
“A Multi-Country Study of the Fidelity of Housing First Programmes”: Introduction

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Introduction

The concept of “programme fidelity” refers to the extent that a programme is delivered as planned by programme developers (Caroll *et al.*, 2007). Reaching a high level of fidelity has emerged as an important area of research focus for evidence-based interventions like Housing First (HF) because of its demonstrated relationship to programme outcomes such as achieving housing stability and improvements in quality of life (Davidson *et al.*, 2014; Gilmer *et al.*, 2015; Goering *et al.*, 2016). A challenge associated with the international dissemination of HF (e.g., in Europe) is how the approach is adapted to different populations and policy milieus without compromising its effectiveness.

In the context of this growing diffusion of HF across North America and Europe, the purpose of this special issue of the *European Journal of Homelessness* is to present findings from a multi-country study of fidelity of HF programmes located in 9 countries. In conducting the research on fidelity, participating programmes followed a common research protocol that included conducting a self-assessment of programme fidelity. This was followed by qualitative interviews with programme managers and staff, intended to identify factors facilitating high programme fidelity and factors contributing to areas of low fidelity.

In this introductory article, we begin with a brief overview of Housing First. We then present relevant research on the fidelity of evidence-based programmes from the field of implementation science. Next, we review the growing body of research on HF programmes and fidelity. Finally, we describe the common methodology used to collect data in the multi-country study and provide brief descriptions of the articles.

Brief description of Housing First

Developed initially in the early 1990s by a community agency in New York City known as Pathways to Housing, HF is an approach that combines the delivery of housing and support to help people with chronic histories of homelessness to become permanently housed (Tsemberis, 2010; Padgett *et al.*, 2016). According to Tsemberis (2010), there are three major components making up Housing First: (1) Practice values centered on consumer choice that guide service delivery, (2) permanent scattered-site housing, and (3) community-based portable support services typically in the form of Assertive Community Treatment or Intensive Case Management. Padgett and her colleagues (2016), noting that there are no preconditions required to qualify for HF such as sobriety or participation in treatment, identified the adoption of a harm reduction philosophy as a fourth component.

Nelson *et al.* (2012) defined four key theoretical principles behind the HF model: (1) Immediate offer of housing and consumer-centered services, (2) separation of housing and support services, (3) delivery of supports guided by a recovery orientation, and (4) focus on the achievement of community integration. HF was modelled on the “supported housing” approach in community mental health services wherein individuals with severe and persistent mental illness were provided with the necessary support in the community to live as tenants in regular housing (Blanch *et al.*, 1988; Ridgway and Zippel, 1990; Carling, 1995).

HF, as an approach to assist people with serious mental illness who are chronically homeless, began to draw attention in the U.S. and internationally because of research findings that showed that a majority of individuals were able to successfully become stably housed (Tsemberis, 1999; Tsemberis and Eisenberg, 2000; Tsemberis *et al.*, 2004). An accumulation of evidence showing the effectiveness of HF in assisting individuals to leave homelessness, including in a large multi-city trial in Canada, has established the approach as being evidence-based with the development of HF programmes found now throughout North America and in many European countries (Aubry *et al.*, 2015).

Programme Fidelity and Implementation Science

Definitions of programme fidelity

In the case of “evidence-based programmes” the achievement of fidelity to a set of defined standards is important in order for a programme to produce the same outcomes demonstrated in research (Aarons *et al.*, 2017). Programme fidelity is referred to “adherence” from the standpoint of content (i.e., active ingredients) and frequency, duration, or coverage, which has also been defined as “dosage” in the implementation science literature (Carroll *et al.*, 2007). Blakely *et al.* (1987) date the first mention of fidelity in the programme evaluation literature to a book chapter by Sechrest *et al.* (1979). It was spawned by the realisation that “black box” evaluations on programmes fail to recognize critical ingredients and produce findings that are difficult to interpret, consequently limiting the dissemination of these programmes to other contexts (Moncher and Prinz, 1991; Mowbray *et al.*, 2003; Bellg *et al.*, 2004; Fixsen *et al.*, 2005).

In line with these definitions, Gearing and her colleagues (2010), in a review of meta-analyses of studies and review articles focused on programme fidelity, identified its central elements. These include the theory, goals, structure of the programme and the services it delivers. Often these are defined in a programme manual. According to Gearing and her colleagues (2010), training is essential for helping programmes achieve fidelity. The combination of training with technical support helps ensure that the critical ingredients of interventions are delivered, and that programme drift is avoided. Based on their review, they note a lack of uniformity in how fidelity is defined in the research literature. In this context, they argue that greater attention needs to be given to fidelity in programme development and its execution, and that fidelity assessment should be built into programmes as a routine activity to assist with programme improvement.

Moderators of programme fidelity

Carroll and his colleagues (2007) proposed a conceptual model of programme fidelity that included specification of its potential moderators. The moderators included intervention complexity with achieving fidelity being more difficult in more complex programmes, training and support strategies (e.g., initial training, ongoing technical support, existence of programme manuals) that are intended to optimise implementation fidelity, the extent programme delivery is in line with goals, and the engagement of programme providers and recipients.

In another theoretical paper, Aarons *et al.* (2011) also identified factors moderating programme fidelity. They grouped them as being either in the “outer context” (i.e., external to the programme) or in the inner context (i.e., internal to the programme). Factors in this outer context included public policies, funding opportunities, client

advocacy, and inter-organizational networks that interface with the organization in which a programme is located. Factors in the inner context of effective leadership, an organizational culture of openness to change and learning, the availability of programme champions, the fit of the programme with the structure and ideology of the organization, valuing of innovation, commitment to evidence-based practices, fidelity monitoring, and ongoing training and support were identified as contributing to effective implementation.

In a review of research studies, Durlak and Dupre (2008) examined factors affecting the implementation of programmes. Their findings mirror those of the previously mentioned studies. Specifically, the factors they identified included: community level elements (e.g., funding and policy), provider characteristics (e.g., perceived need and benefits by providers, skill level), characteristics of the innovation (e.g., compatibility of programme to organization's mission and values, adaptability of the programme to fit organizational practices and community needs), organizational capacity (e.g., positive work climate, organizational norms relating to change and risk-taking, shared vision about the innovation, coordination with other agencies, effective communication channels, leadership), and the support system (i.e., availability of training and technical assistance). It can be expected that the moderators identified in theoretical and empirical implementation science research will be relevant to influencing the achievement of fidelity in Housing First programmes.

Balancing fidelity and adaptation

There has been a debate in the fidelity research literature about the balancing of replication with adaptation. Replication is often termed "scaling up" in which a very similar intervention is delivered to a similar population (Aarons *et al.*, 2017). The need for flexibility and openness to adaptation would seem to be particularly important with regard to complex interventions with multiple components like Housing First.

Moreover, the diffusion of a complex intervention such as Housing First to contexts with different social service and health care systems or to different populations, which is also known as "scaling out", inevitably requires adaptation of the programme model (Aarons *et al.*, 2017). An important consideration in the adaptation of a programme to different contexts is ensuring that the core elements of the intervention that produce the outcomes remain in place (Damschroder *et al.*, 2009). Pleace (2011) argues for the importance of conducting research on the variation in Housing First programmes that are based on the Pathways model.

Programme fidelity in HF programmes

Stefancic *et al.* (2013) developed and validated a fidelity measure for HF programmes. The researchers defined the items in the measure by examining the HF model's guiding principles and ingredients, reviewing the research literature and relevant fidelity scales, conducting interviews with HF programme managers, and surveying HF service providers.

A panel of five HF experts developed two versions of the scale, one to be used with HF programmes that include an Assertive Community Treatment (ACT) team to deliver support and another one for programmes with Intensive Case Management (ICM). The two scales were very similar with differences on a small number of items related to the delivery and structure of services on which ACT and ICM differed. The final measure included items taken from the Permanent Supportive Housing KIT (8 items; Substance Abuse and Mental Health Services Administration [SAMSHA], 2010), the Dartmouth Assertive Community Treatment Scale (DACTS) (5 items; SAMSHA, 2008), the Tool for Measurement of Assertive Community Treatment (TMACT) (10 items, Teague *et al.*, 1998), and the Programme Characteristics Measure (3 items; Williams *et al.*, 2001). The final measure produced by this initial set of steps included 38 items for both versions.

In pilot testing, the new measure was administered as part of a fidelity assessment conducted with 13 programmes in the At Home / Chez Soi demonstration project and 20 programmes in the California Full Service Partnership (CFSP). The CFSP programmes were not full-fledged HF programmes but had many aspects of the model. The conducted fidelity assessments were composed of a full-day visit to the programme by a small number of individuals (i.e., 4-6 for the Canadian study and 3-5 for the Californian study) who were knowledgeable of the HF programme model. These visits included staff meeting observations, interviews with staff and programme managers, consumer focus groups, chart reviews, and reviews of programme documents. Information provided through these means was used to formulate consensus ratings of visiting experts on the fidelity measure.

Pilot testing found the items to vary across programmes, with most items showing a range of scores from 1 to 4. Results from the 20 Californian programmes demonstrated good internal consistency in four of five domains: Housing Choice and Structure (.80), Separation of Housing and Services (.83), Service Philosophy (.92), and Service Array (.71). Stefancic and her colleagues (2013) noted that the fifth domain of programme structure was not defined as a homogeneous construct, but rather reflected a set of items intended to capture good operations across programmes (e.g., low participant /staff ratio and frequent meetings).

The Canadian programmes that explicitly followed the HF model and received training and technical support in this direction demonstrated higher fidelity than the Californian programmes that were not specifically based on the HF model. The Canadian programmes scored significantly higher on the items in the Housing Choice and Structure, Separation of Housing and Services, and Service Philosophy domains.

Based on the original HF fidelity scale (Tsemberis, 2010) used by external evaluators, Gilmer *et al.* (2013) developed and validated a self-administered survey measure of fidelity. Researchers reconfigured the original scale so that programme staff could evaluate a HF programme by completing a 46-item survey. The survey was administered to 93 full service partnerships (FSPs) located in California that combined integrative supportive housing and team-based treatment models for people with serious mental illness who were homeless or at risk of becoming homeless.

Items in the survey also fell into the five previously mentioned domains. Certain items required one response from a range of alternatives reflecting low to high levels of fidelity, while others allowed multiple choices that included some items in line with HF and others that were antithetical to the model. The multiple choice responses were scored by either summing responses or scoring the chosen alternatives as either showing different levels of fidelity or not reflecting fidelity at all.

Exploratory and confirmatory factor analyses produced a two-factor solution made up of 16 items. One factor (8 items) comprised items relating to the domains of Housing Process and Structure, Separation of Housing and Services, and Service Philosophy. The other factor (8 items) was composed of items relating to the domains of Service Array and Team Structure. Both factors showed acceptable internal reliability (i.e., $>.70$).

Gilmer and his colleagues (2013) concluded that the self-report survey completed by programme staff provided a useful and expeditious alternative to on-site fidelity assessment by an external team. They noted its potential utility as a programme development tool serving to identify areas for technical assistance. At the same time, they recognized the limitations of this form of fidelity assessment, notably related to social desirability and the brevity of some of the items to capture programme standards, thereby affecting their reliability. The studies conducted in the different countries and reported in this special issue used a revised version of the Gilmer *et al.* (2013) measure of fidelity.

Research on Programme Fidelity of Housing First Programmes

European study

Greenwood *et al.* (2013) reported findings from key informant interviews on the fidelity of the implementation of HF programmes based on the HF model in six countries, namely Portugal (Lisbon), France (Lille, Marseilles, Paris, Toulouse), Netherlands (Amsterdam), Scotland (Glasgow), Ireland (Dublin), and Finland (multiple sites). They reported that their interview data suggested that the programmes in the six countries achieved a high level of fidelity with many key ingredients of the HF model. These included access to permanent independent scatter-site housing with portable and separate support services, no expectations concerning housing readiness or participation in treatment, consumer choice in service, delivery harm reduction approach to services, and multidisciplinary support services teams.

On the other hand, there was variability in achieving fidelity to other key ingredients, namely housing choice, housing availability, intensity and range of supports, and consumer involvement in programme planning and policy. Service Array was the domain on which fidelity was lowest across the programme in the six countries. A combination of the newness of many of the programmes and limited resources contributed to this area characterized as having a low level of fidelity by key informants.

Canadian At Home /Chez Soi study

As part of the At Home / Chez Soi demonstration project that tested the effectiveness of HF in five Canadian cities, two fidelity assessments were conducted by an external team on 10 HF programmes of which five provided support through an ACT team and five delivered support through an ICM team (Nelson *et al.*, 2014; Macnaughton *et al.*, 2015). Depending on the site, the external team conducting the fidelity assessments consisted of clinicians, researchers, housing experts, and a consumer representative with expertise in the HF model.

The fidelity assessments occurred over the course of a full day visit with data including observation of programme staff meetings, interviews with programme staff, chart reviews, and focus groups with consumers. Nelson and his colleagues (2014) reported that the Canadian programmes demonstrated a high degree of fidelity after 9-13 months of operation, with 71% of the items on the fidelity scale scored by the external teams as equal to or higher than 3.5 on a 4-point scale. In fact, scores on the items showed a skewed distribution with most falling at the positive end of the scale. The high scores were found on items in the domains of

Separation of Housing and Services (3.90), Service Philosophy (3.60), and Housing Choice and Structure (3.59). Relatively lower scores were evident on the items in the domains of Programme Structure (3.11) and Service Array (2.84).

Fidelity assessments were followed by qualitative interviews with programme managers and psychiatrists and focus groups with programme staff and consumers with the objective of identifying factors facilitating or impeding programme fidelity to the HF model. In line with the previously cited implementation science research on programme fidelity, factors facilitating programme fidelity in this early stage of programme development included delivery system factors, notably community capacity (i.e., existing services, partnerships with government agencies and landlords), organizational capacity (i.e., leadership, programme staff, organizational structure and governance, partnerships with consumers), and support system factors in the form of training and technical support that was available to programmes. Impediments to achieving programme fidelity included a lack of available affordable housing in communities because of low vacancy rates, challenges associated with integrating peer support and consumer input into programmes, and a paucity of services in some of the communities.

Macnaughton *et al.* (2015) reported on the second set of fidelity assessments of the Canadian programmes that were conducted at 24-29 months of operation at which point programmes were at capacity. Improvements in fidelity were apparent, with scores 3.5 or higher, representing high fidelity, achieved on 78% of the items in the programme fidelity measure. Moreover, the average scores on items for four of the five domains increased, namely the domains Separation of Housing and Services (3.95), Service Philosophy (3.63), Programme Structure (3.51) and Service Array (3.39). The average score of items in the Housing Choice and Structure domain (3.59) remained the same as the first fidelity assessment.

Key informant interviews and focus groups with programme staff and consumers found that programme staff's commitment to the work and its values, along with their learning and growing expertise, partnership with services in the community, organizational culture that included strong leadership within the programme, and ongoing training and technical support facilitated programme fidelity. In contrast, staff turnover in some programmes, frequent rehousing of a small number of programme participants, social isolation of participants, and limited employment or educational supports were identified as obstacles to achieving programme fidelity.

In interpreting findings on programme fidelity from two different points of programme development in five different cities, Macnaughton and his colleagues (2015) noted that they demonstrated the adaptability of the model. A high level of programme fidelity achieved in different contexts with different populations,

including a site with a high proportion of Indigenous participants and another site with a high proportion of participants from minority ethnoracial backgrounds. High fidelity to the HF model was also achieved in a project that delivered HF in a small city and an adjoining rural region (Ecker *et al.*, 2014; Aubry *et al.*, 2015).

Approximately two years after the end of the At Home / Chez Soi demonstration project, Nelson *et al.* (2017) conducted an assessment of programme fidelity on nine of the original 12 HF programmes that were sustained, using the self-report measure. The methodology involved having members of the programme staff complete the measure independently followed by a meeting of programme staff facilitated by a researcher who assisted them to arrive at consensus ratings. Based on the benchmark of 3.50 or greater reflecting a high level of fidelity, seven of the nine programmes continued to demonstrate high levels of fidelity in their total scores.

Factors that facilitated programme sustainment with a high level of fidelity included dissemination of research findings from the project, alignment with the emerging policy context, partnerships and support by key people in the community, continuation of strong programme leadership, and ongoing training (Nelson *et al.*, 2017). Factors that blocked sustainability and fidelity included a lack of alignment between HF and existing provincial policies, the difficulty of working across housing and health ministries, competition for shrinking resources for health and housing services, staff turnover and loss of programme capacity (Nelson *et al.*, 2017).

Overall, the research on programme fidelity conducted in European countries and in Canada suggests that HF programmes can be developed and implemented with good fidelity in a wide range of contexts. Moreover, similar moderators that are external (e.g., social policies) and internal (e.g., organizational values) to programmes in the different countries serve to facilitate and impede programme fidelity. The group of studies presented in this special issue build on this nascent research area related to HF programmes.

Description of Study

Background

The international fidelity study was conceived through the International Network of Housing First, an informal body that spawned the First International Conference on Housing First held in Lisbon, Portugal in 2014. The objectives of the study were twofold: (1) Investigate the fidelity of Housing First programmes in different countries in Europe and North America, and (2) identify the factors that facilitate or impede achieving a high level of programme fidelity. The Research Ethics Boards at the University of Ottawa in Canada and the University of Limerick in Ireland provided

ethical approval for the study of programmes in Canada, the United States, and Ireland. Formal ethical approval was not required for participation in the study by programmes in other European countries.

A total of 10 different Housing First programmes located in 9 different countries participated in the study. Eight of the programmes were in European countries, namely Belgium, France, Ireland, Italy, Norway, Portugal, and Spain. Two other programmes were in Canada and the United States. Some of the programmes were situated in multiple sites (i.e., Belgium, France, Italy, Spain) while the programmes in other countries were single site (i.e., Canada, Ireland, Norway, and Spain).

Given the wide range of countries and the fact that Housing First programmes were at different stages of development, the study was viewed as a rich opportunity for examining both the commonalities of Housing First programmes and the adaptations of the programme model located in different contexts. In addition, capitalizing on the International Network of Housing First, the cross-country study was conceptualized as an opportunity for programme improvement, with staff in Housing First programmes learning from their participation in a fidelity assessment on their own programme and from one another.

Methodology

The methodology consisted of two separate but related steps: (1) A self-assessment of fidelity by programme staff producing consensus ratings on items of a Housing First fidelity scale, and (2) a set of semi-structured interviews or focus groups with programme staff querying about factors facilitating or impeding programme fidelity.

Fidelity self-assessment

A 37-item fidelity self-assessment measure was administered to programme service providers who had been working in the programme for at least 6 months. They completed the survey independently without discussion. The measure was based on the previously described 46-item measure developed by Gilmer and his colleagues (2013). It was revised and shortened by Nelson and his colleagues (2017) and this version was used for the study.

Subsequently, service providers who completed the survey met to arrive at consensus ratings of fidelity for the programme on the measure. Depending on the country, the meeting was facilitated by collaborating researchers, national technical coordinators, or managers in the programme's organizations. At this meeting, an item-by-item review was conducted with service providers as they discussed their item ratings. In cases where there was consensus on item ratings across all service providers, the rating was taken as the final fidelity rating for that item.

In cases where there were differences in item ratings among service providers, the focus group facilitator facilitated a discussion in which service providers explained the rationale behind their ratings. Discussion continued until a consensus rating was obtained. This consensus rating became the final fidelity rating for that item. The final consensus ratings were summed and totals for each fidelity rating domain as well as a total score were calculated for the programme.

Semi-structured interviews / focus groups with programme staff

Semi-structured interviews and focus groups began with a review of programme fidelity scores. A common protocol was followed by all of the participating programmes. The focus was on items that reflected either high or low fidelity. The interview/focus group questions focused on facilitators and barriers to programme fidelity in each of the domains.

Next, each site conducted a qualitative analysis to identify themes and sub-themes regarding facilitators and barriers to programme fidelity. Participating sites agreed to a deductive approach that organized factors into three levels: systemic (external to the programme), organizational (within the organization in which the programme was located), and individual (relating to individual staff and programme participants). The grouping mirrored previous research conducted by Nelson and his colleagues (2014) and Macnaughton and his colleagues (2015).

Description of Special Issue Papers

The Special Issue presents the results of programmes in 9 countries that represent a rich variety of administrative/policy backgrounds and Housing First operational configurations. These include an original Pathways Housing First programme (Washington, DC), single programmes in some countries (Canada, Ireland, Norway, Portugal, Spain), and multiple programmes in other countries (Belgium, France, and Italy). Some of the programmes have been launched by government, while others were initiated by non-governmental agencies.

Jennifer Rae and her colleagues present the findings of the Pathways to Housing DC programme located in Washington, DC. This programme is part of the first generation of HF programmes in the United States and serves as a gold standard reference point in the group of Special Issue papers. The study findings show the important contribution of organizational factors in the context of a mature programme that has high fidelity.

Jonathan Samosh and his colleagues present results on programme fidelity of a unique programme located in Ottawa, Canada that serves individuals with problematic substance use. Programme adaptations included a programme partnership that separated the delivery of housing services from support services.

Roberto Bernad and his colleagues present the results of the fidelity assessment conducted in three sites of the Habitat programme in Spain, that serves people with mental health, addictions or disability issues. The paper describes both barriers and facilitators found in an early implementation phase of the HF programme, which started one and a half years before conducting the fidelity assessment. Service Philosophy and Housing and Services domains show a high fidelity to the model, while a moderate fidelity appeared in the other domains. The main challenges for introducing the HF model in the Spanish welfare system configuration are also discussed.

Rachel Manning, Ronni Greenwood, and Courtney Kirby present results on fidelity in a programme located in Ireland's capital city, Dublin. This was the first Housing First programme established in Ireland and remains the largest to date. Among other findings, their investigation highlights the importance of relationships with landlords and other community resources, as well as commitment to the model among service providers.

Anne Bergljot describes results of a fidelity assessment of a small HF programme in Bergen, Norway that was serving 30 participants. Norway's well-developed welfare system that provides housing subsidies and access to health and social services was cited as an important systemic factor contributing to programme fidelity. Challenges faced by the programme included programme staff lacking systematic training combined with not having previous experience with HF.

Pascale Estacahandy presents the fidelity assessment findings associated with the four HF programmes that were part of the national demonstration project in France known as "Un chez-soi d'abord". All of the programmes delivered support through an Assertive Community Treatment team. Overall, the programmes were assessed as having high levels of fidelity and most notably in the domains of Housing Process and Structure, Separation of Housing and Services, and Service Philosophy. Lower levels of fidelity were identified in the areas of Service Array and Team Structure and Human Resources.

Teresa Duarte and her colleagues describe the programme fidelity of Casas Primeiro, the first HF programme developed in Portugal in 2009. The programme was assessed as having a high level of fidelity in all of the domains with the exception of Team Structure / Human Resources. A combination of systemic factors (including the policy context and health and social services systems in

place) along with organizational factors (the alignment of HF philosophy with the host agency's values, collaboration among team members, and integration of supported education and supported employment programmes) were viewed as playing a significant role in facilitating this high fidelity.

Adela Boxados and Maria Virginia Matulic from Barcelona University and their colleagues at Arrels Fundacio report findings from a fidelity assessment of the Housing First programme developed by Arrels Foundation, in Barcelona, Spain. By 2016, the programme provided services based on a HF approach to 243 individuals, both in congregate and individual accommodations. The self-assessment yielded a total fidelity score reflecting moderate fidelity, with the highest fidelity observed in the Housing and Services domain and the lowest fidelity shown in the Service Array domain. Key facilitators of model fidelity included access to quality community-based services and staff members' expression of HF philosophy in their practice. Key barriers to model fidelity included the challenges of a tight housing market and cultural resistance.

Coralie Buxant from Housing First Belgium presents the fidelity assessment results of the multisite Housing First Belgium demonstration project. This project started as eight independent programmes led by local organizations in different Belgian cities that were later pooled under the umbrella of the Federal Service for Social Integration, which provided technical assistance, training and a longitudinal outcome evaluation. The paper presents some of the main challenges for those HF programmes and discusses some of the innovative solutions proposed to address them, such as the "housing locator" team member to help sourcing dwellings for HF tenants.

Marta Gaboardi, Massimo Santinello, and Marco Iazzolino from fio.PSD (Italian Federation of Organizations for homeless people) present the findings of the fidelity assessment conducted on four HF pilots of the HF Italy network, which are managed by different organizations and serve different profiles of service users, including families, refugees and single people. The different background and configuration of the projects allows the identification of common challenges for the implementation of Housing First in Italy and also some specific barriers and facilitators to fidelity that the different organizations found at the local level.

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