

Interventions to reduce homelessness and improve housing stability are effective



A range of housing programs and case management interventions seem to have similar beneficial effects, yet it is unclear which of these is best for reducing homelessness and increasing housing stability

What is the aim of this review?

This Campbell systematic review examines the effectiveness of interventions to reduce homelessness and increase residential stability for individuals who are homeless, or at risk of becoming homeless. Forty-three studies were included in the review, 37 of which are from the USA.

There are large numbers of homeless people around the world. Interventions to address homelessness seem to be effective, though better quality evidence is required.

What did the review study?

There are large numbers of homeless people around the world. Efforts to combat homelessness have been made on national levels as well as at local government levels.

This review assesses the effectiveness of interventions combining housing programmes with or without case management as a means to reduce homelessness and increase residential stability for individuals who are homeless, or at risk of becoming homeless.

What studies are included?

Included studies were randomized controlled trials of interventions for individuals who were already, or at-risk of becoming, homeless, and which measured impact on homelessness or housing stability with follow-up of at least one year.

A total of 43 studies were included. The majority of the studies (37) were conducted in the United States, with three from the United Kingdom and one each from Australia, Canada, and Denmark.

What are the main results in this review?

Included interventions perform better than the usual services at reducing homelessness or improving housing stability in all comparisons.

These interventions are:

- High- and low-intensity case management
- Housing First
- Critical time intervention
- Abstinence-contingent housing



How up-to-date is this review?

The review authors searched for studies published up to January 2016. This Campbell Systematic Review was published in February 2018.

What is the Campbell Collaboration?

The Campbell Collaboration is an international, voluntary, non-profit research network that publishes systematic reviews. We summarise and evaluate the quality of evidence about programmes in the social and behavioural sciences. Our aim is to help people make better choices and better policy decisions.

About this summary

This summary was prepared by Howard White (Campbell Collaboration) based on the Campbell Systematic Review 2018:03 “Effectiveness of interventions to reduce homelessness: a systematic review and meta-analysis” by Heather Menzies Munthe-Kaas, Rigmor C Berg and Nora Blaasvær (10.4703/csr.2018.03). The summary was redesigned and proofread by Tanya Kristiansen (Campbell Collaboration). Financial support from the American Institutes for Research for the production of this summary is gratefully acknowledged.



- Non-abstinence-contingent housing with high-intensity case management
- Housing vouchers
- Residential treatment

These interventions seem to have similar beneficial effects, so it is unclear which of these is best with respect to reducing homelessness and increasing housing stability. Evidence with moderate certainty is available for high-intensity case management and housing first compared to usual services.

What do the findings in this review mean?

A range of housing programs and case management interventions appear to reduce homelessness and improve housing stability, compared to usual services.

However, there is uncertainty in this finding as most the studies have risk of bias due to poor reporting, lack of blinding, or poor randomization or allocation concealment of participants. In addition to the general need for better conducted and reported studies, there are specific gaps in the research with respect to: 1) disadvantaged youth; 2) abstinence-contingent housing with case management or day treatment; 3) non-abstinence contingent housing comparing group vs independent living; 4) Housing First compared to interventions other than usual services, and; 5) studies outside of the USA.