

An evidence and gap map of effectiveness studies for those affected by and at risk of homelessness in high-income countries

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SCOPE OF THE EVIDENCE AND GAP MAP

Full name: An evidence and gap map of effectiveness studies for those affected by and at risk of homelessness in high-income countries

Short name: Homelessness: an evidence and gap map

Homelessness is broadly defined to include not only those sleeping rough. Those experiencing homelessness are those who have no accommodation and so sleep on the street (sleeping rough) or in temporary, insecure or poor-quality housing (European Commission, no date). Those at risk of homelessness may currently be in satisfactory accommodation but at risk of losing it – for example because of loss of employment or other income source.

BACKGROUND AND RATIONALE

Weak economic performance and rising property costs increase the numbers of those homeless, at risk of becoming homeless, and living in inadequate housing.

Homelessness, even of short durations, can result in social exclusion with reduced access to a range of social services and reduced employment possibilities. Homeless people have worse health outcomes, and there is a mutual relationship between homelessness and other social disadvantages such as mental health problems and substance abuse.

There is a range of interventions to try to prevent homelessness and to increase housing stability. However, the evidence base of studies of the effectiveness of these interventions is thought to be uneven by both study design and geography, with most studies being conducted in North America.

The proposed evidence and gap map will present studies of the effectiveness of these interventions across a range of outcome domains. Specifically, the objectives of the map are to:

- i. Develop a clear taxonomy of interventions and outcomes related to homelessness in high-income countries
- ii. Map available systematic reviews and primary studies of the effectiveness of interventions for homeless people and those at risk of homelessness, with an overview provided in a summary report
- iii. Provide database entries of included studies which summarize the intervention, context, study design and main findings.

EXISTING MAPS AND REVIEWS

No existing evidence maps for homelessness were found.

There are a number of systematic reviews, all of which are narrower than the proposed map.

Most recent is a rapid evidence review undertaken by Crisis. The review has a broad scope but limits the evidence being reviewed: 120 studies were identified as high quality, of which 35 were analysed (SCIE, 2018). Munthe-Kaas et al. (2016) restrict their systematic review to studies which assess the impact of interventions on housing status. They include 43 studies, but list around 100 more which report other outcomes. The systematic review by Altena et al. (2010) is restricted to homeless youth.

In addition, there are a number of more focused reviews. For example: (1) the systematic review by Bassuk et al. (2014) assesses the impact of housing interventions on family homelessness, (2) Hwang et al. (2005) review the effectiveness of health interventions for homeless populations, and (3) Byrne et al. (2013) report studies relating to homelessness amongst female veterans.

There are also prevalence reviews related to homelessness, especially related to mental health (e.g. Folsom and Jeste, 2002, on schizophrenia, Hodgson et al., 2013, on psychopathology, and Fazel et al, 2008, on mental disorders in general). As these studies are not studies of effects they are not relevant to this map.

SECTOR OR INTERVENTIONS

Interventions are broadly defined to include legislation and policies which are intended to improve the housing status of individuals and families, as well as prevention approaches. The complete list of interventions is: (1) legislation, (2) prevention, (3) services and outreach, (4) accommodation-based interventions, (5) employment, (6) health and social care, (7) education and skills, and (8) communication. We exclude interventions in post-disaster or conflict settings, as well as interventions targeted at refugees and asylum seekers.

Table 1 lists the intervention sub-categories. Examples of programme names are given in parentheses. These are listed to aid with search and coding. They will not appear in the sub-category label in the map. Some programmes are either multi-component or straddle intervention sub-categories. Examples are Housing First (congregate/scatter site; ACT/ICT) and Homeless Veterans' Reintegration Program. Studies of these interventions can appear in more than one category. The map will have a searchable field (filter) for programme name (see below on filters).

Table 1: Intervention categories and sub-categories

Legislation and policy	Housing/homelessness/vagrancy legislation/act Welfare/benefits legislation (universal credit) Social and health care legislation
Prevention	Primary: interventions for the whole population which affect everyone: (<i>Schools, hospitals, anti-poverty measures, employment programmes, job centres plus, troubled families programme, leaving care</i>) Secondary: interventions aimed at those who are at imminent risk of homelessness, e.g. those being discharged from institutions such as leaving hospital. (<i>Housing Options, Holistic in-tenancy support</i>) Tertiary: interventions for who have previously experienced homelessness (<i>Critical time Interventions, CTI</i>)
Services and outreach	Soup runs and soup kitchens Day centres/centers Outreach/street workers (including traditional street outreach) Assertive street outreach (no second night out, no third night out) Reconnection and relocation
Accommodation-based interventions	Shelters and hostels Supported accommodation Social/public housing (priority allocation schemes of various kinds) Private rented housing including shared tenancies (access schemes of various kinds including housing benefits, single room rates and vouchers) Community hosting (e.g. supported lodgings and night stop)
Employment	Supported employment and individual placement schemes/support Mentoring and coaching (including job coaching) Flexible employment options
Health and social care	Health interventions (primary, secondary and tertiary) Substance misuse treatment (residential rehab/detox, community based) Mental health services (drugs, CBT etc.) Specialist homelessness health services Case management / workers (link workers, befrienders, peer mentoring, trauma-informed care)
Education and skills	Vocational training Work experience (including volunteering) Life skills training (including rights) Education for homeless children Creative activities
Communication	Advocacy campaigns (no one turned away) Public information campaigns

POPULATION AND SUB-POPULATIONS

The population is individuals and families who are homeless or at risk of becoming homeless. We exclude those made homeless by natural disasters, and refugees and asylum seekers.

Population sub-groups of interest are listed under filters.

DIMENSIONS (FILTERS)

In addition to interventions and outcomes, the following filters will be coded for primary studies (and reviews where appropriate):

- (1) Population sub-groups of interest include: People who are sleeping rough; youth/young people; women; families with children/households with children; survivors of domestic violence/abuse; LGBT people; older people; people discharged from health facilities; people with, or with a history of, mental health problems/illness; people with alcohol or drugs issues; people with complex needs/dual diagnosis (e.g. alcohol and mental health issues); people who are HIV positive; veterans/ex-services; migrants (national and international)/non-nationals; ex-prisoners; people with disabilities; and people living in rural areas.
- (2) Specific programmes and approaches: Housing First, Homeless Veterans' Reintegration Program, contingent approaches, non-contingent approaches.
- (3) Study designs: RCTs, natural experiments, regression discontinuity, propensity score matching, difference in difference, instrumental variables, and other matching designs.
- (4) Global region (World Bank categories).
- (5) Country.
- (6) National region (e.g. a state in the US, or country in the UK, such as England).

INDICATORS AND OUTCOMES

The indicator domains are shown in Table 2. There are seven domains: (1) access to services, (2) crime/criminalization, (3) housing stability, (4) health (including substance abuse), (5) employment and income, (6) capabilities and wellbeing, and (7) public attitudes and participation.

Table 2: Indicator domains

Domain	Sub-domains
Access to services	Healthcare (primary, secondary and tertiary care) Welfare benefits Other services
Justice (including criminalisation)	Arrest and imprisonment (including criminalisation of street homeless people) Recidivism Victims of crime
Housing stability	Accommodation/housing status Satisfaction with housing
Health (including substance abuse)	Abstinence from substance abuse Physical health and nutrition status Mental health status
Employment and income	Employment status (paid and unpaid work) Skills Earned income Forced labour/labor and sex work
Capabilities and wellbeing	Skills in self-care management, safe community participation, food & money management Community engagement and social connectedness Overall wellbeing/quality of life
Public attitudes and participation	Public understanding of homelessness Support for interventions for homelessness Fundraising Public engagement in homelessness-related activities
Cost	Cost effectiveness Savings Cost per participant

STUDY DESIGNS

The map will include studies of effectiveness, that is experimental and non-experimental impact evaluations with a design which controls for selection bias. The following designs will be included: RCTs, natural experiments, regression discontinuity, propensity score matching, difference in difference, instrumental variables, and other matching designs.

The map will also include systematic reviews which include studies from high-income countries.

The map will be produced in two stages:

- Stage 1 will map the approximately 140 RCTs identified by Munthe-Kaas et al. (2016)
- Stage 2 will map the results from the full search, including both primary studies and systematic reviews.

PROCESS FOR DEVELOPING THE FRAMEWORK

The framework has been developed through the following process:

Stage 1: Two existing frameworks were considered as a basis for the framework to be used for this map: (1) the intervention categories used by Munthe-Kaas et al. (2016), and (2) the categories provided by Crisis (which are used in the SCIE, 2018, review)

Stage 2: The proposed framework was reviewed by staff of Crisis and a group of UK academics specializing in homelessness (I-SPHERE) and revised on the basis of their comments and further discussion with the Director of the new What Works Centre for Homelessness.

Stage 3: The map is being prepared in two stages: (i) coding of the approximately 140 RCTs identified by Munthe-Kaas; (ii) coding of all eligible studies identified after a full search. The coding framework will be reconsidered at the end of stage (i).

The map will be discussed with the Advisory Group for the Centre for Homeless Impact and presented at consultations organized by the Centre.

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EVIDENCE AND GAP MAP AUTHORS

Lead EGM author: The lead author is the person who develops and co-ordinates the EGM team, discusses and assigns roles for individual members of the map team, liaises with the editorial base and takes responsibility for the on-going updates of the map.

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ROLES AND RESPONSIBILITIES

- Content: Ligia Teixeira and Suzanne Fitzpatrick.

Ligia Teixeira is Director of the new UK Centre for Homelessness Impact. Professor Suzanne Fitzpatrick has been researching homelessness for two decades with many scientific and official publications on the topic, and is editor of the *International Journal of Housing Policy*.

- Evidence gap methods: Howard White and Ashrita Saran, who have co-authored a paper on mapping methods used by different agencies. Howard White assisted development of Campbell guidelines and standards for Evidence and Gap Maps.
- Information retrieval: Ashrita Saran and Howard White. Ashrita Saran has received training on search strategies and authored strategies for other evidence synthesis products. The search strategy will be adopted from that used by Munthe-Kaas et al. (2016). The strategy will be reviewed by John Eyres (IDCG Search Specialist) before submission.

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POTENTIAL CONFLICTS OF INTEREST

Ligia Teixeira is Director of the Centre for Homelessness Impact.

Suzanne Fitzpatrick is an established researcher in the field of homelessness with many published studies.

PRELIMINARY TIMEFRAME

Protocol: March 2018

Draft map stage 1: February 2018

Draft map stage 2: March 2018