
Finnish Homelessness Deinstitutionalization Policy: Housing First and Frontline Perspectives

Elisabetta Leni

Y-Säätiö, Helsinki, Finland

► **Abstract** *Deinstitutionalisation (DI) is the process of transitioning from institutional care to community-based settings. We focus on DI policies targeting the homeless population, using the Finnish Housing First model as a successful example. We show that the model was guided by three premises – ethical, legal, and socio-economic – that are common to DI initiatives in other settings. The theoretical discussion is followed by a presentation of frontline workers' perspectives on the Finnish homelessness DI policy. We conducted 11 semi-structured interviews and analysed them using thematic analysis. The interviews revealed a strong link between the DI policy and human rights, with housing serving as a foundation for citizenship, self-determination, and dignity. The availability of community services, particularly health care and substance abuse support, was seen as critical to success. Critiques of the DI policy raised during the interviews often referred to gaps in community services rather than the policy itself. According to interviewees, the area where the DI policy has produced the weakest results is social inclusion, which is still seen as a challenge. Accessible services and meaningful activities can help, but the interviews emphasised the need to look beyond the individual and support changes that involve society at large. This study draws attention to the transformative potential of DI policies for the homeless when anchored in rights, community support, and systemic change, and offers valuable insights for policy development and frontline practice in addressing homelessness.*

► **Keywords** *deinstitutionalisation, Housing First, homelessness, frontline workers*

Introduction

Deinstitutionalisation (DI) is a process that aims to move the care of individuals out of long-term residential institutions and into community-based settings (Bachrach, 1976; 1978). Various studies have highlighted the advantages of community-based settings over institutional care in terms of outcomes (Kiesler and Sibulkin, 1987; Kim et al., 2001; van IJzendoorn et al., 2020) and costs (Knapp et al., 2011; Reinharz et al., 2000; Roberts et al., 2005). Some authors have emphasised the risks and negative consequences that arise when DI is not followed by an adequate development of support services in the community (Lamb and Weinberger, 1998; Loch, 2014; Mechanic and Rochefort, 1990). The European Union actively encourages DI processes of Member States and billions of funds have been allocated to reform care systems across Europe to support community living.¹ In Finland, the priority of home-based services is pursued in the organisation of welfare services and enshrined in the legislation (Raitakari and Juhila, 2022).

DI policies have taken various paths in relation to populations historically placed under care and control within large institutions, such as people with mental illness or developmental disabilities (see, for example, Segal and Jacobs, 2013). People experiencing homelessness have rarely been considered a target group for DI policies. However, people may live in shelters, hostels, and temporary accommodation for many years, even permanently, and they are often exposed to institutional culture characterised by “standard treatment, de-personalisation, rigidity of routine, and a lack of opportunities to make choices or participate in society” (FEANTSA, 2013, p.5). Living in shelters, dormitories, and temporary accommodations for a long time has been related to dysfunctional adaptation strategies (Grunberg and Eagle, 1990b; McMordie, 2021) and can have a negative impact on people’s mental and physical health (Fazel et al., 2014).

Shelterisation theory has been applied to the discussion of how the institutional environment affects the behavioural and psychosocial functioning of shelter residents. Shelterisation refers to the process by which individuals adapt to the routines and rules of shelter life, potentially leading to a loss of autonomy and independence (Grunberg and Eagle, 1990a). This concept has faced criticism. Some scholars have argued that shelterisation wrongly portrays shelters as ‘total institutions’ (Goffman, 1961), exaggerating their influence on behaviour (Marcus, 2003), and overlooking the ways in which residents challenge, negotiate, or reject institutional norms (Armeline, 2005; Hoffman and Coffey, 2008). Others have emphasised the role of shelters in shaping the behaviour of people experiencing

¹ For an overview, see “EU funds checklist to promote independent living and DI” by the European Expert Group on the transition from institutional to community-based care and Hope and Homes for Children (2021).

homelessness, while rejecting the idea of shelterisation as a self-imposed mindset or 'disease' (Gounis, 1992). What is undisputed is that the prevalent reality of shelters and, to a lesser extent, temporary accommodation is one in which clients are continuously subjected to strict regulations and routines, control, violence, intimidation, and the 'infantilising' attitudes of service providers (Gounis, 1992; Hoffman and Coffey, 2008; Ilmoniemi, 2023; Marcus, 2003; Watts and Blenkinsopp, 2022). Too often, consideration for the person and their dignity is lost.

In 2008, Finland launched a DI policy for the homeless, shifting its response from a system based on conditionality, where shelters and temporary accommodation were necessary steps to obtaining housing, to one based on Housing First, where people experiencing homelessness are offered immediate access to permanent housing with tailored support. The DI policy officially started with the "Program to reduce long-term homelessness 2008-2011", which was included in the Government's Housing Policy Program (Ympäristöministeriö, 2008) and has continued in the national programmes that followed. Since 2008, the number of people experiencing homelessness has decreased significantly (ARA, 2023) and positive outcomes have been associated with people who have experienced the community-based model of care (Pleace et al., 2015; Sillanpää, 2013). These findings are remarkable given that the number of people experiencing homelessness has increased in most European countries (where time series data is available) over the same period (O'Sullivan et al., 2023).

This research focuses on the theoretical premises that guided (and continue to guide; see Kaakinen, 2023) the Finnish homelessness DI policy and connects them to the voices of frontline workers who have been active in the field over the past 15 years. The starting point is the report "Nimi Ovessa" [Name on the Door] (2007), the document that first defined the Housing First principle in Finland and inspired the national programmes to combat homelessness since 2008. The report describes three premises – ethical, legal, and socio-economic – that motivated the DI policy in the homelessness sector and, interestingly, have similarities to the reasons underlying DI policy with other target populations. Through semi-structured interviews, we examined how frontline workers have interpreted and enacted these premises and the overarching Housing First principle. We interviewed 11 frontline workers who had worked in institutional units (shelters, hostels) or other homeless services before 2008 and then in DI services. We then analysed the interviews using thematic analysis and identified emerging patterns of meaning that inform policy and homelessness work.

The article is organised as follows. The next section presents the history of homelessness policy in Finland, focusing on the elements that set the stage for the DI policy. We then turn to the Name on the Door report and describe the Housing First

principle and the ethical, legal, and socio-economic premises that inspired the DI policy. We also briefly outline the development of the DI policy over the past 15 years. We then introduce the empirical analysis by describing the methodology and results. Finally, we discuss the themes that emerged from the interviews and provide implications for policymaking and homelessness practice.

History of Homelessness Policy in Finland

For decades, after the end of the Second World War, Finland addressed homelessness by supporting the production of affordable housing and building emergency shelters for people sleeping on the street (Malinen, 2018). At first, the shelter population included war veterans who had lost contact with their family or people evacuated from territories annexed by the Soviet Union. In the 1950s, many young people migrated to the city but had no job and ended up in shelters. For many, the use of alcohol became a coping mechanism. In newspapers, people living in shelters were portrayed as antisocial, deviant, or criminals and their condition was seen as the result of a 'lifestyle' choice (Malinen, 2018). A strong critique of the shelter system took place in the 1960s, when a radical civic rights movement – the November Movement – rallied against the poor quality of emergency shelters and demanded structural measures to reduce homelessness (Fredriksson, 2018a). The November Movement was also involved in a more general objection to the dehumanising conditions of 'total institutions' (Goffman, 1961) and played a fundamental role in the initiation of the DI policy in Finland in other fields, including mental health and the prison system (Alanko, 2017; Lappi-Seppälä, 2011).

In the 1980s, homelessness as a phenomenon and a social problem began to be understood in a more multidimensional way (Fredriksson, 2018b). Homelessness was no longer attributed to lifestyle choices and individual characteristics, but also to structural and systemic factors, such as unsuccessful housing policies and lack of support or services. People experiencing homelessness long-term and their situation were increasingly seen as a matter requiring close cooperation among housing, social, and health services at national, regional, and local levels (Fredriksson, 2018b). In 1987, the eradication of homelessness was included as a goal in the government programme for the first time. In the same year, homelessness was formally defined and started to be measured and the vagrancy law was repealed.

Around the same period, the provision and financing of housing and services for the homeless also underwent a fundamental change (Fredriksson, 2018b). The City of Helsinki launched a pilot project where hostel residents – who were considered able to live independently – were provided rental housing with support. The trial

showed that supported housing (i.e., a form of housing between care and independent living) can in many cases achieve positive results in the rehabilitation of people with substance use problems and other social disabilities (Fredriksson, 2018b). In addition, supported housing was shown to be significantly cheaper than, for example, residential care and nursing homes, in addition to reducing the need for shared accommodation (Fredriksson, 2018b).² The success of this project has opened the way for using rental housing where people experiencing homelessness could live privately, and the social sector has started to experiment with different housing solutions with different levels of support. The available stock of supported housing slowly started to increase, together with the development of public sector funding schemes (Doling, 1990; Y-Foundation, 2017). In 1999, the right to housing was included in Finnish legislation.

The 2000s were years of development and innovation in homelessness work and cooperation among many actors, including the Government, municipalities, researchers, NGOs, and housing providers. A prominent role was played by the Capital Region Homeless Services Development Unit project (2005-2007)³, whose main task was to develop client work (Granfelt et al., 2007). For example, some NGOs experimented with new ways of working where people experiencing homelessness long-term were given an apartment in small housing units where they were free to use intoxicants. Staff were trained in new ways of working based on respect for the client's right to self-determination and trust in the client's ability to cope. The Capital Region Homeless Services Development Unit project was linked to action research to evaluate the new methods and practices using a participatory approach, with the aim of improving the design of the projects and making them replicable. The research was also key to building a shared understanding of the causes of homelessness and the background of people experiencing long-term homelessness, and the importance of listening to the voices of residents in designing good services. Collaboration, development work and research provided fertile ground for the DI policy.

² Later studies corroborated the cost-effectiveness of supported housing unit using the Finnish Housing First approach (Sillanpää, 2013; Ympäristöministeriö, 2011).

³ The work was coordinated by SOCCA, The Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area.

The Name on the Door Report and the Beginning of the DI of the Homelessness Sector

The Name on the Door report represents a milestone in the development of the Finnish homelessness DI policy. In October 2007, the Ministry of Environment (which in Finland is responsible for housing) appointed a working group of four experts (known as the ‘Four Wise’) representing different sectors of society to prepare a report on homelessness and to provide a basis for a new policy to reduce long-term homelessness. The members of the working group were Paavo Voutilainen, then Director of Helsinki Social Services, Eero Huovinen, Bishop of Helsinki, Hannu Puttonen, then CEO of Y-Foundation, and Ilkka Taipale, a psychiatrist, civil activist, and former politician. Juha Kaakinen, former CEO of the Y-Foundation, served as secretary, together with Anu Haapanen, former Director of Civic Work at the Finnish Federation of Settlement Houses.

The Four Wise provided a new theoretical perspective to the discussion around homelessness and how to combat it. First, they emphasised that homelessness is not a characteristic of the individual, but is intertwined with structural forces that interact with the individual in multidirectional ways. Second, they provided ethical, legal, and socio-economic arguments to motivate the reduction and elimination of homelessness (see next subsection)⁴ for whom housing is not enough and must be combined with support. Last but not least, the Four Wise proposed the adoption of the Housing First principle in the Finnish context, according to which housing is a human right and should be offered unconditionally and immediately to anyone experiencing homelessness.

The report signalled a move away from the conditionality approach and the goal of making people experiencing homelessness “housing ready”, an approach that was prevalent at the time even if increasingly criticised (Fredriksson, 2018c). After the initial statement contained in the Name on the Door report, the Housing First concept started to evolve and now includes an emphasis on the separation between housing and support, and specific client-work practices (e.g., non-coercive recovery orientation, harm reduction approach) (see, for example, Juhila et al., 2022; Y-Foundation, 2017). Unlike the Pathways Housing First developed in New York City in the early 1990s under the leadership of Sam Tsemberis (Tsemberis, 2010), the Finnish Housing First is not intended as a model to be followed with varying degrees of fidelity (Aubry et al., 2018). The Finnish Housing First is a set of principles that are intended to guide homelessness work on a large scale, with a strong emphasis on the right to housing, leaving room for adaptation to the local

⁴ The definition of long-term homelessness roughly corresponds to the categories of episodic and chronic homeless in Kuhn and Culhane (1998).

context and needs of the homeless population. The definition of the Finnish Housing First has evolved and continues to evolve through the work of experts and practitioners combining theory and practice (Asunto Ensin 2.0, 2020).

The ethical, legal, and socio-economic perspectives

The Name on the Door report was a turning point in homelessness policy, providing theoretical and practical guidance for the national programmes to combat homelessness that followed. This study focuses on the ethical, legal, and socio-economic aspects introduced by the report, which provide three perspectives for examining homelessness work in the context of the policy change.

- **Ethical perspective.** According to the Four Wise, the key argument for ending homelessness is the dignity of all human beings. Human dignity begins with having your own place to be and to live. Having a home is a sign of equal membership to the community and creates the conditions to be part of the society. A just society is a place where no one is pushed aside. In this sense, human dignity is a goal of both the single individual and society.
- **Legal perspective.** The report reminds that, according to the Finnish Constitution, “Those who cannot obtain the means necessary for a life of dignity have the right to receive indispensable subsistence and care” (731/1999, 19.1 §). In addition, “The public authorities shall guarantee for everyone (...) adequate social, health and medical services and promote the health of the population” (731/1999, 19.3 §). Public authorities are also responsible to “promote the right of everyone to housing and the opportunity to arrange their own housing” (731/1999, 19.4 §). In addition, Finland has signed international treaties requiring it to take measures to eradicate homelessness.
- **Socio-economic perspective.** The Four Wise argue that ending homelessness has the potential to significantly reduce costs to society. Despite the poor evidence on this issue at the time of the report’s publication, the topic has now been thoroughly researched, with studies confirming the existence of cost offsets in community care programmes based on Housing First compared to a shelter-based system (Aubry et al., 2015; Lemoine et al., 2021; Sillanpää, 2013; Srebnik et al., 2013; Stergiopoulos et al., 2019; Ympäristöministeriö, 2011).

The ethical, legal, and socio-economic perspectives share many similarities with accounts of DI in other settings. First, the ethical concerns and the critique of the shelter-based systems can be related to the more general critiques of institutional settings. The public reports on the conditions of people living in shelters raised critical issues of social justice and ethical concerns, similar to what had happened in the case of mental health patients, for example (Kugel and Wolfensberger, 1969; Taylor, 2009). Compared to long-term institutional care, community living is

generally considered more dignified, offering a better quality of life, and greater prospects for social inclusion (Lamb and Bachrach, 2001). Second, the general improvement in living standards in most of the world's richest countries in the late 1960s led to the extension of rights to more marginalised groups in society. The protection of human rights has been a major driving force behind DI and the development of community care services for people with learning disabilities and mental health problems (e.g., Emerson and Hatton 2005; Keet et al. 2019; Slovenko and Luby 1974). DI was also the expression of a philosophy that emerged during an era of social and political reform that attached great importance to people's autonomy and their right to govern the factors that impact their lives (Hersch, 1972). Third, economic considerations were critical to gaining widespread support for the DI policy. For example, advocates of DI for people with learning disabilities relied on evidence that adults with learning disabilities could make a productive contribution to society at much lower costs than were realised in the institutions (Kiernan et al., 2011; Kiernan and Stark, 1986; O'Connor and Tizard, 1954). In the mental health field, many studies claimed the positive impact of DI on costs (Knapp et al., 2011; Reinhartz et al., 2000; Roberts et al., 2005).

The DI of homelessness

The Name on the Door report was endorsed by the Finnish Government and led to the adoption of a DI policy based on the Housing First principle. After 2008, most shelters throughout the country were converted into supported housing units, where people started to live in their own rented apartments. The shelters that remained in place were converted into service centres where people experiencing homelessness could find immediate guidance and support and a place to sleep in small, shared rooms. In addition, municipalities and NGOs built new supported housing units and devoted scattered apartments for Housing First work. The existence of different housing solutions – supported housing units (i.e., congregate housing where residents have their own apartment and support is present on site with varying degrees of intensity) and scattered-site apartments with floating support – is a typical feature of the Finnish Housing First approach which aims to address the different needs of people experiencing homelessness long-term.⁵ All Housing First residents use the mainstream social and health services (i.e., the same services that any other Finnish residents would use) and the tenancy is regulated by the Act on Residential Leases (481/1995).

The transition to the Housing First approach required those who worked in homelessness services to be trained and adopt new working practices. For municipal social services, the goal became to secure housing as soon as a person experi-

⁵ Typically, people with high support needs end up in supported housing units, while scattered housing is offered to people who have more skills to live independently.

encing homelessness entered the service system. In Housing First services, support work started to be based on housing social work (Granfelt, 2022), the main goal of which is to ensure housing stability and prevent homelessness from recurring while trying to contribute to the resident's rehabilitation.⁶ In some cases, frontline workers found it difficult to accept that residents were no longer required to abstain from drugs (Perälä and Jurvansuu, 2016; Y-Foundation, 2017).

The DI policy has also included a strong focus on prevention. The national programmes promoted the construction of housing and the provision of support services for risk groups and introduced the role of housing advisors to prevent evictions and assist with problems such as paying the rent, the potential threat of eviction, and applying for social support (Oosi et al., 2019). In addition, the availability of affordable housing for special groups (especially youth and ex-offenders) was recognised as a key factor in both reducing the risk of homelessness and ensuring rapid re-housing and exit from homelessness. The national programmes also supported the creation of multi-professional networks that have facilitated transitions from hospitals, substance abuse, and mental health facilities or prisons to permanent supported housing.

All in all, the DI policy has challenged homelessness work at all levels, and its implementation is the result of a multi-level cooperative strategy. Since 2008, the State has continued to actively direct homelessness work toward a model based on Housing First through subsequent national programmes. At the same time, it has supported the work financially. Fifteen years after the first programme to reduce long-term homelessness (Ympäristöministeriö, 2008), the DI process is still a work in progress. Despite the widespread adoption of the Housing First approach to homelessness, some shelters and temporary accommodations still exist, and new ones have been opened over the years. We know that in some cases, the Housing First principle is not followed, and housing remains conditional and difficult to get for many (Juhila et al., 2022). People may still end up living in temporary accommodation for years where they are deprived of privacy, safety, subject to strict rules, and with few prospects to move on to one's own independent housing (Ilmoniemi, 2023). The Finnish experience demonstrates the nonlinear nature of the DI process and emphasises the need for long-term political leadership, lifelong training for staff, and coordination of the various actors involved in the system change.

⁶ Housing social work often takes the form of an interaction between professionals and residents at the individual, group, or community level, but it can also be structural multi-professional network work targeting housing or service problems (Granfelt, 2013).

Perspectives from the ground on the DI policy

In the following sections, we explore how frontline workers have interpreted and implemented the Housing First principle in relation to the ethical, legal, and socio-economic perspectives that inspired the DI policy. First, we describe the methodology for data collection and analysis, and then we present the findings.

Methodology

We conducted 11 semi-structured interviews with frontline workers who, throughout their careers, have worked in institutional units (shelters, hostels) or other homelessness services before 2008 and then also in Housing First services – both in supported housing units and/or scattered apartments with floating support. All the interviewees have long experience in the field of homelessness and are currently still working in this field or are retired. Those who are still working are currently employed by NGOs or local administrations. The interviewees worked/have worked in different areas of Finland, but most were based in the metropolitan area.

The interviews were conducted in English and audio recorded. At the beginning of the interview, we explained the goal and methodology of the research. We introduced the concept of DI and linked its start to the Name on the Door report and the Housing First approach. We also briefly described the ethical, legal, and socio-economic perspectives. All the interviewees said they were familiar with the report, the Housing First approach, and the three perspectives. Then, the interview was divided into three stages. In the first, we asked a few questions on their background, especially education and work experience, and their views concerning homelessness in Finland. In the second, we explored the meaning of Housing First in homelessness work and the role played by the three perspectives. At the end of the interview, we asked about how they believed Finland is seen from abroad and we left some time for questions about the research and additional comments. In Appendix 1, we provide the interview guide and in Appendix 2 the research information sheet that was given to the participants. All the interviewees gave consent to use the data for the purpose of this research. The interviews lasted between 42 minutes and 1 hour and 35 minutes.

To analyse the data, we used thematic analysis (Braun and Clarke, 2006). First, we transcribed the interviews. Then, we coded the text using ATLAS. At first, we coded instances of DI throughout the material. Since the adoption of the DI policy was marked by the adoption of the Housing First principle, this initial coding was theory-driven as we looked for the core elements that characterise the Finnish Housing First approach (e.g., Y-Foundation, 2017). Within these elements, we then adopted a data-driven approach and looked for recurring themes related to the ethical, legal, and socio-economic perspectives. This two-step data analysis allowed us to

understand major themes connected to the DI policy and the homelessness work that has developed since the adoption of the Housing First principle. Finally, we connected the themes with the literature on DI, homelessness, and Housing First.

Results

The themes we identified from the interviews are presented in the following subsections and summarised in Table 1, grouped according to the three perspectives under analysis. When reporting quotations from the interviews, we use italics and identify the interviewee with the letter “I” followed by a number between 1 and 11 to preserve anonymity.

Table 1 – Summary of results

Perspective	Frontline workers' interpretation
Ethical	Dignity is associated with shelter, privacy, safety, stability, and the right to self-determination.
Ethical	Dignity can be provided when the level of support is appropriate to the need. Supported housing units and scattered-site apartments are associated with different levels of support and can meet different needs.
Ethical	Large housing units are difficult to manage. Smaller housing units should be preferred due to better community dynamics and safety concerns.
Ethical	Social inclusion is challenging, and feelings of loneliness can be common (especially in scattered-site housing). Feelings of shame and stigma can lead to isolation.
Ethical	Place-based community within housing units is important to address the lack of positive relationships in residents' lives but can hinder integration into the wider society.
Ethical	Integration with the wider society needs to be promoted by encouraging engagement in meaningful activities and access to mainstream services.
Legal	Tenancy agreements are crucial to ensure legal rights.
Legal	Positive effects of Housing First policy on access to services and civil rights, such as voting.
Legal	Housing First residents are empowered through legal counselling and training and by discussing the balance of rights and responsibilities.
Legal	Contradictions in service contracts in supported housing units can limit residents' privacy and self-determination.
Socio-economic	Facilitating access to benefits, social, and health services is the main goal of housing social work, and it is necessary to prevent homelessness and ensure the financial stability of Housing First residents.
Socio-economic	Desire for flexible support that is linked to individuals rather than to housing in order to meet changing support needs.
Socio-economic	Reliance on mainstream services can be a limitation due to the complexity of the service system and the lack of specialised services for addiction and mental health needs.

Ethical perspective

For ease of presentation, the ethical perspective is divided into individual and societal aspects.

Individual. Most interviewees connected dignity with the availability of shelter, privacy, safety, stability, and the right to self-determination and recognised that the feeling of home is subjective. These elements are reminiscent of the features of ontological security described by Padgett (2007) in a study involving people who have formerly experienced homelessness who made the transition from being homeless to having a home.

I think it's important that you have your own door and your own name on the door. And that gives some kind of independence for you. Also, you can make plans with your life if you have a place to stay. (I1)

I think it's because if you feel safe then you can start to build your own self-esteem and feel like you are a human being and that you have some dignity.... (I3)

Many interviewees stressed the importance of tailored support to help people experiencing homelessness maintain their apartment and prevent homelessness from recurring. The existence of different housing solutions (i.e., supported housing units and scattered-site apartments) was recognised as a positive aspect that enabled residents to receive different levels of support. This is particularly important in cases where safety is an issue, such as for active drug users or people that survived domestic violence. As shown by Parsell et al. (2015), tenants may associate the feeling of home with the security measures of congregate supportive housing – such as security cameras or visitors controls – which are not necessarily seen as a negative violation of one's privacy. Ranta et al. (2023) emphasised that the management of home boundaries and social relationships is critical to promoting the right to privacy and secure housing when illicit drug use is involved.

I believe that we need many kinds of solutions because we have many kinds of people who are homeless. So... some need more support and for some scattered housing is just not enough. Their behaviour is such that it's not tolerated in any normal housing company. (I2)

It's the control which makes housing units have their benefits... especially if you have drug users, people might still be attached to this kind of everyday "business" which includes that they or their friends may start to sell from the apartment. If you can't control that one if you don't have control all day long... so when people are actively using, housing units are usually the solution (I4)



Then you can be more yourself and you don't need to dress up or "sell" yourself to somebody because you need something, you need protection, or drugs from him. So, you don't need to do it here because it's only women here. (I3)

While supported units were generally viewed in positive terms, some interviewees criticised large units. One interviewee described instances where these units had become dangerous environments with a lot of disturbances, creating unsafe conditions for both the residents and the workers and compromising the dignity of the residents. Smaller units were considered to be better because it is easier to work toward positive community dynamics, a finding that was already highlighted by Hall et al. (2021). Other studies highlighted the risk of gathering a large number of people with troubled histories in congregate housing, describing the negative feelings some residents experience as a result of being exposed to violent, intimidating, inconsiderate, and rude behaviour from other tenants, often combined with alcohol intoxication and the influence of illicit substances (Parsell et al., 2015).

What is living life with dignity? Because some of the units, there's 100 residents and everybody's doing dope 24/7. And there's lots of violence, lots of disturbances and their environment is dangerous. People are scared, the residents are scared, so I don't know... I don't see the dignity in that. (I8)

Society. All but one of the interviewees mentioned that Housing First residents face challenges in terms of social inclusion. The themes that we identified largely reflect the points raised in the review by Hall et al. (2021) on the topic of social inclusion and DI policy.

Many interviewees recognised the importance of having a place-based community in supported housing units to address the lack of positive relationships in the lives of people with difficult experiences of homelessness. The main risk identified was the creation of place-based community bubbles with little connection to the wider society. This could be seen as the result of aspects related to housing social work, the background of the residents, and society's attitude toward them. The Finnish Housing First has put a lot of emphasis on building community within the housing units by involving residents in activities and group meetings (Y-Foundation, 2017). This work is considered to be very important because it increases opportunities to socialise, provides support, creates a safe space, and increases the sense of belonging to the local community. Some studies found evidence that promoting place-based community can support housing stability, sense of belonging, and solidarity (Stevenson, 2014) and meet the socialisation needs and desire of tenants (Parsell et al., 2015). However, some interviewees expressed concern that a strong place-based community may limit the opportunities for Housing First residents to integrate with the wider society and acknowledged that the risk of isolation should be considered by the support staff by encouraging residents

to take steps outside the units. In the quote below the interviewee recognises the importance of place-based community, but at the same time sees the risks and suggests positive actions:

When your situation is improving and we are thinking about, maybe you could move to single apartment with no support then it's difficult to say... is it the community that it's supporting the client, or can they manage? And it's really difficult to (...) discuss with the resident. They don't want to move because they are feeling so strongly and feeling that they belong to our community. Of course, that's like a basic need and important need, but it doesn't make our work any easier. So, what we know try to do, we try to find those communities in the services and places outside of our units because we have like those day services or peer support. (18)

One aspect mentioned by some of the interviewees is the feeling of shame among Housing First residents, which makes engagement in society challenging and favours connections with people who have had similar life experiences. According to the interviewees, most Housing First residents have lost contact with their families and tend to avoid “bad old companies” or prefer to focus on their own situation. Working or studying would greatly increase the possibilities of building networks outside the units, but this rarely happens. In addition, the neighbours were mostly described as unfriendly, when not openly hostile.

It's very hard and some of them are very ashamed because of their situation. They are ashamed to meet family members or children and so on. (16)

Work is many times really good. Even it's like “rehabilitative work”, you can have this supported work so that's good because it gives you something to do daily and it gives you the community. It gives you the social relationships and gives you also the feeling of success and managing things and doing things. (18)

There is still that so called NIMBY, not in my backyard. Everybody can have a home but about 50 kilometres from here. (19)

Many interviewees described a situation where Housing First residents only rely on communities made of clients and workers. They argued that support workers usually inform residents about the location of drug clinics and day centres and less about other services or hobbies that can be found in the area. This means that when residents do not hang out in the housing unit, they hang out in places where they interact with other people with a similar background in a ‘supervised’ environment. Some interviewees suggested that the most important connection to society happens through the use of mainstream services, as residents of Finnish Housing First use the same health and social services as any other person living in Finland.



I think in most cases the workers tell them where drug clinics or day centres for people with drug abuse are, but they don't tell what else you can do. So, I think it might be good to get to know the area where the people are going to move, what kind of services there are, what kind of hobbies, what kind of activities and where the buses go and so on. (I1)

I think it's better that people are entitled to have the same services than whoever living in this area because that keeps them connected more to the surrounding society and part of the society. Because if everything happens here in the bubble, and they don't have to leave this place.... It's not real life! (I3)

Most of the interviewees mentioned loneliness and the risk of being stigmatised as the greatest challenges in scattered housing. Loneliness can be so strong that one respondent described the case of a scattered housing resident who chose to return to the supported housing unit in which she had previously lived in order to avoid hanging out with the bad old company again. Other studies reported that tenancy in scattered housing is associated with feelings of isolation and loneliness (Padgett et al., 2008; Tsai et al., 2010).

... one woman who came back to live here because she said she was feeling so lonely. She was living here then she moved to scattered and then she moved back. She was maybe 1-2 years or something living and then she moved back because she said that she doesn't find the community and the only community what she finds is the people who she used to hang out before, which are not good company because then she ends up drinking and so... this healthier community. I think that loneliness can be a problem if you don't have any kind of network. (I3)

A few interviewees suggested that the local community around the scattered houses is at best indifferent and at worst openly stigmatising the residents. These points echo the idea of a toxic environment for Housing First tenants described in Pleace et al. (2015). Accounts concerning scattered housing seem to vary a lot and the interviewees also reported cases of people managing their lives quite well, especially when engaged in work activities or thanks to some family support.

So, I have been seeing that in some cases, the neighbours are fine, but then there are some buildings that the neighbours have decided that "we don't want any poor people in this building" or something like that. (I1)

The struggles described by interviewees are reminiscent of the challenges reported by Padgett (2007) regarding the 'next step' faced by people who were formerly homeless once they have settled into their own homes. In her study, trauma, adversity, social stigma, and discrimination make it difficult to engage with others in the community.

For some, Housing First work in scattered housing should be enhanced so that it could become the prevalent (but not the only) housing solution, even for people with high support needs. It should be noted that in some parts of Finland there are no housing units, especially where housing is generally affordable, and few people experience homelessness. In these areas, support workers can provide a higher level of floating support, which is appropriate for most people's needs. Those who need 24/7 support remain in some form of transitional housing with intensive support or service centres. There, frontline workers help them to access services and provide social support so that the clients can move to scattered housing. The aim is to ensure a positive experience of independent living where the support that can be provided is appropriate to the client's needs.

We have one unit where we provide "step-by-step" housing. And I think that we have customers who are happy to go there, and they can test if they can move... because it's scary to move and I think that it doesn't help people, you know long term, if you get an eviction and another and another and another. So, in this unit (...) there's a much more support than in our Housing First model. (I10)

Legal perspective

Legal aspects are at the core of the DI policy. After 2008, residents of Housing First units and scattered housing sign a tenancy agreement, and this was recognised as a crucial aspect. We find particularly interesting the following story reported by one of the interviewees, which shows how Housing First has changed the lives of people in services to the point that the old institutional system is seen as something unbearable and to which it is unconceivable to return.

*Talking with one of the residents we asked, 'What would you think if we just closed all the doors, and you could get access to your own home just with the workers opening the door... and there was set times like when you have to come home?' And they're like, 'what are you talking about? Are you crazy? Have you lost your mind? This is not good! That sounds terrible. **You can't do that!**. But that was how it was... now more and more, I think that Housing First does empower and help people to understand their rights. (I3)*

Some interviewees mentioned positive effects of Housing First on the right to access to services and other civil rights such as voting. Having legal rights means that people are entitled to housing and services and do not have to rely on 'goodwill' or 'deserve' them. Society has a legal responsibility to provide housing and services because it is written into the law and support workers play a crucial role in ensuring that Housing First residents receive the services they are entitled to. This shift in perspective requires a transformation in the client-worker relationship which is not easy to achieve for either the client or the worker (Löfstrand and Juhila, 2021). In

the interviews, we found examples of workers struggling to rebalance their position of power, and clients still stuck in their 'old' identities (Löfstrand and Juhila, 2021) where they did not have the right to make choices.

Housing First has enabled people to live a life that looks like their own. Does it mean that your home is a mess and full of shit and you're full of shit and you got flies and ticks and whatever? and you're without medication... is that your way of living? Is that the way a person wants to live? Has he or she chosen? (15)

I think that many people who have been homeless, have been in such bad situations that they think they don't have any rights, or they don't claim them... (11)

Some interviewees suggested that it is the role of support workers to promote the empowerment of Housing First residents, both by providing legal advice and training, and by guiding people through the service system. A word that came up several times in the interviews was "possibilities": Housing First has given people experiencing homelessness the possibility to assert their rights, and this is a necessary condition for empowerment. But then, it is up to the Housing First residents and their support system to make use of these opportunities, while respecting freedom of choice. At the same time, some interviewees argued that rights should go hand-in-hand with responsibilities, an aspect they felt was sometimes overlooked.

I remember some service providers were planning or providing training for the tenants about their rights as tenants. Because many people were still thinking that they can be sent away for various reasons. (12)

Housing First has, of course, the rental which brings the awareness of their rights for the clients. And it's their own apartment and they don't have to let their employees in if they don't want them. It's like a private place, of course, yes. But it's also mixed of rights and responsibilities. And that's something most of the clients don't see and don't understand that they have also responsibilities living as a rental contract. (18)

The legal perspective revealed many contradictions, especially in relation to living in supported housing units where the service contract can sometimes include clauses that restrict the tenants' privacy or right to self-determination. In some units, the number of guests may be limited, or support workers may access the apartment in case they do not have contact with the residents for a few days. At the same time, the interviewees reported instances of great tolerance for rent arrears or nuisances that would not be accepted by 'normal' landlords. The restrictions on privacy and self-determination are among the reasons that have led many authors to criticise congregate supported units (see the discussion in Parsell et al., 2015). In addition, it was reported that housing units' residents are sometimes

encouraged to move on to more independent housing so that the services of the unit can be offered to someone more in need. This attitude stems from a support system that is place-based rather than person-based and can lead Housing First residents losing the ontological security (Padgett, 2007) mentioned earlier. Despite the contradictions, most of the interviewees did not question the system as a whole but saw themselves as agents capable of influencing its evolution in a positive way.

Also we are talking nowadays: those people who managed in their living in housing units well and they are very active in the working activities and so on, should they move on? Because the city wants them to move on and some of them are able to take that step, but some of them absolutely don't want to take that step. They are very afraid to be homeless again. (I7)

I think the system worked relatively well. Of course, there are other questions... like: if there we speak about normal rental contract and then there are limitations happening in these big units... for example... can you have guests? Can your wife move in? (I2)

Socio-economic perspective

The part of the interviews dealing with the socio-economic perspective focused mainly on access to services. The reason for this is that assessing cost-effectiveness requires complex data analysis that is beyond the expertise and experience of the interviewees. On the contrary, access to services is a crucial aspect of homelessness work and a core task of frontline workers.

In Finland, Housing First residents use the mainstream social and health services. Nevertheless, supplementary services are provided in some housing units, where – in addition to support workers – nurses and some medical services may be available on-site. Most interviewees mentioned the importance of having different housing solutions so that the level of support can match people's needs. However, some felt that the support was too rigidly tied to housing, so that residents had to move if their support needs changed. This was seen as a limitation, and there was a desire for more flexible solutions where the support is attached to the person rather than housing. This would also be a more effective use of resources as people would not be stuck in a place where the support available exceeded their needs. The risks involved in attaching the support to a place rather than a person were highlighted by Busch-Geertsema (2010).

And I think one question for me is that if a person gets a home in these big units in Helsinki, is there a way out from those? Because some people might need that kind of living for some time, but when they get their problems solved and are ready to go and leave? All their life situations change... they want to live with their partners or something. So, is the system flexible enough? (...)



people might feel that they are doomed to be there, and I think that's not very cost effective either if a person gets an expensive place and it's not able to go to more independent living. (12)

Once housing has been provided, facilitating access to services was seen as the main task of support workers while respecting the client's freedom of choice. Access to benefits, social, and health services can help prevent homelessness by ensuring the financial capacity to pay rent and keep any health problems or addictions under control. This type of support was seen as necessary because services may be high-threshold, or residents may need motivational support. Raitakari (2023)'s interviews with housing service workers suggested that experiences of rejection and stigma in the service system may lead adults experiencing homelessness to avoid social and health services, and that getting help often requires housing service workers to use their authority.

So the main thing that our workers help it's... they are like "side-by-side workers" to our customers... I don't know how else to say that... They are going with our customers to other services, and our workers speaks for our customers, on their behalf. (110)

Housing First is not Housing First only. We have to motivate people and try to help. If once they say 'No, I don't want to hear', maybe we try next week again and after next week again and again. (17)

Many people interviewed saw the reliance on mainstream services as a limitation, because the service system is complicated and does not meet actual demands and needs. The lack of addiction and mental health services was mentioned several times. Some interviewees suggested that support in housing units is sometimes misunderstood, as social and health workers may believe that residents receive all the social and health services they need on site. The same issue was raised in a paper by Granfelt and Turunen (2021) in relation to the gerontological needs of Housing First residents. It should be emphasised that the use of mainstream services contributes to the economic sustainability of the Finnish Housing First system by avoiding the costs of specialised health professionals associated with the programme.

... normal services don't have the expertise, they don't know life situations, they don't know how people behave, what kind of risks and problems there could be. Somebody knows but it's not a general knowledge when you go Health Centres. Long-term homeless people need specialised services. (14)

If we think about services like home care, they are thinking that here we have practical nurses working so... why can't they do the job that the home care does... and it's difficult for them to understand what we are doing here. (13)

Conclusion

The Finnish homelessness DI policy involved a cultural change. The political agenda shifted from managing homelessness to ending homelessness (Demos Helsinki, 2022) by means of a Housing First system based on permanent housing coupled with support and prevention. The DI has been pursued consistently through several national programmes, the premises of which were laid out in a report – Name on the Door – that clarified the theoretical background, motivations, and goals. The report has guided homelessness work at all levels, from policymaking to frontline work. This study traced the theoretical premises of the DI policy and gathered the view of experienced frontline workers on how their work has evolved in relation to ethical, legal, and socio-economic perspectives and the overarching Housing First principle. The interviews revealed a substantial consistency between policy and practice, with some variation across geographical areas. We identified some key aspects that have contributed to the success of the DI policy and provided insights into critical elements that would require further work and policy revision.

The results of the study highlighted the importance of a rights-based approach to homelessness DI policy. In the Finnish context, constitutional rights and the universal adoption of tenancy agreements – even in congregate housing – have provided the framework for supporting people experiencing homelessness to overcome institutional dependency and move towards empowerment. Having a home with a lease serves as proof of citizenship, membership in society, and provides a legal basis for privacy and self-determination. In addition, the availability of services in the community, especially health care and substance abuse services, appears to be critical to the success of DI policies. Some of the criticisms that emerged in the interviews appear to be related to a lack of community services rather than to the DI policy per se. Finally, the difficulties reported in the interviews with regard to the social inclusion of people who were formerly homeless point to the need to look beyond the individual to the systemic level. Services, opportunities for positive interactions, and meaningful activities should be accessible to all, but too often require the sustained intervention of support workers.

The main limitation of the study is the small number of interviewees on which the empirical analysis is based. This is due to the decision to focus on frontline workers with very long experience in the field of homelessness and proficiency in English, which limited our sample. Nevertheless, the available data was rich enough to clearly identify the themes presented in the results section. Some additional interviews may have added new themes but would not undermine the current findings. In addition, we acknowledge that the inclusion criteria may have introduced a selection bias to the extent that people who remained in the field throughout the policy change are likely to have a positive view of the process. Despite these limita-

tions, we believe that the pool of interviewees can offer a remarkable perspective on Finnish DI policy, given their experience with the old and new work orientation in homeless work. We believe that the interviews provide valuable material and interesting insights for policy makers and practitioners in the field.

The interviewees' opinions are largely consistent with the findings of studies based on interviews with clients of community care in relation to DI policy and Housing First programmes. This observation reflects the great expertise and experience of the interviewees and points to the importance of education and lifelong training as a key element for the success of a complex policy objective where frontline workers are promoters of system change. During the interviews, we observed a general sense of agency, and the interviewees did not simply describe the pros and cons of the DI policy, but rather analysed it, understood it from a macro perspective, and saw the current situation as part of an evolutionary process toward the goal of ending homelessness to which they can and must contribute. More research would be needed to explore the point of view of recently hired workers who do not have this rich historical perspective and how it affects their work practices.

► References

Alanko, A. (2017) Improving Mental Health Care: Finnish Mental Health Policy Rationale in the Era of Dehospitalisation, *Publications of the Faculty of Social Sciences* 60.

ARA (The Housing Finance and Development Centre of Finland) (2023) *Homeless People 2022 – Report 2/2023* (Helsinki: ARA).

Armaline, W.T. (2005) “Kids Need Structure”: Negotiating Rules, Power, and Social Control in an Emergency Youth Shelter, *American Behavioral Scientist* 48(8) pp.1124-1148.

Aubry, T., Bernad, R., and Greenwood, R. (2018) A Multi-Country Study of the Fidelity of Housing First Programmes: Introduction, *European Journal of Homelessness* 12(3) pp.11-27.

Aubry, T., Tsemberis, S., Adair, C.E., Veldhuizen, S., Streiner, D., Latimer, E., Sareen, J., Patterson, M., McGarvey, K., Kopp, B., Hume, C., and Goering, P. (2015) One-Year Outcomes of a Randomized Controlled Trial of Housing First With ACT in Five Canadian Cities, *Psychiatric Services* 66(5) pp.463-469.

Bachrach, L.L. (1976) *Deinstitutionalization-an Analytical Review and Sociological Perspective* (Rockville, MD: National Institute of Mental Health).

Bachrach, L.L. (1978) A Conceptual Approach To Deinstitutionalization, *Hospital and Community Psychiatry* 29(9) pp.573-578.

Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology, *Qualitative Research in Psychology* 3(2) pp.77-101.

Busch-Geertsema, V. (2010) The Finnish National Programme to Reduce Long-Term Homelessness, *Synthesis Report* pp.1-27.

Demos Helsinki (2022) *A New Systems Perspective To Ending Homelessness* (Helsinki: Demos Helsinki).

Doling, J. (1990) Housing Finance in Finland, *Urban Studies* 27(6) pp.951-969.

Emerson, E. and Hatton, C. (2005) Deinstitutionalisation, *Tizard Learning Disability Review* 10(1) pp.36-40.

European Expert Group on the transition from institutional to community-based care, and Hope and Homes for Children (2021) *EU Funds Checklist To Promote Independent Living And Deinstitutionalisation* (online). Available at: <https://www.eurochild.org/uploads/2021/07/EU-Funds-Checklist-to-promote-independent-living-and-deinstitutionalisation.pdf>.

Fazel, S., Geddes, J.R., and Kushel, M. (2014) The Health of Homeless People In High-Income Countries: Descriptive Epidemiology, Health Consequences, and Clinical and Policy Recommendations, *The Lancet* 384(9953) pp.1529-1540.

FEANTSA (2013) *Time for Transition: From Institutional to Community-Based Services in the Fight against Homelessness* (Brussels: FEANTSA).

Fredriksson, P. (2018a) Ilkka Taipale ja Marraskuun liike – Parakkipolitiikka ei riitä [Ilkka Taipale and the November Movement – The barracks politics is not enough], in: P. Fredriksson (Ed.) *Yömajasta omaan asuntoon: Suomalaisen asunnotto- muuspolitiikan murros* (pp.65-70). (Helsinki: Into).

Fredriksson, P. (2018b) Modernin asunnottomuuspolitiikan synty [The birth of a modern homelessness policy], in: P. Fredriksson (Ed.) *Yömajasta omaan asuntoon: Suomalaisen asunnotto- muuspolitiikan murros*, pp.73-92. (Helsinki: Into).

Fredriksson, P. (2018c) Paula Kokkonen – Missiona hoitoa vaille jääneet [Paula Kokkonen – A mission for those without care], in: P. Fredriksson (Ed.) *Yömajasta omaan asuntoon: Suomalaisen asunnotto- muuspolitiikan murros*, pp.167-169. (Helsinki: Into).

Goffman, E. (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books).

Gounis, K. (1992) The Manufacture of Dependency: Shelterization Revisited, *New England Journal of Public Policy* 8(1) Article 60.

Granfelt, R. (2022) *Asumissosiaalinen Työ: Asunnottomuudesta Irti Ja Asunnosta Kodiksi*. [Housing Social Work: Moving Out of Homelessness and From Housing to Home]. (Helsinki: Y-Säätiö).

Granfelt, R. and Turunen, S. (2021) Women on the Border Between Home and Homelessness: Analysing Worker-Client Relationship, *Social Inclusion* 9(3) pp.223-233.

Granfelt, R. (2013) Asumissosiaalinen Työ Rikosseuraamusalalla. [Housing Social Work in the Criminal Sanctions Sector] In *Paikka Asua Ja Elää? Näkökulmia Asunnottomuuteen Ja Asumispalveluihin* [A place to reside and live? Perspectives on Homelessness and Housing Services], edited by S.Hyväri and S. (eds.) Kainulainen, pp.209–228. (Helsinki: Deaconess University of Applied Sciences).

Grunberg, J. and Eagle, P.F. (1990a) Shelterization: How the Homeless Adapt to Shelter Living, *Hospital and Community Psychiatry* 41(5) pp.521-525.

Grunberg, J. and Eagle, P.F. (1990b) Shelterization, *Psychiatric Services* 41(5) pp.521-525.

Hall, C., Raitakari, S., and Juhila, K. (2021) Deinstitutionalisation And 'Home Turn' Policies: Promoting or Hampering Social Inclusion? *Social Inclusion* 9(3) pp.179-189.

Hersch, C. (1972) Social History, Mental Health, and Community Control, *American Psychologist* 27(8) pp.749-754.

Hoffman, L. and Coffey, B. (2008) Dignity and Indignation: How People Experiencing Homelessness View Services and Providers, *The Social Science Journal* 45(2) pp.207-222.

Ilmoniemi, M. (2023) Recognitional Relations and Autonomy-Related Vulnerabilities in a Temporary Accommodation Service for Homeless People, *Housing, Theory and Society* pp.1-16.

Juhila, K., Raitakari, S., and Ranta, J. (2022) Housing First: Combatting Long-Term Homelessness in Finland, in: C. de la Porte, G. B. Eydal, J. Kauko, D. Nohrstedt, P. 't Hart, and B. S. Tranøy (Eds.) *Successful Public Policy in the Nordic Countries*, pp.495-513. (Oxford: Oxford University Press).

Kaakinen, J. (2023) *Home – Report on the Measures Needed to End Homelessness by 2027*, https://ysaatio.fi/wp-content/uploads/2023/07/Kotiin_Home-Kaakinen-2023-en-final.pdf.

Keet, R., De Vetten-Mc Mahon, M., Shields-Zeeman, L., Ruud, T., Van Weeghel, J., Bahler, M., Mulder, C. L., Van Zelst, C., Murphy, B., Westen, K., Nas, C., Petrea, I., and Pieters, G. (2019) Recovery For All in the Community; Position Paper on Principles and Key Elements of Community-Based Mental Health Care, *BMC Psychiatry* 19(1) pp.1-11.

Kiernan, W.E., Hoff, D., Freeze, S., and Mank, D.M. (2011) Employment First: A Beginning Not an End, *Intellectual and Developmental Disabilities* 49(4) pp.300-304.

Kiernan, W.E. and Stark, J.A. (1986) *Pathways to Employment for Adults With Developmental Disabilities* (Baltimore, US: Paul H Brookes Pub Co.).

Kiesler, C.A., and Sibulkin, A.E. (1987) *Mental Hospitalization: Myths and Facts About a National Crisis* (California, US: Sage Publications).

Kim, S., Larson, S.A., and Lakin, K.C. (2001) Behavioural Outcomes of Deinstitutionalisation for People with Intellectual Disability: A Review of US Studies Conducted Between 1980 and 1999, *Journal of Intellectual and Developmental Disability* 26(1) pp.35-50.

- Knapp, M., Beecham, J., McDaid, D., Matosevic, T., and Smith, M. (2011) The Economic Consequences of Deinstitutionalisation of Mental Health Services: Lessons From a Systematic Review of European Experience, *Health and Social Care in the Community* 19(2) pp.113-125.
- Kugel, R.B. and Wolfensberger, W. (1969) *Changing Patterns in Residential Services for the Mentally Retarded; A President's Committee on Mental Retardation Monograph: 1969* (Washington D.C., US: ERIC).
- Kuhn, R. and Culhane, D.P. (1998) Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Service Utilization: Results from the Analysis of Administrative Data, *American Journal of Community Psychology* 26(2) pp.207-232.
- Lamb, H.R. and Bachrach, L.L. (2001) Some Perspectives on Deinstitutionalization, *Psychiatric Services* 52(8) pp.1039-1045.
- Lamb, H.R. and Weinberger, L.E. (1998) Persons With Severe Mental Illness in Jails and Prisons: A Review, *Psychiatric Services* 49(4) pp.483-492.
- Lappi-Seppälä, T. (2011) Nordic Youth Justice, *Crime and Justice* 40(1) pp.199-264.
- Lemoine, C., Loubière, S., Boucekine, M., Girard, V., Tinland, A., and Auquier, P. (2021) Cost-Effectiveness Analysis of Housing First Intervention With an Independent Housing and Team Support for Homeless People With Severe Mental Illness: A Markov Model Informed by a Randomized Controlled Trial, *Social Science and Medicine* 272 p.113692.
- Loch, A.A. (2014) Discharged from a Mental Health Admission Ward: Is It Safe To Go Home? A Review On The Negative Outcomes of Psychiatric Hospitalization, *Psychology Research and Behavior Management* 7 pp.137-145.
- Löfstrand, C.H. and Juhila, K. (2021) Transforming Worker-Client Identities: From Shelters to Housing First, *Social Inclusion* 9(3) pp.214-222.
- Malinen, A. (2018) Asunnottomuuden järjestelyn ideaalit, käytännöt ja kokemukset Helsingissä 1944-1961, in: P. Fredriksson (Ed.) *Yömajasta omaan asuntoon: Suomalaisen asunnotto- muuspolitiikan murros*, pp. 13-35. (Helsinki: Into).
- Marcus, A. (2003) Shelterization Revisited: Some Methodological Dangers of Institutional Studies of the Homeless, *Human Organization* 62(2) pp.134-142.
- McMordie, L. (2021) Avoidance Strategies: Stress, Appraisal and Coping in Hostel Accommodation, *Housing Studies* 36(3) pp.380-396.
- Mechanic, D. and Rochefort, D.A. (1990) Deinstitutionalization: An Appraisal of Reform, *Annual Review of Sociology* 16 pp.301-327.

Muutoslaboratorioryöryhmä (2020) *Tehdään yhdessä jokaiselle mahdollisuus. Ehdotus Ehdotus asunnottomuustyön pohjaksi 2020-luvun Suomessa* [Together we make a chance for everyone. Proposal for a foundation for homelessness work in Finland in the 2020s]. Muutoslaboratorioryöryhmä, 3.3.2020.

O'Connor, N. and Tizard, J. (1954) A Survey of Patients in Twelve Mental Deficiency Institutions, *British Medical Journal* 1(4852) pp.16-18.

O'Sullivan, E., Benjaminsen, L., Busch-Geertsema, V., Filipovič Hrast, M., Pleace, N., and Teller, N. (2023) *Homelessness in the European Union* (Brussels: Policy Department for Citizens' Rights and Constitutional Affairs, European Parliament).

Oosi, O., Kortelainen, J., Karinen, R., Jauhola, L., and Luukkonen, T. (2019) *Asumisneuvonta Suomessa* [Housing advice in Finland] – Report 2/2019. (Tampere: ARA).

Padgett, D.K. (2007) There's No Place Like(a)Home: Ontological Security Among Persons with Serious Mental Illness in the United States, *Social Science and Medicine* 64(9) pp.1925-1936.

Padgett, D.K., Henwood, B., Abrams, C., and Drake, R.E. (2008) Social Relationships Among Persons Who Have Experienced Serious Mental Illness, Substance Abuse, and Homelessness: Implications for Recovery, *American Journal of Orthopsychiatry* 78(3) pp.333-339.

Parsell, C., Moutou, O., Lucio, E., Parkinson, S., and Australian Housing (2015) *Supportive Housing To Address Homelessness* (Melbourne: AHURI Final Report (Issue 240)).

Parsell, C., Petersen, M., and Moutou, O. (2015) Single-Site Supportive Housing: Tenant Perspectives, *Housing Studies* 30(8) pp.1189-1209.

Perälä, R. and Jurvansuu, S. (2016) Politiikasta käytännöksi: asunto ensin -politiikan arkea asumisyksiköiden työntekijöiden kertomana [From policy to practice. The everyday application of housing first policies as told by housing services employees]. *Yhteiskuntapolitiikka*, 2016: 5.

Pleace, N., Culhane, D., Granfelt, R., and Nutargard, M. (2015) *The Finnish Homelessness Strategy. An International Review* (Finland: Ministry of Environment).

- Raitakari, Suvi (2023) Yhteiskunnan marginaaliin sijoittuvien palveluiden saavutettavuus koronan aikana asumispalveluiden työntekijöiden kertomana [The accessibility of services located at the margins of society during COVID-19 – As told by the workers of housing services]. In Marja Hekkala & Suvi Raitakari (eds.) *Osallisuutta ja osattomuutta yhteiskunnan marginaaleissa: Muuntuvat palvelut ja hyvinvointi koronapandemiassa* [Social inclusion and scarcity at the margins of society: Transforming services and well-being in the COVID-19 pandemic], pp. 177–200. (Tampere: Tampereen yliopisto)
- Raitakari Suvi & Juhila Kirsi (2022) Kotikäänne: Hyvinvointipalveluiden ja -työn muutos [Home turn: Transformation of welfare services and welfare work]. In Suvi Raitakari, Kirsi Günther & Jenni-Mari Räsänen (eds.) *Koti, hyvinvointityö ja haavoittuvuus* [Home, welfare work and vulnerability], 25–58 (Tampere: Tampere University Press).
- Ranta, J., Räsänen, J.M., Raitakari, S., and Juhila, K. (2023) Home as a Risk Environment: Negotiating the Boundaries of Homes and Social Relationships in Services for People Using Illicit Drugs, *International Journal of Social Welfare* 32(2) pp.230-240.
- Reinharz, D., Lesage, A.D., and Contandriopoulos, A.P. (2000) II. Cost-Effectiveness Analysis of Psychiatric Deinstitutionalization, *Canadian Journal of Psychiatry* 45(6) pp.533-538.
- Roberts, E., Cumming, J., and Nelson, K. (2005) A Review of Economic Evaluations of Community Mental Health Care, *Medical Care Research and Review* 62(5) pp.503-543.
- Segal, S.P. and Jacobs, L. (2013) Deinstitutionalization, in: *Encyclopedia of Social Work* (21st Editi). (Oxford: Co-published by the NASW Press and Oxford University Press).
- Seppälä, U.M., Granfelt, R., & Sunikka, S. (Eds) (2007). *Asunnottomuuskirja: Näkökulmia asunnottomien palvelujen kehittämiseen* [Homelessness Book: Perspectives on developing services for homeless people]. (SOCCAn ja Heikki Waris -instituutin julkaisusarja; No. 13). SOCCA – Pääkaupunkiseudun sosiaali-alan osaamiskeskus.
- Sillanpää, V. (2013) *Asunto ensin-yksiköiden kustannusvaikuttavuus-vertailussa mielenterveys- ja päihdekuntoutujien yksiköt* [[Cost-effectiveness of Housing First units – a comparison of units for people with mental health issues and substance abuse problems]](Tampere: Tampereen Teknillinen Yliopisto).

Slovenko, R. and Luby, E.D. (1974) From Moral Treatment to Railroaded Out of the Mental Hospital, *Bulletin of the American Academy of Psychiatry and the Law* 2(4) pp.223-236.

Srebnik, D., Connor, T., and Sylla, L. (2013) A Pilot Study of the Impact of Housing First-Supported Housing for Intensive Users of Medical Hospitalization and Sobering Services, *American Journal of Public Health* 103(2) 316-321.

Stergiopoulos, V., Mejia-Lancheros, C., Nisenbaum, R., Wang, R., Lachaud, J., O'Campo, P., and Hwang, S.W. (2019) Long-Term Effects of Rent Supplements and Mental Health Support Services on Housing and Health Outcomes of Homeless Adults With Mental Illness: Extension Study of The At Home/Chez Soi Randomised Controlled Trial, *The Lancet Psychiatry* 6(11) pp.915-925.

Stevenson, J. (2014) *Experiences of Social Connection and Sense of Community Amongst Participants of Housing First Programming* (online thesis). Available at: <https://dspace.library.uvic.ca/server/api/core/bitstreams/d0a0a7d6-96d4-4d6d-a8ce-a1a58dd3f2a8/content>.

Taylor, S.J. (2009) *Acts Of Conscience: World War II, Mental Institutions, and Religious Objectors* (Syracuse, NY: Syracuse University Press).

Tsai, J., Bond, G.R., Salyers, M.P., Godfrey, J.L., and Davis, K.E. (2010) Housing Preferences and Choices Among Adults With Mental Illness and Substance Use Disorders: A Qualitative Study, *Community Mental Health Journal* 46(4) pp.381-388.

Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction* (Center City, MN: Hazeldean).

van IJzendoorn, M.H., Bakermans-Kranenburg, M.J., Duschinsky, R., Fox, N.A., Goldman, P.S., Gunnar, M.R., Johnson, D.E., Nelson, C.A., Reijman, S., Skinner, G.C.M., Zeanah, C.H., and Sonuga-Barke, E.J.S. (2020) Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects On Development, *The Lancet Psychiatry* 7(8) pp.703-720.

Voutilainen, P., Huovinen, E., Puttonen, H., and Taipale, I. (2007) *Name on the Door – Report of the working group set up by the Ministry of the Environment on the preparation of an action plan to reduce long-term homelessness*, dated 21.5.2007.

Watts, B. and Blenkinsopp, J. (2022) Valuing Control over One's Immediate Living Environment: How Homelessness Responses Corrode Capabilities, *Housing, Theory and Society* 39(1) pp.98-115.

Y-Foundation (2017) *A Home Of Your Own. Housing First and Ending Homelessness in Finland* (Finland: Y-Foundation).

Ympäristöministeriö (2008) *Hallituksen asuntopoliittiset ohjelmat* [Government housing policy programmes], [Reports of the Ministry of Environment] (Vol.15).

Ympäristöministeriö (2011) *Asunnottomuuden vähentämisen taloudelliset vaikutukset* [Economic impacts of reducing homelessness], [Reports of the Ministry of Environment] (Vol.7).

Legislation

The Constitution of Finland (731/1999 English): <https://www.finlex.fi/en/laki/kaanokset/1999/en19990731>.

Act on Residential Leases (481/1995 English): <https://www.finlex.fi/en/laki/kaanokset/1995/en19950481>.

Appendix 1 – Interview guide

Interview with:

Date and place of the interview:

Before starting the interview

Purpose of the research: This research concerns the deinstitutionalization in homelessness work, i.e., the transition from emergency shelters and dormitories to Housing First-based services. The study aims to gather the perspectives of people who, throughout their careers, have worked in institutional units (emergency accommodations, dormitories) and then also in Housing First services. The goal is to draw comparisons between the Housing First-based system and traditional services for the homeless.

How the interview is conducted: The interview will be conducted in three stages. In the first stage, the interviewee will be asked to provide an introduction and answer some general questions. Following that, three statements will be given on a piece of paper. The interviewee will have time to read and reflect upon these statements. Once ready, the interviewee can proceed to explain the meaning of each statement in relation to their work. In the final stage, additional general questions will be asked, and the interviewee will have the opportunity to ask any questions they may have.

Additional information and collecting consent: Before starting, read the interviewee some additional information which can be found in the Research Information Sheet and collect consent for participation in the study.

- The interview material will be processed by the principal investigator and other members of the research team at xxx (erased for anonymity of peer review).
- Your personal data will be handled with confidentiality and without disclosing them to anyone outside the research team.
- The interview material will be used only for the purposes of the study and any further research that may be carried out in relation to it.
- Participation is voluntary and you can stop at any time or not answer to some questions without the need of giving any explanation.
- This interview is confidential, and the results of the study will be presented so that you cannot be identified by reading them.



- This interview will be destroyed after the end of the study in accordance with good scientific practice and in any case no later than five years after the end of the study.

The interviewer is available for questions and ask: “Do you give your consent to participation?” (Consent needs to be recorded)

Final instructions:

- Please provide your first-hand experience. Focus on how things actually were and are, rather than how they “should be.”
- Remember that there are no wrong or right answers. (“We are here to learn from you, so please feel free to share your point of view”).
- English may not be our first language. Take your time if you need to find the right words. Additionally, if you prefer to express something in Finnish, please do so. We have Finnish speakers in our research team who can assist with translation.

Stage 1

- Can you please introduce yourself?
 - Education and training
 - Employment history in homelessness services
- Why did you decide to work in the field?
- Why do you think people become homeless?
- What is a community? What types of communities do you think are important in people’s life?
- What does Housing First mean for you? And the staircase system?

Stage 2

Socio-economic perspective. Show the following sentence (in English and Finnish) and give time to think.

The Housing First-based system has helped people experiencing homelessness to access the services they need.

Asunto ensin -malli on auttanut asunnottomuutta kokeneita ihmisiä saamaan tarvitsemiaan palveluja.

Legal perspective. Show the following sentence (in English and Finnish) and give time to think.

The Housing First-based system empowers people experiencing homelessness to assert their rights.

Asunto ensin -malli on antanut asunnottomuutta kokeneille ihmisille mahdollisuuden puolustaa oikeuksiaan.

Ethical perspective. Show the following sentence (in English and Finnish) and give time to think.

The Housing First-based system has enabled people who experienced homelessness to live their life with dignity in a place to call home. Human dignity involves being part of the human community where the responsibility of care for those in need is shared.

Asunto ensin -malli on antanut asunnottomuutta kokeneille ihmisille mahdollisuuden elää ihmisarvoista elämää paikassa, jota voi kutsua kodiksi. Ihmisarvoon kuuluu kuuluminen ihmisyyhteisöön, jossa vastuu apua tarvitsevistä huolehtimisesta jaetaan.

Prompts: What does it mean for you? Can you compare the “old” and the “new” system? Can you think of examples? How was working before and after? What is the biggest difference? What was the most challenging aspect? What has helped you in the change? What characteristics of housing arrangements are important? Can you compare what happens in scattered-site apartments and supported housing unit?

Stage 3

- Finland is taken as an example internationally of what should be done to end homelessness, how do you see that from the inside?
- Anything that you want to add or ask?
- If you realize that you forgot to say something important, please feel free to write me.

Appendix 2 – Research information sheet

Research title: Homelessness deinstitutionalization policy in Finland: Housing First and perspectives from the ground.

Research purpose: This research concerns the deinstitutionalization in homelessness work, i.e. the transition from emergency shelters and dormitories to Housing First-based services. The study aims to gather the perspectives of people who, throughout their careers, have worked in institutional units (emergency accommodation, dormitories) and then also in Housing First services.

Research organization: xxx.

Principal investigator: xxx.

Research method: semi-structured interviews.

Data management and privacy notice

- The interview material will be processed by the principal investigator and other members of the research team at xxx.
- Your personal data will be handled with confidentiality and without disclosing them to anyone outside the research team of xxx.
- The interview material will be used only for the purposes of the study and any further research that may be carried out in relation to it.
- Participation is voluntary and you can stop at any time or not answer to some questions without the need of giving any explanation.
- This interview is confidential, and the results of the study will be presented so that you cannot be identified by reading them.
- This interview will be destroyed after the end of the study in accordance with good scientific practice and in any case no later than five years after the end of the study.

Contact of the principal investigator: xxx.

