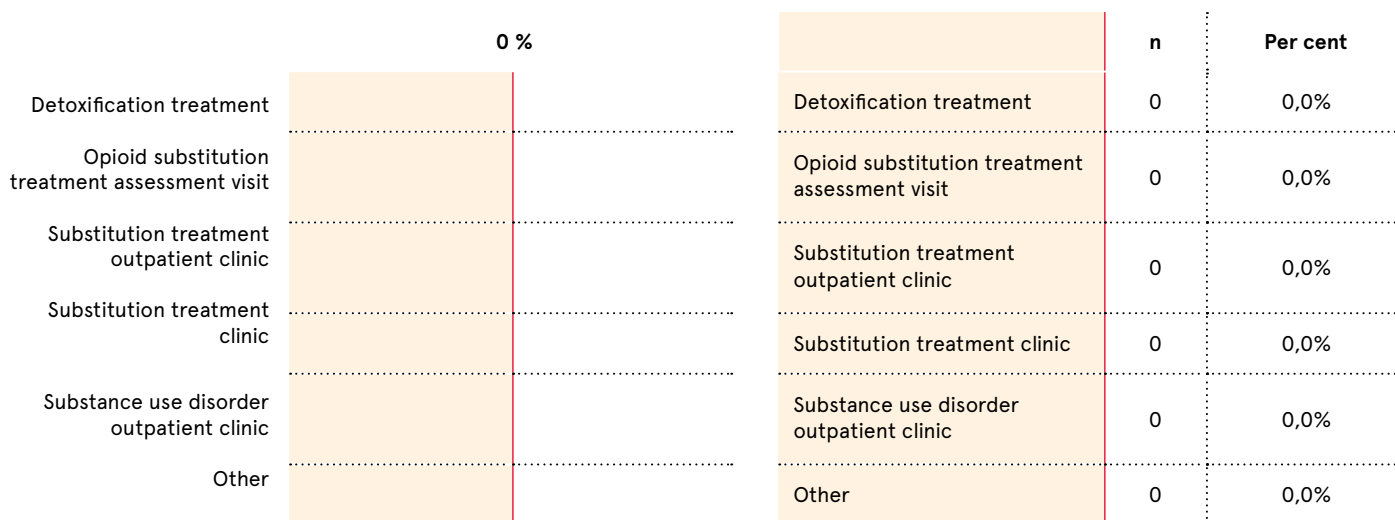
Number of respondents: 0

## Content of other social support

Number of respondents: 0

### Substance disorder services

Number of respondents: 0, number of selected responses: 0

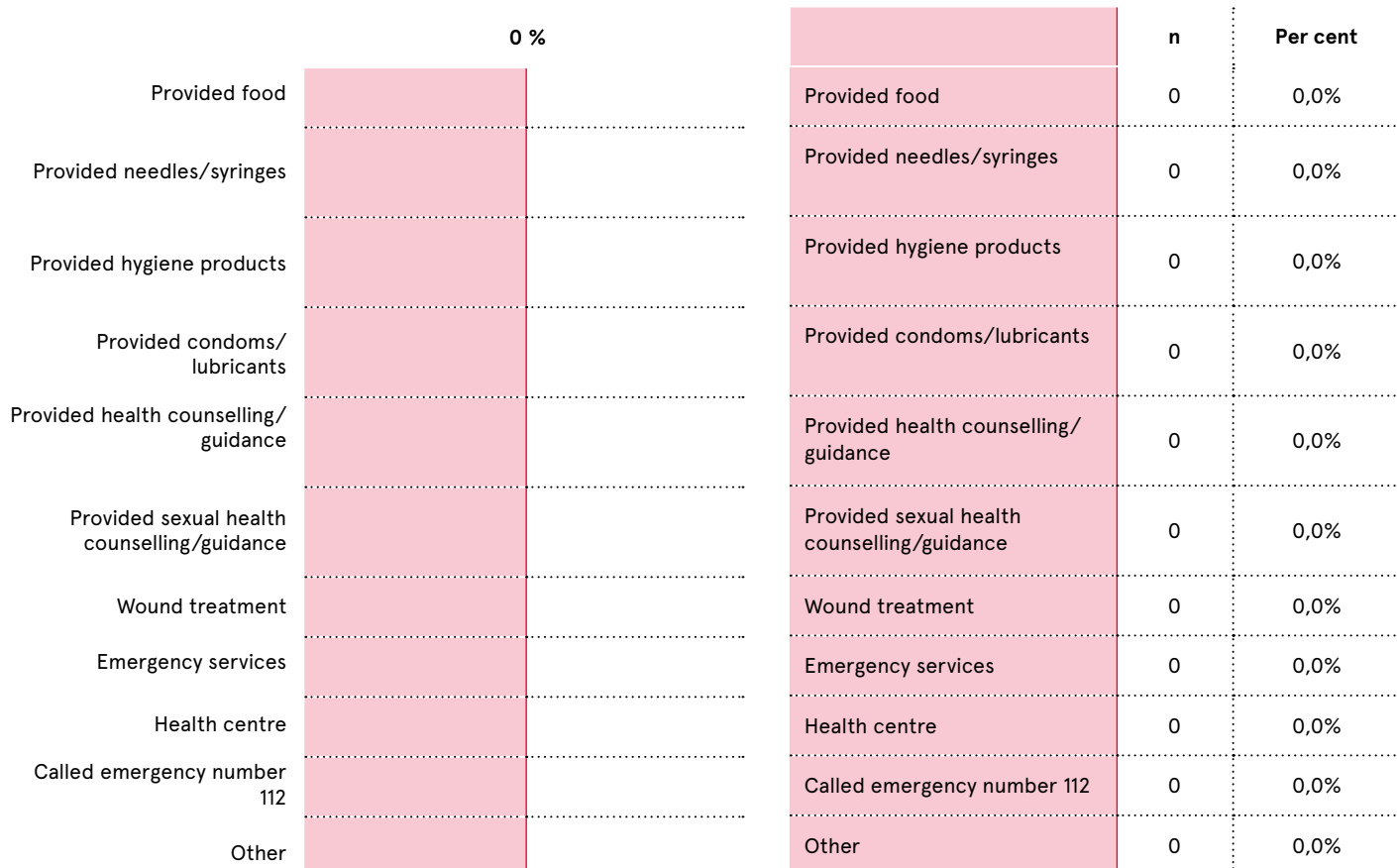


### Homeless - other arrangement

Number of respondents: 0

### Fyysinen tuki

Number of respondents: 0, number of selected responses: 0

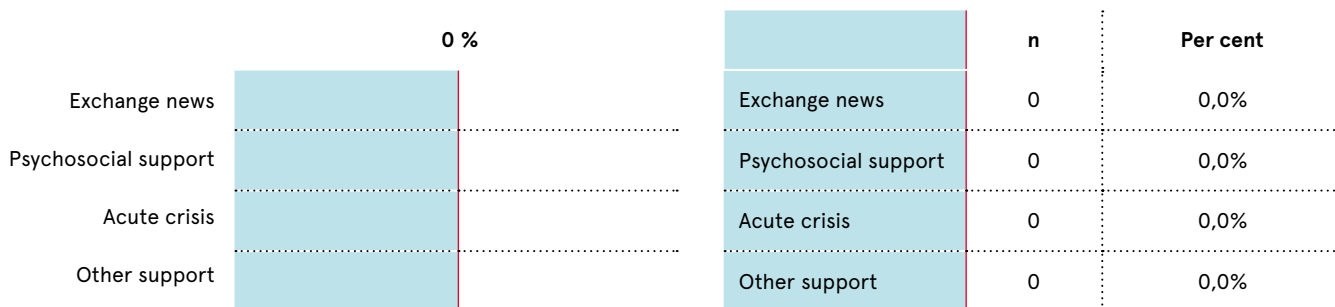


### Content of other physical support

Number of respondents: 0

### Psychological support

Number of respondents: 0, number of selected responses: 0



### Description of acute crisis

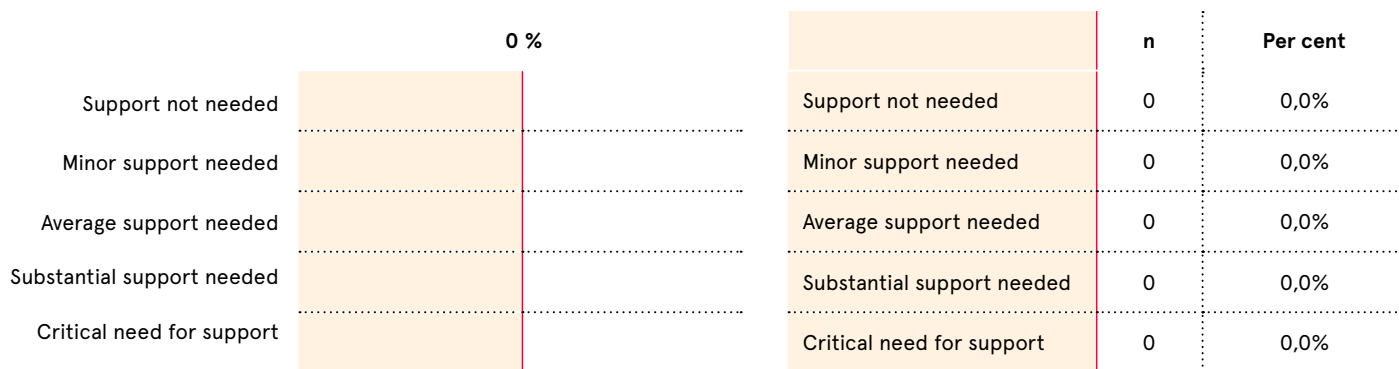
Number of respondents: 0

### Description of other psychological support

Number of respondents: 0

### Assessment of support needs

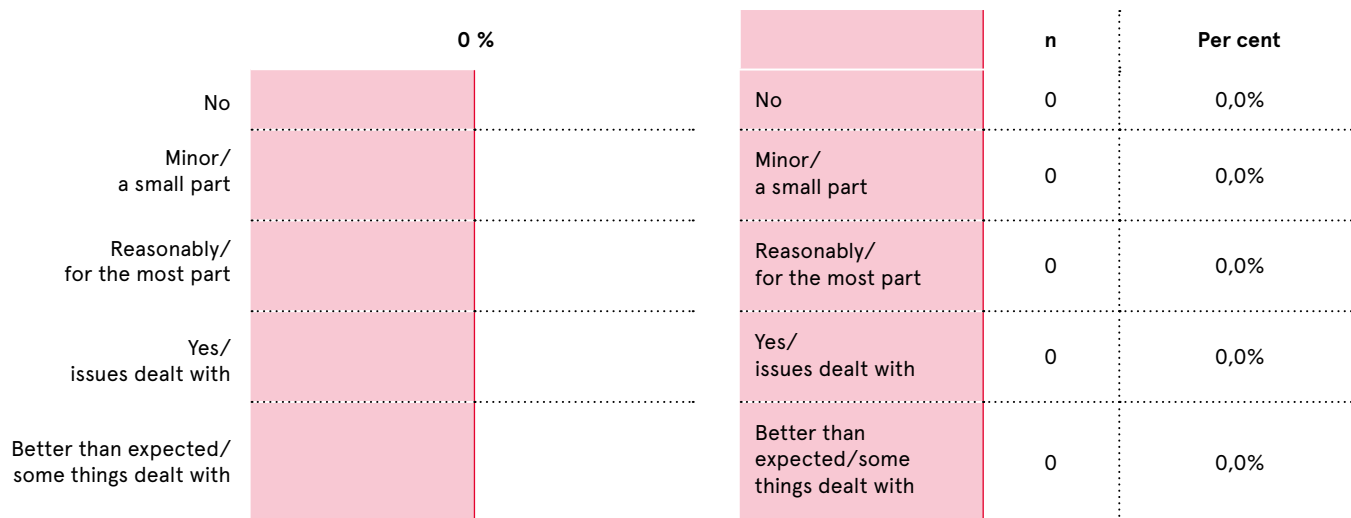
Number of respondents: 0





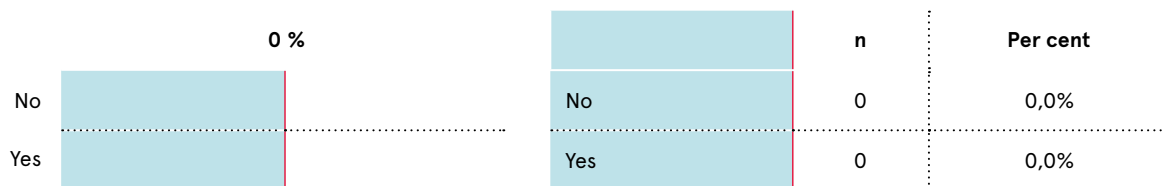
### Could the individual's needs be met?

Number of respondents: 0



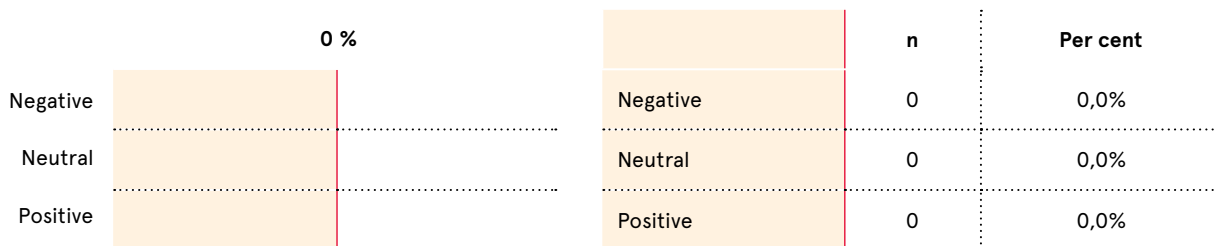
### Does it take more than one meeting to get things done?

Number of respondents: 0



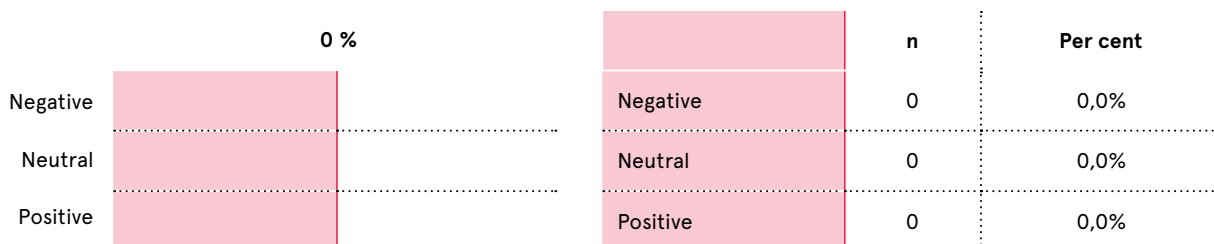
### Project worker's assessment of encounter

Number of respondents: 0



### Client feedback on encounter

Number of respondents: 0



### Negative feedback

Number of respondents: 0

Specify, if you wish

### Neutral feedback

Number of respondents: 0

Specify, if you wish

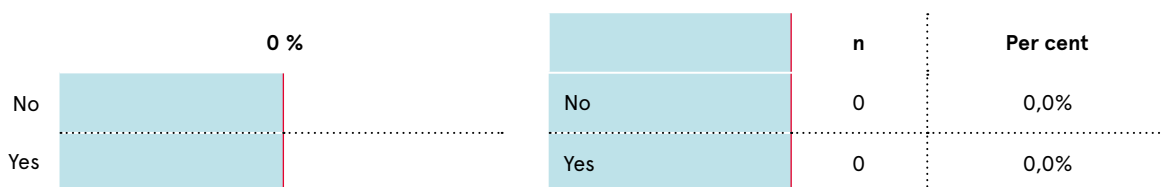
### Positive feedback

Number of respondents: 0

Specify, if you wish

### Was a partner present at the encounter?

Number of respondents: 0

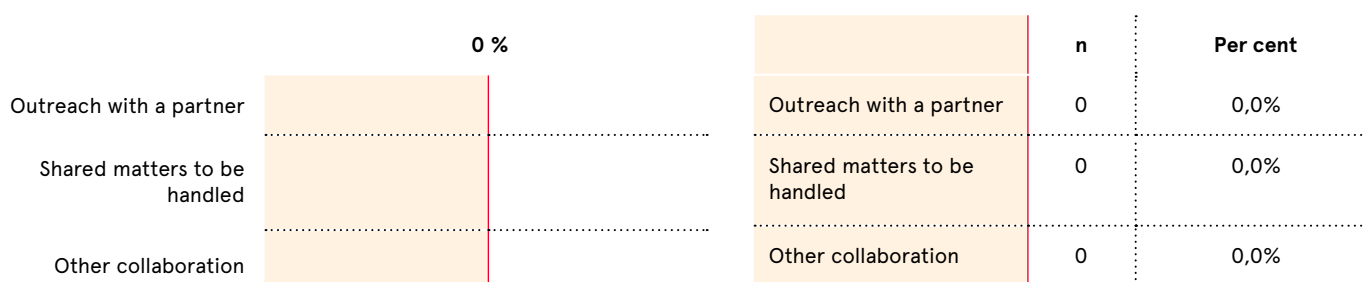


### Name of partner

Number of respondents: 0, number of selected responses: 0

### Content of joint work

Number of respondents: 0, number of selected responses: 0

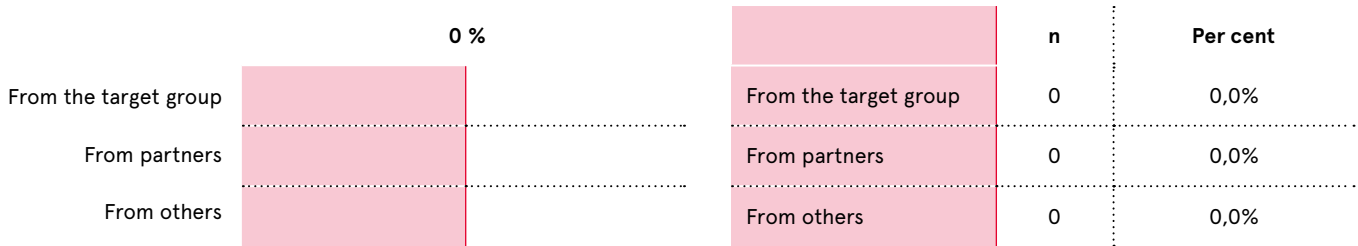


### Other collaboration

Number of respondents: 0

### Suggestion for developing the project

Number of respondents: 0



### Suggestion from target group

Number of respondents: 0

Feedback from target group

### Suggestion from partner

Number of respondents: 0

Feedback from partner

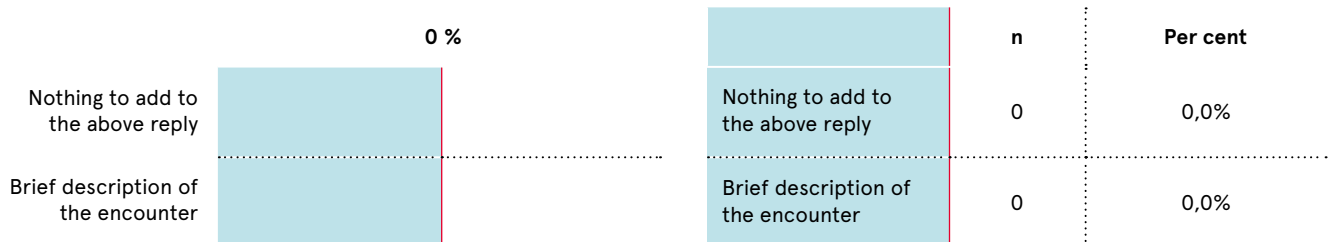
### Suggestion from other actor

Number of respondents: 0

From whom? Feedback given

### Brief description of encounter

Number of respondents: 0



### Brief description of encounter

Number of respondents: 0

Replies

# Appendix 10.

## TUKIALUS PROJECT WORK STATISTICS BASE YEAR 2022

Number of respondents: 0

### Location of encounter

Number of respondents: 0

	0 %	n	Per cent
Outdoor space general/public		0	0,0%
Indoor space general/public		0	0,0%
Social service		0	0,0%
Health service		0	0,0%
Second sector service		0	0,0%
Third sector service		0	0,0%
Other public service		0	0,0%
Other private service		0	0,0%
By phone		0	0,0%
Directed to the Tukialus service		0	0,0%

### Directed to the Tukialus service

Number of respondents: 0

From where was the client directed?

### Name of health service

Number of respondents: 0

### Name of social welfare service

Number of respondents: 0

### Who/from where guided to Tukialus service?

Number of respondents: 0

### Name of third sector service

Number of respondents: 0

### Name of other public service

Number of respondents: 0

### Name of other private service

Number of respondents: 0

### Name of first sector service

Number of respondents: 0

### Gender

Number of respondents: 0

	0 %	n	Per cent
Female		0	0,0%
Male		0	0,0%
Non-binary		0	0,0%

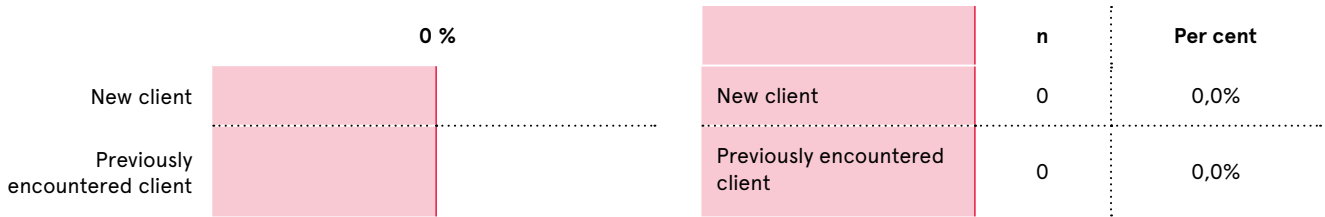
### Age

Number of respondents: 0

	0 %	n	Per cent
Possibly under 18 years of age		0	0,0%
18-25 years		0	0,0%
26-29 years		0	0,0%
30-40 years		0	0,0%
41-50 years		0	0,0%
51-62 years		0	0,0%
over 62 years		0	0,0%

### Client

Number of respondents: 0



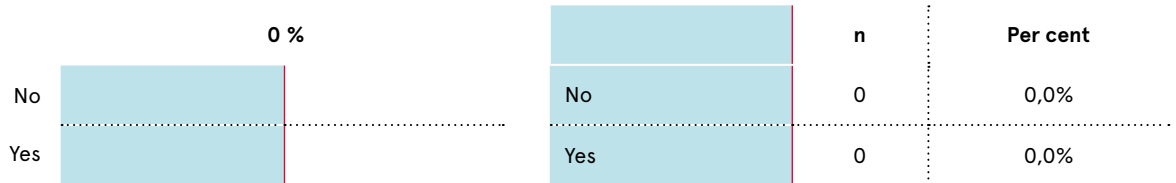
### Previously encountered client

Number of respondents: 0

Have there been any significant changes since the last encounter?

### Were there any significant problems in the encounter to do with the service chain?

Number of respondents: 0

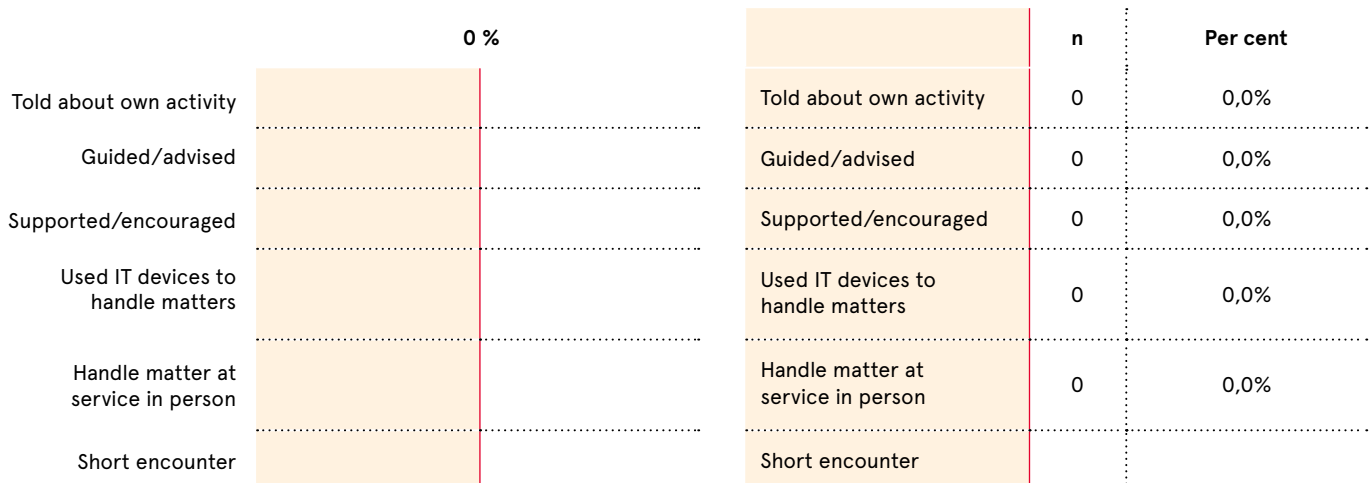


### Brief description of the problems to do with the service chain

Number of respondents: 0

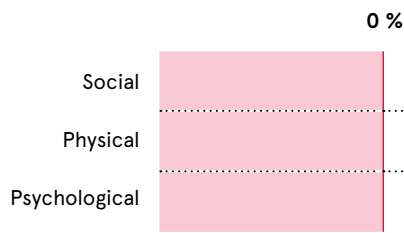
### Content of support

Number of respondents: 0, number of selected responses:



### Support provided

Number of respondents: 0, number of selected responses: 0



	n	Per cent
Social	0	0,0%
Physical	0	0,0%
Psychological	0	0,0%

### Social welfare support

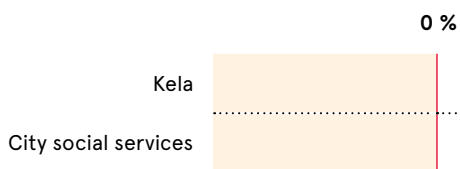
Number of respondents: 0, number of selected responses: 0



	n	Per cent
Social welfare support	0	0,0%
Housing	0	0,0%
Social welfare crisis emergency	0	0,0%
Service guidance	0	0,0%
Employment (TE) office	0	0,0%
Other	0	0,0%
Issues to do with fines	0	0,0%
Prison & probation service	0	0,0%
Substance disorder services	0	0,0%

### Social welfare

Number of respondents: 0, number of selected responses: 0



	n	Per cent
Kela	0	0,0%
City social services	0	0,0%

## Housing

Number of respondents: 0, number of selected responses: 0

	0 %	n	Per cent
Homeless, on the streets		0	0,0%
Emergency accommodation		0	0,0%
Homeless, staying with a friend		0	0,0%
Homeless, other arrangement		0	0,0%
Housing, threat of eviction		0	0,0%
Housing, other threat/risk		0	0,0%
Housing, inadequate accommodation		0	0,0%
Housing, temporary		0	0,0%
Housing, permanent at present		0	0,0%

## Reason for contact with emergency social welfare crisis service

Number of respondents: 0

## Content of service guidance

Number of respondents: 0

## Substance use disorder services

Number of respondents: 0, number of selected responses: 0

	0 %	n	Per cent
Detoxification treatment		0	0,0%
Opioid substitution treatment assessment visit		0	0,0%
Substitution treatment outpatient clinic		0	0,0%
Substitution treatment clinic		0	0,0%
Substance use disorder outpatient clinic		0	0,0%
Other		0	0,0%
Admission without appointment		0	0,0%



## Homeless - other arrangementy

Number of respondents: 0

## Physical support

Number of respondents: 0, number of selected responses: 0

	0 %	n	Per cent	
Provided food		Annettu ruokaa	0	0,0%
Provided needles/syringes		Annettu pistosvälineet	0	0,0%
Provided hygiene products		Annettu hygieniatuotteita	0	0,0%
Provided condoms/lubricants		Annettu kondomit/liukuvoiteet	0	0,0%
Provided health counselling/guidance		Annettu terveysneuvontaa/ohjausta	0	0,0%
Provided sexual health counselling		Annettu seksuaali-terveysneuvontaa	0	0,0%
Wound treatment		Haavahoito	0	0,0%
Emergency service		Päivystys	0	0,0%
Health centre/hospital		Terveyskeskus/Sairaala	0	0,0%
Called emergency number 112		Soitettu 112	0	0,0%
Other		Muu tuki	0	0,0%
Laboratory		Laboratorio	0	0,0%

## Content of other physical support

Number of respondents: 0

## Psychological support

Number of respondents: 0, number of selected responses: 0

	0 %	n	Per cent	
Exchange news		Exchange news	0	0,0%
Psychosocial support		Psychosocial support	0	0,0%
Acute crisis		Acute crisis	0	0,0%
Other support		Other support	0	0,0%

### Description of acute crisis

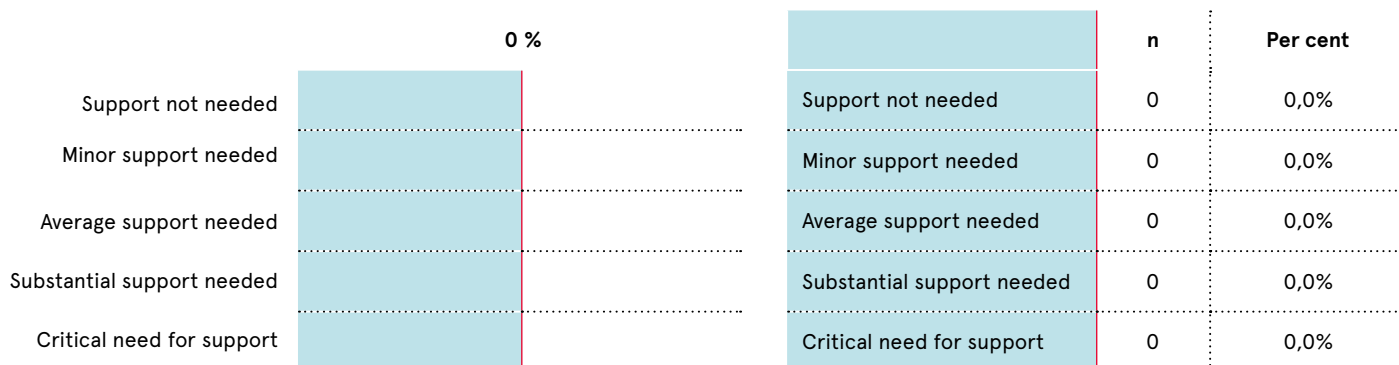
Number of respondents: 0

### Content of other psychological support

Number of respondents: 0

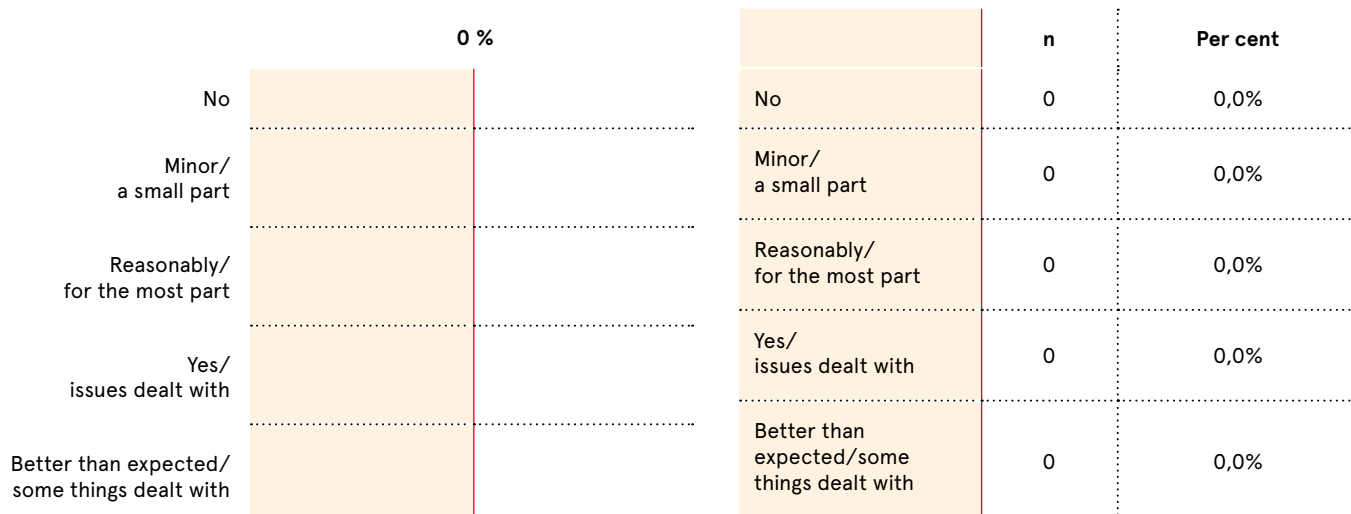
### Assessment of support need

Number of respondents: 0



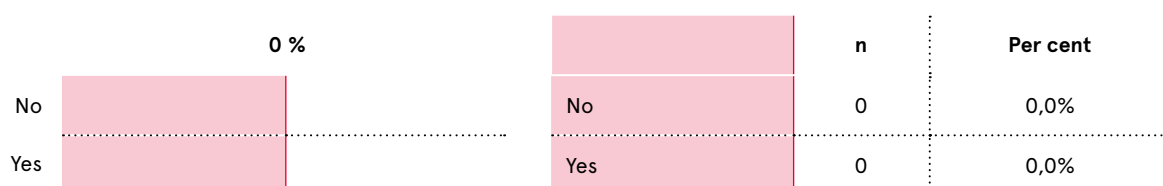
### Could the individual's needs be met?

Number of respondents: 0



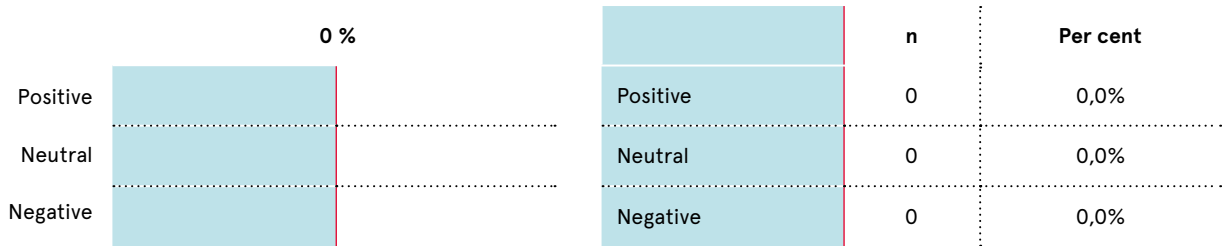
### Does it take more than one meeting to get things done?

Number of respondents: 0



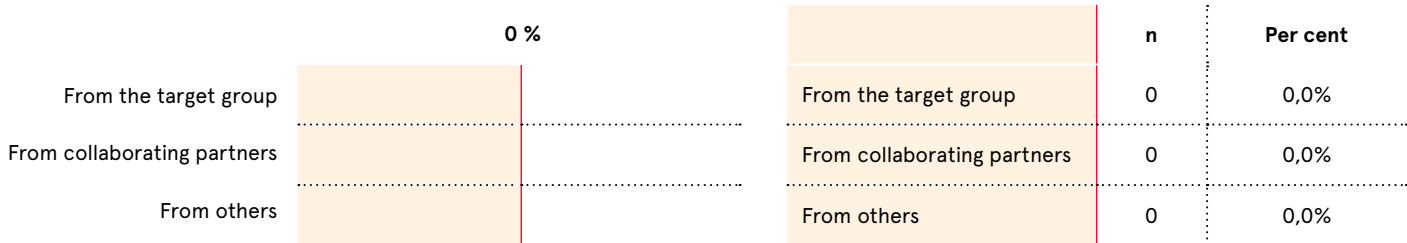
### Project worker's assessment of encounter

Number of respondents: 0



### Suggestion for developing the project

Number of respondents: 0



### Client feedback on the encounter

Number of respondents: 0

What feedback did the customer give?

### Development suggestion from the target group

Number of respondents: 0

Feedback given by the target group

### Development suggestion from a partner

Number of respondents: 0

Feedback given by the partner

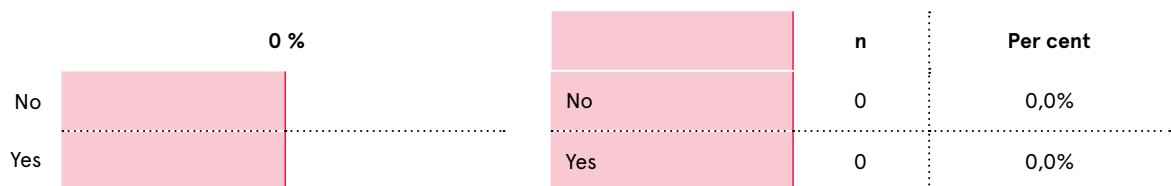
### Development suggestion from another source

Number of respondents: 0

From whom? Feedback given

### Were there other actors present at the encounter besides?

Number of respondents: 0



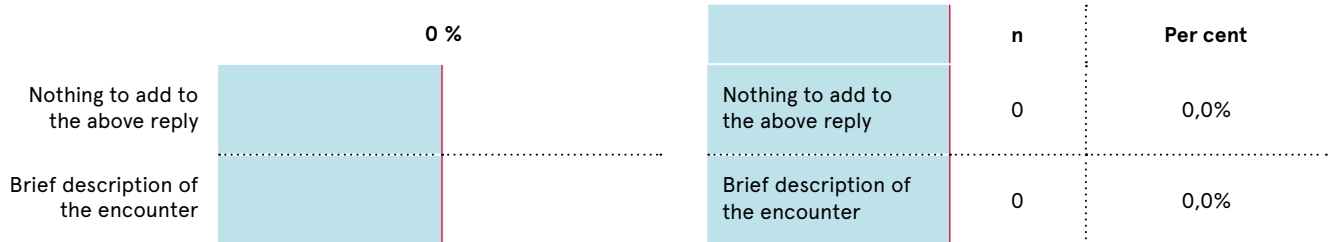
### What activity was at issue?

Number of respondents: 0

Name of organisation/actor

### Brief description of encounter

Number of respondents: 0



### Brief description of encounter

Number of respondents: 0

Replies

# Appendix 11.

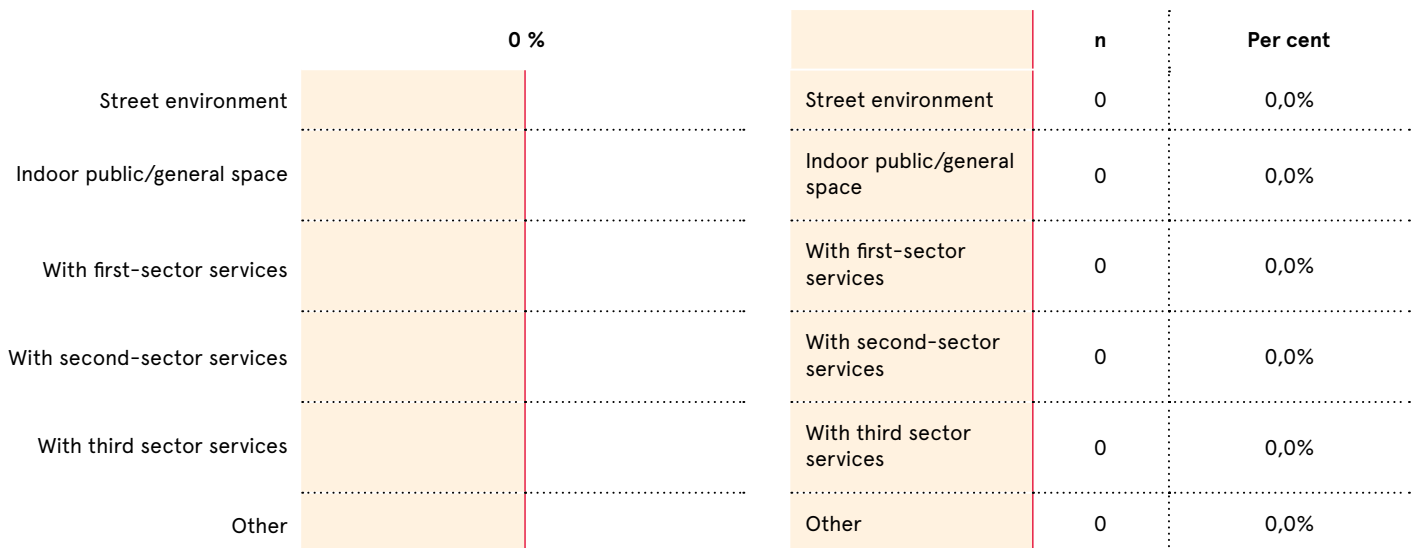
## TUKIALUS PROJECT WORK

### STATISTICS BASE YEAR 2023

Total number of respondents: 0

#### Matters dealt with

Number of respondents: 0, number of selected responses: 0

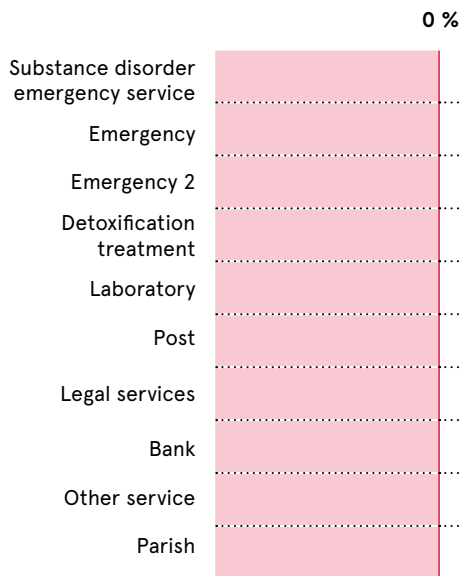


#### Private sector service

Number of respondents: 0, number of selected responses: 0

### Private sector service

Vastaajien määrä: 0, valittujen vastausten lukumäärä: 0



	n	Per cent
Substance disorder emergency service	0	0,0%
Emergency	0	0,0%
Emergency 2	0	0,0%
Detoxification treatment	0	0,0%
Laboratory	0	0,0%
Post	0	0,0%
Legal services	0	0,0%
Bank	0	0,0%
Other service	0	0,0%
Parish	0	0,0%

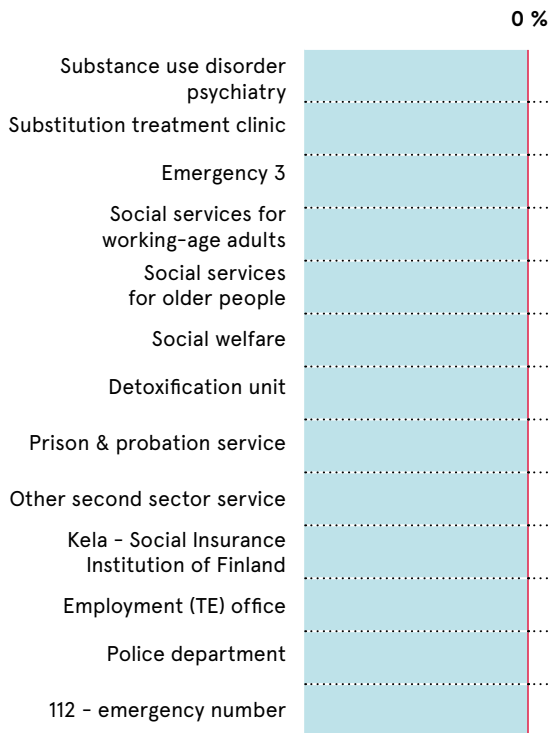
### Other private sector service

Number of respondents: 0

What services?

### Public sector/municipal services

Number of respondents: 0, number of selected responses: 0



	n	Per cent
Substance use disorder psychiatry	0	0,0%
Substitution treatment clinic	0	0,0%
Emergency 3	0	0,0%
Social services for working-age adults	0	0,0%
Social services for older people	0	0,0%
Social welfare	0	0,0%
Detoxification unit	0	0,0%
Prison & probation service	0	0,0%
Other second sector service	0	0,0%
Kela - Social Insurance Institution of Finland	0	0,0%
Employment (TE) office	0	0,0%
Police department	0	0,0%
112 - emergency number	0	0,0%

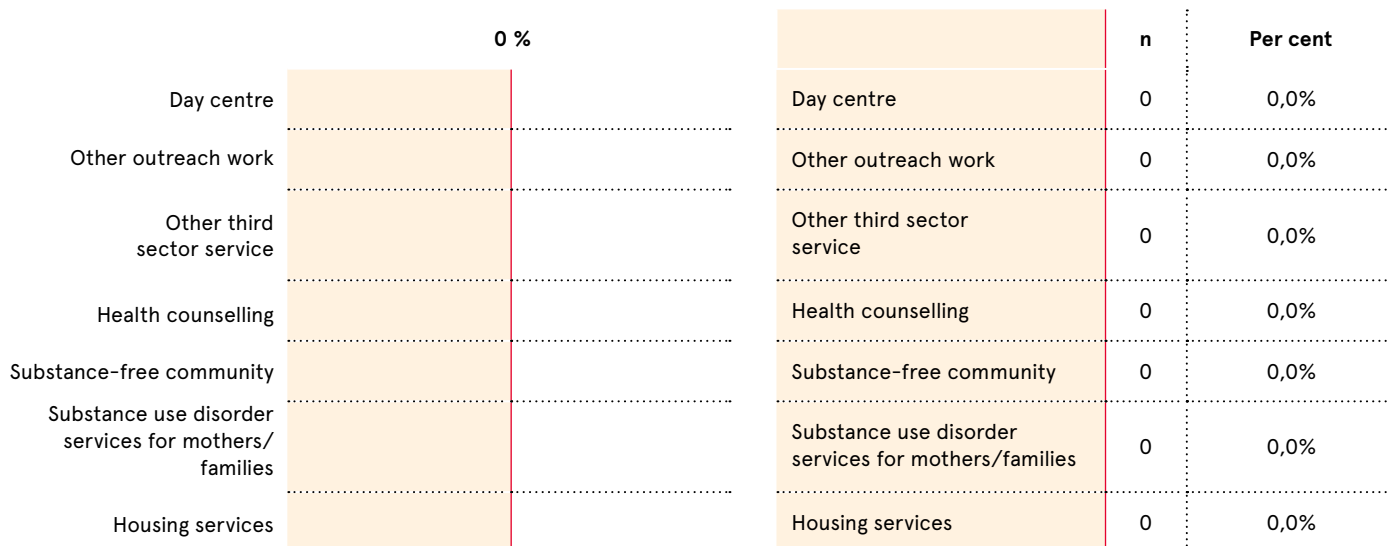
### Other second sector service

Number of respondents: 0

What services?

### Third sector service

Number of respondents: 0, number of selected responses:



### Other third sector service

Number of respondents: 0

What services?

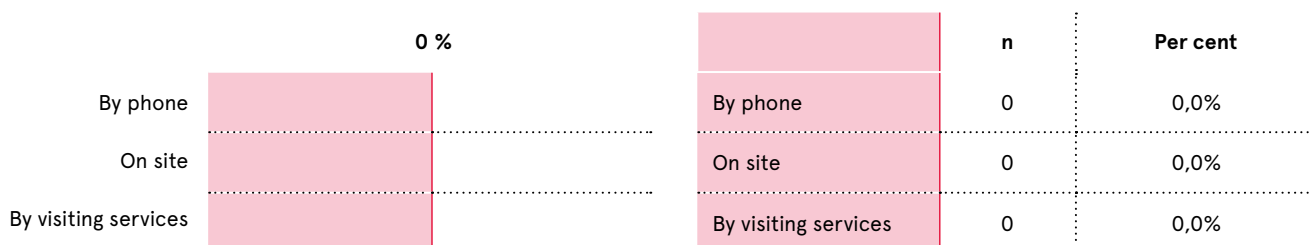
### Other services

Number of respondents: 0

Where?

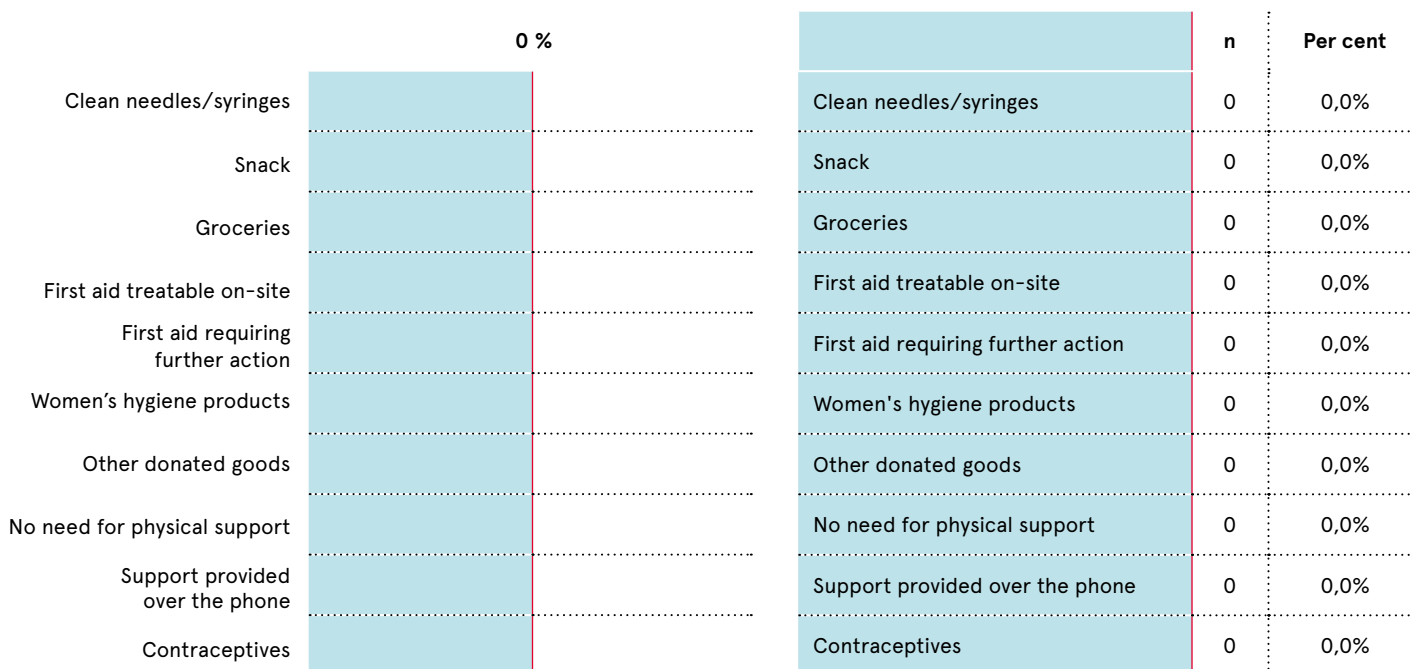
### Matters dealt with

Number of respondents: 0, number of selected responses: 0



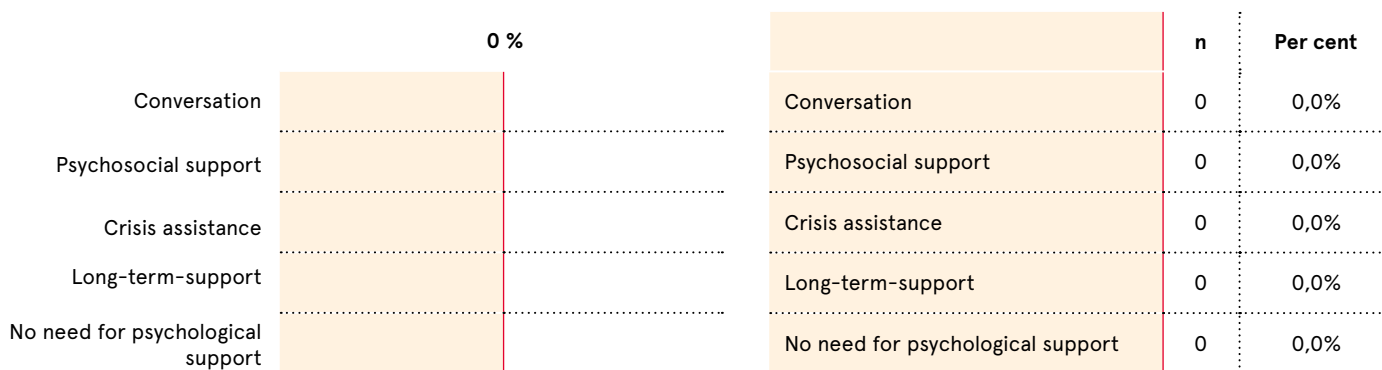
### Physical support provided to clients

Number of respondents: 0, number of selected responses: 0



### Psychological support provided to clients

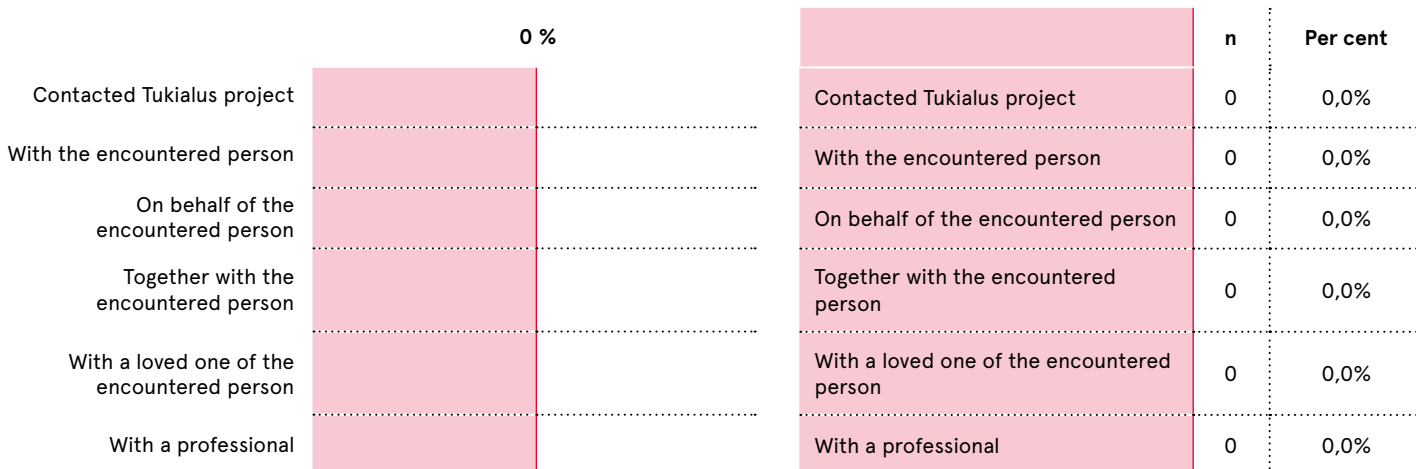
Number of respondents: 0, number of selected responses: 0





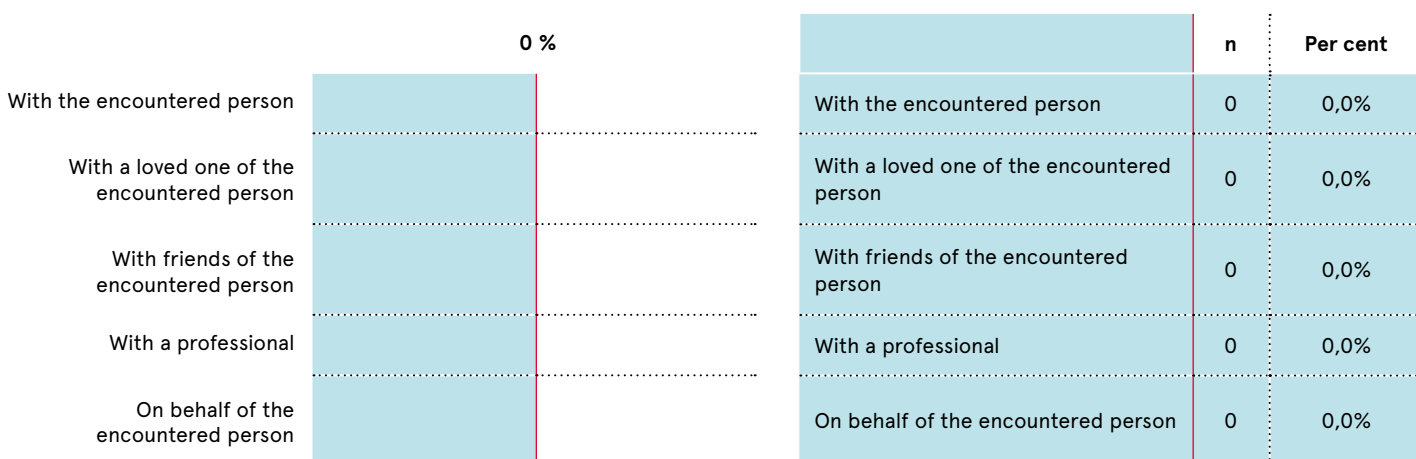
### By phone

Number of respondents: 0, number of selected responses: 0



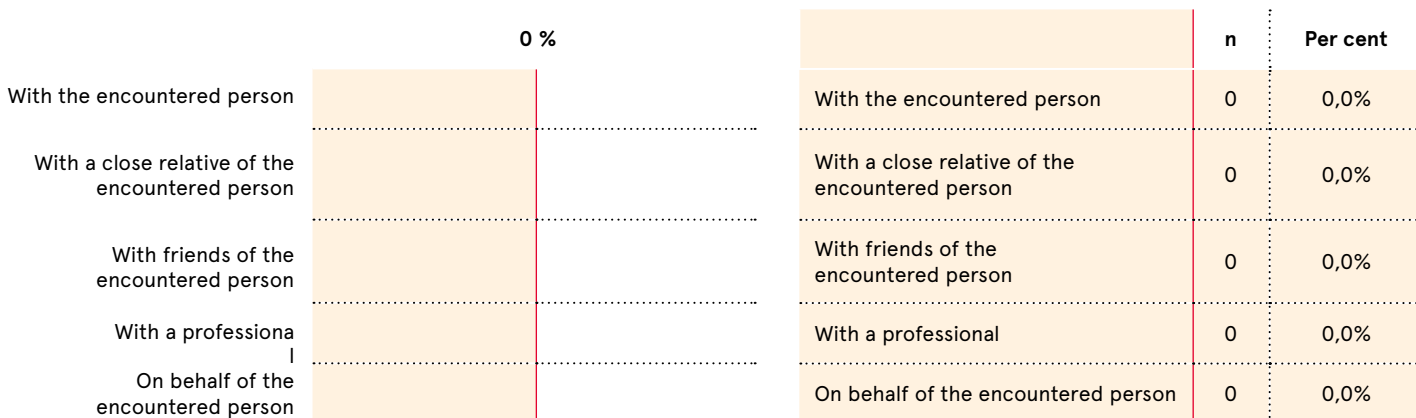
### On-site

Number of respondents: 0, number of selected responses: 0



### Visiting a service

Number of respondents: 0, number of selected responses: 0



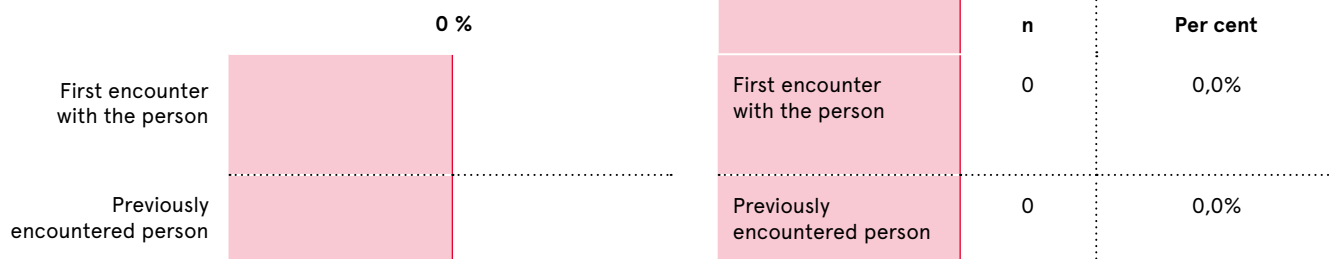
### With a professional

Number of respondents: 0

#### Which professional?

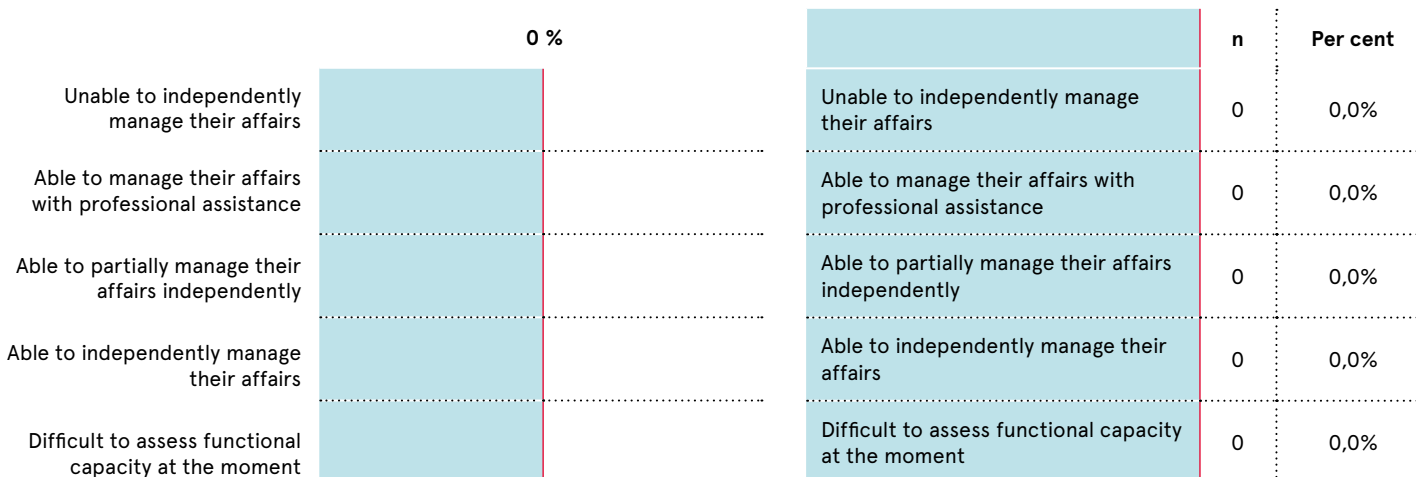
### Encounter

Number of respondents: 0



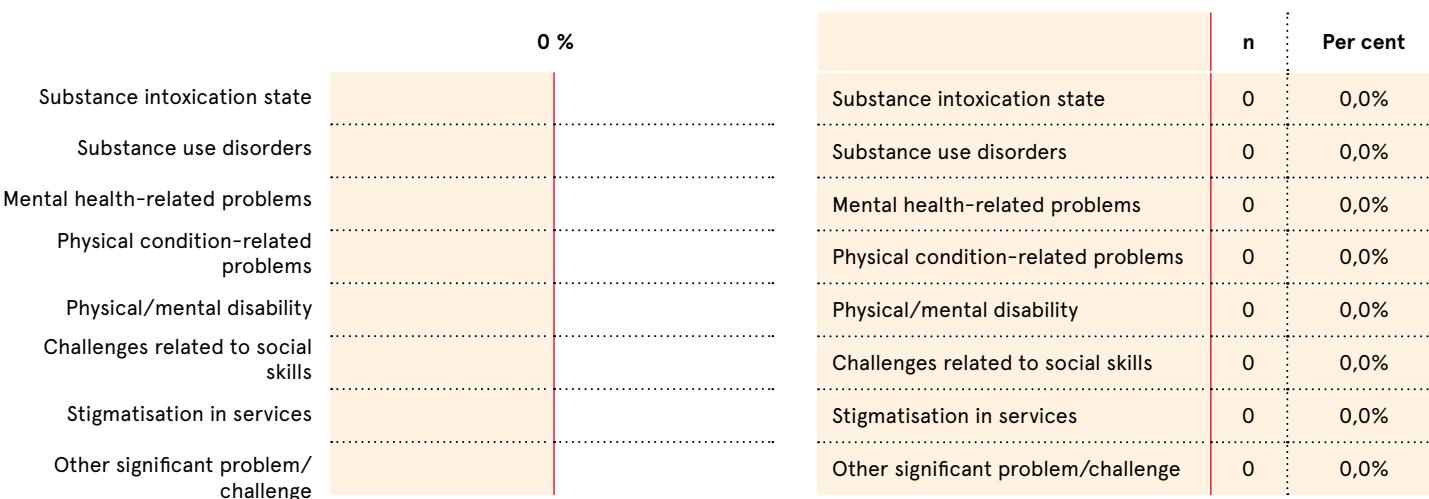
### Assessment of the functional capacity of the encountered person

Number of respondents: 0, number of selected responses: 0



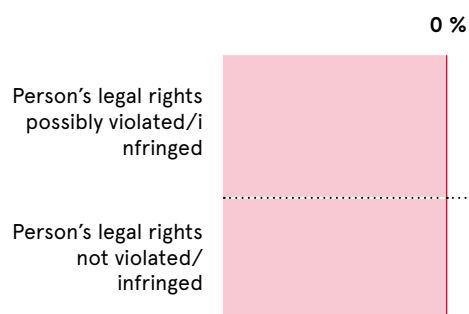
### Toimintakykyyn vaikuttavat haasteet

Vastaajien määrä: 0, valittujen vastausten lukumäärä: 0



### Other significant challenge

Number of respondents: 0



	n	Per cent
Person's legal rights possibly violated/infringed	0	0,0%
Person's legal rights not violated/infringed	0	0,0%

### How were legal rights possibly violated/infringed?

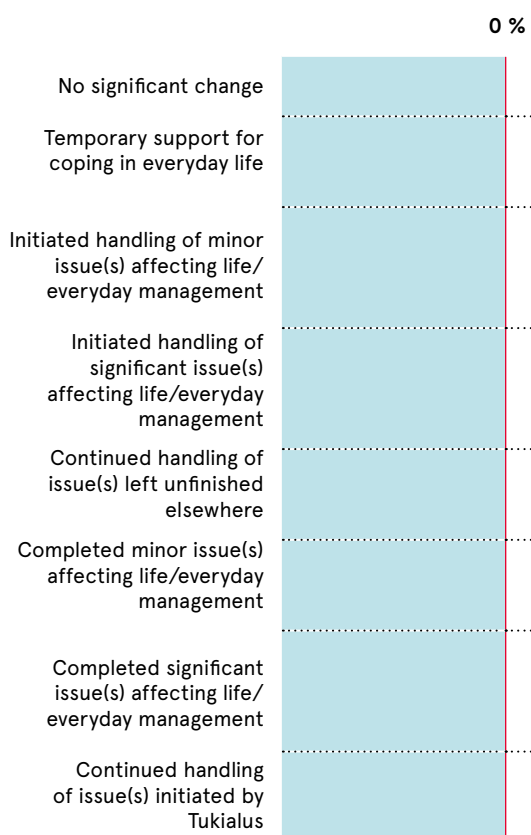
Number of respondents: 0

### What other significant challenge was involved?

Number of respondents: 0

### Change affecting quality of life

Number of respondents: 0, number of selected responses: 0



	n	Per cent
No significant change	0	0,0%
Temporary support for coping in everyday life	0	0,0%
Initiated handling of minor issue(s) affecting life/everyday management	0	0,0%
Initiated handling of significant issue(s) affecting life/everyday management	0	0,0%
Continued handling of issue(s) left unfinished elsewhere	0	0,0%
Completed minor issue(s) affecting life/everyday management	0	0,0%
Completed significant issue(s) affecting life/everyday management	0	0,0%
Continued handling of issue(s) initiated by Tukialus	0	0,0%

### Initiated minor task(s) affecting life/daily management

Number of respondents: 0

### Initiated significant task(s) affecting life/daily management

Number of respondents: 0

### Task(s) left unfinished elsewhere

Number of respondents: 0

### Minor completed task(s) related to life/daily management

Number of respondents: 0

### Significant completed task(s) related to life/daily management

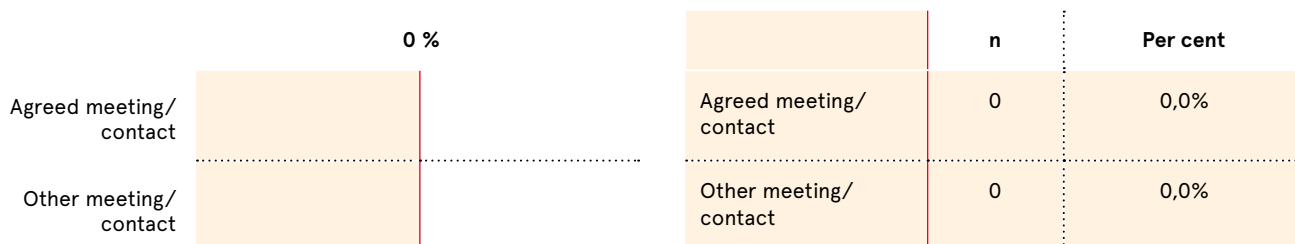
Number of respondents: 0

### Continuation of task(s) by Tukialus

Number of respondents: 0

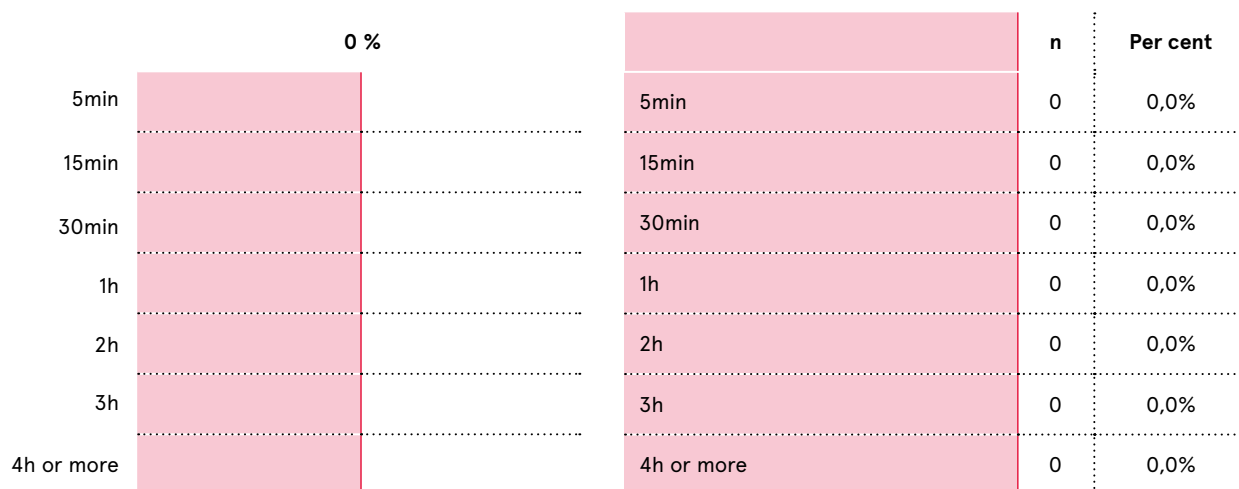
### Previously encountered person

Number of respondents: 0



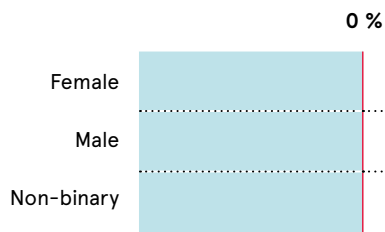
### Kohtaamisen pituus

Number of respondents: 0



## Gender

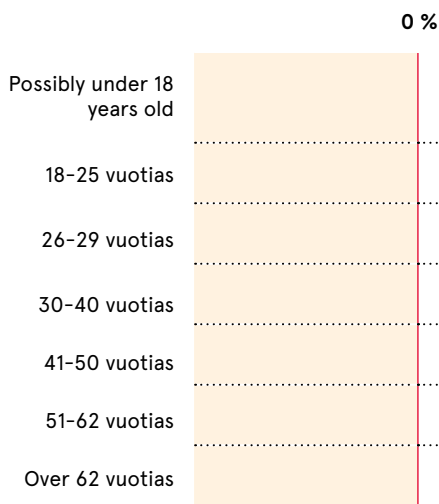
Number of respondents: 0



	n	Per cent
Female	0	0,0%
Male	0	0,0%
Non-binary	0	0,0%

## Known housing status or apparent from encounter

Number of respondents: 0



	n	Per cent
Possibly under 18 years old	0	0,0%
18-25 vuotias	0	0,0%
26-29 vuotias	0	0,0%
30-40 vuotias	0	0,0%
41-50 vuotias	0	0,0%
51-62 vuotias	0	0,0%
Over 62 vuotias	0	0,0%

## Known housing status or apparent from encounter

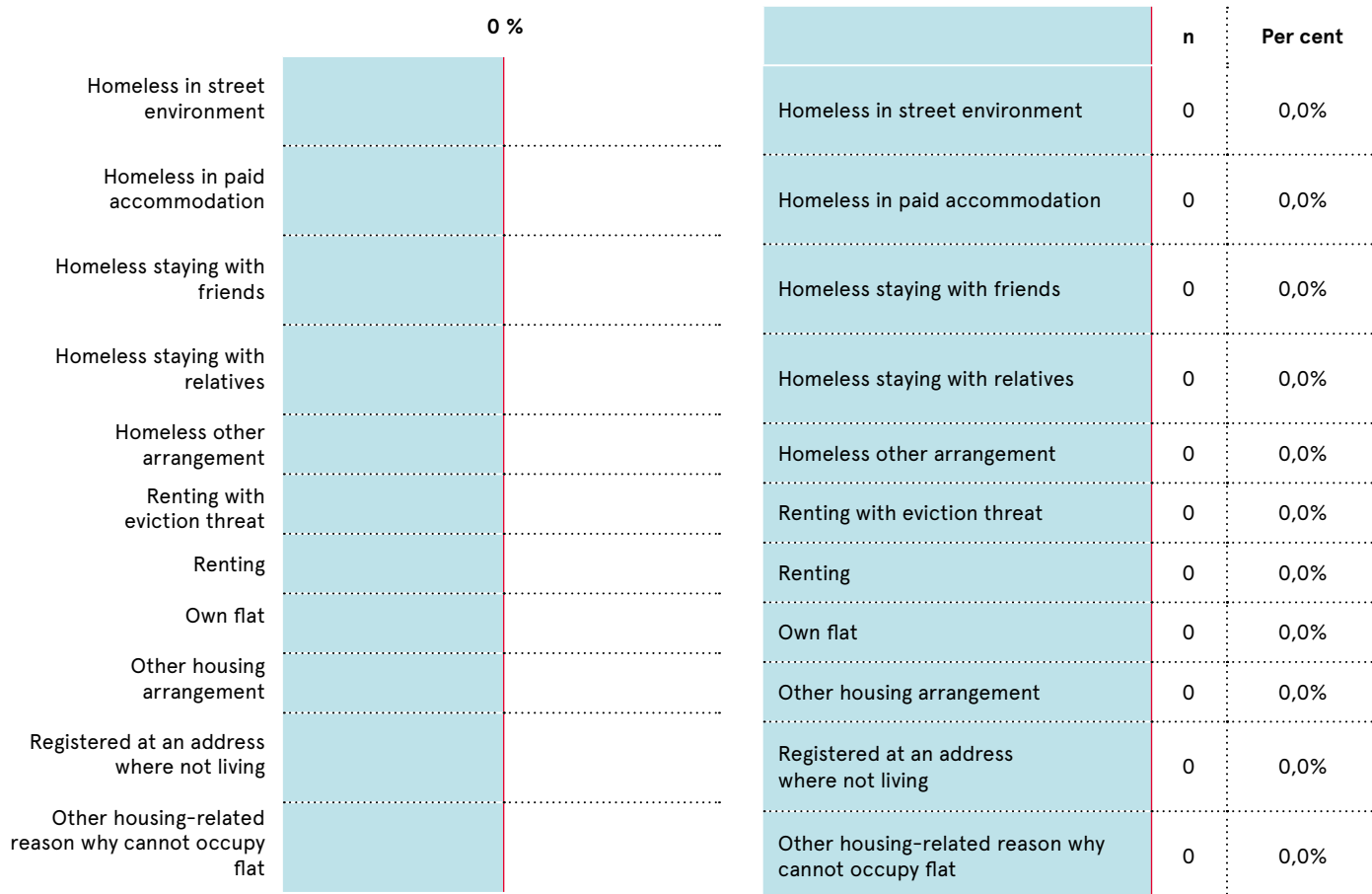
Number of respondents: 0



	n	Per cent
No	0	0,0%
Yes	0	0,0%

### Housing status known

Number of respondents: 0, number of selected responses: 0

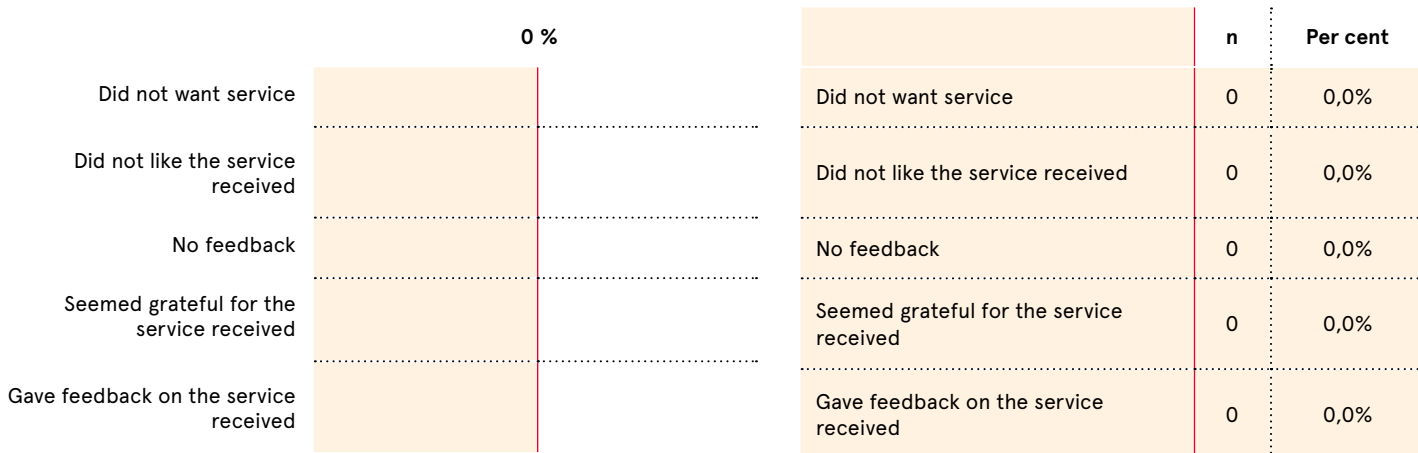


### Other housing-related reason why cannot occupy flat?

Number of respondents: 0

### Feedback received during the encounter

Number of respondents: 0, number of selected responses: 0



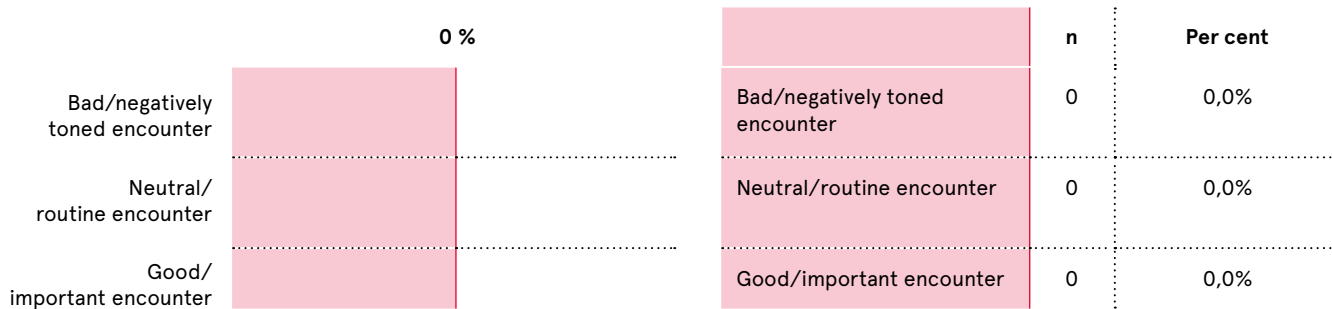
### Gave feedback on the service received

Number of respondents: 0

Feedback received

### Tukialus project worker's experience of the encounter

Number of respondents: 0



### Brief description of encounter

Number of respondents: 0

Responses

**Boldly**  
working for  
human  
dignity



Deaconess  
Foundation

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