Training, Supervision and Capability-Fostering Approach: A Comparison Between Housing First and Traditional Services in Eight European Countries

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❯ **Abstract_** *Despite the fact that homeless service providers have the responsibility of addressing one of the most serious manifestations of extreme marginalisation, the population of housing workers appears to be underinvestigated. The present study is configured as an attempt to expand this corpus of evidences involving 455 homeless providers from eight European countries (Mean age=40.2). The study starts by describing the main characteristics of housing services and hypothesizes that these can be associated with the availability and utility of support practices (staff training and supervision) and the approach adopted (capability-fostering versus functioning-fostering) by the services. In addition, the research aims at delineating a profile of homeless providers based on demographic and professional features. Differences will be analysed between the two main types of housing models (Housing First versus Traditional Services). Overall, findings show high/moderate levels of access and perceived usefulness of training and supervision, higher for providers working in Housing First in all the nations involved. Housing First providers also report that their service promotes capabilities to a greater extent compared to what is reported by providers in Traditional Services. Practical application and implications will be discussed.*

❯ **Keywords_** *homelessness, housing first, service providers, training, supervision, capabilities, capability-fostering approach*

Introduction

Every night in Europe, at least 700 000 people sleep in the street or in emergency accommodation (FEANTSA and The Foundation Abbé Pierre, 2018) and incidence rates of homelessness have constantly been increasing in the majority of countries across Europe during past decades (FEANTSA and The Foundation Abbé Pierre, 2018; Taylor *et al.*, 2019). Despite the lack of a unique definition of the homeless phenomenon, the European Typology of Housing Exclusion (ETHOS) classification has become the reference point for European scholars. Born within the European Federation of National Organizations Working with the Homeless (FEANTSA), ETHOS typology identifies four situations of housing discomfort: *Rooflessness* (people living rough or in emergency accommodation), *Houselessness* (people living in temporary accommodation, in accommodation for immigrants, etc.), *Insecure Housing* (people living in insecure accommodation, like those who are threatened of eviction, etc.) and *Inadequate Housing* (people living in unfit housing, etc.); all of which indicate the absence of a home (FEANTSA and The Foundation Abbé Pierre, 2018). In general, homelessness represents an example of extreme injustice, by denying the individual the basic elements of a full life, i.e., the stability deriving from having a home and the opportunity to pursue self-realization (O'Shaughnessy *et al.*, 2020).

Taylor and colleagues' investigation (2019), conducted in eight European countries, reports an overall pooled lifetime prevalence of homelessness of 4.96%, while the five-years prevalence stands at 1.92%, with pronounced differences among countries. Europe has responded to the phenomenon in very diversified ways, with substantial differences in the services provided both across countries and within the same nation. Regardless of the type of service, the importance of the staff in housing projects has repeatedly been demonstrated: homeless services providers have the responsibility of addressing one of the most serious manifestation of extreme marginalisation (Mullen and Leginski, 2010). The perception of the working alliance with the team appears to improve the quality of life in the homeless population (Tsai *et al.*, 2013). On the contrary, not feeling supported by providers increases users' distrust in the health care system (Wen *et al*., 2007).

As a consequence of the challenging nature of the job, the staff working in homeless services need a wide range of professional skills and organisational support from the service in order to effectively promote users' recovery and protect their own well-being. Otherwise, working in this context can lead to the development of compassion fatigue, stress and burnout, thus also negatively influencing the quality of the care provided by the service (Olivet *et al.*, 2010; Lemieux-Cumberledge and Taylor, 2019). Nonetheless, homeless service providers' characteristics and needs continue to be under-investigated (Mullen and Leginski, 2010; Choy-Brown *et al.*,

2016). The main aim of this paper is to examine the professional profile and professional and organisational experience of the staff working in homeless services in eight different countries and compare this profile between Housing First (HF) and Traditional Services (TS).

Working in homeless services and dealing with the needs and problems characterising this particular population, as well as managing the promotion of their resources and skills, makes providers face a series of challenges and difficulties. Indeed, people experiencing homelessness, particularly chronic homelessness, have a higher prevalence of mental health and substance-use problems (Mullen and Leginski, 2010; Aubry *et al.*, 2016; Lewer *et al.*, 2019) and serious health issues such as tuberculosis, HIV (Center on Substance Abuse Treatment, 2007) and chronic diseases (Levorato *et al.*, 2017) compared to general population, in addition to above average levels of anxiety, depression (Levorato *et al.*, 2017), suicide rates (Eynan *et al.*, 2002) and a history of trauma (Mullen and Leginski, 2010). Service providers have to deal with a category of persons that are often difficult to reach, involve and keep in the service (Mullen and Leginski, 2010). In addition, they need to confront with negative public attitudes and perceptions (Mullen and Leginski, 2010; Lemieux-Cumberlege and Taylor, 2019) and they are sometimes compelled to accept low pay rates and tolerate high turnover (Mullen and Leginski, 2010). In this context it is very important for social service providers to have a good range of skills and receive organisational support from the service in order to develop resilience and be able to deal with people characterised by multiple needs.

Traditional Services and Housing First: Are the Two Different Models Reflected in Different Professional Profiles and Professional and Organizational Experience?

Despite the existing differences in homelessness services provided across Europe (Pleace, 2016; Pleace *et al.*, 2018), it is possible to identify two main categories of services in which service providers work: traditional services, based on "treatment first" model or staircase approach, and the counterposed "Housing First" services. There are several types of traditional services in Europe (FEANTSA and The Foundation Abbé Pierre, 2018), with some similar basic features. In most cases, in these type of services, admission requirements are set: the person who lives in the street is asked to abstain from alcohol and substances and, where needed, to comply with a psychiatric treatment before getting access to the service (Collins *et al.*, 2012). The treatment first approach is also founded on the belief of "housing readiness" (Stefancic and Tsemberis, 2007). This, in practical terms, means that people experiencing homelessness must meet some criteria to be able to live in an independent house (Stefancic and Tsemberis, 2007; Busch-Geertsema, 2014).

Among traditional services, emergency shelter and temporary accommodation are the most widespread in European countries (Pleace, 2016). The so-called "winter plans", aimed at preventing deaths during cold periods of the year, is the most commonly used management policy for homelessness in Europe (FEANTSA and The Foundation Abbé Pierre, 2018). An ever-increasing number of studies has demonstrated the limited effectiveness of the treatment first model in reducing the phenomenon of homelessness (Busch-Geertsema, 2014; Henwood *et al.*, 2014; Pleace, 2016; Greenwood *et al.*, 2020): this is mostly because the immediate need of a house cannot be satisfied in a service grounded on this model. In addition, for those obtaining the access to the service, being able to remain may prove difficult due to the conditions imposed to the users (Stefancic and Tsemberis, 2007).

Housing First (HF) is an innovative and evidence-based model that has spread worldwide in the last decade to contrast homelessness, starting from New York. The HF approach is opposite to the traditional model because a permanent house is provided to the person as a first step when they enter the service. The users are not forced to withdraw or comply to treatment in order to enter and remain in the project (Pleace, 2016; Urbanoski *et al.*, 2017), but they are only subject to two rules: accept to receive a visit from the service providers once a week and give 30% of what they own or earn to contribute to the rent. Moreover, as reported in *Housing First Guide Europe* (Pleace, 2016) "Housing first it's not housing only" (p.39). The role of Housing First staff in supporting users is essential for the effectiveness of the project. Two are the most common approaches: Intensive Case Management (ICM) Team, oriented at creating a connection between users and other services, and Assertive Community Treatment (ACT) Team, that directly provides treatment and support. This second approach tends to be applied to users with high needs and, in general, the ICM Team is the most widespread in Europe (Pleace, 2016).

The original model establishes that the houses are scattered throughout the city and not concentrated in a single building or neighbourhood, in order to avoid ghettoization and promote the social inclusion of users (Ornelas and Duarte, 2016). Past studies have shown that Housing First works better, compared to traditional services, on a series of outcomes: higher rates of housing retention (Stergiopoulos *et al.*, 2015), improved quality of life (Somers *et al.*, 2015; Greenwood *et al.*, 2019), improved physical and mental health (including reduced psychiatric symptoms'; Greenwood *et al.*, 2005) and community integration (Stergiopoulos *et al.*, 2015; Greenwood *et al.*, 2019). Also, when considering the European context, results confirm that the Housing First Model can be successful (Busch-Geertsema, 2013; Busch-Geertsema, 2014; Pleace, 2016).

Since, as has been reported, discrepancies in services' philosophy and professional and organisational factors result in significant differences in users' outcomes, differences in providers' work experience and profiles between the two kinds of service might occur likewise (Henwood *et al.*, 2013). Unfortunately, in literature there is a lack of studies analysing providers' characteristics and comparing these between the two models. This paper aims to outline the professional profiles and professional and organisational experience (in terms of training, supervision received, and perceived capability-fostering approach) of providers working in homeless services and to explore possible discrepancies between traditional and HF services. In particular, there are three main differences between the two approaches that might translate in different providers' characteristics, needs and experiences: novelty and innovation versus consolidate model; focus on the single case versus focus on the group as a whole; strength-based approach versus promotion of functionings.

Novelty and innovation versus Consolidate model

Housing First was born in the '90s in New York as an alternative to the traditional model (Tsemberis and Asmussen, 1999), which is still the most adopted intervention to contrast homelessness both in North America and in Europe (Busch-Geertsema, 2012; FEANTSA and The Foundation Abbé Pierre, 2018). Adopting an innovative model implies training service providers, with the aim of understanding the basic principles of the model and promoting their proper application. Gaboardi *et al.* (2019) pointed out that training facilitates the understanding of the link between service vision, activities and goals among the staff; for this reason, training has the potential to fill the gap between idealistic principles and practice (Fisk *et al.*, 1999).

Staff training showed its effectiveness not only in promoting providers' well-being (Olivet *et al*., 2010) and self-efficacy (Graham, 2004), but also in reaching better users' outcomes (Burke, 2005). Indeed, training allows the team to learn and develop skills and competences that are needed to promote the recovery of a population with special needs and mental health problems (Olivet *et al*., 2010). Thus, training is a fundamental tool in homeless services, but it can be even more crucial when a service adopts an innovative approach. Considering the relevance of training in homeless services, we expect that most of the providers included in the study have the chance to attend professional training. At the same time, since training facilitates the adoption of innovative evidence-based practices (Lemak and Alexander, 2005; Gaboardi *et al.*, 2019), we expect that in HF services the availability of training and its perceived usefulness are more common.

Focus on the single case versus Focus on the group as a whole

One of the peculiarities of Housing First is its supportive team, which is responsible for following each user after his/her entrance in the house. The focus adopted by the project is directed to the single case: weekly visits to every user, uninterrupted availability of the staff and recovery-orientated support (Greenwood *et al.*, 2019). Moreover, in European HF services, each intervention is planned and implemented based on users' characteristics, following a person-centred approach (Pleace, 2016). Staircase services, instead, are characterised by standard guidelines and standard requests, imposed and valid for each user, such as abstaining from substance use and compliance with a psychiatric treatment (Collins *et al.*, 2012; Pleace, 2016). The different approaches adopted by the two kinds of services may imply a difference in the relative importance given to team socio-psychological supervision. Supervision offers providers the chance to reflect on and share problems with colleagues and coordinators, it helps developing skills and knowledge, and enhances the understanding of the practice (Neil *et al.*, 2010). Then, supervision may allow learning from errors and past experience (Pearson, 2001; Cook *et al.*, 2018). Supervision also seems to protect workers from burnout (Leiter and Maslach, 2006). Thus, the availability of supervision sessions is extremely important for providers working in homeless services in general. Moreover, supervision allows reflection on single cases and identify person-centred strategies aimed at promoting users' well-being and recovery (Neil *et al.*, 2010). The opportunity to reflect on one's own work experience with colleagues and exchange knowledge, competences and good practices might be even more critical in services adopting a person-centered approach, where the individual intervention has to be constantly monitored and modified based on users' input.

Two of the few studies that analysed the differences in supervision models between homeless services underlined the so-called "treatment paradox": the contents of supervision in Housing First are mostly referred to clinical intervention, while in than traditional services, supervision is mostly focused on house-related needs (Henwood *et al.*, 2011; Choy-Brown *et al.*, 2016). On the other hand, staff supervision in Housing First appears to be more variable and unstructured, compared with Continuum of Care Model (Henwood *et al.*, 2011; Choy-Brown *et al.*, 2016). Besides the differences in the structure and content of the supervision provided in the two kinds of services, it is possible that in HF services the availability of supervision within the services is more common, as well as its perceived effectiveness.

Strength-based approach versus Promotion of functionings

According to the strength-based approach, the service should consider users and workers as individuals with capabilities and resources, worthy of respect; the project should also be aimed at the promotion of these capabilities (Gaboardi *et al.*, 2019;

O'Shaughnessy *et al.*, 2020). The capabilities approach was developed by Sen (1992) and the author differentiates between capabilities and functionings: capabilities are "the freedom of individuals to do and to be according to their own values given the resources available to them" (MacLeod, 2014, p.4); functionings, instead, are the "achieved outcomes of capabilities" (Kerman and Sylvestre, 2019, p.415). The housing providers themselves stated that one of the most relevant features of the Housing First model is exactly the strength-based approach (Gaboardi *et al.*, 2019), opposite to the staircase model that tends to promote and direct the interventions mostly to the person's functioning. Maton (2008) showed that a strength-based approach (e.g., a capabilities-fostering service) has the benefit to promote users' recovery and workers' well-being at the same time. In addition, it enhances the sense of empowerment in both (Maton, 2008). Based on the characteristics of the two models, we expect that providers working in HF services have a stronger perception that the service is promoting users' capabilities.

This paper aims to describe and evaluate the profiles and the professional and organisational experience of providers working in homeless services in relation to characteristics that are critical for their well-being and the quality of their work: the availability and perceived usefulness of training and psycho-social supervision, and the degree to which providers feel that the service is promoting users' capabilities (along with some professional and demographic characteristics: gender, age, workloads, education, years in the field and in the service). Moreover, the present study aims to compare providers' professional profiles and professional and organisational experience in Housing First and traditional services in eight different countries.

Method

Procedure

The research is part of the bigger European project called HOME_EU "Homeless as Unfairness" and involves eight European countries: Italy, Portugal, The Netherlands, France, Ireland, Poland, Spain and Sweden.

Following the research protocol, an online questionnaire was administered to a convenience sample of homeless service providers between September 2018 and February 2019. Participants working in "Housing First" services and in "Traditional Services" were asked to participate in the study. Only providers with at least six months of experience in the service were included.

In the current research, the "Traditional Services" group includes all those homeless services that do not meet Housing First's criteria, i.e., do not adhere to the HF model of service provision. Following the research protocol, partners who coordinated participants' recruitment used their knowledge and contacts to select programmes categorised as HF or TS in their countries (Greenwood *et al*., 2019). The research protocol was shared among Consortium partners and each country recruited participants by sharing the link of an online questionnaire, which was previously translated in the country language following translation and back-translation procedures (Beaton *et al*., 2000). Each research team guided the process of data collection for that specific country. The research has been approved by the European Ethics Committee and the Ethics Committee of each University or Organization.

Participants

Data were collected for a total of 770 providers from the eight European countries. From these, 169 providers had to be excluded because they did not meet the inclusion criteria (i.e., because they do not specifically deal with adults experiencing homelessness but with a different population, such as foreign minors, mental health problems, etc.). Moreover, 26 providers have also been excluded from the analysis because they have worked in the service for less than six months. Since in Poland there are no Housing First services, only data from providers working in Traditional Services are available. Moreover, the Swedish sample was too small to allow cross-national comparisons. For these reasons, data from these two countries were not included in the comparison between Traditional and Housing First Services across countries.

The analyses were run on a final sample of 455 participants, taking into account only the completed data. Overall, 323 (71%) worked in "Traditional Services" group and 132 in "Housing First" services; 61.3% (n=279) of the sample is represented by participants identifying as female, and the mean age is 40.95 years (*SD*=10.4).

Measures

Demographic variables. Participants were asked to indicate their age, gender and educational level. For the educational level, a dichotomous variable was created (0=from middle school to post-secondary programmes not completed; 1=post-secondary degree). Providers also reported the amount of working hours per week (as indicated in the contract) and how long they have been working in the service and in the field (in years).

Staff training. Two single items were used to ask providers about the availability of staff training in the organisation and its perceived utility on a Likert scale (from 1 to 5, where 1 corresponds to "very low usefulness" and 5 indicates "very high usefulness"). The question measuring the perceived usefulness of the training provided

was answered only by providers who reported that staff training was available within the service and was dichotomized to differentiate among providers evaluating the training as not useful (1-3) or useful (4-5).

Staff psycho-social supervision. Two single items were used to ask providers if they have access to staff supervision in the organisation and its perceived usefulness (on a Likert scale from 1 to 5, where 1 corresponds to "very low usefulness" and 5 indicates "very high usefulness"). The question measuring the perceived usefulness of supervision was answered only by providers who reported that supervision sessions were available within the service and was dichotomized to differentiate among providers evaluating the supervision as not useful (1-3) or useful (4-5).

Capabilities-fostering service. The degree to which the services promote users' capabilities was investigated through a shorter version of Capabilities Questionnaire for the Homeless Services Context (Sacchetto *et al.*, 2018). The questionnaire was adapted for providers and is composed of 10 items, one for each of the 10 capabilities proposed by Nussbaum (2011) and based on Sen's (2004) theorization. The ten capabilities refer to the main components of freedom and agency, but also include relationships with other living beings: life; bodily health; bodily integrity; affiliation; other species; play; senses, imagination, and thought; emotions; practical reason; control over one's environment. Although the list cannot be considered exhaustive, it represents the foundation from which people can live meaningful lives. In a capability-fostering service, activities are aimed at promoting/restoring users' capabilities. Participants had to indicate their agreement for each statement on a Likert Scale ranging from 1 ("completely disagree") to 5 ("completely agree"). Examples of item are: "Through the help received by this service, a user can feel his opinion taken into consideration" or "Through the help received by this service, a user is able to interact more with the local community members". The *Chronbach's alpha* for this specific sample is.88, so the scale demonstrated a good internal reliability.

Analytic strategy

In order to compare providers working in Housing First and Traditional Services on the variables of interest, ANOVA (for the continuous variables) and Chi-Square (for the categorical variables) test were run.

Results

Service's features: professional and organisational experience and capabilities-fostering service

The primary goal of this study was to describe the professional profile and the professional and organisational experience of providers working in homeless services in relation to service features that are critical for providers' well-being: the availability and perceived usefulness of training and supervision and the degree to which providers feel that they work in a capability-fostering service. Moreover, the study aimed to compare providers' work experience in Housing First and traditional services in eight different countries.

For this reason, results related to the variables of interest in the whole sample will be presented first and, subsequently, data from the two groups (Housing First vs Traditional Services) will be compared in order to understand if significant differences appear.

Table 1. Percentages and frequencies of training and supervision availability and their perceived utility in the total sample, n = 455; n=387 for perceived usefulness)

	% (freq)
Training available in the service	80.2 (365)
Training (useful)	58.2 (265)
Supervision available in the service	58.9 (268)
Supervision (useful)	48.4 (220)

As illustrated in Table 1, 80.2% of the total sample reported that staff training is available in their service and 58.9% reported the availability of staff supervision. Among those who have access to training, 58.2% found it useful, while among providers who have access to supervision 48.4% evaluated it as useful.

Regarding the strength-based approach, the mean score for the variable "capability-fostering service" was 3.86 (SD=.70), indicating that, on average, providers perceive that the services where they work are promoting users' capabilities.

Table 2 shows a comparison between providers working in Housing First and Traditional Services in relation to staff training and supervision.

Table 2. Percentages and frequencies of the availability of training and supervision and their perceived utility by type of service (Housing First vs Traditional Services), n = 455

	Housing First (HF) %	Traditional Services (TS) %	Chi square
Training available in the service	92.4 (122)	75.2 (243)	17 455***
Training (useful)	71.2 (89)	67.2 (176)	.635
Supervision available in the service	76.5 (101)	51.7 (167)	23 831***
Supervision (useful)	76.6 (82)	67.0 (138)	3 137*

*p<.05, **p<.01, ***p<.001*

A vast majority of Housing First's staff members reported the availability of training (92.4%) and supervision (76.5%) in their service, compared with 75.2% for training and 51.7% for supervision in Traditional Services. No differences were found between perceived usefulness of training in providers working on HF and TS. In relation to supervision, a higher percentage of Housing First workers perceived the supervision as useful (76.6%), compared to a percentage of 67% in Traditional Services. Also the scores indicating the perception of how much the service is promoting users' capabilities was higher in Housing First (M=4.09; *SD*=.64) than in Traditional Services (M=3.77; *SD*=.71) (*F*=19.78; p<.001).

Overall, social service providers working in Housing First are more likely to receive training and supervision sessions and to evaluate supervision as useful as compared to providers working in Traditional Services. Moreover, HF providers reported to perceive that the service where they work is promoting users' capabilities to a higher degree than providers working in Traditional Services. These differences are confirmed in most of the countries involved in the study, which follow the general trend shown in the aggregate sample (as shown in Table 3 and 4[1]).

Table 3. Percentages and Frequencies training availability and supervision in six European countries by type of service (Housing First vs Traditional Services), n = 343

	Training available in the service		Supervision available in the service	
	Housing First % (freq)	Traditional Services % (freq)	Housing First % (freq)	Traditional Services % (freq)
France	87.5 (21)	75.0 (18)	66.7 (16)	66.7 (16)
Ireland	100.0 (10)	88.9 (16)	90.0 (9)	77.8 (14)
Italy	94.4 (34)	86.5 (64)	77.8 (28)	62.2 (46)
The Netherlands	97.4 (38)	100.0 (43)	69.2 (27)	65.1 (28)
Portugal	100.0 (10)	96.6 (16)	80.0 (8)	39.1 (9)
Spain	100.0 (9)	84.2 (16)	100.0 (9)	47.4 (9)

[1] Because of the variability in sample size across countries, and the low number of participants in some of them, results are reported with descriptive goals and indices of significance were not taken into account.

Table 4. Mean and Standard Deviation of Capability-fostering service in the six European countries by type of service (Housing First vs Traditional Services), n = 343

	Capability-fostering service	
	Housing First M (SD)	Traditional Services M (SD)
France	4.30 (.54)	3.50 (.80)
Ireland	4.08 (.41)	3.85 (.60)
Italy	3.89 (.71)	3.45 (.68)
The Netherlands	4.01 (.59)	3.88 (.63)
Portugal	4.14 (.80)	3.84 (.67)
Spain	4.50 (.53)	3.89 (.74)

Professional features: providers' profiles

In the attempt of outlining a profile of the social providers working in homeless services, data on gender, age, workloads and years of work experience were collected and are reported in Table 5.

Table 5. Means and Standard Deviations of providers' characteristics in the total sample and by type of service (Housing First vs Traditional Services), n = 455

	M (SD)	Housing First M (SD)	Traditional Services M (SD)	F
Age	40.95 (10.42)	39.41 (9.96)	41.58 (10.56)	4.08*
Weekly working hours	33.42 (9.65)	32.45 (8.23)	33.82 (10.16)	1.89
Years in the service	6.70 (5.90)	5.12 (4.05)	7.34 (6.40)	13.60***
Years in the field	10.22 (7.60)	9.10 (7.37)	10.31 (7.71)	.16

*$p<.05$, **$p<.01$, ***$p<.001$*

In relation to demographics and professional experience, the only significant differences between the two types of services were related to the staff's mean age and years in the service, both lower in Housing First providers compared to Traditional services. No significant differences were detected in the average workload, length of experience in the field and educational level (83.3% reported to have a post-secondary education degree in HF, 79.3% in Traditional Services).

Discussion

The current research aimed at contributing to the bulk of evidence in the field of European housing services and increasing knowledge in relation to the under-investigated category of housing service workers, by analysing data from a cross-national sample. More specifically, the current study evaluated the profiles and professional and organisational experience of providers working in homeless services in relation to characteristics that are critical for their well-being and the

quality of their work (Lenzi at al., 2020): the availability and perceived usefulness of training and supervision and the degree to which providers feel that the service is promoting users' capabilities (along with some professional and demographic characteristics: gender, age, workloads, education, years in the field and in the service). Moreover, starting from the two main types of existing homeless services (Housing First and Treatment First), characterised by some intrinsic differences that could affect providers' features and work, we examined professional and organisational experience of providers in the two kinds of services in relation to the same service features (availability and perceived usefulness of training and supervision and capability-fostering approach).

In general, as hypothesized, providers involved in the study reported to receive a fairly good level of professional and organisational support within their services, as shown by the moderate levels of access to training and, on a lower degree, supervision, found in the whole sample. Moreover, among those who declared to have access to training in their organisation, more than half perceived it as useful, while among providers who have access to supervision sessions, almost half of participants evaluated them as useful.

Team training and supervision, far from being considered a secondary organisational practice, have strongly shown to represent key elements for provider's health in homeless services (Olivet *et al.*, 2010; Manning and Greenwood, 2018). Social service providers, dealing with a complex target represented by people experiencing homelessness, face several and different challenges every day. In this context, a proper training would appear as a good opportunity for the staff to acquire and implement the necessary skills, knowledge and professional practices (Olivet *et al.*, 2010). Acquiring competences in one's own working area means becoming able to organise activities more effectively and, as a result, to increment the likelihood of reaching service goals (Gaboardi *et al*, 2019), similarly to what happens in psychotherapy, where training demonstrated to facilitate gaining better outcomes in the patient (Olivet *et al.*, 2010). The high percentage of homeless services providing training to the staff in our sample is in line with its importance in this field.

Regarding supervision, its utility has been consistently shown in clinical psychology practices, where it seems to help professionals in reflecting about problematic issues of their job and their solutions (Neil *et al.*, 2010), exchanging knowledge (Neil *et al.*, 2010), improving clinical skills (Graham, 2004; Olivet *et al.*, 2010) and, consequently, the quality of care provided (Neil *et al*., 2010). Although a vast majority of participants reported to receive training and more than half reported to have access to supervision, this means that 20% of our sample reported lacking access to staff training and the 40% to a regular supervision. Since staff training and supervision

activities are critical in reducing providers' burnout and promoting their well-being (Lenzi et al., 2020), which is in turn contribute to the better quality of service (Manning and Greenwood, 2018), the unavailability of these practices might have negative consequences for providers' health and work.

In the whole sample, the capability-fostering approach seemed to guide providers' work, regardless of the type of service; this approach has shown its effectiveness with homeless individuals (Gaboardi *et al.*, 2019), by focusing on individuals' capabilities and resources.

In relation to the comparison between the two models, consistently with the hypotheses, Housing First staff reported a greater availability of training and supervision and a higher perceived usefulness of supervision sessions, compared to Traditional Services' workers. The importance given to training and supervision seems to be greater in Housing First services, where the practices not only seems to be more frequently available, but also perceived as more useful (in relation to supervision). This probably derives from the novelty of the model that requires the acquisition of new and specific competences and because of its individualised person-centred approach, requiring the application and the adaptation of those competences to single cases. This is in line with the differences found between the contents of supervision in the two models by past studies (Henwood *et al.*, 2011), where traditional services' providers evaluated supervision (compared to Housing First workers) too focused on bureaucratic aspects instead of users' needs.

In relation to the capabilities approach, our findings revealed that HF providers perceive that their service is promoting users' capabilities to a higher degree respect to Traditional Services. This is in line with the Housing First model, which is well-known for adopting a strength-based approach, focusing on individuals' capabilities rather than on its functioning (an approach characterising Traditional Services). In Maton's model of empowering community settings (2008), the capability-fostering approach is associated with a clear mission and well-defined goals within the service, that in turn lead to a higher work performance (Olivet *et al.*, 2010). At the same time, adopting a strength-based approach can promote staff well-being and facilitate their work, by enhancing motivation and the ease of reaching proposed outcomes with users (Maton, 2008; Gaboardi *et al.*, 2019; Lenzi *et al.*, 2020; O'Shaughnessy *et al.*, 2020). This might partly explain the evidence in literature showing better outcomes for participants of Housing First projects (compared to the traditional model), underlining how a strength-based approach can nurture users' recovery and well-being as well (Maton, 2008).

No particular differences in demographic variables and professionals' features are highlighted. It appears that Traditional Services providers have worked slightly longer in the homeless field than Housing First workers. This result may depend on the novelty of the Housing First model. There were no significant differences in providers' education between the two types of service.

Limitations

The current research has some limitations that need to be acknowledged. The first limitation has to do with the use of a self-reported questionnaire, which is subject to a series of biases, such as social desirability (Collins *et al*., 2012). Moreover, although a common research protocol was shared and adopted by the different teams, the size of the final samples was very heterogeneous across countries, which reduced the statistical power in cross-national comparisons. Furthermore, we did not differentiate between forms of training approaches, which can vary widely across national context and services. This choice mostly derived from the heterogeneity characterising the services included in our study and the cross-national nature of the sample (which would have made it difficult to consistently categorize training approaches across services). This choice might have impacted our findings on training, especially in TS services, where a wider heterogeneity in service provision might be associated to a higher variety of training approaches. Finally, the items measuring perceived usefulness of training and supervision did not investigate the reasons underlying providers' perceptions, making it difficult to understand the specific strengths and the weaknesses of each training and supervision experience. Future research should investigate the features making these practices useful for homeless providers and determine which ones, instead, are perceived as not useful. It could also be useful to differentiate workers within the same organisation based on their professional role in order to better understand their training and supervision needs.

Conclusion and Recommendation for Practice

Notwithstanding its limitations, the research represents one of the first attempts to address how different models of homeless services are reflected in different working practices and professional and organisational experience in a cross-national study involving eight European countries. The findings show a relatively high availability of staff training (and, to a lower degree, supervision) and capability-fostering approach in homeless services, with differences between Housing First and Traditional Services.

It is now essential to understand how to improve the support given by organisations to homeless service workers and increase its usefulness for providers. There are several forms of staff training and supervision: which ones are the most effective and useful? The answer to this question is critical in order to develop the best practices in homeless services.

Relatively to training, Graham (2004) suggests that a good way to improve clinical psychologists' skills could be an on-site group training based on modelling and ongoing training sessions. One-time training, in a concentrated period of time, appears to be less effective than an ongoing training; similarly, group training seems more useful than individual training (Olivet *et al*., 2010).

Regarding supervision, past literature underline the importance of supervisors' attributes (Neil *et al*., 2010; Choy-Brown *et al*., 2016). Supervisor's soft skills as warmth, interpersonal communication skills and emotional support can facilitate the creation of a good learning environment (Choy-Brown, *et al*., 2016), while a judgemental environment could hinder participants' disclosure (Cook *et al.*, 2018). Another feature hindering the usefulness of supervision occurs when the supervisor tend to be afraid of participants' judgement and, because of this, tries to avoid discussions about the weaknesses of the service (Cook *et al*., 2018).

However, despite the importance of these practices (Choy-Brown, *et al*., 2016), lack of time and financial resources could challenge their actualization (Goscha and Rapp, 2003; Choy-Brown, *et al*., 2016). In previous research on homeless workers in Housing First and Traditional Services, participants reported to have little time available for supervision (Kilminster and Jolly, 2000). This could partly explain the relatively high percentage of service providers who reported to not have access to supervision in the current study.

Training and supervision should be guaranteed to all homeless service providers and possibly tailored on providers' expectations, roles and needs. In addition, considered the importance of adopting a strength-based approach for users' recovery (Maton, 2008; Gaboardi *et al.*, 2019), services would benefit from adopting this approach in their work, regardless of type of service, and should thus be promoted in the fields of homeless services. Also adopting a capability-fostering approach has impact on housing providers' work and users' outcomes. As it has been reported above, providers and homeless individuals' well-being depends on the average rate of promotion of capabilities in the service. A deficiency of the strengths-based approach, like experienced in the Treatment First model*,* could affect users' recovery (Maton, 2008). Investing in professional and organizational supportive practices as training and psycho-social supervision and promote a capability-fostering approach could improve the quality of the care provided and users' outcomes in different kind of homeless services.

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