Assessing the Fidelity of Four Housing First Programmes in Italy

Marta Gaboardi[1], Massimo Santinello[1],
Alice Stefanizzi[2], Marco Iazzolino[3]

[1] Department of Developmental Psychology and Socialization, University of Padova
[2] Scientific Committee of 'Network Housing First Italia'
[3] fio.PSD, Italian Federation of the Organisations for Homeless People

> **Abstract_**This article presents the findings of a fidelity assessment conducted with Housing First (HF) programmes in four Italian cities: Bologna, Rimini, Siracusa, and Verona. These programmes are part of the 'Network Housing First Italia' (NHFI), coordinated by the Italian Federation of the Organisations for Homeless People (fio.PSD), which is composed of public and private organizations (cooperatives, mutual societies, non-profit associations and foundations) that work with homeless people. The fidelity assessment is a mixed-methods evaluation composed of a quantitative fidelity assessment survey and qualitative key informant interviews. Seventeen housing professionals participated. Data analysis aimed to identify areas of high and low programme fidelity at the systemic, organizational and individual levels. The paper describes both facilitators to fidelity, such as collaboration with Municipalities, holding frequent team meetings, and having experienced staff, and obstacles such as limited external and internal economic resources, and lack of HF expertise. These factors explain the differences that impacted on fidelity in each programme. Implications of the results are discussed as well as suggestions for improving the existing HF programmes in Italy that are at an early stage of development.

> **Keywords_**Housing First, homelessness, fidelity, Italy, experimentation, adaptation.

180　European Journal of Homelessness _ Volume 12, No. 3

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Introduction

In 2014, an estimated 50,724 people in Italy used homeless services as a shelter or soup kitchen, amounting to approximately 0.24% of the population. This was based on the *National Survey on the Condition of Homeless People in Italy,* conducted for the first time during 2011-2012, with a follow-up conducted in 2014. The 2014 survey showed an increase in the number of service recipients from 2011, when an estimate of 47,648 people utilized such services, suggesting that these numbers are growing over time (Istat, 2012; Istat, 2015). Moreover, these numbers may be even higher, considering that some individuals may not have gained access to services or could have been hospitalized or in jail during that time. These numbers, whether under-estimated or not, shed light on a growing problem of homelessness in Italy.

In Italy, homeless services are organized in a system of local services that includes shelters, soup kitchens, public showers, and counselling and outreach services. Homeless services usually require residents to comply with rigid rules, such as abstinence from illicit substances, being registered as an official citizen or meeting other prerequisites before being considered as 'ready' to live autonomously (Consoli *et al.*, 2016). Furthermore, most of these services rely on resources that are organized within municipalities or regions. There are no national policies or programmes in Italy that regulate services for homeless people.

Italy's welfare system has been described as a *welfare mix* (Bertin, 2012), in which state resources are delegated to local organizations. These include a wide array of organizations, ranging from private cooperatives to public agencies, non-profit organizations, religious institutions, and volunteer initiatives. These programmes normally have different organizational features, missions and resources, often without any common coordination (Lancione *et al.*, 2017).

In recent years, the HF model has been growing successfully across Europe (Busch-Geertsema, 2013). Since 2012, some organizations in the Italian cities of Bergamo, Bologna, Trento and Ragusa have applied HF principles in their programmes. One programme in Bergamo, for example, tested the HF model as part of a local initiative of the region Lombardia (Regione Lombardia, 2012). This, and similar initiatives were implemented independently, without any coordination at the national level. The early successes of these bottom-up programmes, combined with concerns over the increasing numbers of homeless people in Italy, set the stage for implementation of HF at the national level.

The steering group of the Italian Federation of Organizations for Homeless People, also known as 'fio.PSD', called for a coordinated introduction of the HF model at the national level. The proposal was officially launched and named 'Network

Housing First Italia[1] (NHFI) in March 2014 (Consoli *et al.*, 2016; Cortese, 2016). The initiative obtained large support from member organizations, with many of them committed to the HF philosophy and principles. The network members began a two-year period of experimentation (Consoli *et al.*, 2016) guided by the *Pathways to Housing* (PtH) principles.

During this period, fio.PSD provided support to participating organizations including training on the theory and methods of the HF model through summer/winter schools and webinars, supervision and evaluation of the HF experimental programmes carried out by an independent Scientific Committee, and support in advocacy actions. These advocacy actions encouraged the approval of the 2015 national *Guidelines for Tackling Severe Adult Marginality in Italy,* developed by the Ministry of Labour and Social Policy within the framework of the Europe 2020 Strategy.

The guidelines aimed to coordinate the different homeless services and provide some conceptual and practical guidelines for adequately responding to the needs of homeless individuals. One of the main goals was to implement and test sustainable projects based on the Housing First / Housing Led approaches. The objectives were to promote increased access to permanent housing, provide tailored and flexible support to beneficiaries in their homes, and promote wellbeing and community integration. The guidelines also included recommendations for public investment in HF serviced to address homelessness. For example, the *PON metro* was a call for national funding aimed at strengthening the role of big cities and their surrounding territories to achieve sustainable urban development and social inclusion.

The number of the Network Housing First Italia members had grown at the end of 2016 to 54 public, private and social economy organizations (e.g., municipalities, Caritas, social cooperatives, associations, non-profits) from 10 Italian regions with 35 HF experimental pilot programmes. The funding for the HF pilots and the fio. PSD support was provided by member organizations.

A new phase for the Housing First Italy network (NHFI 2.0) began in 2018 with the aim to provide training and supervision at three different stages: (1) organizations that want to start delivering HF services; (2) organizations in their first year of HF implementation; and (3) organizations that have delivered HF services for at least two years. The NHFI 2.0 aims to support the inevitable adaptation of the HF model to the Italian context (Lancione *et al.*, 2017), as it has been the case in other European countries (Greenwood *et al.*, 2013b).

---

[1] See: http://www.housingfirstitalia.org/

fio.PSD has been an active member of the HF international community, and when the multi-country HF fidelity assessment was proposed (Aubry *et al.*, 2018), fio.PSD saw an opportunity to analyse the local adaptations that impacted fidelity in the programmes. Participation in the assessment was proposed to the organizations in the network, and eventually four HF programmes participated in the fidelity assessment process.

Method

The fidelity assessment was completed in April-June 2016 by two external researchers from the University of Padua (Department of Developmental Psychology and Socialisation), and members of network's Scientific Committee using the method and tools of the multi-country HF fidelity study (Aubry *et al*., 2018).

Description of participating programmes

The fidelity assessment involved four HF programmes from four cities: Bologna, Rimini, Siracusa, and Verona. All the programmes are members of the NHFI and were selected based on the following criteria: 1) geographic location (North, Centre and South); 2) type of organization (religious/not religious); and 3) number of programme staff with at least a 6-month experience in HF (more than three). These criteria ensure that programmes selected for the project would represent the diversity of HF models in Italy. Programmes were excluded if a sufficient number of programme staff could not attend the consensus meetings. There were insufficient economic resources to conduct a fidelity assessment with all the organizations in the network.

Table 1 outlines the main characteristics of the organizations and information about the programmes. The programmes in Bologna, Rimini, and Verona served clients who were homeless or at risk of homelessness and had problematic substance use and/or serious mental illness. The programme in Siracusa targeted families who were at risk of homelessness.

Table 1: Characteristics of the Organizations and HF Services

Site		Bologna	Rimini	Siracusa	Verona
Geographical Area		Centre	Centre	South	North
Organisation		Social cooperative	Mixed (religious and social cooperative)	Religious organization	Mixed
Clients		60	9	8 families	27
Staff		6+ 1 peer	5	4	4
Funding sources	Private	50%	78%	100%	59%
	Public	50%	22%	-	41%
Nº of housing units	Scattered site units	19	9	8	4
	Congregate units	2	-	-	12
Nº of housing units	Private market units	20	9	6	16
	Public housing units	1	-	2	-
Is there a time limit for the housing?		No	Yes (2 years)	Yes (2 years)	No
Does the programme provide a rent supplement?		Yes	Yes	Yes	Yes

The teams are composed of social workers who also work in other public services, and so are neither Intensive Case Management (ICM) nor Assertive Community Treatment (ACT). Except in Bologna, most team members work part-time.

The Fidelity self-assessment

Procedure and sample. The self-administered fidelity survey was used for the quantitative evaluation (Gilmer *et al.*, 2013; Stefancic *et al.*, 2013). It was translated from English to Italian by two researchers independently. Discussions with the coordinators of the cross-country fidelity research and with the fidelity research teams that translated the survey into other European languages contributed to sorting out difficulties with the translation and to the development of the final version of the survey.

The survey was administered in each programme between April and May 2016. In Bologna, four social workers answered the survey (n = 4); the project coordinator, two social workers and two local civil servants participated in Rimini (n = 5); the project coordinator (a priest), the technical coordinator and two social workers answered the survey in Siracusa (n = 4); and the project coordinator and three social

workers in Verona (n = 4). Participants completed the survey individually and then attended a consensus meeting facilitated by a researcher to reach agreed upon programme responses to each item in the survey.

Data Analysis. The conciliated survey scores for each programme were converted to a 4-point scale following the self-assessment methodology (Macnaughton *et al.*, 2015). All final item ratings were summed up to produce total scores for each fidelity domain. Domain scores were also combined to produce a total fidelity score. Survey items were scored on a scale from 1 (low fidelity) to 4 (high fidelity). Scores below 3 were interpreted as reflecting low fidelity, while scores of 3.5 and above were interpreted as reflecting high fidelity. Scores between 3 and 3.5 were considered to reflect moderate fidelity.

The key informant interviews

Procedure and sample. The qualitative component was completed in June 2016. Individual telephone interviews with an intervention team member were conducted for each programme (n = 4). Participants were provided with a copy of the conciliated fidelity assessment results prior to interviews. During the interview, the results of the survey were conveyed to participants and they answered questions about which factors hindered or favoured the fidelity in each of the five domains. The interviews were audio recorded.

Data Analysis. Interviews were transcribed verbatim and then coded by two independent researchers using the typology of systemic, organizational, and individual facilitators and barriers to Housing First fidelity defined by Nelson and colleagues (2017). The two researchers then compared their coding and a final coding was agreed upon.

Results

Fidelity assessment

Table 2 presents standard scores of all fidelity survey items, average domain scores, and the total fidelity score on a 4-point scale for each programme. Of the four programmes, the average programme fidelity score across all the items was moderate for two: Bologna and Rimini (3.2), and lower for the other two programmes: Siracusa (2.8) and Verona (2.9). Average fidelity scores for the different domains varied from one programme to another as illustrated in Figure 1.

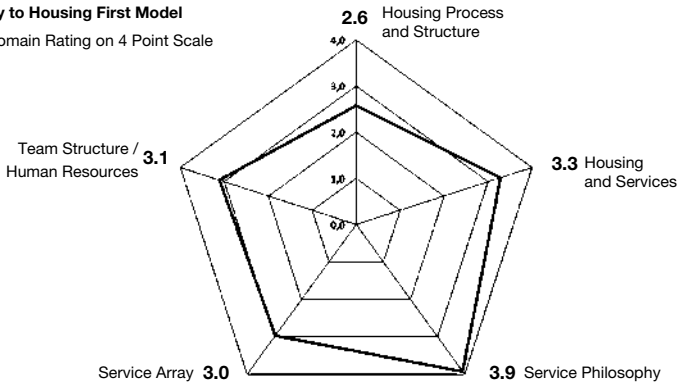### Table 2: Fidelity Assessment Item Scores and Domain Means

Domain / Item	Domain Mean / Standard Item Score (Out of 4)			
	Bologna	Rimini	Siracusa	Verona
Housing Process and Structure	*2.6*	*3.0*	*3.1*	*2.7*
1. Choice of housing	3.0	3.0	4.0	3.0
2. Choice of neighbourhood	3.0	3.0	3.0	3.0
3. Assistance with furniture	4.0	4.0	4.0	4.0
4. Affordable housing with subsidies	2.0	2.0	2.0	2.0
5. Proportion of income required for rent	2.0	1.0	1.0	1.0
6. Time from enrollment to housing	3.0	4.0	4.0	3.0
7. Types of housing	1.0	4.0	4.0	3.0
Separation of Housing and Services	*3.3*	*3.6*	*3.5*	*2.9*
8. Proportion of clients with shared bedrooms	2.0	4.0	4.0	4.0
9. Requirements to gain access to housing	4.0	4.0	3.3	3.3
10. Requirements to stay in housing	4.0	4.0	3.2	3.2
11a. Lease or occupancy agreement	4.0	4.0	4.0	2.0
11b. Provisions in the lease or agreement	4.0	4.0	4.0	0.0
12. Effect of losing housing on client housing support	2.0	2.0	3.0	4.0
13. Effect of losing housing on other client services	3.0	3.0	3.0	4.0
Service Philosophy	*3.9*	*3.9*	*2.1*	*3.2*
14. Choice of services	4.0	4.0	1.0	3.0
15. Requirements for serious mental illness treatment	4.0	4.0	1.0	4.0
16. Requirements for substance use treatment	4.0	4.0	1.0	4.0
17. Approach to client substance use	4.0	4.0	3.0	2.0
18. Promoting adherence to treatment plans	3.5	3.5	3.5	3.0
19. Elements of treatment plan and follow-up	4.0	3.6	1.2	3.6
20. Life areas addressed with program interventions	4.0	4.0	4.0	2.9
Service Array	*3.0*	*2.5*	*3.0*	*2.6*
21. Maintaining housing	4.0	4.0	4.0	3.0
22. Psychiatric services	3.0	3.0	2.0	3.0
23. Substance use treatment	2.4	2.4	4.0	4.0
24. Paid employment opportunities	1.6	4.0	2.4	3.2
25. Education services	4.0	0.8	4.0	0.8
26. Volunteer opportunities	2.4	2.4	4.0	4.0
27. Physical health treatment	2.4	1.6	4.0	1.6
28. Paid peer specialist on staff	3.0	1.0	1.0	1.0
29a. Social integration services	4.0	3.2	1.6	3.2
Programme Structure	*3.1*	*3.3*	*2.3*	*3.3*
31. Client background	3.3	2.7	0.7	2.7
33. Staff-to-client ratio	4.0	4.0	1.0	4.0
34b. Frequency of face-to-face contacts per month	4.0	4.0	3.0	4.0
35. Frequency of staff meetings to review services	2.0	3.0	3.0	3.0
36. Team meeting components	3.3	4.0	3.3	4.0
37. Opportunity for client input about the programme	2.0	2.0	2.7	2.0
Total	**3.2**	**3.2**	**2.8**	**2.9**

Figure 1. Average Housing First Fidelity Ratings by Domain for each Programme
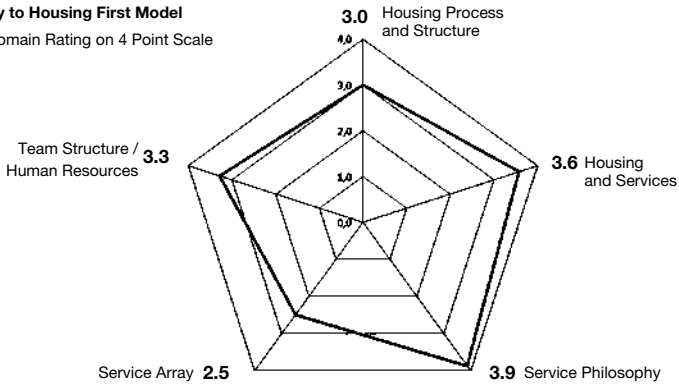
Bologna

Extent of Fidelity to Housing First Model

—— Average Domain Rating on 4 Point Scale

2.6 Housing Process and Structure

3.3 Housing and Services

Team Structure / Human Resources 3.1

Service Array 3.0

3.9 Service Philosophy

Rimini

Extent of Fidelity to Housing First Model

—— Average Domain Rating on 4 Point Scale

3.0 Housing Process and Structure

3.6 Housing and Services

Team Structure / Human Resources 3.3

Service Array 2.5

3.9 Service Philosophy

Siracusa

Extent of Fidelity to Housing First Model
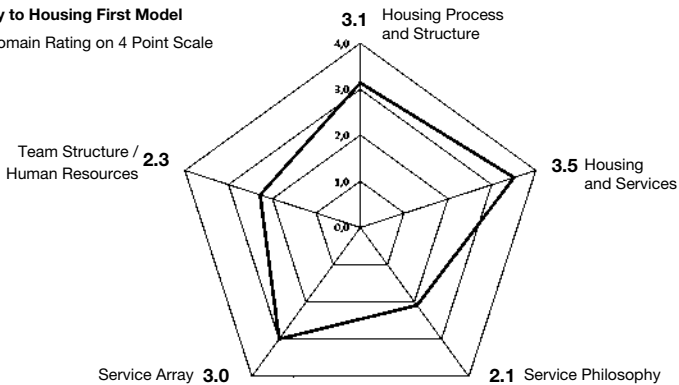
—— Average Domain Rating on 4 Point Scale

3.1 Housing Process and Structure

3.5 Housing and Services

Team Structure / Human Resources 2.3

Service Array 3.0

2.1 Service Philosophy

Verona

Extent of Fidelity to Housing First Model

——— Average Domain Rating on 4 Point Scale

2.7 Housing Process and Structure

2.9 Housing and Services

3.2 Service Philosophy

Service Array **2.6**

Team Structure / **3.3** Human Resources
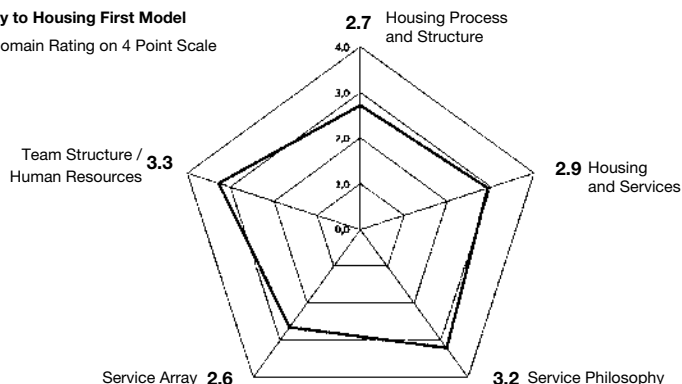
Scores reflecting moderate fidelity were obtained in the *Housing Process and Structure* domain in Rimini (3.0) and Siracusa (3.1), while scores reflecting low fidelity were obtained in Bologna (2.6) and Verona (2.7). Low scores were obtained in all sites on items related to access to affordable housing by the provision of rent subsidies and the proportion of income used to pay the rent.

Scores reflecting high fidelity in the *Separation of Housing and Services* domain were obtained in Rimini (3.6) and Siracusa (3.5). Scores reflecting moderate fidelity in this domain were obtained in Bologna (3.3), and lower scores were obtained in Verona (2.9). There was considerable variability in responses to each item in this domain across the four sites.

Scores reflecting high fidelity in the *Service Philosophy* domain were obtained in Bologna (3.9) and Rimini (3.9), while in Verona (3.2) scores reflected moderate fidelity and scores reflected low fidelity in Siracusa (2.1). The *Service Array* domain received low scores, especially due to the absence of paid peer specialists on staff in the programme (excluding Bologna). The highest scores in this domain concerned the prioritization of maintaining housing.

In Bologna (3.1), Rimini (3.3) and Verona (3.3), scores indicated a moderate level of fidelity in the *Programme Structure* domain, while scores for Siracusa (2.3) reflected low fidelity in this domain. Items that received the lowest scores in this domain related to lack of opportunities for clients' participation into programme design or governance. The highest scores related to the frequency of face-to-face contacts between staff and clients per month including team meetings (topics discussed in the meetings).

Key informant interviews

In this section, we present findings from the key informant interviews in terms of facilitators and barriers identified as affecting programme fidelity at systemic, organizational, and individual levels.

Systemic level facilitators

As presented in Table 3, an important factor identified in key informant interviews to facilitate fidelity was collaboration with stakeholders such as the City Council or organizations such as the Caritas network. In Bologna and Rimini, the programmes are implemented in partnership with the City Council while Caritas manages the Verona and Siracusa programmes. These collaborations are useful for two main reasons. First, collaboration with the City Council facilitates access to funds and to social housing units for the HF services. This is particularly important because there is no funding from the national government in Italy. Second, collaboration with Caritas increases the number of housing units that are available to the programmes. As one of the informants said: '*the independent apartments are available thanks to Caritas; being part of the Caritas network allows you to have different apartments.*'

Table 3: Summary of Systemic Factors to Achieving Housing First Fidelity

Systemic	
Facilitators	*Barriers*
Collaboration with the Municipality/Caritas	Difficulty in collaboration with municipality
Networking with services available in community	Limited external economic resources
Programme reputation	Distrust landlords
Working with fio.PSD and NHFI	Expensive private housing market
	Client complexity
	Lack of minimum income

Collaborations that open access to funding were identified as positively influencing the *Housing Process and Structure* and *Programme Structure* domains by increasing choice in types of housing and neighbourhoods and by enabling an adequate staff-to-client ratio. One key informant noted: '*we were in line with the mission of the City Council and we worked together […], the local government has chosen to invest in this new type of programme'.* Collaborating with the City Council and voluntary organizations also facilitated fidelity in the domain of *Service Array* by opening access to community services such as psychiatric services, substance use treatment, educational services and physical health treatment.

Moreover, these collaborations facilitated coordination of meetings between different services representatives to discuss the needs of clients. As one key informant noted:

> *We have meetings with different specific services to understand what strategies to use with our clients'*; '*there has been a great commitment on the part of the services already informing the programme […]. The City Council has committed to analyse the outcomes of the different local services and to find out what is working for clients and what are their difficulties […] as well as creating a space for general collaboration*.

These network connections contributed positively to programme reputation in the local community. Good positioning of the organization in the community was thought to often increase cooperation with landlords and citizens. One key informant stated: '*the organization is already known both by services and citizens, and this serves as an insurance for landlords*', who know the organization will provide support to clients in their housing, such as furniture (*Housing Process and Structure*) and help them become better integrated in the community through participation in volunteering (*Service Array*).

Finally, another systemic factor that was described as fostering model fidelity, was programme membership in the *Network Housing First Italy* (NHFI), that offered training and supervision as well as comparisons with other HF programmes in Italy As one key informant noted: *'we seized all the training opportunities requests from the network, which is important for access to training opportunities for the team we could not have otherwise provided'.* Observation and collaboration with other programmes helped to better understand how to start and run a programme and which aspects to focus on: *'working with fio.PSD network is instrumental and facilitated meeting with other programmes and comparing [practices] gave us ideas for trying to something different'*. This feature was also a facilitator of the *Service Philosophy* domain.

Systemic level barriers

Table 3 presents systemic level barriers. Interestingly, collaborations with City Councils were also seen as sometimes functioning as barriers to fidelity. For some programmes, especially Siracusa, collaborating with municipal administrations was difficult. One key informant described it this way: '*the biggest obstacle was not being in the local network of social policies […] not having subsidies or a minimum universal income… it is important to have financial support, it's fundamental*'. This influenced the availability of resources and the possibility of accessing affordable housing.

The expensive private housing market was also identified as a barrier to model fidelity, especially in the domains of *Housing Process and Structure* and *Separation of Housing and Services*. In Bologna, a key informant noted: '*there is cohabitation of clients because it is too expensive to give a home to just one person, we had to choose because there were many people who needed both accommodation and support*'. This increased the proportion of clients with shared bedrooms and limited clients' choices in housing.

Lack of access to funds for programmes to cover expenses other than housing was also identified as a major barrier to model fidelity. For example, with the exception of Bologna, none of the programmes that participated in this fidelity assessment had enough funding to employ a paid peer specialist or to achieve a full complement of staff to meet recommended client to staff ratio: '*we are experiencing a peer in the team but he is not paid […] there is a need to have more staff because if you have so many people to follow you cannot spend enough time […]; there are few economic resources and a low investment on staff*'.

Another systemic barrier identified as influencing negatively the domain of *Separation of Housing and Services* was landlords' distrust. In order to provide a lease, some landlords requested assurances, such a proof of income or employment, which cannot usually be provided by clients who cannot work or have physical or mental health problems. Therefore, the organization often serves as the leaseholder, rather than the client. This affects the areas of fidelity concerned with leases, occupancy agreements, and choice over housing and neighbourhood. As a key informant noted: '*not all clients can choose their neighbourhood because of the high costs of the private housing market. Some neighbourhoods are inaccessible because of prices or because of landlords who do not want to rent their houses to this type of clients*'.

Clients' low income and inability to get and keep paid employment were identified as barriers to fidelity in regard to the proportion of income required for rent. It is difficult for clients to contribute 30% of their income to rent. This factor is exacerbated by *the lack of a minimum income* for homeless people in Italy. As a participant noted: '*it is difficult then to find further support for housing, to find a job for them*; *the percentage of contribution depends on income, and it's difficult when the contribution depends on precarious and limited work opportunities, they have no income*'.

In Siracusa, the choice to include families at risk of homelessness as a target group influenced fidelity to the model. Many aspects of fidelity, such as in the domains of *Service Philosophy* and *Service Array*, are not particularly relevant to this group. Many services needed by the typical HF participant, such as psychiatric services or social integration services, are not needed by families, or by all family members.

As reported by one key informant, '*our target is different, but we chose based on people who came to the Caritas centre, to prevent homelessness, so we do not provide some services*'.

Organizational level facilitators

The facilitators identified at the organizational level are presented in Table 4.

At the organizational level, availability of other services in the organization to HF clients, such as soup kitchens, transitional accommodation where clients can stay while their house is ready or occupational workshops were described as the most important facilitator of programme fidelity. These services are a source of support for people both before enrolment in the HF service and also when they leave the HF programme. Therefore, availability of services positively influences the *Service Array* domain. People stay in touch with the organization even if they leave the programme: '*having other services in the organization (not just HF programme) is the parachute […] to offer other housing solutions and to keep the person engaged in the organization, even through low-threshold services.*'

Table 4: Summary of Organizational Factors to Achieving Housing First Fidelity

Organizational	
Facilitators	*Barriers*
Other services in the organization	Experimentation programmes
Discussion meetings	Limited internal economic resources
External supervision	Lack of supervision practices
	Staff communication

An important organizational factor described as facilitating model fidelity was the team meetings. As one key informant stated: '*information, discussion and negotiation around the HF principles in the team meetings before the programme launched helped team members identify strategies to align practice with principles.*' These discussions facilitated fidelity in the *Service Philosophy* domain, and to the items referring to clients' choice or compliance and adherence to treatment. For the same reason, the Rimini programme noted the importance of having external supervision: '*supervision is useful to face different issues in the team […] to have an external point of view helps to see things that you might not see once in your daily relationship*'.

Organizational level barriers

Table 4 lists the organizational level barriers. Key informants also identified several barriers that affected fidelity at the organizational level. First, because these were pilot programmes, they had limited resources and limited opportunities for client involvement. For example, there were difficulties to provide an unlimited timeframe for clients' permanence in the programme. A participant explained: '*the concern is that the house will not be forever […] it is an experimental phase, but we do not know where we will end up.*' Because they were pilot programmes, the organizations invested limited internal funding. The organizations ran many other programmes, and the HF services received fewer resources than did the more established and permanent programmes. This limited investment of resources affecting the *Service Array* and *Programme Structure* domains. In fact, it was noted that there were no resources for the evaluation or the specific supervision for the programme, excluding that provided by fio.PSD at a national level: '*there is no specific supervision on HF […] but there is the risk to do a programme in a shelter style to work and this is difficult*'.

Finally, the limited funding for team members' salaries meant that, with the exception of Bologna, many worked part-time at the HF services. This resulted in a low frequency of staff meetings. Key informants explained how they used technological devices to access and communicate clients' information when needed, without having to spend time going to the office for meetings: '*there is no daily team, no time, but thanks to technology we can be contacted for emergencies, and we are always in touch thanks to emails, messages or phone calls, 24h/7'.*

Individual level facilitators

Table 5 presents the main individual factors influencing the fidelity to HF principles.

Table 5: Summary of Individual Factors to Achieving Housing First Fidelity

Individual	
Facilitators	*Barriers*
Staff expertise	Changing the way to work
Staff member values	Lack of HF expertise
Client-staff relationship	
Studying principles	

At the individual level, the main factor identified as influencing fidelity is staff expertise. Key informants explained how expertise helped build client-staff relationships and facilitated client-centered services. However, they also spoke about their own knowledge and expertise through experiences working in the field in general, not specifically in HF. Because of these previous experiences, staff members brought important skills, knowledge, and contacts with community resources to the Housing First teams.

Staff members' values were also identified as facilitating model fidelity. Believing in the HF values and principles from the outset facilitated motivation to understand HF operational practices, especially in regard to client choice and separation of housing and services. Staff members' motivation to take a new approach to change the system of services for homeless people was also an individual level facilitator of model fidelity in these domains. As one key informant said, '*the innovation of separating housing and treatment and the will to do something new […] adhere to these principles has led to making these operational choices.*' Finally, staff members' relationships with clients helped to incorporate clients' input to the programme. As one key informant said,

> *The relationship with the clients allows them to feel free to express criticisms to the programme […]. Some clients take part in some meetings expressing themselves on how they would something […]. We let us be amazed and taught by them […]; having a different vision protects you from frustrations, and comparison is important.*

Individual level barriers

Despite the fact that many team members brought considerable expertise to their programmes, many were inexperienced, especially in practice aligned with Housing First principles and philosophy. HF principles led to a change in the power dynamic between team members and clients. Some aspects of HF practice required a radical change in social workers' beliefs about clients' autonomy. As one informant stated: *'social workers in the team have difficulty to find a new mentality and a new approach with the different type of service.'*

Discussion

The results of the key informant interviews provide insights into HF model fidelity in the Italian context. Most of the factors identified as influencing fidelity were located in characteristics of Italian welfare system. The one systemic factor common to all organizations is the lack of minimum income in Italy that hinders clients' recovery opportunities. Another significant factor that influenced fidelity was the extent to which programmes collaborated with City Councils and

voluntary organizations, specifically whether these collaborations opened access to funding sources. This became especially relevant in the Italian *welfare mix* (Bertin, 2012), where state funding is delegated to local organizations. Organizations that had strong collaborations with the local government also had more resources for supervision and/or regular meetings (organizational facilitators). Local administration policies determine whether and how many resources made available to homeless organizations.

A revision of the *Guidelines for Tackling Severe Adult Marginality in Italy* beyond 2020 could be an opportunity to harmonize the different approaches of homeless services in Italy and to favour the integration of fidelity to HF principles in homeless services across the country, especially through the allocation of funding that allows adequate programme staffing and by funding technical assistance and training for HF services.

Nevertheless, the establishment of the HFI network and the role of fio.PSD prompted some facilitators at the national level. In systemic terms, the training and supervision provided by a scientific committee and the opportunity for knowledge exchange with other HF programmes at the national level both emerged as facilitators to fidelity. Training was also indirectly relevant as a facilitator on the individual level, for example through its influence on individual workers' internalization of HF principles. On the other hand, the novelty of the HF network, inexperience with delivering HF services, and having the insecure status of pilot programmes were all barriers to fidelity on organizational and individual levels.

Other factors cannot be generalized to the overall Italian context, but are specific to the structure and connections of individual organizations. Some relevant systemic factors include networking with services available in the community, programme reputation, landlords' distrust, and organizational aspects of team communication.

Finally, some individual factors included staff expertise and values, client-staff relationships, and the staff members' experience delivering a Housing First programme. These organizational factors are shaped by the organizations' management activities, like recruitment, training, and supervision.

The HF services participating in the present study found that the fidelity assessment was a useful opportunity for the organizations and their teams to reflect on their work. During the interviews, participants stated how the HF model helped them change their ways of working. In general, applying the HF principles was seen as an efficient way to change the traditional approach of homelessness services and to help building strong relationships with clients.

The differences in fidelity scores found among the four programmes reflect that the HF model can be adapted to local contexts, although it is recommended that services evaluate their outcomes to confirm that those adaptations are not hindering programme efficiency. Repeated early and later implementation fidelity evaluations will also yield insights as to which modifications are positive adaptation versus model drift (Greenwood *et al.*, 2013a).

Conclusion

The objective of this research was to measure the fidelity to the HF principles in four Italian programmes of the NHFI and to identify factors that affected implementation in each of these sites. Systemic, organizational and individual factors emerged as facilitators and barriers to HF fidelity. It is possible to draw several recommendations for the Housing First programmes in Italy, in order to develop and maintain strong fidelity when launching their programmes and over time. These recommendations are divided into three levels: systemic (external in the community), organizational (internal of the programme) and individual level.

In terms of systemic level factors, we suggest that it is important for new Housing First programmes to establish and maintain positive relationships with funding institutions, particularly with the City Councils, but also with voluntary organizations like Caritas. Such collaborations should be established before starting the programme, so that resources and cooperation with other community services are available from the beginning. Collaboration with external services can be created through meetings to introduce the HF model and its principles to key stakeholders, and through the establishment of partnerships to run the projects.

It is also important to pay attention to public support, to raise awareness about homelessness and HF programme, and to build the programme's reputation, which may be helpful for example, in winning over landlords. The NHFI has proved useful both for advocacy work and for training organizations. Networking with other community organizations can also be useful in finding different and new operational strategies. Indeed, Rapp *et al.* (2010) documented the importance of developing collaborations with the various local services in the community (e.g., social, health, justice, and employment agencies) and with the neighbourhoods where the services are to promote social integration of the clients, as well as the perception of effectiveness in the team.

In terms of organizational factors, establishing collaboration with local companies or farms could be useful to facilitate clients' access to employment, as well as to lever additional financial resources for the HF programmes and to promote community awareness. Team members should continue to use alternative commu-

nication methods (e.g. telephone, texting, email), but should complement these with more frequent face-to-face meetings to discuss the cases. External supervision regarding HF principles and training in relevant skills would also facilitate programme fidelity, while the inclusion of peer support services can also provide opportunities for face to face engagement and enhance support for clients and social workers.

We recommend programmes integrate an evaluation during implementation, to provide evidence when discussing opportunities for funding and support from stakeholders (Greenwood *et al.*, 2013b). At the individual level, it is useful to study and share the HF values and principles. The organizations included in this assessment found that individual training and providing opportunities for staff members to share and discuss the principles within the team was useful. Damschroeder *et al.* (2009) argued that work teams should not only be characterized by good professional skills, but also by a strong congruence between the values and beliefs of the staff and those that characterize the philosophy of the programme within which the social workers are inserted.

There are some limitations in this study. The four case studies may not be generalizable to the other programmes in Italy, the number of participants in the key informant interviews was limited (one per programme), and the data are cross-sectional. However, it is important to underline that this is the first research about fidelity to the HF principles in Italy, and so it serves as an important, if imperfect, benchmark.

In the future, it would be useful to adopt this mixed-methods evaluation for all organizations that have implemented a HF programme, both at the beginning and after the programme has matured. Furthermore, it would be useful to deepen the analysis of the barriers and facilitators to fidelity found by different types of organizations belonging to NHFI (private cooperatives, public agencies, no-profit organizations, religious institutions, and volunteering initiatives), so that specific features or best practices facilitating fidelity can be transferred to other sectors.

Research has shown that adherence to a model helps in achieving positive outcomes (Durlak and DuPre, 2008; Woodhall-Melnik and Dunn, 2015). This fidelity assessment is not only useful in the analysis of the status of HF programmes in Italy, but also in identifying directions for future programme development to bring them in line with the Pathways model.

> **References**

Aubry, T., Bernad, R. and Greenwood, R. (2018) A Multi-Country Study of Program Fidelity to Housing First, *European Journal of Homelessness* 12(3).

Bertin, G. (2012) *Welfare Regionale in Italia [Regional Welfare in Italy].* (Venezia: Edizioni Ca' Foscari).

Busch-Geertsema, V. (2013) *Housing First Europe. Final Report* (GISS, Bremen).

Consoli, T., Cortese, C., Molinari, P. and Zenarolla, A. (2016) The Italian Network for Implementing 'Housing First' Approach, *European Journal of Homelessness* 10(1) pp.83–98.

Cortese, C. (Ed) (2016) *Scenari e pratiche dell'Housing First: Una nuova via dell'accoglienza per la grave emarginazione adulta in Italia* [*Practices and Scenarios of Housing First in Italy*]. (Milano: Franco Angeli).

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A. and Lowery, J. C. (2009) Fostering Implementation of Health Services Research Findings into Practice: A Consolidated Framework for Advancing Implementation Science, *Implementation Science* 4(1) 50.

Durlak, J. A. and DuPre, E. P. (2008) Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors that Influence Implementation, *American Journal of Community Psychology* 41(3-4) pp.327–350.

Gilmer, T. P., Stefancic, A. and Sklar, M. (2013) Development and Validation of a Housing First Fidelity Survey, *Psychiatric Services* 64(9) pp.11–914.

Greenwood, R. M., Stefancic, A., Tsemberis, S. and Busch-Geertsema, V. (2013a). Implementations of Housing First in Europe: Challenges in Maintaining Model Fidelity, *American Journal of Psychiatric Rehabilitation* 16(4) pp.290–312.

Greenwood, R. M., Stefancic, A. and Tsemberis, S. (2013b) Pathways Housing First for Homeless Persons with Psychiatric Disabilities: Program Innovation, Research, and Advocacy, *Journal of Social Issues* 69(4) pp.645-663.

Istat, Ministero del Lavoro e delle Politiche Sociali, Caritas and fio.PSD (2012) *Le persone senza dimora* [*Homeless People*]. Available online: http://www.istat.it/it/files/2012/10/Senza_dimora_9_10_2012-1.pdf?title=Le++persone+senza+di mora+-+09%2Fott%2F2012+-+Testo+integrale.pdf.

Istat, Ministero del Lavoro e delle Politiche Sociali, Caritas and fio.PSD
(2015) *Ricerca Nazionale sulla condizione delle persone senza dimora in Italia*
[National Research on the Condition of Homeless People in Italy]. (Roma: Metodi
letture statistiche). Available online: http://www.istat.it/it/archivio/175984.

Lancione, M., Stefanizzi, A. and Gaboardi, M. (2017) Passive Adaptation or Active
Engagement? The Challenges of Housing First Internationally and in the Italian
case, *Housing Studies* 33(1) pp.40-57.

Macnaughton, E., Stefancic, A., Nelson, G., Caplan, R., Townley, G., Aubry, T.,
McCullough, S., Patterson, M., Stergiopoulos, V., Vallée, C., Tsemberis, S., Fleury,
M.J., Piat, M. and Goering, P. (2015) Implementing Housing First Across Sites and
Over Time: Later Fidelity and Implementation Evaluation of a Pan-Canadian
Multi-site Housing First Program for Homeless People with Mental Illness.
American Journal of Community Psychology 55(3-4) pp.279-291.

Ministero del Lavoro e delle Politiche Sociali (2015) *Linee Di Indirizzo per il
Contrasto alla Grave Emarginazione Adulta in Italia [Guidelines for Tackling
Severe Adult Marginality in Italy]*. Available online: http://www.fiopsd.org/
wp-content/uploads/2015/11/Linee-di-Indirizzo.pdf.

Nelson, G., Caplan, R., MacLeod, T., Macnaughton, E., Cherner, R., Aubry, T. and
Goering, P. (2017) What Happens After the Demonstration Phase? The
Sustainability of Canada's At Home/Chez Soi Housing First Programs for
Homeless Persons with Mental Illness, *American Journal of Community
Psychology* 59(1-2) pp.144-157.

Rapp, C. A., Etzel-Wise D., Marty D., Coffman, M., Carlson L., Asher D.,
Callaghan J. and Holter M. (2010) Barriers to Evidence-Based Practice
Implementation: Results of a Qualitative Study, *Community Mental Health
Journal* 46(2) pp.112-118.

Regione Lombardia (2012) Deliberazione N° IX / 3239 del 04/04/2012 Linee guida
per l'attivazione di sperimentazioni nell'ambito delle politiche di welfare
[Deliberation No. IX/3239 of 04/04/2012: Guidelines for the Activation of
Experiments in the Field of Welfare Policies] Available online: http://www.
distrettodiluino.it/download/legislazione%20regionale/D.G.R_3239_4.4.12.pdf.

Stefancic, A., Tsemberis, S., Messeri, P., Drake, R. and Goering, P. (2013) The
Pathways Housing First Fidelity Scale for Individuals with Psychiatric Disabilities,
American Journal of Psychiatric Rehabilitation 16(4) pp.240-261.

Woodhall-Melnik, J. R. and Dunn, J. R. (2015) A Systematic Review of Outcomes
Associated with Participation in Housing First Programs, *Housing Studies* 31(3)
pp.287-304.