A Mixed Method Study of the Fidelity of the Bergen Housing Programme in Norway to the Pathways to Housing Model

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Abstract_*Housing First (HF) programmes have been implemented in Norway since 2012. An evaluation of 10 programmes conducted in 2015-2016 showed very good results when it comes to tenants achieving housing stability, having access to services, and experiencing improvement in different life-areas. None of the programmes had conducted a fidelity assessment until Bergen decided to participate in the international fidelity project. This article is based on this assessment. The fidelity assessment took place between August and November 2017 and all seven professionals in the programme team participated in the assessment. All of them also completed follow-up interviews. There are 30 individuals served by the programme. The programme showed an overall average score of 3.7 on a 4-point scale. The highest scores were in the domains of Service Philosophy and Separation of Housing and Services, while the lowest score was in the domain of Service Array. Several facilitators of programme fidelity were identified. Foremost, Norway has a strong and well developed welfare system that ensures many of the basic needs of the service users are met, such as housing subsidies and access to social and health services. Barriers to fidelity included an insufficient supply of suitable housing, a lack of essential services within the programme, and a lack of systematic training and implementation experience. Based on the usefulness of the experience for the Bergen HF programme, other Norwegian HF programmes are planning to conduct fidelity assessments.*

Key words_*Housing First, homelessness, evidence-based practices, public policies, evaluation*

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Introduction

The objective of this study was to evaluate the fidelity of a Norwegian Housing First (HF) programme and identify facilitators and barriers to achieving programme fidelity in this programme. The study was intended to show that by giving the HF projects an active part in the process of measuring certain areas of their service, it gives an ownership and commitment to further programme development and improvement. If the fidelity scale is to be implemented routinely with HF teams in Norway, it is necessary to demonstrate evidence of its utility.

The study served as a pilot to test the use of the fidelity measure in a Norwegian HF programme. The fidelity scale has not previously been used by the HF teams in Norway. Due to variations in various HF programmes, conducting fidelity assessments was viewed as way to identify commonalities and differences across them. Evaluation based on the fidelity scale provides a good indication of how the service works in the project, and will specifically show what the project has achieved and what needs to be improved. The study started the process of implementing the use of the fidelity scale as an evaluation tool for all the Norwegian HF teams.

Homelessness in Norway

There is a relatively small number of rough sleepers in Norway compared to other European countries and the USA. The Norwegian welfare state provides a safety net, and the different municipalities are obliged to find accommodation for those who need it. Homelessness is not likely to happen because of poverty since the welfare state provides both financial assistance and housing.

The definition of homelessness is quite broad in Norway: *"A person is considered homeless in Norway if he/she has no privately owned or rented accommodation and is reliant on occasional or temporary lodging, lives temporarily with friends, acquaintances or relatives, lives in an institution or in a correctional facility and is due to be released within two months without access to accommodation, or who sleeps rough/has no place to sleep"* (Dyb and Lid, 2017).

Beginning in 1996, Norway conducted several nationwide point-in-time counts of homelessness. Since 2008, the count takes place every fourth year and over the course of a specific week. The data from these counts provide information on the composition of the homeless population. The data is collected in every municipality by organizations that are in regular contact with homeless people. Housing service organizations as well as other organizations delivering health and social services participate in the point-in-time count. Table 1 provides the number of individuals who were homeless in each of the completed point-in-time counts in Norway.

Table 1. Number of Individuals Who Were Homeless in Point-In-Time Counts in Norway

Year	# of counted homeless individuals
1996	6.200
2003	5.200
2005	5.496
2008	6.091
2012	6.259
2016	3.909

As shown in Table 1, the number of homeless people increased from 2008 to 2012 (Dyb and Lid, 2017).

According to the latest point-in-time count conducted in 2016, there were 3,909 homeless people in Norway (Dyb and Lid, 2017). The significant decrease in homelessness since 2012 can be explained by a housing policy where homelessness is not only seen as a social problem, but also because housing is expensive and hard to obtain. It is also agreed that provision of housing together with follow-up support is often necessary to prevent and reduce homelessness.

Even if the number of rough sleepers is low in Norway, there remains a large group of long-term hidden homeless, who live with friends, family or acquaintances over a long period of time. The number of individuals in this subgroup was estimated to be 1,396 in the 2016 point-in-time count, and the majority of these individuals indicated that they had been homeless for a long time. Three-quarters of homeless individuals in this subgroup were men aged 25 – 44 with a lower educational background than the rest of the Norwegian population. Their income came from social benefits, disability benefits or other welfare-schemes. It has been found that people experiencing long-term homelessness are more likely to suffer from mental health issues and / or addiction problems (Dyb and Lid, 2017).

Bergen, a city with a population of 277,644, identified 486 homeless people in the 2016 point-in-time count (Dyb and Lid, 2017). As shown in Table 2, the typical person in Bergen who is homeless is a single man with a lower level of education and living on social benefits.

Table 2. Demographic Characteristics of Homeless Individuals in Bergen 2016 Point-in-Time Count (N=486)

Gender	**%**
Men	79
Women	21
Status	
Single	93
Married/ living together	3
Not specified	3
Education	
Primary school	37
Secondary school	11
Higher education/ university	3
Not specified	49
Income	
Salary from employment/unemployment benefits/ sickness-benefits	5
Old age pension/ disability pension/other	26
Other benefits from the state	22
Social relief	37
Not specified	10

National response to homelessness in Norway

Several national programmes targeting homelessness have been developed in Norway since 2000, and challenges linked to resolving homelessness have had high priority. "Project Homelessness 2001-2004" was the first national programmeme (Norwegian Ministries and Norwegian State Housing Bank, 2001). This programme was a four-year national project carried out in the largest municipalities in Norway. The conclusion of the project was that there ought to be a shift from the traditional staircase method where homeless people must qualify for a home to an understanding where homeless people have a right to a home.

The project was completed at the end of 2004, followed by the "National Strategy Against Homelessness 2005-2007" (Norwegian Ministries and Norwegian State Housing Bank, 2004). The strategy's aim was to develop methods and models to prevent homelessness, and the work took place in all municipalities. The Norwegian State Housing Bank and the Norwegian Labour and Welfare organization (NAV) was primarily responsible for implementing the strategy.

The strategy had the following objectives, to: (1) reduce evictions, (2) ensure that no one stays at an emergency shelter when released or discharged from prison or institutions, (3) ensure that emergency shelters met certain criteria, and (4) ensure that no one stays longer than three months in temporary accommodation. A subsequent evaluation of the strategy recommended development of expertise and services in the municipalities to secure a focus on the most disadvantaged homeless groups. A focus on assisting those who could not find housing themselves was also recommended.

A revision of the strategy (Revision of Housing and Services for Vulnerable Groups Document 3: 8 2007-2008) stated that the necessary services failed to reach the target group as intended. The set of regulations were difficult to understand, and there was a lack of cooperation between different political sectors. A need for knowledge and understanding about vulnerable groups and adopting a systematic approach to reaching these groups was needed to reach the goals as stated in the national strategy.

NOU 2011: 15 (Official Norwegian report) responded to this critique by recommending that municipalities be mandated to structure the political agenda for housing at the same time the state gave clear guidelines for setting national goals and strategies. The report also stated that people must be given a chance to live in their own home, regardless of the personal challenges they might face, such as substance abuse or psychiatric problems. A secure home is a fundamental ingredient in recovery, and the municipalities should assist those who need it, for instance with practical and financial advice.

Subsequently, the document “Housing for Welfare 2014-2020, A National Strategy for Housing and Support Services” was released (Norwegian Ministries, 2014). In this strategy, the Government established a set of national goals and focus areas for housing and support-services: Everyone should have a good place to live, everyone with need for services will receive assistance in managing their living arrangements and public efforts shall be broad and effective. The strategy stated that everyone needs a home, and with assistance, everyone can live in their own home. Cooperation across sectors and levels are described as necessary to achieve outcomes of housing and support-services. In this strategy, HF is presented as a model to prevent homelessness.

The first HF programme in Norway was established in 2013. Today there are 21 programmes scattered around the country, all managed by the local municipalities. A national network for all programmes was established from the very beginning in order to connect the programmes together and to guide and support programme development. The network is organised by the Norwegian National Center for

Mental Health Care, also referred to as NAPHA. Next, a brief overview of HF in Norway is provided, focusing specifically on Bergen HF, the Norwegian programme participating in the international fidelity assessment project.

Bergen HF

Bergen HF started in 2013 as a pilot project, and was implemented as an ordinary service in 2016. Bergen HF consists of seven professionals. It was developed based on the original Pathways HF model (Tsemberis, 2010). One difference is that the team does not have a doctor or psychiatrist in the multidisciplinary team, as in the original programme. Bergen HF could be described as a hybrid combination of intensive care management (ICM), where case-managers have their own caseload and assertive community treatment (ACT), where a multi-disciplinary team of professionals work together on a caseload.

The team is multidisciplinary and composed of social workers, psychiatric nurses, educational counsellors, and a carpenter who has the role of a handyman. All team members have a caseload but also have knowledge of each of the programme participants' status and service plans. Each team member provides individualized support to a maximum of 10 service users. Bergen HF takes responsibility for damages to the flat and works closely with the landlords.

Bergen HF offers a broad spectrum of services including practical assistance, financial counselling, and coordination and brokering of access to other public services in the community. The role of a broker must be seen in light of other existing public services in the welfare state. The state and local authorities have responsibility for ensuring that inhabitants have access to housing, health service and financial benefits. Bergen HF has established regular meetings with other services and procedures for discussing cases, which has resulted in a seamless process between the different services.

To be eligible to participate in the programme, one must be over 18 years of age and be experiencing absolute homelessness. The main target group is individuals with mental health issues and/or drug-addictions. When the project started in 2013, a set of eligibility criteria was agreed: (1) individuals should be homeless or living in temporary accommodation, (2) individuals are ready to be discharged from institutions such as addiction-rehabilitation or prison, or (3) individuals should be at risk of being evicted from their homes.

Participants had had an average of 2 months of homelessness before entry into the HF programme. More than 50% of the service users presented with both mental and physical health problems. Those referred to the programme usually have a complex situation and are in need of several public services in their everyday life.

Participants in the HF programme are housed in independent scattered apartments throughout the city. Most of them are rented in the private market, unlike most of the other programmes in Norway, which use public housing. Specifically, in Bergen HF, two-thirds of the participants live in privately rented homes, the rest in social housing. Moreover, the housing is located throughout the town and none of them are in so called clustered or congregate social housing (Hansen, 2016).

Nearly 40 persons have participated in the programme. As of January 2018, there were 34 participants in Bergen HF, of which five are women and 29 are men. Twenty–eight of them (82%) were living in their own flat. Seventy percent of participants in Bergen HF have retained their original housing. The reasons for evictions mostly involve complaints from the neighbours; none has lost their flats because of rent arrears (Hansen, 2016).

Study objectives

During the last year the HF teams in Norway expressed interest in participating in the international fidelity project, as a means to evaluate the HF teams, improve their services, and compare HF in Norway to programmes in other countries. Members of the International Network of HF have contributed with valuable expertise to this process. It was agreed that Bergen HF would participate in the cross-country study of fidelity of HF programmes, pilot test the self-assessment measure of fidelity, and identify facilitators and obstacles associated with achieving programme fidelity in Norway. The reason for selecting the Bergen HF programme on which to conduct the self-assessment of programme fidelity was because of its maturity. It had transitioned from being a pilot programme to becoming a fully integrated permanent community service. The study's main objective was to develop an understanding of the methods, determine the level of fidelity achieved by the Bergen HF programme, and identify the factors that facilitated or impeded programme fidelity. If the self-assessment of fidelity proved useful for the Bergen HF programme, the plan was to integrate fidelity assessment in the HF network of programmes as a tool for programme development.

Method

Procedures

The research project with the Bergen HF followed the same methods as other HF programmes in the international study, with some modifications. Initially, the project focused on workshops, dialogue, and network-meetings to get a better understanding of the fidelity scale, since it had not been used previously in Norway. It was decided that the first workshop with Bergen HF programme staff should focus

on translation, and any issues identified at this workshop would be discussed at the national HF network meeting in the fall of 2017. Researchers for NTNU (Norwegian University of Science and Technology) were invited to this conference to give further input on the use of fidelity scales. At the same network meeting, Roberto Bernad from Rais Foundation (Madrid, Spain) gave an overview of the background of the HF fidelity scale. At the network meeting, all the participating HF teams were given an overview of how the fidelity scale had been used in the United States, Canada, and Europe.

The research questions guiding the study were the following: (1) What is the level of programme fidelity of the HF programme in Bergen? (2) What are the factors that facilitate or impede the achievement of programme fidelity in a HF programme? (3) Does the method for assessing programme fidelity and facilitators and impediments to fidelity contribute to programme development and improvement of a HF programme in the Norwegian context?

Fidelity assessment

The starting point of this process was firstly to find common grounds in terms of getting a better understanding of the fidelity scale. Furthermore, the translation led to discussion on how to understand the fidelity scale in a Norwegian context on issues such as housing policies, the welfare state, organizations of services and how this could complicate the use of the fidelity scale.

Firstly, a quantitative assessment using the 37-item self-administered survey constructed by Gilmer and his colleagues (2015) was conducted. An academic advisor from NAPHA informed the team via telephone about the process beforehand. All the team members had been employed in the programme for one year or longer, and completed the survey individually without discussion. The team leader collected the forms and sent them to NAPHA to calculate the scores. The results were converted into a four-point scale via the Excel tool provided by the international team of researchers.

A consensus meeting was conducted via Skype and e-mail in November 2017. All seven team members participated in this consensus meeting. The answers that differed from each other were discussed and conciliated until full agreement was reached among all team members. After the consensus-meeting, the ratings of individuals were summed into a total score in the five different domains: Housing Choice and Structure, Separation of Housing and Services, Service Array and Programme Structure. Based on the answers, factors identifying either facilitators or barriers to fidelity were identified. These factors were grouped into systemic factors, organizational factors and individual factors.

The team's answers proved for the most part to be very consistent; some answers needed clarification before consensus was reached. One example is that the Bergen HF-team has a nurse, but the nurse does not provide healthcare as a nurse, but is rather a broker and a link to those services provided from other services within the healthcare system. The question of 30% of salary used on rent also needed clarification. In Norway, rent is often covered by the Norwegian Labour and Welfare organization (NAV), and the different municipalities have individual policies on how much rent they approve as maximum level. In most cases, the participants do not pay rent directly from their salary or benefits; at the same time the municipalities' polices play an important part in financial decisions.

Data analysis

The answers from the consensus meeting represented the final score of items from the five different domains. Subsequently, an average item score was calculated for each domain. Previous research on programme fidelity of HF programmes has set an average score on items, domain totals, and overall total of 3.5 or higher as the "benchmark" for high fidelity (Macnaughton *et al.*, 2015). It was agreed by researchers participating in the international HF project that a score of less than 3.0 reflected low fidelity.

Qualitative interviews

Next, after reaching consensus on fidelity item scores, qualitative data collection was conducted by further discussion with team members to identify factors contributing to high and low programme fidelity, until they reached agreement. The qualitative interviews followed questions presented in a protocol as detailed in a guide. This interview guide proved to be a useful tool to generate discussion and agreement about the facilitators and obstacles influencing programme fidelity.

Data analysis

The interviewer took detailed notes of the interviews. Analyses of this qualitative data involved identifying common themes across interviews in terms of facilitators and barriers to achieving programme fidelity.

Results

Fidelity assessment

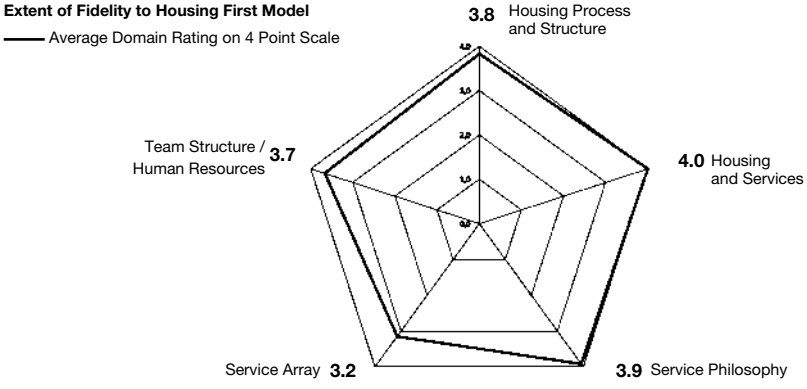
Table 3 presents the score on the individual items and domain average item score of the fidelity assessment on a 4-point scale as well as the average total score for the programme for all the items. The Bergen HF Programme was assessed overall by programme staff as having an average item score of 3.7, representing a high level of fidelity.

Table 3. Fidelity Assessment Item Scores and Domain Means

Domain / Item	Domain Mean / Standard Item Score (Out of 4)
Housing Process and Structure	***3.8***
1. Choice of housing	4.0
2. Choice of neighbourhood	4.0
3. Assistance with furniture	4.0
4. Affordable housing with subsidies	3.0
5. Proportion of income required for rent	4.0
6. Time from enrollment to housing	4.0
7. Types of housing	3.0
Separation of Housing and Services	***4.0***
8. Proportion of clients with shared bedrooms	4.0
9. Requirements to gain access to housing	4.0
10. Requirements to stay in housing	4.0
11a. Lease or occupancy agreement	4.0
11b. Provisions in the lease or agreement	4.0
12. Effect of losing housing on client housing support	4.0
13. Effect of losing housing on other client services	4.0
Service Philosophy	***3.9***
14. Choice of services	4.0
15. Requirements for serious mental illness treatment	4.0
16. Requirements for substance use treatment	4.0
17. Approach to client substance use	4.0
18. Promoting adherence to treatment plans	4.0
19. Elements of treatment plan and follow-up	4.0
20. Life areas addressed with program interventions	3.4
Service Array	***3.2***
21. Maintaining housing	4.0
22. Psychiatric services	4.0
23. Substance use treatment	3.2
24. Paid employment opportunities	4.0
25. Education services	2.0
26. Volunteer opportunities	3.0
27. Physical health treatment	3.0
28. Paid peer specialist on staff	1.0
29a. Social integration services	4.0
Program Structure	***3.7***
31. Client background	4.0
33. Staff-to-client ratio	4.0
34b. Frequency of face-to-face contacts per month	4.0
35. Frequency of staff meetings to review services	4.0
36. Team meeting components	4.0
37. Opportunity for client input about the program	2.0
Total Mean	**3.7**

Figure 1 presents the average item scores for each of the five domains. The Separation of Housing and Services, Service Philosophy, and Housing Process and Structure domains had average scores of 4.0, 3.9 and 3.8 respectively, demonstrating high levels of fidelity in these areas. In these domains, 100% of the items in the Separation of Housing and Service domain and 85.7% of items (6/7) in both the Service Philosophy and Housing Process and Structure domains were rated at the highest possible level of fidelity (M = 4.0). For the item in the Service Philosophy domain that was assessed at less than full fidelity, the programme was judged by staff as working with participants in five of possible six life areas (*M* = 3.4). The programme was also assessed as having a high level of fidelity in the Team Structure and Human Resources domain (*M* = 3.7). The sole item in this area on which it had low fidelity (2.0) related to the extent it provided opportunities for participants' input into programme operations and policy.

Figure 1. Average Housing First Fidelity Ratings by the different domains Housing Process and Structure, Housing and Services, Service Philosophy, Service Array and Team Structure and Human Resources.



The programme was assessed by staff as having moderate fidelity in the Service Array domain with an average score of 3.2. This domain caused a lengthy discussion on how to interpret the fidelity scale in a Norwegian context, mainly because of the team's role as a broker or link to other services. In terms of how Bergen HF is organized, they have procedures that secure a close connection to other services such as health care, financial assistance and services that provide job counselling and training. The team has immediate access to such services and the cooperation is described as seamless. However, they assessed their ability to make education and volunteering services available to participants as having low to moderate

fidelity (2.0 and 3.0). In addition, they also rated the programme as having a low level of fidelity on the item regarding having a paid peer specialist on staff (1.0), as there were none of these types of positions in the programme at the time of the fidelity assessment.

Facilitators of programme fidelity

Table 4 presents a summary of facilitators of fidelity emerging from the qualitative interviews and grouped into categories of systemic, organizational, or individual factors.

Table 4. Summary of Facilitators for Achieving Housing First Fidelity

Systemic	Organizational	Individual
Rent supplements. Universal health care. Wide array of services. Housing availability. Cooperation with landlords. Good reputation of program.	Follows principles of HF. Separates housing & services. Ordinary lease contracts. Facilitates re-housing.	Commitment of professionals. Personal values. Experienced team members.

Systemic factors

Through interviews with key informants, several systemic factors that were defined as facilitators were identified. The most important factor is that rent is secured through benefits. Norway's welfare system provides subsidies for rent to people with income below a certain level. Bergen HF cooperates closely with the Norwegian Labour and Welfare Administration (NAV) in the municipality, and arrangements such as budgeting and voluntary deduction for the participant's account in order to secure rent. One of the key informants stated: "My experience is that the participant feels proud when rent and other bills are paid. The feeling of shame because of unpaid rent is something many of our participants have experience with. Being able to handle one's income is empowering."

Co-operation with other public services such as health-care and financial systems were also identified as important facilitators of model fidelity. Norway's welfare system provides universal healthcare, which is a facilitator for fidelity. Bergen HF does not provide healthcare or financial aid, but works closely with the providers of such services, and so participants have immediate access to an array of services.

From the outset, Bergen HF has worked closely with the landlords. At the time of the fidelity survey, an individual who had previous experience as a service user had the prime responsibility of contacting landlords, searching the internet for flats, and so forth. This caseworker was described as both "practical and persistent", and

managed to secure many housing leases for programme participants. Through agreements with landlords, the programme has ensured that rent payments are on time and provided financial coverage when flats were damaged. They have also provided landlords with contact information in order to be reached quickly if necessary.

Since the beginning, the project had a strategy in which co-operation with private landlords is a key element. A staff member had the main responsibility to contact landlords, explain the idea behind HF, inform them about the systems that secure rent, and explain how the team will assist with repairs. Bergen HF has a webpage that answers many questions that landlords may have about the programme. It explains what HF is, how it works, and how to contact them. It also explains who pays the deposit and insurance. A key informant stated that "landlords are eager to help those who struggle, but they need to be assured there is a system that can back them up, if needed".

Over the course of its short history, Bergen HF has developed a reputation as a trustworthy service in the municipality. Working strategically with an emphasis on co-operation has turned Bergen HF into a sought after professional partner. A key informant noted, "other services trust us, and we are easy to reach either by phone or e-mail. Many services have all kinds of technical solutions to be reached that can make connection more difficult. We have phone-numbers posted on our web-site and are easy to reach".

Organizational factors

Organizational factors that facilitate programme fidelity within the HF team included programme design and structure, how the team was put together, and resources available to the programme. From its inception, Bergen HF aimed to follow the original principles of Pathways HF (Tsemberis, 2010). Bergen HF studied the original model and put together a team of members suited to the job. The service providers on the team are social workers who have training in the areas of mental health and addictions, nursing, and carpentry. Even the carpenter has education in social work. Bergen HF advertised specifically for a team member with a master's craftsman certificate when searching for team members. This person is available to address maintenance or damage issues when they arise. The team members had all the requisite professional qualifications, and the goal was to put together a team that could deliver a client-directed service. Team members were selected with this goal in mind. They are all very proud to work with HF, and have a strong commitment to the model. A key informant noted that "we hire people with warm hearts and a clear mind".

Bergen HF separates housing and services according to the principles of HF. As mentioned before, there are no sobriety or "housing ready" requirements. All participants have their own leases and they are obliged to follow the same rules and regulations as other tenants. Separating housing and services is a key element for success. We are able to keep a continuity and stability even when crises occur, the team says.

Bergen HF has no "limit" to how many times a service user can be re-housed. A key informant explained, "Participants are often positively surprised when they understand the relationship of the principles HF to client participation, decision-making and empowerment. It happens that some participants must be re-located, either because of own their own choice or if they are evicted, but most manage to keep their second apartment."

One of the team members has experience as a service user, but was not hired specifically as a peer worker. The team member is described as being an asset to the team because they are able to assist the team in working closer to the principles of HF. In many situations, they understand the participants better than those who do not have personal experience. A programme staff member described the value of having someone with user experience on staff in the following way: "Our colleague has so many unique strengths. Our colleague are able to understand our participants and uses skills the rest of us only can dream of having."

Individual factors

The team members described their commitment to HF as facilitating fidelity. A key informant said "we are a closely knit team, and we are proud to be working in HF." Those working in Bergen HF had no specific experience in working on the issue of "housing" before the project, but they all had long experience working with vulnerable groups. The combination of commitment to the principles of HF and lengthy experience working with vulnerable groups has created a culture where the team members build on participants' strengths using a recovery-perspective.

For the most part, the same individuals have been members of the team since the beginning. Trust and dialogue with the participants is paramount for Bergen HF. The service team has come to an agreement with participants where the team is allowed to keep an extra copy of participants' keys. A key informant noted that "many of the participants find it hard to trust other people, and have bad experiences with trust…. We explain to the participants that the key is not to be used to spy on or control them…. A participant thanked me because this made him believe it was possible to trust other people again and that it felt good that someone was worried about him."

Barriers to fidelity

Table 5 presents a summary of barriers of fidelity emerging from the qualitative interviews and grouped into categories of systemic, organizational, or individual factors.

Table 5. Summary of Barriers to Achieving Housing First Fidelity

Systemic	Organizational	Individual
Housing prices. Vulnerable groups are left out. Clients need coordinated services.	Lack of formal training. No advisory board.	Team is vulnerable for changes.

Systemic factors

Rental prices are high in Norway, and (smaller) affordable flats are hard to find. According to Statistics Norway (2017), 77% of Norway's' inhabitants own their own homes. Seventy-two per cent of those who do rent, rent from private landlords. Ten percent of the housing stock entails social housing owned by the municipality. The participants in HF must therefore find housing in the private rental market. Bergen HF staff described a situation where their participants often have very complex needs and a long history of housing difficulties.

Many of the participants have been receiving help from various public services for a long time. One key informant stated, "we experience that some participants are referred to HF because other services have given up on them". The team says they have to be very clear when discussing the cases with other services. A key informant stated, "HF is not meant to be a programme for those who other services have given up on." Bergen is one of the largest cities in Norway, but all the same, those who have been receiving assistance from public services for a period of time are often well-known in the city and their "troubled reputation travels before them" as indicated by a key informant.

The need for coordinated services was also cited as a barrier to HF fidelity, even if Bergen HF has managed to create structures for co-operation with other services. As described previously, the organization of the team's services led to a discussion of the fidelity scale in a Norwegian context. Bergen HF does not provide services such as healthcare, but cooperates with other professionals who do. Different professional jurisdictions, and even different understandings of what help is needed, can lead to disagreements about the course of action and support for a HF participant. It was noted that responding with immediate help was important for vulnerable individuals particularly when they are motivated. A key informant stated, "a fragmented system where a referral is needed, often followed by a waiting-list, is a barrier to recovery".

The community-based services in Norway are divided into a wide range of services, and there is often a lack of communication and coordination among them. Work-related issues are organized by the Norwegian Labour and Welfare Administration, while medical centers see patients for health concerns, and mental health concerns are addressed by local mental health centers. Programme staff viewed the lack of communication and integration of services among these different providers and the programme as an obstacle. Moreover, participation in substance use treatment programmes often requires abstinence, a qualification many of the participants in HF have problems fulfilling.

Organizational factors

The HF teams in Norway have no formal or continuous training, except network meetings and sharing of knowledge. A key informant noted "the network [members] willingly share experiences, but we would like to have a more formal system for training and evaluation." It was suggested that not having a such a system might lead to variation in how HF services are delivered, not only between the different teams in Norway, but also even within the teams.

Input from participants is supported in Bergen HF. Participants are invited to open meetings but participants are not included in advisory boards, at the time when this study was conducted. The development of a process whereby participants are included in advisory boards would strengthen the fidelity. The Bergen HF strives to prioritize clients' choice over their housing and services in the supports and services they provide, such as where to live and in what type of housing, and what type of support clients prefer. The team is very committed to HF, and strives to follow the principle of consumer choice at all times. However, there are times when providing a client with choice regarding their housing is not possible. A key informant summed up this practical reality, stating "we take the participant seriously when it comes to their choice of housing…. At the same time we must be honest, saying this flat is the best and only solution for the time being." The team members emphasized that even when a participant declines a flat, the team continues to keep in contact discussing options and being supportive.

Individual factors

Bergen HF consists of team members who have worked together for a long time. The team members' individual skills are both an asset and vulnerability. If a particular team member takes responsibility, for instance when it comes to interacting with landlords, the team is vulnerable when changes in staffing occur. There is also a risk of burn out, because the teams are small and the workload is high.

Discussion

The participation in the international fidelity study has provided an opportunity to reflect on the implementation of HF in Norway. Based on the findings in this study, some recommendations for improving the fidelity of the Bergen HF are suggested. At the moment, there is no specific training available for HF teams. Lack of formal training could be a weakness because HF as a model, at a first glimpse, seems to be a very logical and "easy to understand model", not too different from other follow-up services. One recommendation is to provide opportunities for formal training, for instance on the eight principles of HF (Pleace, 2016). In this light, the fidelity assessment is a good tool to evaluate one's own HF programme and to compare it to other programmes in Norway.

The fidelity process has been viewed positively by the Bergen HF programme staff, both in terms of being able to measure and capture the uniqueness of one's own team, and for understanding the local development of a HF programme (Nelson *et al.*, 2014; Macnaughton *et al.*, 2015). HF has attracted attention in Norway since the first projects started. An interest in using the fidelity scale as a tool for improving the services and the service users' recovery process is emerging.

In order to strengthen the recovery process for the participants, the findings suggest that there is a need for the programme to offer more intensive multidisciplinary services (ACT) to people with complex support needs, an approach that is not, for the most part, present in Europe (Padgett *et al.*, 2016). Adding paid peer-workers to the teams, and creating a committee through which participants provide can provide input into the programme would strengthen HF in Norway (Tsemberis, 2010).

The welfare state provides financial aid and healthcare, but the staircase model that focuses on treatment before housing is still very prevalent and serves as a barrier to HF in Norway. The different service systems are not working well enough together, and it is difficult to create a seamless process for people who use several public services. Discussions at network meetings also highlighted the need for a systematic way of facilitating training for HF in Norway in order to make it easier to follow the Pathways HF principles. Municipalities and different professionals agree that homelessness must be fought, but HF has not been implemented systematically as a model. "We would like a national educational programme that gives study credits", a team-member said at a network meeting.

This fidelity pilot started late autumn of 2017, and only one HF team has been assessed through this pilot. The goal of the pilot was to get a better sense of the fidelity assessment in order to implement it as a tool for all HF programmes in Norway. Research shows that stages of implementation can be challenging both

on an individual and structural level for those involved (Røvik, 2007). Not all of the HF teams in Norway operate according to the original Pathways HF model, but choose different elements from the original model; hence diversity exists between the different HF teams. There is little planned training before the teams start. There are bi-annual network meetings, but otherwise little evaluation of the projects. This situation is problematic given the relationship that has been found in HF programmes of a higher a level of fidelity with better participant outcomes (Davidson *et al.*, 2014; Gilmer *et al.*, 2015; Goering *et al.*, 2016).

There is a shift in the political view of combating homelessness across Europe that corresponds with the implementation of HF (Greenwood *et al.*, 2013). Even though there is the beginning of a paradigm shift in Norway from treatment first to HF, and evidence shows that HF yields positive results, it takes time to ultimately change practice. The debate on using a fidelity scale that was designed in North America in a Norwegian context is ongoing. However, at this point, it is agreed that the existing tool will give valuable insight to the different domains. The fidelity scale fosters the delivery of services by a HF programme that moves individuals in the direction of recovery (Tsemberis, 2010).

Since the completion of this study, Bergen HF has hired a full-time employed peer support worker. When this study took place, the team had employed a team member with user experience, but this staff member was not hired specifically as a peer worker. The team has also included participants in regular open programme meetings and is planning an advisory board. The team invites participants to open meetings where they can give feedback to the team and discuss topics of concern. These meetings have taken place only for a short time, and will probably need some time to maximize participant involvement and utility. The participants who have been to these meeting are not used to being invited to such forums where they are served food and coffee, and can express their opinions in a friendly non-judgmental atmosphere.

Conclusion

The fidelity assessment process started discussions on how to use the tool in a broader fashion in the Norwegian context. NAPHA is the main facilitator in this process along with the Bergen HF Team. The international HF network has been an important resource. During the past year, the fidelity scale has been discussed frequently in the Norwegian HF network and the interest of using the fidelity scale to improve services is a driving force in the process. Whether this type of evaluation of fidelity ought to take place on a regular basis, not only to get a picture of a specific team over time, but also to compare the teams nationally and internationally, has also been discussed.

During this process, the discussion shifted from arguments for trying to develop a fidelity scale that is unique to Norway, to an understanding that the existing fidelity assessment tool can be used, even if some of the items are difficult to interpret in a Norwegian context. When doing the fidelity assessment, it will be paramount to reflect on the domains and scores together with the team, and it does not seem necessary at this point to develop a new fidelity measure for Norwegian HF programmes. The questions in the self-assessment survey are of importance in all countries regardless of welfare systems.

The municipalities in Norway differ both in number of inhabitants and in terms of the kinds of assistance that is available. As of today, the consensus is to use the translated fidelity scale and explain low scores with differences in housing policies across borders. The experience from these discussions gives a clear indication that the HF teams in Norway agree upon the benefits of using a fidelity scale to document and analyse their work according to the principles of HF.

The understanding of a home as being essential for the recovery process is the next step for the housing policy in Norway. NAPHA suggests a national target of “zero” homelessness. If this vision can be integrated into the national strategy, this will lead to a higher degree of political action to end homelessness.

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