
The Finnish Homelessness Strategy : From a 'Staircase' Model to a 'Housing First' Approach to Tackling Long-Term Homelessness

Hannele Tainio and Peter Fredriksson¹

Diaconia University of Applied Sciences and Ministry of the Environment

› **Abstract** *This paper reviews the Finnish government's recently established Programme to Reduce Long-Term Homelessness, which is attempting to halve long-term homelessness over the period 2008 to 2011. It outlines the current homeless situation in Finland and describes the development of the present system of provision. Despite change over time, the emphasis has tended to remain on the 'staircase' model of provision for long-term homeless people, common across Nordic countries, which requires people to demonstrate an ability to move from one level of accommodation to another by addressing lifestyle issues, particularly problematic alcohol use. In contrast, the new programme focuses firmly on the extension of 'housing first' principles, already in use for some groups, to homeless people with high levels of support needs. We argue that this emphasis is to be welcomed but that there is a need for a more detailed analysis of the elements required in successful 'housing first' solutions.*

› **Keywords** *Long-term homelessness; homeless strategy; the staircase model; housing first; support services.*

¹ This paper has been co-authored by an independent academic and a Ministry of Environment representative who was involved in the development of the programme. As such, it incorporates both 'insider' and 'external' perspectives on the new strategy.

Introduction

In February 2008 the Finnish government approved a Programme to Reduce Long-Term Homelessness with the central objective of halving long-term homelessness over the period 2008 to 2011. The programme is based on a report by a special working group involving key actors in the field, established in October 2007 by the Ministry of the Environment and charged with the task of designing a programme of activities. This working group was informed by a report written by a group of 'wise people' appointed by the ministry.

As will be detailed below, the new programme utilises a comprehensive partnership approach to develop a range of provisions for people experiencing long-term homelessness in ten cities across Finland and to improve preventive homeless services. Importantly, the programme represents a significant shift in Finland's approach to long-term homelessness by drawing on 'housing first' principles. Although such an approach was already being utilised for some parts of the homeless population, until this point, the prevalent view amongst key players in the homeless sector was that the rehabilitation of a service user should be envisaged as a series of stages (staircase model), where a permanent home is something of a 'reward', earned via positive behavioural changes on the part of the homeless person. In contrast, provisions based on the housing first principle view appropriate accommodation as the starting point and as a prerequisite for solving other social and health problems (see Atherton and McNaughton Nicholls, 2008, for an overview of 'housing first' approaches).

This paper reviews the movement from the staircase model towards a housing first approach in Finland's attempts to tackle long-term homelessness. It begins by outlining the nature and extent of homelessness in Finland, before moving on to describe the existing pattern of services. The paper then examines the new programme in some detail and evaluates the likely successes and challenges of this approach to addressing long-term homelessness.

The Context: Homelessness in Finland

Homelessness in Finland has fallen dramatically in the past twenty years. In the mid-1980s the number of homeless people was estimated at around 20,000, but by the end of 2008 it was approximately 8,000 individuals and 300 homeless families (see Table 1). These figures indicate the success of recent programmes to reduce homelessness, although a slight increase in homelessness is evident since 2006. The data suggest that the typical homeless person is someone over the age of twenty-five, who is on his or her own, poor, an urban dweller, a native Finn and staying with friends temporarily. Despite the overall reduction in homelessness, the

measures are not believed to have helped the 'long-term' homeless, who, according to reports and estimates by local authorities, account for up to 45 per cent of homeless people on their own (about 3,600 individuals).

Table 1: The extent of homelessness in Finland, 1987–2008

Year	Outdoors/ shelters	Institutions	Relatives/ acquaintances	Single	Families
1987	4,700	4,760	7,650	17,110	1,370
1988	4,400	4,000	7,600	16,000	1,200
1989	4,170	4,400	7,620	16,190	870
1990	3,610	3,690	7,950	15,250	800
1991	3,370	3,340	7,390	14,100	700
1992	3,030	3,030	6,820	12,880	570
1993	2,560	2,410	6,700	11,670	250
1994	1,760	2,170	6,630	10,560	380
1995	1,710	2,110	6,610	10,430	560
1996	1,720	2,110	5,780	9,610	360
1997	1,720	2,450	5,650	9,820	600
1998	1,770	2,350	5,870	9,990	820
1999	1,750	2,390	5,850	9,990	780
2000	1,790	2,420	5,790	10,000	780
2001	2,160	2,080	5,720	10,000	780
2002	2,060	2,080	5,420	9,560	770
2003	1,990	1,640	4,560	8,190	420
2004	1,910	1,550	4,190	7,650	360
2005	1,620	1,560	4,250	7,430	360
2006	1,650	1,570	4,180	7,400	300
2007	1,480	1,590	4,460	7,530	300
2008	1,520	1,640	4,800	7,960	300

Source: ARA, The Housing Finance and Development Centre of Finland, Housing market surveys.

Long-term homeless people – people whose state of homelessness is classed as prolonged, or threatens to be that way, for social or health reasons – make up the 'hard core' of homelessness. People are classed as long-term homeless in Finland if their homelessness has lasted at least a year or they have been homeless several times in the past three years. Such individuals commonly suffer from serious social and health problems, particularly those relating to substance abuse and mental health, and are consequently deemed to be in need of services and support if they are to be successfully housed.

The Development of the Present System of Services for Homeless People

In the 1960s homelessness was mainly associated with alcoholism and unemployment, and a broad range of housing solutions related to social care was developed to meet the needs of such persons. These included nursing and care homes, temporary residential homes and night shelters. Since then shelter accommodation and housing services under the Finnish Social Welfare Act have functioned in parallel, overlapping and complementing one another. Throughout, shelter accommodation has mainly been developed by faith-based organisations and other charitable bodies. However, the number of shelter places has declined significantly in the last four decades. For example, in 1970 there were 3,665 such places in Helsinki, but this had reduced to only 558 by 2008 (Fredriksson, 2009). This downward trend in shelter provision, combined with the lack of substitute housing solutions, has meant that there is often an unmet need for such provision, especially during harsh winters. Seasonal emergency accommodation has therefore often had to be put into place, for example over the winter of 2005/6.

The present system was largely built during a process of change that began in the late 1980s. The elimination of homelessness was made a government programme objective for the first time for the period 1987 to 1991. Special measures established to reduce homelessness operated alongside existing housing and social policy instruments. Cooperation was enhanced between the housing, social welfare and health authorities and services for the homeless started to be seen as a core part of a local authority's services (Kärkkäinen et al., 1998, pp.17–24.) For example, the social services for the homeless in Helsinki were centralised at one social services office.

In many respects the principal innovation, and one that has effectively prevented social segregation, has been decentralised supported accommodation for homeless people in rented accommodation acquired from private owner-occupied housing companies. The Y Foundation,² established in 1985, and other similar organisations let small flats to local authority social services, which re-let them to those in need of accommodation. Establishing a stock of supported accommodation and small flats – around 30,000 apartments in 2009 – would not have been possible without public sector financial assistance.

² The Y-Foundation was founded to help people who have difficulties finding a home. The founding bodies were the Association of Finnish Local and Regional Authorities; the Cities of Helsinki, Espoo, Vantaa, Tampere and Turku; the Evangelical Lutheran Church of Finland; the Finnish Red Cross; Oy Alko Ab; the Confederation of Finnish Construction Industries RT; the Finnish Construction Trade Union; and the Finnish Association for Mental Health. The main focus is on urban centers that are growing rapidly.

The sector has seen the emergence of a significant number of new actors and service providers in the past twenty years or so and new service concepts have come into being. The Act on the Development of Housing Conditions of 1985 obliged local authorities to ensure that measures were targeted particularly at improving housing conditions for homeless people and those living in unsatisfactory circumstances. A common definition of homelessness and the establishment of the Housing Fund of Finland, together with the work of the local authorities, created a monitoring system for homelessness based on data collected every year. In 1995 a new section was added to the Constitution of Finland stating that it is the task of public authorities to promote the right of everyone to housing and to the opportunity to arrange their own housing.

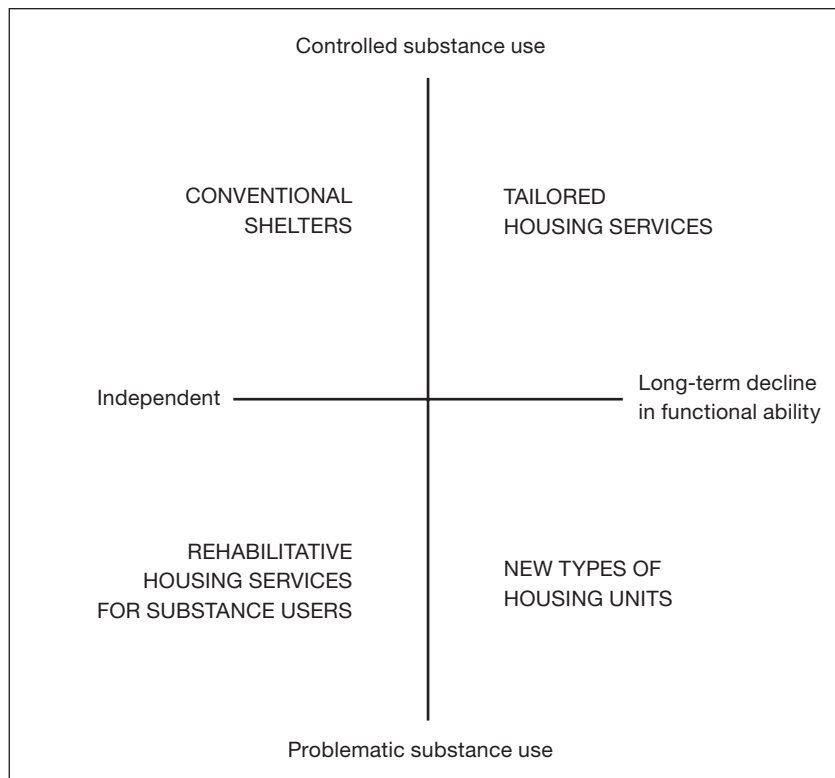
The 'staircase' approach

Clearly there has been considerable development and change in the provision of services to homeless persons over the last thirty years. However, the data suggest that the present system has been less successful in meeting the needs of homeless people with multiple problems, particularly in helping them out of homelessness. The system that has traditionally catered for homeless people in Finland has been based predominately on a staircase approach, providing accommodation in a series of stages. The social welfare system for housing the homeless is structured around a housing model where homeless service users demonstrate their ability to move from one level of accommodation to another, either as part of the rehabilitation process or by acting in accordance with the targets that have been jointly laid down. It is based on legislation and the end goal is independent living. This gradual approach has been universally applied throughout the Nordic countries, especially in Sweden (Löfstrand, 2003).

Some studies suggest that a high proportion of long-term homeless people have problems with alcohol and/or other drugs (Särkelä, 1993). Some of these chronic substance users need and could benefit from available care services, but studies show that they tend not to avail of the current substance abuse care or other available medical/care services. The system of substance abuse care services has become one where homeless substance abusers with multiple problems are expected to demonstrate certain forms of behaviour, such as abstinence, when they seek care. The services, furthermore, are becoming more difficult to obtain without an appointment or if an individual is intoxicated (Nuorvala et al., 2007). Under the existing system, life's other basic needs can therefore only come into play when the substance abuse spiral is broken in some way, either by institutional care or the person's own determination (Nuorvala, 1999; Törmä and Huotari, 2005; Forssen, 2005).

The way the present system of housing services relates to the problems of long-term homelessness can be seen in Figure 1, which locates housing units in a matrix according to how they view substance use and how they are able to respond to a temporary or permanent decline in the functional ability of residents. Although many long-term homeless persons have reduced functional ability and they would be entitled to make use of tailored housing services, problematic substance use is often a barrier to these services. In housing services relating to substance abuse care, problematic substance use signals a need for such care, which then can be addressed. However, there are major shortcomings associated with most rehabilitation and housing in connection with substance abuse care when it comes to working with service users with cognitively and physically reduced functional ability.

Figure 1: Accommodation of homeless people and present system of services



Source: Tainio, 2008, SOCCA. The Centre of Expertise on Social Welfare in the Helsinki Metropolitan Area

Conventional shelters, the first of the four types of services, have mainly responded to the housing needs of homeless people who are independent and whose use of intoxicants is deemed by service providers to be under control. Under the Programme to Reduce Homelessness (see below), these shelters are having basic improvements carried out to convert them into supported accommodation units. In future they will only provide rented accommodation or a housing service referred to in the Social Welfare Act.

Tailored housing services target those homeless people whose functional ability has declined temporarily or permanently. The service involves the use of motivated, trained staff and is based on small unit sizes. The general rule with these units is that substance use must be controlled. The tailored services are intended for a precisely demarcated target group, entailing a selection mechanism with the purpose of choosing the right service user for the right location at the right time (and therefore excluding other potential service users).

Rehabilitative housing services for substance users are either reception centres from which service users are referred for detoxification or institutional rehabilitation, or units for continued care and treatment following institutional rehabilitation. A number of long-term service users whose use of intoxicants has reached chronic proportions have settled into reception centres. Restricted cognitive or physical abilities make it difficult for the service users to access rehabilitative services in connection with substance abuse care. It is also difficult for those with disabilities to find a care or housing service unit offering substance abuse care because accommodation is often not accessible for people who use wheelchairs or have severe mobility problems (Nuorvala et al., 2007).

Towards the end of the 1990s there was an attempt to solve the problem of service users who were difficult to house by establishing new types of housing units, the fourth category in Figure 1. This was the first time that accommodation was developed on the housing first principle, without insisting that service users are intoxicant-free. The residents tend to be the most excluded/marginalised in society, in poor health (physically and mentally) and difficult to house because of their lifestyle or for other reasons. The new housing units are no different from conventional solutions in terms of their physical settings or the size of their staff, but there is a clear difference in the qualifications of staff, who all hold at least a school or college vocational qualification in social and health care. The early results of this new type of housing are mixed. The most successful have been the smaller units (twenty to thirty service users) for older homeless people who have used alcohol for a long time, where there is a high staff–resident ratio, a broad range of professional skills and the work with the service users is based on close interaction. The results have been more inconsistent in the units for younger

homeless people, who often have more diverse backgrounds, are less motivated and move around more from place to place; these units have also tended to be larger in size with a lower staff–resident ratio.

The experience of the present system indicates that a staircase approach to homeless services can work well with those who have opted for substance abuse rehabilitation and can cope with shared housing. However, the insistence on service users being intoxicant-free and able to take control of their life has proven to be an insuperable barrier for many homeless people with multiple problems. They face immense difficulties finding the motivation to receive care or change their lifestyles and need considerable support with everyday life (Granfelt, 2003; Pitkänen and Kaakinen, 2004).

The New Programme to Reduce Long-Term Homelessness

The full detail of the new Programme to Reduce Long-term Homelessness is provided in the Appendix. Under the programme, over the period 2008 to 2011, a total of 1,250 housing units, supported housing units or places in care are being allocated to the long-term homeless in the ten cities included in the scheme. The programme's implementation is based on letters of intent jointly drawn up by the state authorities and the ten largest cities where there is a problem of homelessness. These contain concrete plans for projects during the programme period.

The programme is by nature a broad partnership agreement. Responsibility for financing the programme is shared between the state and the local authorities, with each generally contributing 50 per cent. The state has set aside €80 million in structural investment for the programme and €10.3 million for the hire of support personnel. Furthermore, the Finnish Slot Machine Association³ has set aside €18 million as financial assistance for basic renovations for shelters and for converting them into supported accommodation units. The programme also includes a broad development project to arrange supported accommodation for recently released prisoners and for the prevention of homelessness among the young. Its other objective is to prevent evictions, for example by developing and expanding housing advisory services.

³ Raha-automaattiyhdistys (Slot Machine Association), which is generally referred to as RAY, was established in 1938 to raise funds through gaming operations to support Finnish health and welfare organisations. RAY has an exclusive right in Finland to operate slot machines and casino table games, and to run a casino. In 2008 RAY's revenue was €659.5 million. Of this figure, health and welfare organisations will receive a total of €302.5 million in funding grants.

Extending and developing the housing first approach

The government statement accompanying the new programme asserts:

The programme is structured around the 'Housing First' principle. Solutions to social and health problems cannot be a condition for organising accommodation: on the contrary, accommodation is a requirement which also allows other problems of people who have been homeless to be solved. Having somewhere to live makes it possible to strengthen life management skills and is conducive to purposeful activity.

With regard to the housing first principle, most studies examine experiences in the United States (e.g. the Pathways to Housing project in New York) rather than in Europe. Also, it is difficult to draw any general conclusions regarding the results because the housing first concept has spawned projects that differ from one another greatly in the range of problems associated with the client base, the ownership of the housing stock, the organisation of services and the size and skills of staff (Atherton and McNaughton Nicholls, 2008).

The basic idea behind the housing first concept, as developed in Finland, is the provision of a housing package where accommodation and services can be organised according to the individual's needs and abilities and social welfare and health requirements. A person is allocated independent accommodation – a 'home' – and services that differ in their intensity are established around this. Services are implemented via partnership working between the accommodation provider and public social and health services. Important aspects of this concept include community living and civic participation. The main elements of the Finnish approach are:

- Providing secure permanent accommodation with a tenancy agreement.
- Reducing the use of conventional shelters and converting them into supported, rented accommodation units.
- Preventing evictions by means of housing advice services and financial support.
- Drafting plans for individual rehabilitation and services.
- Offering guidance on the use of normal social welfare and health services.
- Encouraging civil action: greater initiative, peer support and community building.

One's own home and privacy

Each resident/family has their own flat, with a combined living room/kitchen, a bedroom and adequate storage space. The units offer residents a home according to their abilities and their needs for services, which may change over time. Former homeless persons are allowed to continue to use intoxicants in their home, although this it is not permitted in common areas and in the yard or garden.

Conversion of shelters

Although shelter accommodation is essentially supposed to be temporary, for many homeless people it has become a long-term placement. Under the programme, the use of such accommodation to house the long-term homeless will be phased out and replaced with housing units that promote independent, supported and supervised living. For example, plans have been drawn up for basic renovations and functional conversions of all shelters in Helsinki. The scheme is a collaboration between the city and the organisations that maintain the shelters. After the renovations have been carried out, the number of places in the shelters will halve. By then the shelters will have become units of improved supported accommodation with a very different function. In the main, the accommodation will be based on a long-term tenancy agreement or a care agreement. The arrangements will not be temporary or fixed term, where, once the resident has been through a programme of rehabilitation, he or she would have to move into some other form of accommodation. Neither will residents be expected to commit to any rehabilitation targets, although the aim is to provide them with as much support as possible. All the same, living in improved supported accommodation offers a far better chance of service user rehabilitation than would be the case with shelters.

Housing advice and the prevention of eviction

The housing advisory service attempts to preserve existing living arrangements by responding rapidly to any tenancy problems that arise. There are two main objectives of this service: to cut the number of problems experienced with rent arrears and, hence, the number of evictions; and to reduce the extent to which residents disturb others and, as a consequence, to improve relationships between neighbours. The service has already reduced the number of evictions, the incidence of rent arrears and problems relating to accommodation and general living (Asumisneuvonta – asukkaan ja asuinyhteisön tukena, 2003).

The housing advisory service has also proven to be cost-effective. The biggest saving is in social and health costs because the service has resulted in less frequent use of emergency accommodation (e.g. for evicted families with children), less need for institutional care among older service users and those with mental problems, and less homelessness among those with substance abuse problems.

Furthermore, social housing corporations have also made huge savings as evictions cost them money (in repairs and renovations, lost rent and the upkeep of flats and common areas).

The housing advisory service is a new area of work for the property and social services sectors, however, early assessments suggest that it has a clear role in the system, particularly as the growing financial difficulties of local authorities and the lack of resources in social services exclude those who need help. Moreover, property and maintenance companies are unable to respond to the ever-increasing number of social problems (Asumisneuvonta – asukkaan ja asuinyhteisön tukena, 2003.).

Individual support, care and rehabilitation service

The primary objective of the individual support, care and rehabilitation service is to address a resident's problematic behaviour, including his or her substance misuse and/or antisocial behaviour. Giving up substance use is not a prerequisite for access to accommodation or the organisation of support, however, residents are actively encouraged to reduce or end substance use if they are willing.

The basic principle is that residents should be treated humanely, their basic needs should be catered for, they should receive nutritious food on a daily basis, they should be able to rest and their underlying conditions should be treated. When their basic needs are satisfied, experience shows that substance use and other problematic behaviour declines. A decline in substance use already constitutes rehabilitation. Residents are encouraged to take responsibility for themselves and act as fully competent members of the community. Rehabilitation takes place with reference to a written rehabilitation and service plan drawn up with the resident. Its implementation is assessed and monitored together with the resident and his or her institutional/social network.

Guidance in the use of mainstream social welfare and health services

The basic principle behind the service concept is that it responds to a resident's individual need for services and reacts flexibly when these needs change. The service provider's staff maintains a range of services (the 'service tray') according to the needs of the residents. This includes the service provider's own services, public social welfare and health services, and, if necessary, the services of other actors. For the concept to succeed, partnership working is required – the 'service tray' must be jointly agreed beforehand and the partners must coordinate services.

The concept strives for the least complex model, where the main role of staff is to provide housing-related support and guidance on the use of mainstream services. The aim is for the housing unit to integrate flexibly with the public system of services and for the residents to receive the services they need at the right time and cost-

effectively. Each resident deals with an appointed social worker, who is involved in the planning of the individual's rehabilitation programme and in determining the level of services he or she receives.

As a general rule, residents use public health care services. It is the job of the housing unit's staff to guide and support residents to ensure that the services are used successfully and at the right time. Residents see to their own needs at their own health centre, if necessary they may be accompanied by staff. The units also provide care services equivalent to those found in service accommodation for residents in need of medical care on a daily basis and for those with disabilities.

Civil action : Taking responsibility, peer support and building communities

The essence of civil action is the participation of service users in their life and wider community. Staff employed in these units occupy the role of 'life-coach' as they encourage residents to become more actively involved, take the initiative more and assume greater responsibility in everyday life. Staff are trained in community coaching and community strengthening methodologies. Another core value in civil action is peer support. Part of the process where residents take responsibility involves coaching each other, and staff promote the establishment of such peer support. A third aspect of civil action involves outside volunteer support. Volunteers are mainly recruited for their particular skills and expertise in project-like recreational and creative activities, for example in cookery, music, art or sports/physical exercise. Art and culture can aid community living among residents and staff and contribute to community building.

Conclusion

This paper has reviewed the shift in Finland's approach to long-term homelessness from one where homeless people had to work their way 'up' or through a series of stages to gain accommodation, to the present emphasis on the provision of suitable accommodation at the outset accompanied by appropriate tailored support services along with access to mainstream health and welfare services. Some limited research evidence in Finland, along with international evidence, suggests that this new approach is likely to be more successful in meeting the needs of people who have been homeless for a long time. Nonetheless, it has been pointed out that the housing first approach remains poorly understood at the European level and that different methods have been utilised in attempts to transfer this policy to new countries.

We argue that this change in emphasis is to be welcomed but that there is a need for a more detailed analysis of the elements that are required in successful housing first solutions. We need more evidence on housing packages, where accommodation and support can be organised according to an individual's needs and abilities, on effective ways of integrating mainstream social welfare and health services, and on the wider impacts in terms of community building. The Finish Programme to Reduce Long-Term Homelessness will run to 2011 and will hopefully provide the European community with useful evidence on this approach.

› References

ARA [The Housing Finance and Development Centre of Finland] (various years) Housing market surveys. Helsinki

Asumisneuvonta – asukkaan ja asuinyhteisön tukena (2003) [The Housing Advisory Service as a means of Support for Residents and the Residential Community] (Helsinki: Ympäristöministeriö) [Ministry of the Environment]: www.ymparisto.fi.

Asunnottomien asumispalvelut Helsingin sosiaalivirastossa [Accommodation Services for the Homeless in the Helsinki Social Services Department]: www.hel.fi/sosvirasto.fi.

Atherton, I. and McNaughton Nicholls, C. (2008) 'Housing First' as a Means of Addressing Multiple Needs and Homelessness, *European Journal of Homelessness 2*.

Forssen, T. (2005) *Huumehoidon asiantuntijuuden rakentuminen päiväkeskuksessa*, Raportteja 1/2005 [Building Expertise in Treatment for Drug Abuse at the Day Centre, Report 1/2005] (Helsinki: Stakes).

Fredriksson, P. (2009) Oslo: A Workshop on Homelessness. The Case of Finland, presentation.

Granfelt, R. (2003) *Vankilasta kotiin vai kadulle? Vangit kertovat asunnottomuudesta*, Suomen ympäristö 613 [Out of Prison and back Home or on the Streets? Prisoners Describe Their Experience of Homelessness, Finnish Environment 613] (Helsinki: Ympäristöministeriö).

Granfelt, R. (1998) *Kertomuksia naisten kodittomuudesta* [Reports on Homelessness among Women] (Helsinki: Suomalaisen kirjallisuuden seura [Finnish Literature Society]).

Hemlöshet i Sverige 2005. Omfattning och karaktär [Homelessness in Sweden 2005. Scale and Character] Socialstyrelsen.

Hynynen, R. (ed.) (2005) *Asuntoja ja tukea asunnottomille. Suomen ympäristö. Asuminen 745* [Accommodation and Support for the Homeless. Finnish Environment. Housing 745] (Helsinki: Ympäristöministeriö)

Hänninen, S. and Karjalainen, J. and Lehtelä, K-M. (ed.) (2007) *Pääsy kielletty! Poiskäännyttämisen politiikka ja sosiaaliturva* [No Entry! The Policy of Turning People Away and Social Security] (Helsinki: Stakes).

Karjalainen, J. (2004) Kuka pelkää Sorbuksen herroja? [Who is Afraid of the Lords of the Ring?], in: T. Helne, S. Hänninen and J. Karjalainen (eds) *Seis yhteiskunta – tahdon sisään!* , pp.167–194 [Society, let me in!] (Jyväskylä: Kopijyvä Oy).

Kaukonen, O. (2005) Torjunta vai poisto? Päihdepalvelujen kehitys laman jälkeen. [Prevention or Elimination? Substance Abuse Services since the Recession], *Yhteiskuntapolitiikka* [Social Policy] 70(3) pp.311–322.

Kettunen, M. (2009) Asumisturvakeskuksen selvitystyö [Housing Security Centre report] Asumisneuvontaforum 8.6.2009. Esitys [Housing Advisory Forum 8.6.2009, presentation].

Kettunen, M. (2007) Kysymyksiä asunnottomuudesta Suomessa [Issues of Homelessness in Finland], *Yhteiskunta-politiikka* [Social Policy] 72(4) pp.380–391.

Kontulan Kiinteistöt Oy: n asumisneuvojaprojektin 1999–2002 loppuraportti ja projektin evaluointi, 2003 [Housing Advisory Project by Kontulan Kiinteistöt Oy 1999–2002. Final report and project evaluation, 2003].

Kärkkäinen, S-L., Hannikainen, K. and Heikkilä, I. (1998) Asuntoja ja palveluja asunnottomille: historiaa ja nykypäivää [Accommodation and Services for the Homeless: A History and the Situation Today] *Aiheita* [Subjects] 8.

Laki asunto-olojen kehittämistä [Finnish Act on the Development of Housing Conditions] 919/1985: www.finlex.fi.

Laki majoitus- ja ravitsemistoiminnasta [Finnish Act on Accommodation and Catering] 308/2006: www.finlex.fi.

Löfstrand, C. (2003) *Boendetrappor och bostadslöshetskarriärer* [Stages of Housing and Careers of Homelessness] En pilotstudie i Göteborg (Växjö: Grafiska Punkten).

Nuorvala, Y., Halmeaho, M. and Huhtanen, P. (2007) Verukkeiden verkossa [Excuses, Excuses!], in: S. Hänninen, J. Karjalainen and K-M. Lehtelä (eds) *Pääsy kielletty! Poiskäännyttämisen politiikka ja sosiaaliturva* [No Entry! The Policy of Turning People Away and Social Security], pp.116–153 (Helsinki: Stakes).

Nuorvala, Y. (1999) Sosiaali- ja terveydenhuollon palvelut huumausaineiden käyttäjien silmin [Social Welfare and Health Services through the Eyes of Drug Users] *Aiheita* [Subjects] 26.

Pitkänen, S. and Kaakinen, J. (2004) *Rajattomat mahdollisuudet. Esiselvitys pääkaupunkiseudun asunnottomien tuki- ja palveluasumisen kehittämissuunnitelmaa (2005–2007) varten*, Ympäristöministeriön moniste 141 [Limitless Possibilities. Preliminary Investigation for a Development Plan for Supported and Sheltered Accommodation in the Helsinki Metropolitan Area 2005–2007, Ministry of the Environment information sheet 141] (Helsinki: Ympäristöministeriö).

Sosiaalihuoltolaki ja -asetus [Finnish Social Welfare Act and Decree] 710/1982: www.finlex.fi.

Särkelä, A. (1993) *Sosiaalityön asiakas subjektina ja ei-subjektina*, Täydennyskoulutusjulkaisu 7 [The Service User as a Subject and Non-Subject in Social Work, Continuing Education Publications (Helsinki: Lahden tutkimus- ja koulutuskeskus)].

Tainio, H. (2008) *Asunnottomuuskierteessä*, Julkaisematon lisensiaattityö, Helsingin yliopisto: Yhteiskuntapolitiikan laitos [The Homelessness Spiral, unpublished licentiate work, University of Helsinki: Department of Social Policy].

Tainio, H. (2008), *SOCCA. The Centre of Expertise on Social Welfare in the Helsinki Metropolitan Area*. (Unpublished licenciatiate's thesis. University of Helsinki: Faculty of Social Sciences).

Törmä, S. and Huotari, K. (2005) *Sateisten teiden kulkijoita. Huono-osaisimmat moniongelmaisimmat päihteiden käyttäjät avun tarvitsijoina ja asiakkaina* [Out in the Street in the Rain. The Worst-off Substance Users with Multiple Problems Need Help and Services] (Helsinki: Sosiaalikehitys Oy. Helsingin Diakonissalaitos).

› **Appendix**

Programme to Reduce Long-Term Homelessness

On 14 February 2008 the government took the following decision regarding a Government Programme to Reduce Long-Term Homelessness in the period 2008 to 2011 and decided on the implementation of measures under the programme.

Introduction

Key housing policies are to be decided in a housing policy action programme during the government's term of office under Prime Minister Matti Vanhanen's second cabinet's government programme. A programme to reduce long-term homelessness is to be drawn up as part of this housing policy programme for the period 2008 to 2011.

Objectives of the programme

The objective of the government's housing policy is to reconcile people's housing needs and wishes with the needs of society and sustainable development. The government is proposing a solution to ensure that housing meets everyone's needs and requirements.

Long-term homeless people constitute a group of homeless persons whose homelessness is classed as prolonged or chronic, or threatens to be that way because conventional housing solutions fail with this group and there is an inadequate supply of solutions which meet individual needs.

It has been estimated that around one-third of homeless people are long-term homeless persons, i.e. approximately 2,500, of whom 2,000 or so live in the Helsinki Metropolitan Area. Because of all the reasons there are for long-term homelessness, if it is to be cut there need to be simultaneous measures at different levels, i.e. the prevention of homelessness and targeted action to reduce long-term homelessness.

The programme's objectives are:

- To halve long-term homelessness by 2011.
- More effective measures to prevent homelessness.

Measures

A. Targeted action to reduce long-term homelessness

1. To make it possible by 2011 to allocate around 1,000 homes, subsidised housing units or places in care to the long-term homeless in the Helsinki Metropolitan Area, of which 750 for Helsinki, and 125 for both Espoo and Vantaa. The goal for Tampere, Turku, Lahti, Kuopio, Joensuu, Oulu and

Jyväskylä is to allocate a total of 150 homes, subsidised housing units or places in care by the same year.

2. The cities involved in implementing the programme to draw up plans of execution for reducing long-term homelessness. The plans to specify the need for housing solutions and support and preventive action and to identify and schedule projects and other measures. The plans should cover use of the stock of social rented accommodation to assist the homeless. The cities to produce their plans by 31 March 2008. After that letters of intent to be drawn up between the government and the cities. The letter of intent to specify the contribution the state makes to funding. Letters of intent to be drawn up by 30 May 2008.
3. Housing Finance and Development Centre of Finland to allocate investment grants for groups with special needs in respect of projects approved under the programme. Grants to be allocated during the period 2008 to 2011 at a maximum of €20 million per annum.
4. Use of residential homes as referred to in the Finnish Act on Accommodation and Catering (2006/308) for long-term housing of the homeless gradually to be abandoned in favour of residential units which allow for independent, subsidised and supervised living.
5. The Finnish Slot Machine Association to be involved in implementing the programme by allocating investment grants to eligible associations, organisations or foundations responsible for residential homes, for basic renovation work and for converting them into subsidised housing units. The Slot Machine Association to set aside approximately €18 million used with discretion in assistance for suitable projects under the programme in the period 2008 to 2011 with reference to an annual appropriation. The Association to determine on a case-by-case basis the maximum amounts approved for projects receiving grants and approve the targets for its funds as appropriate.
6. The Ministry of Social Affairs and Health to finance the production of support services for new serviced accommodation units under the programme. The money to go on increases in personnel needed to produce such services, enabling the implementation of approved programme projects. This to be done in such a way that projects undertaken as the cities' own or outsourced services receive state funds to the tune of 50 per cent of these salary costs.
7. In the period 2009 to 2011 the Finnish Slot Machine Association to support, through a system of operational and development grants, organisations which develop and arrange subsidised accommodation for clients of the probation service. In addition, with reference to an annual appropriation and taking account of the funds available in a tentative assistance plan for procuring

accommodation for special needs groups, €2.5 million of the whole amount for 2009 to 2011 may be spent specifically in the procurement of subsidised housing for recently released prisoners.

8. The Criminal Sanctions Agency, in collaboration with the cities involved in the programme and the organisations producing housing services, to undertake a development project to produce viable local and client-specific practices for the subsidised housing of homeless prisoners. The local authorities involved in this development project to be responsible for organising accommodation and support services, and the Criminal Sanctions Agency to contribute to the coordination of the project and offer expertise in the area of criminal sanctions. The Ministry of Justice and the Ministry of the Environment to be jointly responsible for implementing the project.

B. Prevention of homelessness

9. A Young People's Subsidised Housing project run by the state, the cities, the Church, businesses and organisations to be started to prevent homelessness among the young.
10. National guidelines and development regarding the prevention of homelessness and advice on better housing conditions to be among the tasks of the Housing Finance and Development Centre of Finland in 2008.
11. State funds to be granted to local authority housing advisory services in council estates by launching a programme for estates in the period 2009 to 2011. The local authority must have practices jointly agreed by the social services and housing actors in place to prevent eviction and to help them cooperate in eviction situations.
12. The Ministry of the Environment, Housing Finance and Development Centre of Finland, the National Research and Development Centre for Welfare and Health (STAKES), the cities of Helsinki, Espoo, Vantaa and Tampere to hold a national concept competition in 2007 to establish new types of accommodation unit and services for the long-term homeless. The cities to reserve the necessary construction sites and/or properties for the competition. The Ministry of the Environment to have overall responsibility for the project. The competition to be co-financed by the state and the local authorities.