
Implementation of Housing First in Lisboa, Portugal: A Fidelity Study of the Casas Primeiro Programme

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- **Abstract** *Casas Primeiro is the first Housing First programme implemented in Portugal and began in September 2009. The goal of the programme is to provide housing and support to homeless people with mental health problems, who may also have difficulties with substance abuse. The programme has been implemented in collaboration with AEIPS, a non-profit organization, and ISPA – University Institute, and is funded by the Municipality of Lisboa. In 2016, the programme participated in the Housing First International Cross-Country Fidelity Project that was conducted as part of the Housing First International Network. Casas Primeiro underwent a fidelity assessment intended to measure the degree to which its providers believe the programme has implemented practices that are congruent with HF standards. A mixed methods approach was used, including a self-reported fidelity assessment survey and qualitative interviews with staff to examine factors that have contributed to high or low fidelity scores. Overall, the programme achieved very high-fidelity scores. Factors that have been influential for programme implementation across the five fidelity domains were observed at the systemic, organizational and individual level. Implications for practice, policy and future research are discussed.*
- **Keywords** *Housing First, homelessness, Portugal, fidelity, self-assessment*

Introduction

Casas Primeiro was the first programme implemented in Portugal with a Housing First (HF) approach. The programme was established in 2009, in the city of Lisbon, in partnership with AEIPS (Associação para o Estudo e Integração Psicossocial) and ISPA – University Institute. AEIPS is a non-governmental and non-profit organization, founded in 1987 to develop community-based supports that promote recovery and fully support community integration of people who experience mental illness (Ornelas, Duarte and Monteiro, 2014). Since the early years, AEIPS has established a collaboration protocol with ISPA-University Institute for technical assistance, training, evaluation, and research. This long-standing collaboration has been important in combining action and research within the organization and in developing innovative solutions.

The programme was established within the scope of the First National Homelessness Strategy in Portugal (2009-2015) and was funded by the Institute for Social Security, a public agency under the aegis of the Ministry of Solidarity, Employment and Social Security (GIMAE, 2009). The ENIPSA envisaged the development of innovative solutions to tackle homelessness, since at that time, homelessness services relied mainly on emergency and shelter accommodations. Thus, Casas Primeiro was implemented as a two-year pilot project (2009-2011) to test the HF approach in the national context. Evaluation of this experiment would provide the grounds that could lead to its scaling up to other cities of the country (ISS, 2017).

The positive results of the pilot project have clearly demonstrated its effectiveness (a solution that works), efficiency (a cost-effective solution) and the feasibility of the model in the national context (Ornelas *et al.*, 2012). Some years later, in 2017, in the public session for the presentation of the new National Strategy for the Integration of Homeless People (2017/2023), the Secretary of State for Social Security highlighted the implementation of the Casas Primeiro pilot project as one of the strengths of the previous strategy (MTSS, 2017). However, at the end of 2011, what could have been a smooth process towards the project sustainability, turned out to be a challenge given the political changes that occurred. After the elections held in June 2011, a new government was formed. While recognizing the project value and effectiveness, the Institute of Social Security announced that it was necessary to evaluate the National Strategy and to define policy regulations, before assuming long-term commitments. In the following years, the operationalization of the ENIPSA was put on hold, as its objectives were not translated into concrete political and action measures (Baptista, 2018).

After the two-year pilot, despite the constraints, the project has found its way to survive and be sustainable. With persistence and determination, AEIPS sought new sources of funding and environmental support. Evaluation reports and residents'

testimonies provided the foundation to advocate for the project, to negotiate and raise the interest of other community stakeholders. With a combination of public funds and donations from private foundations and companies it was possible to ensure programme sustainability (Ornelas and Duarte, in press). The most relevant source of support came from the Lisboa City Council. From 2012 to 2015, the annual grants provided by the City Council helped cover a large part of the project costs. Since 2016, the project has reached a more stable situation with its integration into the Municipal Programme for Homeless People, which recognizes HF as a key policy measure to address homelessness.

Lisbon is the capital of Portugal and has a population of over 500,000 residents. In addition, an identical number of people flock to the city on working days (Rede Social Lisboa, 2017). The City Council is the statutory authority with respect to city homelessness policy, coordinates responses to homelessness, and is the main funder of the programmes and services provided by non-governmental organizations in this field. In 2015, it was established that the NPISA Lisboa, which is a local partnership led by the City Council and composed of public and non-governmental organizations, would be given responsibility to reorganize and enhance coordination of homeless service delivery to achieve better outcomes.

To estimate the size of the homeless population, street counts on a single night were conducted in 2013 and 2015. Additional data covering the sheltered population were provided by local services. Between 2013 and 2015, some differences were observed. The 2015 count showed a decrease in the homeless population from 852 to 818, a slight increase in the sheltered population from 343 to 387, and a decrease in the number of people observed to be sleeping rough from 509 to 431 (Rede Social Lisboa, 2017). However, a separate survey conducted by NPISA at the end of 2015 found a much higher number of rough sleepers (NPISA, 2017). NPISA's estimates were based on data gathered from local services over the year, which identified nearly 700 people living on the streets or in public spaces. Most recent figures, released by the deputy mayor of social rights, based on the ongoing monitoring process that has been held by NPISA, indicate a decrease in the overall number of homeless people in the city, particularly the number of people living on the streets, which decreased from 700 to 350 (Lusa, 2018). Future NPISA reports may provide a more comprehensive explanation for this development. But the backdrop for this positive trend seems to reflect the dynamic generated by local partners, which has been pushing forward towards more housing solutions, including the two HF projects that operated in the city, which together support 80 people.

Currently, the Casas Primeiro programme provides housing and support to 50 individuals who were chronically homeless and who have a severe mental illness (80% are diagnosed with schizophrenia), often combined with substance abuse. The majority are male (76%), national citizens (82%), and aged between 23 to 72 years. Participants are housed in independent, permanent and scattered-site apartments rented from the private housing market. The programme signs the leases directly with landlords and sublets the apartments to programme participants. Currently, the programme has 46 rented apartments, 42 of which are occupied by single individuals, and four occupied by couples. The apartments are scattered throughout 20 city boroughs. The average rental cost is €400, ranging from €250 to €550. Participants contribute 30% of their monthly income towards rent, and the remaining proportion is covered by the programme.

Support services are offered by the HF team, which is composed of five professionals, including one peer-worker. One of the team members is also the team coordinator. The support provided by the team is similar to the Intensive Case Management model, with a focus on housing stability, recovery and community integration. These services include a combination of individualized support, according to individual needs and preferences (consumer-driven), peer support, and mutual help group weekly meetings. These services are provided in the apartments (at least one home visit per week, scheduled previously) and in community settings to help participants access public welfare system services, community resources and activities. All the professionals work as a team with all participants (ratio of 1 to 10). On-call 24/7 services are also available. Support is provided as long as people want, in accordance with participants' changing needs and interests over time.

Over the years, the programme has demonstrated a high housing retention rate (i.e., percentage of participants stably housed in the last 12 months), ranging from 85% to 90%, as well as a significant decrease in participants' use of emergency services and psychiatric hospitalizations, and significant improvements in quality of life and community integration (Ornelas, Martins, Zilhão and Duarte, 2014; AEIPS, 2016; AEIPS, 2017).

Fidelity Assessment of the Casas Primeiro Housing First Programme

This study is part of the HF International Cross-Country Fidelity Project conducted within the HF International Network. The study was conducted to assess whether HF programmes that have been implemented in different countries have maintained or modified the core principles and operational elements of the original model. The HF model has clearly defined a core set of principles related with housing provision and services delivery (Stefancic *et al.*, 2013). Fidelity assessment can be useful in informing programme development and improvement processes and guiding efforts towards organizational change. By assessing their performance in accordance with HF principles, agencies can review areas of relative strength as well as those needing improvement in their programme.

There is an increasing emphasis on assessing implementation fidelity as the HF model has been widely disseminated around the world as an evidence-based practice. The process of translating evidence-based practices to different contexts and communities is often complex (Aarons *et al.*, 2011). Whether these new settings maintain or modify a programme's core components and activities over time affects programme capacity to produce desired outcomes and programme sustainability (Stirman *et al.*, 2012). Some adaptations may occur to respond to contextual factors without compromising programme effectiveness, if core philosophical principles and operational ingredients are preserved (Durlak and DuPree, 2008; Greenwood *et al.*, 2013). However, adaptations that subtract or reverse core elements of the intervention may result in programme inconsistency or even in contradictory practices, and may fail to produce desirable outcomes (Mowbray *et al.*, 2003). One meta-analysis specifically investigating the issue of fidelity on a wide range of community health and education programmes showed that sites that demonstrated closer fidelity to the original programme had effect sizes two or three times higher than sites that demonstrated lower levels of fidelity in programme implementation (Durlak and DuPre, 2008). Consistent with these findings, several studies have shown that HF programmes with higher fidelity to the model demonstrated more positive outcomes for participants (Davidson *et al.*, 2014; Gilmer *et al.*, 2015; Goering *et al.*, 2016).

The likelihood of an innovative programme being adopted with higher fidelity in new locations is influenced by factors related to the host organization (leadership, structure and capacity), as well to the environmental support to the programme (public policies, funding, technical assistance, community stakeholders) (Durlak and DuPree, 2008; Aarons *et al.*, 2011). Research on the implementation of HF in different contexts also found that these factors account for the variation of programmes fidelity to the model. In Europe, a preliminary study that examined the

implementation of HF programmes in six countries (Greenwood *et al.*, 2013) found variability in adherence to core principles across countries. Issues of compatibility between HF philosophy and organizational values and current practices, as well as contextual barriers, such as local resistance or constraints in housing markets, seemed to affect the degree of fidelity by which programmes were implemented.

In a multi-site study in Canada of HF programmes, some variation in level of fidelity was found across sites but with programmes overall showing moderate to high levels of fidelity, during both early and later stages of their implementation (Nelson *et al.*, 2014; Mcnaughton *et al.*, 2015). Organizational factors that facilitated implementation fidelity include staff commitment to programme philosophy, staff expertise, and organization leadership. Additionally, community facilitators include collaboration with landlords and with other services, and the availability of technical assistance. Some barriers to fidelity were also identified, both at the organizational level, such as staff turnover and range of services provided, and at the community level mainly related with the housing availability (Nelson *et al.*, 2014; Mcnaughton *et al.*, 2015).

The purpose of the present study was to assess the degree to which practices oriented to HF principles were perceived to be implemented in the Casas Primeiro programme and to identify factors at different levels of analyses that either facilitate or hinder programme fidelity, as well as describe their influence within the intervention. The study was carried out by a research team consisting of two researchers from the ISPA University Institute and a professional from AEIPS that does not belong to the programme team. This collaborative approach to conducting research is an intentional strategy adopted by both organizations as they acknowledge the mutual benefits of working together in all phases of the research process. The collaboration of university researchers and community agencies has been increasingly valued and recognized for its validity and the utility of the knowledge generated for both academics and practitioners (Suarez-Balcazar *et al.*, 2004; Trickett and Ryerson Espino, 2004; Ornelas *et al.*, 2012).

Method

Research design

The study adopted a mixed methods design, which was defined for all of the programmes from participating countries within the larger study (Aubry *et al.*, 2018). The first phase entailed a quantitative component comprised of an adapted version of the self-assessment survey (Gilmer *et al.*, 2013) used by programmes to determine their programme fidelity. The survey is a 37-item questionnaire designed to measure the degree to which providers believe their programmes implement practices that are

consistent with HF principles. This measure covers five domains: (1) Housing Process and Structure, (2) Separation of Housing and Services, (3) Service Philosophy, (4) Service Array, and (5) Team Structure/Human Resources. Each item offers several response options with some items asking respondents to select one response option and others requesting them to choose all that apply. The scale scoring protocol generates scores for each item, ranging from 1 (low fidelity) to 4 (high fidelity). In the second phase of the study, in-depth qualitative interviews with key informants were conducted to gain additional information to identify factors contributing to high or low fidelity scores. More specifically, the qualitative interviews were intended to determine programme staff's perceptions of systemic, organizational, and individual level factors that have acted either as facilitators or barriers to programme fidelity.

Procedures

The process of translating and adapting the HF Fidelity Survey into Portuguese took into account guidelines for cross-cultural adaptation of self-report measures (Beaton *et al.*, 2001). Procedures included survey translation, back translation, and pre-testing designed to maximize semantic and conceptual equivalence with the original survey.

Two steps were taken in the collection of the quantitative data. First, each staff member of the Casas Primeiro programme was asked to complete the survey individually. Secondly, a group meeting was held, where programme staff were asked to compare and discuss their individual responses and to reach a consensus on a rating for each item which was used to score programme fidelity. The meeting was facilitated by one researcher from the university, who had received previously all the completed surveys. In the meeting, the facilitator conducted an item-by-item review. In the items where some divergence was observed, participants had the opportunity to present their own perspectives. The facilitator asked participants to provide concrete examples that could help to illustrate and explain their individual responses. Discussion continued until an agreement was reached among participants. Observations and comments produced at the meeting were recorded and included in the qualitative analysis.

In the qualitative phase of the study, on-site interviews were held with the key informants, professionals responsible for delivering the intervention, to gain more comprehensive information and discuss fidelity outcomes, which were sent to them in advance. Individual interviews were audio recorded and transcribed.

Participants

The fidelity survey was completed by the team coordinator, the four individuals that made up the programme staff, as well as by one member of AEIPS's Board of Directors. All members participated in the consensus meeting. In the qualitative

phase, the team coordinator and one team member were interviewed to examine and discuss the fidelity survey outcomes. The selection of these two members of the staff among the five was based on criteria of experience with the programme (seven and five years respectively) and gender equality, one female and one male.

Data Analysis

Analyses of the quantitative component used the scale scoring protocol and the fidelity self-assessment calculator that was developed within the larger study, which generates scores for each item as well as scores for each fidelity domain and an overall fidelity score. For the qualitative analysis, the transcripts of the interviews were reviewed by two members of the research team who identified factors influencing fidelity. These factors were initially categorized according to three different ecological levels: systemic, organizational, and individual. Subsequently, factors were coded as being either facilitators or barriers to programme fidelity (Nelson *et al.*, 2017).

Results

Fidelity scores

Table 1 presents the Casas Primeiro scores for each item, the average scores of each five domains, as well as the global fidelity score. Overall, the programme achieved a score of 3.8, which indicated a high level of fidelity to HF model.

Table 1. Fidelity Assessment Item Scores, Domain Means, and Total Mean

Domain / Item	Domain Mean / Standard Item Score (Out of 4)
<i>Housing Process and Structure</i>	4.00
1. Choice of housing	4.0
2. Choice of neighbourhood	4.0
3. Assistance with furniture	4.0
4. Affordable housing with subsidies	4.0
5. Proportion of income required for rent	4.0
6. Time from enrollment to housing	4.0
7. Types of housing	4.0
<i>Separation of Housing and Services</i>	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
<i>Service Philosophy</i>	4.0
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 programme interventions	4.0
Service Array	3.5
21. Maintaining housing	4.0
22. Psychiatric services	3.0
23. Substance use treatment	2.4
24. Paid employment opportunities	4.0
25. Education services	4.0
26. Volunteer opportunities	4.0
27. Physical health treatment	2.4
28. Paid peer specialist on staff	4.0
29a. Social integration services	4.0
Programme Structure	3.4
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	2.4
36. Team meeting components	3.3
37. Opportunity for client input about the programme	2.7
Total	3.8

Figure 1 – Casas Primeiro fidelity average scores by domain

— Average Domain Rating on 4 Point Scale

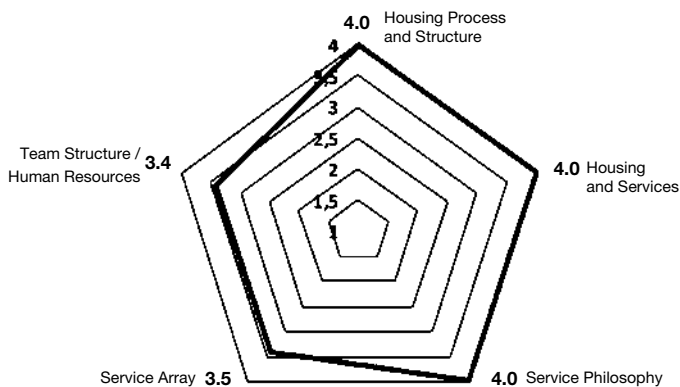


Figure 1 displays the programme average scores by domain, which ranged from 3.4 to 4. Under the Housing Process and Structure, Housing and Services, and Service Philosophy domains, the programme obtained the maximum score of 4, showing the highest possible levels of fidelity. The average score was also high on the Service Array domain (3.5). The score on Team Structure/Human Resources

was slightly lower (3.4) than in other domains. The maximum score of 4 obtained in the *Housing Process and Structure* domain reflects the programme's dedication to practices of providing independent apartments that are rented from private landlords, subsidizing the apartments rents and furniture, ensuring that participants are paying no more than 30% of their income, and promoting participants' choice over housing.

High fidelity score in the *Housing and Services* domain indicates that as well as meeting the responsibilities of a standard lease, no treatment or sobriety requirement is imposed on participants for them to access and stay in permanent housing, and if, for whatever reason participants lose their houses, re-housing opportunities are available. Casas Primeiro also obtained the maximum score in the *Service Philosophy* domain, which reflects the programme's commitment to participants' choice over services and providing individualized supports that are consumer-driven and oriented to recovery and community integration.

In the *Service Array* domain, the programme obtained an average score across the items of 3.5. Items related to the availability of services in education and employment, as well as the existence of a paid peer specialist on staff, obtained high scores (4). Items related to the provision of health or substance use treatment scored lower (2.4).

In the *Team Structure/Human Resources* domain, the programme obtained an average score of 3.4. On items related to the size of caseloads and the frequency of contacts with participants, the scores were high (4). Scores were lower on items related to the regularity of team meetings (2.4), and to participants' inclusion on governing bodies (2.7).

In the next section, we examine the fidelity outcomes by incorporating the views of programme staff on factors that can provide a deeper insight for these results. We used an ecological framework to analyse the multifaceted nature of systemic, organizational and individual level factors that seem to have been influential on programme implementation across the five fidelity domains.

Qualitative interview results

Table 2 summarizes the facilitators and barriers of fidelity to the HF model at the systemic, organizational and individual levels.

Table 2. Summary of Facilitators and Barriers Related to Achieving HF Fidelity

<i>Summary of Facilitators for Achieving HF Fidelity</i>		
Systemic	Organizational	Individual
Availability of housing in private housing market	Alignment between Housing First philosophy and organizational values	Participants voice and input in programme
Landlords collaboration	Collaboration with organization' education and employment programmes	Participants collaboration in political and community initiatives
Access to public health care system	Collaboration with the University	Staff member values and expertise
Complementary services available in community	Collaboration and communication between team members	Staff collaboration in political and community initiatives
Coordination with other agencies	Team involvement at all levels of the programme	
Political climate and policy validation	Peers support and participants involvement	
<i>Summary of Barriers to Achieving HF Fidelity</i>		
Systemic	Organizational	Individual
Constraints in the access to addiction treatment sector	Non-daily basis of team meetings	
Constraints related to immigration services	No formal procedure for participants to express concerns or dissatisfaction Participants not include in the governing bodies of the organization	

Systemic factors

At the systemic level, we identified four overarching themes that appear to be influential for achieving programme fidelity: the private housing market, public health care systems, the social delivery system network, and policy approaches.

Private housing market. The private housing rental market was indicated as a vital systemic level resource that leveraged high fidelity outcomes in several domains. As professionals strongly emphasized, the private rental market not only enhances the programme's capacity to provide independent and scatter-site apartments across the city's neighbourhoods, but also offers participants more housing choices and housing environments of better quality.

Where one lives facilitates one's ability to access community resources. That is why we didn't use social housing that tends to be located in deprived and socially isolated areas. Conversely, we look for apartments blended into integrated neighbourhoods, where people could have access to different types of commerce, leisure facilities, transportation, health services and other community resources, which is important to community integration. (team member 1).

The team also noted that housing environments have impact on the participants' recovery paths. *"I found in my PhD research that the quality of housing environments increases people's perceived sense of choice and control over their own lives that, in turns, is a predictor of recovery outcomes"* (team member 2).

Providing rapid access to housing is a key element of the intervention. The team found that resorting to the private market increases the odds of finding housing in a timely manner.

We know that to be effective and to meet the expectations raised when approaching homeless people on the streets, we cannot put people on hold for several months, but we need to provide them immediate access to housing. Within the context of social housing this would not be possible, because the waiting list is huge (team member 1).

The team also stressed that, for the same reason, *"whenever it is needed, it is easier and quicker to re-house one participant to another apartment within the private market stock"* (team member 1). Moreover, having the programme as the leaseholder facilitates the immediate access to housing for homeless people that do not have their identity documents in order, or any source of income.

The capacity to source suitable apartments for the programme is due to the availability of private rental properties stock in Lisboa. One team member reported that *"even now, in a context of high demand in the rental market, with the boom of short leases for tourism, it is possible to find small and affordable apartments for the*

programme and in a timely manner” (team member 2). In addition, the team found no significant resistance from private landlords. In general, having the programme as the leaseholder was a facilitator for negotiations. The team indicated that the programme’s ability to guarantee rent payments on time and the maintenance of the property, as well as the team’s support to tenants is a valued proposition for private landlords.

Public health care system. Another important systemic level factor is the public health care system. The team indicated physical and mental health care, which are mostly provided by public local health centres, as an available resource for programme participants. Since the programme team does not directly provide medical, psychiatric or nursing services, the fidelity outcomes in the Service Array domain were lower than the average scores in other domains. However, team members do not consider this as a weakness, but rather as a strength of the programme, for several reasons. First, as mentioned by one of the team members,

... not providing these services directly does not mean that participants do not have access to health care whenever they want and need to do so. But in a city where citizens have easy access to public health care, there is no justification for overlapping services, nor would that be efficient (team member 2).

A second argument is related to community integration: “*What is intended is that participants have access to the health services that are used by all members of the community because this is a factor of community integration*” (team member 1). Finally, the team explained that the use of public health care delivery system contributed to the separation of housing and treatment services, and for participants to experience the house as a living place and not as a place for treatment.

Nevertheless, the team also identified two barriers that may affect access to health services. One concern was regarding the addiction treatment sector for alcohol and drug abuse. Although there are several public services and publicly-funded agencies available, they usually have long waiting times. This situation contributed to some participants dropping out of the process before being admitted into these services.

Another constraint is the bureaucratic process and time-consuming process of getting residence permits for non-European Union citizens living in Portugal from the Portuguese immigration service. Although the number of non-national participants is extremely low, for those who are waiting for their residence permit, the proportion of health care costs covered by public funding is reduced. To overcome this barrier, engagement of the programme in the city social services network has been essential.

Social services network (NPISA) and other community resources. AEIPS is a member of NPISA, a formal partnership established in the city of Lisboa among public social services and organizations that are working within the homelessness sector, coordinated by the Municipality of Lisboa. From the point of view of the team, this partnership enhanced the relationships among members of the organizations, which, in turn, facilitated the referral processes between the city outreach teams and the programme. Another benefit of this partnership is that it facilitates the process by which programme participants gain access to minimum social income (RSI) and other complementary financial supports. Participants contribute 30% of their income, (usually RSI), towards the rent. Considering the expenses with the rent, the additional financial supports complement the participants' disposable monthly income, up to the limit of the maximum value of the RSI.

In addition, the team indicated that there are many community organizations in the city that provide essential goods to all citizens who need them, such as food, clothing or furniture. Community resources that may be used by programme participants also include sports or leisure facilities, educational programmes, and civic and recreational organizations.

Political climate and policy validation. From the point of view of team members, increased attention by policy makers towards homelessness has generated a favourable political climate for innovative solutions to address the problem, particularly for the HF approach. As noted, contextual factors are important but do not explain all the changes that have taken place at the policy level in recent years.

We have come a long way and not always an easy one. But due to the good results of the programme and the leading role of our organization in advocating for a HF policy, we have been able to take advantage of this favourable political climate and influence the formulation of new policies that expressly support and prioritize the implementation of HF programmes (team member 1).

In particular, the team highlights the fact that the City of Lisboa has created the first public funding stream for HF programmes and has established a set of criteria for evaluating the applications based on the core principles of the model.

Organizational factors

At the organizational level, the team identified six key factors that appear to be influential for fidelity outcomes.

Alignment with organizational values and practices. The alignment between HF principles and AEIPS' values and objective practices was seen as a crucial organizational factor for programme fidelity outcomes. As it was stated, the implementa-

tion of this new programme “... did not imply a disruption within the organization’s usual operating approach. Quite the contrary, it matched smoothly with AEIPS’ values and intervention principles (team member 1).

Team members emphasized that AEIPS has substantial experience with delivering support services to people with severe mental illness with a recovery-oriented approach and through providing collaborative and empowering relationships with participants.

We share the same principles. We value people’s strengths and experiences, and respect their choices over housing, over treatment, and over all life domains (team member 2).

We focus on the goals that people set for themselves based on their own interests and preferences, and we work collaboratively with them to the attainment of these goals (team member 1).

The team also credited AEIPS for their programme’s focus on community integration. “*We do not have to create on-site services to address all of the participants’ needs because this would keep them apart. Instead, we focus on solutions and resources that are available in the community for all citizens, whether we are talking about health care, fitness, employment or recreational activities*” (team member 1).

Another aspect of HF programmes that fits perfectly with AEIPS’ practices is that support is provided in a person’s natural environment and works towards creating pathways for community inclusion.

For assisting participants in housing management or developing their own wellness strategies, we need to know and work in the housing and neighbourhood contexts where they live (team member 2).

We are not just service brokers. To facilitate people’s access to material and social resources or activities that are meaningful for them, we need to be familiar with community resources, to make connections, and even accompanying participants to those activities if necessary (team member 1).

Both members explained that working with community settings is crucial to facilitate participants’ access to community resources and activities, as well as to enhance the capacity of local services and communities to be more responsive to participants’ needs.

Collaboration between team members. The HF programme’s team is composed of five staff members, including a peer worker, with a staff/participant ratio of 1 to 10. Caseloads are shared, which means that every staff member works with all participants. The team noted that this method is beneficial for participants. “*We have*

already tried both ways and we concluded that this method works best because, whenever a staff member is not present, participants' support is not compromised. Although we share information in the team there are many nuances we would not know if we did not work with all participants" (team member 1). Moreover, the team noted that caseload sharing also prevents participants' dependency on just one staff member.

The team also explained that collaboration goes beyond case sharing and extends to all the activities the team has to accomplish in order to achieve target outcomes that are agreed as priorities at each particular time.

We work, in a way, as a task force and very problem-solving oriented. For example, a team member can be relieved of his/her daily routines to perform priority tasks, whether looking for new apartments or providing more intensive support to a participant in need, and this implies that the workload of the others will be heavier that week (team member 1).

This is only possible, according to the team, because there is an environment of cooperation and flexibility, and a sense of common purpose and commitment that facilitates the team's capacity to solve problems and achieve goals.

The team meets formally once a week rather than on a daily basis resulting in the score on this item in the fidelity measure to be lower. However, the team explained that in the weekly meetings, as well as evaluating the previous week, a detailed plan of the following week is drawn up, setting daily goals and assigning daily tasks for each member. Additionally, although they are not formal meetings, team members communicate daily with their coordinator to report the most relevant information. It was also mentioned that frequent communication flows between team members throughout the week. Where necessary, the weekly plan could be adjusted to meet the needs of the participants.

Collaboration with AEIPS supported education and employment programmes. The availability of services to assist participants who are interested in accessing employment, education, or volunteer activities in the community is an important organizational level resource. AEIPS has a long history of providing these services for people with mental illness. The supported employment programme helps individuals choose, obtain, and maintain employment in the open labour market, including opportunities for job site training and negotiation with employers. The supported education programme assists people in accessing regular schools, universities, or other educational programmes, and provides support both within and outside educational settings' contexts.

Collaboration within the organization has enhanced Casas Primeiro team's capacity to offer employment and educational support, either by involving some participants in these programmes or by using the technical assistance of the AEIPS co-workers to provide these services directly. However, as both interviewees pointed out, this is a field where the team still has a lot to learn and grow.

Collaboration between AEIPS and ISPA-University Institute. Another organizational level factor is the partnership between AEIPS and ISPA-University Institute, which has been instrumental in developing a culture of continuous learning within the organization. The team described opportunities that are made available for staff members to gain knowledge, develop their expertise, and enhance their capabilities over time. This includes participation in AEIPS' weekly training programme, conferences and other scientific events, consultation and supervision, networking with teams from other HF programmes, and encouragement and support to pursue postgraduate courses.

Collaboration with ISPA – University Institute also provides opportunities for staff to be involved in evaluation and research. The most recent example is the Home_EU project. The team valued this link between research and practice. *"It is important for me to conciliate the practical work I do, with research.... To investigate what we do every day in practice I think is a very important contribution to this programme"* (team member 2). It was strongly emphasized that ongoing training, evaluation and research contributes to combining knowledge and action, which are equally beneficial to the team, the programme, and the entire organization.

Team involvement at all levels of programme development. Opportunities for staff involvement in all aspects of the programme's development, which are afforded by the organization, led to favourable remarks by a team member. *"It is an asset for the team to know everything concerning the various aspects of the programme, including its financial and administrative elements, and be involved on strategic planning, and evaluation, as well as on dissemination endeavours"* (team member 2). It has also been reported that the team has been involved in local committees within NPISA and has participated together with the organization's directors in public forums and in meetings with policy makers. The team expressed that the opportunity to be involved at all these levels of the intervention increases staff's commitment and enhances their sense of ownership of the programme.

Peer support and participants' involvement. Hiring an individual with personal experience of both mental illness and homelessness as a team member was indicated as a relevant fidelity factor in the organizational domain. It was stressed that because peer workers' lived experience plays an important role in supporting programme participants through their recovery paths, as well as bringing unique

expertise to the team. *“We have a person who has been in the team since the beginning of the project and it has been a positive experience. He can give us completely different perspectives of the situations.”* (team member 1).

Moreover, opportunities for peer support are also provided in the weekly support group meetings. *“It is also important to mention the help they give each other. Some participants, as they get to know each other at meetings or other activities we provide, are building bonds, supporting each other, and doing things together in other community contexts”* (team member 2).

The organization also promotes opportunities for participants’ involvement and collaboration in programme implementation and evaluation, as well as in dissemination initiatives, including conferences, university classes, study visits from other organizations, or public meetings with community stakeholders.

We provide information and discuss political issues related to the programme. We assist them and prepare their participation in public initiatives and defend their rights. It is important that they feel that their opinions are valued, that they have a voice, and that they can influence the change process in services’ delivery and policies in this area (team member 1).

However, despite the initiatives described above, the programme scored below average in this area because there is no formal procedure for participants to express concerns or dissatisfaction, and because the participants have not yet been included in the governing bodies of the organization. The team has ensured that a formal complaint procedure will be implemented similar to what already exists in other programmes. Additionally, the team believed that participants’ inclusion in the organization governing bodies is only a matter of time as one team member stated: *“It has been a practice for many years in this organization to have participants’ representatives in governing bodies. Currently, people with mental illness experience who participate in other programmes of the organization, are members of the Board of Directors and of the Fiscal Council”* (team member 2).

Individual factors

At the individual level, we also found factors that facilitate higher levels of fidelity. Specifically, these related to participants and to programme staff.

Participants. The team noted that the programme has been successful in reaching individuals who are homeless, a subgroup which is considered as high priority, in accordance with HF principles. Participants who are receiving housing and support services in the Casas Primeiro programme are those with severe mental illness, who frequently have concurrent alcohol or drug addiction disorders, and have

experienced long-term or repeated homelessness. Everyone has a history of rough sleeping and most have had several incidents of psychiatric hospitalizations. Some of them also used night shelters, but only for short periods of time.

Participants have contributed to the programme's implementation through various forms. Participant' feedback regarding housing and support services is a valuable resource to monitor the programme's fidelity and improve the quality of the intervention. *"When expressing their appreciation or criticism about the way in which the programme is carried out, when making practical suggestions, as well as when describing the wellness and recovery benefits they experience, participants are helping us to realize if we are on the right track and what we need to improve"* (team member 2).

Participants' willingness to advocate for the programme in the media and in meetings with policy makers or other community stakeholders is another important individual level factor strongly emphasized by the team. *"Some participants have taken a leadership role and became strong advocates for the programme, explaining very clearly why they consider HF the best and most effective approach to tackling homelessness"* (team member 1). Participants' involvement and collaboration in political and community initiatives were described as a vital contribution for the validation, dissemination and sustainability of the programme.

Team members. Staff commitment to HF principles is an important individual-level factor for programme performance. Team members expressed that staff share the vision and principles of HF philosophy. They also stated that congruence between these principles and staff's personal values and beliefs has been critical in translating the programme's principles into concrete daily practices.

Team members also value the purpose of their work, as they see the impact of the programme on people's lives. They also value the social impact of their work. *"Because of our work, the policy makers are realizing the social return of HF investment, and public policies are incorporating HF as a priority approach, rather than an exceptional one"* (team member 1). From the standpoint of the team, all of this makes their job rewarding and helps to explain the low staff turnover.

Team members also perceive themselves as having the knowledge and experience to tackle the work.

We have learned a great deal over the years, from our own experiences and through continuous training. And all this knowledge is fundamental for us to do well what we have to do. We have to address multiple challenging issues, work in a variety of community settings, negotiate with different stakeholders, and build collaborative and trustful partnerships with participants (team member 2).

For all these reasons, the team believes that it has been beneficial for the programme to have managed to sustain its human capital.

Discussion

Results of the fidelity self-assessment indicated that the philosophy and practices of the Casas Primeiro programme are highly consistent with the principles of the HF model, with an average total score of 3.8 out of 4. Results also support the importance of attending to the ecology in which the programme operates. Reviews of empirical literature had identified several factors, at multiple levels of analysis, which have influence on a programme's sustainability (Greenwood *et al.*, 2013). Our findings also describe a wide range of factors at multiple ecological levels that helps to explain fidelity outcomes. More precisely, they capture the interaction between people, organizational context and the larger social environment, and its effects on programme implementation.

Organizational factors seem to play the most important role. Research on programme implementation identified that a new programme is likely to be implemented with greater fidelity when it fits with the mission, values and practices of the host organization (Durlak and DuPree, 2008; Aaron *et al.*, 2011). Our findings also support the importance of the organizational context to be compatible with and supportive of HF principles. Alignment between the service philosophy of HF and AEIPS organizational culture and practices seemed to facilitate programme implementation at a high level of fidelity. This includes participants' choice over housing and services, the separation between housing and treatment, and the hiring of people with lived experience as members of the team. Participants' choice and control over their own lives is a paramount principle of HF service philosophy. As the empowerment theory (Zimmerman, 2000) suggests, the ability of participants to make choices, engage in decision-making and develop a sense of control, depends on the extent to which they have opportunities to access, secure and manage resources, and to participate in their communities. In our study, we found that interactions between systemic and organizational level factors influence those opportunities.

Housing is a key resource. In our study, a systemic facilitator of high fidelity in the *Housing Process and Structure* domain was the availability of affordable private rental supply, which allowed for participants' choice and rapid access to independent and scattered site apartments across the city. In other studies, the lack of affordable housing was reported as a significant challenge for programme implementation (Macnaughton *et al.*, 2015; Manning *et al.*, 2018; Rae *et al.*, 2018). In our study, programme staff also recognized the recent constraints of the rental market

in Lisboa. According to the Housing Market Observatory (Fernandes, 2018), 51.4% of the available houses for rental has rent costs below €500 per month. This is clearly insufficient since demand among renters for this housing segment (rents below €500) is about 74%.

Therefore, in a high demand housing market, the programme's capacity to continually find suitable apartments and maintain long lasting leases agreements seems to be facilitated by the organizational strategy of having the programme as the lease holder, and by the team's responsiveness to private landlords' concerns. Developing good relationships with landlords was also found by other programmes to be essential to overcome this challenge to programme fidelity (Aubry *et al.*, 2015; Macnaughton *et al.*, 2015; Manning *et al.*, 2018).

On the other hand, in a context of a tight social housing stock, which only has the capacity to respond to 33% of the 9,869 families with rehousing needs in Lisbon (IHRU, 2018), the private rental market ensures that people can move more easily and quickly into housing. Additionally, it was noted by our respondents that the private rental market offers housing environments of better quality, which has been found to be a factor influencing participants' perceptions of choice and control, and recovery outcomes (Martins *et al.*, 2016).

The public health and mental health care system is considered to be a community asset that should be used by HF programme participants. Not having on-site medical diagnosis and treatment was a factor contributing to low programme fidelity, in terms of available health care. However, in a setting with good quality, readily available, and affordable health care services, as is the case in Portugal, the use of this resource seems a much better option. In many HF programmes in Europe, services are provided only by ICM teams, even for those who work with homeless people with very complex health needs (Busch-Geertsema, 2014).

Collaboration among organizations has been described as a mechanism for building social capital, facilitating their capacity to attain resources to fulfil their mission (Nowell and Foster-Fishman, 2011). In our study, relationships and collaboration between the programme and other community services and organizations were described as an important organizational asset that facilitate participants' access to not only mainstream health care or social services but to a wide range of community resources, enhancing their involvement in community life and social relationships.

Supported education and employment methodologies are incorporated into the programme to better assist participants to succeed in their school projects, or work in the competitive job market. The adoption of these services by the HF programme was facilitated since the organization has been developing these types of

programmes for a long time. However, it was emphasized that in this area, the services provided by the team can be improved and developed. Further strengthening of collaborative endeavours with community organizations will foster peoples' capabilities (Sacchetto *et al.*, 2018) by both increasing the set of opportunities to which people have access, and enhancing the capacity of environments to be more responsive and inclusive.

Investment in ongoing staff training, as well as staff involvement on evaluation and collaborative research with the university, were also considered relevant organizational factors influencing fidelity. Similar results were found in Canada's At Home/ Chez Soi demonstration programme (Nelson *et al.*, 2017), where ongoing training and technical assistance also accounted for the achievement of programme fidelity. Our findings indicated that involvement in training and research increased staff perception of self-efficacy. Moreover, it contributed to staff perception of the programme's intervention from both a values and evidence-based standpoint, and to have a more comprehensive understanding of the impacts of their work on participants' individual changes, and on the broader social environment.

Our findings also indicated that staff and participants' involvement in programme development has effects at different ecological levels. We believe that peer support and opportunities for participants' engagement in programme dissemination and advocacy can contribute to individual recovery outcomes. Several studies found that peer support, as well as involvement in civic advocacy and political action are important factors to recovery processes of people with experience of mental illness (Jacobson and Curtis, 2000; Davidson *et al.*, 2005).

Involvement of staff at all levels of programme development enhanced their perceptions of self-efficacy, and commitment to the programme's mission, which may provide an explanation for the low turnover among staff. Collectively, the results suggest that the involvement of staff and participants enhances their sense of programme ownership, contributes to improve services quality and achievements, and has been crucial in influencing the political changes that have taken place.

Our findings also indicated that the interactions between systemic and organizational factors accounted for recent developments in the policy arena. Since the first years of programme implementation, AEIPS and ISPA University Institute have actively sought to influence the formulation of social policies toward the HF approach, both at a local and national levels. Evaluation and research reports were used to communicate programme effectiveness and efficiency to policy makers and other community stakeholders. Keeping the issue on the agenda and demonstrating that effective solutions are available to end long-term homelessness seems to have paved the way for increasing interest from policy makers to look for solutions that address homelessness, particularly with the HF model.

At a local level, the City Council of Lisboa launched a new programme for people who are homeless (2016-2018) and created the first public funding stream specifically directed to promote the implementation of HF programmes. Moreover, this funding stream incorporated HF principles, particularly as it relates to housing structure, providing funds specifically for rental of individualized and scattered apartments, and to services that focus on wellness and community engagement.

At a national level, the second National Strategy for Homeless People (2017-2023) was launched (ENIPPSA, 2017). One of the strategic objectives is to increase the provision of individualized and permanent housing solutions through HF programmes. Moreover, the new generation of housing policies created a programme for financing the rehabilitation, acquisition and rental of buildings to increase the availability of affordable housing, namely for the implementation of HF projects.

In addition, the President of the Portuguese Republic has called for effective solutions to tackle homelessness, and has hosted regular meetings with stakeholders, in which AEIPS and ISPA have participated. Further, on April 4th of 2017, the President declared that Portugal should end homelessness by 2023 and has called for the urgent implementation of the National Strategy.

While this study described a programme in a particular setting, we think that the findings are relevant for understanding how the interactions between multiple factors at different ecological levels could affect programme implementation. In addition, our findings highlight the presence of several facilitating factors to programme fidelity that may be useful to guide the implementation of similar processes for HF programmes in order to enhance their practices.

Some limitations are worth noting. Programme fidelity was assessed with a self-report measure, which is susceptible to some degree of subjectivity. Although the questionnaire covers many factual issues, the subjective nature of some questions may have led programme staff to evaluate the programme in a more positive way. To reduce potential biases, participants were asked at the consensus meeting to provide examples from daily practice that could support their ratings.

As well, the results on programme study in our study relied exclusively on providers' perceptions of programme fidelity. In future studies, the assessment from programme participants should also be incorporated to measure fidelity. Participants' involvement is a principle of HF philosophy, thereby it is a paradox that they were not involved in the evaluation, particularly in a study that intends to assess fidelity to HF principles. On the other hand, providers and participants may have different perceptions and eventually may rate programme's qualities differently, as individual perceptions are not only influenced by the setting's character-

istics, but also by one's social role in the setting (Linney, 2000). Therefore, having participants' perspectives and recommendations will be beneficial for assessing the programme's quality.

Future research should also move beyond the organization's experiences and seek to incorporate perspectives from different stakeholders of the broader environment in which the programme operates, including landlords, representatives of social services, health services, traditional homeless services, other community organizations, as well as policy decision makers. Taking into account these different perspectives may provide a more comprehensive understanding of the interplay between organizational and system factors on programme implementation and sustainability.

Conclusions

This study illustrated the utility of completing a fidelity self-assessment to support a reflective process in which HF providers could learn about the areas of their programme that are implemented with high fidelity to principles of the model and to build on their strengths, as well as to identify areas in need of improvement that require more attention in order to enhance their practices and procedures. In addition, the HF International Cross-Country Fidelity Project allowed programmes to share their implementation experiences and learn from each other. As HF is growing throughout several countries, collaboration and learning among programmes will help develop a sense of community practice. For this purpose, we believe that the HF International Network has much to offer.

Fidelity to the HF principles is relevant for the sustainability of the model, particularly when this approach is being scaled up across many different settings. These principles reflect the underlying philosophical values of the model and provide a guiding framework associated with the effectiveness of the intervention. International evidence has shown that HF not only delivers better outcomes for service users, but is also cost-effective (Gaetz, 2012; Goering *et al.*, 2014). Model effectiveness and long-term savings have been crucial to raise increasing interest among policy makers.

Investment in HF policies seems to be a more rational choice and a better use of available resources. However, in order to consolidate HF policies, it is critical to prevent new programmes to drift away from the core principles and compromise programmes' expected outcomes. Ongoing fidelity monitoring can help to assure a programmes' quality and its continued effectiveness. HF holds enormous potential for addressing the complex challenges of ending homelessness. By implementing the model in a consistent manner, HF programmes will be better able to fulfil this promise.

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