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# Building A Way Home: A Study of Fidelity to the Housing First Model in Dublin, Ireland

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➤ **Abstract** *In Ireland, the numbers of individuals recorded as 'out of home' increases annually. In 2011, the government committed to ending long-term homelessness and the need to sleep rough. As part of this, Dublin City Council implemented a Housing First Demonstration Project with the goal to house and support 30 chronically homeless individuals. In 2015, a consortium of two homeless service organisations expanded and restructured the programme. At the time of data collection for this project, Dublin Housing First had 16 employees and served 76 homeless individuals. Results from a fidelity self-assessment of the team are described in the present paper. Team members and team leaders (n = 12) completed a fidelity self-assessment. Five weeks later, a conciliation focus group met to discuss and agree self-assessment scores. The programme demonstrated higher fidelity on Housing Process & Structure, Separation of Housing & Services, and Service Philosophy domains, and lower fidelity on Service Array and Team Structure domains. Five key stakeholders took part in a second focus group to discuss facilitators of and barriers to fidelity in each domain. Thematic analysis identified facilitators and barriers to fidelity across systemic, organisational, and individual ecological levels and yielded nuanced insights into the establishment of social innovations such as Housing First.*

➤ **Keywords** *Housing First, programme fidelity, enablers, barriers*

## Introduction

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In Ireland, homeless individuals have “no accommodation that they, and the people they normally live with or who they might reasonably be expected to live with, can occupy” (The Housing Act, 1988). They may sleep rough, stay in homeless hostels, B&Bs or hotels, with friends or family, or in a squat. The number of homeless adults residing in homeless accommodation increased by over 80% between June 2014 and October 2016, an increase of nearly 100% in Dublin and 60% outside of Dublin. Between December 2014 and August 2017, the number of rough sleepers in Dublin increased from 127 to 184 (O’Sullivan, 2016; Factcheck, 2017; Peter McVerry Trust, 2017). These counts may underestimate homelessness because they exclude asylum seekers and people living in domestic violence refuges, institutions like prisons and hospitals, or inadequate circumstances like overcrowded flats. While some people still attribute homelessness to individual problems such as addiction or mental illness, most now agree that rising rents and a social housing system that does not meet demand fuel the homeless crisis (Peter McVerry Trust, 2017).

In 2009, Dublin City Council sought to reverse the homeless trend by reconfiguring services to end long-term homelessness and the need to sleep rough (Dublin City Council, 2009). The *Pathway to Home* document described resources and strategies that would support a ‘housing-led’ approach. As part of this approach, SLÍ, which is an acronym for ‘Support to Live Independently’, and also means “path” in Irish, was established. SLÍ was a visiting service to help people with moderate support needs “move out of homelessness by sustaining independent living and reintegration in the community” (Dublin Regional Homeless Executive, 30 April 2012). The plan, however, did not offer services for adults with high support or more complex needs (Homeless Agency, 2008). To fill this gap, Dublin’s leadership moved to implement Housing First.

Housing First is guided by a philosophy of self-determination; that is, homeless individuals are believed to be competent to make their own decisions, with support if required. Housing First provides immediate, affordable, permanent, scattered-site housing. There are no sobriety, psychiatric stability, or transitional housing requirements. There is, however, a focus on harm reduction, assertive engagement, and person-centered planning. Conditions are minimal and flexible (e.g., meet a support worker; pay 30% of income toward rent). Housing First teams emphasise choice and the pursuit of various recovery goals, should service users choose, including mental and physical health, integration, employment, education, and meaningful activities. Importantly, Housing First consistently shows better outcomes than traditional services, particularly in relation to housing

stability and better outcomes in some studies in terms of quality of life (Greenwood *et al.*, 2005; Greenwood *et al.*, 2013; Stergiopoulos *et al.*, 2015; Aubry *et al.*, 2016; Padgett *et al.*, 2016).

A Housing First Demonstration Project launched in Dublin in April 2011. It drew resources from existing homeless services and had an initial target to house 30 adults with significant histories of homelessness and complex support needs. The Outreach Team identified individuals who were high risk because they slept rough in cold winter weather conditions. An Approved Housing Body (AHB) supplied the team leader and the first four apartments. Two part-time key workers, a psychiatric nurse specializing in alcohol and drug abuse counselling, and an education and job specialist were provided from other community services. As a key ingredient of Housing First, a programme evaluation by an external team commenced at the same time to assess programme fidelity and client outcomes (Greenwood, 2015). In the evaluation, the Demonstration project evidenced higher fidelity in Housing Choice and Structure, Separation of Housing and Services, and Service Philosophy domains, and lower fidelity in the domains of Service Array and Team Structure.

As a “microsystem of recovery” (Manning and Greenwood, 2018), it is important to understand the ways in which particular aspects of the ecology affect the implementation of Housing First programmes. Multiple aspects of ecology affect model fidelity, an observation reported by Housing First evaluators in other contexts, too (e.g., Nelson *et al.*, 2017). Landlords’ willingness to offer accommodation, as well as stakeholders’ appraisals of the team as responsive, proactive, and attuned to their concerns, facilitated fidelity, while a significant housing shortage, caused by the interrelated economic and mortgage crises, was a barrier. Individual barriers included gatekeepers’ reluctance to let units to clients in locations with low neighbourhood-person fit. Stakeholders’ preferences for staircase or continuum of care services, and scepticism that Housing First could deliver the necessary supports were also barriers to fidelity in the Demonstration project phase. The evaluation also yielded a number of recommendations that led to a reconfiguration of the team (Greenwood, 2015). In April 2014, a consortium of two organisations that provide continuum of care services in the region was awarded a three-year contract to deliver the service. In September 2014, the Demonstration Project became Dublin Housing First (DHF).

DHF is the largest provider of Housing First in Ireland. It has a multidisciplinary team of intake workers who engage with clients and follow them through to housing, addiction workers, a counsellor, and a nurse. Clients are offered independent, long-term, scatter-site homes procured from social and private rental markets. It takes between two and four weeks to house a client, but the wait can be longer for people with long histories of rough sleeping. It can also take longer to obtain social housing

than private rented housing. To be eligible, an individual must have a significant history of rough sleeping or use of emergency services and complex support needs. In the initial tender, DHF was to house 100 clients by the end of 2017. At the time of writing this paper (August 2017), DHF had progressed significantly toward this target by supporting 76 clients and employing 16 staff. Approximately 88% of clients were housed in the programme for the past 12 months, while 89% were housed at 1-year or 2-year follow-up. It is worth noting that in 2016, the Government of Ireland launched an Action Plan entitled 'Rebuilding Ireland' wherein it promised to increase Housing First tenancies from the original target of 100 to 300. This significantly increased target was to still be achieved by 2017. During the research period, informal conversations with Housing First staff suggested that meeting the new target was challenging primarily due to its 'unexpectedness', which did not afford consideration to the usual challenges of accessing housing, as well as the time it takes to build relationships with homeless individuals.

### *The present study*

DHF underwent significant expansion and reorganization since the Demonstration project was replaced, particularly as most, but not all, of the team left the project. In the present study, we assessed the extent to which the current DHF team evidenced fidelity to the Housing First model and identified the facilitators and barriers that affect model fidelity. Because we have the fidelity findings from the original demonstration project, we also had the opportunity to compare the two assessments and to look for similarities and differences in both periods. Thus, in Autumn-Winter 2016, we conducted a fidelity self-assessment and focus groups with current DHF team members and leadership.

## **Method**

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### *The fidelity assessment*

Measure. The self-assessment is a programme-based, self-administered survey used to evaluate fidelity to the Housing First model. Respondents rate programmes on key domains (Housing Process and Structure, Housing and Services, Service Philosophy, Service Array, and Team Structure). Items including: "What types of psychiatric services, if any, are available to participants?", "Which life areas does the programme systematically address with specific interventions?", and "What is the programme's approach to substance use among participants?" are coded on a 4-point scale. Some items have only one answer, while others have several. A total score is calculated as well as a score for each of the 5 domains.

Procedures. A member of the research team (RMG) met with all interested DHF team members who at that point had served on the team for six months or more. RMG explained the self-assessment tool and the scoring procedure. She distributed information sheets, informed consent forms, and copies of the self-assessment. Team members completed the self-assessment anonymously and individually without discussion with their colleagues. The team leader collected and returned the completed self-assessments to RMG, who then compiled the scores to identify areas of convergence and divergence.

About five weeks later, RMG met with members of the team to conduct a conciliation focus group. The meeting was attended by team members who did complete the self-assessment and some who did not. The scores for each fidelity item were presented to the team and they discussed each item for which there was not initially consensus, until they agreed a final score. The meeting lasted about 2.5 hours and was a lively discussion of the meaning and applicability of the fidelity items to the Dublin context. RMG entered agreed scores into an Excel sheet that calculated average scores for each domain.

At a third and final meeting, the domain scores were presented to a focus group of five managers representing both organizations in the consortium. RMG used the fidelity scores to guide a conversation about facilitators and barriers of fidelity. This meeting lasted approximately two hours. Both meetings were digitally recorded and a research assistant transcribed them verbatim.

Participants. Members of outreach, support services, and housing teams completed the self-assessment tool ( $n = 12$ ). Most, but not all, of those who completed the self-assessment, plus other team members, participated in the conciliation meeting. This included the Housing First Manager, Housing First Project Leader, members of the outreach team, intake team, and housing and support services teams. The focus group comprised of managers from each organization, including the Housing First team leader ( $n = 5$ ).

### ***Data analysis***

In this study, a programme developed by Roberto Bernad (and reported in Bernad *et al.* 2018, this volume) was used to calculate the self-assessment score. We used thematic analysis (Braun and Clarke, 2006) to code the two focus groups into relevant and meaningful segments of information. Working from Nelson *et al.*'s categorization scheme (2017), a postdoctoral researcher (RMM) and an undergraduate research assistant (CK) identified factors that either facilitated or impeded fidelity (See Table 2). Within these two categories, subordinate systemic, organizational, or individual level (with possibility of overlap between categories retained) were identified. The coders also took an inductive approach to the transcripts to identify additional factors

that seemed relevant, which resulted in a third code, “methodological concerns”. RMM collated the independent coding and discussed the codes with RMG and CK until they reached 100% agreement. All discrepancies resulted from one coder identifying a text chunk missed by the other, rather than from disagreement.

## Results

### *Fidelity assessment*

Table 1 presents the standard scores for each item, the average domain scores, and the total score. Previous research has set an overall total of 3.5 or higher as the “benchmark” for high fidelity (Macnaughton *et al.*, 2015). It was agreed by researchers participating in the international Housing First project that a score of 3.0 or less reflected low fidelity. In Ireland, the total programme fidelity score was 3.4, indicating that overall the programme had close to high fidelity (i.e., 3.5 or higher, Macnaughton *et al.*, 2015).

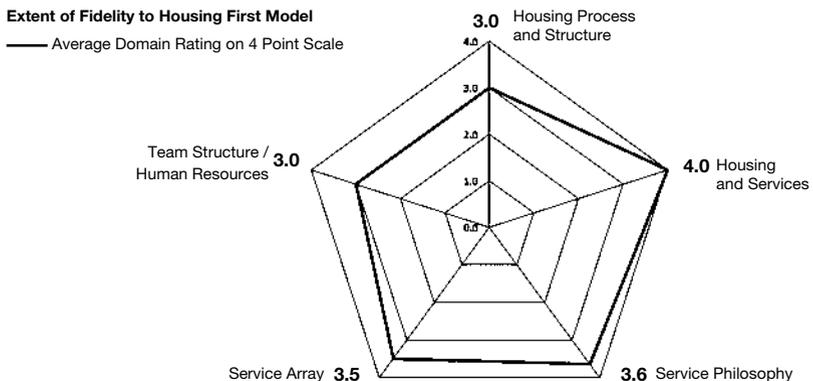
**Table 1. Fidelity Assessment Item Scores and Domain Means**

Domain / Item	Domain Mean / Standard Item Score (Out of 4)
<b><i>Housing Process and Structure</i></b>	<b>3</b>
1. Choice of housing	3.0
2. Choice of neighbourhood	3.0
3. Assistance with furniture	4.0
4. Affordable housing with subsidies	3.0
5. Proportion of income required for rent	4.0
6. Time from enrollment to housing	1.0
7. Types of housing	3.0
<b><i>Separation of Housing and Services</i></b>	<b>4</b>
8. Proportion of clients with shared bedrooms	4.0
9. Requirements to gain access to housing	4.0
10. Requirements to stay in housing	4.0
11a. Lease or occupancy agreement	4.0
11b. Provisions in the lease or agreement	4.0
12. Effect of losing housing on client housing support	4.0
13. Effect of losing housing on other client services	4.0
<b><i>Service Philosophy</i></b>	<b>3.6</b>
14. Choice of services	4.0
15. Requirements for serious mental illness treatment	4.0
16. Requirements for substance use treatment	4.0
17. Approach to client substance use	4.0
18. Promoting adherence to treatment plans	3.5
19. Elements of treatment plan and follow-up	2.0
20. Life areas addressed with programme interventions	4.0

<b>Service Array</b>	<b>3.5</b>
21. Maintaining housing	4.0
22. Psychiatric services	4.0
23. Substance use treatment	2.4
24. Paid employment opportunities	4.0
25. Education services	4.0
26. Volunteer opportunities	4.0
27. Physical health treatment	4.8
28. Paid peer specialist on staff	1.0
29a. Social integration services	3.2
<b>Programme Structure</b>	<b>3</b>
31. Client background	2.7
33. Staff-to-client ratio	4.0
34b. Frequency of face-to-face contacts per month	4.0
35. Frequency of staff meetings to review services	4.0
36. Team meeting components	2.7
37. Opportunity for client input about the programme	0.7
<b>Total</b>	<b>3.4</b>

Figure 1 shows average ratings per fidelity domain according to the standardized four-point scale. The highest score was in the Separation of Housing and Services domain (4 out of 4), which includes access to housing, rights, and responses to tenancy loss. Scores were also high in the Service Philosophy domain (3.6 out of 4), which includes choice and client-led practice, and in the Service Array domain (3.5 out of 4), which includes housing and support. Scores were lower in the Housing Process and Structure domain (3 out of 4), which includes type of housing, rent subsidies, and neighbourhood. Scores were also low in the Programme Structure domain (3 out of 4), which includes the programme’s target population, client contact and meetings, and opportunities to give feedback or to hold paid positions or seats on governing bodies.

**Figure 1. Average scores for five fidelity domains**



### *Facilitators of Housing First fidelity.*

The main facilitators of fidelity to the model are summarized in Table 2.

**Table 2. Summary of Facilitators for Achieving Housing First Fidelity**

Systemic	Organizational	Individual
<ul style="list-style-type: none"> <li>• Mortgage crisis &amp; economic downturn access some cheaper houses;</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment to the philosophy, incl. client-centred, recovery-oriented care;</li> <li>• Work to build landlord relationships;</li> <li>• “accommodation finder”;</li> <li>• Relationships with community services;</li> <li>• Pilot/ Demonstration project successes</li> </ul>	<ul style="list-style-type: none"> <li>• Sense of reward/witnessing success</li> </ul>

Few *systemic-level* facilitators of model fidelity were identified in either focus group transcript. Surprisingly, the mortgage crisis was the one systemic facilitator of fidelity that participants mentioned, and that was in relation to the housing process and structure domain. One team member described how they were able to “seize thirty houses... [that offer] pretty secure tenancy...”. Key Stakeholder 3 noted that they “... wouldn’t have gotten as many [houses] if the market had been much freer and easier”. As a consequence, the team was able to quickly house many new clients.

Most of the facilitators of fidelity identified were at the *organizational level*. Commitment to the Housing First philosophy of client-centred, recovery-oriented care was discussed extensively. In relation to the housing process and structure domain, Team Member 1 described commitment to the model in this way: “Housing First, [it’s] core... everything circles around that, being and doing Dublin Housing First as... an ethos [not just] a name of a service.” Team members also described how they worked to “meet clients where they are at” and to encourage them to develop adaptive, self-regulatory behaviours and build relationships with people in their neighbourhoods.

When discussing factors that affected fidelity in the Separation of Housing and Services domain, Key Stakeholder 3 noted how team members were “very clear that... sobriety, mental health... were [not] a condition in respect of accommodation”. Emphasizing this point, Team Member 4 talked about their clients who are unable, or unwilling, to engage in face-to-face meetings. Instead of punishing these clients by taking them “out [of housing]”, the team used alternative or more creative strategies, including “phone calls to link in some shape or form”.

The importance of focusing on client-led goals and client-led responses was also mentioned in discussions about the Service Philosophy domain. Noting the challenges involved in providing a client-led service, Key Stakeholder 4 described how clients “find it hard to think beyond getting a home” and work on any other goals before they are housed. However, once they are “in housing,” clients are “much more able to communicate [about] their [other] goals”. This stakeholder illustrated the kinds of client-led interventions the team employed with a story about a client who was “banging the tables and... making noise”, which caused his neighbours to complain. The team increased their visits to this client to “twice a day...”, they “put carpet down... got slippers”, and linked him to “different counsellors”. He added that in this case, the team did not “go in and... say stop banging the tables and stop making noise”. Instead, they worked with the client to help him understand that “if you do that [the neighbour will get annoyed] so maybe it’s better to be... on carpet or... put some slippers on.” The team member concluded the story by saying, “it’s not about stop doing what you’re doing, but it’s about how to manage it.”

The different ways that the programme works to build relationships with landlords were also discussed. The “accommodation finder”, whose responsibility is to obtain housing by building positive relationships with landlords, was mentioned in regard to Separation of Housing and Services and Housing Process & Structure domains. Key Stakeholder 4 described the accommodation finder as someone who “knows the language... knows what to say [to landlords], things like ‘your house won’t be destroyed’”. Key Stakeholder 2 added that landlords know that clients are not required “to be... housing ready or any of that”, but that the team is “looking for homes for people who are on the streets [and that they] have a support team”. He felt that “honesty... gives credibility... and [helps]... within the local authorities and the private rented [landlords]”. Key Stakeholder 1 noted that this work fostered a reputation that Housing First will “manage the apartment for you” if you are reluctant “to get into the property business.”

Building positive relationships with landlords is a responsibility taken up by all members of the team, though, not just the accommodation finder. In discussion of factors that facilitated fidelity in the Separation of Housing and Services Domain, for example, Key Stakeholder 1 described how the programme strengthens relationships with housing sources through activities such as end-of-year “welcome mornings”. Activities to build relationships with landlords were also viewed as important to fidelity in the Housing Process and Structure domain. For example, Key Stakeholder 3 described how they do “a ‘roadshow’, trying to get people to understand the level of support that is with this programme, so that people [landlords] can take a risk or a chance on housing someone”.

Positive relationships with community-based services were also identified as important facilitators of fidelity to the model in the Service Array domain. Key Stakeholder 1 described their existing connections in the community as “well-matured”, which provided sources of education, volunteering, and social integration services for their clients. Some team members noted that these brokered services are not accessible to all their clients, but that those who do engage with them are afforded opportunities for increased community integration.

Key Stakeholders also noted the groundwork done by the Demonstration team was an important facilitator of fidelity in the Housing Process and Structure domain. The achievements won by the Demonstration team meant the current team “were working off the back of an awful lot of work and engaging [with community partners].” Key Stakeholder 4 described how the Demonstration team’s achievements were “successes that we can evidence” and that they were “pushing an open door in as much as you possibly can.” The team’s success sustaining and building relationships, as well as their clients’ positive outcomes, were identified as facilitating fidelity in the Team Processes and Structure domain. For example, processes and procedures help new team members learn how to deliver services to clients in accordance with Housing First philosophy and principles. Key Stakeholder 1 described their “buddy system” in which new members are paired with experienced team members for the first three months on the job. Through this kind of shadowing and learning-by-doing, the team builds cohesion and mobilizes commitment to the Housing First model.

Although focus group participants did not mention many *individual-level* facilitators of recovery, they did briefly note the sense of reward they get from working in a Housing First team, compared to working in more traditional services. Despite the challenges they face, the team does witness successes among their clients, which sustains their engagement, motivation, and creativity, even in difficult times. As Key Stakeholder 5 noted:

“the outcomes are so positive... there’s nowhere near the same reward for staff having worked with them handing them their key and then seeing them in their own place and whether they are doing well or not, they are there in a stable surrounding and they have what they want.”

### ***Barriers to Housing First fidelity***

Barriers to achieving Housing First fidelity are summarized in Table 3.

**Table 3. Summary of Barriers to Achieving Housing First Fidelity**

Systemic	Organizational	Individual
<ul style="list-style-type: none"> <li>• Economic down turn, mortgage crises, increased rental prices;</li> </ul>	<ul style="list-style-type: none"> <li>• Conflicting client-led practice &amp; duty of care;</li> <li>• Relatively young organisation;</li> </ul>	<ul style="list-style-type: none"> <li>• Clients' stages of change</li> </ul>

In the previous section, we noted that some focus group participants identified the economic downturn as a *systemic-level* facilitator of fidelity because it opened the team's access to some housing units. At the same time, as Ireland emerged from the economic and mortgage crises, the housing market tightened and rental prices spiked again, closing access to other sources of housing for new clients. Quite simply, demand for housing outstripped supply. As Key Stakeholder 5 succinctly said, "the number of rough sleepers is increasing and the availability of housing is decreasing". In discussion about the "housing process and structure" domain, Team Members 2, 3, and 4 explained how the chronic housing shortage limits clients' choices in housing:

"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..."

The economic downturn was also associated with reduced tenancy security. For example, Key Stakeholder 4 said:

"up until two years ago the security there was just not there for anybody -- not just anybody who had problems, [but] for anybody -- because within a year... rent would go up so there's no security at all. So, anybody living in private rented in Ireland never felt secure or unless they actually had a nice wad of money to support."

Respondents identified the tight housing market as a barrier to fidelity in the Service Philosophy domain, because it negatively affected the team's ability to re-house clients after housing loss. For example, Key Stakeholder 1 described how the "really bad" housing market made it difficult to move clients when a housing situation became unstable. Further, the tight market put the team in a position where they felt they needed to encourage clients to take the first available unit and prevented clients from being able to say "that's not the right house for me". As a result, clients often had to choose flats or neighbourhoods that lacked

the characteristics clients preferred. The team worked to overcome the challenges caused by the housing market by trying to convince private “landlord[s] to lease the apartment to [them so they could] convert [the lease to a] social housing lease [that gives] the choice of location and the quality [with] social housing security” (Key Stakeholder 1).

To a lesser extent, participants noted some *organisational-level* barriers to fidelity in Service Philosophy domain, particularly conflicts between client-led practice and their duty of care. Participants described how clients’ behaviours that threaten tenancies can set “alarm bells... ringing [because it might be] due to... poor mental [health, which is] under the contract of a duty care [because clients could be] harming themselves or others” (Key Stakeholder 3, Key Stakeholder 4).

Participants also identified organizational barriers to fidelity in the Service Array domain. This domain includes clients’ opportunities for meaningful participation in the programme, perhaps by means of employment as paid peer specialists. Focus group participants felt that that the programme scored lower on items in this such as, *Does the programme have a paid peer specialist on staff who provides services directly to participants?* because the organisation was still young. Key Stakeholder 1 said that these programme elements are only supposed to “kick in... around now”, suggesting that, if the assessment been completed at a later time, then the programme might have scored higher in this domain. According to participants, the programme does not offer many avenues to service users’ input into the programme operations and policy. When asked to comment on the barriers to fidelity on this item, Key Stakeholder 3 responded that “we are too young as a partnership or as a project to have that fully implemented, and I think the longer we go on, the more you get aspects that [service user input] creeping in to the programme”.

Key Stakeholder 1 also added that there are also *individual-level* barriers to service user input and suggested that “the nature of the customer group” means that they need intensive case management and are not ready to participate in programme operations. Key Stakeholder 2 suggested that the programme leadership believed that, at this stage, service users’ integration into their communities was more important than their input into the programme.

Participants noted some *individual-level* barriers to fidelity in the Service Array domain, particularly the availability of education, volunteering, and social integration supports. They noted that a number of their clients are not yet ready to engage in these areas, suggesting that clients’ early stages of change (Prochaska *et al.*, 1994) explains the programme’s lower fidelity in this domain. Acknowledging the longitudinal and often non-linear nature of client recovery, Team Member 4 described how “it takes somebody that has been living on the street for twenty years... more than six months before they decide, ‘actually I want to be a doctor’”.

Although their clients might not necessarily be prepared to work toward those kinds of goals just yet, Key Stakeholder 3 was optimistic, suggesting that “over the next year, two years, three years [they] would have stuff like that coming in”.

## Methodological Concerns

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Some methodological challenges arose during data collection. For example, for Item 7, a programme evidences ‘high fidelity’ if 60% or more clients are in “independent apartments rented from community landlords with outside support”. Our participants found it difficult to answer this question because, in the Dublin context, private rented apartments are not always the best option:

... [with] a private rented apartment [the] big worry is this ‘is a home for life?’ If we get through the... first 6-months... you get some security of tenure for the next three and a half years... 99% of the time... if we had an independent apartment rented from community landlords and a social housing apartment rented from local authority housing body... the citizen would choose the social housing,” (Key Stakeholder 1).

Individually, team members’ responses to Item 18, which measures the extent to which the programme uses coercion to encourage treatment compliance, suggested that clients were required to attend daily meetings with the team. In the conciliation meeting, however, Key Stakeholder 3 explained that meetings provide “more intensive support” when a client’s “mental health is maybe deteriorating or... an addiction [is] really escalating. Meetings were to encourage clients to “re-engage” or for the team to gain insight into what might be going wrong. Key stakeholder 1 further explained, “there isn’t a real consequence” when clients choose not to meet with the team. Therefore, it seems that these meetings are a form of assertive engagement and not punishment or coercion. The team also struggled with the wording ‘systemic interventions’ in Item 20, suggesting that this does not reflect their work because client-led care cannot be done according to a fixed plan or system. Finally, for Item 29, the team were unsure if the social skills and training they provided informally on a day-to-day basis counted as ‘social integration’ services.

## Discussion

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Overall, the team evidenced a moderate to high degree of fidelity in each of the five domains, with scores ranging from 70% to 100% (i.e., 3 to 4 on the 4-point scale). Results indicate that despite being a relatively young programme working in a challenging housing market, the programme embodies the key principles and practices that define the Pathways Housing First model. In order to achieve this result, the programme benefitted from a number of facilitators and overcame a number of barriers across different ecological levels.

Commitment to core aspects of the Housing First philosophy, as well as the team's relationships with landlords, were identified as important organisational facilitators of fidelity, while the relative newness of the team and conflicting duty of care were identified as organizational barriers. The main systemic barrier identified by our participants was access to housing, which limited client choice and security of tenancy. Individual-level facilitators or barriers were rarely mentioned, although the limiting influence of clients' stages of change on Service Array was noted. Findings indicate that most of the items in the self-assessment tool (Gilmer *et al.*, 2013) were applicable in the Dublin context, but that the North America-centric terms used in some items were ambiguous and were the source of some disagreement among the team about the extent of programme fidelity on some facets of some domains.

By identifying facilitators and barriers to fidelity across ecological levels, our findings replicate and extend knowledge about fidelity to the Housing First model. Housing First can also be conceptualized as an innovative health and social care model, and so, more generally, our findings contribute to understanding of fidelity in these contexts, too (Greenwood, 2015; Nelson *et al.*, 2017). At the organisational level, we found that commitment to the model was particularly important, which reflects Nelson and colleagues' (2017) findings, who noted the importance of 'organisational champions' who enhance organisational learning, performance, and transformation (Ferlie and Shortell, 2001). Together, team members are a stronger lever for change than one individual, and so programmes should strive to maximise team commitment (Maton, 2008).

Our work also builds on previous findings from the area of homeless service delivery that highlight the importance of sharing evidence of programme effectiveness with community partners such as landlords and other services on an ongoing basis (Steadman *et al.*, 2002; Nelson *et al.*, 2017). We know innovation involves stages of sharing knowledge and evidence, persuasion, decision, implementation, and confirmation (Rogers, 2003). That is, innovators learn about a new programme, are persuaded by evidence of effectiveness, and then decide to implement it and see if it works in their local contexts. In Dublin, the stages of innovation were not linear; instead, the team delivered their programme, shared their knowledge of success

as evidence (e.g., “the level of support that is with this programme”) and persuaded landlords to buy-in, all in a cyclical, iterative process (Swan and Newell, 2000). This process of evidence sharing also contributed to a positive reputation in the community. As such, evidence sharing is an important component of broader innovation processes.

Interestingly, individual-level factors did not feature strongly in our findings. This finding differs from those reported by Nelson and colleagues (2017), who noted that staff turnover and change are important influences on fidelity. A number of individual-level barriers to fidelity were, however, identified at the phase of the Demonstration project when staff turnover was high and disrupted team functioning. In fact, in the early days, staffing was such a significant barrier to fidelity that substantial reconfiguration of the team and its management was recommended (Greenwood, 2015). It would be wrong, then, to say that Housing First in the Dublin context has been immune to individual-level barriers to fidelity. Rather, the current programme is delivered with a clear structure, strong leadership, and effective management and oversight, so staffing barriers did not feature in this particular assessment. The finding that barriers and facilitators change over time makes sense, given that Housing First is a dynamic and adaptive programme model. Overall, assessments at regular intervals might be useful to monitor and understand current facilitators and barriers to fidelity, and also to assess effectiveness of activities intended to increase or maintain fidelity, and to guard against threats to fidelity such as model drift or dilution.

Comparing the present findings to the Demonstration evaluation (Greenwood, 2015) offers further insight into the relationships of systemic, organizational, and individual facilitators and barriers to fidelity. As in the Demonstration, higher fidelity was shown in Housing Choice and Structure, Separation of Housing and Services, and Service Philosophy domains in the present study. Areas of lower fidelity were found in the Service Array and Programme Structure domains. Also, as in the Demonstration, participants in the present study repeatedly mentioned the importance of landlords. However, the Demonstration team identified their pro-active responsiveness to landlords as a facilitator of fidelity, while the current team emphasized the importance of maintaining relationships with landlords. This suggests that, over time, Housing First has established a positive reputation with landlords which must now be maintained and capitalised on.

Some barriers to fidelity that were observed in the earlier Demonstration programme evaluation were also observed in the current evaluation, especially the systemic problem of housing shortages and low neighbourhood-participant fit. Other barriers that were observed in the Demonstration evaluation included key stakeholders’ preferences for traditional homeless services over Housing First and scepticism

about the Housing First model (Greenwood, 2015), were not found in the present study. The fading influence of these factors on fidelity indicates that key stakeholders in Dublin have become more convinced about the efficacy of Housing First. However, since this study did not include interviews with private landlords, representatives of approved housing bodies, or local authorities, we cannot draw any firm conclusion about changes in attitudes over time.

### ***Practical contributions***

Most decisions to implement Housing First are “top-down” policy decisions, and are sometimes met with resistance from those who feel the model is being imposed on them. However, bottom-up, employee-led participation is important to implementation success and sustainment, because commitment to the model and its philosophy is embedded in and enacted through providers’ daily practices (Ferlie and Shortall, 2001). The Dublin Housing First team’s practices, such as their “buddy system,” serve to empower staff to participate fully in a programme that has certainly influenced the wider community. These findings reflect the broader literature on mentoring, which is described as a means to share power and develop leaders (Maton and Salem, 1995; Maton, 2008). Mentoring creates empowering settings that motivate team members to participate in actions and decisions (Peterson and Zimmerman, 2004). Empowering settings, in turn, can exert influence over the wider community and society. As such, shared leadership and mentoring, as a route to empowering and empowered settings, should be an important consideration for the development and running of Housing First programmes.

Like Nelson and colleagues (2017), who emphasized integrated knowledge translation strategies, we note the importance of evidence-sharing in our study. It is widely acknowledged that evidence for promising innovations, such as Housing First, is often difficult for practitioners and providers to access because it is published in specialized outlets, written in technical language, or without the level of detail necessary for implementation in practice. These issues make effective translation of findings critical to a programme’s success. In Dublin, evidence of Housing First’s efficacy was transmitted via word-of-mouth, the media, and the team’s accommodation finder. Information about how Dublin Housing First manages apartments was crucial for landlord buy-in, even more so than evidence of clients’ recovery outcomes or public savings. These are just some real-world examples of how evidence can be synthesized and attuned to the priorities and concerns of potential community partners for effective programme dissemination and implementation.

### ***Further considerations and future research***

We believe our findings offer important insights into the facilitators and barriers to Housing First fidelity. However, readers should keep certain aspects of the methods and procedures in mind when drawing inferences from our findings. For example, the order in which domains were presented for discussion may have resulted in different emphases on the various aspects of the context of implementation (Shaughnessy *et al.*, 2002). Participants did not, for example, mention access to housing when talking about separation of housing and services, although independent, scattered-site housing can be presumed essential for fidelity in this domain. Because participants had already discussed housing at length in relation to the housing process and structure domain, which was discussed first, they may have felt they had already exhausted this topic. Researchers should be aware that the order of topics may influence the extent to which participants emphasize or discuss information that is relevant to a range of topics over a long interview or focus group.

Participants' familiarity with some topics may have led them to emphasise on certain facilitators or barriers over others. For example, participants spent much more time discussing organizational-level factors than systemic-level or individual-level factors. It may be that organizational factors were the most important facilitators in Dublin, or it may be that these factors were simply most salient to our participants. Although they received little attention from our participants, systemic and individual facilitators are often critical to programme fidelity. In the case of Housing First, political will to solve homelessness (Nugent and Rhinard, 2015) and public willingness to help (Toro and McDonell, 1992; Agans *et al.*, 2011) are critical. We may have obtained different findings had we used a differently structured interview that probed deeper into systemic and individual factors, with different sets of stakeholders (e.g., service users, landlords), in different stages of programme development, or in a different context. Comparison of Dublin's findings with other international programmes and with programmes at different developmental stages will shed additional light on this topic.

Finally, ecological forces may exert bi-directional influences on fidelity. Kidd and colleagues (2007), for example, showed that vicarious exposure to homeless youths' trauma led to burnout among service providers. Our findings also indicate that there are links between facilitators and barriers across ecological levels. For example, commitment to client-led care, as an organisational facilitator, is likely to reflect positively on the team's reputation and, in turn, enhance relationships with landlords, both of which are systemic facilitators. Future research will need to confirm this conclusion, but we believe that our findings indicate that, rather than being mutually exclusive, facilitators and barriers of fidelity influence each other across multiple ecological levels in iterative, cyclical, and non-linear ways. In future,

researchers might examine these relationships more closely. We recommend that programme leaders and team members also consider the ways in which the actions and choices they take to affect fidelity at one level may have either positive or negative consequences for fidelity at another level.

### ***Cross-national implications & generalizability***

We believe our findings are applicable and relevant to Housing First stakeholders across different contexts. First, our findings, alongside the evidence for the spread of Housing First internationally, show that successful innovation in homeless service delivery is possible when policymakers and programme leaders consider, develop, and implement plans for long-term positive change. Key to the programme's success were their responsiveness to early staffing challenges and their sustained efforts to build community relationships. An unstable team and doubt about change to the status quo are often features of any change processes. Thus, our findings about the importance of building a cohesive team that is committed to the model philosophy, as well as establishing positive relationships with community partners, particularly landlords, are most likely to be critical to success in any context.

The prevailing challenge for DHF nowadays is structural in nature, namely a lack of affordable housing. Again, homeless services across contexts are all working to manage similar challenges. Thus, our findings highlight the importance of anticipating and planning for challenges related to housing shortages. Moreover, our findings should be taken as direction to activism in the relevant arenas, particularly toward lobbying for the provision of adequate and affordable housing. Overall, the fidelity research presented here, particularly the nuanced insights into barriers and challenges, is a crucial precursor to effectively disseminating the Housing First model and establishing a strong evidence base in the European context (Greenwood *et al.*, 2013).

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## Summary and Conclusions

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In sum, our findings suggest that higher fidelity to key aspects of the Housing First model in Dublin was facilitated by commitment to core aspects of the philosophy, as well as the team's positive relationships with landlords. Our findings also provide practical examples of how these facilitators can be embedded in organisations (e.g., coffee mornings with landlords, buddy systems for new staff). At the same time, fidelity was challenged by housing shortages, an issue that is not unique to Ireland. Shortages in affordable housing make it difficult to find homes for new or existing clients. Programme implementers should not assume "if we build it [Housing First], they will come [housing units]". Securing pathways to housing should be an important preparatory step in the implementation of any new Housing First programme. Overall, we hope that by identifying facilitators and barriers to Housing First fidelity, the current study findings, combined with those from others in this special issue, will provide direction and inspiration for innovators in homeless and other human service contexts.

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