

The Finnish National Programme to reduce long-term homelessness

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Introduction

There is a serious risk in rallying around a concept and declaring it the dominant one. The risk is that of parties taking ideological standpoints and thus paralysing the discussion and hindering progress. We would like to make a plea for a pragmatic view of Housing First. Having said this, it is important to affirm that there is now strong proof that Housing First is effective in many ways and therefore should be at the heart of the homeless strategy of any country.

The Finnish approach compared to the Dutch approach

As in many countries, Finnish policy departs from the basic assumption that the delivery of cheap housing is the key to the solution of homelessness. Solutions are then primarily sought for in measures relating to the housing market.

In the Netherlands there is the basic proposition that homelessness is the result of a long process of social exclusion. The lack of affordable housing has never been the real issue. In Amsterdam, for instance, about 60% of all dwellings are rent controlled and accessible to low income groups. Homelessness is basically a problem of single persons with a history of admission to various institutions. The real issue, we say, is the existence of multiple problems in one person or household and the inability of care providers to deal with that. Super specialisation in the care and welfare system leads to more and more exclusion criteria. Dutch solutions are therefore logically formulated from a “care” point of view. They are more holistic, taking into account the problems in different areas. We tend to organise more, and more specialised care and welfare concepts. Also, we invest heavily in the “chain approach”: we coerce the many specialised care/welfare providers to work together around a group of clients, under the direction of the local authority. The chain approach also applies to the local authority itself: having different local agencies working together under one mission requires an effort. Working together with other important financiers (in the Netherlands these are the health care insurance companies and the lower local authorities, the boroughs) is not self evident, to say the least.

The four big cities in the Netherlands (Amsterdam, Rotterdam, Utrecht and den Haag, together called the G4) have, together with the national government, implemented a long-term strategy (2006-2014). This strategy is aimed at containing the problem of homelessness, not necessarily ending it. The goals are:

¹ In cooperation with Paul van Dijk from the AGIS Health Insurance Company and Paul Asberg from the HVO Querido Foundation

- Designing individual care plans for all homeless persons (10.000) and all people with a high risk of homelessness (10.000). Those care plans are to provide a comprehensive mix of the following elements: housing, care (somatic/psychiatric/substance care), legal income and (subsidised) work.
- Reducing the number of house evictions.
- Reducing the public nuisance caused by homeless people and addicted.

In order to design and deliver these individual plans the local authority takes control on different levels:

Operational level: the local government supervises the design and the monitoring of the personal plans.

Policy level: the local government is leading and coordinates the joint purchase of facilities that are necessary. An annual budget of €170.000.000,- extra has been set aside for the big cities, two thirds of which is allocated by the health insurance companies in this joint purchase construction with the local governments. This money has been spent on a variety of facilities, ranging from a long-term new hospital for the most problematic group, housing, day activities, debt control programmes, home eviction programmes and medical care (ACT/FACT) One of the facilities we “purchased” was Housing First. We agreed on the development of two Housing First teams for 100 clients. We set up this project as an experiment as we were concerned whether this new approach was a responsible method. The effectiveness of Housing First is now being researched.

The strategy plan is now four years under way and the results meet and even exceed the targets that we have set: 10.000 personal plans have been realised, a reduction of evictions with 30%, a sensational reduction of public nuisance and a decimation of the known rough sleepers. This reduction of rough sleepers, though, is sadly compensated by a growing influx of new rough sleepers from Eastern Europe, Africa and other countries.

The next four years we will build on these results and highlight two goals: prevention of homelessness and recovery of the people who have been stabilised over the past four years.

Concerning recovery: we find that over the past four years we have attained a more stable situation for thousands of formerly homeless people. Housing/care/work/income/debt control has been delivered to them. Housing has been realised in single and double apartments but mostly in shelters, group facilities and so forth. A safety net has been set up around people who live in apartments. We are now faced with the problem how to maintain these results and how to move the majority of the people we housed in shelters and other facilities to more independent living conditions. This is what we mean with recovery. Rest assured, we will provide permanent housing and care for people who need that.

Considering all this, I cannot claim that the Dutch approach is better, or more successful than the Finnish one. We have been successful over the past years, for sure, but at great financial costs, adding heavily to the bureaucratic stress of both providers and local authority services, and setting new problems concerning recovery for the future. It raises the question whether

positioning Housing First as a preferred solution instead of an experiment would have been more effective, stimulating recovery quicker.

Different and changing concepts of Housing First

Two years ago we met our Finnish colleagues in Brussels. One of the Dutch cities proudly presented their Housing Ladder (which is another name for the stair case model). Juha Kaakinen, who spoke later, shook his head and said this about the Housing Ladder: "old fashioned, immoral, not effective, and too expensive". He told us that Housing First was the dominant model in Finland. It triggered us into taking a look at The Finnish model and later that year we visited Helsinki.

We were already familiar with the Housing First method. Years earlier we visited the pathways to housing projects in New York and subsequently implemented the Housing First teams now mentioned above as an experiment. We knew Housing First to contain the following exciting elements:

- A radical departure from the staircase model.
- Aimed at the most problematic group: homeless persons with multiple problems, (psychiatric problems, addiction).
- A maximum appeal to coping mechanisms in the client him/herself. The client takes control.
- Housing means: housing in apartments, not institutions.
- An emphasis on the normal, healthy aspects of life: building relations, having hobbies, doing work. Medical services are set at bay.

When we came to Finland, we expected to see hundreds or thousands of formerly homeless people housed in apartments, spread throughout the city, much like what we saw in New York. We were initially disappointed in what we saw. The institutions were still there, but they were being renovated. Instead of dormitories, private apartment in the old institutions were built. At first sight, it was not very different from how homeless institutions in our city are set up. But then we realised that Finland had reinvented Housing First. The key of Housing First is the psychological/moral aspect:

- the client is no longer a client or patient, but a normal person, with
- control over his or her private apartment, and
- control over the normal, everyday aspects of life

So, we were pleasantly surprised by this Finnish reinvention. Finland understood the essence of Housing First and translated it into their own version. Other aspects that struck us were:

- The moral/ethical basis of the long-term programme. Where else do we find this? Homeless policy in many countries is fuelled by an almost aggressive attitude towards homelessness: it is wrong, it causes damage and nuisance, it should be punished. This is translated into services that are rendered.
- The radical implementation of Housing First. It is not a model that runs parallel with others, it is the only model. All night shelters and dormitories are abolished.
- The “chain approach” is not a theme in Finland. As the local authority itself is often the provider, there are no serious problems in working together with other agencies or providers.
- The relative absence of psychiatric services and little attention for work.
- In New York we saw Housing First as sketched above: a radical new concept, aimed at getting homeless people with serious (mental) problems off the streets and into a stable, independent, housing situation.

In Finland we saw a different Housing First: aimed at giving control back to the client, translated into the way people are housed.

Later, we visited New York again (2009). There we learned that Housing First is no longer a service directed at homeless people alone. Now it is financed by the state and implemented as high quality outpatient care to ex-mental patients and ex-convicts.

In Amsterdam, in the meantime, we are experimenting with Housing First as a method to accommodate outpatient care for the people we housed in bigger institutions over the past four years, very much like New York.

These are three or four different concepts, and we all call them Housing First. This should not be a problem. For us, it means that Housing First can be implemented in different ways. Housing First is not a static, ideologically fixed concept. It is a way of delivering housing to clients that is normal, kind and common sense.

Common sense

Sam Tsemberis once said that giving a house to someone who is homeless is the best intervention. It reminds me of a Dutch hero, the psychiatrist A. Querido who is often considered to be the founding father of social psychiatry in the Netherlands. He described a depressed woman who would not get out of bed. Asking her about her underlying problems she confessed to him that she had not paid the rent for a couple of weeks and was worried about an eviction, and felt ashamed. He then gave her some money to pay the rent and she got out of bed. This does not mean that giving money to psychiatric patients should be standard treatment. Actually it also does not mean that giving a house to a homeless person is always the best thing to do. It does mean that solutions to complex problems are often very evident. There is a great deal of common sense in Housing First and it is puzzling why it takes us so long to arrive at common sense solutions. Users of homeless and mental health services in Amsterdam have declared a very convincing preference for Housing First instead of variations of the staircase model. They don't

know the background of Housing First, they call it: "gewoon wonen" (living normally). How common sense can it get?

Lessons learned

- We have taken notice of the Finnish approach and we appreciate it immensely.
- The importance of Housing First is bigger in Amsterdam than it seems at first sight. Although it is still a small, experimental project, it has affected the way we now think about what effective and appropriate programmes for homeless people/psychiatric patients are. We have already decided to give Housing First a prominent position in how we house vulnerable groups in the near future. It has been translated in the way we design new facilities and renovate older ones.
- The staircase model, still the dominant model half a decade ago, has quietly been abandoned in Amsterdam.
- Housing First will not be the only model in Amsterdam. Other approaches (some with traces of the staircase model) will run concurrently.
- We have learned that our “holistic” approach is sometimes overdone. Organising basic support is most important. When basic support is guaranteed, there will be opportunity to do more.

Finally, another word of warning about risks. In the Netherlands, the four big cities have initiated an 8 year programme. Now halfway there, the success of the programme may be its own downfall. Politicians do not feel the urgency anymore. The programme may fall victim to cutbacks. A long-term policy requires a long-term awareness by all involved. It also requires a long-term monitoring and a certain modesty about initial results. The same goes for the Finnish Housing First programme.