Counteracting the stigma of homelessness: The Finnish Housing First strategy as educational work

Abstract

There is growing concern globally about homelessness in many affluent cities and the stigma attached to this phenomenon. The study focuses on the ways in which the Housing First strategy developed and implemented in Finland since 2008 is counteracting the stigma of homelessness by facilitating collective learning and agency formation. The study substantiates this conceptual argument with the help of examples from accounts by young people experiencing or having experienced homelessness, and by professionals working in supported housing units. The theoretical framework of the study builds on the Vygotskian concept of secondary deficit and the activity-theoretical concepts of expansive learning and transformative agency. The analysis leads to an initial model depicting the collective learning and agency steps among institutional actors and neighborhoods. The analysis shows the educational role played by multiple actors and institutions in the Finnish homelessness strategy to foster new modes of action not only among the clients but also within the broad society. This role is exerted by means of systematically implemented negotiations and agreements which establish effective pathways out of marginalization and out of stigmatic orientations.

Keywords: Stigma of homelessness; Secondary deficit; Expansive learning; Agency formation; Finnish Housing First strategy.

Resumo

Há uma crescente preocupação global em relação à falta de moradia em muitas cidades afluentes e o estigma associado a esse fenômeno. O estudo foca em como o programa Housing First foi desenvolvido e implementado na Finlândia desde 2008 e está neutralizando o estigma da falta de moradia, facilitando o aprendizado coletivo e a formação de agentes. O estudo comprova este argumento conceitual com a ajuda de exemplos de relatos de jovens que vivenciam ou vivenciaram a falta de moradia e de profissionais que trabalham em unidades habitacionais apoiadas. O referencial teórico do estudo baseia-se no conceito Vygotskiano de déficit secundário e nos conceitos teórico-ativos de aprendizagem expansiva e agentes transformadores. A análise leva a um modelo inicial que descreve as etapas de aprendizagem coletiva e agentes entre atores institucionais e bairros. A análise mostra o papel educacional desempenhado por múltiplos atores e instituições no projeto finlandês para desamparados a fim de promover novos modos de ação não apenas entre os clientes, mas também dentro da sociedade em geral. Esse papel é exercido por meio de negociações e acordos sistematicamente implementados, que estabelecem vias eficazes fora da marginalização e fora de orientações estigmáticas.

Palavras-chave: Estigma de falta de moradia; Déficit secundário; Aprendizado expansivo; Formação de agentes; Programa finlandês Housing First.

Resumen

Hay una creciente preocupación global en relación a la falta de vivienda en muchas ciudades afluentes y el estigma asociado a ese fenómeno. El estudio se centra en cómo el programa Housing First fue desarrollado e implementado en Finlandia desde 2008 y en la forma en que está neutralizando el estigma de la falta de vivienda, facilitando el aprendizaje colectivo y la formación de agentes. El estudio demuestra este argumento conceptual con la ayuda de ejemplos de relatos de jóvenes que experimentan o vivencian la falta de vivienda y de profesionales que trabajan en unidades habitacionales apoyadas. El referencial teórico del estudio se basa en el concepto Vygotskiano de déficit secundario y en los conceptos teórico-activos de aprendizaje expansivo y agentes transformadores. El análisis lleva a un modelo inicial que describe las etapas de aprendizaje colectivo y agentes entre actores institucionales y barrios. La investigación muestra el papel educativo desempeñado por múltiples actores e instituciones en el proyecto finlandés para desamparados con el objetivo de promover nuevos modos de acción no sólo entre los clientes, sino también dentro de la sociedad en general. Este papel se ejerce a través de negociaciones y acuerdos sistemáticamente implementados, que establecen vías eficaces fuera de la marginación y fuera de orientaciones estigmáticas.

Palabras clave: Estigma de falta de vivienda; Déficit secundario; Aprendizaje expansivo; Formación de agentes; Programa finlandés Housing First.
**INTRODUCTION**

Long-term homelessness is lengthy living without one’s own home due to socio-economic, health- and addiction-related problems. Homelessness itself in turn feeds illnesses and substance abuse. This is a condition which too often tends to be characterized in terms of deficiency. People who experience homelessness are commonly considered unable to align with the norm of independent living and acceptable behaviour in society. They are also often subject of extreme social exclusion and are very vulnerable.

The widespread conceptions of deficit associated with homelessness are as detrimental as the objective health-related and economic hindrances to overcome this condition. Neighbourhoods do not want to be “infested” by rowdy groups hanging around days and nights in the streets. Owners would keep their apartments empty rather than rent them to the homeless, for fear that their property would be destroyed. Political forces and tax payers resist the idea of maintaining or increasing public resources for the homeless as they are seen as parasites who in no way contribute to economic development. Changing these conceptions is essential to eradicate homelessness. This is educational work to be carried out in a broad scale within the civil society.

A lot of work is devoted to sensitizing all range of actors and institutions, by means of public events, projects and initiatives aimed at conveying what homelessness means for both the individual and the society, and what is needed to overcome homelessness. These initiatives, however, are largely based on the idea of raising awareness rather than mobilizing actual transformative actions, vertically and horizontally, among local actors and institutions (CHRISTIANO & NEIMAND, 2017). The Finnish Housing First strategy is a valuable case of broad mobilization of actions that makes a difference in counteracting the stigma of homelessness.

The aim of the Finnish homelessness strategy is to end homelessness, to eradicate it (TAINIO & FREDRIKSSON, 2009; PLEACE et al., 2016). It is based on the Finnish version of the principle of Housing First which consists in supplying affordable housing and targeted services to a population with complex problems and high need of social and health care. The Housing Fist approach differ from the traditional “staircase” model to tackle homelessness. The latter emphasises sufficient recovery from substance abuse as a precondition to independent living in one’s own apartment. This model prioritizes achieving abstinence or reduced substance use goals by means of participation in specialized services. The provision of transitional or permanent housing is tied to the achievement of these goals. The Housing First approach, instead, focuses first on attaining and securing housing for the clients, in combination with treatment plans that they individually negotiate with service providers. With the Housing First model one own housing is guaranteed even to the clients who fall out from treatments or are not yet ready to engage with the support services.

The main challenge for the implementation of the Housing First principle is to make available housing units. The strategy at the beginning addressed this challenge by converting existing buildings used for temporary and emergency shelter accommodations into independent supported housing units. New housing units have been built as well, and others are found in the market. These apartments are offered to homeless people in great need of support, due to addiction or mental health problems. They sign long-term or permanent rental agreements to live in these apartments with rights and obligations like those of any tenant. Using examples from interviews with Housing First clients and frontline workers in Finland, this article presents a perspective on how the stigma of homelessness can be productively counteracted by mobilizing collective learning and agency.

**THE STIGMA OF HOMELESSNESS AS A SOCIOECONOMICALLY-INFLECTED “DEFICIT”**

The stigma of homelessness can be considered as a “deficit” that society inflicts on those who experience this condition. The deficit originates from both the personal history of the homeless and the widespread prejudicial attitudes toward them. Vygotsky's (1993) notion of “secondary deficit” together with an activity-theoretical perspective of socially, culturally and historically mediated learning and agency form a set of useful conceptual resources for grasping ways of counteracting this stigma. For Vygotsky the main obstacle to collective learning and agency to build inclusive and non-discriminatory societies is what he called “secondary deficit,” a socially produced stigma which adds a sense of unworthiness to the physical, mental and socio-economic features of difference. Despite its relevance and potential, this concept is still largely underutilized, for instance in discussions on the pervasive deficit thinking in education (HARRY & KLINGNER, 2007; VALENCIA, 2012).

In the following I will present three stories from a collection of accounts on homelessness, assembled by the housing guidance counsellor Ulla Pyyvaara (PYYVAARA & TIMONEN, 2017) at the No Fixed Abode NGO in Helsinki. These stories told by young adults Joni, Päivi, and Tomi serve as vivid examples of how the secondary deficit is constructed and what consequences it may entail.

Joni’s account tells about his childhood with smaller siblings and drug-addict parents. It is a story of neglect,
fear and illness that unfolds ever since the early years of Joni’s life. As a musician today Joni writes in one of his songs “I did not mean to become a nuisance here/bad child, bad man and father” (PYYVAARA & TIMONEN, 2017, p. 45). It is useful to put these lyrics in the broad context of Joni’s upbringing, conveyed in the excerpt from Joni’s account reported below.

My parents were only interested in their own group of drug addict buddies, hangover medication and local markets. I remember the six-packs in the lower part of the stroller of my little brother, the drug use paraphernalia on the table, the faces lit in dark corners, the hunger and the dirty room covered with darkening curtains. I remember the agony and the stress. I was afraid to be abandoned, to be useless, to be invisible. I went through the primary school in Korso, I started smoking in the first grade, in the middle school I already drank alcohol every day, I started using intravenous drugs when I was 16. I often took care of my two younger brothers because my parents were pretty much useless. I would have needed care myself. I often took my smaller brother to safety to the uppermost level of the staircase of the apartment building. The social workers intervened in the life of our family, which was a relief. I was taken into custody when I was 12. … I went to the same special education school as Tomi and learned nothing there. Under the cover of my desk there was a dull pencil, a darkened eraser, a piece of cheese, a flattened can of beer and cigarettes. Sand on the floor of the special education class, 15 banged-up desks in disorder, the teacher taking the roles at the same time of police, social worker and parent. It was not unusual that someone in the class passed out at the end of the day inside the school. The jail was a tough experience for a 13-year old. … When I was 15 I already knew the dealers by name, knew how to manipulate my best friend to accept any kind of actions and how poorly the decision-makers and civil servants of this country understood the need of help. I left Lappenranta from my foster home when I turned 18 and that is when I drifted into homelessness. … I got sick and my speaking got worse, they started to treat me like an idiot. One young nurse when she sees me is always starts speaking like to a child. … My whole life has been spoiled because I have not been valued or taken seriously. But luckily there are also good people. I am a fighter and now I have an apartment in Myyrmäki. I get basic social support money, I am not denied saying that ‘Oh I am just a replacement.’ Sometimes an official has laughed at me and explained at the last minute things in a different way they were initially meant to be. Do they think that I am an idiot just because I happened to have a stroke? As soon as I got ill and my speaking got worse, they started to treat me like an idiot. One young nurse when she sees me always starts speaking like to a child. … My whole life has been spoiled because I have not been valued and taken seriously. But luckily there are also good people. I am a fighter and now I have an apartment in Myyrmäki. I get basic social support money, I am angry when social workers change and replacements come in that means that what has already been agreed on concerning payments and food and living can be denied saying that ‘Oh I am just a replacement.’ … Sometimes I have been treated and I am still treated pretty badly, especially in the hospital. Nurses have said to my face nasty things like ‘I do not have time to come and change your pad all the time’ or ‘Change your pad yourself since you have time’ (PYYVAARA & TIMONEN, 2017, p. 159-160).

Päivi is a 35-year old mother with a childhood history of alcohol abuse and violence. She has severe heart problems, has had a brain infarction and is paralyzed waist down. She has experienced alcohol abuse and long-term homelessness, and her two children were taken to custody. Her account of interactions with the services, reported below, conveys a strong sense of violation and its consequences.

Sometimes an official has laughed at me and explained at the last minute things in a different way they were initially meant to be. Do they think that I am an idiot just because I happened to have a stroke? As soon as I got ill and my speaking got worse, they started to treat me like an idiot. One young nurse when she sees me always starts speaking like to a child. … My whole life has been spoiled because I have not been valued and taken seriously. But luckily there are also good people. I am a fighter and now I have an apartment in Myyrmäki. I get basic social support money, I am angry when social workers change and replacements come in that means that what has already been agreed on concerning payments and food and living can be denied saying that ‘Oh I am just a replacement.’ … Sometimes I have been treated and I am still treated pretty badly, especially in the hospital. Nurses have said to my face nasty things like ‘I do not have time to come and change your pad all the time’ or ‘Change your pad yourself since you have time’ (PYYVAARA & TIMONEN, 2017, p. 159-160).

Päivi’s story conveys how persistent the stigma of homelessness can be, while at the same time recognizing that “luckily there are also good people”. One of the main
goals and challenges of the Finnish homelessness strategy consist in investing time and resources to destigmatize homelessness by means of extensive retraining and development work with personnel in housing units and other services.

Tomi’s story is about accumulated rental debts and sleeping on cardboard in a shelter. In the excerpt reported below he denounces the treatment he received when he was a student and as a client of social services, explicitly linking these episodes to an overall process of progressive marginalization. Similarly to Päivi’s story, this one also voices positive and encouraging openings along with stigmatic orientations.

I have a panic disturbance and diagnosed ADHD. I have tried to reduce the doses that the doctor has prescribed and that have to be renewed frequently. Only one specific medicine works and is good for me. I cannot concentrate on anything without my medicine. I jump up and down and I am confused. In the social services I did not get money for Xanor (medication). They were advising long rehabilitation for addiction even though normally I do not even drink. When Xanor pills finish I have to drink beer to keep calm. … The tougher situation is when the medication is suddenly terminated. It is almost like a hangover in potency 1000. If you have lived in a shelter a few months, they check your pockets and make you blow the alchometer, you need to leave your medication under their control. If you even go to a friend to sauna and take a beer and they find that you have 0.003 promilles in your blood, you are automatically transferred to the so-called wet side in which all the drunk are sleeping practically on the floor. Climbing from that back to the services and to supported housing is very difficult. You just circle in the same way days and weeks until you notice that you are not anymore fit for society. … I have met so much inappropriate behaviour that I could never treat people that badly. They should invest in training and education and orienting the workers properly. Not nearly all the people who work with the homeless seem to like their work and they are bullying people in distress and some seem to enjoy when they use their power against the weaker ones. … So it is. When a human being is homeless he or she cannot demand services or quality, otherwise there is a risk that he or she is left completely without. … In the school they bullied me, putting my head in the toilet and my new clothes were torn. My teacher suggested changing the school and going into a smaller class. The special education teacher was reading evening paper and drinking coffee in every lesson. The students could pass out during the lesson and if you left and went home nobody noticed. We broke into construction sites and stole stuff and put fire in the forest. The police came home to make a search while several friends and me were sitting there high, listening to music. Previously we stole stuff in nearby stores. This continued for two years until in my class we got a teacher who really put us guys to work hard. I value this woman a lot. My mathematic grades rose from 6 to 10. I was happy after a long time. This teacher made me understand that I grasped a lot of things and that I wasn’t stupid after all (PYYVAARA & TIMONEN, 2017, p. 111-112).

Tomi is very critical about the way he was treated in school, in social services and in shelters, and links it to a path through which one actually becomes unfit to society. At the same time, he also shares the gratitude he feels toward one special education teacher who made him realize that he in fact was not at all stupid. Tomi recently obtained a supported apartment and is receiving help with monthly financial discussions to extinguish his debts.

In line with these accounts by Joni, Päivi, and Tomi, ample evidence is available across social boundaries and cultural borders about widespread prejudicial perceptions implying that those at the margins lack learning capabilities and individual agency, instead of being perceived as victims of lack of collective learning and transformative agency within the civil society. The emphasis on “activating” the homeless and the strictly behavioristic measures of rewards and punishments which characterize the widely spread “staircase model” of social housing provision are examples of how poorly collective learning and agency have been at play in responses to homelessness.

Structural stigmatizing and polarizing tendencies in our societies often push and keep the neediest outside the basic services vital to them. For instance, a record of credit default sticks to a person for several years after she might have cleared her debts. Such a record precludes the person from obtaining home insurance which is in turn a prerequisite for renting an apartment. This is how vicious circles of marginalization might renew themselves at high costs for the client as well as for the society. The stories by Joni, Päivi, and Tomi reported above are nevertheless also stories of attempts made within the Finnish homelessness strategy to break these vicious circles by means of Housing First supported solutions.

**NEGOTIATED PLANS AS KEY MEDIATORS AND THE FOUNDATIONAL WORK IN HOUSING UNITS**

One of the key strengths of the theoretical approach suggested here is the distinction between difference and deficiency. The teleological directionality of modern societies focused on linear paths to success commonly facilitates vicious circles which reinforce alienation and marginalization. The way out according to the Vygotskian perspective suggested here is to shift from emphasizing
underdeveloped or absent capacities to meet the norm toward investing in mediated activities that enable learning and agency. This perspective sees human development as always work in progress and rejects the idea of deviations from the norm as conclusive deficiency even in the most challenging cases. The ethos of the Finnish homelessness strategy has very strong resonance with this perspective.

The shift entails learning new modes of negotiation and collaboration in which all parties are valued as capable and responsible. This is local hands-on work done systematically at the ground level as much as it is a matter of policy and governance. The stigma of homelessness often translates in reciprocal prejudice among both the clients and the service providers as conveyed by the three excerpts from Joni, Päivi and Tomi reported in the previous section of this article. Mediating efforts are therefore needed to establish dialogue, and this requires systematic initiatives on the part of the civil society. The Finnish homelessness strategy provides valuable examples of such initiatives, as it will be discussed in the following.

Once the contact between the homeless and one of the key frontline services is established, a long chain of work can start. This work is a learning and agency formation journey toward the unknown, full of obstacles. This learning goes beyond the acquisition of well-established sets of knowledge and the participation in relatively stable practices. Each client rescued from long-term homelessness has specific constellations of issues to address which require supportive interactions and tailored solutions co-designed between multiple services and the client, and changing as the client progresses or regresses. It is work made by a flexibly developing coalition involving many social actors pursuing one and the same motive: the functional independent living of the former homeless in a home of one’s own.

In activity theory, this kind of learning is called expansive learning (Engeström, 2015). A key quality of this learning is the enactment of what I call transformative agency by double stimulation (Sannino, 2015; Sannino & Laitinen, 2015; Sannino, 2016; Sannino, Engeström & Lemos, 2016; Sannino & Engeström, 2017). This agency formation process, illustrated in Figure 1, consists in intentionally mobilizing mediation to gain control in complex situations.

The clients are torn between living a healthy life in the apartment rented to them vs. continuing to use drugs and alcohol, for instance. The signed rental agreement and negotiated care plans serve as mediators and supporting agency formation anchors, what Vygotsky called “second stimuli.” Their existence and renewal play a key role when new problems arise for instance in the form of excessive use of alcohol. These are not rare occasions. Clients who move to apartments in housing units often know each other and when old acquaintances meet, old patterns tend to repeat (Pyyvaara & Timonen, 2017).

Tangled up between already consolidated modes of action and new demands from the housing units and the frontline workers, the clients must establish new modes of action. The rental agreement and the care plan generate and support such novel modes of action. Interviews with senior supervisors in housing units, from which some excerpts are reported in the following sections of this article, indicate that this learning and agency formation

![Figure 1. Learning and agency in the clients’ lives and among the frontline workers in a housing unit](image-url)
process is at the core of the groundwork done within the Finnish strategy by the housing unit workers and the clients. The interviewee in the following interview excerpt referred to this work as “foundational work”.

Researcher: Is there aggressive behaviour (from clients in this housing unit)?
Interviewee: Yes, occasionally it occurs.

Researcher: How do you personally cope with this kind of aggressive behaviour?
Interviewee: If there is a client in front of me who is drunk and the situation gets tense, I may call the police. We take the keys away and direct the client to a unit which serves as an acute reception service. But in any case, when the client is sober and capable of discussion, we start a negotiation. In this discussion we start constructing goals which the client will actually commit to. There is no other way. The client must be put in a situation in which he himself or she herself sets her own goals and makes commitments. This must be accomplished every time. An example is a client of ours who uses drugs. There were frequent visits with outsiders coming to the unit during the night. Following those night visits which were brief and difficult to monitor made me suspect that selling (of drugs) might be happening. We organized a negotiation which was attended not only by the client and myself, but also the social workers and other people who were involved in the case and treatment of this client. In this negotiation we reached an agreement with this client that for one month there will not be a single night visit. This was where we wanted to draw the boundary and we drew the boundary together and it is necessary.

Researcher: And this was agreed together.
Interviewee: Yes, and the client actually kept the agreement. You could consider that this is interfering with the client self-determination. However, the other alternative would have meant immediate expulsion.

Researcher: Is it typical that you make these agreements?
Interviewee: In these situations, yes. In complex situations or crisis situations, the only alternative we have is to ask the client: “Do you want to continue living here? And, if so, what kind of goals do you set so that you can actually continue living here? We have these rules. What are you willing to do so that you can continue living here?” We cannot dictate these goals to the client. That would be completely futile. It must come from the client him- or herself. We sit as long as it takes until this (agreement) is established. It is very important if there is any problematic situation. Obviously if the client is drunk or out of control, we cannot start there. But immediately next morning, when he or she is in the shape to start reflecting on it, we start working on how to resolve this by setting goals and commitments. Negotiations are not done when the client is drunk! Of course there are still sometimes expulsions when nothing else works, but they are rare.

Preliminary evidence indicates that the self-confidence gained by reaching control over, for instance, alcohol abuse with the help of the agreement and the care plan, may lead also to gaining control over other problem areas in the lives of these clients, for instance by finding and maintaining a job and paying one’s debts. At the same time, the client’s process contributes to the construction of new, wider and more complex knowledge in the frontline workers’ activities, the activity of the housing unit as a whole and the surrounding neighborhood. In other words, the expansive learning of each client means qualitative transformations not only in the life of the individual client but also in the collective activities of the services and the broader society. That is why the agency formation process systematically pursued in the housing units is truly “foundational work.”

THE FOUNDATIONAL WORK IN HOUSING UNITS AS EDUCATIONAL WORK FOR COLLECTIVE LEARNING AND AGENCY

A way to counteract secondary deficits consists in “constructing positive, future-oriented environments that support the possibilities required for successful adaptations, thus eliminating the stigmatic context that produces secondary disabilities” (SMAGORINSKY, 2012, p. 73) and “creating empathic settings that provide alternative means of participation in social activity” (SMAGORINSKY, 2012, p. 74). Deliberately promoting collective active participation of the broader society in daily activities and routines with Housing First clients is an important resource to counteract the stigma of homelessness with the Finnish strategy. This is how the wider society can be re-educated to engage in collective learning and agency pathways against marginalization.

The civil society has unlimited possibilities to creatively devise alternatives to the dominant tendencies of pitying or condemning difference. Differences can be considered as valuable opportunities for societies to improve themselves: “Accepting difference as a different sort of norm helps to construct inclusive environments that, rather than casting some as inferior and objects of pity and scorn, views those who are diagnosed as different as assets whose perspective can enrich established ways of ordering society” (SMAGORINSKY, 2012, p. 75-76).

In other words, counteracting the stigma of homelessness requires re-educating actors and institutions to engage in interactions in which the Housing First client is an interlocutor and a responsible agent. In the past ten years the Finnish Housing First units and other key actors in the homelessness strategy have initiated systematic efforts to reach out to ground level decision-making officers and neighboring actors and communities by
serving as mediators between them and the clients. In this the Finnish homelessness strategy represents a powerful example of a large-scale expansive learning process. One evidence of this learning consists in the reported changed attitudes among social work officers.

Interviewee: Working with social workers is really easy. They make visits to us here to assess the situation of the clients and once a month they make systematic assessment of each client. When they come the client has a chance to meet with the social worker and take up concerns he/she might have.

Researcher: Was it so smooth when the program started? Interviewee: No.

Researcher: So this means that a learning process has occurred.

Interviewee: Yes and it is extremely important that the social workers have learned to go “on foot” to the clients, coming out of their offices. That is a big shift. In the early days there were of course very clear rules, for instance that there was zero tolerance toward aggressive behaviour of the client. Everybody knew that if a client attacked another client or a worker it was immediate dismissal. They were basically expelled (from the housing unit). You have to understand that if a client drinks for weeks, the client basically does not behave anymore in a rational way. This was a big challenge in the early years to have to expel difficult clients. So we thought hard on how on earth we could prevent this from happening, avoiding to get back to the same vicious circle. We created a working group which consisted of some workers of the housing unit and then social workers and then the city chief physician for open services (services which are not delivered in hospital but outside). This working group met several times and developed a model that worked quite well and significantly reduced these expulsions. … The model was that these challenging clients would be sent to a special unit for a period of two weeks to one month to clear their head. This would allow them to think what it means for me to have my own apartment. This was a well-functioning model because many of these clients who had been aggressive had this cooling off period, thinking how important it is to have one own apartment. They changed their behavior. This meant that they were not kicked out.

Beside the challenge of changing attitudes among social work officials, the Finnish strategy faced also widespread prejudice and resistance among local actors and inhabitants in the areas where the housing units are located. Communities outside housing units tend to be very suspicious and unhappy with such an establishment in their neighborhood, in line with the common NIMBY (Not in My Backyard) phenomenon.

Interviewee the early days we did a lot of this kind of work which was meant to facilitate the clients taking charge of their lives, sending out a lot of flyers to the residents in the area (of the housing unit) telling about our activities, wanting them to understand what we do. We asked them “if you experience any disturbance from our clients, please inform us.” For instance with a nearby grocery store, when we know that there is a challenging client who needs to go and make purchases, the first time s/he visits the store a worker will go with him/her and present the client to the storekeeper and reach a sort of personal relation between them, so that it is not only considered “here comes a disturbance.” We made an agreement with the storekeeper that any time there is some problem, he will immediately call us. And occasionally there were calls from the storekeeper. For instance once during my work shift I received a call from the storekeeper saying “there is this guy here completely drunk who is drinking alcohol straight from the bottle and eating food straight from the shelf. What am I supposed to do?” So I come (to the shop). Then we made an agreement with the storekeeper that he makes an estimate of how much the client had consumed and put the charges on his account. And the client was also in agreement that this will be put on his account.

Interviewee the beginning when people in the community heard that such a housing unit would be established here there was a huge, open, very strong resistance. This has all evaporated and there is no more rejection. For instance, right opposite to the other housing unit in the neighbourhood, there is a single family house which was very resistant to this. We have these open door events. Before attending this open door day, this neighbor had said that they must sell the house due to the location of this housing unit. A year later the lady of the house came to the open day and told that she has started a renovation of her house and that she is not going to move. This was good feedback. This is an example of this learning process also in the community, but it requires a lot of work.

Other key actors in the Finnish strategy also serve as mediators between the clients and the society, making it possible to significantly counteract stigmatic orientations toward homelessness. Technically a tenant can live indefinitely in a housing unit, but de facto the tenants tend to want to become independent from the services. This leads to new waves of difficulties, as the turbulent past of the prospective tenants regularly becomes an obstacle to find a trusting landlord or to obtain a home insurance.

The strategy offers several examples of how lowering the threshold for private owners to rent their apartments
to tenants with a history of homelessness is made possible by the mediating actions of housing providers, NGOs or the municipality. In collaboration with the Ministry of Environment, one of the main social housing providers in the country (Y-Foundation) and the City of Tampere became intermediaries between tenants and private apartment owners. The municipality selects the apartment and the Y-Foundation leases the apartment and carries the associated financial risk for the tenant.

Similarly, rejections of home insurance applications are common reasons of homelessness. No existing home insurance in Finland used to cover damages purposefully affected under the influence of drugs or alcohol. Also, insurance companies do not grant home insurance to clients with a history of payment defaults. On the initiative of the Ministry of the Environment, a risk insurance is currently piloted with a large insurance company in collaboration with a NGO. The “apartment security insurance” is not taken by the tenants but by the landlord, guaranteeing coverage of damages to the apartment after notification to the police and retribution to the owner as well as to third parties. The insurance can be included in the rent.

**CONCLUDING REMARKS**

The theoretical perspective proposed here with the help of Vygotskian and activity-theoretical concepts, and with the help of examples from the Finnish homelessness strategy provides a contrasting orientation to the scenarios of impossibility and despair that are often associated with the challenge of eradicating homelessness. This perspective, instead, offers optimistic openings to systematically negotiated and enacted solutions which expand from the ground level toward a broad influence among multiple actors and institutions.

The study points out the extent to which the social context that produces secondary deficits can be more problematic than the objective physical, mental and socio-economic conditions of difference. This is due to the pervasive effect that the stigma of homelessness often has in creating feelings of inferiority and a steep divide between people who experience homelessness and the rest of the society. Re-education at a broad societal scale is needed for counteracting persistent stigmatizing tendencies. This requires hands-on work, such as the work done within the Finnish homelessness strategy, to devise alternative learning and agency formation pathways which can reveal unrecognized potentials of positive transformations.

**REFERENCES**


