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Governance that Succeeds:
Policy Transfer of Housing First
in the United States versus Finland

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Abstract

To end homelessness, Housing First (HF) has inspired systems to change and has been practiced all over the world. 20 years on, the HF programs have shown mixed results. This research aims to find what governing factors can lead to the policy transfer of HF's success or failure by examining the social intervention program in ways tailored to their organizational and political contexts. Learning which outcomes have been examined in two contrasting cases may call attention to factors that would improve program outcomes that might otherwise have been. For the contrasting case study, Finland and the United States cases were selected as Finland has been reported as the leading nation that adopted HF in ending homelessness with a substantial decrease in homelessness numbers while the U.S. is the nation that has started to doubt the methodology of HF with significant results of policy failure. With a framework developed by Dolowitz and Marsh (2000), the HF of Finland and the U.S. are analyzed and compared. The main factors found in this research are consensus building among participants prior to policy implementation, the mode of governance, and leadership role. This research found how these factors critically contributed to the constraints placed on or facilitators of policy transfer. This research contributes to helping future or current policymakers of HF to better navigate and plan on policy transfer in their nation or community.

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ABBREVIATIONS

ACT   An Assertive Community Treatment

AHAR   The Annual Homeless Assessment Report (USA)

ARA   The Housing Finance and Development Centre of Finland

AUNE   The Action Plan for the Prevention of Homelessness (Finland)

CoC   The Continuum of Care

CPD   The United States Community Planning and Development

CSES   Child Support Enforcement System

DOL   The United States Department of Labor

ED   The United States Department of Education

GAO   The United States Government Accountability Office

HEARTH   The Homeless Emergency Assistance and Rapid Transition to Housing Act (USA)

HCH   Health Care for the Homeless (USA)

HF   Housing First

HHS   The United States Department of Health and Human Services

HMIS   The Homeless Management Information System

HUD   United States Department of Housing and Urban Development

ICH   The International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use

ICM   Intensive Case Management

IN   In the Period of Homelessness (Finland)

KHO   The Supreme Administrative Court (Finland)

MoU   Memoranda of Understanding (Finland)

NAEH   The National Alliance to End Homelessness (USA)

NOFA   Notice of Funding Availability (USA)

OMB	The Office of Management and Budget (USA)
PHF	Pathways Housing First
PIT	Point-In-Time (USA)
PHARE	Assistance for Restructuring their Economies (Finland)
POST	The Post-homelessness Phase (Finland)
PRE	The Aim of Prevention in Residence (Finland)
RRH	Rapid Re-housing
SAMHSA	The Substance Abuse and Mental Health Services Administration
SGEI	The Services of General Economic Interest (Finland)
S+C	Shelter Plus Care program (USA)
SSA	The Social Security Administration (USA)
TF	Treatment First
USICH	The United States Interagency Council on Homelessness
VA	The United States Department of Veterans Affairs

Chapter One: Introduction

I. Research Background

The welfare state's goal in capitalist nations is to protect citizens against economic and social risk factors such as unemployment, poverty, and disease (Kwon, 2022). It fosters residents' welfare and well-being through the welfare state's governmental mechanism.

Meanwhile, homelessness is widely acknowledged as a societal problem in contemporary capitalist countries that must be addressed and resolved. Homelessness reduction and abolition have become global government policy goals. Recent commitments and approaches evolved as a result of dissatisfaction and criticism with previous ways of governing homelessness (Juhlia et al., 2022).

However, the homelessness issue has undergone a fundamental transformation in the United States, Finland, and other nations. The problem of contemporary homelessness appeared to be becoming worse and unsolvable in the previous twenty years; "intractable" was a typical description (Hombs, 2011). However, important advancements in the research fields, policy, housing initiatives, and delivery of services in the social sector have been demonstrated via data to reduce homelessness in the last two decades. Through study and statistics, both the problem of homelessness and other related challenges became more generally acknowledged. International discussion about preventing and resolving homelessness was sparked by the emergence of new approaches and solutions.

Active collaboration between the governments shifted the problem and its solution in a new way. To end homelessness, Housing First (HF) has acquired the gravitas of a paradigm shift (Aubry et al., 2015, Benjaminsen,2016; Ridway & Zipple, 1990; Schiff & Schiff, 2014; Tsemberis, 2010). HF has inspired systems to change and

has been practiced all over the world. HF created the movement on "policy transfer"—
a global policy paradigm that has been adopted by many nations including those in the
U.S., Canada, and EU countries (Juhila et al., 2022). Since President Bush re-
established the Interagency Council on Homelessness in the early 2000s, HF initiatives
have been a crucial component of the national homelessness agenda in the U.S. (Baker
& Evans, 2016). With the Interagency Council's push for local and state governments to
create 10-year plans to end homelessness, which was continuing to be supported by the
Obama administration, HF models became officially recognized as best practices
(Willse, 2010). According to Aubry et al. (2015) and Goering et al. (2011), the Harper
administration in Canada provided a $110 million federal grant in 2008 for the At Home
-Chez Soi demonstration project, which covered five cities. HF Europe was a two-year
project supported by the European Commission in 2011 that included peer sites in
Dublin, Gent, Gothenburg, Helsinki, and Vienna as well as funded test sites in
Amsterdam, Budapest, Copenhagen, Glasgow, and Lisbon. Over the past 20 years,
several local HF approach tests have been made possible by national efforts in Australia,
Finland, France, and Sweden (Houard, 2011; Johnson et al., 2012; Knutagrd &
Kristiansen, 2013; Pleace et al., 2019; Tainio & Fredriksson, 2009).

1. What is Housing First?

In 1992, HF was developed by psychologist Dr. Sam Tsemberis, who founded
Pathways Housing First (PHF) (Padgett et al., 2015). There were hundreds of nonprofit
social services organizations in New York and other parts of the country they offered a
range of services for the homeless, such as emergency shelters and transitional housing
(Padgett et al., 2015). On the other hand, Dr. Sam Tsemberis's HF offered long-term,
affordable housing to homeless people and families as soon as possible, followed by the

assistance they require in maintaining their housing and preventing a return to homelessness, such as support services and connections to community-based supports.

HF has taken on the significance of a paradigm shift in the fight against homelessness. The conceptual foundation and programmatic strategy of Pathways, which aims to give people with mental illness living on the streets instant access to housing, typically an independent apartment, and other services set the organization on this transformative road. This HF approach was in stark contrast to the prevalent method of providing homeless services in the US and most other countries. The traditional method referred to as the "Linear Continuum paradigm (Ridgway & Zipple, 1990)," " the Treatment First (TF)," or "Staircase Model," required therapy and behavior modification as a requirement for progressing step-by-step to the coveted top— independent permanent living (Padgett et al., 2016; Pleace & Bretherton, 2017; Tainio, 2009; Tsemberis, 2010). The issue with the conventional approach was that for many individuals the climb was too steep, the journey too lengthy, or the difficulty level was too high (Padgett et al., 2015). After repeatedly attempting and failing, many gave up, stayed homeless, and withdrew into hopelessness (Padgett et al., 2015). As a result, the mainstream model failed, resulting in an increase in dropouts and more homeless people on the streets (Johnsen & Teixeira, 2010; Sahlin, 1998).

In the meantime, the HF approach acknowledges that housing is among the most crucial socioeconomic determining factor of health for persons who are homeless. On the basis of an active but non-coercive recovery attitude, HF believes that everyone has the right to immediate access to independent residence and harm reduction, adaptable service delivery, and judgment-free service provision (Juhila et al., 2022). And HF advocates contend that homeless persons should make their own decisions regarding whether or not they want to receive supported services and treatment

(Kettunen 2013; Pleace et al. 2016, p. 430; Tsemberis 2010). Without first requiring treatment, HF enables homeless men and women with addictive problems and mental illness to be taken off the streets and placed in private apartments surrounded by support services located in communities to respect their need for independence.

The claim that the HF model performs better has been supported by research data that has been published in peer-reviewed publications. Much empirical research has demonstrated noteworthy outcomes and a solid evidence foundation for HF programs on indicators of long-term housing stability that reduced drug use and increased community adaptation when compared to TF methods (Brown et al., 2016; Byrne et al., 2014; Henwood et al., 2015; Mackelprang et al., 2014; Srebnik et al., 2013; Tsemberis & Eisenberg, 2000).

Furthermore, the PHF was innovative in how early on it embraced rigorous self-evaluation. The youth program was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1997 and served as the experimental arm of a four-year randomized trial (USICH, 2022). The New York Housing Study was already yielding astonishing results halfway through, with HF clients retaining 80% of their housing (Tsemberis et al., 2004). This finding catapulted Pathways, an innovative strategy in what had been a lengthy, costly, and frequently fruitless endeavor to reduce homelessness, to the forefront of homeless services. In terms of assessing specific interventions to avoid homelessness or minimize the duration of emergency accommodation, quantitative assessments that meet the usual 'gold standard' evidence standards for systematic reviews are uncommon in the homeless area outside of the United States (Culhane et al., 2020). The only exclusions are health-related research and HF (O'Sullivan, 2022). When it comes to HF, A number of member countries have conducted extensive studies on program fidelity (Aubry et al., 2018). Furthermore,

qualitative investigations on the experiences of service clients show that the HF model is more effective compared to the previous model (Hansen Lo¨fstrand & Juhila 2017; Raitakari & Juhila, 2015). Several scholars have voiced concern about the strong assertions of HF's success, pointing out that HF advocators have been engaged in many of the studies that demonstrate HF's effectiveness, and that a number of the research studies use biased comparison designs (Juhila et al., 2022). Nonetheless, an extensive review of existing studies reached a conclusion that evidence of the positive effects of HF in various settings and nations is accumulating (Greenwood et al., 2005; Gulcur et al., 2003; Padgett et al., 2011; Pearson et al., 2009; Pleace & Bretherton, 2013).

2. Government-Endorsed Housing First Program Led to Policy Transfer

As mentioned earlier, with the robust research evidence on the policy's success, HF which was initially pioneered in the U.S. transferred to various degrees in other nations with positive results (Loubière et al., 2022) or national housing-led initiatives (Y-Foundation, 2017, 2022). The adoption of HF policies has resulted in a decrease in homelessness in nations like Finland, Denmark, France, Australia, Austria, and Canada (Aubry et al., 2021; Copeland, 2017; Downie, 2018; Henry, 2019; Padgett et al., 2015). Thanks to its successful outcomes, ending homelessness by 2030 is the goal of the Lisbon Declaration on the European Platform for Combating Homelessness, which was endorsed by Member States in June 2021, with a key goal of shifting expenditure to active services such as prevention services, social housing provision, HF, and so on (O'Sullivan, 2022).

Predominantly, among the nations that have transferred HF, Finland has been reported as the country that shows homelessness numbers substantially decrease (Kaakinen & Turunen, 2021). Finland's commitment to HF has helped to manage to cut

the number of homeless people. Homelessness in Finland has reduced continuously since 2013 (Kaakinen & Turunen, 2021). In Finland, there were 7,850 single homeless persons and 450 homeless families as of the end of 2012, according to the Housing Finance and Development Centre of Finland (ARA)'s housing market study. 3,686 homeless persons who were living alone in Finland by the end of 2022 (ARA, 2022: ARA, 2023). Finland's accomplishment shows what can be accomplished with national support, a prioritization on reducing homelessness, and collaboration.

3. Criticisms and Doubts at the Federal Level HF Program in the U.S.

In the meantime, HF also gained the credential and received U.S. federal government endorsement as a "clear solution" to long-term homelessness in an era of evidence-based practice (USICH, 2010). The United States Interagency Council on Homelessness (USICH) emphasizes its significance by stating that HF is not a program, but rather a whole-system approach to tackling homelessness (USICH, 2017). In 2016, Senate Bill 1380 made the HF approach mandatory for all homeless housing initiatives in the state. It mandated that all state-funded homelessness services in California follow HF plans (California Welfare & Institutions Code, 2016). Every money spent on homelessness in California must be spent in accordance with the HF method (USICH, 2020).

Nonetheless, for the last 20 years, the public, as well as experts in the U.S., continue to have expressed worry about the policy's trajectory in opinion polls and highlighted concerns about the HF approach that has been in place since a countrywide mandate went into force (Baldassare et al., 2019). A number of cities and states demonstrate the HF approach's failure (Glock, 2022). From 2015 (the year before the state confined state-funded programs to solely HF) and 2019, unsheltered homelessness

in California increased by 47.1 percent in four years, whereas overall homelessness (as represented by all five AHAR categories) increased by 30.7 percent, from 115,738 to 151,278, a 30.7 percent rise. Despite having only 12% of the US population, California today has approximately one-quarter of the country's homeless population (USICH, 2020).

In 2011, San Francisco constructed enough permanent housing to shelter every single person who was chronically homeless in the city (Glock, 2022). The city spends $165 million per year on homeless programs, with supportive housing accounting for over half of that total (Knight, 2014). According to Philip Mangano, the nation's homeless czar under President Bush, this is one of the highest amounts of per-capita expenditure on homelessness of any city in the country (PBS, 2005). However, the media criticizes that rather than "ending homelessness," as then-Mayor Gavin Newsom had pledged, homelessness expanded significantly, making the city an international byword for the homelessness epidemic (Knight, 2014).

The state of Arizona has constructed more than 7,000 permanent homes for the homeless, which would have been sufficient to house every unsheltered individual at the time since 2010. Nonetheless, there has been a 50% increase in the number of residents of Arizona who live on the streets in recent years (HUD Exchange, 2013). In the state of Texas, U.S. Congressman Roger Williams criticizes HF that Austin, like many other cities around the nation, serves as an example of how large government solutions to local problems fall short (2021). And he claims to abandon the HF policy, which he called, a 'colossal failure' (U.S. Congressman Andy Barr, 2021). In addition, The chairman of Reform California, Carl DeMaio, criticizes that California has wasted all of its resources intended to combat homelessness on the "fatally-flawed" HF policy experiment (Reform California, 2023). United States Department of Housing and Urban

Development (HUD) reported that despite significant increases in federal funding to fight homelessness, the number of people living without shelter in the U.S. increased by 20.5% in the five years following 2014 when the country adopted HF as its exclusive solution to end homelessness (HUD, 2020).

A bill has been introduced to end the federal government from focusing solely on HF and to redirect funding resources in other directions. At a news conference at the House Triangle in November 2021, U.S. Congressman Andy Barr, a senior member of the House Financial Services Committee, introduced legislation to amend the 'failed' HF program. The Housing Promotes Livelihood and Ultimate Success (Housing PLUS) Act aims to end the HUD's entire dependence on the HF method. And this movement was strongly supported by other politicians and experts such as the former Director of USICH and a Senior Fellow Texas Public Policy Foundation (U.S. Congressman Andy Barr, 2021).

II. Research Purpose and Significance

At this point, there are inevitable questions to ask. How did HF policy based on the same root derived such different outcomes? Wouldn't it be wise to be guided by better strategies for policy transfer by comparing the cases of success and failure? To answer these questions, I chose to assess the HF in Finland and compare it to the HF in the U.S..

Finland is the only nation where homelessness has significantly decreased, making it the leading country that embraced HF to reduce homelessness (Henley, 2019). On the contrary, the U.S. is the nation that has started to doubt the methodology of HF with significant results of policy failure. As seen above, despite being a first-mover nation of the new paradigm shift, the demonstrations of HF as a "Failed Experiment" continue to grow. And the voices to end the HUD's exclusive reliance on the HF methodology

continue to rise. Accordingly, the U.S. became the nation that actively has adopted HF policy, questions the method, and aims to end the sole focus on HF despite the strong international support of HF as a solution to end homelessness. In this regard, it seems to be worth understanding the factors that contributed to the successful and not-so-successful policy transfer cases.

Learning which outcomes have been examined in two contrasting cases may call attention to factors that would improve program outcomes that might otherwise have been. Thus, this thesis's purpose is to find what governing factors can contribute to policy transfer success or failure by examining the social intervention initiatives in ways that adapted to their organizational and political settings. By answering the questions, I believe government officials and social workers will be able to boost the beneficial social outcomes by learning from success and failure cases. Hence, this thesis ultimately aims to help future or current policymakers on HF to better navigate and plan on policy transfer in their nation or community. So, I will investigate HF policy transfer's "success" and "failure" in this study.

III. Literature Review

1. Lesson-Drawing and Policy Transfer

Policymakers frequently haven seek to learn from other countries. Since the state's birth, officials have endeavored to learn both positive and negative lessons from their international counterparts (Rose, 1991). Nonetheless, developments in communications and modern technology have significantly expanded the pool of policy-relevant data that can be analyzed with little effort and at a low cost (Legrand, 2012). Some researchers have noted a rise in policy transfer, which they attribute in part to the easy access to international and domestic policy data (Dolowitz & Marsh, 1996,

2000, 2006; Evans & Davies 1999; Radaelli, 2000; Pierson, 2003). Furthermore, due to the popularity of evidence-based policymaking, policy transfer is thought to be more common in recent years (Legrand, 2012; Marsden & Stead, 2011).

According to traditional definitions, policy transfer refers to a process in which knowledge about policies, administrative setups, institutions, and so forth from one time and/or place is used to the development of policies, setups, and institutions from another time and/or place (Dolowitz & Marsh, 1996). In layman's terms, the concept of policy transfer reflects the usage of a policy in one country to be 'copied' or 'imitated' in another one, whether within or between different political contexts (Petridou & Olausson, 2017; Dabrowski et al., 2018).

Comparing international policies and gaining knowledge from other countries' experiences can spur innovation and raise the standard and logic of policymaking. In this context, policy transfer is frequently associated with rational policy-making procedures, which are founded on the idea that choices should be made in accordance with the facts of what works rather than a certain ideology (Williams & Dzhekova, 2014). Therefore, many academics consider cross-national policy transfer to be a form of policy-oriented learning and lesson-drawing, with a lesson being a thorough explanation of the causes and effects of a set of actions that the government may assess using the context of experience elsewhere (Rose, 1993). On the other hand, there are a number of difficulties in extrapolating lessons and best practices that have been identified by the extensive literature on policy transfer and lesson-drawing (Dolowitz, 2017; Keating & Cairney, 2012; Minkman et al., 2018) and applying them to a different context.

The drivers underlying the decision to borrow policies from other nations could be divided into two categories: want to and have to (Dolowitz & Marsh, 2000).

Voluntary policy transfer is founded on the idea that policymakers rationally choose to seek answers from other nations for future use in their own country, with the objective of innovating or optimizing existing policies (Rose, 1991). This might be driven by dissatisfaction with local conditions, uncertainty about the right course of action during a crisis, or the need for legitimization (Dolowitz & Marsh, 1996). Coercive, conditioned, or required policy transfer, on the other hand, entails external regulations that are being transposed under external enticement or coercion to comply.

Rose investigates the various mechanisms of policy transfer in the case of how a particular model is altered during the transfer and how it is utilized to develop national policies (1991, 1993, 2005). As shown in the table below, he differentiates five primary types of lesson-drawing, ranging from simply replicating the original program to adopting a foreign approach as inspiration for building one's own program.

<Table 1> Type of Lesson-Drawing

Type of Lesson-Drawing	Description
Copying	Enacting more or less intact a program already in effect in another jurisdiction
Adaptation	Adjusting for contextual differences in a program already in effect in another jurisdiction
Hybridization	Combining elements of programs from two different places
Synthesis	Combining familiar elements from programs in a number of different places to create a new program
Inspiration	Using programs elsewhere as an intellectual stimulus to develop a novel program

Source: Rose (1991, p.22)

While some earlier policy transfer studies focused on what drives policy transfer (the "why" aspect), later on, there had been a trend toward investigating the process of "how" lesson-drawing occurs or should occur in greater depth, by addressing the question: under what conditions and to what extent can a good program in one site

be transferred to another (Rose, 1991). Rose proposes ten measures for policy players to take in order to infer lessons from foreign experience while modifying assumptions and redefining policy approaches:

① Learn the key concepts: what a program is and what a lesson is (and is not);

② Catch the attention of policy-makers;

③ Scan alternatives and decide where to look for lessons;

④ Learn by going abroad;

⑤ Abstract a generalized model of how a foreign program works;

⑥ Turn the model into a lesson fitting your own national context;

⑦ Decide whether the lesson should be adopted;

⑧ Decide whether the lesson can be applied;

⑨ Simplify the means and ends of a lesson for greater chances of success

⑩ Evaluate a lesson's outcome prospectively and as it evolves over time

(2004, p.9).

This process may result in policy termination based on unfavorable lessons learned, as well as transfer in any of the five various forms indicated above (Williams & Dzhekova, 2014).

In this model, systematic lesson-drawing comprises examining options and determining where to seek for lessons, comprehending how a foreign program operates, abstracting generalizable concepts and techniques, and analyzing their relevance and transferability to the local setting.

2. Policy Transfer "Success" and "Failure"

The success and failure of policy transfer have been frequently debated in the field of research, albeit the distinction, as well as the causal relationship, between outcomes of transfer and outcomes of policy, is not necessarily evident (Evans, 2009b; Stone, 2012). It is believed that more sophisticated conceptual forms of learning gained

from a greater grasp of foreign models will result in more successful national policy responses. However, the procedures of seeking policies to transfer, finding suitable models, and evaluating their feasibility are challenging (Dwyer & Ellison, 2009; Page & Lawson, 2007).

The "borrowing" country's political and economic resources to implement the policy (Robertson, 1991), as well as its bureaucratic size and efficiency (Rose, 1993), are critical for the effectiveness of the transfer. The fact that a concept or model is borrowed does not absolve it of the requirement for policymakers to garner political support or reach agreements with impacted stakeholders, for example (Page & Lawson, 2007). Because they consolidate strong interests, policy models that affirm and advance dominant paradigms are more likely to travel with the current hegemonic compatibility or imprimatur status (Peck & Theodore, 2010; Robertson, 1991). For this reason, trends of policy borrowing frequently line up with preceding ideological alignments. The seven questions that make up Dolowitz and Marsh's renowned framework for policy transfer boil down to asking who takes part in policy transfer for which causes, identifying what is being moved from one place to another, and outlining the process of policy transfer (Dolowitz & Marsh, 2000). This latter topic is concerned with the various degrees of transfer, what restricts or aids the process, and how this process relates to transfer "success" and "failure." Dolowitz and Marsh (2000) explain that policy failure occurs because the transfer is 'uninformed', 'inappropriate', or 'incomplete.' When a policy is transferred without sufficient information about how, where, and why it operates in the new jurisdiction, this is referred to as an 'uninformed transfer.' Next, when crucial elements of what made the policy effective in the first place are not transferred, there is an 'incomplete transfer.' Finally, 'inappropriate transfer' occurs when the social, economic, political, and ideological circumstances of

the transferring and borrowing contexts differ, resulting in varying policy outcomes in the two countries involved. The more recent contributions attempt to present conceptual refinements (Benson & Jordan, 2011), field innovations (Peck & Theodore 2012; Stone, 2012; Temenos & McCann 2012), or to re-evaluate significant contributions to the literature (Stone, 2016). Although these assessments give a clear picture of the (conceptual) history of the scholarly subject of policy transfer, they do not provide an overarching explanation of policy transfer processes and outcomes.

Authors have highlighted different types of factors that limit policy transfer (Evans, 2009), addressing the question in Dolowitz and Marsh's framework about characteristics that facilitate or hinder transfer processes. However, a complete empirical assessment of these characteristics is rare, which is unexpected given their importance in determining policy transfer success (Marsh & Sharman, 2009). As several scholars have discovered, different variables play a role in the later stages of the policy transfer process (Kerlin, 2009; Gullberg & Bang, 2015). Furthermore, certain characteristics become critical throughout various stages of a transfer procedure (Sugiyama, 2016). According to Stone, some of these factors of failure or success reoccur are the role of context in transferability, the role of participants in enhancing or complicating the policy transfer process, and the role of learning in creating knowledge transfer (2016). Also, Minkman et al. aggregated factors (a component and its limiting or facilitating effect) into four groups to give a picture of the components influencing policy transfer processes and, depending on these factors, connect internal and external impacts on policy transfer processes (2018). The combined factors serve as the foundation for their conceptual framework. Environmental factors define the playing field for other building block factors, such as the transferability of the sending actor and the policy, the process design of the sending and receiving actors' interactions, the

appropriateness of the policy for adoption in the adopting environment, and finally the adoption (or non-adoption) of the transferred policy. They discovered that some components are more significant than others, and actors may change the nature of these aspects to a certain degree. Furthermore, circumstances in the initial stages of policy transfer may have an impact on the outcomes in the matter of transfer and adoption processes (Minkman et al., 2018). Because policy transfer processes necessitate significant resources such as time, money, and human capital, the framework can also assist in identifying policy transfer challenges that can be used to improve policy transfer efficiency and effectiveness, minimizing the risk of inappropriate, incomplete, or uninformed transfers (Dolowitz & Marsh, 2000).

The majority of research on policy transfer, including the ones in this paper, implicitly or explicitly assumes that the process has resulted in or will result in the effective adoption of a policy, program, or institution. However, it is becoming more and more obvious that policy transfer frequently and likely results in policy failure. In order to determine which elements are linked to successful or unsuccessful transfer, it is necessary to look at the relationship between transfer and policy success or failure. The factors of policy "success" and "failure" in the context of policy transfer are therefore discussed in this study.

Meanwhile, previous studies haven't done a comparative study on policy transfer success and failure. Dolowitz and Marsh (2000) compared the original policy to the transferred policy (British Child Support Agency) in their article. In this case, however, the article only examined the failed policy transfer case. The comparisons of policy transfer will have a deeper understanding than could be gained by looking at only one thing at a time. As Clifford Geertz has observed, "It is through comparison (and comparison of incomparable) that whatever heart we can get to, can actually be

reached" (1983, p. 233). We would obtain a greater understanding of our current circumstances, as well as the possibilities and limits we confront because we can learn through comparisons (Geertz 1983). By assessing successful policy transfer and not-so-successful policy transfer, we will be able to obtain a greater understanding of policy transfer. In comparing policy transfer, we'd have a better knowledge of how government institutions and political processes work as they deal with a challenging issue. In this case, it is more comparable since both governments have the same problem, chronic homelessness, and they used the same policy tool, policy transfer of identical programs, HF, to solve this problem.

By looking at two different nations to utilize policy transfer, I will assess governments' capacity and capability since situations during the early stages of policy transfer may influence the end outcomes in terms of transfer and adoption mechanisms. Also, drawing lessons from positive and negative cases, we will be able to cope with unintended consequences and learn from different experiences in policy development.

IV. Research Methodology and Method

1. Research Methodology: Focused Comparison

To demonstrate how the ideological rhetoric of the HF program was conveyed by both the U.S. and Finnish governance, my goal is to conduct a focused comparison between the two countries. The method is "focused" in that it deals only with top-down aspects of the historical cases examined. And this paper will illuminate the development of HF as a national policy.

2. Research Method

A. Historical Qualitative Study Design for Retrospective Developmental Evaluation

I will discuss and study past occurrences in order to better understand the present and predict probable future consequences. Documenting and comprehending a program's background as part of an evaluation will delve into its history. How was the program created and supported? How was the program funded? Who were the initial target groups for program services, and how have they evolved over time? What challenges has the program been through? How has the greater political and economic climate evolved and how has this influenced program development? How has governance been involved throughout the program's history? These inquiries structure an investigation into the history of a policy in order to shed light on context.

Data Collection consists of government-published documents, books, online resources such as government official websites, organization's websites, and oral recordings of events such as remarks, speeches, meetings, and newspapers.

B. Policy Transfer Comparison

Policy transfer is a complicated procedure in which government officials adopt policies, initiatives, or even institutions based on data collected from other systems or timeframes (Dolowitz, 1996). For this reason, it is challenging to evaluate the success of a policy or policy transfer. Nonetheless, policy outcomes and criticisms on HF give sufficient evidence in this instance to, at the very least, identify the transfer of HF in Finland and the U.S.. Using a framework developed by Dolowitz and Marsh, HF in Finland and the U.S. will be analyzed and compared why these particular cases of transfer have been successful or failed to see what factors contributed to the success or failure.

I explore this issue by focusing on the three questions listed by Dolowitz and Marsh as critical to policy transfer success or failure (2000):

• Was the transfer informed?

• Was the transfer complete?

• Was the transfer appropriate?

Dolowitz and Marsh (2000) explain that policy failure occurs because the transfer is 'uninformed', 'inappropriate', or 'incomplete.' When a policy is transferred without sufficient information about how, where, and why it operates in the new jurisdiction, this is referred to as an 'uninformed transfer.' Next, when crucial elements of what made the policy effective in the first place are not transferred, there is an 'incomplete transfer.' Lastly, 'inappropriate transfer' happens when the social, economic, political, and ideological contexts differ from the transferring and borrowing settings, which results in divergent policy outcomes in the two nations involved.

1. Comparison Framework

<Table 2> Policy Transfer Evaluation

		Housing First in the U.S.	Housing First in Finland
Uninformed	When a policy is transferred without sufficient information about how, where, and why it operates in the new jurisdiction, this is referred to as an uninformed transfer.		
Incomplete	When crucial elements of what made the policy effective in the first place are not transferred, there is an incomplete transfer.		
Inappropriate	When the social, economic, political, and ideological contexts differ from the transferring and borrowing settings, which results in divergent policy outcomes in		

	the two countries involved inappropriate transfer happens.		

2. Level of Analysis

For the unit of the analysis, I investigate the HF policy held at a national or federal level since the cases of policy transfer included in this study are the cases that national-level governments promoted and initiated the transfer process.

3. Unit of analysis

The term 'governance,' in this paper, refers to the activity of ruling since it has become the preferred term when evaluating the qualitative value and effectiveness of the rule. Therefore, the focus of evaluating governance in this sense is on governmental activities and policies, such as what the institutions of government do and how well~ they do it, rather than on the institutions themselves. Nevertheless, as institutions do constitute governance structures, institutional analyses focusing on illuminating how different variables are linked will be included in this study. Hence, networks that are mainly not covered throughout the previous literature on policy transfer will be covered since networks are playing a crucial role in the analysis to comprehend governance and the policy process. From this expanded scope of the research, we will better understand the logic of policy transfer's success and failure.

Chapter Two: Housing First Policy Process

I. Housing First Policy Process in the United States

1. Early Federal Response to Homelessness and Housing First Initiatives

As homelessness became more visible across the U. S. in the early 1980s, legal

proceedings at the state and federal levels, a New York State Supreme Court judgment in favor of a right to shelter, and street advocacy and state legislatures pushed the issue onto the national political agenda (Baumohl, 1996; Holtzman, 2019; Hopper & Baumohl 1994; Stern, 1984).

Beginning in the late 1980s, the federal government attempted to respond to homelessness. The enactment of the Stewart B. McKinney Homeless Assistance Act in 1987 (renamed the McKinney-Vento Act in honor of two important U.S. House of Representatives leaders who supervised its passage and implementation) was a significant event in Federal Government efforts to combat homelessness (Hombs, 2011). The McKinney-Vento Act was initially presented as the Urgent Relief for the Homeless Act in January 1987. And it was promptly enacted by the U.S. Congress to express concern about the rising problem of homelessness. On July 22, 1987, President Ronald Reagan signed the legislation after it was enacted by large bipartisan majorities in both chambers (Pear, 1987). The Stewart B. McKinney Homeless Assistance Act (Stewart B. McKinney Homeless Assistance Act 100th Congress, 1987) shaped federal policy and funding for homelessness in the United States.

It was highly driven yet scattered, establishing 15 new federal funding channels and amending seven others, affecting eight federal agencies. HUD, McKinney's primary supervisor, managed multiple category programs in collaboration with other agencies to provide various types of housing for certain designated homeless people (Frank et al., 2021). In its initial year, the McKinney Act provided 350 million dollars in funding to states, along with public and private groups, to set up and manage emergency commodities and shelter programs for the homeless population (NCHF Sheet, 2006). The Act also includes provisions for homeless adults and children's education, job training, demonstration projects in mental health and drug abuse for homeless people,

and long-term funding for the pilot Health Care for the Homeless (HCH) program.

This was only a fraction of what was needed to tackle the problem, and the majority of funds were directed toward the needs of homeless families rather than single persons, but it was a start. McKinney-Vento initially featured 20 programs in seven federal departments (the Departments of Education (ED), Health and Human Services (HHS), HUD, Labor, and Veterans Affairs (VA), the General Services Administration (GSA), and the Federal Emergency Management Agency(FEMA)) (Hombs, 2011). McKinney established the United States Interagency Council on Homelessness (USICH), a consortium of 20 Federal organizations, including HUD, to assemble designees from federal agencies to review the application and appropriateness of government funds (Foscarinis, 1996). The absence of a framework marked the early years of the McKinney era. Even on fundamental matters like defining homelessness, USICH proved ineffectual at attaining interagency uniformity (Frank & Baumohl, 2021). Under President Clinton and then-HUD Secretary Andrew Cuomo, USICH was left underfunded and without employees; it was largely inactive from 1988 to 2002 (Padgett et al., 2015).

Independent homelessness organizations lacked funding, while mainstream organizations considered homeless clients with complicated needs as secondary to their primary goals, experience, or specialty (Culhane & Metraux, 2008; Hambrick & Rog, 2000). The lack of matching funds was devastating for thousands of homeless individuals who were stuck in shelters that were frequently funded by McKinney's Emergency Shelter Grants program (Hoch & Slayton, 1989).

When HUD teams toured the country's five major cities in 1988, they were frequently informed that McKinney's complexities and multiple financing sources hampered local collaboration. McKinney's funding system pitted various levels of

government against one another, and project awards allowed grantees to disregard the goals of fragile and often nascent networks of local policy and service (Frank et al., 2021). They also claimed that these programs' separate application and reporting procedures were inefficient, expensive for applicants, and skewed against groups with skillful grant writers (HUD, 1989)

When the McKinney-Vento programs were reauthorized in the early 1990s, key constituencies advocating for homelessness placed some emphasis on the federal programs' revision on which the majority of municipalities relied. New information was becoming available and awareness and understanding of the issue was growing. Also, there were opportunities to prioritize funds locally (Hombs, 2011). Housing has become a new solution to ending homelessness, particularly permanent supported housing for people with disabilities.

The federal government continuously tried to solve the problem by means of public policy as well as personal devotion. HUD mandated state and local planning documentation in conjunction with formula grant money by the early 1990s. HUD required applicant municipalities to provide proof that all relevant programs addressed homelessness in 1994 (HUD, 1994). This HUD's requirement was difficult to keep track of, and it was not clear how and to what degree it was adhered to (Watson, 1996). Despite the fact that government funding for these initiatives increased gradually, no breakthroughs were made on the problem (HUD, 1994).

Meanwhile, from 1991 to 1993, the HF Program was funded by the US Department of Health and Human Services (HHS) as one of five agencies nationwide in a competitive federal demonstration on alleviating family homelessness (Tanya Tull Consulting, n.d.). From 1992 to 1995, the second federal demonstration project—The Homeless Families Support Center Demonstration Project, also funded by the HHS,

continues federal support for the HF Program for Families (Tanya Tull Consulting, n.d.).

In 1992, Beyond Shelter[1] was contracted by the HHS to develop an operations manual based on the initial methodology for dissemination nationally (Tanya Tull Consulting, n.d.).

The National Alliance to End Homelessness (NAEH), an advocacy organization founded in 1983, has furthermore been significant in disseminating knowledge about and doing research on the HF strategy. The Alliance began establishing and growing an online network of organizations interested in exchanging knowledge on HF approaches. The NAEH quickly saw the need to codify the support they offer to organizations seeking advice, information, and help implementing HF. So, the NAEH employed LaFrance Associates, LLC, a research and evaluation consulting company, to conduct more systematic research and provide a training program and supporting materials for organizations interested in implementing an HF approach (Lanzerotti, 2004).

In 1995, the first federal strategy to address homelessness was developed under USICH. A new strategy for solving the issue is proposed at a meeting convened by USICH called the Continuum of Care (CoC) [2]. For McKinney-

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[1] Beyond Shelter: Tanya Tull started Beyond Shelter in 1988 in Los Angeles, California, as a response to the mounting number of homeless families in Los Angeles County and the need for a more proactive approach to the situation. Tanya recognized after developing two of the first family shelters in Los Angeles from 1983 to 1988 that homeless families were cycling from shelter to shelter for months, if not years, at a time. Beyond Shelter, which advocated for the rapid return of homeless families to homes of their own, pioneered a new approach in the area at the time: HF (Tanya Tull Consulting, n.d.).

[2] A Continuum of Care approach is "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness." (HUD, 1999). HUD identifies four necessary parts of a continuum: Outreach, intake and assessment, Emergency shelter, Transitional housing with supportive services, Permanent & permanent supportive housing with services if needed (NAEH, n.d.)

The CoCs are in charge of monitoring the community's procedures for providing assistance for the homeless. Two of the most important functions allocated to CoCs are the biannual count of the homeless population and the annual monitoring of the emergency shelters, transitional

Vento Homeless Assistance Grants, the HUD started requiring municipalities to fill out a single application to simplify the application process, enhance local collaboration of housing and support providers, and promote the development of CoCs.

Through the joint planning of non-profits and public institutions, transforming the culture of local service delivery and securing permanent supported housing became the main objectives of HUD's CoC program[3] (Frank et al., 2021). To make a national organization dedicated to this shared framework for collaboration and planning, HUD used the idea of CoC. In 1994, project grant applicants were suggested to present sound planning and demonstrate coordination toward the end of CoC. By mandating municipalities to file a single application, HUD was expected to promote an approach that is more strategic and structural (NAEH, n.d.).

In practice, this amounted to a mandate, and in 1995, the department introduced CoC by altering the scoring criteria for grant applications to favor such candidates. CoC has a tendency of granting limited government funding to top-performing service and shelter providers that have been most successful in tackling homelessness (NLIHC, 2023). And programs built on the HF model are frequently given priority by CoCs since they have been shown to be successful for the majority of people and families (nlihc.org,

housing units, and beds that make up the homeless assistance systems. These counts offer a picture of the homelessness situation in a CoC and give the crucial data to reroute finances, services, and resources as necessary..

[3] Late in the twentieth century, the federal government increasingly relied on NGOs to deliver services. As a result, government funding and supervision transformed nonprofits. This impeded their ability to respond and shaped their missions (Lipsky & Smith 1989; Salamon, 1995). For example, the fields of national and local homelessness are filled by diversely governed and constituted organizations that operate from drastically divergent moral and intellectual logic. These groups generate a wide range of issue framings, as well as significant intrafield friction and collaboration (Croteau & Hicks 2003; Rosenthal, 1994; Noy, 2009). Some of the friction results from complex field overlaps. Particularly in response to a complicated societal problem, organizations frequently engage in more than just one field (Provan & Milward, 1991). Intractable issues such as homelessness entail groups from a variety of sectors, each with its own institutional knowledge, understanding, missions, and priorities. This complex problem management is often said to be "messy" or "wicked" (Fowler et al., 2019; van Bueren et al., 2003).

n.d.).

HUD instituted major adjustments in 1996. Individual providers could no longer apply for project grants by rule (Frank et al., 2021). Every applicant organization was required to demonstrate a network of cooperative services, including those that were not financed by HUD. Applicants were thus required to build and demonstrate a network of ties within the local field of organizations related to homelessness in order to be qualified for the CoC's objectives. As a result, this frequently entailed providing incentives to groups that had nothing to benefit from HUD or imposing the normative constraint of responsibility to the organization's community or profession (Frank et al., 2021). Despite the fact that it was a challenging organizational project, over 500 municipalities that received McKinney funds were required to develop CoCs (Watson, 1996).

To streamline the application process and encourage local effort, HUD combined its multiple sources of funding and required CoC applicants to articulate demands and goals that took into consideration local realities. In addition, the CoCs' governance was delegated to localities. They did it in a variety of ways, including participant-governed networks and leading agencies that served as grantees, managed its CoC, and contracted for services (Burt et al., 2002).

Given the goal of helping homeless persons "housing ready," transitional housing was an important CoC element. Transitional housing sought to rehabilitate homeless people and families in communal living conditions for up to 24 months. The goal was to match their various requirements with adequate assistance so that they could live in permanent homes (Federal Task Force, 1992). During the 1990s, transitional housing and associated programs became the primary approach to addressing homelessness, despite the fact that durations of stay in emergency shelters grew owing

to a lack of reasonably priced housing. There were over 4,000 transitional housing agencies in the U. S. in 1996.

Nevertheless, by the late 1990s, most proponents held the view that the CoC program ineffectively managed homelessness (Kress, 1994). The advocates were particularly critical of the CoC's too much reliance on transitory housing type as a solution to homelessness (Frank et al., 2021).

In the meantime, HF programs were in operation in a variety of communities. There were advocates who agreed with and devoted to the idea of HF. And there were organizations that used an HF method in many different areas of the country. HF programs were run by single agencies as well as joint efforts including multiple nonprofit institutions and/or nonprofit and public agencies (Lanzerotti, 2004).

2. Ten-year Plans and Housing First

Starting in 2000, NAEH collaborated with HUD to further motivate the goal of eradicating homelessness in ten years. NAEH published A Plan, Not a Dream: How to End Homelessness in Ten Years (NAEH, 2000). At this time, a new strategy was needed as the so-called epidemic entered its third decade (Padgett et al., 2015). The Plan challenged municipalities to design homeless assistance programs to address the distinctive demands of various subpopulations of homeless people. One year after Development Secretary Mel Martinez[4] established a 10-year national objective to

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[4] Mel Martinez: Mel Martinez was the nation's 12th Secretary of HUD.

In 1973, Martinez earned a law degree from Florida State University. He practiced law in Orlando for 25 years and was heavily involved in local initiatives. Since his arrival in America about 40 years ago, he has had a strong respect for the work of faith-based social assistance organizations, serving as Vice President of the Board of Catholic Charities of the Orlando Diocese. Secretary Martinez served on the Governor's Growth Management Study Commission

reduce chronic homelessness, he unveiled the Bush Administration's intention to better coordinate the country's response to homelessness (HUD, 2002). The yearly meetings of the alliance became significant field-configuring events. With its 10-year roadmap to eliminate homelessness launched a HUD-approved planning process. And more than 300 communities took part in the process.

Local CoCs were informed of federal goals and best practices through the 10-year plans. Federal money was intended to spur the development of these strategies, for

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and was elected Chairman of Orange County, Florida, in Orlando. He previously held positions as Chairman of the Orlando Housing Authority, President of the Orlando Utilities Commission, and a member of a community bank's board of directors. On January 24, 2001, he was unanimously confirmed by the United States Senate and took the oath of office. HUD increased homeownership possibilities to more Americans, particularly minority and low-income families, under Secretary Martinez's leadership, through budget initiatives and collaborations with community-based housing providers. Martinez had embarked on a thorough process to empower and safeguard homeowners, and she was actively trying to reform and streamline the homebuying process, as well as to make it less expensive for customers.

Secretary Martinez was ensuring that HUD - the government agency in charge of overseeing the nation's affordable housing and providing low-income people with housing aid - enhances the quality and availability of public housing. Martinez's plan to boost affordable home construction by boosting FHA multifamily loan limits is the first such increase in over a decade.

Secretary Martinez has introduced a new commitment inside HUD to people who do not have a place to call their own by reactivating the Interagency Council on the Homeless and the joint homeless task force. Martinez was ensuring that the federal government's resources were used properly to offer better assistance to the homeless and, ultimately, to eradicate chronic homelessness.

Martinez provided a new perspective of ethics and an emphasis on simplified administration to HUD. Martinez was modernizing HUD's organizational structure, strengthening HUD leadership, and boosting communication and coordination - all with an emphasis on outcomes - in accordance with the President's management and performance agenda.

Secretary Martinez established HUD's Center for Faith-Based and Community Services as a leader in executing President Bush's faith-based programs. The Center is striving to increase collaborations with local faith-based service providers who help the homeless, aged, handicapped, and HIV/AIDS patients (The White House, n.d.).

which HUD secured technical help from its regional employees and NAEH (Rice & Sard, 2007; Suchar, 2014). CoCs were advised to use the HF approach as part of their strategies (Frank et al., 2021). HUD started emphasizing housing placement before services with the HF approach (Gulcur et al., 2007; Tsemberis et al., 2004).

3. Development of "Data-driven" Policy

The agenda of the Bush administration's management requires all investments to be based on data, performance, and results (Hombs, 2011). Research findings that clearly described the chronic homeless group and some of its characteristics impacted the new government policy aim.

While the U.S. Congress oversight nationwide data gathering initiatives in the homeless programs, academic studies also surfaced to influence public and policy discussion. The updated data contained statistics on specific groups, such as veterans, children, and long-term homeless populations), the measurable effects of new tactics, and the costs and consequences of new initiatives.

Malcolm Gladwell, a writer, influenced government policies around homelessness (Evans et al., 2016; Mangano, 2017). *The Tipping Point*, a best-selling book by Gladwell, made the case for the need of allocating modest newly available funds to a social issue that is the most visible (Gladwell, 2002). The predominate assumption that every resource should be used equally over all needs was taken on by this argument. It responded with the idea that the focused distribution would produce better outcomes, attracting greater resources (Gladwell, 2002).

This book was inspired by Dennis Culhane and colleagues' research at the University of Pennsylvania. Culhane, Metraux, and Hadley (2002) looked at administrative data for 4,679 individuals who gained access to housing between 1989

and 1997 through the NY/NY agreement. Through accessing a variety of city and state data sources including shelters, jails, and prisons, as well as health records (including the Veterans Administration), the researchers had a bird's eye view of service use and the homeless service industry's operations (Culhane et al., 2002).

Culhane et al.'s finding showed that Leaving homeless on the streets costs more than $40,000 per person per year in jail, hospital stays, or emergency medical services (Culhane et al., 2002). The finding also showed that a small minority of the homeless were responsible for disproportionately excessive use of resources, with 10% of the homeless accounting for 50% of total expenses (Culhane et al., 2002). The expenses of housing a homeless person permanently supportively are nearly identical to those of managing and sustaining that individual's homelessness. When homeless people have access to basic services like housing and treatment, they have fewer severe crises and are less likely to require costly emergency services. This subgroup, labeled the "chronically homeless," became the new focus of attention.

The rationale to save money was provided by Culhane et al. (2002), but the rapid shift to focusing on the chronically homeless seemed more than a matter of economic calculus (Padgett et al., 2016). Willse (2010) points to this change of direction as a saving grace for the "non-profit industrial complex" (p.174). Channeling and triaging resources for the chronically homeless appealed to the fiscally conservative, but it also served a neoliberal [5] agenda of narrowing government responsibility and

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[5] Neo-liberalism is a political rationality that attempts to operate the public domain economically and links a reduction in (welfare) state services and security systems to the growing call for "personal responsibility" and "self-care" (Lemke, 2001, p. 203).

Conservative administrations of the Reagan-Thatcher era are referred to as "neoliberal" when referring to their policies of market-driven economic expansion, deregulation, scaled-back social programs, and privatization. Neoliberalism is blamed for the effects of globalization and increased poverty when non-Western nations implement these policies.

diverting attention from wider discussions of poverty, housing, insecurity, and increasing inequality (Wilse, 2010). The spotlight on the chronically homeless infused new life and purpose into the homeless services institutional complex. Publicists questioned, "Why chronic homelessness?" when the Bush administration set a goal to eradicate it within ten years through wording in the yearly federal budget (OMB, 2002). In response to questions, the government stated that the goal was set by studies that showed the population of long-term homeless people to be limited, projected to be 150,000, and expensive to manage (Kuhn & Culhane, 1998). In his remarks, Council Chair Martinez stated that the long-term homeless must be prioritized in homeless policy since they use a significant amount of resources (HUD, 2002). Martinez gave a progress report to NAEH annual conference, telling the audience, "By following the research and focusing on ending chronic homelessness, we will have more resources available to meet the needs of other homeless people. Dr. Dennis Culhane of the University of Pennsylvania has studied this issue in great depth. …We are setting policies based on that research. We are taking action based on that policy.….." (HUD, 2002, p.2).

This wave helped propel HF to greater heights of recognition. By the early 2000s, such a convergence of study findings had produced an uncommon conclusion: giving someone with psychological disorders and addiction instant access to housing and support services was not only compassionate but also financially advantageous (Padgett et al., 2016). PHF received recognition from establishment organizations such as the American Psychiatric Association. However, it was not unanimously embraced. For example, some critics focused on the absence of differences in substance use in the NYHS as a cause for concern (Kertesz et al., 2009; Milby et al., 2005). Others disputed the idea that such a targeted objective would come at the expense of other vulnerable

populations in need, such as homeless families (NPACH, 2005).

Narrowing and simplifying complicated problems facilitated taking action. The categorization of chronic homelessness enabled HUD to divide homelessness into subproblems that could be addressed sequentially (Frank et al., 2021).

4. Collaborative Efforts

HUD noted that interagency coordination is vital to increasing the federal government's commitment to tackling the homelessness problem (HUD, 2001). In the same year, HUD with the George W. Bush administration initiated an endeavor to eradicate chronic homelessness as a first step toward enhancing the provision of homeless services (Suchar, 2014). As part of the initiative, they reactivated USICH. The revitalized USICH tasked local governments with coming up with strategies to eradicate chronic homelessness (Burt & Spellman 2007, p. 2-3; Berg, 2015). The Council was revived to focus on organizing and coordinating federal homeless programs, minimizing overlapping programs, suggesting improvements, and providing partners with technical support at the local level (HUD, 2001). By focusing only on the response to homelessness and assessing every relevant program and service where the federal government is engaged, the Council and its full-time employees intended to get insight that no one agency could provide on its own.

The joint task group thought that by playing a cooperative role, HHS could concentrate on providing supporting services while HUD concentrated on providing permanent homes, which would be the most effective method to assist the chronically homeless (Martinez, 2001). However, HUD had no specific strategy to act on it and claimed it was too early to predict if there would be any program transfers from one agency to the other (Martinez, 2001). Partnership and strategy underwent a major

adjustment by Philip Mangano[6]. From 2002 to 2009, Mangano served as the executive director of the federal U.S. Interagency Council on Homelessness, serving as the leading government policymaker. As previously mentioned, the federal council in its membership and its goal of cooperation and partnership, the state interagency councils on homelessness were to be developed with the encouragement of the federal council. These state councils bring together a large coalition of state organizations, legislators, business and civic leaders, social service providers, and activists to concentrate on the special function of states and state resources. Federal funding was also directly distributed to the states (Hombs, 2011).

USICH on Homelessness urged mayors and representatives to tackle homelessness locally using new approaches, including 10-year plans to eradicate homelessness. USICH promoted HF on its website, www.usich.gov.

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[6]   Philip Mangano: from 1976 to 1981, was the Director of Homeless Services for the City of Cambridge, Massachusetts. In 1986, when family homelessness increased and more people needed emergency shelter, motels were used (Hikdebrand, n.d.). Mangano collaborated with the historic African-American church and the Cambridge Black Pastors' Conference while serving as director of the Family Homelessness and Housing Programs run by St. Paul African Methodist Episcopal Church (1990–1993). Mangano also co-founded Cambridge Clergy for Affordable Housing, a multi-congregational initiative to address homelessness issues. From 2002 through 2009, Mangano served as the federal U.S. Interagency Council on Homelessness executive director. He was appointed founding executive director of the Massachusetts Housing and Shelter Alliance (MHSA) in 1990, a statewide advocacy coalition of more than 80 community-based organizations dedicated to helping people who are homeless find housing and utilizing available federal, state, and local resources (Hombs, 2001).
Mangano served as the executive director of the White House United States Interagency Council on Homelessness from 2002 to 2004 (Frum, 2013; Gudell, 2017). Mangano was nominated by President George W. Bush for this position. In collaboration with the 20 federal agency members of the Council, he oversaw the development of the national plan to prevent and eliminate homelessness between the years 2002 and 2009, including throughout the Obama administration's transition period (Fagan, 2009).

Philip Mangano began traveling across the United States to preach this new gospel of abolishing chronic homelessness. Building on the groundwork laid earlier by the NAEH, Mangano challenged communities to shift from "managing" homelessness to "ending" it. Mangano himself was a "quick study," and he understood that the best strategy for addressing chronic homelessness would be an evidence-based, cost-effective strategy (Aubry et al., 2022). Meeting with mayors, governors, city councils, chambers of commerce, and anyone who would listen, Mangano introduced a new institutional logic with equal measures of passion and facts. Mangano then shared the HF concept, which is used to get chronically homeless people off the streets and into permanent supportive housing (Bales, 2023). As a Republican Presidential appointee, he was able to gain access to business and civic leaders that other advocates for the homeless could not match (Padgett et al, 2016).

With faith in the documented advantages of supported housing (Culhane et al., 2002; Goldfinger et al., 1999; Lipton et al., 2000; Shern et al., 1997), the revived USICH, in collaboration with HUD, officially adopted the objective of eradicating chronic homelessness in 2001. The best approach for achieving this was considered to be the HF strategy. In order to address this new category of despair defined by disability in addition to frequent or extended homelessness, collaboration was established among HUD, HHS, SAMHSA, and the VA (Burt & Spellman, 2007; Rice & Sard, 2007; Suchar, 2014; Tsemberis, 2010).

Mangano's highlighting of HF as a results-oriented fiscally sound approach created an opportunity for bipartisan political agreement on a complex social problem (Stanhope & Dunn, 2011). Mangano was able to secure a $35 million federal funding agreement for a nationwide program to reduce chronic homelessness

(Aubry et al., 2022).

The Interagency Council approved 10-year plans as a significant instrument for new business-oriented strategy and planning, with a set of goals and an ongoing commitment to jurisdictional leaders to give evidence of "what works." Plans were created based on business principles, jurisdictional leadership, as well as inclusive cooperative partnership, with the constant direction and assistance of the council (Hombs, 2011). By 2009, there were over 350 plans with partnerships of more than 1,000 elected mayors and county authorities, up from a small number of early plans in 2002 (USICH, 2009d).

Ten-year plans have taken the lead in motivating political authorities at the state, county, and local levels to work with one another to eradicate homelessness. Local jurisdictional officials who were dedicated to developing and putting into action business-oriented plans sometimes nominated a "Community Champion," a political, local corporate, or civic leader who raises the plan's visibility and aid in attracting the funding required for execution. Another planning invention that emerged was "Champions" (Hombs, 2011, p. 10).

Over 400 municipalities produced 10-year plans to eradicate homelessness with combined efforts of USICH, NAEH, and others. More than 70% of those submitted plans included an HF program (Aubry et al., 2022). Four USICH members— HUD, SAMHSA, HHS, and the VA—joined forces to provide three years of funding to start HF programs. After reviewing more than 100 submissions, 11 cities received funding. Philadelphia, Pennsylvania, New York, New York, Chattanooga, Tennessee, Miami, Florida, Los Angeles, California, San Francisco, Denver, Colorado, Columbus, Ohio, Portland, Oregon, Seattle, Washington, and Louisville, Kentucky (Aubry et al., 2022). Cities that were not given financing from

the federal government began their own HF initiatives using funds from their local communities. As HF became more widely disseminated, different versions started to arise across the country.

The first-ever coordinated federal financing between HUD, HHS, and VA was announced by HUD on December 5, 2002, with the intention of enhancing cooperation. This money was primarily targeted at developing and coordinating services and housing for persons who are homeless. This joint "Notice of Funding Availability (NOFA)" set forth the deadlines, regulations, guidelines for submitting applications, and standards that HUD would later utilize to assess grant applications (Greenberg & Rosenheck, 2007). $35 million was the total grant funds expected, of which $20 million from HUD, $10 million from HHS, and $5 million from the VA. All funding was allocated from other initiatives for this project. The President's commitment to end chronic homelessness was the emphasis of the funding that was allocated to a range of initiatives for families, individuals, and veterans. Never before had a unified effort to combat homelessness been attempted (HUD, 2002). By combining the financing, HUD sought to improve the delivery of funding resources to local service providers and ultimately, assist more families and individuals exit homelessness (HUD, 2003).

Attempts were made by the federal government to increase the accessibility of mainstream support programs. Medicaid, food stamps, and programs for mental health and substance addiction were among the "mainstream" services that were available for homeless people but were not always used by them. Through the organization of two unique training sessions, the Administration reached out to those in charge of managing state aid programs. Through "policy academies," HUD provided advice and technical assistance to states on how to more successfully combat homelessness with funding resources (HUD, 2002). HUD intended to provide every state with the chance

to participate in a policy academy aimed at putting an end to chronic homelessness in the upcoming year. This was done as part of the HUD's efforts to increase access to mainstream programs (HUD, 2002).

Moreover, the Department of Labor (DOL) was reviewing its resources to make them more available to the homeless. DOL developed programs aimed at helping ex-offenders who are homeless, veterans, persons with disabilities, and children who are leaving the foster care system.

In addition to reactivating the Council, HUD has gathered important policy and research personnel from the organizations that make up the Council. Whether they were state and local authorities, activists, service providers, or homeless individuals themselves, HUD wanted to do a better job providing information like grant announcements to the people who needed it (HUD, 2002).

In accordance with the President's Management Agenda, HUD was instructed to collaborate with regional stakeholders to simplify the Consolidated Plan by making it more community-focused and helpful for gauging their own success in resolving issues in low-income regions. In February 2002, grant recipients and other stakeholders participated in focus groups organized by multiple HUD Office of Community Planning and Development (CPD) field offices to propose methods to simplify the consolidated plan and enhance performance monitoring (HUD, 2006).

HUD intended to have at least one staff in each regional office who focuses on the problem of homelessness as part of its regional initiatives. Additionally, HUD organized a number of focus groups where professionals, representatives from faith-based organizations, housing planners, supporters, and homeless persons came together to discuss homelessness with HUD and gain knowledge from their experiences and studies (HUD, 2002). To explain the idea of the Consolidated Plan Improvement

Initiative, the Office of CPD held a nationwide planning conference on March 14, 2002 (HUD, 2006). Public interest organizations, grantees, and other stakeholders were present, along with representatives from the Office of Management and Budget (OMB), HUD Headquarters, and field offices. At a meeting of these stakeholders, the attendees concurred that small working groups comprised of grantee practitioners, public interest organizations, HUD staff, and other stakeholders would be the most effective way to address the issues of streamlining and implementing performance measurement. Six working groups were established to investigate and offer performance measurements, evaluate alternative planning standards, and find communities ready to try alternative planning methods in pilot projects (HUD, 2006). The working groups' proposals for strengthening the consolidated plan and ideas for alternative planning requirements were carefully evaluated by the Department. The National Low Income Housing Coalition, National Association of Housing and Redevelopment Officials, National Community Development Association, National Association for County, Community and Economic Development, and the Council of State Community Development Agencies all sent representatives to the working groups (HUD, 2006). Representatives of state and municipal governments engaged in eight pilot projects to evaluate alternative planning methods. One pilot considered simplifying the unified plan by making use of already-existing papers to eliminate the need for duplicate data.

The regulation is based on the framework that was already in place when the consolidated plan was created as a collaborative process through which a community creates an integrated strategy of housing and projects to promote community and housing development. This framework offered states and municipal governments the freedom to use current plans and strategies to inform the public of the jurisdiction's top priorities and to monitor their progress in achieving their goals and objectives using

quantifiable metrics. The proposed regulation is the outcome of a protracted consultation process that included participants who represented the interests of local and state governments as well as low-income people (HUD, 2006a).

People who were experiencing chronic homelessness might now get employment because of new tools provided by the Social Security Administration (SSA) and the DOL (Hombs, 2011). DOL provided five funds to integrate job opportunities with housing and other supports for those who are chronically homeless after the success of the government program to end chronic homelessness (DOL, 2003). In order to increase benefit access and ensure that applications are processed quickly and successfully, the SSA granted multiyear funding to more than 40 sites in 2004. These grants allowed people who were experiencing chronic homelessness to escape from the streets, have a source of earnings, obtain health insurance, and secure employment (SSA, 2004).

In an effort to address chronic homelessness, federal agencies have announced new investments. The SSA, for example, has announced that it has awarded $6.6 million to 34 locations for the Homeownership and Opportunity for Everyone (HOPE)[7] program, which helps homeless people apply for Social Security or SSI payments.

On July 12, 2004, a hearing on H.R. 4057, the Samaritan Initiative Act of 2004, a new piece of legislation that the administration had suggested would authorize new federal resources to encourage and support local efforts to end chronic homelessness, was held by the House of Representatives Financial Services Subcommittee on Housing

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[7] The Homeownership and Opportunity for Everyone (HOPE) program is a HUD-sponsored U.S. government assistance program that assists people in purchasing public housing by providing financing to non-profits, resident organizations, and other qualified organizations that create and carry out homeownership initiatives (HUD, n.d.).

and Community Opportunity (Hombs, 2011).

During a meeting in July in Washington, D.C., representatives from the 11 community collaborations funded by the first federal collaboration to end chronic homelessness—among them housing providers, counselors for substance abuse and mental health treatment, outreach staff members, and case management employees—assessed the progress made. With federal funds to assist trial projects, the USICH established a nationwide Initiative to Help End Chronic Homelessness in 2004 (Hombs, 2011). After a year, seven of the initiative's eleven supported communities that adopted the HF model had housing retention rates of 85% (Mares & Rosenheck, 2007). Two years later, HUD released the findings of a 12-month assessment of HF programs in three cities, which showed an 84% home retention rate (Pearson et al., 2009).

Under the partnership of the federal Interagency Council on Homelessness, Common Ground, and the Rockefeller Foundation, a meeting of "Thought leaders and visionaries, civic and government leaders who have committed themselves to end chronic homelessness in their localities, and innovators from business and non-profits" takes place in New York City on October 11, 2004. Business thinker Malcolm Gladwell and Blair government leader Louise Casey address leaders from Denver, Atlanta, San Francisco, Dallas, Indianapolis, Nashville, Minnesota, and Massachusetts (Hombs, 2011).

12 demonstration grants totaling $10 million were later given by HUD to locations that focus on chronic alcoholics. The goal of the second project was to determine specific housing requirements and effective housing options for the over 500 members of the "serial inebriate[8]" community (Burt, 2004, p.24).

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[8] Long-term alcohol addicts who are chronically homeless and have been living on the streets for at least three-hundred sixty-five (365) days over the past five (5) years. These individuals are

On January 25, 2005, the Bush administration declared an unprecedented $1.4 billion in funding for HUD for the thousands of homeless people and families. This was the fourth year in a row that grants for homeless financial support reached new highs. Government resources are intended to help the homeless get housing and medical attention. Alphonso Jackson, the secretary of HUD, stated that the financing announced to address long-term or chronic homelessness offers the highest level of assistance for an unprecedented number of local programs on the front-line social workers of assisting the homeless population (HUD, 2005).

HUD received funds in two different ways:

· Continuum of Care Grant: CoC programs provide homeless people with both permanent and temporary accommodation. Continuum funds also provide funding for relevant services including child care, mental health counseling, drug addiction treatment, and job training.

· Emergency Shelter Grants: help operate local shelters, convert buildings into emergency shelters, and finance associated social service and homelessness prevention initiatives (HUD, 2005).

To help local organizations meet the needs of their clients who are homeless, CoC funding is given out on a competitive basis. Numerous initiatives, including outreach and evaluation programs for the homeless and their families as well as transitional and permanent housing, are supported through continuum funds. Through HUD's Shelter Plus Care program (S+C), which assists in paying rent and providing permanent homes for handicapped homeless people and their families, the Continuum funds provided financed new and existing services. According to S+C, HUD-funded programs must assist their clients in becoming self-sufficient and offer the necessary

known as serial inebriates (HUD, 2006).

supporting services using money from sources other than HUD (HUD, 2005).

A formula is used to provide Emergency Shelter Grants to state and local governments for the construction, upkeep, and management of emergency shelters for the homeless. Additionally, this money may be used to support crucial services like childcare, treatment for substance abuse, job training, and health care. Emergency Shelter Grants are intended to guide homeless people transition from a life on the streets to secure housing by supporting emergency shelter, transitional housing, and other assistance organizations (HUD EXCHANGE, n.d.).

The Housing Opportunities for Homeless and Alcohol Addicts Program for Fiscal Year 2005 was created to offer supportive housing assistance to chronic homeless people, also known as serial inebriates, who have been living on the streets for at least three hundred sixty-five (365) days in the previous five (5) years and have a long-term alcohol addiction (HUD, 2006).

This two-year demonstration program is permitted under Public Law 108-7, which was authorized on February 20, 2003 (111 Stat. 494). The Stewart B. McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11381 (McKinney-Vento Act), Title IV, Subtitle C, authorizes the supportive housing program (HUD, 2005).

5. Rationale of the Policy

When an article titled "Million-Dollar Murray: Why Problems like Homelessness May Be Easier to Solve than to Manage" appeared in the New Yorker magazine in February 2006, Gladwell provided additional significant resources. The cost of what was considered to be "managing" homelessness through a person's frequent use of public services (such as hospitalization, ambulance service, and imprisonment) was illustrated for a Reno man named Murray Barr, whose street

homelessness was estimated to have cost the public $1 million (Gladwell, 2002).

Policymakers, the media, and local practitioners were drawn to the magazine story and remained interested. As a consequence, they started their own cost analyses to support the case for eliminating their neighbors' costly chronic homelessness (Hombs, 2011). The prices being disclosed were unaffordable for any city (Hombs, 2011). Without a cost study of frequent users of public services, local planning efforts quickly came to be perceived as insufficient. For medical emergency services, ambulance services, EMTs, primary care, mental health services, detox institutions, police, and the law enforcement system, those extremely vulnerable people who lived on the streets or sidewalks turned out to be very expensive.

6. Growth of HF in the U. S.

The PHF program was added to SAMHSA in 2007 (SAMHSA, 2007). NAEH published a manual on how to adopt HF to foster organizational change (NAEH, 2009). Two resolutions by the U.S. Conference of Mayors endorsed it, and HF was the only intervention identified by the Conference as an evidence-based practice. Major newspapers carried stories about local HF successes and Malcolm Gladwell's (2006) New Yorker article lent unusual cache to an organization serving homeless adults.

7. Data Collection

Since "Transient Night" in 1970, "M Night" in 1980 (rescue missions, all-night movie theaters), and "S Night" (street and shelter) in 1990, the U.S. Census has undertaken various attempts to count those who are homeless (Padgett et al., 2016). As the federal agency and local partners evaluated the data and gained a deeper

understanding of homelessness, methods kept changing. Service-based counting was attempted in 2000. In 2010, service-based counts were once more utilized for targeted outdoor sites, soup kitchens, and mobile food vans (NAEH, 2010).

In order to better comprehend the issue and assess the escalating allocation of federal budget funds to the McKinney-Vento programs, Congress required that new data be gathered locally and reported nationally (Hombs, 2011). In July 2007, Secretary Alphonso Jackson of HUD announced that HUD released the first Annual Homeless Assessment Report (AHAR) to Congress to measure homelessness over time from a sample of communities participating in the Homeless Management Information System (HMIS) in a report (HUD, 2007a, b). It was discovered that on any one night, around 750,000 people are living in temporary homes, emergency shelters, and the streets. About one-fourth of them qualify as being chronically homeless on a long-term basis.

New insights on sheltered and unsheltered persons, program usage, and homelessness in urban and suburban/rural regions were gained through data gathered through HMIS and annual Point-In-Time (PIT)[9] counts that were conducted in most towns during January 2007 (Hombs, 2011).

Homelessness was consistently reported to be on the rise in the years before systematic data collection, frequent counts, and improved methodology. Year after year, it was discovered that "families are the fastest-growing segment of the population" (Hombs, 2011, p. 52). The technique used to get these frequently anecdotal results

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[9] The Point-in-Time (PIT) count is a tally of those who were homeless on one night in January, both sheltered and unsheltered. HUD mandates that CoC carry out annual count of homeless individuals who are staying in Safe Havens, transitional housing, and emergency shelters on a single night. Additionally, CoC is required to count those who are homeless but unsheltered every other year (in odd-numbered years). Every count is organized, carried out, and coordinated locally (HUD exchange, n.d.).

representing shelter use but not necessarily homelessness was not questioned. Headlines proclaiming historic rises were not questioned. Advocates saw the outcomes obtained through the exclusionary techniques of the focus on chronicity as faulty when declines started to be reported in 2007 (Hombs, 2011).

8. Transition from Housing First to Rapid Re-housing

By 2009, over the ensuing ten years, USICH and HUD redirected billions of dollars in financing from transitional housing programs' HF initiatives. By 2009, At the local, state, and federal levels, HF had established itself as the de facto policy as local service providers tailored their initiatives to meet federal funding priorities to increase their chances of getting HUD grants (Rufo, 2020). During this time, 234 cities submitted "10-year Plans to End Homelessness" and formally endorsed the HF philosophy (Suchar, 2014).

Some versions of the HF model that were adopted and altered during the first decade of this century significantly curtailed these rights, but the original philosophy and intent of HF were completely in line with low-demand practices like harm reduction and nonjudgmental, flexible engagement (Rowe, 1999).

On the other hand, this idea troubled many of the International Council for Harmonization of Technical Requirements for Pharmaceuticals for Human Use (ICH) participants. While using a naturalistic, clinical language, secular providers also emphasized transformational connections and employed weeks or months of temporary housing to accomplish them. They were more receptive to the argument and made less deontological assumptions (Frank et al., 2021).

The framework was being used in an increasing number of communities to establish a system of care. Despite the proven advantages of HF over the conventional

CoC model, each community has a very different approach to implementing HF (USICH, 2010).

Some began to point out that the evidence for HF was thin, especially when it came to homeless persons who were substance abusers, and that it did not help victims of domestic abuse (Stanhope & Dunn, 2011). Critics also criticized that HF started with "real world" implementation in the highly competitive crucible of New York City services but the outcome of its adoption elsewhere was unknown (Padgett et al., 2016).

When HUD started making recommendations to grantees and potential applicants in 2004, it fundamentally changed the link between services and housing. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was approved by Congress in 2009, and it went into effect as an explicit requirement in 2012 (Frank et al., 2021). Despite the widespread tweaking HUD endorsed adapting the HF program to community conditions, HF was officially rebranded as Rapid Rehousing (RRH) in 2009. This proved the support for HF was divisive among CoCs (Baumohl, 2003; Burt et al., 2002).

Communities soon have the means to start retooling their homeless crisis response systems because of the American Recovery and Reinvestment Act's formation of the interim Homelessness Prevention and Rapid Re-Housing Program (HPRP) at HUD (USICH, 2010). The HEARTH Act of 2009, which included its requirements, was passed immediately prior to the HUD McKinney-Vento programs being reauthorized.

Multiple versions of the law were brought close to being passed over a number of years, demonstrating a shared awareness that new themes and techniques should be introduced into federal programs (Hombs, 2011). For the HUD programs,

this renewal process has been continuing. Additionally, more contentious problems like the broadening of HUD's definition of homelessness were addressed through the HEARTH Act.

For the Rural Housing Stability Assistance Program at HUD, new 2009 legislation for the federal homeless programs created a new funding category for rural homelessness (HEARTH, 2009). On May 20, 2009, President Barack Obama signed the Helping Families Save Their Homes Act into law, including the legislation (HEARTH, 2009). This act was developed to rehouse people and families who are homeless or in the worst housing conditions, stabilize the housing of people and families who are in immediate risk of losing their homes, and make it easier for the lowest-income community members to afford secure housing.

The HEARTH Act was intended to combine the existing McKinney-Vento homeless assistance programs, which had expanded in 2009 to include 6,445 individual renewal awards to ongoing local projects and more than 450 local, regional, or statewide groups preparing applications (HUD, 2009). This legislation was passed and signed by the president.

HUD began financing RRH demonstration projects in 2008, and a year later the U.S. Congress appropriated $1.5 billion for the HPRP program. Also, in 2009, the McKinney-Vento reauthorization was expanded by Congress to include the HEARTH program. Offering mostly emergency financial assistance with some tailored services.

Housing First and Rapid Re-housing

Rapid Re-housing (RRH) is permanent housing that offers homeless households supporting services and short- and long-term tenant-based rental

assistance (up to three months) (HUD EXCHANGE, n.d.). In order to reduce the amount of time that homeless people are without shelter, RRH focuses on assisting them in finding homes as soon as possible (USICH, n.d.). In order to get traditional homeless assistance, homeless people have generally had to go into transitional housing where they take part in a program to get them "ready for housing" (such as a 12-step program). They receive assistance transferring into permanent housing after completing the program for temporary housing. These initiatives don't take place in transitional housing but rather in homeless shelters in some regions.

According to NAEH (2022), RRH initiatives are founded on the "Housing First" philosophy and the solid body of research showing that secure housing improves social and/or economic well-being. The objectives of RRH are to assist people in finding a home promptly, increasing their level of independence, and maintaining their residence, the same like with the HF strategy. The HF tenets serve as the foundation for the Core Components of RRH, which include housing identification, rent and move-in guidance, case management, and services.

However, several aspects of RRH set it apart from HF programs. First, HF programs offer rental assistance or aid clients in obtaining rent subsidies, whereas RRH offers a temporary rent subsidy that is time-limited and often expires in 3-6 months. RRH is always temporary (support typically provided for 3-6 months), whereas the duration of HF treatments varies significantly depending on demand. For a period of 12 to 18 months or indefinitely, services can be offered to those who are chronically homeless.

Additionally, RRH programs often target persons with low to moderate assistance needs, in contrast to HF services, which frequently serve a variety of target populations, including juveniles, families with youngsters, and the chronically homeless.

With program designs created to be adaptable and responsive to the complexities of human requirements, HF takes a much broader approach.

Next, HF for families with children often employs traditional case management approaches, with a focus on home-based case management and the level of services provided. Rapid Re-Housing employs neither Assertive Community Treatment (ACT) nor Intensive Case Management (ICM), while HF for the chronically homeless does.

Even though NAEH described RRH as a subdivision of the HF strategy to eradicate homelessness, RRH does not contain some of the core principles of HF, and RRH practice contradicts the core aim of HF.

One of the core principles of HF is that housing is a basic human right; respect, warmth, and compassion for all program users (Tsembris, 2010). RRH programs, on the other hand, primarily target those with low to moderate (less demanding and costly to care for) service requirements. This discriminates and prioritizes the service recipients. In addition, HF believes that Housing is a necessity for life and provides the fundamental human needs of shelter and security. Rapid Re-Housing, on the other hand, gives only a short-term rent subsidy, which is time-limited and normally terminates within 3-6 months, and services terminate when the subsidy ends. Hence, the main service that provides houses to the needy is more challenging for the service recipient of RRH. Furthermore, HF for families with children often employs traditional case management practices, with service intensity and home-based case management depending on the personalized child and family needs. HF for chronic homeless people employs either ACT or ICT, whereas RRH employs neither.

As the core principle and rules are ignored and not followed as necessary, it affects HF's true effectiveness. In this circumstance, even though NAEH claimed that RRH is a subset of the HF method to eradicate homelessness, we can conclude that the

HF model was no longer adopted as a national strategy for reducing homelessness.

9. The First-ever Comprehensive Federal Commitment to End Homelessness

With the passage of the HEARTH Act in May 2009, the President and Congress mandated USICH with developing "a national strategic plan" to eradicate homelessness (USICH, 2010). This Federal Strategic Plan to Prevent and End Homelessness shows agreement on a set of goals and tactics by the agencies on the Council, including efforts begun by the President in the budget for fiscal years 2010 and 2011 (USICH, 2010).

The HEARTH Act required USICH to design and yearly update a homelessness plan. USICH published Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness in mid-2010. Opening Doors is the federal government's first-ever comprehensive commitment to address homelessness (NLIHC, n.d.). The strategy is noteworthy because, when the federal government encouraged localities to develop strategies to end homelessness in 2003, there was no governmental assistance for the planning (USICH, 2010) However, HUD defines a Continuum of Care[10] as "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency, the plan supports the linear model in which people experiencing homelessness are expected to progress through the four levels of care in many communities across the country." This linear progression comprises prerequisites for

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[10] A continuum must include the following four components: 1) outreach, intake, and evaluation to identify service and housing requirements and offer a connection to a suitable level of both; 2) Emergency shelter, which provides a rapid and safe alternative to leaving on the streets; 3) Transitional housing with assistance, which allows for the development of skills that will be required once permanently housed; and 4) Permanent housing and permanent supportive housing, which provides individuals and families with an affordable house to live with services if needed (NAEH, 2010).

advancement to the following level. Sobriety, for example, is frequently needed for admission to a shelter, and treatment compliance is required for admittance to transitional housing (HUD, 2009).

The crisis response system included temporary residential services (shelters, transitional housing, VA grant and per diem programs, VA domiciliary, adult rehab institutions, and so on) (USICH, 2010).

In this context, HF in this plan was not promoted or implemented at the national level as PHF began as an alternative to this model (FEASTA, n.d.) that states 'Gaining' permanent residence is frequently linked with meeting conditions such as participating in treatment and demonstrating sobriety. Because it observes that the path to earning a house is often not easy for a client with a mental disease and a drug addiction; many fail and return to homelessness.

Later on, HF was still operated in the United states at the national level as the HUD-VASH initiative adopted HF in 2010. Also, HUD and USICH still promoted HF as a best practice. USICH and HUD highlight HF as a best practice, local authorities are urged in a 2016 communication from USICH. USICH reaffirms the federal government's commitment to the HF model in its 2022 Federal Strategic Plan to Prevent and End Homelessness, describing it as "a proven solution that leads to housing stability as well as improvements in health and well-being" (NLIHC & NAEH, 2023, p.3) Nonetheless, nation-wide HF has faded away as contradicting programs simultaneously operate at the same time.

On December 31, 2014, a regrettable transition occurred when the Pathways Board of Directors decided to close the New York program after[9] 2 years in existence. According to Padgett et al., Pathways in New York had been struggling financially for years, beset by a combination of inconsistent management decisions, lack of support

from key government funding agencies, and accumulation of debt (2016).

II. Housing First Policy Process in Finland

1. Early Response to Homelessness

In Finland, the government has set a goal to reduce and eradicate homelessness (Tainio & Fredriksson, 2009). Previous commitments and strategies were developed in response to criticism and discontent with past attempts to manage homelessness as well as the observation that the large population of homeless people was immoral and unacceptable (Juhlia et al., 2022). After the Second World War, Finland developed and increased social housing construction to secure inexpensive housing as well as low-level emergency shelters for homeless people (Malinen, 2018). The dominating services of the time, including mental health facilities, were criticized in the 1960s for being dehumanizing 'total institutions' (Goffman, 1961). Meanwhile, critics gathered to protest the subpar conditions of homeless people's emergency shelters (Juhlia et al., 2022). The right of everyone to private life and a homelike environment was promoted by a civic campaign known as the "November movement" (Fredriksson, 2018). The Finnish perception of homelessness underwent a significant transformation in the 1970s and 1980s as a result of this call for change. It was no longer blamed on the decisions and issues that homeless individuals made on their own. Rather it was blamed on supply-side problems such as failures in housing policy. The housing needs of psychiatric patients, those with substance abuse disorders, former convicts, and occupants of emergency shelters were increasingly recognized as concerns that required focused policy-level solutions (Fredriksson, 2018).

A major social change in the 1980s was the realization that housing policy was key to reducing homelessness. Homelessness was no longer seen as just a social welfare

issue (Kaakinen & Fredriksson, 2018).

Yet the concrete actions were still relatively small compared to what has since been achieved. Juha Kaakinen[11], CEO of Y-Foundation, Finland's largest non-profit housing provider criticized that the City of Helsinki still did not take an active role in the crackdown on dormitory housing. The guiding principle was to improve housing conditions.

In 1983, the City of Helsinki opened its own dormitory in Hertto-niemi Sahaajankatu. "The dormitory had rooms for two people and a refrigerator. This meant that food no longer had to be hung outside the window in a plastic bag. This was seen as a major step forward," says Kaakinen. The new dormitory was thought to be a temporary solution when it was first built, but it was eventually in operation for more than 20 years.

Both Kaakinen and Fredriksson[12] are considered to be key figures in tackling

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[11] Juha Kaakinen, CEO of the Y-Foundation, started working in the social sector at the end of the 1970s. After her training as a social worker, Kaakinen got a job with the City of Helsinki. The place of work was Huoltovirasto, now the Social Services Department. Among other things, she worked in the sixth service office, which was responsible for services for the homeless.

In the 1980s, her career progressed to office manager in charge of homelessness work in Helsinki, administrative manager of the Social Center and then, with a slight twist, to Hämeenlinna for 20 years as managing director of a social research and development company. In 2008, Kaakinen worked for five years as a homelessness program manager on behalf of the Ministry of the Environment, before moving to the Y-Foundation.

Early in his career, Kaakinen was in charge of the homeless services in Helsinki. Later, he led the first two government initiatives to eradicate long-term homelessness (PAAVO I and II), and he is now the CEO of the Y-Foundation.

[12] Peter Fredriksson got to grips with the issue of homelessness in the early 1990s, when he worked as Secretary General of the Asukasliitto. He had already worked on housing issues at the Finnish Union of Students' Unions, where he was responsible, among other things, for the participation of student organizations in the UN International Year of the Homeless in 1987. He was also involved in Helsinki's municipal politics, where he was responsible for deciding on

homelessness.

Fredriksson maintained close contact with officials and was no stranger to direct telephone calls. "There was a feeling that something had to be done about this. "We started to do studies and look for solutions," says Kaakinen Issue (Kaakinen & Fredriksson, 2018, p.207).

However, some ideas were created from the current models. Kaakinen was in the process of creating a concept of small-scale sheltered housing with similarities to existing supported housing units. In a support home, each resident had his or her own room and shared common space. "It helped to get the plots because they were not applied for as dormitories," says Kaakinen, describing the birth of the shelter.

The city began to build a small housing stock for the homeless. Small city rental apartments were earmarked for the homeless and larger rental apartments began to be used as supportive housing for group housing. The city also set up a purchasing company to buy individual flats for rent in housing associations.

In 1985, the Y-Foundation was also created to tackle the housing problem. The

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housing-related issues (Lassy, 2018).

"I voted for these things but I took them for granted" (Lassy, 2018, p. 207)

The real awakening came when it became obvious that Finland would join the European Union, Fredriksson says. He looked for international partners and found FEANTSA, the European umbrella organization for homelessness work. As a result of the cooperation between the organizations, Fredriksson was involved in organizing Finland's first Homeless Night, which took place in October 1994 at Helsinki's Rautatientor.

"It was a revolutionary event. That's where I started on this path," says Fredriksson. The road eventually led him to become a special adviser on homelessness work at the Ministry of the Environment, from which he recently retired.

In 1999, Fredriksson investigated the housing policies of the Finnish government. Afterward, he served as an expert in the Ministry of the Environment and edited the widely noted book From a Shelter to My Own Home: Transformation of Finnish Homelessness Policy, which was published in 2018.

purpose of the Foundation was to buy individual flats on the private market with social subsidies and rent them to the homeless. The founding members were the cities of Espoo, Helsinki, Tampere, Turku, and Vantaa, the Finnish Association of Municipalities, the Finnish Government, the Finnish Construction Association, the Finnish Mental Health Association, the Finnish Red Cross, the Finnish Association of Buildings, the Finnish Red Cross, the Finnish Association of Housing Associations, the Finnish Association of Housing Associations, the Finnish Red Cross, the Finnish Association of Housing Associations and the Finnish Association of Housing Associations. the construction industry and Alko (Kaakinen & Fredriksson, 2018).

2. An Official Policy Goal to Reduce Long-term Homelessness

In 1987, the year that the United Nations proclaimed to be the International Year of Shelter for the Homeless, the Finnish government strengthened its commitment to putting an end to homelessness (Kärkkäinen & Puttonen, 2018). The right to housing was codified into Finnish law, becoming an official policy objective and a staple of government initiatives (Juhlia et al., 2022). The Constitution (731/1999), section 19, states that "the public authorities shall promote the right of everyone to housing and the opportunity to arrange their own housing" and that "those who cannot obtain the means necessary for a life of dignity have the right to receive indispensable subsistence and care."

For a long time, homelessness in Finland was dealt with using the 'staircase model' (Y-Foundation, 2017). As mentioned earlier, in this model, a homeless person is expected to achieve a list of successes and at the top is a home of his own. However, the beginnings of a change in thinking about home as a human right in the 21st century

were already being created in the 1980s, when homelessness was being tackled, especially in Helsinki (Fredriksson, 2018).

Despite the strong political commitment, the methods used to combat homelessness have come under growing scrutiny, mostly because they haven't been successful in lowering long-term homelessness. The rental agreements for these facilities were perceived as humiliating, costly, compounding psychological harm to people living in the facilities, and posing a risk to social cohesion. Additionally, shelters accommodating homeless people in positions of vulnerability on a fixed-term basis provided their residents no privacy (Pleace et al., 2016). Furthermore, it was felt that the requirement that homeless people make progress in their addiction recovery before moving from shelters to independent homes was too challenging. The right of homeless persons to possess housing was also viewed as being violated by this type of conditionality. In the Nordic nations, it was severely attacked and came to be known disparagingly as the "staircase model" (e.g., Juhila, 1992; Löfstrand, 2005; Sahlin, 2005).

Searching for Better Ways

In 1992, PHF was founded in New York as Finland struggled to come up with practical solutions to address long-term homelessness. The original HF model, which was acknowledged with producing greater outcomes than any of the previous strategies, was developed by this organization. As HF quickly attracted significant interest both inside and outside of the U.S., the adoption of HF as a guiding concept in homelessness policy has been explored and pushed in various European nations since the mid-2000s.

Paula Kokkonen[13], Director General of the Healthcare Legal Security Center,

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[13] Kokkonen was at the time Director General of the Health Care Legal Security Center and also Chairman of the Board for Forensic Psychiatry. The following year, she was appointed

stated in an opinion column in Helsingin Sanomat in July 2003 that the social and health service system Finland has built seems incapable of reacting and responding adequately to the needs of people whose problems would require different solutions and treatment methods than those usually offered in care units, such as "care packages."

According to Kokkonen, a particular problem appears to be the provision of adequate care for patients whose treatment is complicated by substance dependence or severe personality disorders, particularly antisocial personality disorders (Fredriksson, 2018). Their length of stay in municipal hospitals appears to be too short, and the actual diagnosis and treatment of mental illness may not be planned and implemented because of the other problems mentioned above. The medical record may include the statement "The patient has not been able to benefit from psychiatric care" (Fredriksson, 2018, p. 168).

The case illustrates how Kokkonen, the highest official in the City of Helsinki, led the work to reduce long-term homelessness. She committed herself to the mission because the state committed itself. Together with the management of the Social Welfare Office, she set about reforming the service system for the homeless. The challenge for Helsinki was the old dormitories. "Now the plan is to gradually consign them to history. Shared housing is no longer the way of the day," Kokkonen said in an interview with Helsingin Sanomat. To prevent people from being left on the streets in the future, Kokkonen promised to organize preventive counseling, especially for young people and

Deputy Mayor of the City of Helsinki's Social and Health Services. Shortly afterwards, Kokkonen initiated the "In need of care, but without care" project, led by the Health Department. Kokkonen had superior experience in the public sector. In addition to her positions as Deputy Mayor and Director General of the Legal Security Center, he has served as Director General of the National Board of Medical Services, Director General of the Social and Health Board and for several years as a Member of Parliament and City Councilor. When she retired in 2011, she had a clear vision of what was the most important task of the social and health services.

prisoners just released.

In 1999, Fredriksson had been appointed as a housing policy expert in Paavo Lipponen's second government. "My report contained a concrete proposal on what should be done in the 21st century to reduce homelessness in Finland," he says. After the report, Fredriksson was hired as an expert at the Ministry of the Environment (Lassy, 2018, p. 209).

When the national and metropolitan area homelessness programs came to an end and someone was needed to evaluate their effectiveness, Fredriksson contacted Kaakinen." The conclusion was that although the homelessness rate was otherwise falling, long-term homelessness had not been tackled," says Kaakinen (Lassy, 2018, p. 209).

Between 2001 and 2005, Paavo Lipponen's second government implemented a program of measures to reduce homelessness, both at the national level and in the capital region. An evaluation of the programs showed that they had succeeded in their objective of halting the increase in homelessness and that homelessness has not increased as expected, but has decreased. According to the report, the starting point for further planning should be the 43% of homeless people in the capital region who are difficult to house in 2004. More targeted, individually tailored solutions, more intensive support, rehabilitation, and supervision are needed. The evaluation's recommendations propose a program to end long-term homelessness, targeting the 5-10 most severe areas of homelessness.

The program's work to improve housing conditions in hostels had begun earlier, in 2005, when the search for housing for the residents of the Pursimiehenkatu hostel in Helsinki's guest house, which had more than 200 beds, was launched to enable the renovation of the hostel (Sunikka, 2018).

A major national project to eradicate homelessness After the 2007 spring parliamentary elections, a new government had been formed, based on the policy of the previous government: the second government of Prime Minister Matti Vanhanen. Its government program unanimously included a program to reduce long-term homelessness as part of the government's housing policy program of measures. Jan Vapaavuori[14], who has made his career in local politics in Helsinki, was elected Minister of Housing (Fredriksson & Kaakinen, 2018).

3. Policy Adoption

The goal of Jan Vapaavuori, Minister of Housing from 2007 to 2011, was to close down shelters and find innovative ways to address the issue of long-term homelessness despite possible opposition from many parties (Fredriksson, 2018). Vapaavuori's intervention shook up the division of roles in the social policy debate in a way that muddied the waters and created a whole new political dynamic around decision-making. Kaakinen and Fredriksson allegedly urged him that something needed to be done to address the unacceptably high rate of long-term homelessness in Finland, particularly in Helsinki (Lassy, 2018).

In 2007, Jan Vapaavuori designated a group of four men[15], later referred to as the 'four wise men', to establish a foundation for a new strategy for long-term homelessness

[14] Jan Vapaavuori is a Finnish politician, the former Minister of Economic Affairs, and the former mayor of Helsinki. Vapaavuori was Minister of Housing and Minister of Nordic Cooperation in Matti Vanhanen's second cabinet and Mari Kiviniemi's cabinet.

[15] Working Group: The Government Working Group for Coordination of Research, Foresight and Assessment Activities (TEA Working Group) facilitates effective communication and information sharing amongst the Finnish Ministries. It helps to enhance the knowledge base for decision making, increase horizontal oversight of research, foresight, or evaluation efforts, and provide new channels for delivering information about these activities to decision-makers and the general public. Representatives from each ministry are included in the working group (Finnish Government, n.d.).

(Juhlia et al., 2022). Paavo Voutilainen, director of social services in Helsinki, Hannu Puttonen, president and CEO of the Y-Foundation at the time, Ilkka Taipale, Ph.D., a civil rights activist and former politician, and Eero Huovinen, bishop of Helsinki, were included the group. Along with Anu Haapanen, Juha Kaakinen served as the group's secretary.

The group delivered a report to Jan Vapaavuori titled Name on the Door (Nimi Ovessa). The report is marked as the first introduction of HF in Finland. The group of experts reached the conclusion that in order to end homelessness, it is necessary to adopt the HF principle as housing is a necessary condition for resolving other problems (Y-Foundation, 2017). The group did not invent the HF principle itself, although its Finnish application has been unique both in terms of content and program. Fredriksson recollects in his book discussing the ethics of the work with Juha Kaakinen, the then director of Sosiaalikehitys Oy, the second secretary of our working group. After listening for a while, Juha asked, "Do you mean the HF principal?" The concept had begun to circulate in the international debate, and that's where Juha had picked it up. Juha, however, thought the principle was so radical that he doubted our working group's ability to present it, let alone a national political decision.

It turned out otherwise. It is the HF principle that concretizes in a few words the core ethics of the reform. The Minister had given us a free hand, so the Four Wise Men let ethics take the lead. There was enough ideological space around the preparation, and the small group of key people responsible for the preparation was sufficiently diverse in background and political views to free themselves from the usual solutions. The Four Wise Men took advantage of the ideological space and incorporated the principle of HF into their proposals. From there it went on its political circuit and eventually became a national policy (Fredriksson & Kaakineen, 2018).

The document produced by the group was of exceptional importance because it

largely determined - albeit on the basis of a proposal from a separate program working group - the twenty-year program for the eradication of long-term homelessness: its objectives, network of actors, implementation, and resources.

The group presented a new conceptualization of the problem and a bold program to end long-term homelessness by 2015. The work was based on the principle of the right to housing and the necessary assistance, and the principle of HF (Fredriksson & Kaakinen, 2018).

The group stated that homelessness had gotten worse and lasted longer. The "easy" part of homelessness has been addressed, but the hard core of homelessness—those homeless people with serious social and health issues who, in addition to housing, require significant levels of services, support, or supervision—remains alongside the short-term and transient "frictional homelessness" (Fredriksson & Kaakinen, 2018, p. 116).

The basic idea behind the new approach is that a more permanent solution to long-term homelessness can only be based on housing solutions with a legal basis in the Tenancy Act or the Social Welfare Act. New low-rise apartment blocks with a high density of small flats are planned to be built for those who need more support and supervision, most of whom are in long-term accommodation. The starting point was that residents can be guaranteed "sufficient privacy (their own apartment)" but with the necessary community support. Similarly, existing dormitories should be converted, as a rule, into rented small flats or service apartments under the Social Welfare ActIn the event that this is not feasible, the dorm was to be eliminated, meaning that the municipality would no longer make any obligations for dorm housing.

The concept of HF does not appear in the government decision of principle adopted in February 2008. The basic decision included key elements of the HF model: providing secure housing and individualized support, and decoupling homelessness

management from the accommodation. Especially when Minister Vapaavuori, a few months earlier, when he received the proposal of the Group of the Wise, specifically highlighted the important openings in the Group's proposals, which will hopefully change the way the Finnish government approach homelessness.

However, there is no great drama behind it. Rather, it was about a certain kind of caution regarding the new policy in relation to political decision-making (Fredriksson, 2018). It was deemed too early to assess what practical measures the new model would require (Fredriksson & Kaakinen, 2018). Nor was there a desire to confuse the HF model with the much more politically charged, legally binding 'right to housing' approach.

A broader background memorandum prepared by civil servants in support of the government's decision in principle states that the reduction program will be built on the principle of HF. The resolution of social and health problems cannot be a precondition for the provision of housing, but housing is a precondition for the resolution of other problems of a homeless person. Housing creates the conditions for strengthening life management and goal-oriented activities(action) (Taustamuistio, 2008). The government accepted the research report, which encouraged the introduction of a number of HF-inspired initiatives to lessen and eradicate long-term homelessness in Finland (Juhlia et al., 2022).

4. Policy Formulation

A. Evening Session[16] and Decision in Principle

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[16] Evening session: every Wednesday evening, ministers jointly deliberate on key issues as an informal cabinet meeting presided over by the prime minister. It is a unique mechanism of cooperation that serves as a channel for negotiations between representatives of parties participating in the coalition (both prime minister and key minister) as a tradition of the Finnish government that has been around since the 1920s.

The Government discussed the proposal for a program to halve and eliminate long-term homelessness at its evening session on 30 January 2008 and approved the decision in principle at the Council of State meeting on 14 February 2008. The proposal was based on a presentation by a program working group set up by the Ministry of the Environment (known as the 'Hardworking' group), which drew almost exclusively on the proposals of the Name on the Door report prepared by the 'four wise men' group.

The government's actual position was formulated in the evening session. In the general debate of the evening session, all parties in the government came out in support of the program presented by Minister Vapaavuoriori. In summing up the debate, the Prime Minister made an important statement about the long-term implementation of the program when he said that the aim was to extend the program until 2015. The Second Minister for Social Affairs and Health, Liisa Hyssälä of the Center Party, who dissented from the unanimous support for the program in the general debate, opposed its adoption, arguing that most of the program would be the responsibility of the social services, including some of what should be the responsibility of the housing sector (Fredriksson & Kaakinen, 2018).

The core idea of the program was to target solutions for the long-term homeless based on independent and secure housing and tailored if necessary round-the-clock support. This was to be achieved by relying on three interlinked sets of interventions. First, the State channeled a 100% interest subsidy loan and an investment grant to cities and non-profit service providers to provide some 2 500 subsidized housing or care homes over the program period (Fredriksson, 2018). Of these, a couple of thousand were to be allocated to the capital region and the rest to other cities affected by homelessness.

Secondly, new types of housing units to meet individual needs were needed to make housing for the long-term homeless a success. The use of dormitories for long-term

homelessness was abandoned and replaced by housing units for independent, supported, and supervised living. A 50% state subsidy was allocated to the municipalities' payrolls to cover the costs of support staff in the new units. Thirdly, efforts were made to prevent homelessness by increasing support for the development of rental housing for young people and extending the activities of municipal housing advisers.

The homelessness eradication program was set up The PAAVO program, which was launched directly as a nationwide program, not as a small experiment. After the government's decision in principle, a big meeting was immediately held with all the cities that were going to participate (Fredriksson, 2018).

B. The Plan

The 'Name on the Door' report was submitted in 2007, and the following stage of the story concentrates on Minister Jan Vapaavuori's strong dedication to the HF model's content and premises. In order to make the HF model a reality in Finland, Peter Fredriksson (2018b, p. 140) claims that he immediately got to work organizing long-term government financing for housing and accompanying support services (Juhlia et al., 2022).

The breakthrough of the HF policy and the systemic change of housing services for homeless people took place as an integral part of the program to end long-term homelessness (2008-2015), which was implemented during ten successive governments. The program was divided into two independent program periods (2008-2011 and 2012-2015) in line with the terms of the Parliament and the government. In practice, the program's objectives (goals), networks, policies (operating methods), and resources were defined in the first programming period.

The four programs' objectives and substance are best described as follows.

The program to reduce long-term homelessness PAAVO I (2008–2011). The core aim of Paavo 1 was to tackle long-term homelessness and to improve the prevention of homelessness. The program to reduce long-term homelessness from 2008 to 2011 was based on a principal decision by the government on February 14th, 2008 (Kaakinen, 2012). The target was to halve long-term homelessness by the year 2011 by creating sustainable and permanent solutions. The targets of the program were based on suggestions made by a working group led by vice mayor Paula Kokkonen (Ahkerat 2008) and on the previous report (Name on the Door 2007) by the working group nominated by the Ministry of Environment. The aim was to create an integrated program that enables tackling the hardest long-term homelessness and improves the prevention of homelessness. The target was to halve long-term homelessness by the year 2011 by creating sustainable and permanent solutions. In practice, the implementation was made by applying the HF principle which in Finland has meant a home of one´s own with a lease based on the Act on Residential Leases and individual support services when necessary. One of the targets was to get rid of hostels that maintain and lengthen homelessness. As a quantitative target, this meant providing at least 1250 new dwellings, supported dwellings, or service housing for the target group in 10 cities taking part in the program. The program was designed to deliver at least 1,250 new dwellings and supported housing places for long-term homeless people in the 10 participating cities. A key target was to cease using shared shelters and replace them with housing units with permanent tenancies. Preventive measures, such as housing advice and the national project on supported youth housing were also included in the PAAVO 1 program (Pleace et al. 2015, p.17; Kaakinen, 2012, p. 3).

The program to reduce long-term homelessness PAAVO II (2012–2015). Elimination of long-term homelessness by 2015, reduction of the risk of long-term homelessness

by making the use of social housing rental stock more efficient, and creation of more effective measures for preventing homelessness (Pleace et al. 2015, p. 20).

The action plan for preventing homelessness in Finland AUNE (2016–2019). The goal of the action plan was to link the work on homelessness more extensively to the whole of the work on preventing social exclusion based on the HF principle. In practice, this means ensuring that housing is secured whenever the client is met in the service system. The target group of the program includes people who have recently become homeless and those who have been homeless for longer periods, as well as people at risk of becoming homeless, such as young people or families overburdened by debt or at risk of eviction, some of the young people leaving their childhood home for independent life, people undergoing mental health rehabilitation and substance abuse rehabilitation, clients transitioning from institutions to independent living, child welfare after-care service clients, and some of the young people whose child welfare after-care ends when they become 21, asylum seekers who have received a residence permit but have failed to integrate, as well as homeless released prisoners or prisoners going on parole (Pleace, 2017).

Cooperation program to halve homelessness (2020–2022). The key objective is to strengthen the homelessness work of local authorities through the use and development of social services by allocating more affordable housing for people at risk of homelessness. This will be achieved when municipalities set up cooperation networks at the local level and homelessness work will be established as part of the core activities of municipalities (Ministry of Environment, 2021).

The program was implemented and coordinated by the Ministry of Environment in the state administration. Other departments involved in the implementation included the Ministries of Social Affairs and Health, the Criminal

Sanctions Agency, the Housing Finance and Development Center of Finland (ARA), and the Finnish Slot Machine Association (RAY) (Kaakinen, 2012). Helsinki, Espoo, Vantaa, Tampere, Lahti, Jyväskylä, Oulu, Joensuu, Kuopio, and Turku were among the ten cities that signed letters of intent with the state administration and had the highest rate of homeless individuals (Fredriksson, 2018). The implementation included participation from several regional and national NGOs together with other related service providers.

For those who have been homeless for a long time, permanent housing tenancies were created in the first two programs. And temporary housing options, particularly shelters, were eliminated (Juhila et al., 2022). Alongside this emphasis, the prevention of homelessness was a goal. The third initiative, AUNE, placed increased focus on individually contacting homeless persons and those in the service system who are in danger of losing their houses need additional support, along with broad-scale actions to offer affordable housing and get rid of shelters (Frank et al., 2021). It was believed that developing focused housing social work was particularly crucial to reducing homelessness (Granfelt, 2015). The target groups (types of persons) with whom this strategy should be reinforced were also included in the program.

The fourth program is to incorporate HF into municipal government initiatives and make it the cornerstone of national efforts to combat homelessness. The program places a strong emphasis on inter-municipal collaboration. The organization's 2020 implementation strategy, HF 2.0: Let's do jointly a possibility for everyone, was developed through a change laboratory process (cf. Engestro m et al., 1996) that included several major actors working on homelessness in large cities and non-governmental institutions (Asunto ensin 2.0). In addition to a low-threshold strategy for decreasing and avoiding homelessness, encounters with homeless individuals, and

persons at risk of becoming homeless, it advocates for stronger integration of substance abuse, mental wellness, and housing assistance services (Juhila, et al, 2022).

Also, the programs have been supported and assessed by independently funded research-oriented developmental initiatives and university research projects, which have provided empirically based information for further enhancing the programs. The Finnish Funding Agency for Technology and Innovation (now Business Finland) provided funds for the Name on the Door project, which ran from 2010 to 2012. This project developed HF-based services, built a network of important HF actors in major municipalities and NGOs, worked with a PHF organization, and established the first HF website in Finland (Asunto ensin, 2021). The Finnish Work Environmental Fund has contributed to the above-mentioned change laboratory, "Learning and agency across sectors and levels to eradicate homelessness," coordinated by Annalisa Sannino. The Academy of Finland provided funding for Kirsi Juhila's research project named, "Long-Term Homelessness and Finnish Adaptations of the HF model," which was conducted from 2011 to 2015 as part of the Future of Housing and Living Initiative.

Building cooperation at the central government level meant that, from the outset, efforts were made to involve all relevant ministries, agencies, and donors in agreeing on common objectives and measures, as well as on the budget and human resources allocated to them (Fredriksson, 2018). On the other hand, there was no other way forward, since, for example, the Ministry of the Environment had only its own budget at its disposal.

While agreement on the financing of housing and Assistance for Restructuring their Economies (PHARE) projects was easily reached, financing the increase in staffing for new support services for the long-term homeless proved more challenging

(Fredriksson & Kaakinen, 2018). The program[17] team concluded by proposing that the Ministry of Social Affairs and Health allocate 50% of the cost of support staff salaries for the duration of the program to projects under the program to end long-term homelessness (Riekkinen et al., 2016). The projects could be owned by the cities or outsourced.

This was not a "slam dunk" as inter-ministerial cooperation between ministries usually became immediately difficult if no joint funding was proposed for a project. The Ministry of Social Affairs and Health, led by State Secretary Ilkka Oksala, looked for alternative solutions. In the end, Minister of Housing Vapaavuori, who was responsible for the political preparation of the program, Minister of Basic Services Paula Risikko, and Minister of Finance Jyrki Katainen agreed (Fredriksson & Kaakinen, 2018).

The funding was "cleared" from the national social welfare and health care development project, the so-called Caste program, which was being prepared at the same time (Fredriksson & Kaakinen, 2018). In the first year (2008), however, STM's own development funds were used (0.3million), but for the remaining years of the program period 2009-2011, the state funding (€10 million) was implemented under the Caste program, half between the Ministry of Social Affairs and Employment and half between the Ministry of Finance and the Ministry of Social Affairs and Employment. In 2012-2015, the funding was entirely based on the STM's allocation under the Caste program.

The stalled preparation was put to an end when the government approved a decree. on state subsidies for development projects under the Caste program. The government's effort to end long-term homelessness, which runs from 2008 to 2011,

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[17] The AHKERAT program working group was chaired by Paula Kokkonen, deputy city manager of Helsinki's social and health services. The representative of the Ministry of Social Affairs and Health was Chief Inspector Anne Hujala.

classifies the provision of support services for new housing units as a development project as well. To pay for the additional workers needed to deliver the support services, state subsidies may be provided (housingfirst. fi, n.d.). The decree entered into force on 1 May 2008, just in time for the round of negotiations between the State and the cities scheduled for May-June.

5. Implementation

The "PAAVO I" program (2008–2011) to eliminate long-term homelessness was launched by the Finnish government in 2008. The development strategy was based especially on the views of four homelessness specialists. Starting with this national program, the Ministry of Environment went on to administer a total of four government initiatives built around the idea of HF. By using the lessons from the earlier national initiatives, each program has continued to reduce and prevent long-term homelessness (Juhila et al., 2022).

The government's main decision from February 14, 2008, served as the foundation for the effort to abate long-term homelessness from 2008 to 2011. State officials and the ten participating communities signed letters of intent on the implementation of the initiative. Agreements of Intent contained city-specific implementation plans, which became effective on September 1st, 2008.

Building on the Government's Statement of Principles, all ten cities participating in the program drew up their own detailed implementation plan and signed a Memorandum of Understanding with the government to implement the measures. However, it was not a foregone conclusion at the initial stage of program preparation that all the cities in the region would participate.

For example, during the work of the program working group chaired by Deputy Mayor Paula Kokkonen, the question arose as to the conditions under which the City of

Helsinki could be involved in the program, given that views were expressed that improving services might in fact only accelerate the migration of homeless people to the capital. However, Kokkonen and the rest of the city's management were prepared to take on the city's share of the program if the government's contribution was as envisaged (Fredriksson, 2018). The City of Turku only became involved after Minister Vapaavuori had several contacts with the Mayor of Turku.

Both consider Jan Vapaavuori's role to be important in the rapid turnaround of homelessness work. Vapaavuori wanted to lead homelessness work directly as a minister, rather than burying himself in working groups.

A. Building Cooperation

Building cooperation at the central government level meant that, from the outset, efforts were made to involve all relevant ministries, agencies, and donors in agreeing on common objectives and measures, as well as on the budget and human resources allocated to them. On the other hand, there was no other way forward, since, for example, the Ministry of the Environment had only its own budget at its disposal.

While agreement on the financing of housing and PHARE projects was easily reached, financing the increase in staffing for new support services for the long-term homeless proved more challenging. The program team concluded by proposing that the Ministry of Social Affairs and Health allocate 50% of the cost of support staff salaries for the duration of the program to projects under the program to end long-term homelessness (Peter Fredriksson & Juha Kaakinen, 2018). The projects could be owned by the cities or outsourced.

This was not a "slam dunk" as inter-ministerial cooperation between ministries usually became immediately difficult if no joint funding was proposed for a project. The

Ministry of Social Affairs and Health, led by State Secretary Ilkka Oksala, looked for alternative solutions. In the end, Minister of Housing Vapaavuori, who was responsible for the political preparation of the program, Minister of Basic Services Paula Risikko, and Minister of Finance Jyrki Katainen agreed (Fredriksson & Kaakinen, 2018).

The funding was "cleared" from the national social welfare and health care development project, the so-called Kaste program, which was being prepared at the same time. In the first year (2008), however, STM's own development funds were used (0.3 million), but for the remaining years of the program period 2009-2011, the state funding (€10 million) was implemented under the Caste program, half between the Ministry of Social Affairs and Employment and half between the Ministry of Finance and the Ministry of Social Affairs and Employment. In 2012-2015, the funding was entirely based on the STM's allocation under the Caste program.

The stalled preparation was put to an end when the government approved a decree on state subsidies for development projects under the Caste program. According to the decree, "the provision of support services for new housing units under the government's program to reduce long-term homelessness 2008-2011 is also considered a development project. State aid may be granted to cover the costs of the additional staff required to provide the support services." The decree entered into force on 1 May 2008, just in time for the round of negotiations between the State and the cities scheduled for May-June.

An broad network is used to carry out the new program's preparations. The programs have also been supported and assessed by independently funded research-oriented developmental initiatives and university research projects, which have provided empirically based information for further enhancing the programs. The Finnish Funding Agency for Technology and Innovation (nowadays Business Finland) provided funding

for the Name on the Door project, which ran from 2010 to 2012. This project developed HF-based services, built a network of important HF actors in major cities and NGOs, worked with a PHF organization in New York, and created the first HF website in Finland (Asunto ensin, 2021). The Finnish Work Environmental Fund has contributed to the above-mentioned change laboratory, "Learning and agency across sectors and levels to eradicate homelessness," coordinated by Annalisa Sannino. The Academy of Finland provided funding for the research project Long-Term Homelessness and Finnish Adaptations of the HF model, which was directed by Kirsi Juhila and ran from 2011 to 2015, as part of The Future of Housing and Living Program (Juhila et al., 2022).

With these four measures, HF has become the cornerstone of the Finnish government's long-term homelessness strategy. This establishing procedure has also benefited from HF's study. The process was initiated at the governmental level, and via the programs, it was put into practice in local governments and became a guiding concept for many public and non-governmental agencies that assist the homeless. The critique of the once common staircase model had been a significant impetus for change at the grassroots level of homelessness work as well as among scholars for a long time, even if the process has been administratively directed by changing administrations. It may be claimed that the early HF representatives in Finland channeled this criticism and succeeded in persuading the political leaders of the day, particularly the Minister of Housing Jan Vapaavuori, of the necessity of a new approach to long-term homelessness policy and practice (Juhila et al., 2022).

Implementing HF in Finland demonstrates what can be accomplished with national support, prioritization of ending homelessness, and working in collaboration.

B. Memoranda of Understanding

Memoranda of Understanding (MoU) was signed with the cities, agreeing on all the new housing units, the staff to be hired, and the funding from the state, the cities, and the PHARE for practically the next ten years. "The letters of intent were absolutely crucial for success," says Fredriksson (Lassy, 2018, p. 210).

Kaakinen led the program for five years. "This model is a major social innovation precisely because of the way it is implemented," says Kaakinen (Lassy, 2018, p. 210).

The program was based on the ethical view that human dignity and home ownership are indivisible rights. "The focus was never on changing legislation, but we felt that legislation would not prevent us from eradicating homelessness," say Kaakinen and Fredriksson (Lassy, 2018, p. 210).

MoU became, alongside the commitment of the government, a crucial link in the spread and uptake of system change at the local level (Fredriksson & Kaakinen, 2018). The MoUs identified the homeless people most in need of urgent support, agreed on concrete projects, channeled the necessary state and municipal funding, defined the main content of the project plans and the plots and properties needed, quantified the staff and skills required, and agreed how and by what indicators the results of the program would be assessed (Fredriksson & Kaakinen, 2018).

The aim was to minimize uncertainty to the extent that, if for one reason or another, a priority project was not feasible, it could be replaced by a project from a so-called Plan B. The letter of intent has been able to build a transparent and efficient path from the government's decision in principle and the steering of public funding to a housing and support services solution for an individual homeless person (Fredriksson & Kaakinen, 2018).

For the first time, a new architecture for housing services for the homeless was outlined in the Executive Plans and MoU (Karjalainen, 2018). In each of the ten MoU concluded by the State with the ten cities, it was stipulated that the projects would be implemented on the basis of tenancy or sheltered housing with the necessary individual support. Social services for homeless people must provide their clients with a form of housing that meets their individual housing capacity and support needs. It was required to end the practice of using dorm rooms to house the chronically homeless and convert them into assisted housing units. These elements were put into practice in all the contract cities during the program period through the tendering of services, either in the city's own service provision or through municipal contracts for the purchase of services.

C. Service Provider and SGEI

An interesting departure from this model was the procurement of services for the long-term homeless by the City of Helsinki, which eventually lost a legal dispute involving 700 dwellings. The City of Helsinki's Social Affairs Board decided (22 February 2011) that the housing services for the long-term homeless would not be put out to tender under the Procurement Act, but rather under the Services of General Economic Interest (SGEI) arrangement[18]. The service providers selected to provide the services in accordance with the service obligation. According to a study launched by the

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[18] Services of general economic interest (SGEI) : Services of general economic interest (SGEI): State assistance regulations pertaining to SGEI may be implemented under particular situations if the market is not operating as intended but the authorities still intend to guarantee that a service that is crucial to people is provided at all times. Since SGEI legislation solely applies to services that are crucial to citizens or the operation of society, not all services may be protected under it. In reality, a company's capacity to deliver a certain service is secured by giving it a mandate. A company's requirement to perform public service is frequently offset by financing the provision of services through public resources (Pesaresi, 2012)

Board, in 2011-2012, there was a shortfall of 223 places in the market supply of housing services for the long-term homeless. The market was therefore not functioning satisfactorily in the public interest and on terms set by the public authorities.

Moreover, the housing services for the long-term homeless provided by the City of Helsinki must be considered social housing, which in itself is already defined in Finland as a service fulfilling the criteria of SGEI. The City intended to set the duration of the contract at 15 years (Fredriksson & Kaakinen,2018).

The excluded service providers, who did not have the residential property to provide the service, appealed to the Market Court (Fredriksson & Kaakinen,2018). The Market Court annulled the decision of the Social Board, and the City of Helsinki referred the case to the Supreme Administrative Court (KHO). The KHO concurred with the judgment of the Market Court. KHO ignored the relevance of the SGEI procedure since the Public Procurement Act does not contain a specific exemption provision that would allow the service procurement in the case at hand to fall outside the scope of the tendering procedures laid down in the Public Procurement Act on the grounds that it is a public service obligation (SGEI service). As a result, the city re-tendered the services, setting the contract period at four years and reducing the number of staff required from the service providers.

Service providers and owners of rental housing were also caught in the middle of the change. A total of 64 new housing and support services projects were launched during the program, introducing the HF approach. In most cases (43 projects), the service provider or housing provider was a foundation, association, or company selected through a purchase contract. In the remaining projects (Karjalainen, 2018), the service provider was the municipality or an organization owned by the municipality.

The transition to the new model required sensitivity in organizing housing and

services according to local needs. This involved changes in rooming and quality levels, tenancy conditions and practices, meeting and accompanying clients, individual service plans, rules for living together, the functioning of housing and service chains, and new staff orientation and training.

D. Leading Role

The growing introduction of the HF service has highlighted a number of professional issues on which the professional groups working on homelessness have had to take a stand (Fredriksson & Kaakinen,2018). In particular, there is a need to develop the personalized targeting of the support needed for successful housing and the capacity of the service system to strengthen the capacity of residents to function and integrate into the community (Fredriksson & Kaakinen,2018).

The multidisciplinary network of actors and partners and the different levels of preparedness of cities and donors for implementation underlined the leadership of the process. An intensive management approach was built into the program, fostering openness, trust, and collective learning. According to Mr. Vapaavuori, a strong operational approach was taken to the implementation of the program: "We drove decisively for big change and followed it up, addressing any slippage immediately" (Fredriksson & Kaakinen, 2018, p. 128).

Perhaps the most visible "slippages" were related to how to ensure that government support was actually going to the right place, i.e. to the long-term homeless (Fredriksson & Kaakinen, 2018). Sometimes the problem was whether the target group of homeless people fitted into the rather strict definition of homelessness agreed upon in the program. There were also some projects in the program where the professional support envisaged for future residents was clearly inadequate in relation to their needs

for support and care (Fredriksson & Kaakinen, 2018). The adoption of such a procedure could have jeopardized the whole program and reinforced an inefficient service system in which long-term homeless people receive either "too little" or "too much" support in relation to their needs.

The day-to-day management of the program was formally organized in a fairly traditional way: an open homelessness seminar once a year, a broad steering group representing all stakeholders, a narrow steering group bringing together key stakeholders, a full-time program director, city homelessness steering groups and support groups for a number of building projects and schemes (Fredriksson & Kaakinen, 2018).

A key role was played by a small steering group: a working body bringing together ministries, major cities, donors, and organizations, with officials with operational responsibility, employees, and leaders of organizations. It met for twenty years, 6-8 times each year. The group was directly informed about the progress of the program, the status of projects and programs, and the mood on the ground and among decision-makers, and, where necessary, had a direct channel for stepping up implementation and launching the preparation of new measures.

The group also had a direct link to the parallel development of the program, training, knowledge sharing, dissemination, and support for the implementation of the approaches (Fredriksson & Kaakinen, 2018). Name on the Door was a Tekes-funded project to develop services for homeless people, which ran from 2010 to 2012. The project involved the cities of Espoo, Helsinki, Tampere, and Vantaa, the Helsinki Deaconess Institute, Silta-Vermennusyhdistys, and Vailla vakinaista asuntoa ry (Kaakinen, 2012). The development work findings were used to create a website. (asuntoensin.fi) and an online handbook on housing social work to support housing-first

services.

E. The Development work

The development work continued in 2013-2015 as a Network Developers project, involving the Y-Foundation, the Helsinki Deaconess Foundation, the Sininauhasäätiö, Vailla vakinaista asuntoa ry and the Rauma Seudun Katulähetys. The project was implemented with funding from the Finnish Funding Agency for Social Funding (Raha-automaattiyhdistyksen). The aim was to increase the role of organizations in the development of homeless services, as well as shed light on and establish the Finnish HF principle for implementation (Y Foundation, 2017). During the project, 39 different events were organized, involving almost 1,000 participants (1,943 attendances) (Fredriksson & Kaakinen, 2018). A key result of the project is the creation of a national structure for homelessness work that coordinates development work across sectors and regions (Fredriksson & Kaakinen, 2018).

F. Localized System

The process of creating a service system based on the HF principles has many elements in common, but the details of its implementation naturally vary depending on local circumstances. For example, in Tampere, the traditional institutional housing services have been abandoned in the last ten years (2008-2017) and replaced by a large number of supportive housing units and 228 new dwellings. Since 2009, alcohol abuse has no longer been a barrier to tenancy, and since 2017, drug users have also been able to live in a supported accommodation unit on a tenancy basis.

In the development of housing in Tuctu, a number of projects and cooperation models have been launched during the program, in addition to the normal housing stock.

Individual flats are purchased with social support at affordable prices in different parts of the city and rented out to those in need to better ensure equal treatment and successful housing for people with special needs. The focus of services is gradually shifting away from the construction of supportive housing units and towards the prevention of homelessness.

G. Prevention Efforts

The need to improve the effectiveness of preventive work in the post-war period has been addressed from various angles in a number of reports and legislation that have guided the development of the service system. The Alcoholics and Detainees Act (60/1936), which came into force in 1937, already stressed the importance of preventive service work. Unfortunately, practical action has been lacking (Karppinen, 2018). The Social Welfare Act (1301/2014), which entered into force in 2015, emphasizes the promotion and maintenance of well-being and social security. The law sends a strong message to develop the service system in a more preventive way in a spirit of multidisciplinary cooperation.

During the long-term homelessness reduction programs (2008-2015), several measures were taken to contribute to the prevention of homelessness (Karppinen, 2018). By investing in housing advice and highlighting the positive impact of homelessness work, the conditions were created for developing more comprehensive homelessness prevention work (Karppinen, 2018).

The Action Plan for the Prevention of Homelessness (AUNE), launched in 2016, focuses on preventing homelessness and preventing relapse into homelessness. It also supports the implementation of the objectives of the Social Welfare Act. For example, the Municipal Strategies for Homelessness Prevention - Early Care, Inclusion and

Housing Support project is working to embed homelessness prevention plans in six cities (Karppinen, 2018).

The aim of prevention in residence (PRE) in Finland is to prevent people from becoming homeless or, in other words, to secure their housing. In practice, this means addressing risks of homelessness, such as rent arrears, at the earliest possible stage, and supporting the tenant in managing rent payments and planning for financial management (Karppinen, 2018). In the period of homelessness (IN), prevention work focuses on preventing the homeless situation from worsening. In reality, this entails providing a safe place to stay in emergency lodging as well as meeting basic necessities and maintaining one's health. In the post-homelessness phase (POST), the main focus of prevention is on preventing a relapse into homelessness, such as strengthening the inclusion of the resident and his/her attachment to the surrounding community.

Preventive measures can also be divided into three categories, depending on the segment of the population they target (Karppinen, 2018).

The first of these addresses the underlying causes of homelessness by strengthening the protective factors against homelessness at the level of the population as a whole, such as well-being, employment, equality, and adequate housing provision.

In the second category, measures target groups at immediate risk of homelessness or risk of homelessness, such as securing housing for those released from prison and preventing evictions.

The third category includes measures targeting people who have already experienced homelessness and aiming at preventing relapse into homelessness and mitigating the consequences of homelessness (Karppinen, 2018).

H. Housing Counseling

In Finland, housing counseling has developed as a continuation of the social

hosting experiments that started in the 1980s, which arose from the need to serve residents beyond technical maintenance of the living environment. Resident-centered community work, the extension of the traditional scope of work of housing associations, and the coordination of regional cooperation and service networks became key elements of social management (Fredriksson & Kaakinen, 2018).

At the end of the millennium, the need for closer cooperation between public authorities, residents and property workers was felt in property companies with social housing. However, this cooperation proved difficult without a coordinating body. The financing of the necessary work also had to be resolved, because, from the point of view of the property companies, the scope of the task was broad and included many tasks that were not part of the property company's remit and could not therefore be entirely borne by it.

The EU-funded Urban neighborhood development programs at the turn of the millennium provided a suitable funding channel for several housing counseling experiments, of which the Kontula Real Estate Housing Counsellor project in Helsinki can be considered one of the most significant in terms of the development of housing counseling today (Haapanen, 2004).

In the early 2000s, housing counseling rapidly expanded to different cities. The spread and consolidation of this new form of work were mandated by its ability to respond to the needs of rental housing companies to reduce rent arrears and costs associated with poor property management and tenant turnover and to increase housing comfort. During the same period, the immigrant population grew rapidly, increasing the need for housing advice and guidance. The need for guidance in the field of everyday housing advice was also quickly identified among the native population, particularly young people. At the turn of the millennium, housing counseling to familiarize young

people with living in youth hostels and to help them start to live independently was launched with funding from the European Social Fund.

Housing counseling was well suited to the range of tools available for homelessness work and neighborhood development and was given a boost in the 2000s by homelessness reduction and neighborhood programs. With the 2008-2011 program for the reduction of long-term homelessness, the national guidance and development of housing counseling was incorporated into the remit of the Housing Financing and Development Agency, ARA. ARA has been providing grants for the start-up and development of housing advice since 2009.

Housing advice is organized differently in different localities, and there may be several different housing advice providers in the same locality. Housing advice may be based in a rental housing association or a social and health department, or run by a local organization. A generally effective and efficient solution has been to organize housing advice in close cooperation between the rental company or companies and the social and health services.

The strengths of housing counseling are its multi-professional, cross-sectoral approach (housing, real estate, social services) and easy access to housing counselors (Fredriksson & Kaakinen, 2018). For social services, housing advice is seen as a housing expert. For the landlord, housing advice has the advantage of being resident-centered and preventive, agile, and bringing together different partners. For the tenant, housing counseling offers a low-threshold service where they are treated as a whole, taking into account their housing, finances, and mental and physical well-being. Impact evaluations also show that housing advice brings clear cost savings for property companies, social services, and public finances in general.

The agility of housing advice is reflected in its ability to respond to the

challenges of the times and the needs of various target groups, and to bring together the expertise of different actors. Examples of this include the addition of a psychiatric nurse to the City of Helsinki's housing advice team and the peer support of immigrants through the Asumiskummi activity. Housing advice can also provide important local and up-to-date information on housing-related problems and their causes, as well as on weaknesses in the service system, which is important for social exclusion prevention work   (Fredriksson & Kaakinen, 2018).

Housing advice is above all preventive in nature - it aims to address the problems of the resident at the earliest possible stage (Fredriksson & Kaakinen, 2018). The most typical reasons for becoming a housing advice client are rent arrears, poor housing management, and various housing or service needs assessments. Many housing advisers also describe their work as outreach work, where contact about housing and home visits leads to referrals to other services.

The capacity to help clients holistically also depends on the ability of the rest of the service system to absorb clients referred by the housing adviser. Many housing advisers have felt that they have been overlooked alone with challenging clients, or that their work is expected too much of them (Karppinen, 2018). However, as their work has become more established, housing advisers have reported an increased need for earlier intervention. The means of early intervention are at best very simple and easy to implement, such as the letter policy, which has proved very effective in several cities, whereby a tenant receives a recommendation to contact a housing adviser when a rent demand is made.

I. Supported Housing Services

The housing advice service described above is an example of a service that is

easily accessible to residents and whose effectiveness is based on cross-sectoral, multidisciplinary cooperation (Fredriksson & Kaakinen, 2018). Similar types of services developed to prevent homelessness and prevent relapse into homelessness include supported housing services delivered in the client's home by teams of professionals from different sectors, bringing housing and financial advice to low-threshold service points such as youth centers, and training professionals to address housing issues as part of client work.

Supported housing services have long been provided to ensure transitions from institutional care to independent living for different client groups, such as people with mental health and substance addiction problems, criminals on release, and youth leaving child protection institutions. In the best cases, the service has been able to secure independent living in transitional phases and effectively prevent homelessness. Supported housing in homelessness work has been developed in a more multidisciplinary way to enable homeless people who have been homeless for a long time to start living independently, prevent former homeless people from falling back into homelessness, and support their rehabilitation. In addition to housing security, clients have been provided with home-based services, including health, mental health, and substance abuse services, depending on the service provider. Some projects have focused in particular on teaching housing and financial management skills (Fredriksson, 2018).

In mental health work in Finland, there have been some promising experiments with the ACT model in homelessness prevention - one of the most interesting being the mobile outpatient care at Aurora Hospital (Dhalmann & Karppinen, 2018).

When Finland introduced the first low-threshold service points for young people, the four counseling centers employed housing specialists. The housing experts

have helped young people to apply for housing, solve housing problems and deal with housing issues that are on their minds. In several of the centers, young people are offered financial advice and information on managing their own finances, in addition to housing issues. In April 2017, financial advice was offered in ten centers, and housing advice in 15 centers. Addressing housing and finances together seems to be an appropriate way to support young people to become independent and start living in their own homes.

Professionals are also being trained to talk about housing and to better identify clients at acute risk of homelessness. Housing and social skills days have been organized for operators in six cities (Fredriksson, 2018). Alongside social workers, key players are health, employment, financial, and debt counseling staff who meet people in transition on a daily basis. Alongside early identification of risks, there is also a need for skills and resources to deal immediately with emerging threats of homelessness (Karppinen, 2018). At its simplest, the HF principle in homelessness prevention is to ensure housing security at every point of contact with the client.

Chapter Three: Policy Transfer of Housing First

Framework

Authors of "Learning from Abroad: The Role of Policy Transfer in Contemporary Policy-Making," Dolowitz and Marsh found that the majority of the studies using policy transfer, including those reviewed in this paper, implicitly or expressly assume that the process has led, or would lead, to the effective adoption of a policy, program, or institution (2010). Dolowitz and Marsh, on the other hand, argue that policy transfer can, and frequently does, lead to policy failure. In this regard, the authors accentuate the necessity to investigate the association between transfer and policy success or failure. In

this section, using Dolowitz and Marsh's established definition of what is policy "success" or "failure" to concentrate upon "the extent to which policy transfer achieves the aims set by a government when they engaged in the transfer or is perceived as a success by the key actors involved in the policy area (Dolowitz & Marsh, 2000, p.17)," policy transfer "success" and "failure" are discussed.

Dolowitz and Marsh, in their study, contributed three factors that affected the British Child Support Agency as a policy failure. Dolowitz and Marsh viewed the reasons for the British's policy transfer failure as: first, the policy transfer was uninformed. The authors point out that the British only focused on the Wisconsin child support enforcement system Without an in-depth analysis of how the Child Support Enforcement System (CSES) worked in other states, and indeed a more comprehensive examination of the Australian CSA, which drew lessons from the U.S. experience, it is unlikely that the government would have recognized both some of the limitations of the Wisconsin system and how crucial role the courts played in the operation of the CSES in the majority of U.S. states. Second, the transfer was incomplete as the vital role of the policy lacked as the agency replaced the courts and DSS maintenance arrangements without realizing the importance of the role, and third, the transfer was inappropriate because it aimed at different values that eventually lead to contradictory aims.

Based upon Dolowitz and Marsh's policy transfer's examining points, I shall analyze the case of HF as policy transfer regarding two different nations, the United States and Finland, issues accordingly as they offer examples of the uninformed, incomplete, and inappropriate transfer.

I. The Pathways to Housing First (PHF) model, the Original Model

To house people who were chronically homeless and had been given a diagnosis

of severe psychiatric disabilities and addiction problems, PHF in New York City started using supported housing in the early 1990s. This type of housing is made up of independent apartments that are rented from local landlords and offers intensive off-site support (Aubry et al., 2015). Without any prerequisites, these individuals received assistance moving from the street into apartments (SAMHSA, 2007). The Pathways program was renamed Housing First (HF) to distinguish it from the traditional supportive housing model, which often demanded treatment and sobriety with the aim of stabilizing individuals before granting homes. By relocating individuals promptly into regular private market rental accommodation and removing access hurdles with furnishings and support services, HF offered rental assistance through an ACT or ICM program (Tsemberis, 2010).

The Pathways to HF model's ideological premise holds that housing is a basic right that doesn't need to be earned. The foundation of a psychological healing process is housing. Traditional housing services, usually referred to as the staircase or the CoC models, are viewed as being challenged by HF. The Pathways concept relocates homeless individuals with mental health conditions off the streets into their own residences, facilitating community inclusion. 2016 (Padgett et al.)

The principles behind this approach are:

1. Housing is a basic human right, rather than something the person with a mental health disorder or substance use disorder has to earn by first being in psychiatric treatment or achieving sobriety

2. Providing a client a home provides dignity and ignites hope in individuals who have often been treated in an undignified manner and who have felt hopeless for years. Moving from homelessness into a home of one's own leads to physical and psychological healing and changes a person's status from an outcast to a valuable

member of the community.

3.It is crucial to establish reciprocal, trusting relationships in which clients are treated as respected, dignified individuals who deserve warmth and compassion

4.Housing and service delivery are physically separated.

5.Housing is scattered and integrated into the community

6.Services are formulated and directed by a client's self-identified goals. Clients have the right to choose, modify, or refuse services and supports at any time except for one weekly home visit with staff.

7.Clients with mental health disorders are not required to take medication or participate in formal treatment, nor are clients with substance use disorders mandated to pursue substance use treatment

8.The PHF program uses a harm-reduction approach.

9.The PHF program embodies a recovery orientation that is now the foundation of mental health service reform (Tsemberis, 2010, pp.30-31).

What follows is a more detailed discussion about these beliefs, values, and principles, and how they govern the PHF approach. Overall, PHF's purpose is to create a program equivalent to unconditional love (Tsemberis, 2010).

· Housing as a Basic Human Right

In the PHF program, housing is not provided to induce someone to get into treatment or as a threat to force someone to sober up. Instead, it is provided as a matter of right.

The PHF program has an 85 to 90 percent success rate for finding residences for and maintaining housing for long-term homeless persons. Numerous credible scientific and empirical studies carried out by various experts

across many programs have verified this rate. Meanwhile, even after all of the studies, years of operation, and thousands of people housed, no one can tell which tenants will thrive and which will fail. In this regard, in the PHF program, every homeless person with a mental health illness or a drug use disorder diagnosis is provided help and an opportunity to flourish in his or her own house. The program does not practice screening (except to ensure that the most vulnerable are selected and admitted) and does not presume to know who will succeed.

It is for that reason that Pathways HF is renowned as a program that places anyone, regardless of handicap or addiction, in their own house.

·Respect, Warmth, and Compassion for All Clients

Every interaction between employees and clients is based on warmth, respect, and compassion. Although these characteristics are rarely mentioned in chart notes, they represent the heart and soul of the PHF program. They are the qualities that contribute to a healthy, happy, and forward-thinking relationship and program culture that benefits both clients and employees—and they must be present from the very beginning. A respectful, warm, barrier-free welcome is essential.

Although some physicians may believe that these features are self-evident, PHF draws particular attention to them here because it is significant to understand not only the components of an intervention but the quality with which that intervention is provided. For example, most programs include an intake phase in which a staff member sits with a client and gathers demographic and psychological information. But nonverbal communication is also occurring. What is the staff member communicating on this "channel"? Is this a routine intake, or

is it a respectful interview, with a warm greeting and welcome? Is this data collecting done passively, or is the staff engaged, interested, and empathically receptive to the client's responses? It is significant to attend to the nonverbal messages and attitudes we convey to our clients, because the most important messages—such as hope, respect, and the possibility of success—are conveyed through these channels.

·A Commitment to Clients

The majority of clients serviced by HF programs have a history of isolation and, ironically, the use of several care providers. When an individual is accepted into an HF program, staff members must consistently express a message of commitment to the individual. This commitment is especially visible when the client is hospitalized, jailed, or, in extreme situations, returns to homelessness.

·Scattered-Site Housing

HF rents adequate, inexpensive, and quality flats from community property owners. Apartments are rented at market rates and fulfill government housing quality criteria. This housing approach, known as "scattered-site independent housing," respects customers' preferences, such as selecting residences in familiar neighborhoods. The HF program does not own any housing. Instead, HF acquires cheap dwellings and offers rent subsidies on behalf of its customers, either directly or through conjunction with a housing agency (The affordability of areas and units limits certain housing and neighborhood options.).

The scheme restricts leases to no more than 20% of the apartments in any one building (The proportion may be greater for clients who live in small

multifamily apartments in the suburbs or rural areas.). This "scattered-site" characteristic of the housing model ensures that persons with mental health illnesses are not all placed in one building but integrated into their buildings and communities. Clients in this approach do not move into a ready-made housing program unit; instead, they move into their own flats in an area of their choice. Clients quickly see and appreciate the vast difference between these two approaches, and they take an active role in retaining the flats and transforming them into homes. They also start to invest in themselves.

When clients transition from being homeless to having their own apartment, enormous changes occur. People place a great value on their personal space and are strongly driven to maintain it. Some people begin working on their sobriety and seeking therapy on their own initiative in order to improve their own well-being and so increase their prospects of a successful stay. This outcome is worth emphasizing for HF, especially considering how insistent traditional providers are on treatment and sobriety before housing.

Another positive outcome of this scattered-site model is its dedication to integrating the clients into society. The other residents in the building provide a normative background for neighborly conduct, allowing HF clients to participate in community life in ways that were previously unavailable to them.

HF also enables a quick start-up and simple relocation. There is no need for lengthy project design and construction because the program's housing component is comprised of renting flats accessible on the open rental market. HF customers might go from sleeping on the streets one day to being housed and thinking about shopping for groceries and rent the next. If a client is having difficulty adjusting to their first apartment, they may be simply and swiftly shifted

to another one while still receiving the ongoing assistance and support of their off-site mobile treatment team.

·Separation of Housing and Services

All PHF clients receive ready and consistent access to treatment and full support services, often from a multidisciplinary team such as the ACT or ICM team. These teams are located off-site, but they are reachable 24 hours a day, seven days a week. They deliver the majority of services in the client's natural environment, which is generally their apartment, neighborhood, or office. The service is not time-limited; it is provided for as long as a client needs the specified degree of assistance.

The purpose of support and treatment is to assist clients in addressing their needs, which may include mental and physical wellness, employment, family reconnection, sobriety goals, and/or substance abuse issues. These therapeutic issues are considered distinct from clients' housing issues, which include things like apartment maintenance, rent payment, rent renewals, and so on. The requirements that define a client's success as a renter or a client of an ACT team are extremely different. For example, if a client has a psychotic episode and needs acute hospital care, he will be assisted in going to the hospital as well as returning to his residence following release. In this case, the housing domain and the clinical domain are distinct; meaning, he is not at risk of losing his house because of a clinical crisis.

He would be in danger of losing his rental property for the same reasons that any other leaseholder would: nonpayment of rent, too many guests, unlawful activities in the apartment, noise or disturbance, or any other lease violation. Even if he were evicted for one of the listed reasons, he would lose his apartment, but

because the HF team is located off-site, he would still have the team's assistance while moving to another apartment.

By separating the criteria for obtaining and maintaining an apartment from a client's treatment status while keeping a close ongoing relationship between these two components--HF programs assist in preventing the return to the streets when clients relapse into substance abuse or have a psychiatric crisis. When a clinical crisis arises, team members administer rigorous therapy or arrange admission to a rehab center or hospital. Yet, there is no need to include eviction or the prospect of eviction in a clinical crisis. When the crisis is over, the client just does what any other person would do: he or she returns home.

Similarly, if a client is evicted due to a lease violation, HF's housing team can help him relocate quickly into a different apartment if one is readily available. If not, housing workers will assist the client in finding a place to stay until a new apartment can be secured. Because the clinical staff is located off-site, away from any housing component, this continuity is possible. As a result, the same team members may assist the customer in moving from one location to another. In this way, the HF model ensures clinical care continuity during a housing crisis, as well as maintaining housing during a clinical crisis.

Separating housing and medical treatment has an additional advantage. Clients will require fewer or less regular clinical treatments as they build self-care skills and establish support and connections in their new neighborhoods. As a client's situation improves, the team will come to the residence less frequently. Clients can simply transition from ACT to ICM services with minimal disturbance to their residence. This separation of clinical and housing services provides for flexible modifications in service frequency and an easy approach to

continue matching the client's requirements to the assistance team's services while maintaining housing stability.

When the client is self-sufficient, housing and services can be completely separated. The client continues to remain in the unit and pay rent, and no program services are required. To graduate from the HF program, a client doesn't have to move out of a place of residence or transition elsewhere. Graduation simply implies that HF services are no longer provided or that the client receives less intense treatment through a community-based program while continuously living at home.

·Consumer Choice and Self-Determination

The remarkable success of the HF program gives credence to the idea that people who are experiencing homelessness and who also have mental health disorders are capable of defining their own recovery goals. This idea has long been resisted by traditional mental health services, but it is an idea whose time has come. A steadfast principle of PHF is that clients know what their needs are and have clear preferences about their lives and recovery. This client-centered approach serves as the foundation for initial engagement and directs housing and services throughout all program interactions.

The majority of traditional supportive housing programs are extremely controlled and only provide a limited number of client options. These overly regulated programs discourage autonomy by limiting choice, and they degrade the very abilities that recovered persons require to operate effectively in society.

In direct contrast to such programs, the HF ideology is based on client autonomy. Staff from the HF program begin by asking clients what they want, and

then they honor the response that many clients give: "I want a place to live!" Clients then actively collaborate with staff to choose the community in which they want to reside. They get to pick their own residences. They choose their own furnishings and household goods. They have the option of having a roommate if they so wish.

Clients begin to focus on other aspects of their life once they are housed, with security and safety no longer being a daily struggle. Some of these areas have long been neglected, and some represent new beginnings and new challenges. The range and variety of goals that clients, when housed, set for themselves are as diverse as the clients themselves: reconnecting with family, finding a job, treating long-term health issues, going grocery shopping, or simply regaining strength after the immense stress of living on the streets.

In the HF program, clients are supported and encouraged to choose which priorities to address as they start to create the life they desire. However, some restrictions cannot be altered. Meetings with program personnel must take place at least once a week for all clients. It's important to keep lines of communication open between program personnel and participants, especially during times of crisis or relapse. Client self-determination continues to be the cornerstone of the HF program, despite the fact that these meetings are required.

Respecting client self-determination is particularly significant at difficult times, such as when clients' financial resources are depleted, a landlord threatens eviction, or a client has relapsed into substance abuse. Staff must resist the urge to manage or resolve a chaotic situation in these scenarios. Instead, amid a crisis, personnel must make every attempt to assist clients in exploring their choices. One of the pillars of self-sufficiency is experiential learning, in which clients are

supported while they make their own decisions and witness the outcomes. Clients learn about their own decision-making process by making their own choices in tough situations, and they become better at arriving at sensible judgments in the future.

This process requires patience and a long-term commitment, because the behavior cycles for these critical events may take months to unfold, and repeated events may be necessary for the learning to occur.

·A Recovery Orientation

The HF program has long embodied a recovery orientation that is the foundation of mental health service reform (New Freedom Commission on Mental Health, 2003). The 2003 New Freedom Commission According to the Mental Health Report, recovery is defined as the process through which individuals can live, work, learn, and participate fully in their communities. Recovery in the HF program begins with client choice and self-determination. Clients' service plans are focused on their own treatment objectives rather than professional assessments of their requirements. This method keeps clients motivated and involved with the team.

Because treatment compliance and sobriety are not tied to retaining housing, clients are free to discuss any symptoms or substance use honestly and openly, without fearing that they will lose their housing.

The success of this service approach depends on staff and clients developing recovery-oriented working relationships. Staff must constantly transmit their idea that rehabilitation is feasible and even inevitable, thus they must be properly selected and trained. Each staff member must carry positive

messages about recovery, must convey hope, must avoid hierarchical power relationships, and must convey true caring and concern. In actual practice, staff members need to be aware that while doing things for clients may be permissible during the engagement or beginning stages of the program, the ultimate goal is to transition from doing things for clients to doing things with clients, and then into a role where they teach and encourage clients to do things for himself or herself.

There is no better way to model and promote the concept of recovery than by including peer specialists as staff on HF teams. In addition, an HF program should work to expand the variety and scope of its services and include other recovery-oriented programs, such as employment support, wellness self-management, and a comprehensive health and wellness program addressing primary care, diet, cooking, exercise, meaningful leisure, community activities, and spirituality.

But most of all, staff must heed the words of one client: "Staff should assume that every person who walks through the door has the potential for recovery. Staff should just automatically assume that recovery is possible!'

·Harm Reduction

Although abstinence is a strategy that works for many people struggling with addictions, it has not proven to be effective for most people served by the HF program. instead, the program employs a harm-reduction strategy as well as a combined dual disorders treatment approach to address clients' substance abuse and psychological problems. Harm reduction is a client-centered strategy that uses a variety of measures, including abstinence, to assist clients in managing their drug use and mental health conditions. Harm reduction focuses on

minimizing the negative effects of dangerous drug and alcohol use behaviors, such as accumulating debts and unprotected sex. It also entails dealing with the potentially dangerous repercussions of untreated mental disorders, such as hospitalization. It enables the treatment process to begin "where clients are" at the time and assist them in progressively gaining control over harmful behaviors.

This approach is used in HF programs in the context of client-defined goals. If the client does not believe taking drugs or drinking excessively to be a problem, the emphasis is not focused on quitting. Instead, the emphasis is on how drugs and alcohol may interfere with the client's objectives. In the situation of the frequently expressed aim "I want to keep my apartment," a team member may assist a client in identifying the ways the use of drugs could jeopardize that goal. For instance, the client might note that neighbors have complained to the police about the high volume of traffic through the client's apartment and that the landlord has sent several notices threatening eviction. The client and team member could conclude that using drugs with groups of people in the apartment is problematic and could lead to eviction. The client may decide to use the apartment only for personal drug use and to socialize at other people's homes. Such a seemingly small step can give clients the experience of taking incremental control over the negative consequences of their drug use and meeting their stated goals of keeping their apartments.

Harm reduction is not a permanent solution, but it reduces risks associated with unhealthy or dangerous behavior. There is no one strategy or list of tried-and-true interventions. Overall, harm reduction requires ingenuity and creativity. It is highly individualized, and what works for one client may not work for another. Because the program does not demand mental treatment or sobriety

as a prerequisite for residency, this harm-reduction approach is what makes the program function as well as it does. Harm reduction is a central philosophical approach in working with addiction and psychiatric symptoms in the HF program (Tsemberis, 2011, pp.12-30).

II. Policy Transfer of Housing First at the Federal Level in the U.S.

1. Policy Transfer Initiation

NAEH initiated a campaign in 2000 to eradicate the problem in ten years. "People should be helped to exit homelessness as quickly as possible through a HF approach," the organization proclaimed (NAEH, 2000). According to NAEH, this entails permanent supportive housing (housing with services) for the chronically homeless as this solution that they observed to be helping save money by reducing the usage of other public institutions. For families and less impaired single adults, this entails getting them into permanent homes as soon as possible and connecting them to resources. People should not spend years in homeless shelters or transitional homes (NAEH, 2000). This initiative immediately found an ally in the George W. Bush administration, whose secretary of HUD, Mel Martinez, delivered the keynote address at NAEH's annual convention in 2001 (HUD, 2001). The Bush administration launched the "Chronic Homelessness Initiative," led by USICH executive director Philip Mangano, which urged states and communities to develop 10-year plans to address chronic homelessness (McGray, 2016). In housing research produced by the New Freedom Commission on Mental Health, the federal government said that "consumers prefer an HF approach that houses the individual or family immediately" (New Freedom Commission on Mental Health, 2004, p. 7). Mangano had a meeting with PHF in-depth and became an ambassador to the program for its proved success, cost savings, and emphasis on client choice (Greenwood et al., 2013). Mangano went on the road to persuade cities that HF

was a valuable tool in the battle against chronic homelessness (Eide, 2020).

2. Uninformed Transfer

The 10-year Bush Administration strategy to eradicate chronic homelessness had no clear direction or strategic action plan from the outset. The federal government depended on municipalities for the planning. Policymakers were incapable of formulating specific policies and are therefore willing to delegate broad discretion to implementers. The Bush administration's priority in this project was budgeting (prioritized distributing the grants to those trying to solve the problem). And policymakers support abstract policy objectives, but lack the ability to articulate them due to lack of knowledge or other uncertainty. Policymakers give implementers a wide range of discretion to shape their goals and devise means of achieving them. In this case, however, there was only a few individuals have been on the national frontlines of HF implementation (Benjaminsen et al., 2009).

As the implementers do not have the expertise or skills necessary to perform the task, technical disruptions occurred. As the policymaker's instructions were ambiguous, there was a dispute between policymakers over what the policymaker's actual intention is and what the means of achieving its goals were. As a result, even after endorsing the HF policy, the implementation of the policy was not fully focused and coherent because various other policies were processed by the grantees as a 10-year plan to end chronic homelessness. HF, Therefore, HF exhibits the traits of a mutative and "vehicular" notion (McLennan, 2004) since it was a pliable, hazy structure around which many players gathered to further their interests and ambitions (Baker & Evans, 2016).

Despite the fact that HF is a national level project, the absence of a practical leadership role and consistent policy strategies is understood to be a case of "deteriorating

policy coordination and integration capabilities of the entire national body" pointed out as the limitations of the New Public Management.

Despite the growing research infrastructure, both public and private, the interaction between policy and research, especially between social scientists and policymakers, has become shakier and more unequal (Stanhope & Dunn, 2011). The lack of a strong interaction between specialists and social scientists, according to Wilensky (1997), is due to their struggle to be heard among advocacy organizations, business interests, and the mass media because they do not work for the government but rather without it. Single-issue research aimed at addressing social issues in the near term has become increasingly popular in the United States due to the fragmented character of social assistance policy-making (Wilensky, 1997). Instead of examining several programs, agencies, and public service sectors as well as the wide range of outcomes that policy interventions create, the focus has been on restricted studies concentrated on particular programs that are supported by distinct funding sources (Culhane, 2008).

The needs of those who are homeless in rural areas can be met by both targeted and nontargeted government programs, according to a 2010 federal report required under the HEARTH Act (Hombs, 2011). U.S. Government Accountability Office (GAO) found that federal agencies lacked crucial information on the rural resources granted under these programs, which would have made comparisons with other regions easier (Suchar, 2020).

They have evolved along with HF models as they have been incorporated into new environments. Although the Pathways model is referred to as the HF concept, there are several variants in actuality. There are other HF models in use today, some of which are quite unlike the Pathways model due to local or organizational variances in political philosophy, welfare payments, health and social care systems, and practitioner cultures.

Geographical assessments of homeless policy in American cities are frequently mediated via a larger criticism of urban neoliberalism, reflecting the field's prevalent neoliberal explanatory frameworks (England & Ward, 2007; Peck, 2013).

Under this circumstance, Lesson-Drawing of how HF worked in other U.S. states, which itself would have drawn lessons from other experiences, was not achievable throughout the policy development and implementation process. For this reason, the American government was hard to detect some of the drawbacks and limitations that resulted in policy failure in the operation of HF.

3. Incomplete Transfer

One of the major drawbacks of implementing HF nationwide was that there was just simply insufficient housing for the homeless. This is the basic element of the HF policy. As noted earlier, few municipalities or states were spending their own money on homelessness. As of 2000, the federal formula and competitive resources were the only financing choices available outside of local philanthropy and charity funds in many regions (Hombs, 2011). In this circumstance, it was not sufficient enough to provide housing for non-profit organizations or communities to provide housing in bulk to the homeless. Bassuk et al. point to a lack of affordable housing as an obstacle to HF approaches for families (2014). Relatedly, family-size apartments are scarcer and more expensive than one-bedroom and studio apartments.

A major difficulty is ensuring a sufficient quantity of fairly priced housing inventory to enable the development of successful individual housing paths (Karppinen, 2014). Experts argue that abolishing long-term homelessness is unrealistic unless the program's objectives are backed by both more efficient utilization of existing rental housing stock and general housing policy methods that ensure a sufficient supply of

affordable rental housing (Karppinen, 2014). However, the federal government and organizations failed to supply sufficient housing stock for HF programs.

If there had been an in-depth examination of how the PHF system operated, the government would have recognized how important sufficient housing inventory for the policy to be succeed and how to provide housing in an integrating and coordinating manner.

Then, in the U. S., it is challenging to treat homeless health in a conventional healthcare context (O'Toole et al., 2016). As a result, creating a population-based strategy and expanding the capacity of the healthcare system to meet the requirements of the homeless population posed significant hurdles. Beginning with the HF, academics and public health professionals have pushed for the development of healthcare specifically for people who are homeless. However, the Bringing America Home Act (2003 - H.R. 2897), which was introduced in 2003–04, has not been enacted or given funding. It was meant to offer comprehensive treatment for numerous homeless patients who suffered from mental illness and substance abuse. To successfully implement the HF policy and program, a large multi-professional group has to be automatically organized prior to treating a client, instead of giving tailored health care to homeless clients. However, the element of "separation of housing and clinical serviced" was not obtained and provided.

Moreover, it did not follow HF's principles, 'Adoption of a Recovery Orientation' and 'Respect, Warmth, and Compassion for All Clients.' Building on people's strengths and encouraging them to believe in themselves, the HF approach assists recovery by praising both small and large accomplishments along the journey. Through the HF program, homeless persons can obtain housing without having to submit to drug and sobriety testing. However, in practice, if there were rough patches, especially when consumers are still using drugs, drinking heavily, or in a psychiatric crisis, some had to be evicted and cannot be rehoused (Padgett et al., 2015). Also, grappling with slender budgets, local

landlords, and building regulations was one of the challenges that service providers weren't able to cope with (Padgett et al., 2015). There are even HF models that just depend on case management and do not have an ACT team or an equivalent (Bretherton & Pleace, 2015; Busch-Geertsema, 2013; Pleace & Bretherton, 2013). Careful hiring and in-service training were needed to maintain fidelity to HF's values and job performance expectations.

Overall, HF implemented federal level lacked significant elements of what made the policy effective in the first place.

4. Inappropriate Transfer

The PHF model's ideological roots hold that housing is a fundamental right that doesn't need to be earned. The recovery movement's dedication to housing as a right served as an inspiration for HF. Housing that is secure, stable, and inexpensive was originally acknowledged as a human right in the Universal Declaration of Human Rights in 1948 (Assembly, U. G., 1948), and it has since been reiterated in other international treaties, resolutions, and declarations. Housing is still regarded as a commodity rather than a right, despite the fact that the U. S. has endorsed several of these international agreements (Fallon, 2021). The right to housing is not protected by federal law. Instead, the Fair Housing Act offers a number of rights to Americans, including the right to live without facing housing discrimination (Massey, 2015). In this circumstance, providing housing to the homeless with no preconditions was quite controversial in the U. S.. Hence, to implement HF as a national project successfully, the fundamental philosophy of the policy should have been discussed and comprehended among politicians, policymakers, policy implementers, and citizens.

However, policymakers accepted a range of depoliticized versions that

appeared to provide significant savings, particularly when linked to the designation of just a small percentage of shelter users (10%) as "chronically homeless" when supporting HF as a national policy (Culhane et al., 2007). Channeling and triaging resources for the chronically homeless appealed to the fiscally conservative, but it also served a neoliberal agenda of narrowing government responsibility and diverting attention from wider discussions of poverty, housing, insecurity, and increasing inequality (Wilse, 2010). That the service recipients were not the most sympathetic group could be overlooked if a greater good plus cost savings were achieved. The neoclassical economic theory sees large-scale investment in social policy as a disinvestment that prevents the market from functioning and generating economic growth and welfare.

Accordingly, the original HF philosophy was often misinterpreted in later years in implementing HF nationwide. According to Johnson et al. (2012), while many programs identify and espouse a commitment to practicing HF, very few services are delivered in the same manner as the PHF model. And several government initiatives today encourage the faulty application of HF.

III. Policy Transfer of Housing First in Finland at the National Level

1. Policy Transfer Initiation

The Finnish government chose to transfer the HF policy from New York, U. S., for a number of key reasons. Homelessness increased gradually between 2008 and 2012 as a result of the severe economic crisis that affected the nation (Kangas & Kalliomaa-Puha, 2019). To end homelessness in Finland by 2015, the center-right administration of Matti Vanhanen launched an unusual initiative of four wise men in 2007 (Kaakinen, 2012).

The so-called "Group of the Wise" delivered a report on behalf of the Ministry of

Environment in 2007 that outlined a program to completely end long-term homelessness by 2015 along with a number of other measures based on the "Housing First" principle. The group's members included the bishop of Helsinki, the managing director of the Y-Foundation, the head of Helsinki's social services, and a member of parliament..

Jan Vapaavuori received a report from the group titled Name on the Door (Nimi ovessa). The paper served as Finland's initial exposure to HF. The panel concluded that adopting the HF principle, where an individual is not required to first change their life around to earn the fundamental right to housing, is necessary to eradicate homelessness. Housing is instead the necessary condition for resolving other issues (Nimi ovessa, 2007, p. 13; Y-Foundation, 2017, p. 9). The government was pleased with the study, which encouraged the development of a number of HF-inspired initiatives to lessen and eventually eradicate long-term homelessness in Finland (Juhila et al., 2022). The report was positively accepted by the government, and as a result, a number of HF-inspired programs were implemented in Finland to lessen and eventually eradicate long-term homelessness (Juhila et al., 2022).

2. Informed Transfer

A. Change Agents in the Field of Expertise

The success of the Finnish HF program is attributed to certain change agents and their passionate pioneering efforts. It should be noted that putting the HF model into practice has required a network of hundreds of devoted participants at national and local levels of government as well as across a wide range of non-governmental organizations (Juhila et al., 2022). In addition, as was already indicated, several of these actors shared and put into effect at grassroots levels, long before it was designed and launched "officially," the attitude and practices that subsequently came to be known as the HF

model.

Jan Vapaavuori, who served as the Minister of Housing from 2007 to 2011, is the first change agent that is typically mentioned in the narrative. Despite potential opposition from various stakeholders, he set out on his mission to eliminate shelters and create fresh approaches in order to address the issue of long-term homelessness,(Fredriksson, 2018). He apparently received pressure from two actors, Juha Kaakinen and Peter Fredriksson, to take action against the unacceptably grave situation of long-term homelessness, which has been increasing, notably in Helsinki (Lassy, 2018). Early in his career, Juha Kaakinen was in charge of tackling homelessness in Helsinki. Later, he oversaw the first two government initiatives to eliminate long-term homelessness (PAAVO I and II), and he was appointed CEO of the Y-Foundation.

B. Working Group

According to Juhlia et al. (2022), a pivotal moment is claimed to have happened in 2007 when Jan Vapaavuori formed a committee of four individuals, afterward known as the "four wise men," to develop the framework for a new long-term homelessness strategy. Paavo Voutilainen, director of social services in Helsinki, Hannu Puttonen, president and CEO of the Y-Foundation at the time, Ilkka Taipale, Ph.D., a civil rights activist and former politician, and Eero Huovinen, bishop of Helsinki, were among the group. Along with Anu Haapanen, Juha Kaakinen served as the group's secretary.

C. Government-driven Proactive Analysis of Previous HF Case Studies

After Finland created the first nationwide homelessness strategy based on the HF approach (Peace, 2016), PAAVO was nationally implemented. And the government-driven

proactive analysis of previous HF case studies proceeded before the policy implementation. The research of HF has played a significant role in the establishment process. These projects have been carried out through extensive collaborations involving ministries, cities, and civil society organizations and are coordinated by the Ministry of Environment. Together, the state and cities carry out the work by their shared budgetary responsibilities and agreed-upon plans.

The emphasis in Finland was on congregate/communal models. And it was discussed in HF debates throughout Europe (Busch-Geertsema, 2013). Even though the Finnish government adopted the original PHF Model, they were aware of the American Federal Government's 'low fidelity' version of HF. Discrepancies in the American understanding of HF, which the federal government had construed in rather wide terms, had first given rise to debates regarding fidelity in HF (Pearson et al., 2007). Congregate/communal services made up a portion of the HF offering in the U.S. and still do (Larimer et al., 2009). Arguments regarding whether the congregate/communal approach was as effective as the original, scattered housing, model, developed by Sam Tsemberis. Implementing HF proved to be somewhat contentious, with some holding the opinion that this represented a "low fidelity" version of HF that was likely to be less effective than the versions that are replicating or closely following the original PHF model (Busch-Geertsema, 2013; Stefancic et al., 2013; Tsemberis).

There have been criticisms of the American HF about the definition of those who are homeless as well as the cultural context in which this model was developed (Allen et al., 2020). The authors of the book entitled, "Ending Homelessness? The contrasting experiences of Denmark, Finland, and Ireland" The availability of public housing is related to the success of HF, whereas the Irish strategy's failure may be attributed to the fact that "utilizing the stock of the private rented sector is critical in

preventing and responding to homelessness." (Allen et al., 2020, p.135).

Nonetheless, Finland had to quickly provide a large amount of reasonably priced, adequate, and sustainable housing rapidly in order to meet the Program's deadline (Pleace, 2017). In Finland, where just 19% of the housing stock consists of private rental units, scattered-site housing is less prevalent (Housing Europe, 2018). It made logistical sense in this situation to transform existing communal, institutional facilities into blocks of self-contained residences in order to supply congregate types of HF (Pleace & Nicholas, 2017).

Moreover, Finnish administrator understands that moving to scattered housing is also associated with the risk of isolation and loneliness for some long-term homeless people. Residents in congregate programs share buildings with other assistance recipients and participate in certain community events, but they have their own apartments and leases (Shinn & Khadduri, 2020).

Taking the infidelity of the U.S. federal government's HF into account, Finland has never pursued a national homelessness policy that was entirely based on HF congregate models (Pleace et al., 2017). Finns used the integrated strategy that better fits their need. Scattered housing options of HF were a component of the integrated plan, together with housing-led with lower intensity and mobile assistance services and experts, congregate, and communal services (Pleace et al., 2015). Consequently, from a Finnish perspective, the strategy proved broadly effective (Pleace et al., 2017).

Even though Finns did not correctly follow the 'Scatter-site Housing' principle they made efforts to achieve community integration, and inclusion of clients that the HF principle ultimately aimed to achieve via the principle. As implementing HF, administrators noted that it is an ethical responsibility to respect neighborhood communities and neighbors. Hence, in supported housing units, systematic neighborhood work is done with residents. the Finnish government made sure that the right to open information, safety, and

feedback must therefore be guaranteed with the necessary working methods and resources (Voutilainen, 2018). Also, the Finns have devised sophisticated strategies to deal with objections from neighbors since programs that house a group of homeless people in the same building often experience greater community resistance than units spread out around a town. They made a 24-hour hotline available for neighbors to use to report any issues (Y-Foundation, 2017). Clients participate in "neighborhood work," such as picking up trash or keeping parks clean. Residents in one area wore safety jackets and watched over a bus stop for students (Shinn & Khadduri, 2020). Furthermore, a 24-hour hotline is available for neighbors to use to report any issues (Y-Foundation, 2017). In addition to the aforementioned principles, a key guiding value of HF work in Finland was accentuated as being socially inclusive within the community (Y-Foundation, 2017).

The decision of the willingness of the Finnish government to exchange ideas and interact with the global community allowed them to draw on North American experience and further develop their strategies. The Finnish HF approach extended and developed from the original version with the core mechanism (principle) remaining the same.

D. Collaborative Governance

The HF projects emphasize housing as a fundamental human right, but they are also put together in accordance with what social scientists have referred to as a participatory governance paradigm[19] (Kuokkanen, 2016; McLaverty, 2011). In Finland, HF was regarded

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[19] Participatory Governance: a branch of governance theory that emphasizes democratic involvement, particularly through deliberative procedures. Participatory governance strives to increase citizen engagement in the political process by evaluating the traditional view's assumptions and practices, which often impede the fulfillment of a genuine democracy. participatory democracy (Fischer, 2012).

as a wholesale change of the nation's housing policy rather than a project (Malinen, 2019). Collaborative networks and other methods of co-producing public services are key activities in this cooperative form of governance (Pestoff, 2012; Sullivan & Skelcher, 2002). This has been interpreted within HF efforts to entail both the efforts of building networks of collaboration between diverse stakeholders to produce housing services as well as a particular attitude toward clients as participants in the design and delivery of these services (Macnaughton et al., 2017; Nichols & Doberstein, 2016).

Alongside the ministry-led initiative, a networking project called Verkostokehittäjät was implemented. It brought actors together from all around the nation to frequently and very openly exchange their experiences, challenges, and best practices. This strengthened the bonds among those working to end homelessness in Finland (Meriluoto, 2019). Moreover, former and present clients have been incorporated into service co-design through the idea of expertise-by-experience[20] (Alanko & Hellman, 2017; Meriluoto, 2018). To make the services being created more "knowledge-based," efficient, and inclusive, a selected group of homeless persons have been recruited to serve as experts and as representations of people who have experienced homelessness (Y-Foundation, 2017). Without the views of these

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[20] Expertise-by-experience: a policy tool for achieving a number of goals, including more legitimate governance, more affordable and effective services, and "empowered" participants. Expertise-by-experience have been requested to:
  ·Committees and steering boards in the ministry,
  ·Analyze the current housing options and assistance for the homeless.
  ·Participate in steering groups for construction and renovation projects and service redesign (co-creation of services).
  ·Provide peer support and service counseling to those facing comparable challenges.
  ·Do advocacy work through the media or using creative/artistic mechanism.
The objective is to "bring the voice of the homeless into service design, and to ensure that inclusion is employed as an overall principle throughout the HF policy" (Kaakinen, 2012, p.13; Meriluoto, 2012; Y-Foundation, 2010, p.36).

marginalized individuals, the Finnish administrators and policy experts emphasized, a potentially major internationally significant reform of Finnish homelessness policy may have been missed (Fredrikson, 2018). The experts-by-experience might participate freely in in-service consulting, assessment, and policy-making or they can be hired by relevant public or private sector organizations.

Meanwhile, delivery is based on a variety of formal agreements between cities, municipalities, and other governmental, quasi-governmental, and non-governmental organizations, much like earlier phases of the plan (Peace, 2017). These agreements make sure that all required parties are involved and that there is uniformity throughout Finland by explicitly stating what each party is expected to do (Peace, 2017). Services have undergone some reorientation, not the least of which focuses on cooperation to promote homelessness prevention. The Action Plan lists the organizations involved in each stage of this homelessness strategy phase, together with the lead agency or agencies in charge of that stage's planning and service delivery (Peace, 2017).

Municipalities' official (and financial) commitment to accept the new approach and rearrange their services in line with HF was accomplished through a collaborative effort that required a variety of players from different sectors and levels to give strong commitment and close cooperation.

3. Complete Transfer

The Finnish Government understands the philosophy behind HF. And they follow the essential principles of HF accordingly. The Finnish housing-first model can be well described by most of the principles outlined above, but there are differences. They extended and developed the HF approach with the core mechanism (principle) remained the same.

Regarding the principle, of "Consumer Choice and Self-Determination" of the Pathways model, which is essentially the ability to choose the type of housing they want and the area they want to live in, the freedom of choice and self-determination was taken further in Finland, as the client has the right to choose whether or not to receive support, unlike in the U.S. model, where the client is obliged to meet regularly with a support worker in his/her own home.

Moreover, in Finland, the starting point is that the tenant pays the rent herself or himself and, if necessary, can, like anyone eligible for assistance, apply for housing benefits if his own income is insufficient. They can ask for housing assistance and other forms of help, just like any other Finnish citizens, if they are unable to cover the costs on their own (Y-Foundation, 2017). In the U. S. model, the tenant automatically pays 20% of his/her income as rent to the organization that has organized the accommodation and is responsible for paying the rent to the landlord. Some researchers see this compulsory income reservation as a key explanation for the high housing success rates of the Pathways model. At the same time, they see this practice as paternalistic and thus contradictory to one of the core principles of the HF model, consumer choice .

For the "Separation of Housing and Services" principle, in the Pathways model, there is a well-defined multi-professional team responsible for providing support to clients. In Finland, unlike PHF in the U.S., a large multi-professional team is not automatically assembled beforehand to treat a client. Instead, assistance is provided to residents in accordance with their needs, utilizing the social services that already exist in society. The high standard of social as well as health services makes this feasible. In Finland, everyone has access to free or low-cost health care. The difficulty with kinds of support is that a person must know how to ask for the assistance they require on their own. They may even be required to apply for social assistance one month at a time, month after

month. Furthermore, Finland has a social welfare system that helps guarantee that people do not wind up on the streets as soon as they become unemployed or critically ill (Y-Foundation, 2017). Citizens in Finland, for example, can apply for social assistance or a housing allowance. Hence, the organization of support is based more on the individual needs of the resident and makes use of existing basic social and health services. Where necessary, the resident's personal support worker will seek additional support from specialist professionals.

The different ways in which this support is organized will of course also have an impact on costs. In this way, the Finnish HF model has taken into account the existing social benefits system in order to maximize its utilization (Y-Foundation,2017).

4. Appropriate Transfer

The principle of HF is rooted in a universal philosophy of human dignity. The main ethical justification for the principle of HF arises from human dignity. Human dignity is a philosophical concept with a universal meaning, which serves as the basic caliber of all human rights thinking. It is a fundamental philosophical premise, which has been defended and upheld in the Universal Declaration of Human Rights and on which international human rights treaties are based (Assembly, U. G., 1948). This same ethical core is embodied in the Finnish Constitution and fundamental rights.

On the other hand, there were also doubts and criticisms of the HF model among professional homelessness workers. The starting point for ministries and program management to make a breakthrough was not necessarily favorable, despite the government's investment of resources, because HF was still a relatively unknown concept, especially in its details, and there had been few effective government programs that crossed sectoral boundaries (Fredriksson, 2018).

In this case, what was important in Finland was that there was political

understanding and consensus that this is a national problem that Finns should tackle together prior to adopting and implementing HF as a national policy (Kaakinen, 2021; Mahboob, 2020). Since 2008, Finland has seen a number of different political coalition administrations. All of these governments have decided to continue fighting homelessness (Mahboob, 2020). Politicians understood that HF demands participants who have an understanding of human dignity. Furthermore, policy experts in Finland understood that one of the main ethical insights behind the HF approach came from a time of trust and listening - a desire to hear from those who had failed the expectations of their loved ones and society, who had caused pain and suffering, and whose lives were revolving around dark alleys (Fredriksson, 2018). Based on the understanding, This political agreement facilitated the implementation of HF as a national strategy and guaranteed adequate finance, particularly during the PAAVO projects from 2008 to 2015 (Kaakinen & Turunen, 2021). Funding has been targeted especially for housing investments and for expanding assistance work in municipalities (Kaakinen & Turunen, 2021). As a result, in contrast to many other nations, where the model's momentum has been more modest and fragile, Finland's HF narrative stands out due to strong, long-term government commitment, funding, and guidance (Peace, 2017).

The process has persisted for well over ten years, despite shifts in the composition of the administration. This is in part because the HF policy has always been supported by parties from the preceding administration, even when their compositions have changed (Juhlia et al., 2022). In the centrist and consensual culture of the Finnish political system, this form of policy continuity through administrations of different complexions is a pretty typical occurrence (Saukkonen, 2012).

Moreover, the fact that the administration of various HF initiatives have been

included into significant administrative organizations ranging from the state to the municipalities, is perhaps the most important factor in the widespread acceptance and consensus (Pleasance et al., 2016, p. 427).

Besides the strong governmental approval and the successful promotion work of core agents mentioned earlier and the positive results of HF practices, the HF approach is widely considered and approved as a good policy and practice among community developers, social workers, and healthcare practitioners in localities (Juhlia et al., 2022).

IV. Restrictions on, and Facilitator of Policy Transfer, Housing First
1. Restrictions on Policy Transfer in the U.S.
A. Policy Objects: Saving Cost or Ending Homelessness?

The recovery movement's dedication to housing as a right served as an inspiration for HF. However, officials accepted a variety of depoliticized versions that seemed to provide significant savings, particularly when connected to the identification of just a small portion of shelter users (10 percent) as "chronically homeless" (Culhane et al., 2007; Kuhn & Culhane, 1998).

This seeming paradox-singling out a group for special treatment that has not enjoyed much sympathy in American society deserves further scrutiny. The obvious rationale to save money was provided by Culhane et al. (2002), but the rapid shift to focusing on the chronically homeless seemed more than a matter of economic calculus. Willse (2010) points to this change of direction as a saving grace for the "non-profit industrial complex" (p.174). Channeling and triaging resources for the chronically homeless appealed to the fiscally conservative, but it also served a neoliberal agenda of narrowing government responsibility and diverting attention from wider discussions of

poverty, housing, insecurity, and increasing inequality (Wilse, 2010). That the service recipients were not the most sympathetic group could be overlooked if a greater good plus cost savings were achieved. The spotlight on the chronically homeless infused new life and purpose into the homeless services institutional complex.

Federal funds are utilized to collect data, make policy, and monitor performance. Not all critics agree that these as sufficient and adequate roles (Hombs, 2011). The federal government has a significant role to play in tackling the economic and social issues that cause homelessness. According to a national health policy organization's statement in response to the formulation of the federal plan in 2010, the previous administration's tactic of shifting political accountability for homelessness to the "community" level while cutting off vital federal funding did result in new efforts at the state and local levels. It points out, however, that it did not succeed in ending homelessness.

B. Narrowing and Simplification of Homelessness Definition

A "revitalized" USICH (Burt & Spellman, 2007, 2-3) and HUD openly supported the objective of eradicating chronic homelessness in 2001 because they were confident in the advantages of supported housing that had been scientifically demonstrated (Culhane et al., 2002; Goldfinger et al. 1999; Lipton et al. 2000; Shern et al. 1997). The best practice was thought to be an HF strategy. To address this new category defined by disabilities along with frequent or prolonged homelessness, collaboration was established among HUD, HHS, SAMHSA, and VA (Burt & Spellman, 2007; Rice & Sard, 2007; Tsemberis, 2010; Suchar, 2014). Action on complicated issues is facilitated by narrowing and simplicity. Chronic homelessness and other later classifications allowed HUD to break down homelessness into discrete issues that could

be addressed one at a time (Frank et al., 2021).

Yet, the definition of the chronic homeless population and its targeting continued to be a topic of discussion, which finally found its way into legislative revisions to the homeless programs (HEARTH, 2009). The emphasis on the chronically homeless in the prioritizing of public funds, a policy change that positioned HF as the "answer," raises an obvious question such as who are the nonchronic, or "situational" homeless (Padgett et al, 2015). Far less is known about this group in large part because public data systems are focused more on chronic service users (Padgett et al., 2015).

The McKinney-Vento Act's original definition, which came under growing criticism as being too restrictive and exclusive in the 1990s and up to the HEARTH Act's adoption, applied to what statistics regularly revealed to be seventy-five percent of the homeless population: single adults, mostly males. Despite what activists said when calling for a HUD definition that was more "aligned" with other federal agencies, data clearly demonstrated that single individuals, not families with children, made up the bulk of the homeless population. According to critics (NPACH, 2007), the HUD definition unfairly excludes families, kids, and young people. Furthermore, labeling individuals and families as "hard to serve," "service resistant," "not housing ready," "non-compliant," or "barred" individuals not permitted in programs invariably prompts a debate about the strategies employed by some social service organizations to "cream" their clients to pick and choose those with the most promising outcomes (Hombs, 2011).

Keep in mind that the resources discussed below are those covered by the McKinney-Vento Act. Few cities or governments, whereas some did and spent extensively, were spending their own money on homelessness as of 2000 (Hombs, 2011). Some of these expenses were necessitated by the need for shelter under the law.

For many localities, however, the federal formula and the increasingly competitive funding sources were the only sources of funding available outside local philanthropic and charity contributions (Hombs, 2011). While government investment may be monitored through time and project-specific statistics, these latter resources are not recorded in an aggregate manner (Hombs, 2011).

In this circumstance, increased disagreement has erupted amongst government policymakers advocating for the elimination of chronic homelessness and national groups representing providers and activists, focusing on the policy goal of chronic homelessness vs other populations. Some observers dispute whether resources should be allocated to the chronically ill (Hombs, 2011). One media commentator questioned the need to invest any money at all, referring to the Seattle housing project as "bunks for drunks," adding, "It's a living monument to failed social policy" (Kowal, 2006). Some public organizations criticized the Bush administration's plan to abolish chronic homelessness in ten years (Hombs, 2011). Although tools and resources were aimed at the chronically homeless population, many communities elected to utilize their plans to address all types of homelessness for political and practical reasons. Many were successful in identifying innovations and outcomes for various populations, including families. Effective tactics for obtaining other financial resources, particularly from mainstream programs, were also needed.

Critics claimed that HUD's financing strategy induced some adjustments at the local level, notwithstanding the lack of concrete evidence (NPACH, n.d.). The implementation of a congressionally required 30 percent set-aside of money for housing and, later, a funding application scoring target to prioritize houses for chronically homeless individuals were among the primary targets of criticism (Hombs, 2011). Some contended that the demand for homeless funding was to compensate for more

fundamental cuts in federal resources, therefore pushing certain sorts of applications drove towns to disregard their own priorities in order to follow HUD's lead (Hombs, 2011). HUD urges localities to identify local needs and prioritize the gaps in resources available to address those needs when allocating homeless assistance funding (HUD, 2001). According to one organization's comments on federal direction, however, municipalities are being pushed to disregard the results of their own needs assessments to satisfy federal regulations to help 'chronically homeless' persons (ncdsv, n.d.). As a consequence, federal money is not being used to fill service needs perceived by localities (NPACH, n.d.; Hombs, 2011, p. 55).

Meanwhile, in response to the controversy over definition expansion, the Interagency Council convened federal departments in 2005 to inventory federal definitions. According to the federal inventory, 20 programs from eight federal agencies utilized the same definition, with only three having a more comprehensive version that included women and children in education, healthcare, and domestic violence support. Advocates saw more people being identified as "homeless" due to "doubled up" and other circumstances as an awakening for the larger problem of homelessness, an effort to shift policy away from a past where specific objectives and definitions were based on the facts of in short supply public funds and federal executive branch policy-making in general. Mangano, the Council's director, contended that expanding the definition would be costly in terms of funding, while others maintained that it would allow local freedom to satisfy locally defined requirements and that "real world" prioritizing was required (Hombs, 2011). Mangano explained that key partners such as mayors recognized that funds are limited and that difficult decisions must be made to prioritize support to help the most vulnerable persons (Hombs, 2011).

In response to this comment, NAEHCY criticized that targeted homeless

assistance programs cannot, by themselves, prevent or eliminate homelessness, hence financing must be driven by reforms to and expansions of federal mainstream antipoverty programs (NAEHCY, 2010). It was also claimed that forcing communities to fight for resources was "unethical and ineffective," and that the expansion would acknowledge all people while also allowing for local flexibility (NAEHCY, 2006).

C. The Main Policy Tool, Federal Funding

Inducements are rewards given to promote certain behaviors. Ideas function by encouraging people to rethink the current situation and prospective alternatives, persuading them that new approaches are preferable to current goals, or that alternate goals are morally or practically superior. When used correctly, they develop "a sense of direction and possibility" (Weiss, 1990, p179, p182). With compelled ideas, finances to produce appealing inducements, and the ability to enforce terms for their continuation, government agencies have the essential instruments for turning their intentions into practice through a proxy (Frank et al., 2021).

However, these inducements mechanism in policy setting brings in critical shortcomings when not used well. To begin with, the multitude of channels via which mainstream resources reach the local level rendered a single set of solutions impossible to solve (Hombs, 2011). According to the GAO, homelessness—a state of "transience, instability, and a lack of basic resources"—makes it difficult for people to apply, collect records, travel to government offices, keep appointments, and other tasks (GAO, 1999). These challenges are exacerbated when programs do not include clinicians or outreach workers with homelessness experience and competence (Hombs, 2011). The structure of mainstream programs varies, with different eligibility and application processes and requirements, making it challenging to know all that is offered or to apply for more than

one resource (GAO, 1999). Even with this increase, however, most experts concur that mainstream services must be made more accessible to this demographic because the McKinney Act programs, by themselves, are unable to fully satisfy the requirements of homeless individuals (GAO, 2000).

Furthermore, in a provider-driven decision-making process where maintaining funding may clash with implementing new approach, there have been little incentives to change course. The cooperation of state and local governments for these resources offers an additional platform for training officials and fostering commitments (Hombs, 2011). State and local governments create five-year plans and yearly updates on how they intend to spend HUD McKinney-Vento funds. Only homeless money has a chance to effectively circumvent this process by setting priorities in a procedure that could be controlled by social service providers and shaped by demand to renew funding rather than diminish or move resources in favor of involving in a larger government plan or emerging model.

But how do you set priorities on such a complicated social problem? As some of the beneficial advances in HF have demonstrated, not all of the successful responses for chronic homelessness were known at the outset of the commitment, and some were improbable at first look. Critics argue that existing focused government actions may, in fact, eradicate homelessness for a certain group, despite the fact that eliminating homelessness as the ultimate goal was not yet on the public policy agenda for consideration.

D. Conflicting Programs

The simplicity of policy is desirable. Complex policy programs increase the likelihood of setbacks. However, throughout the development of 10-year plans to end

homelessness, many programs contradict each other in implement in communities.

The establishment of local 10-year plans allowed federal goals and best practices to be communicated to local CoCs. Federal funds were intended to fuel the development of these plans, for which HUD arranged technical help from its regional employees and NAEH (Rice & Sard, 2007; Suchar, 2014). CoCs were encouraged to use the HF approach as part of their strategies.

Meanwhile, HF is viewed as a challenger to traditional housing services, often known as the staircase or CoC models, in which a permanent home is viewed as a 'reward' won via positive behavioral improvements on the part of the homeless person. In contrast to CoC models, HF relied on a standard rental agreement rather than incorporating mandated treatment or service compliance in order to help individuals and families find permanent rental housing and then provide them with a range of services to promote housing stability and individual well-being as needed (NAEH, 2016). With HF, HUD began to prioritize housing placement before treatment (Gulcur et al., 2007; Tsemberis, 2010; Tsemberis et al., 2004). Nonetheless, programs that contradict each other were implemented at the same time nationwide.

Many cities have chosen an HF strategy that emphasizes preventing homelessness and quickly relocating homeless persons to permanent house. These approaches have been adopted at the program level in some communities, but have not affected the broader community system of care (USICH, 2010). Despite the well-documented effectiveness of the HF model over the old CoC, the framework is still being used to construct a system of care in an increasing number of communities. Through the American Recovery and Reinvestment Act, HUD established the temporary Homelessness Prevention and Rapid Re-Housing Program (HPRP), which provided municipalities with resources to begin retooling their homeless emergency assistance

systems. HUD continued to fund temporary residential services (shelters, transitional housing, VA grant and per diem programs, VA domiciliary, adult rehab facilities, and so on) as an essential aspect of the emergency response system in its 2010 strategic plan (USICH, 2010b).

E. Leading Roles with Ineffective Leadership

Social policies are established by the federal government, and the resources necessary to implement such policies are also from the federal government. However, there is a problem in that the state government or local governments are in charge of planning and implementing specific policies based on federally stated guidelines and requirements. They tend to see policies from their perspective rather than the goals and achievements set by the federal government. If the federal, state, and local governments split their power, the policy implementation stage could be prolonged and each stage could act as a veto point (Sabatier et al., 2019). There is a high possibility that the contents of the policy will be revised and changed at a decision point. In addition, if the population is large and the size of local governments is small, such as in the U. S., the number of executive units subsidized by the federal government is too large, making it difficult for the federal government to manage those policies they invested in. In this context, leadership played an essential element for bringing parties to the table and guiding them through the challenging paths of the collaborative policy process (Ansell & Gash, 2008).

In the HF at the US federal level case, however, the leadership role rotated frequently throughout the policy process. Under USICH, the first federal strategic plan to end homelessness began. Furthermore, USICH convenes federal agency

designees to monitor the application and appropriateness of government funding (Foscarinis, 1996). The chair is responsible for being informed about USICH's federal strategy plan, as well as holding quarterly council sessions, presiding over such meetings, and ensuring the council fulfills its tasks and obligations collectively (USICH, 2021). After considering ideas from the vice chair and executive director, the chair determines the final agenda for each meeting (USICH, 2011). USICH is directed by an executive director and supervised by a council made up of representatives from 19 federal agencies and departments. The participants of the council must be secretaries/agency heads or their designees according to the authorizing act for USICH. Every year, the council elects a chair and vice chair from among five major agencies: HUD, VA, HHS, DOL, and ED (USICH, 2021). The vice chair normally switches to the chair job at the end of each term, and the chair becomes the past chair.

The fact that the Council elects a Chair and a Vice Chair from among its members, whose positions rotate annually questions policy consistency. Continuity of leadership is an important requirement for successful policies. If a leader in an important position is replaced it could destroy existing support and cooperation in the policy process. The composition of people participating in decision-making changes. Decision-making participants change over time, and the degree to which they are immersed in decision-making can vary considerably depending on the domains of decision-making. The range of decision-making participants in an organization and the energy they put in are not consistent. Hence, it is often challenging to make a policy consistent and focused.

Policymakers are incapable of formulating specific policies and are therefore willing to delegate broad discretion to implementers. Policymakers support abstract

policy objectives but lack the ability to articulate them due to a lack of knowledge or other uncertainty. Furthermore, a following GAO investigation in 2002 stated that the basic framework and operations of federal mainstream initiatives are frequently not conducive to ensuring that the particular needs of homeless persons are satisfied. Federal programs tend to not include social service providers with knowledge, expertise, and experience in meeting the needs of homeless persons. These providers may be unorganized or unequipped to serve homeless individuals, may be unaware of their special needs, or may lack the empathy or expertise to interact with their clients with respect (GAO, 2002). Policymakers give implementers a wide range of discretion to shape their goals and devise means of achieving them. In this case, however, there was even only a few individuals have been on the national frontlines of HF implementation (Benjamin et al., 2015)

If the implementers do not have the expertise or skills necessary to perform the task, technical disruptions may occur. If the policymaker's instructions are ambiguous, there is a possibility of a dispute between policymakers over what the policymaker's actual intention is and what the means of achieving its goals are. As a result, there may be an avoidance of responsibility for both the executor and the policymaker as a result of the distribution of responsibilities that may occur in this situation.

Many studies have demonstrated that the needs of homeless people, which include medical care, mental health treatment, drug and alcohol abuse treatment, income support, job training, and housing, have not been met because mainstream programs, which are also fragmented in a complex system, frequently lack incentives to serve those with complex needs. Few attempts had been launched to fill this gap. GAO points out that these services should not be handled in isolation, but rather through integrated and coordinated programs (GAO, 2002).

Should increasing funding be based entirely on local needs or bigger goals defined by federal funders? This is a simple question with several solutions. There are also concerns about the federal government's engagement. What is the federal government's role and obligation in the problem of homelessness, policymaker or investor? Advocates disagree. A more active and practical response was requested from the federal authorities. Advocates criticize that the council's reactivation was a great move, but its primary goal has been only to persuade states and localities to adopt ten-year plans to eradicate homelessness in their respective communities (National Law Center on Homelessness and Poverty, In Just Times, June 2005; Hombs,2011)

In a 2010 online article, an organization that describes itself as a "watchdog and frequent critic" of the Interagency Council expressed further skepticism: "A plan is not a home—we continue to be skeptical that our government can plan its way to ending homelessness" (NPACH, 2010).

2. Facilitators of Policy Transfer in Finland

A. Ethical Backbone of National Policy

A decision-making system based on majority democracy understandably follows public opinion. The pressure and voting power of a socially stigmatized and disenfranchised marginalized group is close to zero. In a free-market democracy, families, children and the elderly always win. The pressure to question the HF principle is therefore constant. As the approach targets the marginalized homeless population, Frederick explains, "It is part of the fabric of democracy" (Voutilainen, 2018).

The ethical starting point for HF is therefore not an easy one. The leading roles of the policy in Finland, hence, felt the necessity that a social operation that clearly deviates from the general sense of justice and professional tradition must be justified the

questions, such as why is it right to go against the mainstream? and on what grounds can significant investments be ethically justified in improving the conditions of people without requiring them to change their lives in return for the benefits they receive? (Voutilainen, 2018).

The main ethical justification for the principle of HF arises from human dignity (Tsemberis, 2010). Human dignity is a philosophical concept with a universal meaning, which serves as the basic caliber of all human rights thinking. It is a fundamental philosophical premise, which has been defended and upheld in the Universal Declaration of Human Rights and on which international human rights treaties are based (UN-HABITAT & OHCHR, 2002). As mentioned earlier, this same ethical core is embodied in the Finnish Constitution and fundamental rights.

Nonetheless, philosophers, theorists, and professionals were unable to solve the obvious practical problem of 'human dignity'. An applicable solution was found by other experts - the marginalized men of the street (Tsemberis, 2010). The relationship between the principle of HF and the common good In Finland, the application of the HF principle to the long-term homeless was decided by the Council of State as part of the first phase of the PAAVO program in 2008. The ability to make decisions based on human dignity is probably the single most important reason for the international success of Finnish homelessness work.

Voutilainen asserts that human dignity as a rationale for decision-making is an extraordinarily strong ethical guide (2018). According to Kantian philosophy, respect for human dignity is a so-called categorical imperative, an absolute ethical requirement to be fulfilled in all circumstances, regardless of other consequences (Kant, 2002, p. 214–45). The principle of HF derives its ethical force from the absolute principle of human dignity and is therefore so strong.

Nevertheless, it wasn't strong enough to completely obscures the principle of promoting the common good (Voutilainen, 2018). Despite its ethical strength, the principle of HF is not, as a culturally bound practical solution, isolated from its social consequences. Policymakers in Finland saw that it cannot be implemented at any price or in any way, and it is ethical to consider the impact of actions on the common good (Voutilainen, 2018). However, the starting point for this analysis is that securing the housing needed for a decent life is a fundamental right, the practical implementation of which must also be assessed from the point of view of the common good (Voutilainen, 2018).

A key element of the common good is money. The social resources allocated to the implementation of the HF principle must be equitably proportionate to other social needs. However, the correction of a clear ethical wrong justifies and obliges the allocation of resources to the corrective movement. The PAAVO project, which aims to eradicate long-term homelessness, is such a corrective movement. The eradication of the housing culture, the provision of a housing stock that meets the conditions of the Rent Act, and the financing of the services needed to support independent living required politically decided specific funding for a limited, specific operation that went beyond the absolute obligation of the law.

The principle of the common good requires that a resource-intensive separate human dignity operation be justified and implemented in full transparency. Its implementation and social impact must be closely and analytically monitored. The operation must be carried out with the best professionalism and rigorous cost-consciousness, in accordance with the best productivity criteria, and must not be used as a cover for any hidden agenda. All operations must be subject to continuous evaluation and public scrutiny. And Finland is renowned for its public scrutiny process (OECD,

2021). In essence, it is a question of responsible use of the common solidarity reserve. It is ethically wrong to use this resource in a financially reckless way. Making a bold ethical decision about human dignity in a way that disregards the common good makes subsequent similar decisions more difficult, or even discourages them altogether (Voutilainen, 2018).

So the principle of HF does not apply at any economic cost. Nor does it apply at any legal price. The eradication of a control-oriented culture based on the logic of merit will mean a major change within social policy and the ethics of care, but only there. Indeed, the HF principle does not mean any relaxation of the criminal and social responsibilities that Finnish law imposes on individuals (Voutilainen, 2018). On the contrary, the change in the legal status of a person as a result of a tenancy agreement not only brings him legal advantages but also significant responsibilities. At the same time, the decades-old Finnish subculture of dormitories and substance abuse treatment facilities, which allowed criminal phenomena to occur that are not tolerated in an open society and normal housing is diminished (Fredriksson & Kaakinen, 2018).

HF supports the common good by empowering people who previously lived on the margins of society to become legally and socially responsible citizens in a new way. This is in line with the growing trend in the ethics of care that care and support should aim to empower individuals to take decisions, to develop their sense of self-worth and their resources, so that they are genuinely able to take responsibility for themselves, their community and their environment (Voutilainen, 2018).

However, as Voutilainen observes, the process of change towards social inclusion and responsibility be a long and painful one, both at individual and community levels. Therefore, the ethical responsibility of the PAAVO project was to ensure that no one is left alone without support in the new world of norms. Similarly,

administrators noted that it is an ethical responsibility to respect neighborhood communities and neighbors. Hence, the Finnish government made sure that the right to open information, safety, and feedback must therefore be guaranteed with the necessary working methods and resources (Voutilainen, 2018).

Decisions on human dignity, such as the HF principle, always have repercussions for the rest of society. These effects can be positive or negative for the common good. Responsible and quality decision-making takes them into account. The importance of human values-based governance is heightened when the effects are negative, when they challenge public opinion, or when the consequences cannot be reliably predicted.

When the PAAVO project was decided, the picture of the consequences was not clear. Moreover, the decision shook existing public and amma-tious values. For these reasons, its human dignity was underlined at the time of the decision. The anchoring of socially funded assistance in human dignity has in practice meant that providers of assistance and care have abandoned their long-held claims, which are firmly embedded in the general sense of belonging (Voutilainen, 2018). Help has been provided without any expectation that the recipient will become a better person. At the same time, those giving aid have given up their ethical superiority, at least in part.

In practice, the biggest reforms came in the midst of the economic crisis and the housing shortage (Voutilainen, 2018). Existing legislation did not provide an absolute legal backbone for the implementation of the new homelessness policy (Voutilainen, 2018). Finnish decision-makers showed unprejudiced and globally rare ethical courage in adopting the HF principle and directing resources to its implementation. By setting human dignity as the ethical basis guiding their actions, they acted in a way that looked beyond the short-sighted ethical minimum defined by economic management and

legislation.

The principle of HF has been implemented in such a way that the principle of the common good has also been surprisingly clearly reinforced as a result (Voutilainen, 2018). The basis for decision-making has been opened up to continuous evaluation and public scrutiny (Voutilainen, 2018). The extension of the rental contract to the homeless has brought homeless people not only the right to housing but also social and legal responsibilities. This is reflected, for example, in a marked reduction in the criminal subculture typical of large hostels. Social capital, with its economic consequences, has also been strengthened (Voutilainen, 2018). The result is a kind of ethical double win: defending the most vulnerable generates significant social benefits.

The hand of the socially disadvantaged rarely draws numbers at the ballot box. Active, at least moderately well-off citizens also make decisions on their behalf. The breakthrough of the HF idea and the support it has received from politicians, civil servants, and carers has also been exceptional for democracy (Voutilainen, 2018).

Seen through the lens of HF, the tradition of the indivisible dignity of every person has shaped the ethical basis of the welfare society and the policies that guide it. As long as this ethical foundation is upheld at the heart of representative democracy, it is imperative to give people HF. However, there is constant pressure for a different kind of homelessness policy.

Policy experts in Finland understood that one of the main ethical insights behind the HF approach came from a time of trust and listening - a desire to hear from those who had failed the expectations of their loved ones and society, who had caused pain and suffering, and whose lives were revolving around dark alleys (Voutilainen, 2018). The Finnish administrators and policy experts accentuated that without the voices of these marginalized people, internationally significant reform of Finnish

homelessness policy might have been missed (Voutilainen, 2018).

As the HF project has progressed, it has become clear that the consequences of what appeared to be a relatively pure decision on human dignity have led to a surprising ethical double victory. By defending human dignity through a courageous decision, the common good has been promoted at the same time.

The implementation of the HF principle has improved overall social security. The criminal subculture is gradually breaking down because people can be in their own homes instead of on the streets and in hostels (Voutilainen, 2018). In addition, the social inclusion that comes with a home strengthens responsibility for oneself, others, and the environment.

In addition, Virpi Sillanpää's study (Ministry of the Environment, 2013) shows that the PAAVO project, which implements the HF principle, increases the economic productivity of social and health care by significantly reducing the need for expensive health and social care services. The money invested in the human values operation will also prove to be an economic investment for the common good.

B. Locally Adapted Housing First in Finland

The Finnish homelessness reduction initiative connects several variations of the HF principle. There are features of the original PHF model, the communal HF model, and the HF in scattered housing with lighter assistance.

1. A Broad Definition of Homelessness

A more inclusive definition of homelessness helps in identifying and taking into account all potential routes to homelessness. Many factors, including substance abuse or sickness, can cause a person to become homeless. A homeless individual might be a

senior adult with alcoholism or a young secondary school student. Homelessness in broad terms was also helpful in its prevention. Cross-sectoral collaboration is the most efficient approach to carrying out preventative work, which has been a primary priority in all work on homelessness in Finland since 2016 (Y-Foundation, 2017).

2. Congregated Housing Type

The focus on permanent solutions has also included an effort to eliminate the temporary shelter type of housing that perpetuates the culture of homelessness. The changeover process has advanced quickly in the capital city area, and Helsinki, the use of hostel-style lodging officially stopped in 2013 (Kaakinen, 2017). Instead, Finns replaced those hostels with supported housing units. These flats are occupied solely by former homeless persons.

Units of this kind have been identified as problematic concentrations (Kaakinen, 2012). The units, on the other hand, have clearly demonstrated their use and complemented other housing alternatives. It has been feasible to target and customize more intense help for people in need while also flexibly utilizing staff resources as the client's needs vary (Kaakinen, 2017). Living in a unit appears to be ideal for formerly homeless clients who are afraid of loneliness and isolation in scattered housing. Larger units have additional issues related to community development and the use of intoxicants. So far, the Finnish experience has shown that creating common housing rules takes time. It shows, however, that it is feasible to improve support work and its operation in communal housing (Pleace et al., 2015).

Finding solutions that meet local requirements has been the goal of the initiative to eliminate homelessness. The knowledge and experience of those working for local NGOs and in cities have been crucial in this regard. Because of this, housing

units that mandate abstinence nevertheless play a significant part in the local service system, and this desire is shared by both clients and renters. By increasing engagement and paying attention to the service users in several links and working groups, this has become clear (Kaakinen, 2017).

The premise of Finnish HF theory has been that there is no one and only correct understanding of HF; rather, the principles must be tailored to local requirements and conditions. The service system and housing alternatives will also be built in the future on the basis of and in accordance with these principles. The goal is to abolish long-term homelessness and significantly reduce short-term homelessness.

C. Collaborative Governance

1. Agreements of Intent as a Tool for Scaling Up

Building on the Government's Statement of Principles, all ten cities participating in the program drew up their own detailed implementation plan and signed MoU with the government to implement the measures. However, it was not a foregone conclusion at the initial stage of program preparation that all the cities in the region would participate (Fredriksson & Kaakinen, 2018). For example, during the work of the program working group chaired by Deputy Mayor Paula Kokkonen, the question arose as to the conditions under which the City of Helsinki could be involved in the program, given that views were expressed that improving services might in fact only accelerate the migration of homeless people to the capital. However, Kokkonen and the rest of the city's management were prepared to take on the city's share of the program if the government's contribution was as envisaged. Meanwhile, the City of Turku only became involved after Minister Vapaavuori had several contacts with the Mayor of Turku.

MoU became, alongside the commitment of the government, a crucial link in

the spread and uptake of system change at the local level. MoU identified the homeless people most in need of urgent support, agreed on concrete projects, channeled the necessary state and municipal funding, defined the main content of the project plans and the plots and properties needed, quantified the staff and skills required, and agreed how and by what indicators the results of the program would be assessed.

The aim was to minimize uncertainty to the extent that, if for one reason or another, a priority project was not feasible, it could be replaced by a project from a so-called Plan B. The Aiesopirnus have been able to build a transparent and efficient path from the government's decision in principle and the steering of public funding to a housing and support services solution for an individual homeless person (Fredriksson & Kaakinen, 2018).

For the first time, a new architecture for housing services for the homeless was outlined in the Executive Plans and MoU. In each of the ten MoU concluded by the State with the ten cities, it was stipulated that the projects would be implemented based on a tenancy or sheltered housing with the necessary individual support. Social services for homeless people must provide their clients with a form of housing that meets their individual housing capacity and support needs. It was required that the use of dormitories for housing the long-term homeless be abandoned and that dormitories be renovated into supported housing units. These elements were put into practice in all the contract cities during the program period through the tendering of services, either in the city's service provision or through municipal contracts for the purchase of services.

2. Leading Role with Expertise

The HF model can rightly be seen as a public sector service innovation. They are typically new concepts that cross-sectoral boundaries within government and link

new actors to them. They are inherently fragile, as their success requires a multi-stakeholder decision to implement them. Finns also were aware that even promising service concepts do not automatically translate into new practices, but that many remain local or organizational solutions without wider benefits and impact. Building broad political and multi-professional collaboration and gaining buy-in from professional groups was key to the diffusion of innovation (Fredriksson & Kaakinen, 2018). This, in turn, required open leadership and capable leaders.

There were also doubts and criticisms of the HF model among professional homelessness workers. For example, in the social services unit for the homeless in the Helsinki Social Welfare Office, the HF principle was much discussed in café discussions (Fredriksson & Kaakinen, 2018). A wide range of views were expressed, both for and against. The principle had been tried out in the city's small housing estates in the 1990s with mixed results. In addition, all public studies on housing sites in recent decades recommended that a certain number of housing sites should always be available (Fredriksson & Kaakinen, 2018). Even at the time of the reduction program, it was suggested to the Agency's management that dormitory places should be provided elsewhere than in the newly created Hietaniemi Service Center (Fredriksson & Kaakinen, 2018).

The Helsinki City Council met in February 2014 for a routine meeting, broadcast live on the Helsinki Channel (Helsinki City Council 26.2.2014 at 18.00-23.08. Minutes of the debate. Meeting place Old Town Hall, Aleksanterinkatu 20.). At the heart of the debate was the fate of a housing unit in Töölö, Helsinki, which was renovated in 2012 and is mainly intended for young adults in Helsinki: Would the site be allowed to continue as a house for young people struggling with substance abuse and mental health problems, or would residents only be allowed to stay if they committed to a substance-

free life?

The initiative was supported and opposed, sometimes vehemently (Fredriksson, 2018). The debate became a cross-section, not just of the model for a single housing unit, but of the principles, objectives, and attitudes towards homelessness and its eradication in general. Key issues were discussed - when you are ready for housing, the relationship between housing and substance use, the size of the unit and staffing adequacy, care for homeless people in all neighborhoods, and substance abuse diversion in the midst of substance use.

Toward the end of the discussion, Councillor Vapaavuori took the podium on the right side of the room. He immediately declared himself, alongside Councillor Taipalee, to be the "most guilty person" in this room for the existence of such dormitories in Helsinki: "I was the minister responsible for this, and I appointed a working group in which Ilkka Taipale was involved in making this happen in concrete terms " (Fredriksson, 2018, p.138).

According to Vapaavuori, the task was to reduce the number of long-term homeless people in Finland:

> We felt it was important, and it's important for many reasons. First of all, there is a very big human issue involved. I dare say, Councillor Packaltn, that if they were not there in the hostel, more would die in the same period. There are significant safety issues involved. There are significant comfort issues involved. There are significant economic issues involved, which were referred to by, among others, Alanko-Kahiluoto. It has been quite clearly demonstrated that it is cheaper for the public authorities and society to do things this way than not to do them at all.

> If it were so simple to find premises in Helsinki and all the different parts of the

city that all the neighbors and councilors would happily accept for such use and that was of a suitable size, it would have been done long ago. But it just doesn't work like that (City of Helsinki Department, 2014, p. 96).

Vapaavuori's speech received public praise from several councilors representing different parties. Left Alliance councilor Veronika Honkasalo said that Vapaavuori's speech "restored at least for a moment my faith in humanity. I believe in the Coalition Party, at least for a moment. Thank you for that (City of Helsinki Department, 2014, p. 100)."

The event describes Vapaavuori well as a politician, a decision-maker and a leader, a debater, and a human being. In his book, Vapaavuori describes how a politician in a leading position occasionally encounters situations in which his own heart or reason advises him to act in a way that is different from what his key background groups imagine and from what general expectations would lead him to assume (Vapaavuori, 2016). He did not experience such a feeling when, as Minister for Housing, he became a strong advocate for the long-term homeless, "since improving the living conditions of the most disadvantaged has always been a central part of the ideology of the educated bourgeoisie "(City of Helsinki Department, 2014, p. 180).

However, Vapaavuori sensed that there was a kind of "atmosphere of confusion, mixed with astonishment and principled resentment" (City of Helsinki Department, 2014, p. 180). within his own ranks, when he took up the cause of opposing misplaced shopping centers and defending intact community structures.

Vapaavuori showed that it is a political attitude, will, that counts. Ministers came and went, but it took years for the Ministry of the Environment (YM) and the Ministry of Social Affairs and Health (STM), which are responsible for housing, to find a common policy and funding model for reducing homelessness. This in turn was

reflected in the reluctance of cities to make further efforts. If Vapaavuori had not committed to the HF model proposed by the Wise Men's Group and pushed for long-term government funding for housing and services from the Ministry of Justice, the Ministry of Social Affairs, and the Ministry of Finance, a significant reduction in long-term homelessness would hardly have been achieved (Fredriksson, 2018).

3. Main Player in Providing Houses

Hannu Puttonen, who was the first Executive Director of the Y-Foundation, understood that it was easy to take political decisions at the top level of society, but then there were often great difficulties and delays in implementing them at middle and lower management levels.

With Hannu's leadership, regardless of the economic situation, the acquisition and later construction of housing proceeded like a train on rails - at least 300 homes a year. When Hannu retired, the Y-Foundation had around 6 500 homes. When every thousand were full, 'unconditional kekkers' were held (Taipale, 2018).

With Hannu, the Y-Foundation was the main player in the country in building decent housing units with services for the mentally ill. He was also behind the plan to transform Lapinlande Hospital into a high-quality mental health center. Unfortunately, this project fell through for reasons beyond the Y-Foundation's control.

Although homelessness was most acute in the ten or so largest cities, efforts were made to alleviate it elsewhere. This also helped to reduce the flow of homeless people to those cities. The acquisition of housing in more than 50 localities generated a great deal of extra work and effort. The rural municipalities and towns were also pleased with the Foundation's achievements. In fact, it received support from all parties.

True to his roots, Hannu looked at the country's affairs from below,

remembering those in the most disadvantaged positions. Without publicity, there was deep cooperation with the Criminal Welfare Association, the A-Clinic Foundation, the Finnish Mental Health Association, and the Finnish Mental Health Federation. Cooperation with the Church was all the more profound since the Yhteisvastuukeräike had already been working in the 1980s to provide housing for prisoners released from prison.

A nationally significant project was the "Housing from Prisons" project led by Hannu, which resulted in an amendment to the decree in cooperation with the Minister of Finance, Iiro Viinanen. Significant additional state aid was granted for the renovation of prisons into housing. The Y-Foundation's self-sufficiency and overall financial position was very strong (Taipale, 2018).

4. Supportive Attitude of the Staff towards Housing First

In the studies and surveys, there was a broad consensus among the workers interviewed that there was a need to introduce the HF principle into homelessness policy (Fredriksson & Kaakinen, 2018). For example, the 28 housing counselors and service advisors of the HF unit of the Blue Ribbon Foundation in Kande, as well as the managers of the units, told in interviews of residents who had lived a life of complete exclusion and whose lives had been 'turned around by coming to the unit' (Fredriksson & Kaakinen, 2018, p.126). The attitude of the professional groups has been influenced by the opportunities opened up by HF services in terms of client work and skills development, as well as by the attitude of their employers to the new policy.

5. Communication

Since the start of the PAAVO I initiative, the website "Asunto ensin" (Housing

First) has gathered and disseminated data about homelessness, current programs, and HF research in general. In the communication team led by the Ministry of Environment, all project partners vital to communications have been represented (Kaakinen, 2012). For the program's general information, the Ministry and ARA are responsible. Local projects must be informed by signatory partners as a result of their own actions. NGOs provided information for their initiatives. The ARA website has opened up specific sections and a booklet about the initiative has been created. The Nimi Ovessa project's website, www.asuntoensin.fi, has also been created for communication. The website www.housingfist.fi has drawn a lot of interest from other countries as well. Additionally, the Y-Foundation guides and discusses HF on their website in detail (Y-Foundation 2021). Both locally and globally, the effort to end homelessness has received a great deal of favorable press. This has largely been made possible by the local project partners and cities' open and engaged communication (Kaakinen, 2017). These reports and assessments on long-term homeless programs provide a wealth of information as well as evaluative expertise (Juhila et al., 2022).

6. Small Steering Group

The multidisciplinary network of actors and partners and the different levels of preparedness of cities and donors for implementation underlined the leadership of the process. An intensive management approach was built into the program, fostering openness, trust, and collective learning. According to Vapaavuori, a strong operational approach was taken to the implementation of the program: "We drove decisively for big change and followed it up, addressing any slippage immediately (Fredriksson & Kaakinen, p.128)."

The day-to-day management of the initiative was formally organized in a fairly

traditional way: an open homelessness seminar once a year, a broad steering group representing all stakeholders, a narrow steering group bringing together key stakeholders, a full-time program director, city homelessness steering groups and support groups for several building projects and schemes (Fredriksson & Kaakinen).

A key role was played by a small steering group: a working body bringing together ministries, major cities, donors, and organizations, with officials with operational responsibility, employees, and leaders of organizations. It met for twenty years, 6-8 times each year. The group was directly informed about the progress of the program, the status of projects and programs, and the mood on the ground and among decision-makers, and, where necessary, had a direct channel for stepping up implementation and launching the preparation of new measures.

The group also had a direct link to the parallel development of the program, training, knowledge sharing, dissemination, and support for the implementation of the approaches. From 2010 to 2012, Name on the Door, a Tekes-funded initiative to create services for the homeless, was in operation. The Helsinki Deaconess Institute, Silta-Vermennusyhdistys, and Vailla vakinaista asuntoa ry (Fredriksson & Kaakinen, 2018), in addition to the cities of Espoo, Helsinki, Tampere, and Vantaa, participated in the study. In order to assist HF services, the development work's results were used to create a website (asuntoensin. fi) and an online housing social work guidebook.

The development work continued in 2013-2015 as a Network Developers project, involving the Y-Foundation, the Helsinki Deaconess Foundation, the Sininauhasäätiö, Vailla vakinaista asuntoa ry and the Rauma Seudun Katulähetys (Fredriksson & Kaakinen, 2018, p. 129). The project was implemented with funding from the Finnish Funding Agency for Social Funding (Raha-automaattiyhdistyksen). The goal was to define and establish the Finnish HF approach in the practical

implementation of services, as well as to improve the role of organizations in the development of programs for the homeless. During the project, 39 different events were organized, involving almost 1,000 participants (1,943 attendances) (Fredriksson & Kaakinen, 2018, p. 129). A key result of the project is the creation of a national structure for homelessness work that coordinates development work across sectors and regions (Timonen, 2016).

7. Vailla vakinaista asuntoa ry

In the period between 2008 and 2011, Vailla vakinaista asuntoa ry (No fixed abode NGO)19 participated in the program's steering group. The NGO was established in 1986 to encourage leaving dorm life and to increase everyone's opportunity for independent living. Participating in the steering group has therefore been crucial for the association (Kaakinen, 2012). To guarantee the involvement of the target group and to provide the group with up-to-date information from the ground up, the national lobby for homeless persons brought a person who has personally experienced homelessness to the group. Together with Tekes, four cities, and NGOs, the association participated in the Nimi Ovessa joint development initiative from 2010 to 2012. The association was in charge of making sure that service customers were included in the design of the services (Kaakinen, 2017). FEANTSA, the European Federation of National Organizations Working with the Homeless, has recognized Vailla Vakinaista Asuntoa Ry as a full member since 1998. In Feantsa working groups and seminars, the association has disseminated information on the program's progress.

Chapter Four: Conclusion

I. Summary of the Findings

I started this research with the presumption that If we govern more effectively, we may transfer a policy successfully that would lead to a policy. Based on this research, I draw a lesson that three core determinants are necessary to understand the constraints placed on or facilitators of policy transfer.

First, through a process of consensus building, stakeholders in the policy formation process must come to a shared understanding of what they aim to accomplish together. The most marginalized and disadvantaged individuals were put on the national agenda by Finns, who also demanded that their rights and fundamental requirements in housing be respected. It has so "delivered" on the campaign for everyone's right to own a house that civic activists, service users, social work professionals, and scholars have been involved in since the 1960s' critiques of "total institutions" (Juhila et al., 2022). As a result, there has been a significant political consensus about the necessity of approaching homelessness in a completely novel manner since 2008. Despite having various political alliances, all governments have committed to initiatives to reduce homelessness. This political agreement made it possible to implement HF as a national strategy and ensured adequate funding. Funding has been allocated specifically for expanding housing investments and for supportive services. This led to a complete policy transfer.

Meanwhile, even though providing housing to the homeless with no preconditions was quite controversial in the U. S. context, policymakers accepted a range of depoliticized versions that seemed to yield significant savings, particularly when associated with being targeted by a small group of shelter users as "chronically homeless" when supporting HF as a national policy (Culhane et al., 2007). Channeling

and triaging resources for the chronically homeless appealed to the fiscally conservative, but it also served a neoliberal agenda of narrowing government responsibility and diverting attention from wider discussions of poverty, housing, insecurity, and increasing inequality (Wilse, 2010). That the service recipients were not the most sympathetic group could be overlooked if a greater good plus cost savings were achieved. In this context, the original HF philosophy was often misinterpreted in later years in implementing HF nationwide.

Second, collaboration between agencies and stakeholders and among stakeholders can be facilitated or discouraged by factors existing mode of governance. The Finnish HF projects were put together in accordance with what social scientists have referred to as a participatory governance paradigm. Collaborative networks and other methods of co-producing public services are key activities in this cooperative form of governance. This has been interpreted within HF efforts to entail both the efforts of building networks of collaboration between diverse stakeholders to produce housing services as well as a particular attitude toward clients as participants in the design and delivery of these services. Letters of Intent and contracts between the State and major cities served as the foundation for implementation. Common objectives and a highly realistic implementation plan that directly affected the service level were provided using this policy instrument. By clearly defining what each party is expected to do, these agreements ensure that all necessary actors are involved and that there is uniformity throughout the nation (Peace, 2017). The Action Plan lists the organizations involved in each stage of this homelessness strategy phase, together with the lead agency or agencies in charge of that stage's planning and service delivery (Peace, 2017). Municipalities' official (and financial) commitment to accept the new approach and rearrange their services in line with HF was accomplished through a collaborative effort

that required a variety of players from different sectors and levels to give strong commitment and close cooperation. Furthermore, the Ministry for the Environment's role to steer and coordinate these national initiatives should not be understated, either. And this Finnish context led to informed and appropriate policy transfer.

On the other hand, the U.S. federal government HF projects were put together in accordance with neoliberal governance. Policymakers in the United States, as opposed to those in Finland, have emphasized less paternalistic aspects of HF program design (Gowan, 2010; Klodawsky, 2009), while also critically pointing out how it fits into the broader neoliberal emphasis on cost-effective, lean poverty governance (Baker & Evans, 2016). According to this neoliberal theory, HF spreads fairly rapidly since simplification and narrowing make it easier to take action on complex social problems. Nevertheless, it was destined to be failed as the HF's own paternalistic philosophy was unable to be led in the neoliberal governance ideological context. The original HF views housing as a human right, but it remains an economical program for a cost-determined portion of homeless persons in the U. S.. When HF becomes policy in the U.S., this human rights discussion is conspicuously lacking (USICH, 2010). Meanwhile, in neoliberal administration, governments are created and treated as objects with a logic drawn from organized forms of competitive and entrepreneurial conduct (Fougner, 2008). Federal funds are utilized to collect data, make policy, and monitor performance. The federal formula and the increasingly competitive funding sources were the fundamental sources for organizations to practice HF. This could be explained as the previous administration's tactic of shifting political accountability for homelessness to the "community" level while cutting off vital federal funding did result in new efforts at the state and local levels. Nevertheless, this mechanism ended up pushing certain sorts of applications that drove towns to disregard their own priorities in order to follow HUD's

lead. At the same time, other communities elected to utilize their plans to address all types of homelessness by disregarding the federal formula. They came up with 'effective' tactics for obtaining additional financial resources. As a consequence, federal money is not being used to fill either service needs perceived by localities or federal officials' requirements. As a result, these inducement mechanisms through the multitude of channels via which mainstream resources reach the local level rendered a single set of solutions impossible to solve. Within this system, even with the strong endorsement from the federal government of HF, programs that contradict each other were implemented at the same time nationwide. Despite the well-documented effectiveness of the HF model over the old models, the framework is still being used to construct a system of care in an increasing number of communities.

Lastly, Leadership is widely regarded as a key component in bringing stakeholders to the table and guiding them through challenging phases of the policy process (Ansell & Gash, 2018). For a policy to be effective, it needs to be backed by passionate, strong individuals with noble goals and aspirations. Several agents played the role of key pioneers in the Finnish HF tale. The pioneer agents in the field of expertise of HF experts in Finland convinced the government's decision-makers—particularly the time's Housing Minister Jan Vapaavuori—of the necessity of a new strategy for long-term homelessness policy and practice. In addition to these agents' endeavors, in an effort to make the services being created more "knowledge-based," efficient, and inclusive, a selected group of homeless persons have been recruited to serve as experts. There was a network of devoted actors at various societal levels. By utilizing financial incentives and information steering, several actors with knowledge at various levels were integrated and committed to carrying out government initiatives (Juhila et al., 2022). The dedication of the front-line staff who work with homeless and previously homeless

persons also contributed to the success of HF in Finland. The HF-based long-term homelessness initiatives were started at the government level, but thanks to the collaborative leadership roles of HF governance in Finland, major cities and non-governmental organizations were able to execute them successfully.

In the HF at the US federal level case, however, the leadership role rotated frequently throughout the policy process. The fact that the Council elects a Chair and a Vice Chair from among its members, whose positions rotate annually questions policy consistency. Continuity of leadership is an important requirement for successful policies. If a leader in an important position is replaced it could destroy existing support and cooperation in the policy process. The composition of people participating in decision-making changes. Decision-making participants change over time, and the degree to which they are immersed in decision-making can vary considerably depending on the domains of decision-making. The range of decision-making participants in an organization and the energy they put in are not consistent. Hence, it is often challenging to make a policy consistent and focused. Also, federal programs tend to not include social service providers with knowledge, expertise, and experience in meeting the needs of homeless persons. These providers may be unorganized or unequipped to serve homeless individuals, may be unaware of their special needs, or may lack the empathy or expertise to interact with their clients with respect. Thus, policymakers in the U.S. were incapable of formulating specific policies and therefore willing to give implementers a wide range of discretion to shape their goals and devise means of achieving them. In this case, however, there was even only a few individuals have been on the national frontlines of HF implementation. The absence of a practical leadership role and consistent policy strategies is understood to be a case of deteriorating policy coordination and integration capabilities of the entire national body. Under this

circumstance, Lesson-Drawing of how HF worked in other U.S. states, which itself would have drawn lessons from other experiences, was not achievable throughout the policy development and implementation process. And this U.S. governing context led to incomplete, unformed, and inappropriate transfer.

As we have seen so far, an effective form of governance will enable us to effectively transfer a policy that will result in a more successful policy, prevent significant social costs, increase democratic involvement, and even bring logic back to public administration. I hope that policymakers and implementers find these lessons beneficial from this HF case study in two distinct nations. And I hope this research will help future or current policymakers on HF to better navigate and plan for policy transfer in their nation or community.

II. Limitations of the Research and Suggestions for the Future Study

As this paper looks at the policy transfer process with a top-down approach, careful observations on the interaction of the policy and front-line workers with the local institutional setting are not explicitly covered. As context matters, a thorough analysis with a bottom-up approach to this case would have shown more detailed reasoning on policy transfer success or failure. For future studies to compensate for this limitation, qualitative interviews of participants of policy transfer would be a good way to gather more detailed information. It would explore this topic in much more depth by employing this method. Because qualitative interviews are intended to elicit thorough information, this will be especially helpful when a researcher wants to look into the "how" of different phenomena or the processes involved in policy transfer.

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초록

주거우선 (Housing First; HF) 정책은 노숙을 근절하기 위해 전 세계적으로 시행되어 정책 패러다임의 전환을 이끌고 있다. 핀란드는 HF를 채택한 후, 노숙인의 수를 상당수 감소시킴으로써 HF를 정책이전(Policy Transfer)한 국가 중 선도적 국가로 여겨졌다. 반면에 미국은 HF라는 새로운 패러다임 변화를 최초로 시행한 국가임에도 불구하고 HF 정책의 실패에 따른 결과로 인해 HF의 방법론에 의혹을 제기하기 시작한 국가이다. 이러한 대조적인 두 사례에서 어떤 결과가 검토되었는지를 탐구하는 것은 프로그램의 결과를 개선하는 요인에 대한 관심을 불러일으킬 수 있다. 따라서 이 연구는 조직 및 정치의 맥락에 부합하는 방식으로 사회 개입 프로그램을 조사함으로써 어떤 국정운영 요인이 정책이전의 성공 또는 실패에 기여 또는 초래하는지를 조사한다. 이를 위해 Dolowitz와 Marsh (2000)에 의해 고안된 분석틀로 핀란드와 미국에서의 HF를 분석하고 비교한다. 이 연구에서 발견한 주요 요인들은 '정책 집행 이전에 참여자들 간의 합의의 형성', '거버넌스의 형태' 및 '리더십 역할'이다. 아울러 이러한 요인들이 주어진 제약 또는 정책이전의 촉진 요인에 어떻게 결정적으로 기여했는지를 발견했다. 이 연구는 정책효과 제고를 위한 개선방안을 시사점으로 제시하여 HF의 미래 또는 현재의 정책 입안자들이 그들의 국가와 공동체에서 정책이전을 더 효과적으로 다루고 계획할 수 있도록 제안한다.