Case management interventions improve housing stability for people experiencing homelessness and the effects may be increased with intensive support

Homelessness is an important problem and case management support may provide part of the solution. This review includes some guidance for current practice and policy and recommendations for future research, including an expansion of the research base outside North America.

What is this review about?
Many millions of people experience homelessness, potentially leading to poorer health and wellbeing outcomes, and a lower life expectancy. We present evidence on a wide range of interventions that include a case manager to help the individual client to find stable housing.

What studies are included?
We looked, specifically, for any findings to help identify the individual components of case management such as the period over which support is provided, the number of clients per case manager, and whether there are conditions attached to this support from the client’s point of view.

We explored the effects of these interventions on homelessness and other outcomes such as mental health, substance use, physical health, wellbeing and employment.

What are the main findings of this review?
Case management effectiveness overall:
Any type of case management clearly improves homelessness outcomes for people with additional support needs, and this may be more effective for people who also have greater levels of additional need for support. Case management also increases wellbeing for the population in the included studies, at least in the short term.

Across the full body of evidence, it does not appear that the included interventions improve mental health, and there is no evidence of improvement in employment, physical health or substance use.

Time spent in stable housing may be increased when case management is more intensive. The multi-component Housing First approach may be more effective than other types of intensive case management.

Case management components:
In terms of housing outcomes, support for up to three years leads to improvements in stable housing. These benefits may be reduced over the longer term but still

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persist, suggesting that very long-term support should be provided.

In-person meetings with the case manager appear to be beneficial when compared with remote or mixed (remote/in-person) meetings but many studies did not describe meeting location(s).

Although there was not enough evidence from the intervention studies, there is consistent evidence from the implementation studies that any barriers attached to case management support (i.e. conditions that must be met to receive that support) should be minimised.

Supporting case managers:

A number of themes arise from the implementation studies that are relevant to the components of a case management programme. These include the importance of a close working relationship across agencies; provision for the non-housing support and training needs of clients experiencing homelessness; community support and development for the newly-housed; providing for the emotional support and training needs of case managers; and giving clients choice in relation to the type of housing provided.

Cost effectiveness:

The available studies vary in their findings. It is likely that case management is more costly than usual care but may be cost-effective if society is ‘willing to pay’ a certain amount to support people experiencing homelessness into stable housing.

What do the findings of this review mean?

Case management helps people experiencing homelessness who have additional support needs to obtain stable accommodation, and is even more helpful for those with higher levels of support needs.

High intensity multicomponent approaches such as Housing First may lead to greater benefits. There is also some evidence for improvements to capabilities and wellbeing but, notably, they do not appear to impact mental health outcomes any more than usual care.

There is some evidence that case management support should be long term, that meetings in person with clients are beneficial, and any conditions associated with provision of the service should be minimised.

How up-to-date is this review?
The review authors searched for studies that were reported up to March 2021.

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About this summary

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