A Study of Programme Fidelity in European and North American Housing First Programmes: Findings, Adaptations, and Future Directions

Ronni Michelle Greenwood, Roberto Bernad,
Tim Aubry and Ayda Agha

University of Limerick, Republic of Ireland
RAIS, Madrid Spain
University of Ottawa, Canada
University of Ottawa, Canada

Study Objectives and Methods

Our objectives for the multi-country study presented in this special issue of the *EJH* were to determine the fidelity of Housing First (HF) programmes to the Pathways to Housing model in different countries in North America and Europe, identify the factors that facilitate and impede fidelity in these programmes, describe unique adaptations to the model in the different contexts in which these programmes are implemented, and contribute to the development and improvement of HF programmes in the nine participating countries. The articles in this special issue have been written to present findings that are in line with these objectives.

As detailed in the introduction to the special issue (Aubry *et al.,* 2018) and again in each article, a common set of methods was followed, beginning with a self-assessment of fidelity by programme staff, followed by qualitative interviews and/or focus groups in which programme staff identified systemic, organisational, and individual factors they perceived to facilitate or impede programme fidelity. In this concluding article to the special issue, we present an overview of the findings across the participating programmes in which we compare fidelity results across the sites, synthesize common facilitators and obstacles to achieving fidelity, reflect on the various adaptations to the Pathways to the Housing model reported by the different sites, present a set of programme and policy recommendations based on the findings, and discuss limitations and future directions for HF fidelity research.

ISSN 2030-2762 / ISSN 2030-3106 online

Fidelity Assessment Results

Table 1 presents average domain item scores and average total item scores on the self-assessment fidelity measure for programmes that participated in the multi-country study. Overall, the total average item score across all of the programmes in the study was 3.5/4. This average mirrored the average item scores of the 10 programmes in the At Home / Chez Soi project after 9 – 13 months of implementation, at which point they were still in the process of admitting new clients (Nelson *et al.,* 2014).

Table 1: Fidelity Assessment Item Scores each Domains of Included Programs

Program Name *Location*	Housing Process & Structure	Separation of Housing & Services	Service Philosophy	Service Array	Program Structure	Total
Pathways to Housing DC *Washington DC, U.S.*	4.0	4.0	3.5	3.9	3.4	3.8
Arrels Foundation *Barcelona, Spain*	3.0	3.9	3.2	2.4	2.8	3.0
Un chez-soi d'abord[1] *France*	3.7	3.9	3.8	3.1	3.2	3.6
Housing First Italia[2] *Italy*	2.9	3.3	3.3	2.8	3.0	3.0
HÁBITAT program[3] *MADRID, Spain*	3.2	3.5	4	3.3	3.2	3.4
Pathways to Homes Dublin *Dublin, Ireland*	3.0	4.0	3.6	3.5	3.0	3.4
The Sandy Hill Community Health Centre *Ottawa, Canada*	3.7	4.0	3.8	3.0	3.0	3.5
Casas Primeiro *Lisbon, Portugal*	4.0	4.0	4.0	3.5	3.4	3.8
Housing First Belgium[4] *Belgium*	3.2	3.9	3.8	3.4	3.0	3.4
Bergen Housing Program *Norway*	3.8	4.0	3.9	3.2	3.7	3.7
TOTAL	3.5	3.9	3.7	3.2	3.2	3.5

[1] Un Chez-soi d'abord consisted of 4 individual program sites, mean provided for across the sites

[2] Housing First Italia consisted of 4 individual program sites, mean provided for across the sites.

[3] Hábitat Spain consisted of 3 individual program sites, mean provided across the sites.

[4] Housing First Belgium consisted of 8 individual program sites, mean provided for across the sites.

Based on a benchmark score of 3.5 or higher reflecting high fidelity, programmes located in five different countries showed high fidelity. Pathways to Housing DC, an original Pathways programme in the U.S., along with the Casas Primeiro programme in Portugal, the oldest HF programme in Europe, had the highest total average item scores (*M* = 3.8). It is important to note that relative to these two programmes, the other programmes in the current study were launched more recently. As a result, it is not surprising that they would have lower fidelity scores. The programmes in the Canadian At Home / Chez Soi project showed increases in programme fidelity from the first year (i.e., within 9-13 month) to the third year (i.e., 24 to 29 months) of implementation (Macnaughton *et al.,* 2015). Similar increases in programme fidelity are quite possible among the newer programmes in our study, particularly if they implement programme changes in response to their fidelity assessment results.

The highest average domain item scores across programmes were in the *Separation of Housing and Services* domain (*M* = 3.9), followed by average domain items scores in the *Service Philosophy* domain (*M* = 3.7), and in the *Housing Process and Structure* domain (*M* = 3.5). Again, these average domain scores were very similar to those obtained in the Canadian trial (Macnaughton *et al*., 2015). Lower average domain items scores were found in the *Service Array* (*M* = 3.2) and *Programme Structure and Human Resources* (*M* = 3.2) domains. These findings are consistent with previous research, in which fidelity scores in these domains have been lower, particularly for HF programmes that deliver intensive case management (Macnaughton *et al.,* 2015; Nelson *et al.,* 2017; Macnaughton *et al.,* 2018). Consistent with this previously observed pattern, all of the HF programmes in the present cross-national study provided intensive case management with the exception of two of the eight Belgian services, and the French and American programmes (Buxant, 2018; Estecahandy, 2018; Rae *et al.,* 2018) that delivered support through an Assertive Community Treatment approach.

Key Informant and Focus Group Results

Through focus groups and interviews with key stakeholders, researchers in each country identified factors that positively and negatively influenced model fidelity and then organised them into three categories: systemic, organisational, and individual. In turn, we identified key themes that cut across findings from programmes in the nine countries. We present a summary of facilitators in Table 2 and of barriers in Table 3.

Table 2. Summary of Facilitators Identified in Study Programmes Contributing to Housing First Fidelity

Systemic	Organizational	Individual
Belgium – Housing First Belgium		
• Rent supplements & move-in bonuses • Additional subsidies and interest free loans • Separation between housing and support • Collaboration with private investors • Negotiation and partnerships with housing provider • Public and media support for the programme	• Programme development by stakeholders • Collaboration between HF teams • Adaptation to local needs • Strong commitment among HF workers • Use of external networks and client own resources • Partnerships with volunteers	• Motivation and trust among support workers and clients • Stigma towards clients and programme • Last minute changes and added conditions of housing by landlords
Canada – Sandy Hill Community Health Centre		
• Client priority to receive community services • Complementary services available in community • Housing availability • Landlord support of clients • Programme's reputation	• Commitment to HF philosophy • Commitment to re-housing • Partnership for programme delivery • Structural separation of housing and services • Traditional lease contracts between landlords and HF tenants	• Staff member values and expertise
France – Un chez-soi d'abord		
• Access to housing through direct lease agreements • Government social housing aid • Guarantee of payment to landlords • Awareness of the mainstream resources that can offer a large range of service	• Commitment to HF philosophy • Team members learning through experience over time • Coordination among site team coordinators • Development of tools and best practices to gain access to housing and partnerships • Regular training and team building promoting HF and harm reduction principles	• Staff members' commitment to values and approach to practice • Peer workers

Systemic	Organizational	Individual
Ireland – Pathways to Homes Dublin		
• Mortgage crisis & economic downturn facilitated access to some cheaper housing	• Commitment to the philosophy including client-centred, recovery-oriented care; • Work to build landlord relationships; • Position of "accommodation finder" • Relationships with community services • Pilot / demonstration project successes	• Sense of reward/ witnessing success
Italy – Housing First Italia		
• Collaboration with the municipality • Networking with services available in community • Programme reputation	• Availability of other services in the organization • Scheduling of regular discussion meetings • Availability of external supervision	• Staff expertise • Willingness to change the way to work • Staff member values • Lack of HF expertise • Client-Staff Relationship • Studying principles
Norway – Bergen Housing Programme		
• Rent supplements • Universal health care • Housing availability • Cooperation with landlords • Good reputation of the programme	• Ordinary lease contracts • Follows principles of HF • Facilitates re-housing • Separates housing & services	• Commitment of professionals
Portugal – Casas Primeiro		
• Availability of housing in private market • Landlords' collaboration • Access to public health care system • Complementary services available in community • Coordination with other agencies • Political climate and policy validation	• Alignment between Housing First philosophy and organizational values • Collaboration with organization's supported education and employment programmes • Collaboration with university researchers • Collaboration and communication between team members • Team involvement at all levels of the programme • Peers support and participants involvement	• Participants' voice and input in programme • Participants' collaboration in political and community initiatives • Staff members' values and expertise • Staff members' collaboration in political and community initiatives

Systemic	Organizational	Individual
Spain – Arrels Foundation		
• Public health care and mental health services	• Commitment to vulnerable people's right to housing • Partnership with Mambré Foundation • Continued support despite loss of housing • International community networking • Stable and experienced staff • Volunteers participate with the teams • Participants are part of the Board of Directors and collaborate with Arrels' services • Strong relationships are built with participants • Leisure and sport activities are offered	• Team members' personal values and expertise
Spain – Habitat Programme		
• Political momentum open to new ideas and social awareness on evictions crisis • Inherent innovation of the HF model as a motivator for users and professionals • Both public and private housing have (different) positive elements • Spanish welfare system provides a wide array of services and social/ housing benefits • Learnings and relations with international community; HF momentum in Europe.	• Organization vision and values aligned with HF principles • Commitment to and observation of HF principles • Commitment of leaders in the agency to the program • Independent structure for the HF programme within the organization with own technical coordination • Attention to learnings and measures to mitigate structural limitations • Good profiling and selection of staff • Good competencies and personal abilities of professionals • Cohesion and training measures • Investment in relations with external agents (networks, media, international community)	• Users learning process on election and control of the service • Individual leaderships of some staff and team cohesion • Staff commitment with users and shared belief on the HF model
United States – Pathways to Housing DC		
• Availability of complementary services in the community • Favourable government policy • Reliable funding	• Commitment to HF values: agency culture, hiring practices • Portable rent supplement, rehousing, separation of housing and clinical services • ACT model, communication • Consumer involvement • Partnerships with community health organisations., legal clinics, landlords	• Staff fit

Table 3. Summary of Barriers in Study Programmes Impeding Housing First Fidelity

Systemic	Organizational	Individual
Belgium – Housing First Belgium		
• High cost of public rental market • Substantial shortage of social housing and long wait times • Lack of funding • Lack of coordination with other agencies • Lack of structural political measures • Yearly increases in cost of rent	• Absence of strong leadership • Lack of shared training process among support workers • Lack of funding for hiring full-time housing and peer support workers and for training of volunteers • Novelty of the program and lack of experience • Part-time housing workers	• Skepticism of the program among vulnerable homeless individuals • Stigma towards clients and program • Last minute changes and added conditions for accessing housing by landlords
Canada – Sandy Hill Community Health Centre		
• Targeted client groups' complex support needs • Complementary services unavailable in community • Lack of housing availability • Landlord requirements • Lack of funding • Stigma towards clients and programme • Lack of coordination with other agencies	• Commitment to HF philosophy • Lack of client voice and input in programme • Limited partnerships with landlords • Programme communication and decision-making processes • Some service provision with clients without being able to offer rent supplements • Supervision practices	• Staff member values and approach to practice at odds with HF practice
France – Un chez-soi d'abord		
• High cost of public rental market • Landlords' discrimination against service users • Limitations of psychiatric and municipal services on facilitating "client choice" for type of housing and location.	• Difficulty making proactive partnerships with a large range of services • Lack of funding for hiring full-time housing and peer support workers and for training of volunteers • Novelty of the programme and lack of experience among staff • Resistance from social service and psychiatric professionals towards HF	• Low salary and lack of integration and specific training for peer workers within the team
Ireland – Pathways to Homes Dublin		
• Economic downturn, mortgage crises, increased rental prices	• Conflict between client-led practice & duty of care • Relatively young organisation	• Clients' varying stages of change

Systemic	Organizational	Individual
Italy – Housing First Italia		
• Difficulty collaborating with municipality • Limited external funding • Distrust from landlords • Expensive private housing market • Targeted client groups' complex support needs • No minimum income for clients	• Demonstration experimental programme • Limited internal funding • Lack of supervision practices • Limited staff communication processes	• Difficulty Adjusting to HF approach to working with clients • Lack of HF expertise
Norway – Bergen Housing Programme		
• Steep housing prices • Vulnerable groups are left out • Clients need coordinated services	• Lack of peer workers	• Lack of vocational or educational training • Lack of inclusion of service users in governing bodies
Portugal – Casas Primeiro		
• Constraints on access to addiction treatment • Constraints on services to immigrants • High cost of public rental market • Substantial shortage of social housing and long wait times • Lack of funding • Lack of coordination with other agencies • Lack of structural political measures • Yearly increases in cost of rent	• Non-daily basis of team meetings • No formal procedure for participants to express concerns or dissatisfaction • Participants not included in the governing bodies of the organization • Absence of strong leadership • Lack of shared training process among support workers • Lack of funding for hiring full-time housing and peer support workers and training of volunteers • Novelty of the programme and lack of experience • Reliance on part-time housing workers	• Service user' scepticism about the programme.
Spain – Arrels Foundation		
• Private housing market crisis in Catalonia • Lack of public housing stock • Rehabilitation of housing is needed • Low incomes of the participant • Stigmatisation	• Lack of community involvement of the participants • Occupational training is not a priority • Lack of assessment tools and services • A higher participant to case manager ratio limits ability to provide intensive supports • Undifferentiated case manager role • Lack of external supervision	• Lack of peer-support workers in the services • Some residual staircase practices

By *systemic factors,* we refer to forces outside the programme, like political and welfare systems, network structures, strategies, and relationships with external bodies. Examples of systemic facilitators are access to medical services and positive relationships with landlords. Examples of systemic barriers include a lack of affordable housing and strict eligibility requirements for social welfare payments. By *organisational factors,* we refer to forces within the HF programme or within its parent organisation that support or limit the programme's ability to deliver the service with fidelity to the HF model. Examples of organisational facilitators include having adequate staffing and team cohesiveness. Examples of organisational barriers include lack of training or significant turnover in staff. Finally, by *individual factors,* we refer to characteristics of individual team members and individual clients that either facilitate or undermine the programme's ability to deliver services with fidelity to the HF model. For example, a specific manager's transformative leadership style could facilitate fidelity by inspiring team cohesiveness and commitment to HF philosophy. In contrast, clients' complex support needs could make it difficult for team members to effectively deliver client-led supports.

Facilitators of fidelity

Many programmes identified the availability of partnerships with complementary community-based services as a systemic facilitator, particularly in the *Service Array* and *Separation of Housing and Services* domains. One key informant from Pathways to Housing DC Programme explained how being located in the Washington metropolitan area was a 'blessing', because it is "*an extremely services-rich area*" with "*over 50,000 non-profits within a 22-mile radius*" (Rae *et al.,* 2018, p.116). The key informant described a valuable partnership with a community health organisation that has offices throughout the city and provides both walk-in services and scheduled appointments, as well as a practitioner who sees clients on-site at the Pathways DC programme offices once a week. Another external partnership is with a legal clinic that helps DC clients with their criminal records, which could expand their housing and vocational opportunities (Rae *et al.,* 2018).

Key informants from two programmes, the Casas Primeiro programme in Portugal and the Bergen HF Programme in Norway, highlighted the value of links to their countries' public healthcare systems (Duarte *et al.,* 2018; Fjelnseth, 2018). Links to statutory bodies that administered rent supplements, subsidies, and loans were also identified as important systemic factors that facilitated programme fidelity. For example, a key informant from the Un chez-soi d'abord programme in France explained how the French welfare system offers housing aid for people with low income (Estecahandy *et al.*, 2018). Having reliable and strong links to community-based services and public healthcare was noted as important facilitators of fidelity in the *Service Array* and *Separation of Housing and Services* domains.

Having a positive reputation and receiving positive attention from the public and from the media were identified as systemic facilitators of fidelity in the *Housing Process and Structure* and *Separation of Housing and Services* domains for several programmes. For example, a key informant from HF Belgium explained how being the first housing-led programme in their sector resulted in a huge amount of positive media coverage, which legitimised their approach to addressing homelessness and reassured important stakeholders, like private landlords (Buxant, 2018). This was particularly important for programmes that relied on both public and private housing, because landlords' cooperation is especially important for HF tenants to achieve housing stability (Aubry *et al*., 2015).

Landlords' cooperation and supportive attitudes toward HF clients were identified as important systemic facilitators by several programmes. Some programmes identified standard leases as useful for maintaining programme fidelity. For example, the Sandy Hill Community Health Centre in Ottawa explained how using traditional lease contracts supported the *Separation of Housing and Services* because they consisted of standard rights and responsibilities of a tenancy available to clients under the Province of Ontario law, which enhanced their ability to deliver client-directed services and foster autonomy (Samosh *et al.,* 2018). In the Casas Primeiro programme in Portugal, the private housing market was identified as a facilitator that not only enhanced the programme's capacity to provide independent and scatter-site housing across the city, but also offered participants more housing choices and better quality of housing environments, because in Portugal, social housing tends to be located in more deprived and socially isolated neighbourhoods (Duarte *et al.,* 2018).

Commitment to HF values from both the organisation and members of staff was identified as an important organisational facilitator. Specifically, programmes described commitment to re-housing, the separation of housing and clinical services, and to client-centred and harm reduction principles as particularly important to fidelity in the *Service Philosophy and Separation* of *Housing and Services* domains. Regarding the *Separation of Housing and Services*, key informants in Barcelona's Arrels Foundation emphasised the benefits of their clients knowing that their support will continue even if they lose their housing, with one key informant saying *"[…] I think that housing is an important factor. However, it doesn't make any sense to only look after the house if you forget the original goal of supporting the person who lives there*" (Boixadós *et al.,* 2018, p. 143). Staff commitment to HF values, staff experience and expertise, as well as the client-staff relationship, were all considered as individual facilitators to programme fidelity in these domains as well.

At the organisational level, intragroup processes and dynamics were often identified as important facilitators of fidelity in the *Programme Structure and Human Resources* domain. Team building sessions, regular training, effective and frequent communication, and coordination of activities among programme staff were among the activities most often described by key informants as facilitators of fidelity across the sites. For example, one key informant from HF Italy described how effective discussions were important to the development of the programme structure: "*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*" (Gaboardi *et al.,* 2018, p. 173). Related to these organisational facilitators, team cohesion and leadership were described as important individual facilitators. Collaboration with other community services and with volunteer organisations was identified as facilitating fidelity in the *Separation of Housing and Services* and *Service Array* domains. For example, the Arrels' programme in Barcelona was built on collaboration with a local volunteer programme (Boixadós *et al.,* 2018).

Finally, several programmes described how belonging to rich networks of community-based services that provide complementary supports to people in homelessness helped them to achieve effective programme implementation and therefore, good model fidelity in each domain. As one social worker from a HF programme in Belgium put it this way: "*We have different partners, each one is a piece of the puzzle in the fight against homelessness, but nobody is going alone. If we combine our means, work together and are responsible together, we can have something to offer to people with complex problems who have nowhere else to turn. I think it's really important that a project starts from a field network*" (Buxant, 2018, p.197).

Barriers to fidelity

Perhaps the most commonly described systemic barriers to model fidelity were factors that blocked a programme's access to adequate and affordable housing. High rents and limited availability of appropriate housing units made it difficult for many programmes to house clients within the recommended timeframe and in neighbourhoods of their choice. These barriers undermined fidelity in the domains of *Housing Process and Structure* and *Separation of Housing and Services*. One key informant from Dublin described how the tight housing market limited clients' choice: "*they don't really have a choice… we haven't got the option to give people two or three choices… if they say no, when is the next one to come up? They have a choice to turn it down but the alternative [e.g., rough sleeping; emergency accommodation] is usually enough to make them take it…"* (Manning *et al.,* 2018, p.43).

Weak links to important community-based services such as employment, training, education, legal aid, welfare, and healthcare were commonly identified as systemic barriers to programme fidelity in the *Service Array* domain. Across programme sites, links to community services were identified as important for clients to access needed or desired services. As mentioned previously, most of the HF programmes provided intensive case management to service users, which requires case managers to broker the services that the programme does not provide. Limited governmental or municipal funding also undermined many programmes' abilities to support their clients with the intensity and range of services recommended in the HF model. For example, limited funding for staff salaries often meant programmes either did not hire or delayed hiring a peer support worker. Many teams were understaffed, and in some programmes, HF team members worked part-time in other services. Some programmes were unable to offer 24-hour support services seven days a week (Gaboardi *et al.,* 2018; Bernad, 2018).

Some aspects of organisational management and programme functioning undermined programme fidelity in the *Programme Structure and Human Resources* domain at several sites. Inadequate funding was both a systemic and organisational barrier that affected staffing levels and supervision. Many programmes were staffed with team members who had little or no experience working within the HF model. In some programmes, such as the Hábitat programme in Spain, no team members had prior experience with HF, which sometimes led to problems translating the model into practice. For example, key workers in the Hábitat programme initially did not develop care plans for their clients as a result of a misunderstanding of the role of care planning in client-led care (Bernad, 2018).

Commitment to client choice was difficult to sustain due to a number of organisational factors in the *Service Philosophy* and *Separation of Housing and Services* domains. For example, one key respondent from the Sandy Hill Community Health Centre in Ottawa described tensions between the HF value of client choice and a tight housing market, and how this sometimes led to delays in finding housing for clients or being able to engage them in treatment services (Samosh *et al.,* 2018).

Another key informant from the Pathways to Housing Washington, DC programme explained how difficult it was to maximize low-functioning clients' choice when some of their actions could result in housing loss or harm. He said: "*you're concerned about their well-being, and their hygiene and it's bordering on self-neglect, and we want to keep the housing, well then those are the clients who are not getting much say…. you end up back at not giving them choice, in order to keep them housed*" (Rae *et al.,* 2018, p.121). This same informant also highlighted the problems with quid pro quo transactional relationships that sometimes developed

between programme staff and clients, such as offering food, cigarettes, or access to cheques in exchange for attending a medical appointment, taking medication, or meeting with staff.

However, some key informants found the transactional approach to be quick and effective "*because without it we wouldn't be able to see people at times… I don't in any way think that anyone abuses it*" (Rae *et al.,* 2018, p.121). However, other key informants believed that transactional approaches are manipulative, and referred to the "*moral struggles*" or "*ethical issues*" that arise from using transactional tactics that could "*tarnish our ability to be clinical with clients because we're using that power so freely*" (Rae *et al.,* 2018, p.121).

Supporting clients with complex needs, with histories of criminal convictions and evictions, made it difficult for some programmes to fully commit to the HF core principle of client choice. Complex client characteristics as well as stigma and stereotypes were identified as systemic barriers to convincing landlords to rent to their clients. Several key informants described how discrimination from neighbours in their new communities undermined their clients' community integration (Bernad, 2018; Duarte *et al.,* 2018; Manning *et al.,* 2018; Rae *et al.,* 2018; Samosh *et al*., 2018). Difficulties building partnerships with landlords were commonly cited as a barriers to fidelity in the *Housing Process and Structure* domain. A key informant from Ottawa explained how some landlords were reluctant to rent to clients, especially those with histories of evictions (Samosh *et al.,* 2018) and another key informant from the Pathways to Housing DC programme described how landlords would not rent units to their clients because of their criminal convictions (Rae *et al.,* 2018).

Other clients were described as having significant cognitive impairments that made it difficult for them to manage guests in their apartments, which then caused problems with neighbours. Some clients repeatedly caused significant damage to their housing units, which raised ethical questions for some team members. For example, one key informant from the Sandy Hill HF programme in Ottawa described the *"ethical concerns related to people who may have repeatedly trashed units, and/or who may have been threatening towards superintendents… they can be challenging in terms of offering them housing"* (Samosh *et al.,* 2018, p.71). Key informants from this programme suggested that more could be done to maintain relationships with landlords as such as covering property damages caused by clients and creating dedicated positions within the programme that focus on cultivating relationships with landlords on a regular basis (Samosh *et al.,* 2018).

No common barriers were found at the individual level across programmes; however, individual factors overlapped with both systemic and organisational elements. Some individual barriers in specific programmes included some staff members expressing a lack of commitment to or finding it difficult to adapt to HF

values, which affected fidelity in the *Service Philosophy* domain. For example, one informant in Italy stated: "*social workers in the team have difficulty to find a new mentality and a new approach with the different type of service*" (Gaboardi *et al.,* 2018, p.175), while other key informant of the Hábitat programme in Spain, described challenges created by 'blurred' client/staff relationships: *"the line between personal and professional in this programme is weak, and that is emotionally exhausting"* (Bernad, 2018, p.101).

Other individual-level impediments to fidelity in the *Programme Structure and Human Resources* domain were identified by key informants in several programmes. These included employee burnout, administrative burden, and low salary, as well as scepticism expressed about the programme by clients, landlords and external services. Key informants from the Hábitat programme in Madrid quoted sceptical clients saying: *"This cannot be forever, I am starting to get tired of these visits"* or *"Since I do not have to report you on anything I wouldn't like to, I am not telling you not to come, but… why do you come?"* (Bernad, 2018, p.101). They also quoted sceptical professionals from external services: *"Well, then if there are no requirements for clients, what will you do with them?"* and described situations such as that of a family doctor who refused to provide medication to clients who were not abstinent (Bernad, 2018, p.101).

Adaptations to the HF model

Most programmes made at least minor adaptations to fit the model to their local contexts. Some programmes augmented the model with additional features. For example, Ireland's HF programme includes a street outreach team (Manning *et al.,* 2018). Members of the HF outreach team work with rough sleepers to build trust in the programme. When someone who is rough sleeping is ready to engage with the team, the outreach team member serves as an important source of continuity. In this way, the outreach team has been instrumental in overcoming the mistrust and scepticism that kept rough sleepers from engaging with HF during the first years of the demonstration programme.

Some adaptations added or combined new skills to the HF team. For example, Norway's team included a carpenter who was also a trained social worker (Fjelnseth, 2018) and one HF team in Belgium included a job coach (Buxant, 2018). The Belgian programmes' 'capteur de logement', the Dublin team's 'accommodation finder', and the Sandy Hill Community Health Centre and Habitat programmes' housing support workers are key staff members responsible not only for sourcing accommodation, but also for creating, maintaining, and improving relationships to private landlords and approved housing bodies (Buxant, 2018; Manning *et al.,* 2018; Samosh *et al.,* 2018).

Other HF teams collaborated with other social services or organisations in ways that augmented or strengthened the kinds of services they could make available to their clients. For example, in Lisbon, AEIPS, the agency delivering the Casas Primeiro HF programme has a formal partnership with the public social services delivered by the City of Lisbon to people who are homeless. This partnership facilitates the referral of clients from the city's outreach team and helps HF participants access income support benefits (Duarte *et al.*, 2018). The AEIPS HF team is also linked to a supported education and employment programme that assists participants to access work, schooling, and volunteering opportunities. The programme has also created partnerships with universities that facilitate continuing professional development opportunities in areas of evidence-based programmes and provides staff opportunities to participate in evaluation and research (Duarte *et al.,* 2018).

Finally, some HF programmes provide access to congregate housing accommodation. For example, congregate housing provision in one of the Italian programmes was justified based solely on high rental costs (Gaboardi *et al.,* 2018). Barcelona's Arrels Foundation runs several kinds of programmes in addition to HF. One of these is called "Flat Zero", an emergency night shelter. It is flexible and low-threshold, available to HF participants who "fail to adapt to the HF model" (Boixados *et al.*, 2018, p. 136). Although we know based on previous research that a very small number of people who enrol in HF will repeatedly experience housing loss, and eventually leave the programme, we also know that it is not possible to predict who these individuals will be, based on any of their characteristics (Volk *et al.,* 2016).

This very small slice of the chronically homeless population may reverse back down the staircase, until they find the type of accommodation that is must successful for them, before they choose to try independent accommodation again. Residences like Flat Zero are important housing resources for this small group of individuals. It is, however, important that programmes respect clients' choices and are extremely careful not to overly rely on these types of housing, to assume they can predict who cannot 'make it' in HF, or that someone who 'repeatedly fails out of HF' will never be capable of maintaining independent, private accommodation.

Programme and Policy Recommendations

The categorisation of the qualitative findings of the fidelity assessment into systemic, organisational and individual factors (Aubry *et al.*, 2018) helps to organise future directions in programme and policy development that can address factors that impede the achievement of programme fidelity in HF programmes. Systemic factors relate to contextual elements that are external to the programme that should be addressed through advocacy efforts. Organisational factors relate to elements within HF programmes, such as values, staffing, training, resource management and networking. At this level, organisational barriers to achieving fidelity in HF programme could be addressed through organisational development and changes in HF programme structures and services. Individual factors refer to the personal attributes and relationships among people involved in HF services, such as clients, programme staff, and stakeholders. Individual factors that serve as impediments to programme fidelity can typically be addressed through staff selection, staff training, and technical support. Using this framework and based on the findings of the fidelity assessment of the participating programmes, we propose a set of recommendations for policy makers and service providers involved in the development and delivery of HF programmes.

Systemic-level recommendations

One of the main barriers to HF fidelity identified by programmes across the nine different countries is the lack of access to affordable housing caused by high rental costs, limited private or public housing availability, or lack of housing subsidies. In this context, policy makers, especially those responsible for housing policies, need to find a way to grow affordable housing in both the public and private sectors and to provide more generous income support that can overcome these barriers to housing in major European and North American cities.

Several organisations also described the difficulties they encountered with landlords when clients attempted to sign their own leases. Stigma, discrimination and lack of stable housing subsidies or other income sources were identified as barriers to clients leasing their own apartments. In these cases, the programmes served as the lessees, which solved the problem of access to housing but created others. For example, subletting from programmes undermines clients' independence because of their reliance on the programme to maintain and renew their leases. Champions are needed to advocate for policy changes that that guarantee the right to housing, especially for those who have more complex support needs or are the target of stigma and discrimination.

In many countries, the “silo approach” to service delivery, in which housing, health, and social services operate separately and independently, makes it difficult for HF programmes to deliver both housing and community support. In this context, it would seem that health and social service departments in many countries find themselves responding to homeless people’s health and social needs while being unable to help them access the very resource they need most: affordable housing.

The lack of adequate programme funding mentioned by some of the programmes in the international study is a significant barrier to programme fidelity and growth. There is clearly a need for HF programmes to have enough resources and reliable funding to facilitate participants’ access to adequate housing and community support of sufficient intensity to meet their needs. It is important to note that economic research on HF programmes has shown the costs borne by these programmes are offset by reductions in HF participants’ use of health, social, and justice-related services (Ly and Latimer, 2015).

HF programme participants have complex needs and have experienced significant long-term marginalisation. HF programmes alone are unable to adequately respond to these needs. Health and social service systems need to make available the array of services that complement and extend the support provided by HF programmes, and eliminate common barriers to those services. Collaboration and coordination between HF programmes and community agencies are needed to effectively deliver person-centred community supports. As detailed in our study, doing so would increase model fidelity for HF programmes that do not have sufficient resources to provide the wide service array prescribed by the HF model.

Taken together, based on these findings, we encourage policy makers to elaborate integrated strategies that holistically tackle the multiple contributors to homelessness, including lack of housing, barriers to health care services, unemployment, and social marginalisation. There is also a need to reduce the stigma expressed by the broader society towards homeless adults. This will require efforts on the part of relevant stakeholders, including policy makers, landlords, the media, and the general public. For example, broader community awareness and support of HF programmes can help facilitate community integration and recovery. Policy makers should consider developing public education campaigns that address the stigma associated with homelessness and communicate the positive findings associated with research on HF programmes. Among other stakeholders, NGOs responsible for HF programmes and university researchers should collaborate on public education initiatives that can contribute to informing the public about the effectiveness of HF in ending homelessness and policy changes.

Organisational recommendations

The tensions between HF participants' complex needs and the value placed on client choice can sometimes create difficult situations for service providers who have to find a balance between fostering self-determination and preventing harm. The value HF practitioners place on client choice can put them at odds with the values orientations of other services in their communities. As a result, HF programmes can find themselves at risk of drifting away from the HF model by adopting the more traditional prescriptive approach to delivering services that minimize client choice. For example, service providers may attempt to resolve a conflict with neighbours by forcing a client to comply with mental health treatment in order to maintain the lease and protect relationships with landlords. It is important for the HF programme's home organisation, its leaders, and programme staff to fully support the HF philosophy and principles even in the face of external pressure and risky situations. Ongoing discussion among HF team members of how to uphold HF values when faced with ethical dilemmas in service delivery is important.

A number of HF programmes noted that a lack of funding served as an obstacle in terms of achieving programme fidelity because, in some cases, it prevented programmes from hiring a full complement of staff. For example, as a result of this situation, a common area of low fidelity across the HF programmes in the study was the lack of peer support workers on teams. According to key informants in these programmes, the long-term consequences of this lack of resources for training and proper staffing can be staff burnout and turnover. In response, organisations need to mitigate against the workplace features that contribute to burnout and turnover, such as poor communication and decision-making processes. This issue was identified by a number of programmes as contributing to lower fidelity in the *Programme Structure* and *Human Resources* domain. HF programmes need to ensure that their programme structures include proper team coordination and communication processes that include regular staff meetings so that staff are able to support each other in their work with programme participants.

Many of the European HF programmes that participated in our study represented the first generation of HF programmes in their country and their staff had no previous experience with the HF model. In this context, regular training and technical support are especially important to address the lack of experience in HF implementation and professional practice, and to assist programmes to achieve fidelity in the different domains. Programme staff from a number of HF programmes in our study perceived the lack of training as negatively affecting programme fidelity, particularly in the *Housing Process and Structure* and *Programme Structure and Human Resources* domains (Buxant, 2018; Fjelnseth, 2018; Manning *et al.,* 2018). Collaboration and knowledge exchange between HF programmes through communities of practice within and across countries can address this issue.

HF programmes in Belgium, France, and the United States relied on Assertive Community Treatment (ACT) for supporting their participants in the community (Buxant, 2018; Estecahandy *et al.,* 2018; Rae *et al.,* 2018). In line with the ACT model, these programmes provided multidisciplinary wrap-around services. In contrast, the other HF programmes delivered Intensive Case Management (ICM) to their participants, requiring them to rely more heavily on finding and brokering services in the community (Bernad, 2018; Boixados *et al.*, 2018; Duarte *et al.*, 2018; Fjelnseth, 2018; Gaboardi *et al.,* 2018; Manning *et al.*, 2018; Samosh *et al.*, 2018). HF programmes that used both types of community support approaches assessed themselves as having low to moderate fidelity in the *Service Array* domain and noted how a lack of partnerships in the community contributed to lower fidelity in this area. This finding highlights the importance for HF programmes to negotiate formal partnerships with community organisations to which participants can be referred for access to health care, supported employment and education opportunities, and other social services.

Individual level recommendations

At the individual level, the commitment to HF values has been identified by most of the programmes as a critical facilitator of programme fidelity in the Programme Philosophy domain. Based on this finding, it is recommended that when hiring new staff members, HF programmes identify individuals who are comfortable with the HF approach and whose values align with the HF model. A number of programmes highlighted the importance of hiring individuals with the experience and expertise to build strong relationships with clients (Bernad, 2018; Boixados *et al.*, 2018; Duarte *et al.,* 2018; Rae *et al.,* 2018; Samosh *et al.,* 2018). In particular, it was noted the importance of developing an alliance with clients that is respectful of client choice and promotes self-determination. It is recommended that training and supervision offered to programme staff focus on facilitating these positive working relationships with clients.

Limitations and Future Directions

Although this cross-national project produced important insights into the factors that facilitate and impede programme fidelity to the HF model, it is important to recognise some limitations to the study design. Perhaps the most important of these are the limitations associated with self-assessments of programme fidelity. Staff members were asked to rate their own programmes on the five fidelity dimensions and, to the extent that they were motivated to present their programmes in a positive light, their scores may be inflated. However, the conciliation process should have tempered, at least to some degree, any inflated scores.

Moreover, across the participating programmes, respondents appear to have been quite willing to identify and discuss the various factors, both internal and external to their programmes, which made it difficult for them to achieve high fidelity in various domains. Across the programmes, there was substantial consistency in the identification of access to affordable and appropriate housing, supporting clients with very complex support needs, and low or no involvement of service users in programme management activities as significant challenges to model fidelity. This pattern of similarity across programmes in different contexts, with different implementation histories, is a source of confidence in the validity of our findings, even if the actual scores may be somewhat inflated by social desirability motives.

A second limitation noted by many authors in the special issue was the challenge of translation of the self-assessment instrument, not only to another language, but to a different context. In fact, the English self-assessment measure was translated into five different languages (i.e., French, Italian, Norwegian, Spanish, Portuguese). The self-assessment instrument was developed in North America, where the structure of social services is quite different from many or all of the European programmes that participated in this project. These translation challenges were often the focus of extended discussions in the consensus meetings. Some authors raised questions about whether country-specific measures should be created (Bernad, 2018), and whether the five fidelity domains should be differentially weighted (Buxant, 2018). These concerns highlight the challenges involved in creating one reliable instrument that can be used to directly compare programme fidelity in different international contexts.

Finally, we should note that service users' perspectives were not included in this fidelity study. External partners and policy makers were not consulted either, in examinations of facilitators of and barriers to programme fidelity. Perspectives of all these groups of stakeholders would provide a more complete perspective on factors that affect programme fidelity.

Despite these limitations, we conclude that this cross-national study has yielded important insights into systemic, organisational, and individual factors that affect HF programme fidelity. We also believe that the self-reflection process engaged by programmes in conducting the self-assessment of fidelity will contribute to their improvements. As next steps, we encourage programmes to work together to perform external fidelity assessments that also consider service users' perspectives. In doing so, they may address the concerns about inflated domain scores and gain additional information that an outsiders' perspectives may provide. Comprehensive external programme reviews include not only focus groups with service users, but also chart reviews and site visits (Nelson *et al.*, 2014; Macnaughton

et al., 2015). The International HF Network could support training workshops to facilitate development of skills and knowledge of best practices required for these kinds of enhanced external reviews.

As these programmes grow and mature, it will be important to learn how they overcome existing challenges and what new challenges arise. We encourage all programmes to engage in periodic review to ensure effective services in line with best practices. Across place and context, regular programme review is a key ingredient in well-run HF programmes and is integral to supporting clients' recovery from homelessness. The research is pretty clear: HF programmes that achieve higher fidelity produce better outcomes for their participants (Davidson *et al.,* 2014; Gilmer *et al.,* 2015; Goering *et al.,* 2016).

Acknowledgements

We would like to end our conclusion by thanking a number of organisations and individuals who made it possible for us to publish this Special Issue of the *European Journal of Homelessness* (*EJH*) on the fidelity in Housing First (HF) programmes in Europe and North America. Firstly, we express our appreciation to Eoin O'Sullivan, Editor of *EJH,* the Editorial Board at *EJH*, and the external reviewers of the papers for providing us with support and assistance throughout the process of developing this special issue. We hope that readers of *EJH* will find the content of the special issue interesting and useful in the development of HF programmes in their home countries. Secondly, we wish to thank our funders, the HF Europe Hub, Canadian Observatory on Homelessness, and the Faculty of Social Sciences at the University of Ottawa.

We also gratefully acknowledge the important contributions of Parastoo Jamshidi and Ayda Agha, graduate students in the School of Psychology at the University of Ottawa, who helped throughout the process with editing and formatting of papers. Finally, we want to thank all of the contributors to the Special Issue as well as the participating HF programmes. It has been a pleasure working with them and finding out about all of the important work that is being carried out by HF programmes throughout Europe and in North America. The commonalities these programmes share, that include achieving impressive housing outcomes for their client across widely varying political and economic contexts, is remarkable.

References

Aubry, T., Bernd, R. and Greenwood (2018) A Multi-country Study of the Fidelity of Housing First Programmes: Introduction, *European Journal of Homelessness* 12(3) pp.15-31.

Bernad, R. (2018) Assessment of Fidelity to the Housing First Principles of the Habitat Programme, *European Journal of Homelessness* 12(3) pp.83-106.

Boixados, A., Matulic, M.V., Guasch, F., Cardona, M. and Noro, R. (2018) Fidelity Findings from the Arrels Foundation Housing First Programme in Barcelona, Spain, *European Journal of Homelessness* 12(3) pp.133-158.

Buxant, C. (2018) The Challenging Implementation of the Housing First Model: How Belgium Tries to Connect Fidelity and Reality, *European Journal of Homelessness* 12(3) pp.183-206.

Davidson, C., Neighbors, C., Hall, G., Hogue, A., Cho, R., Kutner, B. and Morgenstern, J. (2014) Association of Housing First Implementation and Key Outcomes among Homeless Persons with Problematic Substance Use, *Psychiatric Services* 65(11) pp.1318-1324.

Duarte, T., Costa, P. and J. Ornelas (2018) Implementation of Housing First in Lisboa, Portugal: A Fidelity Study of the Casas Primeiro Programme, *European Journal of Homelessness* 12(3) pp.203-231.

Estcahandy, P. (2018) Fidelity Study of the “Un chez-soi d’abord” Housing First Programmes in France, *European Journal of Homelessness* 12(3) pp.

Fjelnseth, A.B.G. (2018) A Mixed Method Study of the Fidelity of the Bergen Housing Programme in Norway to the Pathways to Housing Model, *European Journal of Homelessness* 12(3) pp.185-205.

Gaboardi, M., Santinello, M., Stefanizzi, A., Iazzolino, M. (2018) Assessing the Fidelity of Four Housing First programmes in Italy, *European Journal of Homelessness* 12(3) pp.161-180.

Gilmer, T. P., Stefancic, A., Henwood, B. F. and Ettner, S. L. (2015) Fidelity to the Housing First Model and Variation in Health Service Use Within Permanent Supportive Housing, *Psychiatric Services* 66(1) pp.1283-1289.

Goering, P., Veldhuizen, S., Nelson, G., Stefancic, A., Tsemberis, S., Adair, E., Disatasio, J., Aubry, T., Stergiopoulos, V. and Streiner, D. (2016) Further Validation of the Pathways Housing First Fidelity Scale, *Psychiatric Services* 67(1) pp.111-114.

Ly, A. and Latimer, E. (2018) HF Impact on Costs and Associated Cost Offsets: a Review of the Literature, *Canadian Journal of Psychiatry* 60(11) pp.475-487.

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.

Manning, R.M., Greenwood, R.M., and Kirby, C. (2018) Building a Way Home: A Study of Fidelity to the Housing First Model in Dublin, Ireland, *European Journal of Homelessness* 12(3) pp.33-54.

Nelson, G., Stefancic, A., Rae, J., Townley, G., Tsemberis, S., Macnaughton, E., Aubry, T., Distasio, J., Hurtubise, R., Patterson, M., Stergiopoulos, V., Piat, M. and Goering, P. (2014) Early Implementation Evaluation of a Multi-Site Housing First Intervention for Homeless People with Mental Illness: A Mixed Methods Approach, *Evaluation and Program Planning* 43 pp.16–26.

Nelson, G., Caplan, R., MacLeod, T., Macnaughton, E., Cherner, R., Aubry, T**.,** Méthot, C., Latimer, E., Piat, M., Plenert, E., McCullough, S., Zell, S., Patterson, M., Stergiopoulos, V. 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.

Rae, J., Samosh, J., Aubry, T., Tsemberis, S., Agha, A. and Shah, D. (2018) What Helps and What Hinders Program Fidelity to Housing First: Pathways to Housing DC, *European Journal of Homelessness* 12(3) pp.107-132.

Samosh, J., Rae, J. Jamshidi, P., Shah, D., Martinbault, J.-F. and Aubry, T. (2018) Fidelity Assessment of a Canadian Housing First Programme for People with Problematic Substance Use: Identifying Facilitators and Barriers to Fidelity, *European Journal of Homelessness* 12(3) pp.55-81.

Volk, J.S., Aubry, T., Goering, P., Adair, C.E., Distasio, J., Jette, J., Nolin, D., Stergiopoulos, V., Streiner, D.L and S.Tsemberis (2016) Tenants with Additional Needs: When Housing First does not Solve Homelessness, *Journal of Mental Health* 25(2) pp.169-183.