



The effectiveness of interventions to improve the welfare of people experiencing and at risk of homelessness: an updated evidence and gap map

Sabina Singh, Binita Sharma, Varsha
Nair, Swati Mantri, Howard White

Sixth Edition 2024

About the Centre for Homelessness Impact

The Centre for Homelessness Impact champions the creation and use of better evidence for a world without homelessness. Our mission is to improve the lives of those experiencing homelessness by ensuring that policy, practice and funding decisions are underpinned by reliable evidence.

Person-first language

This report uses person-first language, putting a person before their circumstances.

This is to avoid defining an individual by homelessness, which should be a temporary experience.

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About the authors

Sabina Singh led the project. The team members included Binita Sharma, Varsha Nair, and Swati Mantri. Intervention-specific searches were conducted by all the team members. Citation tracking was done by Varsha and Sabina. Hand searches of journals were carried out by Sabina. Website searches were carried out by Swati. Sabina, Binita, and Varsha carried out screening at title and abstract level. The full-text screening and coding was done by Sabina, Binita, Swati, and Varsha. The report was written by Sabina, Varsha, and Binita. Howard White reviewed the report and added suggestions to enhance the quality of the report.

Acknowledgements

Ricel Cantaros, Rashmi Kharel, and Chandrika Prasad Verma helped in accessing full-texts for this edition of the map. We also wish to thank Maria Ossa and Matthew Gannon from the Centre for Homelessness Impact for their suggestions and feedback on this report.

Foreword

As we present the sixth edition of our Evidence and Gap Map of effectiveness studies in homelessness, it is with great enthusiasm that I reflect on the strides made since the establishment of the Centre for Homelessness Impact in 2018.

This groundbreaking tool is not just a compilation of ‘what works’ studies; it is the compass guiding our mission to act as a catalyst for evidence-led change in homelessness in the UK and beyond.

Understanding the evidence landscape is pivotal for improvement, and this map serves as a beacon in that pursuit. The benefits are manifold – it provides a unique snapshot of what we know and don’t know about the effectiveness of homelessness interventions in all key areas, from employment to health and social care. It underpins short, medium and longer term research priorities, helps decision-makers to direct resources efficiently, and ultimately contributes to evidence-based practices and better policy decisions.

Our commitment to keeping this map updated stems from the understanding that without a comprehensive view, our efforts lack precision and focus.

I am delighted to report a substantial increase in studies since our inception, globally and in the UK. Since the first edition of the map, there has been a rise of 262%, from an initial figure of 221 relevant studies - i.e. systematic reviews and impact evaluations - to 800 now.

This growth is very significant: it demonstrates a shared dedication to advancing our understanding of the effectiveness of homelessness interventions. This matters, because we know from other fields that many interventions don’t actually work when subject to closer scrutiny or, in extreme cases, cause harm.

Yet, patience is a lesson learned, as evidenced by the realisation that reliable studies, the very foundation for informed decision-making, are still limited. Recent investment by the UK Government via a £12.5 million Test & Learn programme will help as eight new rigorous evaluations of interventions are conducted over the next three years. But given the list of potential evaluations in the research priorities list we co-produced with stakeholders currently stands at 100-plus ideas, we have a lot of ground to cover in order to catch up with demand. And while international studies offer valuable insights, it is simply not true that their presence rules out the need to conduct local studies. We know from other fields that contextual variations mean that something that works in, for example North America, may well not work in Europe.

It may mean positive outcomes in one country such as the US won't necessarily translate in a European setting. As we navigate this evolving field, the Centre for Homelessness Impact remains steadfast in its commitment to fostering impactful change, armed with the knowledge that time and perseverance are integral to shaping better life outcomes for those experiencing homelessness as well as a better society for all.

A handwritten signature in dark ink, appearing to read 'Ligia Teixeira'. The signature is stylized, with a large 'L' and a long horizontal stroke extending to the right.

Ligia Teixeira

Dr Ligia Teixeira is Chief Executive at the Centre for Homelessness Impact

Executive Summary

This report presents the findings of the sixth edition of CHI's Effectiveness Map. This Evidence and Gap Map (EGM) presents the existing evidence and gaps in the literature on the effectiveness of various interventions being used to improve the lives and welfare of people experiencing or at risk of homelessness in high-income countries. The 800 records in the current edition of the updated map make this EGM one of the largest open-access resources for locating studies with the effectiveness of interventions for improving lives and welfare of people experiencing or at risk of homelessness. The EGM is a useful resource for stakeholders and policymakers to make evidence-informed decisions and investment of resources for improving the lives and welfare of people experiencing or at risk of homelessness.

This EGM plots studies of eligible interventions for people experiencing or at risk of homelessness for the selected outcomes with study designs aimed at assessing the effectiveness of interventions. The EGM is an interactive intervention-outcome matrix. Through this framework, the available evidence is categorised based on the interventions and outcomes used in the studies. The interventions focus on different aspects, such as health, legislation, prevention, and employment. The outcome measures include health, housing stability, education and employment, and crime and justice. As this is an effectiveness map, the studies included here are either impact evaluations (IEs) or systematic reviews (SRs) of IEs. Users can explore evidence for specific countries, target populations, study designs, or others, using the various filters.

The new editions of the map also draw attention to the relevance of regular annual updates. The first edition of this map, published in 2018, had 221 studies. Over the years there has been significant growth in the number of effectiveness studies and systematic reviews of impact evaluations demonstrating 'what works' for people experiencing or at risk of homelessness. There has been a noticeable increase in the number of SRs compared to the previous edition. The proportion of SRs among newly included studies increased from 8% in the 2022 update to 30%.

As with most other fields of knowledge, the evidence on homelessness in the EGM is concentrated around certain interventions. Studies of health and social care interventions are the most studied interventions for homelessness, with 356 studies (approximately 45% of all studies in the EGM). Studies about services and outreach interventions and interventions providing accommodation and accommodation-based services account for 338 (42%) and 283 (35%) studies respectively. On the other hand, interventions about communications, legislation, and financing account for only 13%, 134% and 15% studies of the map respectively.

The most commonly assessed outcomes in the EGM are related to health (n=610), housing stability (n=348), and capabilities and well-being (n=290). Relatively less frequently assessed outcomes included crime and justice (n=81), and employment and income (n=134). There are only three studies in the EGM with outcomes related to public attitudes and engagement.

The concentration of evidence around certain interventions and outcomes in the EGM highlights the need to conduct more studies to fill the gaps where research would be relevant to inform policy.

The distribution of evidence across regions is also highly concentrated. There are 709 studies in the EGM from the North American region alone, constituting about 89% of all studies in the map. Of those, 565 are from the United States of America, while 144 studies are from Canada.¹

Most included studies (impact evaluations as well as systematic reviews) in this EGM are rated as low confidence. The critical appraisal for impact evaluations and systematic reviews was done using separate checklists. Critical appraisal employs a 'weakest link in the chain' principle, meaning that overall confidence is the lowest rating from critical items in the checklist. This is a conservative way of assessing the confidence in the findings of primary studies. The low confidence in most studies largely results from high levels of attrition amongst study participants.

¹ The map contains only English language studies so may omit European studies in other languages. However, effectiveness studies are generally conducted by academic researchers who publish in English language journals.

Introduction

The Centre for Homelessness Impact (CHI), in collaboration with the Campbell Collaboration, has built two different Evidence and Gap Maps (EGMs) for homelessness. One of them assesses what works in the field of homelessness, which describes the effectiveness of interventions. The other map highlights how interventions are implemented, exploring barriers and facilitators for successful implementation. The Effectiveness Map, which is the focus of this report, contains studies which evaluate how effective interventions are at improving a range of outcomes. It contains impact evaluations (i.e. quantitative research) or systematic reviews of impact evaluations. The other map, named the Implementation Map (discussed in detail in our Evidence and Gap Maps Implementation Issues Report), contains qualitative research including process evaluations which demonstrate why interventions might be effective or not. Studies with mixed methods may appear in both maps. Both of these maps are updated annually.

An EGM is a visual representation of the available and relevant evidence for a particular domain. The map shows which interventions and outcomes have been more extensively studied, where there are gaps in the evidence, and how much confidence can be placed in reported findings.

The map exclusively contains research which evaluates the effectiveness of interventions in improving the lives of those who experience, or are at risk of experiencing, homelessness. Figure 1 shows a screenshot of the effectiveness map.

An EGM is a table or matrix which provides a visual presentation of the evidence along selected axes. In the effectiveness map, the intervention categories are arranged along rows (e.g., prevention, employment) while the outcome categories are arranged along columns (e.g., health, housing stability). Both the intervention categories and outcome categories are classified into sub-categories. For example, the housing stability outcome category has two further subcategories: a) accommodation status and b) satisfaction with housing. Appendices 1 and 2 provide detailed descriptions of intervention and outcome categories, and sub-categories used in this EGM.

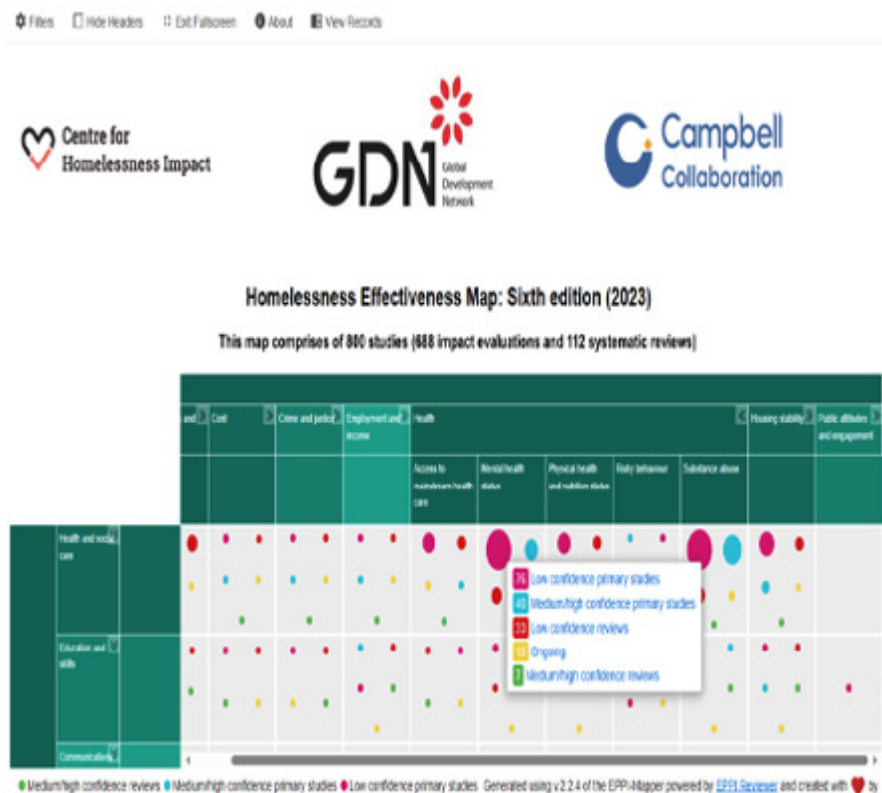
The effectiveness map captures additional elements which describe a study, such as study design, geographical location, and population characteristics. The online versions of the map are interactive so that users may click on entries to see a list of studies for any cell in the map, and use the characteristics of the studies as 'filters'. Clicking on study names shows the database record for the study, which includes the URL for the study.

What evidence is included in this map?

The effectiveness map contains all available studies on the effectiveness of interventions to improve the lives of those who experience, or are at risk of experiencing, homelessness. The map shows both impact evaluations and systematic reviews of impact evaluations. Impact evaluations are studies which use quantitative approaches to measure the difference an intervention made to outcomes like housing stability. Systematic reviews are studies which summarise all available relevant evidence for a particular issue or question, using a systematic approach to identify, codify, and summarise all relevant studies in a topic. Systematic reviews that summarise evidence from impact evaluations are called 'effectiveness reviews'. A snapshot of the EGM is given in Figure 1.

The Effectiveness EGM contains the following study designs: randomised controlled trials (RCTs), non-experimental designs, before versus after designs, and systematic reviews. RCTs constitute the gold standard for impact evaluations. Where randomisation is not feasible, there are non-experimental approaches which use statistical methods to try to ensure the comparability of the comparison group. Some of the eligible study designs include propensity score matching (PSM) and regression discontinuity design (RDD). Before versus after designs are the most basic form of evaluation included in the map, whereby outcomes are measured before and after an intervention has been implemented.

Figure 1: Snapshot of the sixth edition of Homelessness Map (Effectiveness)



Methodology

The scope of the sixth update of the Effectiveness Map, as captured via Population, Intervention, Outcome, and Study Design (PIOS), remains the same as the previous edition. The fifth edition of the EGM included a change in the studied population. In that update, people who work with people experiencing or at risk of homelessness, such as landlords, healthcare professionals, and teachers, were also included. Up to the fourth edition, only individuals who were experiencing or at risk of homelessness were eligible for the EGM. The published protocol of the map may be accessed [here](#).

We endeavour to use and test innovative and advanced methods to update evidence in every edition of the map. For instance, in addition to the database searches, intervention-specific search terms were used in the fourth edition of the map, accompanied by title and abstract screening conducted via Cochrane Crowd. A comprehensive grey literature search was also conducted, in addition to a search based on machine learning.

The studies in the present edition of the map were identified using machine learning via OpenAlex in EPPI Reviewer. The supplementary searches were conducted using intervention-specific search terms. Additionally, selected websites for various countries eligible for the map were searched. Hand searches/screening of selected journals was done for the past year. The backward citation tracking was conducted for selected eligible studies. Additionally, a list of studies identified by CHI was included for screening. The details of the various components of search strategy are discussed below.

Automated Searches using Machine Learning Features of EPPI Reviewer

Searches for the current update were conducted by using the automated search feature within the EPPI-Reviewer software. The software identifies studies from the OpenAlex database using an inbuilt automated (machine learning) search feature.²

The automated search feature of EPPI Reviewer is based on machine learning, whereby the software helps in identifying records related to an existing set of eligible studies. Included studies from the previous edition are provided to the machine as a training dataset. The machine then fetches a list of records that may all be imported to the EGM database in EPPI Reviewer. Alternatively, the user can import only selected records from the list. We chose the former option, whereby the entire list of records was imported to EPPI reviewer for screening.

² OpenAlex is an open-source index of hundreds of millions of publication records from the global research system. See [here](#). EPPI Reviewer has a 'Bring up-to-date' feature which lets the user select certain items in a review/map or all the included items in a review against which machine runs searches from OpenAlex. There is also a provision to select different search modes. We used the 'Bi-citation AND Recommendation' mode for searches.

We ran the automated searches to capture studies for both the maps (effectiveness and implementation), providing studies from previous editions of both the effectiveness and implementation issues maps as a training dataset. The details of other search strategy components are given below.

Grey Literature Searches

A comprehensive manual search of websites and other grey literature was carried out using a systematic combination of search terms. Intervention-specific search terms combined with population and study design search terms provided additional studies.

We used Google as the starting point to identify eligible records using the intervention-specific search strings (**Appendix 3**). Boolean operators AND, and OR were used in the search strings. These search strings included synonyms of intervention categories combined with population and study design using the Boolean operator AND.

Google Scholar was also used with relatively simple search terms such as 'Homeless' 'Critical Time Intervention', 'Evaluation', etc. to identify eligible studies. The searches in Google were conducted by the research team in India and all the screeners conducted searches in incognito mode/private window depending on the browsers used. The search dates and search engine page numbers on which the potentially eligible studies appeared were recorded.³

For the website searches, we searched various institutional/organisational websites dedicated to homelessness in various countries, as in the previous updates of the map. The list of websites searched is given in Appendix 4. The details pertaining to potentially eligible records for both the maps were noted and the records were manually created in EPPI Reviewer for screening.

Before importing, all potentially eligible records from searches were checked for duplicates within the list and in EPPI Reviewer. The potentially eligible and non-duplicate studies were imported in EPPI Reviewer for screening.

Hand searches (online screening) of all the issues from the past year of the selected journals, as identified during the previous updates, were carried out. The list of journals and dates of searches are given in Appendix 5.

References mentioned at the end of selected eligible records were also screened to identify eligible studies.

A list of potentially eligible studies identified by CHI was also included for screening. The list was checked for duplicates, and new records from this list were created in EPPI reviewer.

3 The map contains the studies identified by searches conducted till September 2023.

Deduplication in EPPI Reviewer

All searches, including machine learning and grey literature searches, were imported into the EPPI Reviewer to remove all duplicate studies identified through different sources.

Deduplication in EPPI Reviewer can be done by using the automated 'Duplicate' function, whereby the records identified on a similarity index score are identified as duplicates. The user can then select one of the records as a master record, and replicas may be marked as duplicates. However, it may often be the case that certain records may not be identified as duplicates automatically by the machine due to the limitations related to the similarity index score. These records are to be manually identified. We sometimes come across duplicates while doing screening and coding and address these at these stages. However, to effectively identify duplicates manually, we screen all the records towards the last stages of map generation, when the number of records to be checked manually is not very high, and there is a very low probability of missing any duplicates. This is done by adjusting the number of records appearing on the EPPI Reviewer screen to accommodate all eligible records, arranging them alphabetically by study titles in an ascending or descending order, and screening the records for duplicates. The duplicates, when arranged in this manner, tend to appear in proximity one after the other.

All the records are then cross-checked for the second time, arranging author's names alphabetically. Any duplicate records that may have been missed due to slight dissimilarity in title may then be captured at this stage. At this stage, we also ensure that the seemingly duplicate records are indeed duplicate by checking the uploaded PDFs.

Screening at Title and Abstract

Two independent reviewers screened all the studies based on their title and abstracts using the inclusion and exclusion criteria of this EGM. Disagreements between the two reviewers were resolved through discussion. If there was still any disagreement regarding including or excluding a study between the reviewers, these were resolved by involving a third reviewer.

A total of 1,862 records were identified from machine learning (ML) searches, of which 159 were automatically marked as duplicates in EPPI Reviewer. A comprehensive grey literature (GL) search led to the identification of 357 records, of which 10 were duplicates. After deduplication from both the ML and GL searches, there were a total of 2,050 records in EPPI Reviewer for title and abstract-level screening. A total of 1,134 ineligible records were excluded during title and abstract screening, leaving 916 studies to be screened on full text.

Full-text screening

A total of 916 studies were to be assessed for inclusion at the full-text stage. The full-texts of 17 records could not be retrieved. Six duplicates were also identified at this stage, thereby reducing the number of records to be screened at full-text to 893. The full-text screening is different from the title and abstract screening as the entire PDF of a specific record is scanned for inclusion. Also, the reasons for exclusion are given for every excluded record.

As at the title and abstract screening, full-text screening was also performed by two reviewers independently. Disagreements between two reviewers were resolved through discussion or by involving a third reviewer. As we ran the searches to cover studies both for the effectiveness and implementation maps, studies were included in either or both of the maps upon the assessment of the full text.

A total of 441 records were included, of which 128 and 347 were included for the effectiveness and implementation issues maps, respectively. A total of 34 records from the included studies were identified to be included for both the maps. The remaining 452 records were excluded at the full-text stage. The reasons for the exclusion of the records at the full-text screening stage are listed in the PRISMA flowchart (Figure 2).

Data Extraction and critical appraisal of included studies

The data extraction for 128 records selected at the full-text stage was completed by two independent researchers per the intervention-outcome framework developed for this EGM. The data extraction by two reviewers was compared for differences, and disagreements were resolved by discussion. An arbitrator was approached in the case that no agreement was achieved, and the arbitrator's decision was taken as final.

Out of 128 records considered, 11 were excluded during the coding stage, based on criteria of study design and evidence. Most of these 11 records were excluded on the basis of study design. Very few records were excluded on ineligible evidence, such as letters to editors. The number of new records finally coded for this edition of the effectiveness map is 117.

This edition of the map includes an additional 34 systematic reviews and 83 impact evaluations, including 22 study protocols (ongoing studies). The data extraction is done for all 117 records while critical appraisal is conducted only for the completed studies, i.e., 95 studies. Separate checklists for primary studies and systematic reviews were used to assess the confidence in the findings of studies.⁴ A total of 29 systematic reviews and 66 impact evaluations were assessed for confidence in findings.

4

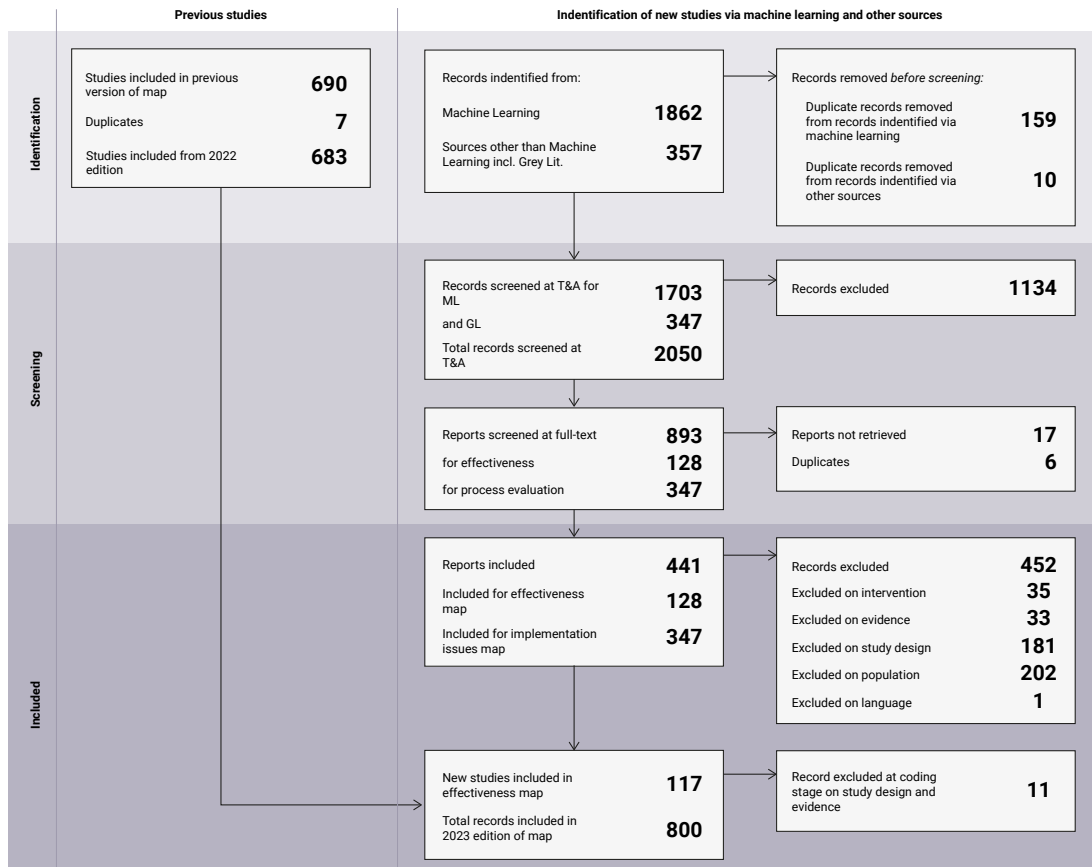
The confidence in the findings of systematic reviews was assessed using the AMSTAR-2 Checklist. The critical items on the checklist included mention of a published protocol, reporting of a comprehensive search strategy, list of excluded studies, risk of bias assessment in individual studies, use of appropriate methods for statistical combination of findings in the included studies, accounting risk of bias assessment while interpreting the findings of the review, and investigation of publication bias and its impact on results.

A systematic review is assessed to be of low confidence if it receives a negative response for any of the critical items on the checklist (irrespective of responses for non-critical items). A negative response for one or more critical items is thus sufficient for the overall assessment of confidence in findings to be low. For a review to be assessed as being of high or moderate confidence, it must have received a positive response for all critical items. The review is classified as being of medium confidence if it has more than one non-critical weakness. A high confidence review has no or only one non-critical weakness.

A separate checklist was used for assessing confidence in the findings for primary studies. The confidence in primary studies was assessed using a tool that appraises studies based on seven items related to 1) study design, 2) blinding, 3) power calculations, 4) attrition, 5) description of the intervention, 6) outcome definition, and 7) baseline balance. Each of these seven items is rated as implying high, medium or low confidence in study findings. Overall quality is assessed using the 'weakest link in the chain' principle, and the confidence in study findings can only be as high as the lowest rating given to any of the critical items (numbers 1, 4, 6 and 7).

Before merging the newly identified 117 records to the existing map (n=690), a duplicate check was conducted. Seven duplicate records were identified from the previous edition. After deduplication of the previous edition of the map (n=683) and the addition of newly identified records (n=117), there are a total of 800 records in the updated EGM, including 112 systematic reviews and 688 primary studies. The PRISMA flowchart (Figure 2) depicts the studies included in the previous version of the map and those added in the current update.

Figure 2: PRISMA flowchart



An overview of the effectiveness map

There is a substantial body of evidence on the effectiveness of interventions for people experiencing or at risk of experiencing homelessness. The latest version of the map contains 800 studies, compared to 221 studies in the first edition (2018), 260 in the second edition (+39 new studies), 394 in the third edition (+134 new studies), 548 in the fourth edition (+154 new studies), and 683 in the fifth edition (+135 new studies). 117 new studies are added in the present edition of the map.

This section provides an analysis of the studies included in the overall map along its primary and secondary dimensions, as well as a separate analysis of the 117 newly included studies.

Overall findings of the Updated EGM

A total of 579 records have been added to the effectiveness map since the first edition of the map. The 800 records in the EGM comprise 112 systematic reviews and 688 primary studies. However, this evidence is unevenly spread across certain intervention categories and limited to certain geographies. We will discuss the geographic origin of the evidence; the type of evidence; and the distribution of evidence across various interventions, outcome categories, and population sub-groups. The critical appraisal assessment for the two broad study types will also be discussed.

Where is the evidence from?

The evidence base is predominantly from North America.

About 84 per cent of studies (n=673) refer to interventions conducted in North America (Table 1), compared to a mere 53 studies from East Asia and the Pacific, and 144 from Europe and Central Asia. There are 92 studies from the UK included in this version of the map, 44 of which are systematic reviews and 48 of which are impact evaluations.

The country-wise distribution of included studies for selected countries and study designs is given in Table 2. It is evident from the table that the United States of America and Canada are the two countries with the largest number of included studies. The United Kingdom has more studies than any other country from Europe and Central Asia. The map highlights the need for more primary studies of promising interventions in different contexts across Europe.

A table of all the studies included in the map for various countries and study designs is given in **Appendix 6**.

Table 1: Region-wise distribution of included studies

Region	Number of studies (Percentage of total studies in parentheses)
East Asia and Pacific	53 (6.6%)
Europe and Central Asia	144 (18.0%)
Latin America and the Caribbean	4 (0.1%)
North America	673 (84.1%)
Not reported/ Unclear	6 (0.8%)

Note: Percentages do not add up as some studies or systematic reviews have countries from more than one region

Table 2: Included studies by selected countries

Country	Primary studies	Systematic review	Total	Share total studies
Australia	19	25	44	5.5%
Canada	103	41	144	18.0%
Netherlands	12	15	27	3.4%
United Kingdom	48	44	92	11.5%
United States of America	472	93	565	70.6%

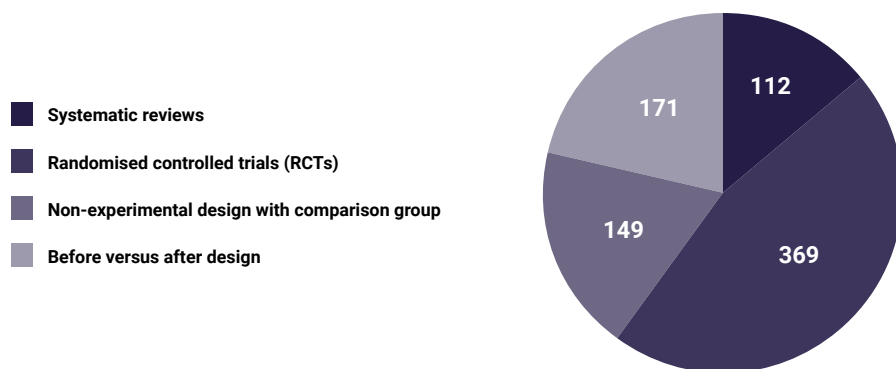
Note: Combined percentages do not equal 100%, as some studies or systematic reviews are conducted for more than one country.

Evidence by study type

Randomised controlled trials make up almost half of the studies

The distribution of included studies by study design shows that randomised controlled trials (RCTs) continue to dominate the map, constituting 46% of all studies. All non-RCT primary study designs combined contribute close to 40% of studies in the map. The remaining 14% of studies are systematic reviews (Figure 3).

Figure 3: Distribution of included studies by study design



Included studies by intervention categories

Most studies report on health and social care and services and outreach interventions

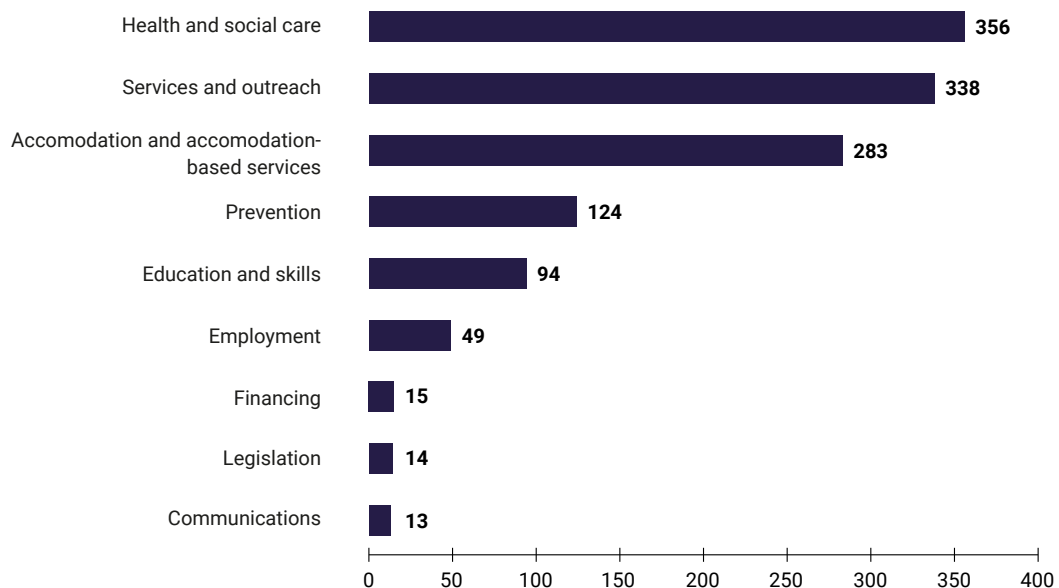
The distribution of included studies by various intervention categories is shown in Figure 4. The vast majority of studies in the map provide evidence of interventions in the health and social care (n=356) and services and outreach (n=338) categories. A smaller but significant number of studies report on interventions related to accommodation and accommodation-based services (283), which include important services, such as Housing First, rapid rehousing schemes, other temporary accommodation setups, etc. Preventive interventions (n=124), such as welfare and housing support, family mediation and counselling etc., as well as education and skills-based interventions (n=94), are covered by a fair number of studies. There are a few studies in the map focused on interventions related to employment (n=49). The categories legislation (n=14), communications (n=13), and financing (n=15) are examined in very few studies when compared to other categories of interventions in the map.

Included studies by outcome categories

Majority of the studies measured effect on health and substance abuse outcomes

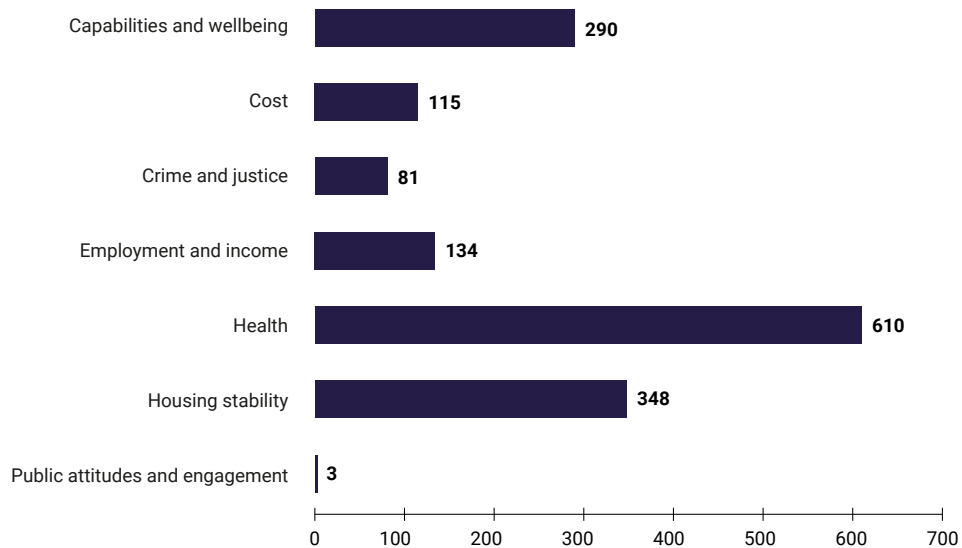
The majority of studies in the EGM (n=610) focus on health-related outcomes. This includes studies reporting access to mainstream healthcare, physical and mental health status, as well as substance abuse related outcomes. Studies assessing the housing stability (n=348) and capabilities and wellbeing (n=290) of people experiencing homelessness are also significant in number. There are only three studies reporting on public attitudes and engagement related outcomes (Figure 5).

Figure 4: Distribution of included studies by intervention categories



Note: The numbers do not add up as some studies have more than one intervention categories.

Figure 5: Distribution of included studies by outcome categories



Note: The numbers do not add up as studies have more than one outcome categories.

The number of studies for various intervention and outcome categories and sub-categories is given in Figures 6 and 7, respectively.

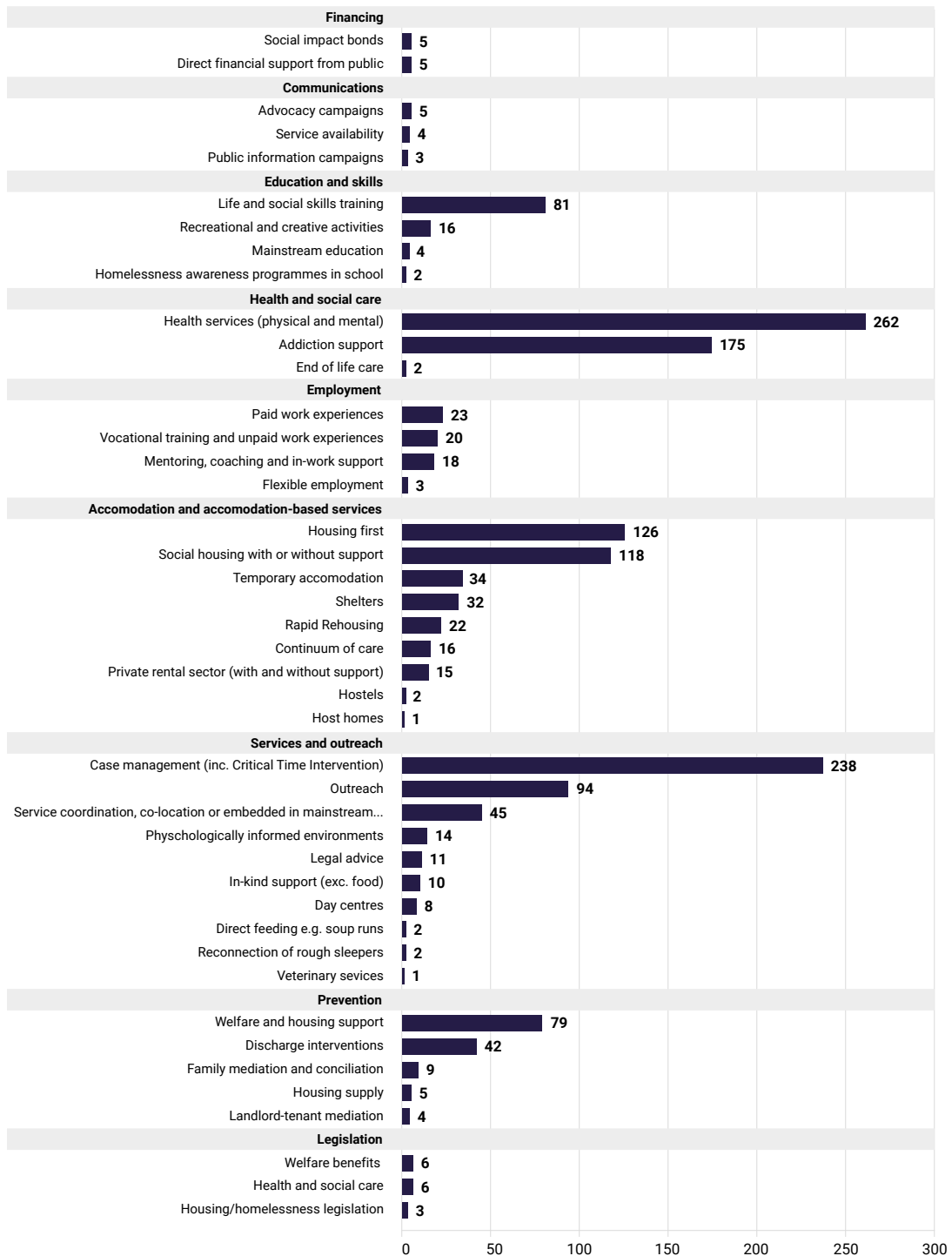
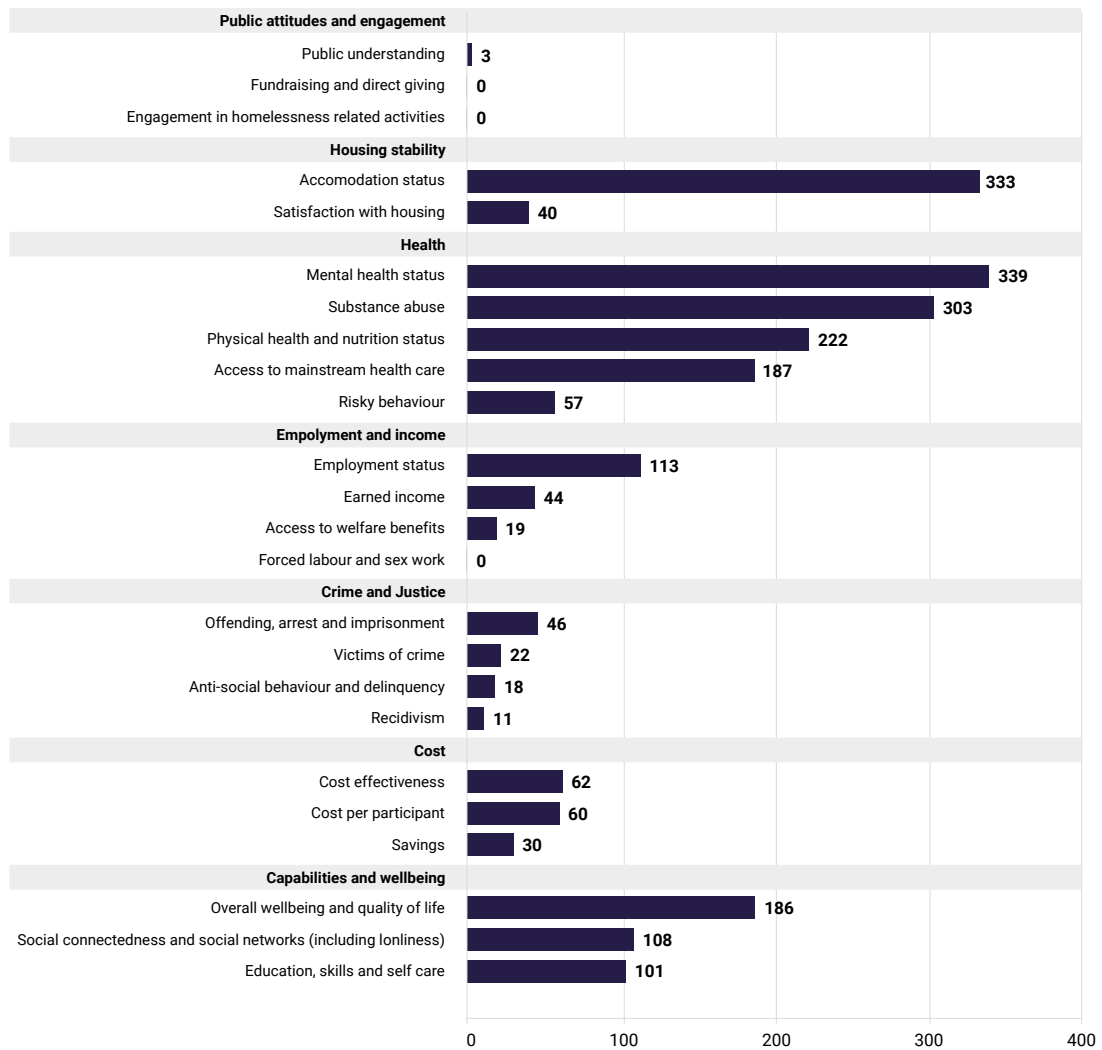
Figure 6: Distribution of studies by intervention categories and sub-categories


Figure 7: Distribution of studies by outcome categories and sub-categories



Aggregate map

Table 3 shows the aggregate map, showing the intervention-outcome matrix. Areas with a high level of evidence concentration are found under health and social care, services and outreach, and accommodation and accommodation-based services; the main outcomes include housing stability, health, and capabilities and well-being. Other areas of the map – notably including legislation, communication, and financing – have relatively very few studies (Table 3).

Table 3: Aggregate evidence and gap map

Intervention categories	Capabilities and Wellbeing	Cost	Crime and justice	Employment and income	Health	Housing stability	Public attitudes and engagement
Legislation	3	4	0	2	7	7	0
Prevention	50	22	19	31	77	83	0
Services and outreach	134	61	41	77	268	197	0
Accommodation and accommodation-based services	124	54	38	60	199	175	0
Employment	19	5	10	30	39	30	0
Health and social care	121	48	33	48	339	109	0
Education and skills	57	6	18	15	70	23	1
Communications	7	3	1	1	9	2	2
Financing	6	4	5	3	9	10	0

The sub-categories for interventions and outcomes which are the most heavily populated cells on the map are as follows:

There are many studies of the effect of physical and mental health interventions on outcomes including mental health status (138 studies), substance abuse (109 studies), physical health and nutrition status (97 studies), access to mainstream healthcare (90 studies) and housing stability (81 studies).

There are many studies evaluating addiction support, which regularly measure substance abuse (150 studies), mental health status (81 studies) and accommodation status (59 studies).

There is a strong amount of evidence for case management interventions across a range of outcomes notably accommodation status (141 studies), mental health status (124 studies), substance abuse (123 studies), access to mainstream health care (70 studies) and physical health and nutrition status (72 studies). There is also a reasonable amount of evidence regarding the impact on overall wellbeing (65 studies) and employment status (49 studies) for case management interventions.

A similar pattern is observed for studies focused on Housing First, with many studies measuring housing stability (78 studies), mental health (68 studies), and substance abuse (56 studies). There are also 34 studies measuring the impact of Housing First on access to mainstream health and 32 measuring physical health and nutrition status. Very few studies measure the impact of Housing First on employment status (12 studies), though the logic of the intervention is that by providing housing first beneficiaries will then be better able to take care of other matters such as finding employment.

There are a fair number of studies evaluating the impact of social housing measures on housing stability (78 studies), mental health status (49 studies), substance abuse (39 studies), access to mainstream healthcare (30 studies), and physical health and nutrition status (37 studies).

A figure showing the frequency of outcome categories corresponding to interventions is given in **Appendix 7**.

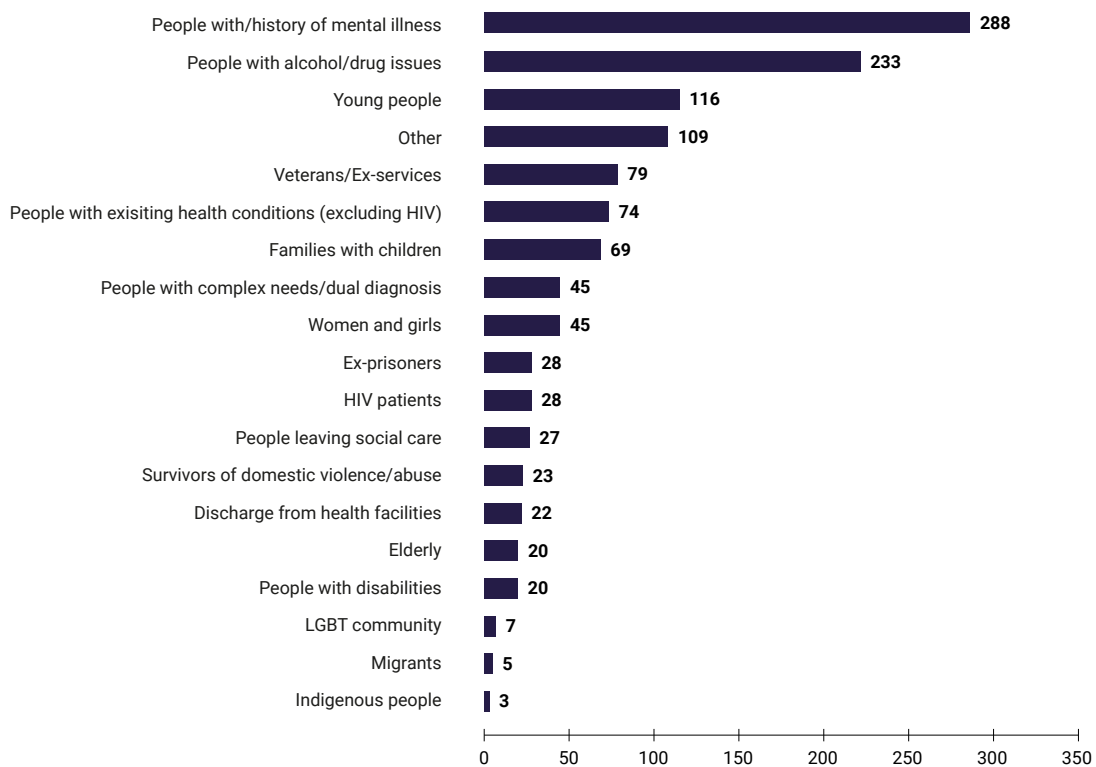
Population subgroups

People experiencing homelessness with a history of mental illness and/or alcohol and drug issues were the most represented population subgroup

When assessed by population, people with a history of mental illness (n=288) and those with alcohol and drug issues (n=233) are the most represented subgroups. Some of the least represented population subgroups included indigenous people, migrants, and sexual minorities. The distribution of various subgroups across studies in the map is given in Figure 8.

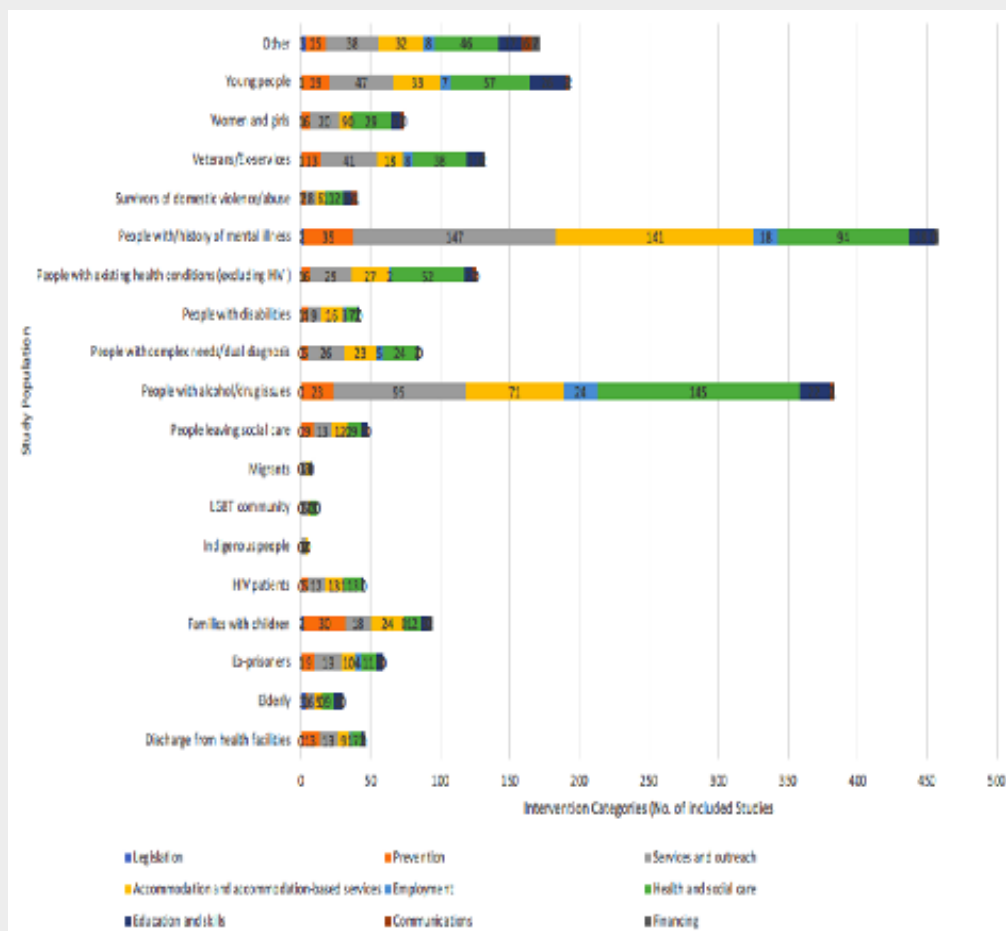
The distribution of population subgroups and intervention categories in the included studies is given in Figure 9. There is a high number of studies with people with a history of mental illness who received interventions related to services and outreach (n=147), accommodation and accommodation-based services (n=141), and health and social care (n=94). The number of studies for health and social care interventions (n=145) is high for people with alcohol or drug issues. Furthermore, 95 studies assess interventions related to services and outreach, and 71 assess interventions related to accommodation and accommodation-based services for this population subgroup. Interventions related to employment services are also predominantly observed for people with history of mental illness(n=18) and people with alcohol or drug issues (n=24).

Figure 8: Distribution of included studies by population subgroups



Note: The numbers do not add up as studies include more than one population subgroups.

Figure 9: Distribution of studies by population sub-groups and intervention categories



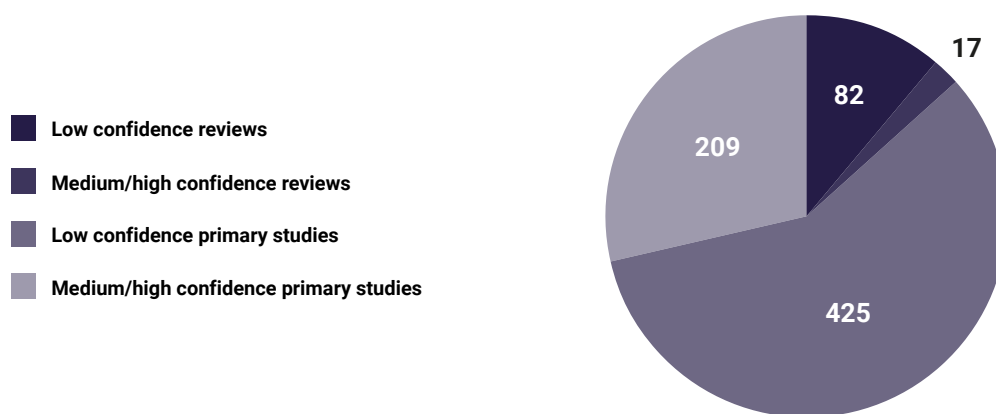
Critical appraisal and overall confidence in study findings

Most primary studies and systematic reviews are of overall low confidence

Critical appraisal was carried out for the 733 completed studies in the map. There are 68 new ongoing studies included in the updated map, of which 55 are impact evaluations and 13 are systematic reviews.

Most of the primary studies were assessed to be of low confidence in study findings (67%), and about one third were classified as medium or high confidence (n=33%). Among the 99 completed systematic reviews included in this EGM, more than 80% were assessed as low confidence, with only 17 studies assessed to be of medium or high confidence.

Figure 10: Confidence in study findings

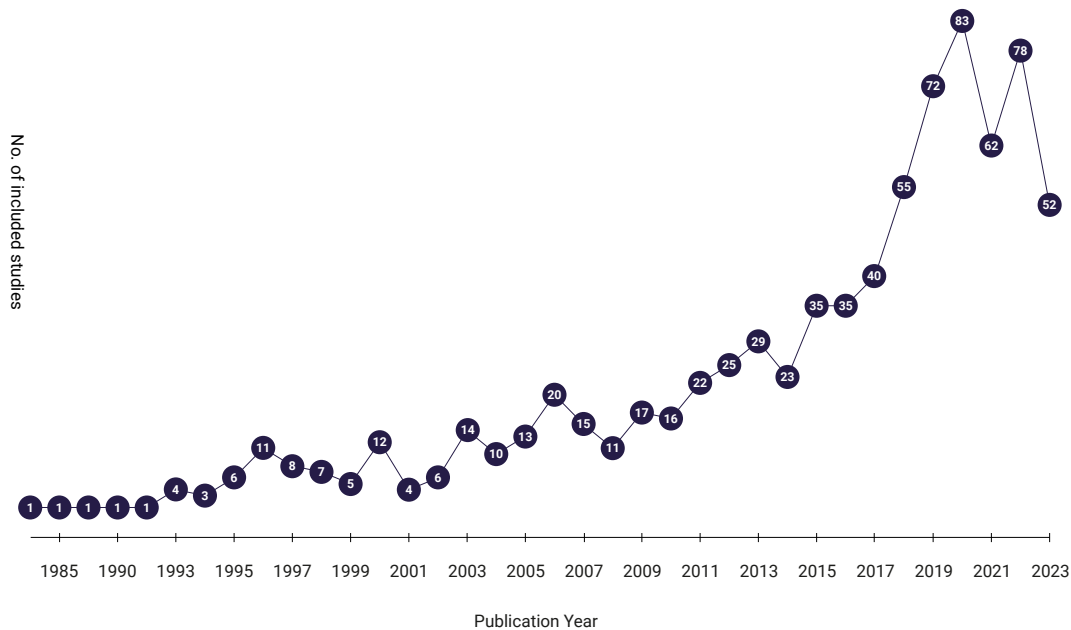


Studies by publication year

The highest number of studies was published in the year 2020

The distribution of studies by the year of publication suggests that the highest number of studies were published during the year 2020 (n=83). A total of 62 and 78 studies were published during the year 2021 and 2022, respectively. The number of studies published in 2023 is 52 (Figure 11); the next update will reflect the total number of studies included in this EGM for the entirety of 2023, as the current edition is based on searches conducted up to October 2023.

Figure 11: Included studies by year of publication



Major Evidence Gaps identified

Major evidence gaps for interventions related to legislation, financing, and communication

There are 800 studies in the map, and there are distinct cells in the map showing where the evidence is concentrated and where there are significant gaps in the literature. There are some blank cells in the map, indicating that studies have not evaluated interventions for impact for given outcomes. The largest gaps are for interventions related to legislation, financing, and communication. There is also relatively less evidence on prevention and employment interventions. There are few studies related to justice indicators, public attitudes and perception, and cost.

More detailed analysis of gaps requires intervention and outcome-specific analysis. For example, there are several studies of critical time interventions (CTI) but nearly all these studies refer to transitions from mental health facilities or analyse mental health outcomes. There is a much smaller evidence base for those leaving prison or the military.

An overview of newly added studies during the present edition

A total of 117 studies were added during the sixth update of the EGM. The 117 records in the EGM comprise 36 systematic reviews and 81 primary studies, from which 82% (n=95) are completed and the remaining are study protocols (n=22).

As with the overall map, the evidence is unevenly spread across certain intervention categories and limited to certain geographies. The next sub-sections discuss the distribution of evidence by geography, by type of evidence, and along the intervention-outcome matrix. The distribution of evidence by population sub-groups is also given followed by an assessment of confidence level in newly included studies.

Where is the evidence from?

Evidence is predominantly from North America

As with the overall map, most newly included studies are predominantly from North America. However, the percentage of studies from North America in the newly included studies is slightly less when compared to the overall map. The studies from North America in the map (n=91) constitute 77% of the newly included studies (compared to 87% for the overall map). There are 40 studies from Europe and Central Asia and only 16 studies from East Asia and Pacific (Table 4).

Table 4: Distribution of studies by region (for studies added during 2023 update)

Region	Number of studies
East Asia and Pacific	16
Europe and Central Asia	40
Latin America and the Caribbean	2
North America	91
Not reported/ Unclear	2

Note: The numbers do not add up as some studies or systematic review are conducted for more than one region.

The country-wise distribution of studies added during the 2023 update for all included countries is given in Table 5. It is evident from the Table that the United States of America has the highest representation for these newly added studies as with the overall map.

Table 5: Distribution of studies by countries (for studies added during 2023 update)

Country	Number of studies
United States of America (USA)	76
United Kingdom (UK)	27
Canada	26
Australia	14
Spain	8
Netherlands	7
Ireland	4
New Zealand	4
Sweden	4
Switzerland	4
Norway	3
Portugal	3
Denmark	2
France	2
Germany	2
Israel	2
Japan	2
Italy	1

Country	Number of studies
Hungary	1
Belgium	1

Note: The numbers do not add up as some studies or systematic review are conducted for more than one country.

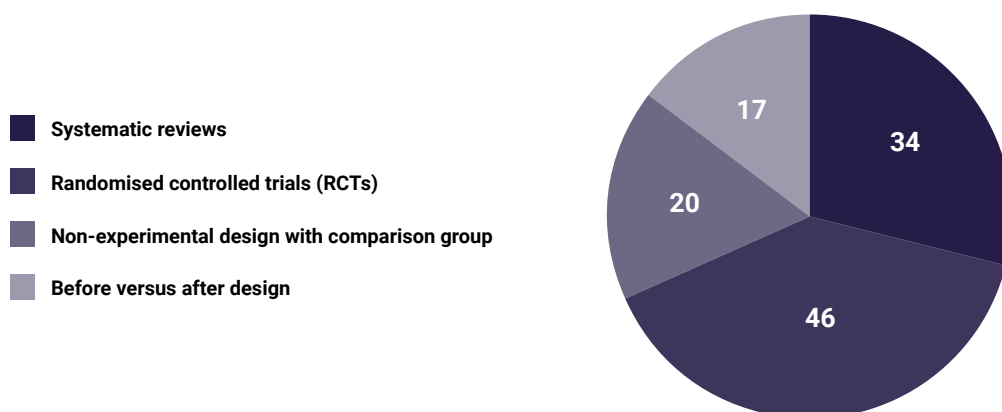
Similarly, the studies from the United Kingdom have a higher representation than any other country from Europe and Central Asia. The number of studies from Canada in the original map was considerably higher than the number of studies conducted in the UK. However, the number of studies added during the 2023 update shows that the number of studies from Canada and UK are nearly same. This finding reflects the growth of evidence in the UK in the field of homelessness over the years.

Evidence by study type

The share of systematic reviews is increasing

The distribution of included studies by study design is given in Figure 12. The percentage of RCTs among newly added studies is 39%, while it is 46% for the overall map. The remaining impact evaluations constitute about 31% of studies included during the 2023 edition. The percentage of newly added studies that are systematic reviews is 30%, which is more than double the percentage (14%) of studies that are systematic reviews in the overall map. This percentage was about 6% for systematic reviews included during the 2022 edition of the map.

Figure 12 : Distribution of studies by study design (studies added during 2023 update)

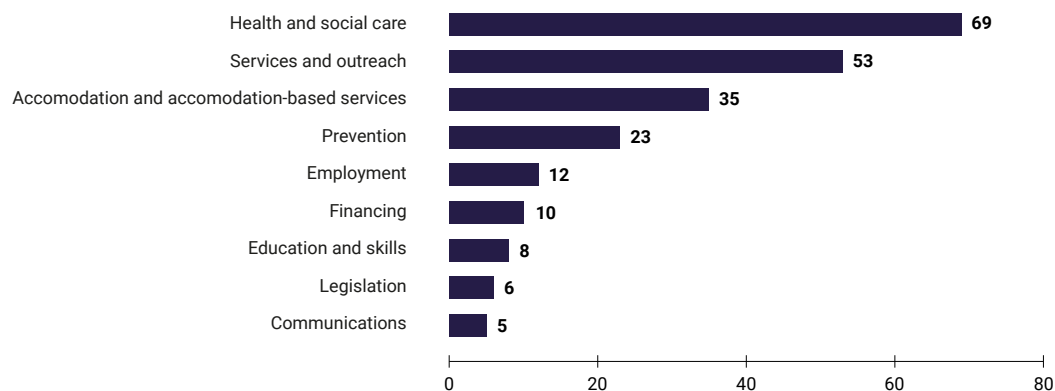


Included studies by intervention categories

A higher number of studies assess health and social care interventions, services and outreach, and accommodation and accommodation-based services compared to other intervention categories

The distribution of included studies by various intervention categories is shown in Figure 13. The number of studies for the health and social care interventions (n=69) is the highest among other intervention categories, followed by services and outreach (n=53) categories, constituting about 59% and 45% of new studies included during the 2023 update, respectively. There are 35 and 23 studies for accommodation and accommodation-based services and interventions related to prevention, respectively. Six studies for interventions related to legislation, five focused on communications, and ten focused on financing are added during this update. It appears that there has been a positive change in the evidence generated for interventions related to financing, as out of a total of 15 studies for financing interventions in the overall map, ten are added during this edition only.

Figure 13: Distribution of studies by intervention categories (for studies added during 2023 update)



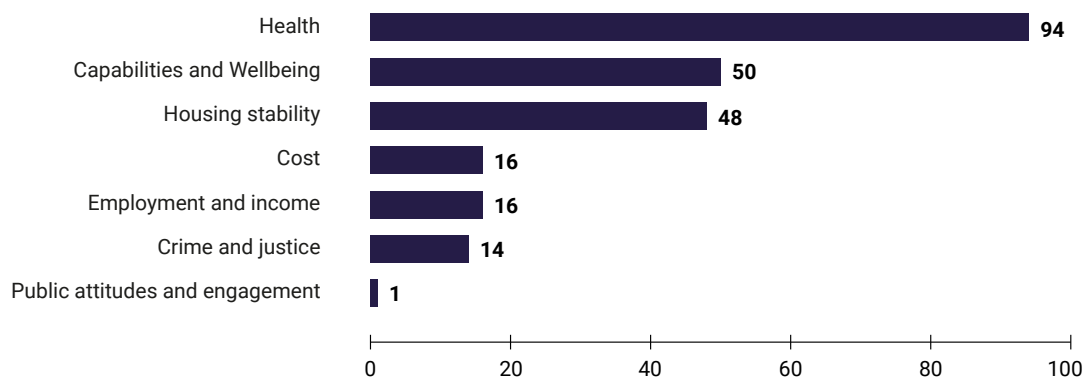
Note: The numbers do not add up as some studies have more than one intervention categories.

Included studies by outcome categories

Healthcare and housing stability related outcomes continue to be assessed in most studies

The studies added during the 2023 edition of the EGM include 94 studies (approx. 80%) with health-related outcomes. This includes studies reporting access to mainstream healthcare, physical and mental health status, as well as substance abuse related outcomes. A total of 48 studies (41%) assessed housing stability while 50 (42%) measured various indicators of capabilities and wellbeing among people experiencing homelessness. Only one study added during the sixth update measured outcomes related to public attitudes and engagement (Figure 14).

Figure 14: Distribution of studies by outcome categories (for studies added during 2023 update)



Note: The numbers do not add up as some studies have more than one intervention categories

Aggregate map

The aggregate evidence and gap map for studies added during the present edition of the map shows a similar trend as for the overall map with a higher number of studies for health and social care interventions, services and outreach, and accommodation and accommodation-based services with the outcomes concentrated mostly for health, housing stability, and capabilities and well-being cells. There is only one study among newly added studies that assessed outcomes related to public attitudes and engagement. Some areas of the map, such as legislation, communication and financing rows have relatively very few studies. However, the row with financing interventions shows that more evidence related to this specific intervention is added during this update (Table 6).

Population subgroups

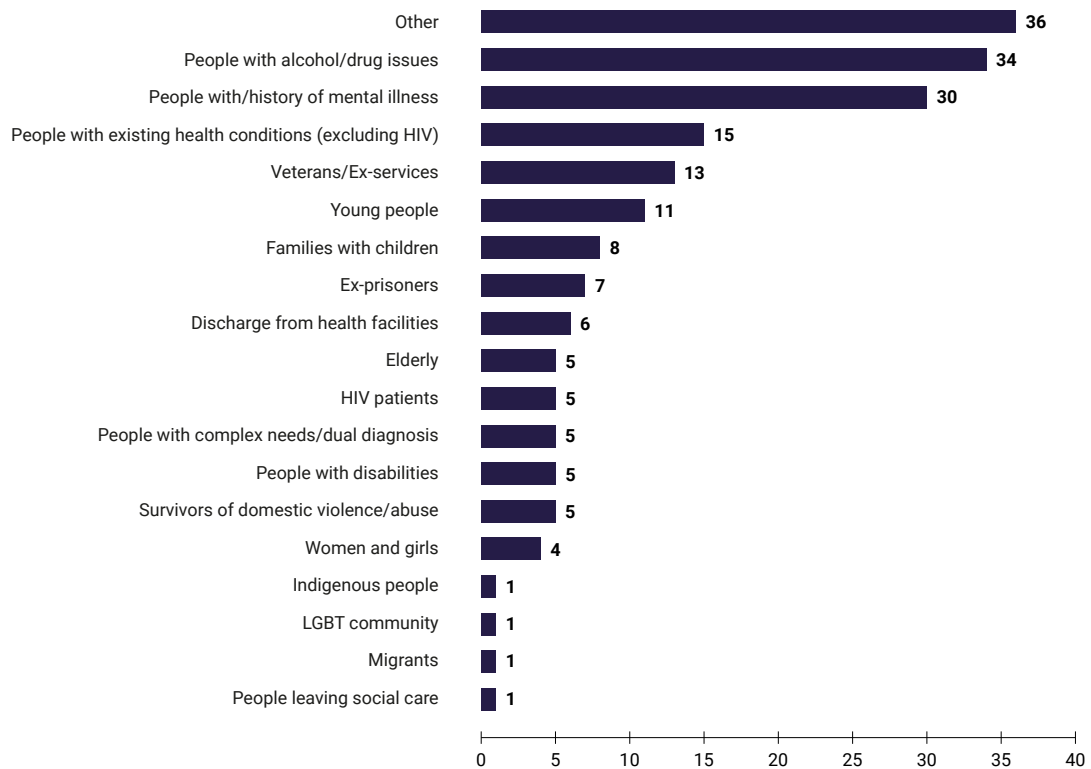
People experiencing homelessness with a history of mental illness and/or alcohol and drug issues are the most represented population subgroups.

When assessed by population subgroups among people experiencing homelessness in the new studies added during the 2022 update, interventions for people with alcohol and drug issues and people with history of mental illness were observed in 34 and 30 studies, respectively. Some of the least represented population subgroups included people leaving social care indigenous people, migrants, and sexual minorities. The distribution of various subgroups across studies in the map is given in Figure 15. This trend is similar to the overall map.

Table 6: Distribution of studies by outcome categories (for studies added during 2023 update)

Intervention categories	Outcome categories						
	Capabilities and Wellbeing	Cost	Crime and justice	Employment and income	Health	Housing stability	Public attitudes and engagement
Legislation	1	1	0	0	3	2	0
Prevention	11	5	3	5	15	16	0
Services and outreach	24	10	9	8	45	29	0
Accommodation and accommodation-based services	20	4	6	4	27	19	0
Employment	5	0	4	8	8	8	0
Health and social care	28	7	7	7	65	23	0
Education and skills	4	0	3	1	6	3	1
Communications	2	0	1	0	2	1	0
Financing	5	1	4	2	7	6	0

Figure 15: Distribution of studies by population subgroups (for studies added during the 2023 update)



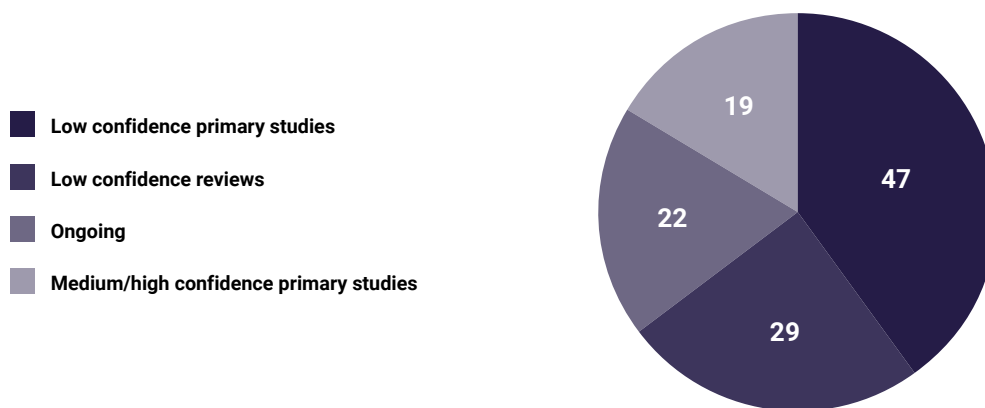
Confidence in findings of studies

Less confidence may be placed in the findings of the most newly added studies for the 2023 update

Among the newly added studies for the 2023 update, there are 22 ongoing studies of which 17 are impact evaluations and 5 are systematic reviews.

Of all the primary studies added during 2023 update for which critical appraisal was carried out (n=66), approx. 71% studies were assessed to be of low confidence (n=47). All the completed systematic reviews (n=29) added during 2023 update are of low confidence (Figure 16).

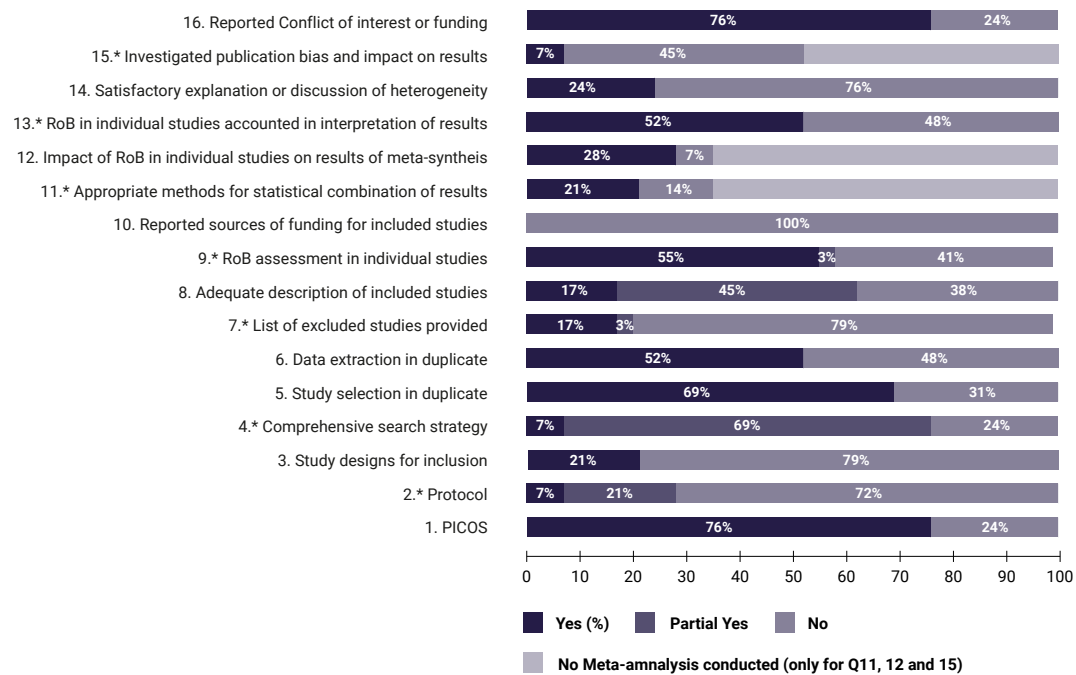
Figure 16: Confidence in study findings (for studies added during 2023 update)



The responses for various items on AMSTAR-2 checklist for systematic reviews added during 2023 update is given in Figure 17. The items serial numbers marked with an asterisk are the critical items in the checklist.

Figure 17 shows that only 28% of the systematic reviews mentioned a pre-defined protocol. 22 reviews (76%) reported a comprehensive search strategy. Few reviews (about 20%) provided a list of excluded studies. About 40% of the reviews were assessed to have not used a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review. The meta-analysis was conducted for about 35% of reviews, and more than half discussed the implications of RoB assessments of included reviews while interpreting the findings. Only 7% investigated the publication bias and its impact on the findings of the review.

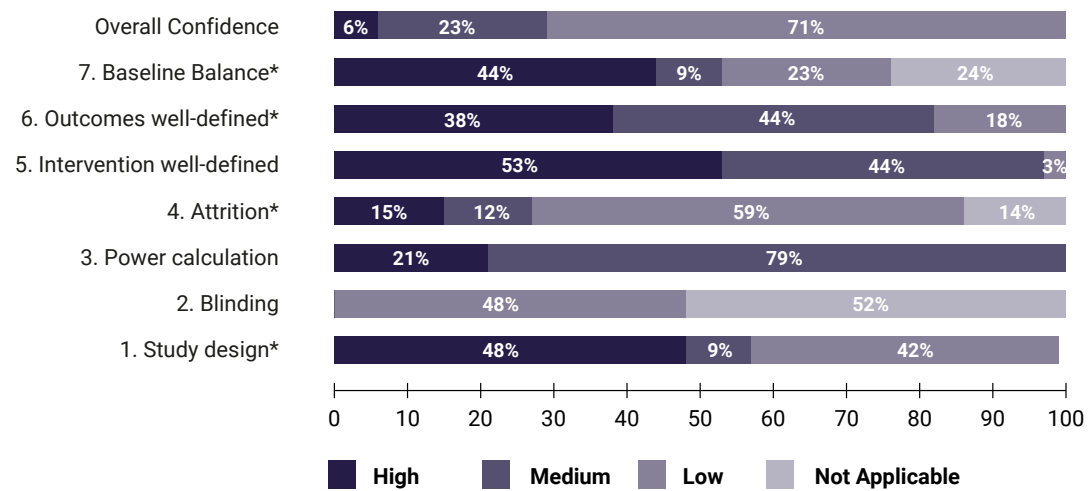
Figure 17: Item-wise responses for AMSTAR-2 checklist for systematic reviews



The responses for various items on checklist for primary studies added during 2023 update are given in Figure 18. The items serial numbers 1,4, 6 and 7, marked with an asterisk, are the critical items in the checklist for primary studies.

Figure 18 shows that about 48% of the primary studies were assessed to be of high confidence based on study design. Only 15% of primary studies had overall and differential attrition levels within WWC conservative standards. Thus, attrition may be one of the factors for medium or low confidence in most studies, along with ratings for other critical indicators on the checklist.

Figure 18: Item-wise responses for items on checklist for primary studies (for studies added during 2023 update)



An overview of systematic reviews included in the EGM

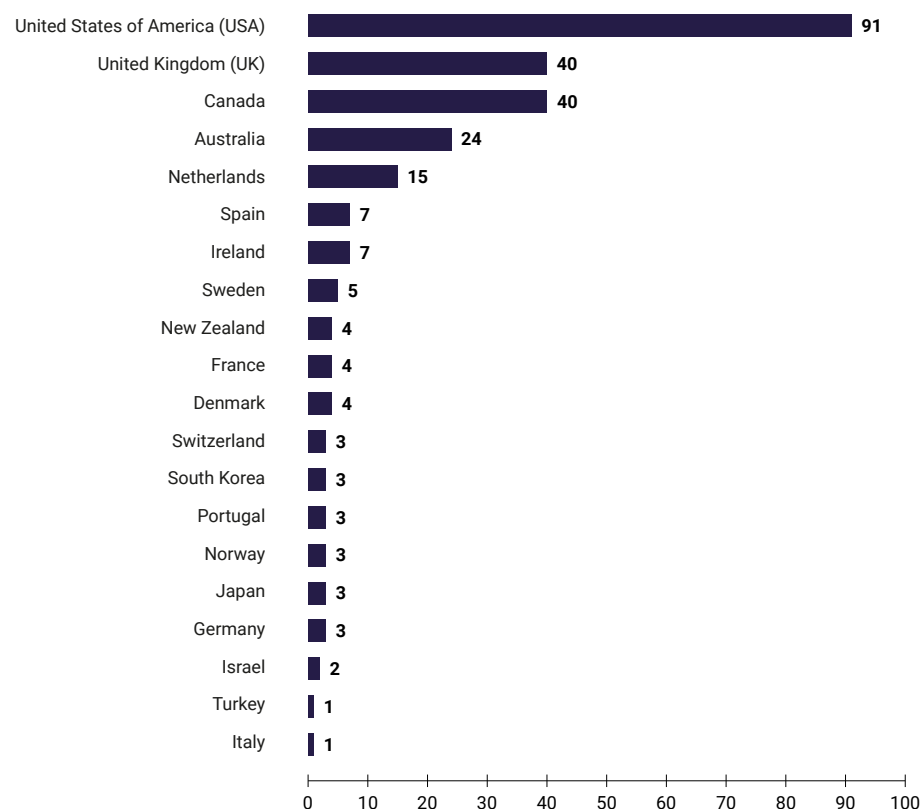
This edition of the EGM has a total of 99 completed systematic reviews (SRs) of interventions assessing the effectiveness of interventions for improvement in the lives of people experiencing homelessness. As with the overall map, SRs with studies assessing the effectiveness of health and social care interventions are the most frequently observed. This section of the report presents the geographic distribution and population sub-groups in SRs, analyses interventions and outcomes, and discusses the confidence in the findings of the SRs.

Geographic distribution of SRs

Majority of the SRs included studies conducted in the United States of America

Most SRs include studies conducted across regions and more than one country. However, the frequencies of SRs for various countries suggests that the vast majority (92%) include studies conducted in the United States of America. About 40% of the SRs include studies conducted in each of the United Kingdom and Canada. Furthermore, 24 SRs include studies conducted in Australia, while 15 include studies conducted in the Netherlands (**Figure 19**).

Figure 19: Figure 16: Distribution of systematic reviews by countries



Population sub-groups

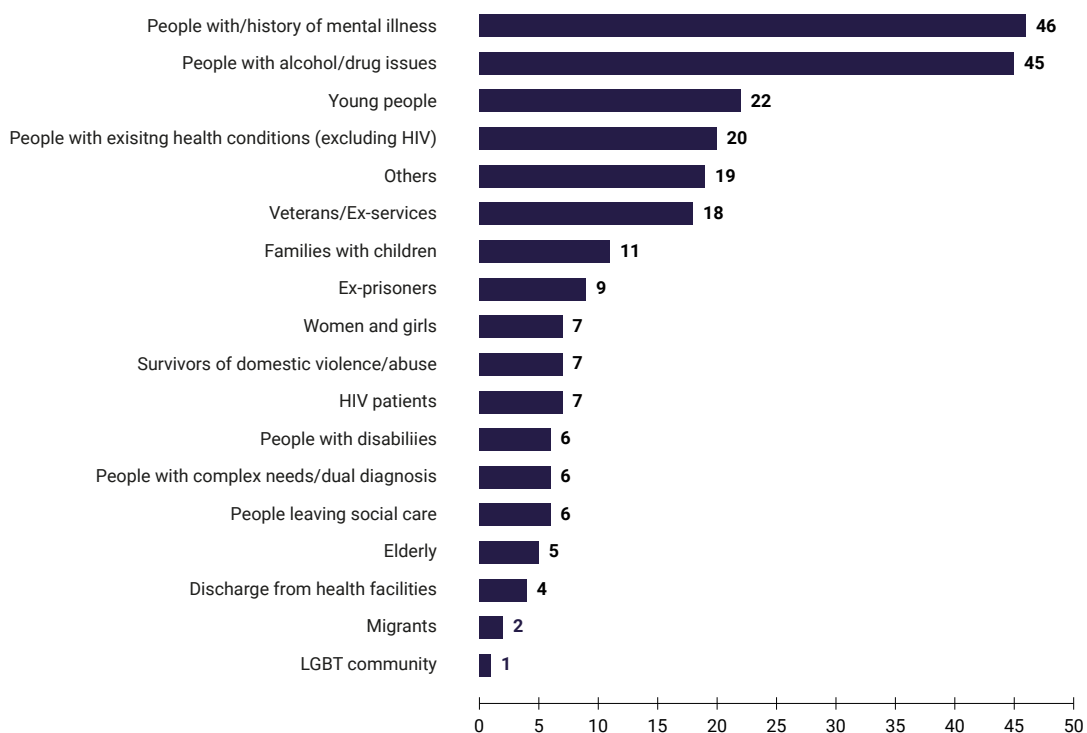
More studied population subgroups include people with a history of mental illness and people with alcohol/drug issues

SRs also included multiple population sub-group, per the inclusion criteria for the review. For instance, a systematic review and meta-analysis by Connell et al. (2023) of interventions to improve employment for people released from prison also assessed outcomes for HIV patients, people with alcohol and drug issues, and those with a history of mental illness.

Figure 20 shows the distribution of various population sub-groups in the SRs.

The two more studied population subgroups in SRs are people with a history of mental illness (46%) and those with alcohol or drug issues (45%). Subgroups of young people and people with existing health conditions (excluding HIV) each appeared in 20% of the SRs.

Figure 20: Distribution of population subgroups in systematic reviews



Note: The numbers do not add up as a systematic review may have more than one population sub-group.

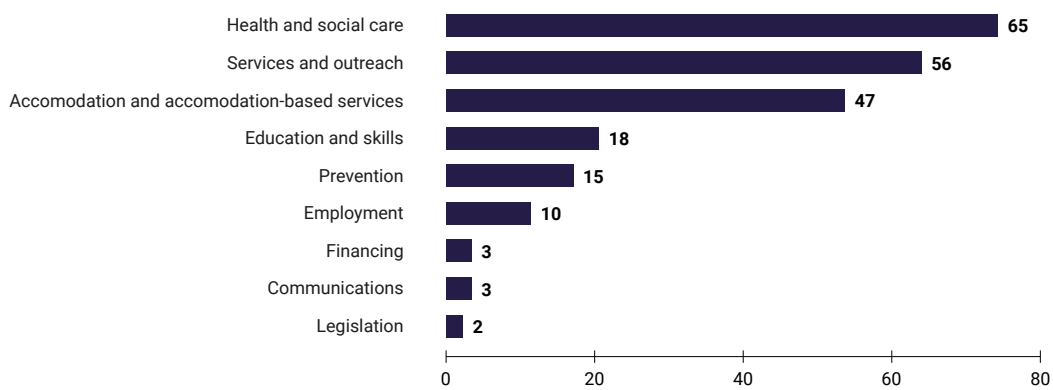
A table indicating interventions and corresponding population sub-groups for SRs is given in the **Appendix 8**.

Intervention and outcome categories assessed in SRs

Health and social care interventions were the most assessed interventions.

Most SRs include studies assessing the effectiveness of more than one intervention. The distribution of SRs across various interventions illustrates that health and social care interventions have been assessed in 65 SRs (Figure 21).

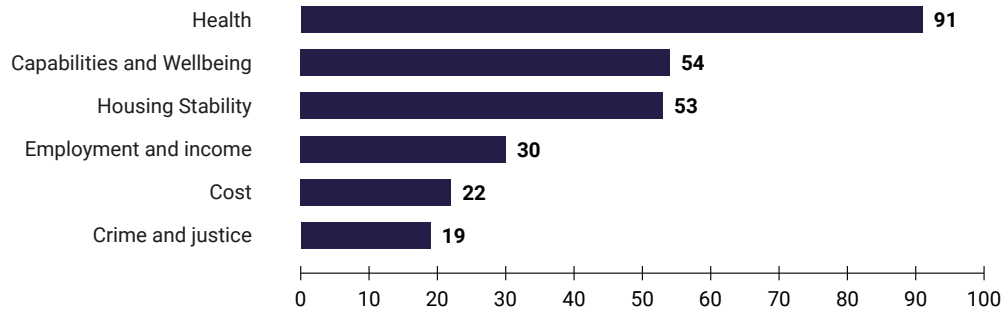
Figure 21: Distribution of intervention categories in systematic reviews



Interventions under the services and outreach category have been assessed in 56 SRs. Meanwhile, interventions providing accommodation and accommodation-based services are observed in 47 SRs. A total of 20 SRs assess interventions related to education, while 10 SRs comprise employment and skills interventions. Very few SRs have interventions corresponding to legislation (n=2), communications (n=3) and financing (n=3).

As with interventions, most SRs include more than one outcome category. Health outcomes are most the frequently assessed, appearing in as many as 91 SRs. Outcomes within the capabilities and well-being category, in addition to housing stability, appear in 54 and 53 SRs, respectively. Outcomes included under the employment and income categories are assessed in 30 SRs. 22SRs assessed outcomes under the cost category, and crime and justice outcomes are observed in 19 SRs (e.g., Emezue, 2022; Filges, 2022; Finnie, 2022; Gibbs, 2023). No SR assessed outcomes under the public attitudes and engagement category (Figure 22).

Figure 22: Distribution of outcome categories in the systematic reviews



Aggregate map

Table 7 visualises the aggregate map, showing the intervention-outcome matrix. Areas with a high level of evidence (50 or more studies) are found for health and social care interventions (n=63), and services and outreach interventions (n=53). The outcomes corresponding to services and outreach interventions with a fair number of SRs include capabilities and well-being (n=36), health (n=53), and housing stability (n=34). The number of SRs for health and social care interventions include 37, 63, and 30 for capabilities and well-being, health, and housing stability, respectively. There are only a few SRs with legislation, communications, and financing interventions. There are no SRs with outcomes falling under the public attitudes and engagement category.

Table 7: Aggregate evidence map (for systematic reviews)

	Capabilities & Wellbeing	Cost	Crime & justice	Employment & income	Health	Housing stability	Public attitudes & engagement
Legislation	1	0	0	1	2	1	0
Prevention	11	5	5	8	14	14	0
Services and outreach	36	14	11	20	53	34	0
Accommodation and accommodation-based services	33	13	14	22	41	35	0
Employment	7	1	4	7	9	8	0
Health and social care	37	15	12	17	63	30	0

	Capabilities & Wellbeing	Cost	Crime & justice	Employment & income	Health	Housing stability	Public attitudes & engagement
Education and skills	14	3	8	6	16	9	0
Communications	1	2	0	0	3	0	0
Financing	0	0	1	0	3	2	0

A detailed analysis of selected systematic reviews

This section details and presents the evidence on selected SRs. The selection of reviews is based on the areas on the map where there is ample evidence; it also explores the cells where there are few systematic reviews. Both low and medium/high confidence reviews are selected. A table summarising the characteristics of all included SRs is given in the **Appendix 9**.

Systematic reviews of intervention related to legislation, communication and financing

Very few SRs assessed interventions related to legislation, communication, and financing.

In the reviews which do include these interventions, a component related to legislation, communication, and financing is present in addition to other frequently appearing intervention categories, such as health and social care, accommodation, and accommodation-based services.

Interventions involving legislation

Only two SRs included interventions related to legislation

Only two SRs had interventions related to legislations corresponding to housing and homelessness, welfare programmes, and health and social care (Chang et al., 2022; Yakubovich et al., 2021). These reviews reported outcomes such as well-being, quality of life, income, employment, housing status, and physical and mental health status.

Yakubovich et al. (2021) included 34 quantitative studies on the effectiveness of homelessness interventions specifically for women experiencing intimate partner violence (IPV). This review included studies that had a housing component for women experiencing IPV, along with policy and law evaluations relevant to housing issues and legal interventions, such as protection orders related to housing.

This SR, as the authors claimed, is the first international SR of housing interventions for women experiencing homelessness. Outcomes related to mental health and abuse-related experiences were the most commonly assessed outcomes in the included studies. The evidence, predominantly from the USA, suggested that IPV-housing services had a positive impact, particularly on the mental health and housing stability of the target population.

Another review by Chang et al. (2022) synthesised evidence from the USA on how effective complex interventions directed towards high-need, high-cost (HNHC) patients are in improving health related outcomes. This review included 40 primary studies (19 RCTs and 21 observational studies), with 31 studies having a low risk of bias and 9 studies having a high risk of bias.

From the seven intervention categories analysed, primary care and emergency-based interventions were most effective in bringing down high-cost healthcare utilisation, primarily hospitalisation and emergency department visits. Though Chang et al. (2022) provided important insights, this SR was assessed to be of low confidence as per the AMSTAR-2 checklist. The low rating is primarily due to the absence of a list of excluded studies and the absence of an adequate investigation of publication bias.

Interventions with communication components

Three SRs provided evidence about the effectiveness of communication interventions

Three SRs provided evidence about the effectiveness of communication interventions including advocacy and awareness campaigns (Heaslip et al., 2021; Heuvelings et al., 2018; Ijaz et al., 2018). These SRs evaluated the effectiveness of interventions for outcomes related to wellbeing and quality of life, cost-effectiveness, health, and substance use. For instance, Heaslip et al. (2021) looked at the effectiveness of mHealth or mobile technology providing health related services in improving health outcomes among the homeless population. Heuvelings et al. (2018) reviewed the evidence on what service models and organisational setups were effective in providing services related to tuberculosis to hard-to-reach populations, such as those with alcohol/drug issues or people with existing health conditions. Ijaz (2018) looked at evidence on interventions that treat malnutrition among people with alcohol issues. All three SRs were rated low on confidence.

Financing interventions

Evidence for effectiveness of financial interventions was found in only three SRs

Social impact bonds and direct financial support provided by the public to those at-risk of or experiencing homelessness were classified under financing interventions. Evidence for these intervention categories is found in three SRs (Leah, 2022; Mackie, 2019; Woellenstein, 2023). Based in the UK, Leah (2022) assessed the impact of universal credit on the psychological well-being of children. While a negative impact on well-being was found, the direct relationship between universal credit and distress, including depression and anxiety, remained unknown. Mackie (2019) reviewed the evidence on various housing interventions, including hostels and shelters, Housing First, Residential Communities, and social impact bonds. The review highlights the significance of housing-led interventions but provides limited to no evidence on social impact bonds. Woellenstein (2023) evaluated the effectiveness of various homelessness prevention interventions with respect to single adults who were experiencing or at risk of multiple exclusion homelessness.

Systematic Reviews with accommodation and accommodation-based services leading to housing stability outcomes

Effectiveness of accommodation and accommodation based services were evaluated by 47 SRs

47 reviews evaluated the effectiveness of accommodation and accommodation-based services such as Housing First, hostels, shelters, temporary accommodations, and rapid rehousing. Out of these, 35 reviews focused on the impact of these interventions on housing stability, specifically their effect on a person's accommodation status and/or their satisfaction with housing. Some of these reviews include Altena, 2010; Aubry, 2020; Barker, 2017; Bassuk, 2014; and Byrne, 2021.

Munthe-Kaas et al. (2018), in a high confidence review, assessed the effectiveness of homelessness interventions including various housing programs in reducing homelessness and, specifically, improving residential stability. The review kept the inclusion criteria exclusive to randomised control studies, with the final list of included studies comprising 43 RCTs. The review found that the identified interventions – including several programs like abstinence-contingent housing, and housing programs in combination with contingency management – resulted in a reduced number of days experiencing homelessness. However, the review suggested the need for better quality studies, emphasising that most included studies had a high risk of bias owing mainly to poor reporting and unblinding.

Another high confidence review, Baxter et. al. (2019), evaluated the effectiveness of housing services such as rapid access, non-abstinence-contingent, and permanent housing on several outcomes including housing stability. The review focused solely on RCTs and reported evidence from just 4 RCTs, all with a high risk of bias. All four included studies measuring interventions' impact on housing stability and established that a Housing First approach resulted in a greater likelihood of being stably housed.

Woodhall-Melnik and Dunn (2016) reviewed the evidence on the impact of Housing First programs on several outcomes, including housing stability, with an attempt to include articles that emphasised evidence outside North America. The 31 included studies were predominantly conducted in the USA, suggesting that the evidence base outside of North America is still expanding. The review shows that Housing First had a definitive positive impact on residential stability. Most studies evaluating housing status looked specifically at homeless populations experiencing mental health issues, as well as substance abuse. Additionally, few studies also found Housing First to result in quicker and longer housing periods. This review was also assessed to be of high confidence.

Systematic reviews based on employment interventions leading to employment, income, and housing stability outcomes

Employment interventions leading to employment, income, and housing stability outcomes were evaluated in 18 SRs

There are a total of 18 SRs in this EGM for employment interventions leading to outcomes related to capabilities and well-being (n=7), employment and income (n=7), housing stability (n=8), and health (n=9) among people at risk of or experiencing homelessness and various sub-groups.

An SR and meta-analysis by Connell et al. (2023) assessed outcomes of interventions to improve employment for HIV patients, people with alcohol/drug issues and those with history of mental illness, in addition to people released from prisons. Based on 12 RCTs, this SR assessed the effect of a range of employment interventions – such as individual placement and support (IPS), community-based employment, and transitional employment interventions – on 36 outcomes. A meta-analysis was conducted for four outcomes, i.e., the number of participants who worked any time in the follow-up period, the number of participants in employment at the point of follow-up, whether participants were typically employed throughout the follow-up period, and the amount of time worked. The meta-analysis suggested that employment interventions effectively improved employment status in the follow up period and enabled participants to access employment. However, the intervention was not successful in maintaining employment status and job quality. The review notes that employment interventions should focus on securing stable, good quality work that a person has the skills to sustain. Additionally, the review suggests that there is a need for more studies from outside the USA and studies that clearly describe the components of interventions.

The SR by Marshall et al., (2022) also analysed the effectiveness of employment-based interventions for engaging people at risk of or experiencing homelessness in paid employment. The other outcomes included housing tenure, mental well-being, community integration, and substance use. The 16 studies included in this SR were from the USA (n=16), Canada (n=1) and Australia (n=1), representing 2,734 participants. 11 studies were RCTs, while five featured a quasi-experimental study design.

The included studies were classified under three categories: combined substance use and vocational interventions (n = 7), supported employment including both IPS and SEI (n = 6), and integrated supports including an employment component (n = 3). The review provides an overview of interventions, assesses the rigour with which the studies assessed effectiveness using checklists, and suggests that the effectiveness of interventions for selected outcomes was mixed or poor. Meta-analysis was not conducted due to the heterogeneity of measures used in the included studies. This review points out that the evidence in this field is evolving, and more research is needed. This SR by Marshall et al., (2022) is assessed to be of low confidence, as it received a low confidence rating on more than one critical item on the checklist (the absence of a list of excluded studies, meta-analysis, and adequate discussion of publication bias).

Aubry et al., (2020) investigated the effectiveness of income-based interventions among people experiencing homelessness in North America. The review highlighted that, although income assistance interventions improved housing stability and food security, their effects on income and employment related outcomes were found to be inconsistent. Therefore, further refinement and scaling up of these interventions is required to meet the required objective.

Rog et al. (2014) studied the effectiveness of permanent supportive housing (PSH) across various outcomes. The review includes evidence from 8 literature reviews and 7 RCTs and quasi-experimental studies. This review consistently found that PSH was effective in improving housing stability outcomes. One included study (Leff et al., 2009) assessed the effectiveness of multiple housing models, including PSH, in reducing homelessness through greater housing stability. Meta-analysis conducted by the authors suggested that PSH appears to be the most effective model.

Systematic Reviews based on interventions providing education and skills leading to employment and income outcomes

Relatively few SRs assessed education and skills interventions leading to employment and income-related outcomes

There are relatively few SRs focused on educational interventions and their impact on employment and income among people at risk of or experiencing homelessness (n=6), compared to systematic reviews of other interventions in the EGM.

Donkoh, Underhill, and Montgomery (2006) evaluated the effectiveness of independent living programmes (ILPs) for young people leaving the care system. RCTs and quasi-experimental studies from USA were eligible for inclusion. ILPs focus on personal development, including communications, decision making, conflict resolution, anger managements, as well as other independent skills, such as career exploration, money management, and household management etc. The results from this review indicated that, although some ILPs may improve employment related outcomes among the target population, the strength of this evidence was not sufficient to draw conclusions for a change in policy. The review suggests a need for further research on interventions leveraging independent living programmes.

Altena et al., (2010) also assessed the effectiveness of ILPs among homeless youth in USA and suggested that though these interventions had a positive impact on the employment and living status of the target population, it was difficult to draw conclusions due to limited evidence.

Systematic reviews based on interventions related to health and social care provision leading to housing stability outcomes

Health and social care interventions leading to housing stability outcomes were assessed in 30 SRs

A total of 30 reviews evaluated the effectiveness of health and social care interventions in improving housing stability. Ponka et al. (2020) evaluated the effectiveness of case management interventions for people at risk of or experiencing homelessness, vulnerably housed people, and people with lived experience in various regions of Europe, North America, East Asia, and the Pacific. Four case management interventions were reviewed, including standard case management, intensive case management, assertive community treatment, and critical time interventions. The findings of the study are that these interventions improve several outcomes of interest, particularly housing stability. The review also suggested that case management needed to be a continuous process so as to maintain the sustainability of the outcomes achieved.

Schiffler et al. (2023) reviewed the effectiveness of co-designed mental health interventions in primary care for people experiencing homelessness. The evidence from North America was included in the review, and based on the selection criteria, only four studies were analysed in the final report. Findings of this review reveal that using the co-design approach in mental health promotion for people experiencing homelessness facilitates a significant impact on stable living situations. Due to the limited number of studies, the authors suggest that co-designed mental health interventions must be further researched.

Woelleinstein et al., (2023) assessed the range of homelessness prevention interventions for single adults at risk of or experiencing homelessness. The interventions were primarily aimed at increasing tenancy sustainment/housing stability or at preventing first time, recurrent, or chronic homelessness. RCTs, quasi-experimental, mixed methods, qualitative, and cohort studies were included from the regions of North America, Europe, East Asia and the Pacific. Most of the studies evaluated programmes that combined two or more interventions (housing, support, and treatment options). According to the findings of the study, such an approach helped in meeting the range of individuals' needs and facilitated housing stability. Furthermore, critical time intervention was identified as an effective case management intervention during discharge, as it helped the target population to connect back into society and remain stably housed.

Hanratty et al., (2020) reviewed the discharge programme interventions for people at risk of or experiencing homelessness. Programmes focused on discharge from a wide range of institutions, including prisons and mental health institutions. The target population in the study comprised former prisoners, people with alcohol/drug issues, people with a history of mental illness, people leaving social care, and people discharged from health facilities. RCTs, quasi-experimental designs, and other study designs with appropriate statistical modelling techniques were included for review. The interventions involved advanced planning prior to discharge and coordination between institutions and housing services. Housing stability was one of the primary outcome domains. This SR included 18 articles. Five studies measured

housing stability as an outcome, and meta-analysis was conducted for these studies using a random effects model. Results revealed that discharge programmes decreased the incidence of homelessness in the intervention group. An effect size of 0.71 indicated a large positive effect of the intervention on the outcome. In other words, discharge programmes considerably improved housing stability for people leaving institutions.

Systematic Reviews with services and outreach interventions

Services and outreach interventions were evaluated in 56 SRs

This category includes day centres, provision of free food, clothing, and other broader outreach activities. The updated map contains 56 SRs assessing the effectiveness of this set of interventions. Examples of the SRs under this category include Getty et al., 2019; Hollenberg et al., 2022; Luchenski et al., 2018; and Munthe-Kaas et al., 2018. Most of these studies were focused on health-related outcomes. Only 11 of the total studies were high or medium confidence studies. Most evidence reported on case management interventions.

Getty et al. (2019) is one such high confidence review, evaluating the effectiveness of contingency management services delivered via mobile telephone for persons with substance use issues. The intervention aimed to improve abstinence for both alcohol and drugs. Reviewing the evidence exclusively from RCTs and within-subject designs, Getty et al. (2019) identified 7 studies that met the inclusion criteria. Efficacy of the intervention was calculated by conducting a meta-analysis using data from six studies. The outcomes were: percentage negative samples at the end of all intervention treatments [$d = 0.94$ (95% confidence interval (CI) = 0.63–1.25)], quit rate at the end of nicotine treatment [$d = 0.46$ (95% CI = 0.27–0.66)], and the longest duration abstinence [$d = 1.08$ (95% CI = 0.69–1.46)]. The results indicate that, across all three outcomes measured, this intervention was effective in reducing alcohol and tobacco use but not substance use.

Another high confidence review, Parriott et al. (2018), assessed the number of people reached and recruited for tuberculosis (TB) testing, tested for latent tuberculosis infection (LTBI) and their linkage to further care for tuberculosis. This was analysed among people experiencing homelessness in the USA. The authors conducted a meta-analysis to examine the proportion of people risk of or experiencing homelessness retained at each stage of this cascade of care. A total of 21 studies met the inclusion criteria. The findings from the review suggest a high compliance with testing. Moreover, a significant proportion of those reached were recruited for testing, and, from these, a significant number placed tests and returned to have tests read. Of those with valid tests, around 24.7% were detected with LTBI. On linkage to care, 4 studies reported that all those with LTBI were referred to further care, and 99.8% of those referred attended it at least once. Significantly, the review also found that the targeted testing for LTBI among people experiencing homelessness often resulted in the earlier detection of TB.

A review of reviews by Luchenski et al., 2018 evaluated the effectiveness of case management interventions (amongst others) in reducing health and social inequity among

vulnerable populations including homeless persons.⁵ It comprised 77 SRs with 49 containing one or more RCTs and 11 being solely observational studies. This high confidence review reported that case management interventions focused on the coordination of services were effective in improving substance use issues and mental health status among people experiencing or at risk of homelessness.

Systematic reviews with health and social care interventions for health-related outcomes

Health and social care interventions leading to health related outcomes were synthesised in 65 SRs

Health and social care interventions that facilitate or provide direct access to physical and mental health services, ensure end of life care and/or provide addiction support to people experiencing homelessness were covered by 65 systematic reviews in the map. Of these, 63 studies reported exclusively on outcomes related to health, namely interventions' impact on substance use, access to mainstream health care, mental and physical health status, and risky behaviour. Most studies provided evidence on physical and mental health services, with a smaller but significant number also reporting on addiction support services.

Wang et al. (2019) conducted a high confidence SR that evaluated the impact of interventions for young people at risk of or experiencing homelessness on several outcomes including mental health, substance use, and risky behaviour. Evidence came from a total of 4 SRs and 18 records based on 15 RCTs. An important set of interventions assessed by the studies included individual and family therapy, cognitive behavioural therapy (CBT), motivational interviewing (MI), etc. CBT was found to have a positive effect on mental health and substance use issues. 2 of the included SRs conducted meta-analysis to determine the efficacy of CBT compared to treatment as usual in improving mental health status. Both found no meaningful difference between the two treatments but also highlighted the significant heterogeneity between studies. Family therapy generally showed a positive effect on reduced alcohol and substance use. The effectiveness of motivational interviewing with regards to alcohol and drug use was inconsistent.

Vijayaraghavan et. al., (2019) examined interventions for ending tobacco use among people at risk of or experiencing homelessness. Included studies comprised ten RCTs, with nine trials conducted in the US and one from the UK. This was classified as a high confidence study, as it included an adequate discussion of risk of bias and used the appropriate methods for meta-analysis. Various interventions, such as behavioural and contingency management interventions, were evaluated for their effectiveness; meta-analysis was conducted accordingly. The results from the review were not substantial enough to conclude that such interventions targeting people at risk of or experiencing homelessness brought about a reduction in tobacco use. Additionally, there was no conclusive evidence that they had an impact on mental health or substance use patterns.

⁵ A review of reviews provides a summary of evidence from more than one systematic review.

The Evidence Base for Effectiveness Research in the UK

Overview of UK level Evidence

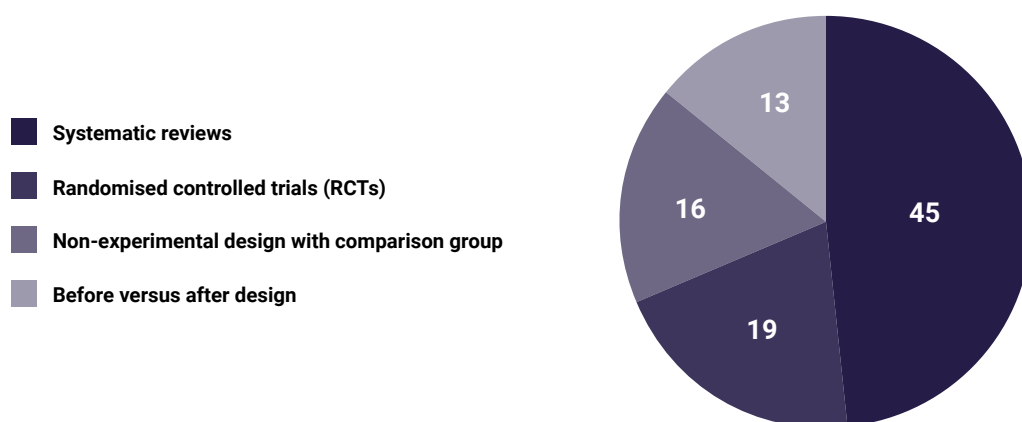
There are 92 studies from the UK in this updated map, including 45 systematic reviews and 48 impact evaluations. One of the studies is coded as both a systematic review and impact evaluation. There are 11 study protocols, and critical appraisal is not conducted for study protocols. The characteristics of all the included studies from the UK are given in Appendix 10.

Evidence by study type

Almost half of the evidence from the UK included in the EGM consists of systematic reviews

49% of the studies included in this EGM which were conducted in the UK are systematic reviews (n=44). Out of 48 impact evaluations conducted in the UK, 19 are RCTs. 16 studies have a non-experimental design with comparison groups, while 13 studies have a before and after design. The distribution of studies by study design is shown in Figure 23.

Figure 23: Distribution of studies by study design (conducted in the UK)

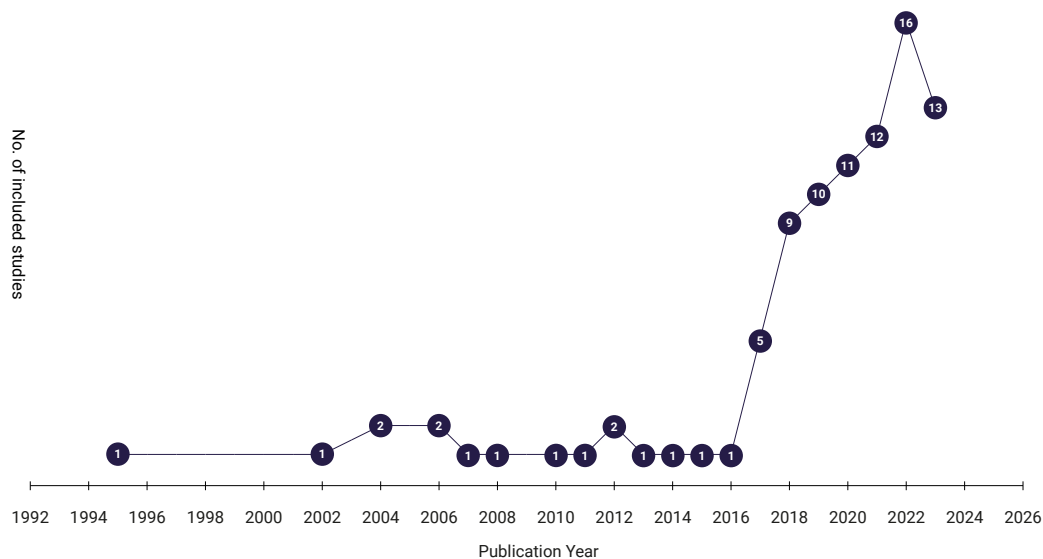


Publication years

The number of studies published from the UK is increasing.

The dates of studies from the UK included in the map span 1995 to 2022. There are a total of 21 studies published from the year 1995 to 2017. As is evident from Figure 24, there is a sharp increase in the number of studies on homelessness effectiveness from 2017 onwards. The highest number of studies conducted in the UK was published in 2022 (16 studies). 12 studies conducted in the UK were published in 2021. The number of studies published in 2023 (NB: searches were conducted until September 2023) stands at 13, but this number is expected to increase. The studies published in the past five years make up about 77% of all studies in the map (n=71), which demonstrates a recent increase in the number of studies being conducted in the UK.

Figure 24: Number of included studies categorised by publication year (UK only)



Population subgroup

People with a history of mental illness constitute the most studied population subgroup in the UK.

As observed both in the overall map and for studies added during 2023 edition, studies from the UK also have a focus on people experiencing homelessness with a history of mental illness (n = 25) and people with alcohol and drug issues (n = 20). Studies focusing on women and girls, people with a disability, survivors of domestic violence or abuse, etc., are relatively fewer in number (Table 8).

The distribution of population sub-groups for various intervention categories in the included

studies from the UK suggests that, in particular, there are many studies for interventions related to service and outreach among people with alcohol or drug issues (n = 18) and people with a history of mental illness (n = 20). Interventions related to health and social care are mostly studied among people with alcohol or drug issues (n = 18) and people with existing health conditions excluding HIV (n = 10) (Figure 25). There are few studies centred on other population subgroups, such as migrants, young people or women and girls.

Table 8: Frequencies for population subgroups (UK only)

Population subgroup	Number of studies
People with/history of mental illness	31
People with alcohol/drug issues	26
Other	25
People with existing health conditions (excluding HIV)	12
Young people	11
Families with children	10
Veterans/Ex-services	10
Ex-prisoners	7
Elderly	6
People with complex needs/dual diagnosis	6
Discharge from health facilities	4
Survivors of domestic violence/abuse	4
People leaving social care	3
Women and girls	3
HIV patients	2
Migrants	2

Population subgroup	Number of studies
People with disabilities	1
People with/history of mental illness	31

Included studies by intervention categories

Health and social care were the most assessed interventions, followed by services and outreach

The pattern of evidence concentration for included studies conducted in the UK is similar to that of the overall map. Figure 26 shows that the categories under health and social care interventions (n=47) are the most assessed interventions followed by services and outreach (n=41). The other common interventions assessed in these studies are related to accommodation and accommodation-based services (n=22) including popular interventions like Housing First and social housing, and prevention (n=17). There are relatively fewer studies for intervention categories like education (n=12) and employment (n=6). Areas with a significant dearth of evidence are related to financing (n=4) and communication (n=5) and legislation (n=1), as in the overall map.

Figure 25: Included studies by intervention categories

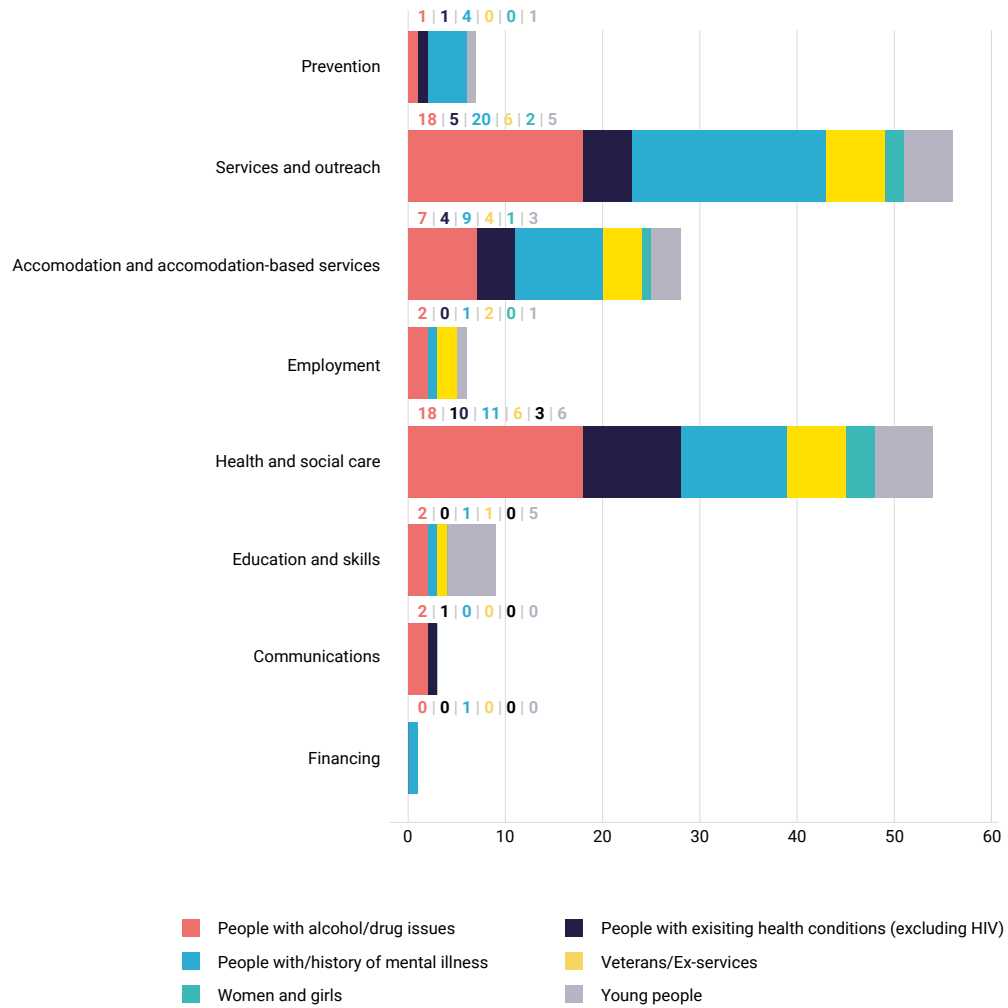
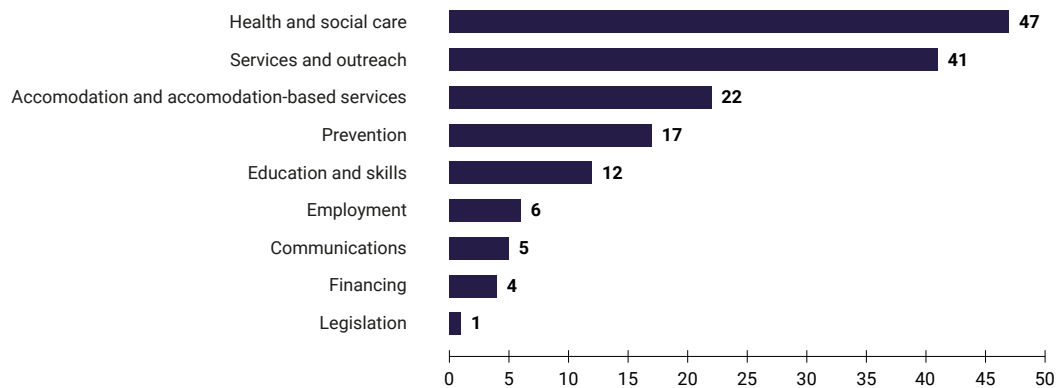


Figure 26: Distribution of studies by intervention categories (UK only)

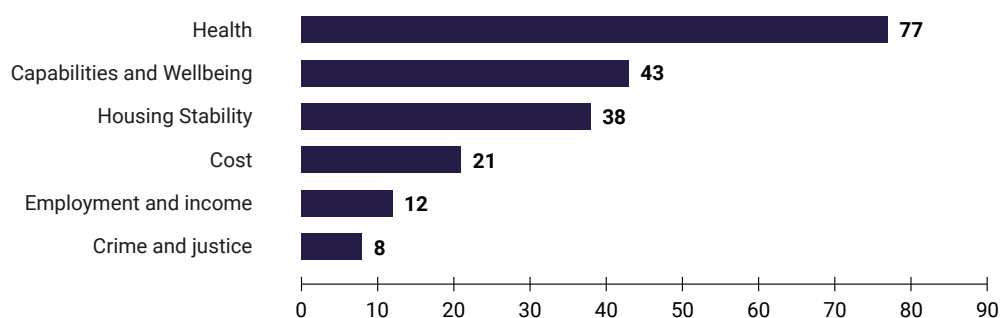


Included studies by outcome categories

A significant number of studies assessed outcomes related to health

The distribution by outcome categories for studies conducted in the UK is given in Figure 27. Outcomes related to health (n=77) are assessed in the highest number of studies, followed by outcomes related to capabilities and wellbeing (n=43). Outcomes related to housing stability are assessed in 38 studies. Very few studies assessed outcomes related to employment and income (n=12), and crime and justice (n=8).

Figure 27: Distribution of studies by outcome categories (UK only)



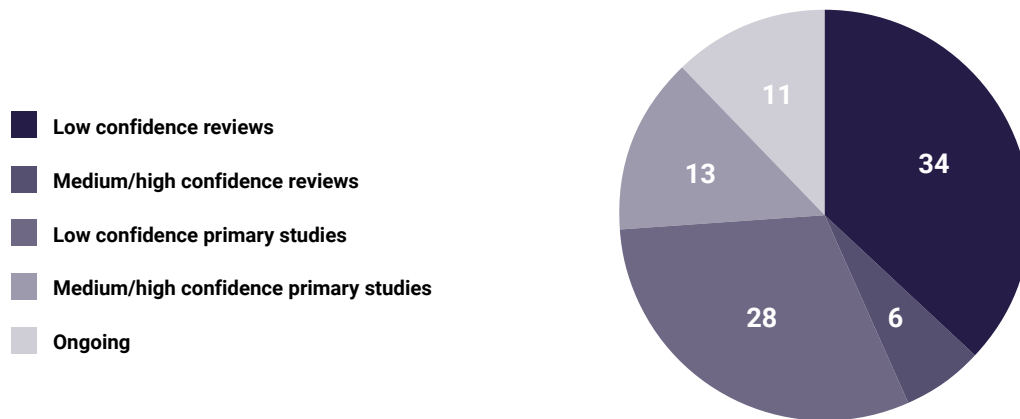
Critical Appraisal and overall confidence in studies from the UK

Most systematic reviews were assessed to be of low confidence

Most of the systematic reviews (n=34) were assessed to be of low confidence (85%). Only 15% of the systematic reviews (n=6) were assessed to be of medium or high confidence.

Based on the critical appraisal of primary studies, 28 were assessed to be of low confidence, and 13 studies were assessed to be of medium or high confidence (Figure 28).

Figure 28: Confidence in findings of primary studies and systematic reviews (UK only)



Evidence summary for studies conducted in the UK

- There are 92 studies in the map, with 45 systematic reviews (49%). The last edition of the map for studies conducted in the UK included 26 systematic reviews (40%).
- There are more studies for certain population subgroups, such as people with or a history of mental illness (34%) and people with alcohol or drug issues (28%).
- Evidence is distributed unevenly for interventions, with the majority (51%) of the studies assessing the effectiveness of health and social care interventions, followed by services and outreach (44%). The other common interventions assessed in studies from the UK are accommodation and accommodation-based services (24%), which mainly constitutes social housing with or without support.
- As was the case in the previous edition, health-related outcomes are most frequently assessed (84%) in this map, followed by outcomes related to capabilities and wellbeing (47%) and housing stability (41%).
- Most evidence is assessed to be of low confidence (77%).

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Appendices

Appendix 1: Description of Intervention categories and sub-categories

Intervention	Intervention sub-category	Definition
Legislation		Marked if any sub-category in this category is marked
	Housing/ Homelessness Legislation	Legislation pertaining to availability of / access to housing, or the rights of those experiencing homelessness
	Welfare Benefits	Legislation for welfare programmes to help people experiencing homelessness, or to help prevent people who are at risk of becoming homeless from losing their home.
	Health and social care legislation	Legislation for access to health and social care to help people experiencing homelessness, or to help people who are at risk of becoming homeless.

Intervention	Intervention sub-category	Definition
Prevention		Marked if any sub-category in this category is marked
	Welfare and Housing Support	State contribution towards housing costs and other welfare payments and services, whether directly made to tenants or indirectly paid to service provider (e.g. landlords – examples in the UK: Local Housing Alliance, Universal Credit, etc; US: vouchers) from the state or non-state actors. This includes other welfare benefits such as childcare if studied in the context of homelessness.
	Housing supply	Policies promoting the development of new housing supply that is affordable and accessible (whether for social or private purposes) - this includes the construction, conversion of homes, and repurposing. Interventions comprise changes to legislation, financing mechanisms and other support for developers and those conditioning units for these purposes.
	Family mediation and conciliation	Counselling and mediation of conflicts, usually between young people and their family so they may avoid becoming homeless or reduce other risky behaviours. (Landlord-tenant mediation is a separate category)
	Landlord-tenant mediation	Mediation between landlords and tenants to encourage landlords to accept tenants with history of homelessness, substance abuse etc and to address conflicts. This may include, but is not limited to mediation around arrears, noise and substance abuse, damage to property, eviction, etc. Mediation with neighbours is also included here.

Intervention	Intervention sub-category	Definition
	Discharge interventions	Provision of services, including accommodation, to people being discharged from institutions (care, hospitals, prison, armed forces) to avoid people being discharged into homelessness. This may include coordination between agencies, accommodation, and other services tailored to their needs. It refers to both interventions whilst in the institution and community-based interventions focused on recently discharged persons.

Intervention	Intervention sub-category	Definition
Services and outreach		Marked if any sub-category in this category is marked
	Direct feeding (e.g. soup runs)	Provision of food in street and day centre settings to people experiencing homelessness.
	In-kind support (exc. food)	Provision of clothing, hygiene products, household items etc., but excluding food
	Day centres	Centres open only during the day to provide food and services for people experiencing homelessness. This code is used if the day centre itself is being evaluated in the study rather than being the setting for the intervention.
	Outreach	Outreach refers to work with people sleeping rough or in temporary or unstable accommodation. Outreach workers go out, including late at night and in the early hours of the morning, to locate people who are rough sleeping or work with day centres, shelters etc. The role of outreach teams varies but usually outreach workers seek to engage with people and check their immediate health and wellbeing, collect basic information about their situation, facilitate access to emergency accommodation or other accommodation (such as hostels or Housing First), and inform them about day centres and other services they might have available. Outreach models vary and may include enforcement (e.g. police officials) to remove people from the streets or enforce specific behaviours.
	Reconnection of people experiencing street homelessness	Reconnecting people experiencing homelessness (rough sleepers) or at risk of homelessness (e.g. dischargees) to their 'home' location (usually another city, state or country where they have networks, access to services, etc) by providing the cost of transport for relocation.

Intervention	Intervention sub-category	Definition
Services and outreach continued	Psychologically informed environments	Psychologically informed environments are interventions designed to take into account the psychological profile of the client. Community Reinforcement Approach (CRA) is included here.
	Case management (inc. Critical Time Intervention)	Individual-level approach to ensure coordination of services. The case worker (can be social worker or dedicated case worker from another agency) works directly with the client to ensure that the client has access to all applicable services e.g. health, training and social activities. A specific application of the case work approach is critical time intervention (CTI) which provides a person (or family) in transition between types of accommodation and at risk of homelessness with a period of intensive support from a caseworker. The caseworker will have established a relationship with the client before the transition – for example, before discharge from hospital or prison. Critical time intervention involves three stages: (1) direct support to the client and assessing what resources exist to support them, (2) trying out and adjusting the systems of support as necessary, and (3) completing the transfer of care to existing community resources.

Intervention	Intervention sub-category	Definition
Services and outreach continued	Service coordination, co-location or embedded in mainstream services	System-based approaches to ensuring coordination of service delivery. Coordination may refer to ensuring communication between relevant services. Coordination also includes providing services in the same location or adjacent to mainstream services. Co-location refers to multiple services being available in the same physical location (e.g. housing and job search services in the same location) . Embedded refers to services being integrated in the same place (e.g. housing and other services within a hospital context). A specific example is coordinated assessment. Refers to case workers making broad assessments of people at risk as homelessness on different factors that affect their risk. Try to ensure different services employ the same assessment tools to standardise practice.
	Veterinary services	Access to veterinary services for pets of people experiencing homelessness
	Legal advice	Legal assistance and advice delivered away from primary service/office to the homeless population.

Intervention	Intervention sub-category	Definition
Accommodation and accommodation-based services	Shelters	Homeless shelters are a basic form of temporary accommodation where a bed is provided in a shared space overnight. One of the key features of a homeless shelter is that it is transitional and an option for those homeless who are not yet eligible for more stable accommodation. Shelters are not usually seen as stable forms of accommodation as the individual must vacate the space during daytime hours with their belongings. One of the key differences with hostels is the need to vacate the premises during the day.
	Hostels	Hostels for homeless people are designed provide short-term accommodation, usually for up to two years depending on available move-on accommodation. Typically shared accommodation projects with individual rooms and shared facilities including bathrooms and kitchens. Hostels have staff on site 24 hours a day and during the daytime provide support to residents on issues including welfare benefits and planning their move from the hostel into more medium to long-term accommodation.
	Temporary accommodation	Temporary accommodation includes a range of housing options which are more stable than shelters or hostels, such as transitional housing and residential programmes.
	Host homes	Emergency Host homes are emergency short-term placements in volunteers' own homes in the community for people who are homeless or at risk of homelessness. Hosting services are often aimed at young people with low support needs, but exist for other groups too, such as people who have been refused asylum.

Intervention	Intervention sub-category	Definition
	Rapid Rehousing	Rapid rehousing places those who experiencing homelessness into accommodation as soon as possible. The intervention provides assistance in finding accommodation, and limited duration case work to connect the client to other services.
	Housing First	Housing First offers accommodation to homeless people with multiple and complex needs with minimal obligations or conditions being placed upon the participant. Housing First provides safe and stable housing to all individuals, regardless of criminal background, mental instability, substance abuse, or income.
	Social housing (with or without support)	Housing that is provided in the social sector. It may sometimes be provided alongside support services, this may be temporary or permanent. Examples of support that may be provided are health and money management (excluding Housing First and Rapid Rehousing). This is based on an institutional setting.
	Private Rental Sector (with and without support)	Housing that is provided in the private rental market where the tenant is fully responsible. This may or may not include additional support services as the focus is on the type of tenancy agreement (private).
	Continuum of Care	An approach to accommodation whereby people experiencing homelessness move through different forms of transitional accommodation until they are deemed 'housing ready' (e.g. stopped substance abuse) and allocated independent settled housing.

Intervention	Intervention sub-category	Definition
Employment	Mentoring, coaching and in-work support	Mentoring and coaching to support job search including activities like practice interviews, review CVs, etc and on the job support for work performance.
	Flexible employment	Employment which can accommodate needs for the person experiencing homelessness.
	Vocational training and unpaid work experiences	Unpaid job placement or vocational training to provide work experience for people experiencing, or at risk of, homelessness.
	Paid work experiences	Paid job placement to provide work experience for people experiencing, or at risk of, homelessness.
Health and social care	Health services (physical and mental)	Providing direct access to, or facilitating access to, physical and mental health services for people experiencing homelessness.
	End of life care	End of life care for people experiencing or at risk of homelessness.
	Addiction support	Services for people experiencing, or at risk of, homelessness who have substance misuse problems (including alcohol and other substances)
Education and skills	Life and social skills training	Life and social skill training including socio-emotional skills, financial literacy (money management), tenancy management, and how to deal with ones home; for people experiencing or at risk of homelessness
	Mainstream education	General education at all levels for people experiencing, or at risk of, homelessness including children in families at risk of or experiencing homelessness.
	Homelessness awareness programmes in schools	School-based programmes to raise awareness of homelessness [Not interventions to help school aged children attend school; these are under mainstream education).

Intervention	Intervention sub-category	Definition
	Recreational and creative activities	Recreational, social (e.g. social clubs) and creative (e.g. theatre) activities for people experiencing homelessness.
Communication	Advocacy campaigns	Campaigns by 3rd sector organisations which aim to improve awareness of the general public of homelessness, its causes, and its solutions, and promote rights of the homeless.
	Public information campaigns	Campaigns by government organisations which aim to improve awareness of the general public of homelessness, its causes, and its solutions, and promote rights of the homeless.
	Service availability	General communication activities to raise awareness amongst people experiencing homelessness, or at risk of homelessness, of the services available to them. Does not include case management, discharge etc which provides information or connects individuals to services.
Financing	Social Impact Bonds	Performance-based financing for organisations commissioned to provide services to people experiencing homelessness. Not these are not interventions in themselves, but payment mechanisms for service deliverers.
	Direct financial support from public	Money given directly by individuals to those experiencing or at risk of homelessness

Appendix 2: Description of outcome categories and sub-categories

Outcomes	Outcome sub-category	Definitions
Capabilities and Wellbeing	Social connectedness and social networks (including loneliness)	Community engagement and social connectedness e.g. social networks and loneliness.
	Education, skills and self care	Improved skill and self care including all life skills
	Overall Wellbeing and Quality of Life	Overall wellbeing or quality of life including happiness.
Cost		Cost related outcomes/indicators. This includes cost effectiveness, cost per participant and saving.
	Cost Effectiveness	Cost effectiveness as cost per outcome in absolute or relative terms
	Cost per Participant	Cost per participant.
	Saving	Cost savings from interventions (e.g. "this policy would reduce the number of ambulance/ police incidents and save the government money").
Crime and justice		Crime and justice outcomes/indicators. This includes arrest and imprisonment, recidivism and victims of crime.
	Offending, arrest and imprisonment	Any measure or record of any recognized crime (violent/non-violent/any other offence), arrest, conviction and imprisonment

Outcomes	Outcome sub-category	Definitions
	Anti-social behaviour and delinquency	Non-criminal anti-social and disruptive behaviour, such as public drunkenness. Delinquency refers to non-criminal anti-social behaviour by youth.
	Recidivism	Tendency of a convicted criminal to reoffend
	Victims of crime	Outcomes/indicators about those experiencing and at risk of homelessness being victims of crime.
Employment and income		Employment and income outcomes/ indicators. This includes access to welfare benefits, earned income, employment status, forced labour and sex work.
	Access to Welfare Benefits	Access to welfare benefits as outcomes/ indicators.
	Earned Income	Earned income (e.g. salary or wages)
	Employment Status	Employment status (e.g. employed full time, self-employed, unemployed, etc)
	Forced Labour and Sex Work	Forced labour and sex work (e.g. slavery or prostitution)

Outcomes	Outcome sub-category	Definitions
Health		Health outcomes/indicators. This includes abstinence from substance abuse, access to mainstream health care, harm reduction, mental health status and physical health and nutrition status.
	Substance Abuse	Abstinence from substance abuse including both alcohol and tobacco (e.g. 12 months without alcohol or drugs)
	Access to Mainstream Health Care	Access to and utilization of mainstream health care as outcomes/indicators (e.g. registered with a local general practice doctor).
	Mental Health Status	Mental health status (e.g. diagnosed with conditions such as depression, anxiety, psychosis, personality disorder, etc).
	Physical Health and Nutrition Status	Physical health or nutrition (e.g. life expectancy, dietary intake, anthropometric indicators).
	Risky behaviour	Risky behaviour as outcomes/indicators (e.g. early onset of sexual activity or unsafe sexual practices, risky driving, antisocial behaviour etc)

Outcomes	Outcome sub-category	Definitions
Housing Stability		Housing stability outcomes/indicators. This includes accommodation status and satisfaction with housing.
	Accommodation Status	Accommodation status or quality of housing as outcomes/indicators (e.g. living independently, living in temporary accommodation, sleeping on the streets).
	Satisfaction with Housing	Satisfaction with housing (subjective, objective measures are in accommodation status).
Public attitudes and engagement		Public attitudes and engagement. This includes fundraising, public understanding, support for intervention, and engagement in homelessness related activities.
	Fundraising and direct giving	Charity fundraising
	Public Understanding	Public understanding as outcomes/indicators (e.g. hostility or empathy towards homeless people).
	Engagement in Homelessness Related Activities	Public engagement in homeless related activities as outcomes/indicators (e.g. number of volunteer applicants).

Appendix 3: Search strings for each intervention category in the EGM

(Searched in Google Scholar from India during 17th August to 29th August 2023)

1. Legislation

1.1 Housing/Homelessness Legislation

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Housing/Homelessness Legislation)

1.2 Welfare benefits

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Welfare benefits OR Rent subsidies OR housing vouchers OR legal assistance)

1.3 Health and social care legislation

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Health and social care legislation OR Medicaid OR Medicare)

2. Prevention

2.1 Welfare and Housing Support

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Housing OR Housing Schemes OR Homelessness Prevention OR Welfare schemes OR welfare benefits OR Rent subsidies OR housing vouchers OR disability benefits OR rental assistance OR housing options OR rent supplements)

2.2 Housing supply

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR

Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Housing OR Housing Schemes OR Housing Programmes)

2.3 Family mediation and conciliation

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Family mediation and conciliation OR Family based therapy OR ecologically based family therapy OR motivational enhancement therapy OR community reinforcement approach OR family resilience programme OR Relationship-based intervention OR family contact)

2.4 Landlord-tenant mediation

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Landlord-tenant mediation OR Neighbour mediation)

2.5 Discharge interventions

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Discharge interventions OR Reentry OR prisoner re-entry OR transitional programme OR transitional supportive housing OR reintegration programme OR independent living OR independent housing OR community housing OR respite care OR medical respite OR homeless patient aligned care OR community follow up OR progressive independence model OR community care OR reintegration OR transitional programmes OR progressive independence model)

3 Services and Outreach

3.1 and 3.3

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Houseless OR Homeless OR Roofless OR Rough sleep*) AND (AND (Direct feeding OR Soup Runs OR Malnutrition interventions OR Day Centre intervention)

3.2

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (in-kind support interventions OR Non-Food items support OR Hygiene products OR Clothing or Household items supply) AND (Homeless Or Houseless OR Roofless OR People experiencing homelessness OR Rough sleepers)

3.4 (Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND

(Outreach access and recover OR assertive outreach OR street team OR multidisciplinary street team OR intensive outreach OR community prevention)

3.5 and 3.7 Reconnection and CTI done (no need to run again)

3.6 (Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND

(Assets-based programmes OR strength-based programmes OR Assets-based interventions OR strength-based interventions OR psychologically informed environments) OR strength profiling)

3.8 (Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND

(residential treatment OR non residential treatment OR specialist integrated care OR coordination of care OR intergovernmental OR integrated housing services)

3.9 (Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Veterinary services for pets of homeless OR Interventions for pets of homeless OR pet care interventions) AND (Homeless OR houseless OR Rough sleepers OR pets of Rough sleepers)

3.10 (Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Legal advice OR legal assistance OR limited legal assistance OR unbundled legal assistance OR legal interventions) AND (Homeless Or Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

4. Accommodation and accommodation-based services

4.1–4.4

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Accommodation and accommodation-based services OR Shelters OR Hostels OR Temporary Accommodation OR Host Homes OR Housing Placement OR Housing support) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

4.5 Rapid Rehousing

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Rapid rehousing) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

4.6 Housing First

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Housing First) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

4.7 Social Housing (with or without support)

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Social Housing OR Supportive housing OR Scattered-site housing OR permanent supportive housing OR abstinence contingent housing OR parallel housing services OR chronic care model OR community housing OR Residential treatment OR Rocking chair therapy OR congregate housing OR group home placements OR personalised housing OR onsite care)

4.8 Private rental sector (with or without support)

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Independent housing OR apartment living OR independent housing OR independent living OR community housing) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

4.9 Continuum of care

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Continuum of care OR continuity of care) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

5. Employment

5.1 Mentoring, coaching and in-work support

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Employment interventions OR Mentoring OR Coaching OR In-Work Support OR Individual Placement and Support OR Lifestyle coaching, OR employment pilot) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

5.2 Flexible employment

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Employment interventions OR Flexible employment) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

5.3 Vocational training and unpaid work experiences

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Employment interventions OR Vocational training OR unpaid work experiences OR

Work therapy OR therapeutic workplace OR Work skills training OR vocational rehabilitation OR housing and work support OR work support OR Pro-bono work) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers)

5.4 Paid work experiences

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Employment interventions OR Paid work experiences OR Paid internship)

AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleeper

6. Health and Social care

6.1 Physical and mental health

6.1.1

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Health and Social care interventions OR Physical Health Services OR sexual health OR sexual risk behaviors OR HIV treatment OR tuberculosis OR hepatitis OR influenza OR cancer screening OR smoking cessation OR risk detection OR medical respite OR consultation model OR adherence to medication OR onsite care OR referral primary medical care)

6.1.2

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Mental Health Services OR Hospital-based rehabilitation OR psychiatric rehabilitation OR dialectical behavioral treatment OR nurse-led, motivational intervention OR motivational intervention OR Contingency management OR cognitive behavior* therapy OR behavior* day treatment OR motivational enhancement therapy OR mindfulness OR community-based counselling OR stepped care)

6.2 End of life care

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (End of life care interventions OR End of life planning OR Palliative care OR respite care OR Hospital care)

6.3 Addiction support

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Addiction support interventions OR Therapeutic communities OR harm-reduction OR methadone OR opioid substitution therapy OR faith-based addiction treatment OR abstinence contingent housing OR overdose training OR managed alcohol programme OR smoking cessation OR alcohol abuse OR comprehensive approach to rehabilitation OR harm reduction treatment for alcohol OR methamphetamine treatment OR community health OR naloxone Or supervised consumption facilities)

7. Education and Skills

7.1 Life and social skills training

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND education and skills interventions OR life skills training Or Social skills training OR emotional skills training OR financial literacy OR money management training Or tenancy management)

7.2 Mainstream education

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND education interventions OR classroom interventions)

7.3 Homelessness awareness programmes in schools

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Homelessness awareness programmes in schools OR Awareness Campaigns OR Homelessness awareness interventions)

7.4 Recreational and creative activities

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Recreational OR Social OR creative activities OR social clubs OR Theatre)

8. Communication

8.1 Advocacy Campaign

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Advocacy Campaign OR Rights of homeless campaign)

8.2 Public information campaigns

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Public information campaigns OR government-run campaigns)

8.3 Service availability

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Service availability communication interventions OR Service availability information interventions)

9. Financing

9.1 Social Impact Bonds

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Social Impact Bonds)

9.2 Direct financial support from public

(Effectiveness OR impact evaluation OR Implementation OR Barriers and facilitators OR Process Evaluation OR Evaluation) AND (Homeless OR Houseless or Roofless OR People experiencing homelessness OR Rough sleepers) AND (Financial assistance OR emergency financial assistance OR cash transfers OR personalised budgets OR hardship payments OR financial incentives)

Appendix 4: Organisational/institutional websites searched.

Country/Region (with dates searched in parentheses)	Websites searched (Organisation/ Institution name and URL)
Australia (4th August 2023)	FACS New South Wales https://www.facs.nsw.gov.au/providers/homelessness-services/resources/research-and-evaluation/chapters/reports Mission Australia www.missionaustralia.com.au The Deck thedeck.org.au FACS Victoria https://www.google.de/search?q=facs+victoria+homelessness+evaluation

Country/Region (with dates searched in parentheses)	Websites searched (Organisation/ Institution name and URL)
Canada (8th-9th August 2023)	Homeless Hub (Journal articles) https://www.homelesshub.ca/search-library?keywords=evaluation&publication_date=1970-01-01%2000%3A00%3A00&f%5B0%5D=field_resource_type%3A253 Homeless Hub (Reports) https://www.homelesshub.ca/search-library?keywords=evaluation&publication_date=1970-01-01%2000%3A00%3A00&f%5B0%5D=field_resource_type%3A259 Homeless Hub (Dissertations) https://www.homelesshub.ca/search-library?keywords=evaluation&publication_date=1970-01-01%2000%3A00%3A00&f%5B0%5D=field_resource_type%3A262 Inn from the cold https://innfromthecold.org/ University of Ottawa https://uniweb.uottawa.ca/#!psychology/themes/999:246/publications
Europe (8th August 2023)	FEANTSA https://www.feantsa.org/en

Country/Region (with dates searched in parentheses)	Websites searched (Organisation/ Institution name and URL)
UK (7th August 2023)	Centre for Housing Policy, York https://www.york.ac.uk/chp/ Crisis https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/ Homeless Link https://homeless.org.uk/ i-sphere https://i-sphere.site.hw.ac.uk/ Joseph Rowntree Foundation jrf.org.uk Shelter shelter.org.uk Social Care Institute for Excellence https://www.scie-socialcareonline.org.uk/ The National Lottery Community Fund https://www.tnlcommunityfund.org.uk/

Country/Region (with dates searched in parentheses)	Websites searched (Organisation/ Institution name and URL)
USA (7-8th August 2023)	HUD Program Evaluation Division https://www.huduser.gov/portal/research/eval.html https://www.huduser.gov/portal/index.php?qbing=evaluation&q=search.html&x=0&y=0 https://www.huduser.gov/portal/publications/pdr_studies.html Department of labour Search term: Homeless evaluation https://search.usa.gov/search?utf8=%E2%9C%93&affiliate=www.dol.gov&query=homeless+evaluation

Appendix 5: List of hand searched journals

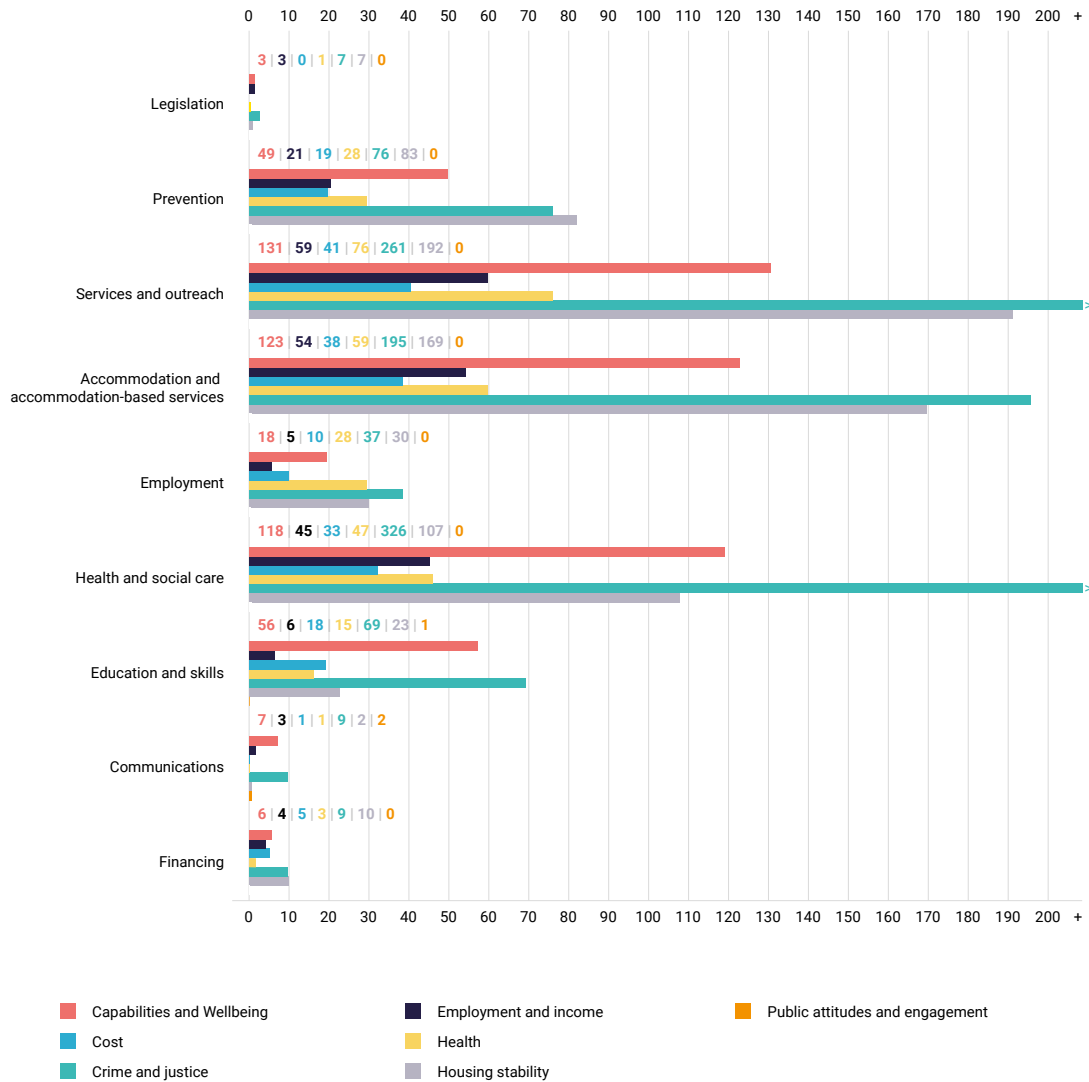
Name of the Journal	URL	Dates searched
Health & Social Care in the Community	https://onlinelibrary.wiley.com/loi/13652524	17th September, 2021
Housing Care and Support	https://www.emerald.com/insight/publication/issn/1460-8790	21st September, 2021
Housing Policy Debate	https://www.tandfonline.com/loi/rhpd20	21st August, 2021
Housing Studies	https://www.tandfonline.com/loi/chos20	21st August, 2021
International Journal of Housing Policy	https://www.tandfonline.com/loi/reuj20	21st September, 2021
Journal of Social Distress and the Homeless	https://www.tandfonline.com/loi/ysdh20	17th September, 2021
Parity	https://search.informit.org/journal/par	21st September, 2021

Appendix 6: Distribution of included studies by country and design (2023 edition)

Country	Study design			
	Systematic reviews	Randomised Controlled Trials (RCTs)	Non-experimental design with comparison group	Before versus after design
Australia	25	6	6	7
Canada	41	70	13	20
Czech Republic	0	1	0	0
Denmark	4	2	0	1
France	4	6	0	2
Germany	3	0	1	1
Ireland	7	0	2	2
Israel	2	0	1	0
Italy	1	0	0	3
Japan	3	0	1	0
Netherlands	15	7	0	5
New Zealand	5	0	0	0
Norway	3	0	1	0
Poland	0	0	0	1
Portugal	3	0	1	1
Puerto Rico	0	0	0	1

Country	Study design			
	Systematic reviews	Randomised Controlled Trials (RCTs)	Non-experimental design with comparison group	Before versus after design
Singapore	0	0	1	0
Spain	7	4	2	2
South Korea	3	1	1	1
Sweden	5	0	0	1
Switzerland	3	3	0	1
Turkey	1	0	0	0
United Kingdom (UK)	44	19	16	13
United States of America (USA)	93	250	106	116
Hungary	0	0	0	1
Belgium	1	0	0	0

Appendix 7: Studies by intervention and outcome categories (overall map)



Appendix 8: Intervention and population sub-groups (SR)

	Legislation	Prevention	Services and outreach	Accommodation and accommodation-based services	Employment	Health and social care	Education and skills	Communications	Financing
Discharge from health facilities	0	2	3	2	0	2	2	0	0
Elderly	1	0	4	2	0	4	2	0	0
Ex-prisoners	0	3	8	8	1	7	3	0	0
Families with children	0	3	5	6	0	4	1	0	1
HIV patients	0	0	4	5	1	4	1	0	0
Indigenous people	0	0	0	0	0	0	0	0	0
LGBT community	0	0	1	1	0	1	0	0	0
Migrants	0	0	1	2	0	1	0	0	0

	Legislation	Prevention	Services and outreach	Accommodation and accommodation-based services	Employment	Health and social care	Education and skills	Communications	Financing
People leaving social care	0	4	4	4	0	4	2	0	0
People with alcohol/drug issues	0	6	33	22	6	34	9	2	0
People with complex needs/dual diagnosis	0	2	6	4	1	4	1	0	0
People with disabilities	0	1	5	6	1	4	1	0	0
People with existing health conditions (excluding HIV)	1	4	14	9	1	18	3	1	0
People with/ history of mental illness	1	9	31	26	4	28	7	0	1

	Legislation	Prevention	Services and outreach	Accommodation and accommodation-based services	Employment	Health and social care	Education and skills	Communications	Financing
Survivors of domestic violence/ abuse	1	0	1	2	0	3	3	0	0
Veterans/Ex-services	0	0	13	10	1	13	2	0	0
Women and girls	1	0	4	2	0	6	0	0	0
Young people	0	3	15	11	3	15	10	0	0
Other	0	2	11	7	4	12	2	1	2

Appendix 9: Characteristics of systematic reviews included in the EGM

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Adams-Guppy (2016)	Region • Europe and Central Asia • North America Country • Canada • Germany • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues	• Services and outreach • Health and social care	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Alexander (2022)	Region • Europe and Central Asia • North America Country • Canada • Ireland • Netherlands • Portugal • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Altena (2010)	Region • North America Country • Canada • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Boston Los Angeles, Halifax, Nova Scotia</i> • California • Massachusetts • Nova Scotia	• People with alcohol/drug issues • Young people	• Services and outreach • Accommodation and accommodation-based services • Employment • Health and social care • Education and skills	• Capabilities and Wellbeing • Crime and justice • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Aubry (2020)	Region • North America Country • Canada • United States of America (USA) National region (state in US or country in UK) • City [Info] Toronto, Montreal, Moncton, Winnipeg, Vancouver, Ottawa, Boston, New York, San Fransisco, Washington, Tampa, St Petersburg, Chicago, Mount Vernon • Arizona • British Columbia • California • Colorado • Connecticut • Florida • Georgia • Hawaii	• People with alcohol/ drug issues • People with complex needs/dual diagnosis • People with disabilities • People with existing health conditions (excluding HIV) • People with/history of mental illness	• Prevention • Services and outreach • Accommodation and accommodation-based services • Employment • Health and social care	• Capabilities and Wellbeing • Cost • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Aubry (2020) continued	• Illinois • Kansas • Kentucky • Louisiana • Manitoba • Maryland • Massachusetts • Minnesota • Missouri • New Brunswick • New York • Ohio • Ontario • Pennsylvania • Quebec • Utah • Washington				
Baral (2021)	Region • North America Country • Canada	• People leaving social care • Other	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Barker (2017)	Region • Europe and Central Asia • North America Country • Canada • Netherlands • United States of America (USA) National region (state in US or country in UK) • Not reported	• Other	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Crime and justice • Employment and income • Health • Housing stability	Low confidence review
Barker (2019)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • City [Info] New york Alberta • Alberta • New York	• Elderly • HIV patients • People with alcohol/ drug issues • People with existing health conditions (excluding HIV) • People with/history of mental illness • Veterans/Ex-services • Young people	• Services and outreach • Accommodation and accommodation-based services • Health and social care • Education and skills	• Capabilities and Wellbeing • Crime and justice • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Bassuk (2014)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Families with children	• Services and outreach • Accommodation and accommodation-based services	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Baxter (2019)	Region • Europe and Central Asia • North America Country • Canada • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • British Columbia • California • Illinois • Manitoba • Maryland • New Brunswick • New York • Ontario • Quebec	• Other [Info] <i>Homeless adult</i>	• Accommodation and accommodation-based services	• Capabilities and Wellbeing • Health • Housing stability	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Benston (2015)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with complex needs/dual diagnosis • People with/history of mental illness	• Prevention • Services and outreach • Accommodation and accommodation-based services	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review
Byrne (2021)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • City <i>[Info] New York and Philadelphia</i> • Minnesota • New York • Pennsylvania • Washington	• Families with children • HIV patients	• Accommodation and accommodation-based services	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Carol-Ann (2019)	Region • North America Country • United States of America • (USA) National region (state in US or country in UK) • City [Info] <i>North Carolina</i> • North Carolina	• People with alcohol/ drug issues • People with/history of mental illness	• Services and outreach • Health and social care	• Health	Medium/high confidence review
Centre (2021)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • California • Massachusetts • New York	• Ex-prisoners • People leaving social care • People with alcohol/ drug issues • People with existing health conditions (excluding HIV) • People with/history of mental illness	• Prevention • Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Cost • Crime and justice • Employment and income • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Chambers ()	Region • Europe and Central Asia • North America Country • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Migrants • People with/history of mental illness • Veterans/Ex-services	• Accommodation and accommodation-based services	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	Low confidence review
Chang (2022)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Elderly • People with existing health conditions (excluding HIV) • People with/history of mental illness	• Legislation • Services and outreach • Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Coldwell (2007)	Region • North America Country • Canada • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City • [Info] <i>Baltimore, Oregon</i> • Maryland • Oregon	• People with/history of mental illness	• Services and outreach	• Health • Housing stability	Low confidence review
Connell (2023)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Ex-prisoners • HIV patients • People with alcohol/drug issues • People with/history of mental illness	• Services and outreach • Employment	• Employment and income • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Constance (2020)	Region • North America Country • Canada • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Calgary, Toronto, Nashville</i> • Alberta • Ohio • Ontario • Tennessee	• People with existing health conditions (excluding HIV)	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Cornes (2018)	Region • Europe and Central Asia • North America Country • Canada • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City <i>[Info] New York Chicago London and Brighton Ontario</i> • England • Illinois • New York • Ontario	• Discharge from health facilities • People leaving social care • People with/history of mental illness	• Prevention • Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review
Cornes (2021)	Region • Europe and Central Asia Country • United Kingdom (UK) National region (state in US or country in UK) • England	• Discharge from health facilities	• Services and outreach	• Health	Low confidence review Medium/high confidence primary studies

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Dalton-Locke (2020)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • Denmark • Ireland • Israel • Italy • Japan • Netherlands • Spain • Sweden • Turkey • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with/history of mental illness	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Dawes(2023)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Denmark • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Other [Info] Studies that included adults who were homeless under the ETHOS criteria for homelessness[4], that is rooflessness, houselessness, living in insecure housing, or living in inadequate housing. Age >18 years.	• Health and social care	• Capabilities and Wellbeing • Health	Low confidence review
Dettlaff (2017)	Region • North America Country • Canada • United States of America (USA) National region (state in US or country in UK) • Not reported	• LGBT community • Young people	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Donkoh (2006)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Discharge from health facilities • People leaving social care • Young people	• Education and skills	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Edwards (2017)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Spain • Sweden • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City <i>[Info] Stockholm, Indianapolis, Sydney, Palo Alto</i> • Barcelona • California • Illinois • Indiana	• Elderly • People with existing health conditions (excluding HIV) • Veterans/Ex-services	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Eghdami (2023)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Japan • Switzerland • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Emezue (2022)	Region • East Asia and Pacific • North America Country • Australia • Canada • New Zealand • United States of America (USA) National region (state in US or country in UK) • City <i>[Info] Tallahassee, New York city, Pittsburgh,</i> • Arizona • British Columbia • Florida • Maryland • Missouri • New Brunswick • New York • Ontario • Oregon • Pennsylvania	• People with alcohol/ drug issues • People with/history of mental illness • Survivors of domestic violence/abuse • Women and girls	• Health and social care	• Crime and justice • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Filges (2022)	Region • North America Country • Canada • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Toronto, Boston, London</i> • England • Illinois • Massachusetts • Ontario • Pennsylvania • Quebec • Washington	• Young people [Info] 8-25 yeras	• Services and outreach • Employment • Health and social care • Education and skills	• Capabilities and Wellbeing • Crime and justice • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Finnie (2022)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Families with children [Finnie (2022).pdf] Page 3: <i>Participants were from households with low in- come that qualified for HCV or MTO programs. The MTO program recruited households with</i> [Finnie (2022).pdf] Page 4: <i>children in high poverty areas living in public hous- ing or in project-based Section 8– assisted housing.18</i>	• Prevention	• Capabilities and Wellbeing • Crime and justice • Employment and income • Health • Housing stability	Low confidence review
Formosa (2021)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Other	• Services and outreach • Accommodation and accommodation-based services	• Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Gibbs (2023)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Israel • New Zealand • United States of America (USA) National region (state in US or country in UK) • Not reported	• Ex-prisoners • [s12954-023-00832-8.pdf] Page 2: <i>We used a comprehensive set of search terms pertaining to people in or leaving custody; release from custody; and supported housing, developed in consultation with a research librarian (</i>	• Accommodation and accommodation-based services • Health and social care • Education and skills	• Capabilities and Wellbeing • Crime and justice • Health • Housing stability	Low confidence review
Glover-Wright (2023)	Region • Europe and Central Asia • North America Country • Norway • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Elderly • People with alcohol/drug issues • People with complex needs/dual diagnosis • People with/history of mental illness • Veterans/Ex-services	• Services and outreach • Health and social care	• Capabilities and Wellbeing • Cost • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Golembiewski (2020)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues • People with/history of mental illness • Veterans/Ex-services • Other [Info] 18 and above	• Services and outreach • Accommodation and accommodation-based services • Employment • Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Gubits (2018)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Columbus, Philadelphia, Phoenix, Portland, Vancouver, Hartford, Richmond, San Jose, San Francisco</i> • Arizona • California • Connecticut • Florida • Georgia • Massachusetts • Minnesota • New Jersey • New York • Ohio • Oregon • Pennsylvania • Tennessee	• Families with children • Veterans/Ex-services • Young people [Info] <i>Age not reported</i>	• Accommodation and accommodation-based services	• Capabilities and Wellbeing • Cost • Crime and justice • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Gubits (2018) continued	• Utah • Vermont • Virginia • Washington				
Hamilton (2018)	Region • Europe and Central Asia • North America Country • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>London</i> • England	• People with existing health conditions (excluding HIV)	• Health and social care	• Cost • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Han (2023)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Canada • Ireland • Japan • New Zealand • Norway • Portugal • Spain • Sweden • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Other [Info] <i>diverse</i>	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Hanratty (2020)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Discharge from health facilities • Ex-prisoners • People leaving social care • People with alcohol/drug issues • People with existing health conditions (excluding HIV) • People with/history of mental illness	• Prevention • Services and outreach • Accommodation and accommodation-based services • Health and social care • Education and skills	• Capabilities and Wellbeing • Cost • Crime and justice • Employment and income • Health • Housing stability	Low confidence review
Hare (2023)	Region • Europe and Central Asia • North America Country • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Families with children [Info] <i>focus is on infants</i>	• Prevention • Accommodation and accommodation-based services • Health and social care	• Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Hashim (2021)	Region • Europe and Central Asia • North America Country • United Kingdom (UK) • United States of America (USA)	• People with alcohol/ drug issues • People with existing health conditions (excluding HIV)	• Health and social care	• Health	Low confidence review
Health Quality Ontario (2016)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Ex-prisoners • People with alcohol/ drug issues • People with disabilities • People with/history of mental illness • Veterans/Ex-services	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Heaslip (2021)	Region • Europe and Central Asia • North America Country • Canada • Spain • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Other [Info] <i>homeless s: described as marginalised; vulnerable</i>	• Health and social care [Info] <i>healthcare technology</i> • Communications	• Health	Low confidence review
Heerde (2018)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• People leaving social care • Young people	• Prevention • Services and outreach • Accommodation and accommodation-based services	• Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Heuvelings (2018)	Region • Europe and Central Asia Country • United Kingdom (UK) National region (state in US or country in UK) • City [Info] <i>London Frankfurt Barcelona</i> • Barcelona • England • Frankfurt	• People with alcohol/ drug issues • People with existing health conditions (excluding HIV)	• Services and outreach • Health and social care • Communications	• Capabilities and Wellbeing • Cost • Health	Low confidence review
Hollenberg (2022)	Region • North America Country • United States of America (USA)	• People with existing health conditions (excluding HIV) • People with/history of mental illness • Other	• Services and outreach	• Health	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Hunt (2019)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Denmark • Germany • Ireland • Switzerland • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues • People with complex needs/dual diagnosis • People with/history of mental illness	• Services and outreach • Health and social care	• Capabilities and Wellbeing • Cost • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Hyun (2020)	Region • Europe and Central Asia • North America Country • Netherlands • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues • People with/history of mental illness • Veterans/Ex-services • Women and girls	• Services and outreach • Health and social care	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Ijaz (2018)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • France • Netherlands • Spain • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues	• Services and outreach • Education and skills • Communications	• Cost • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
s for promoting... (2015)	Region • North America Country • South Korea • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City [Info] Washington Seoul Southern California New York • New York • Seoul • South Carolina • Washington	• Young people	• Services and outreach • Health and social care • Education and skills	• Capabilities and Wellbeing • Health • Housing stability	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
s to improve... (2016)	• Region • North America • Country • United States of America (USA) • National region (state in US or country in UK) • City • [Info] Los Angeles California Tennessee, New york, Oregon, California & Los Angeles • California • New York • Oregon • Tennessee	• People with alcohol/ drug issues • People with disabilities • People with/history of mental illness • Veterans/Ex-services	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Health	Low confidence review
Jacob (2022)	• Region • North America • Country • United States of America (USA)	• HIV patients • People with disabilities • People with existing health conditions (excluding HIV) • People with/history of mental illness	• Accommodation and accommodation-based services	• Cost	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Jiménez-Lérida (2023)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Baltimore, Chicago, Austin</i> • Illinois [Info] <i>Chicago</i> • Maryland [Info] <i>Baltimore</i> • Texas [Info] <i>Austin</i>	• People with/history of mental illness	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Johnson (2023)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • Netherlands • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues • Other [Info] <i>Sex workers</i>	• Services and outreach • Employment • Health and social care	• Capabilities and Wellbeing • Crime and justice • Employment and income • Health • Housing stability	Low confidence review
Jonker (2015)	Region • East Asia and Pacific • North America Country • South Korea • United States of America (USA) National region (state in US or country in UK) • Not reported	• Survivors of domestic violence/abuse	• Accommodation and accommodation-based services • Health and social care • Education and skills	• Crime and justice • Health	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Keenan (2021)	Region • Europe and Central Asia • North America Country • Canada • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City <i>[Info] New York, Chicago, San Francisco, San Diego, New Orleans, Cleveland, Vancouver, Winnipeg, Toronto, Montreal, Moncton, Boston, New York, London and Toronto</i> • Alabama • British Columbia • California • Connecticut • England • Illinois • Manitoba • Maryland	• Other <i>[Info] people who are homeless or at risk of becoming homeless</i>	• Accommodation and accommodation-based services	• Capabilities and Wellbeing • Cost • Crime and justice • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Keenan (2021) continued	• Massachusetts • New Brunswick • New York • Ontario • Quebec • Washington				
Killaspy (2022)	Region • Europe and Central Asia • North America Country • Australia • Canada • France • Netherlands • Norway • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with/history of mental illness	• Health and social care	• Capabilities and Wellbeing • Cost • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Koomen (2022)	Region • Europe and Central Asia • North America Country • Netherlands • Sweden • United States of America (USA) • Belgium National region (state in US or country in UK) • Not reported	• People with/history of mental illness	• Health and social care • Education and skills	• Health	Low confidence review
Kopanitsa (2022)	Region • East Asia and Pacific • Europe and Central Asia • Latin America and the Carribean • North America <i>[Info] studies from all high income countries were included</i>	• Other • [Info] <i>all homeless s</i>	• Services and outreach • Health and social care	• Cost • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Kyle (2008)	Region • North America Country • Canada • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>New York Ontario New England Illinois Boston Montreal Washington</i> • Illinois • Massachusetts • New England • New York • Ontario • Quebec • Washington	• People with/history of mental illness	• Prevention • Services and outreach • Accommodation and accommodation-based services	• Capabilities and Wellbeing • Cost • Crime and justice • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Leah (2022)	Region • Europe and Central Asia Country • United Kingdom (UK) National region (state in US or country in UK) • Not reported	• Families with children • People with/history of mental illness [Francis (2022).pdf] Page 26: <i>In order to examine the mental health s associated with children and adolescents whose families have moved onto Universal Credit (UC)</i>	• Financing	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Leclair (2019)	Region • North America Country • Canada National region (state in US or country in UK) • City [Info] <i>Vancouver, Winnipeg, Toronto, Montreal, and Moncton</i> • British Columbia • Manitoba • New Brunswick • Ontario • Quebec	• People with alcohol/drug issues • People with/history of mental illness	• Accommodation and accommodation-based services	• Capabilities and Wellbeing • Cost • Crime and justice • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Lee (2023)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Albuquerque, Northern Manhattan, Youngstown, Akron, East Garfield Park, O'hau, Houston, Durham</i> • California • Illinois • Minnesota • New Mexico • New York • North Carolina • Ohio • Texas	• People with alcohol/ drug issues • Other • [Info] <i>PEH</i>	• Services and outreach • Health and social care • Education and skills	• Capabilities and Wellbeing • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Leff (2009)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with/history of mental illness	• Accommodation and accommodation-based services	• Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Luchenski (2018)	Region East Asia and Pacific North America Country Australia United States of America (USA) National region (state in US or country in UK) City [Info] <i>Oregon Missouri Maryland Chicago New York Ohio Georgia California Connecticut Illinois Delaware, Kentucky, Virginia</i> California Connecticut Delaware Georgia Illinois Kentucky Maryland Missouri New York Ohio Oregon Virginia	• Ex-prisoners • People with alcohol/drug issues • People with existing health conditions (excluding HIV) • People with/history of mental illness • Young people	• Services and outreach • Accommodation and accommodation-based services • Health and social care • Education and skills	• Capabilities and Wellbeing • Cost • Health	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Luchenski (2022)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with existing health conditions (excluding HIV) • Other	• Prevention • Services and outreach • Health and social care	• Capabilities and Wellbeing • Cost • Health • Housing stability	Low confidence review
Ly (2015)	Region • North America Country • Canada • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/ drug issues • People with/history of mental illness	• Accommodation and accommodation-based services	• Cost	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Mackie (2019)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Other [Info] <i>Homeless</i>	• Services and outreach • Accommodation and accommodation-based services • Financing	• Crime and justice • Health • Housing stability	Low confidence review
Magwood (2020)	Region • Not reported/ Unclear National region (state in US or country in UK) • Not reported	• People with alcohol/ drug issues • People with/history of mental illness • Women and girls • Young people	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Manuel (2022)	Region • Europe and Central Asia • Latin America and the Caribbean • North America Country • Canada • Netherlands • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Maryland • New York • Ohio • Ontario [Info] <i>Toronto</i> • Pennsylvania	• Families with children • People with alcohol/drug issues • People with/history of mental illness • Survivors of domestic violence/abuse • Veterans/Ex-services • Other [Info] <i>Homeless adults</i>	• Services and outreach	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Marshall (2020)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • Netherlands • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues • People with/history of mental illness • Veterans/Ex-services	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing	Low confidence review
Marshall (2020)	Region • North America • Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/drug issues • People with/history of mental illness • Survivors of domestic violence/abuse	• Education and skills	• Capabilities and Wellbeing • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Marshall (2022)	Region • East Asia and Pacific • North America Country • Australia • Canada • United States of America (USA) National region (state in US or country in UK) • Not reported	• Other [Info] <i>PEH</i>	• Employment • Health and social care	• Capabilities and Wellbeing • Employment and income • Housing stability	Low confidence review
McGowan (2023)	Region • Europe and Central Asia • North America Country • Canada • France • Spain • United States of America (USA) National region (state in US or country in UK) • Not reported	• Ex-prisoners • People with alcohol/drug issues • People with existing health conditions (excluding HIV) [Info] <i>oral health and related health behaviours.</i>	• Services and outreach [Info] <i>assertive community treatment</i> • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Cost • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Miler (2020)	Region • Europe and Central Asia • North America Country • Canada • France • Portugal • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• HIV patients • People with alcohol/drug issues • People with existing health conditions (excluding HIV) • Veterans/Ex-services	• Health and social care	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review
Miler (2021)	Region • Europe and Central Asia • North America Country • Canada • Ireland • Netherlands • Spain • Switzerland • United Kingdom (UK) • United States of America (USA)	• People with alcohol/drug issues	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Morton (2020)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • Netherlands • South Korea • United States of America (USA) National region (state in US or country in UK) • Not reported	• Young people [Info] 13-25	• Prevention • Services and outreach • Accommodation and accommodation-based services • Employment • Health and social care	• Capabilities and Wellbeing • Crime and justice • Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Munthe-Kaas (2018)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • Denmark • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Ex-prisoners • People with alcohol/drug issues • People with/history of mental illness	• Prevention • Services and outreach • Accommodation and accommodation-based services	• Housing stability	Medium/high confidence review
Naranbhai (2011)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>New York</i> • New York	• People with alcohol/drug issues • Young people	• Services and outreach	• Health	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
O'Shaughnessy (2020)	Region • Europe and Central Asia • North America Country • Canada • Ireland • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City [Info] Bedford, New York, Detroit, St. Louis, Denver, Los Angeles, Boston, Toronto, Montreal, Winnipeg, Vancouver, Moncton, Fort Myers, Brooklyn, Phoenix, Dublin, San Mateo and London • Arizona • British Columbia • California • Colorado • England • Florida • Manitoba • Massachusetts	• Elderly • People with alcohol/drug issues • People with complex needs/dual diagnosis • People with disabilities • People with/history of mental illness • Veterans/Ex-services • Young people	• Services and outreach • Accommodation and accommodation-based services • Education and skills	• Capabilities and Wellbeing	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
O'Shaughnessy (2020) continued	• Michigan • Missouri • New Brunswick • New York • Ontario • Quebec				
Olivet (2010)	Region • Europe and Central Asia • North America Country • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>New York and London</i> • England • New York	• Families with children • People with alcohol/drug issues • People with/history of mental illness • Veterans/Ex-services • Young people	• Services and outreach	• Employment and income • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Parriott (2018)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Indiana Boston</i> • Indiana • Massachusetts	• People with existing health conditions (excluding HIV) • People with/history of mental illness	• Services and outreach • Health and social care	• Health	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Peng (2020)	Region • North America Country • Canada • United States of America (USA) National region (state in US or country in UK) • British Columbia • California • Florida • Illinois • Louisiana • Manitoba • New Brunswick • New Mexico • New York • Ohio • Ontario • Oregon • Quebec • Tennessee • Washington	• HIV patients • People with alcohol/drug issues • People with complex needs/dual diagnosis • People with disabilities • People with/history of mental illness • Veterans/Ex-services	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Petering (2014)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Survivors of domestic violence/abuse • Young people	• Education and skills	• Crime and justice	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Piers (2022)	Region • East Asia and Pacific • North America Country • Australia • [Child Adoles Ment Health - 2022 - Piers.pdf] Page 5: <i>orres Strait Islander</i> "res Strait Islander • New Zealand • [Child Adoles Ment Health - 2022 - Piers.pdf] Page 5: <i>New Zealand</i> • United States of America (USA) • [Child Adoles Ment Health - 2022 - Piers.pdf] Page 5: <i>Chicago</i> National region (state in US or country in UK) • City <i>[Info] Chicago, Torres Strait Island</i> • Illinois	• Young people	• Health and social care	• Capabilities and Wellbeing • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Polillo (2021)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• Veterans/Ex-services • Young people	• Health and social care	• Cost • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Ponka (2020)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Netherlands • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Liverpool, San Diego, Los Angeles, Chicago, New York, Queens and Bronx, Denver, Seattle, Oxford, Minneapolis, Manhattan, Philadelphia, San Francisco, Buffalo, Portland, St. Louis, Baltimore</i> • California • Connecticut • England • Florida • Illinois	• Ex-prisoners • Families with children • People with alcohol/drug issues • People with existing health conditions (excluding HIV) • People with/history of mental illness • Veterans/Ex-services • Women and girls • Young people	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Cost • Employment and income • Health • Housing stability	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Ponka (2020) continued	• Maryland • Missouri • New Mexico • New York • Oregon • Pennsylvania • Victoria • Washington				
Rog, (2014)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>California Florida Boston New York</i> • California • Florida • Massachusetts • New York	• People with alcohol/drug issues • People with/history of mental illness	• Prevention • Services and outreach • Accommodation and accommodation-based services • Employment • Health and social care	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Schiffler (2023)	Region • North America • Country • Canada • United States of America (USA) National region (state in US or country in UK) • City • [Info] San Diego, Chicago, Toronto • California • [Info] San Diego • Illinois • [Info] Chicago • Ontario • [Info] Toronto	• People with/history of mental illness [Schiffler(2023).pdf] Page 5: <i>Two of the studies were conducted in Toronto, Canada, one in Chicago, USA, and one in San Diego, USA. All of them investigated PEH who were experiencing impaired mental health, either by living with a mental illness [29,40,41] or unmet mental health needs as identified by health-care providers [42].</i>	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Silva (2018)	Region - Europe and Central Asia Country - United Kingdom (UK) - United States of America (USA) National region (state in US or country in UK) - City [Info] <i>London San Francisco San Diego</i> - California - England	- HIV patients - Migrants - People with alcohol/drug issues - People with existing health conditions (excluding HIV)	- Services and outreach - Accommodation and accommodation-based services - Health and social care	- Capabilities and Wellbeing - Cost - Health	Medium/high confidence review
Slesnick (2009)	Region - North America Country - United States of America (USA) National region (state in US or country in UK) - Not reported	Young people	- Services and outreach - Accommodation and accommodation-based services - Health and social care - Education and skills	- Capabilities and Wellbeing - Crime and justice - Employment and income - Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Soar (2020)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Arizona • California • England • Massachusetts • Minnesota • South Carolina • Texas • Victoria	• People with alcohol/drug issues	• Health and social care	• Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Speirs (2013)	Region • Europe and Central Asia • North America Country • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Women and girls	• Services and outreach • Health and social care	• Health • Housing stability	Low confidence review
Tabol (2010)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with/history of mental illness	• Accommodation and accommodation-based services	• Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Thomas (2011)	Region • North America Country • Australia National region (state in US or country in UK) • Not reported	• Other [Info] <i>Homeless people</i>	• Education and skills	• Capabilities and Wellbeing • Health • Housing stability	Low confidence review
Vijayaraghavan (2020)	Region • Europe and Central Asia • North America Country • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Boston, Palo Alto, Durham, Minneapolis-St. Paul, Kansas City</i> • California • Massachusetts • Minnesota • Missouri • North Carolina	• Families with children • People with alcohol/drug issues • Survivors of domestic violence/abuse • Young people	• Health and social care	• Health	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Wang (2019)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Canada • United States of America (USA) National region (state in US or country in UK) • City [Info] <i>Los Angeles Seoul Los Angeles and San Bernardino Vancouver, Winnipeg, Toronto, Montreal, and Moncton Midwestern city Ohio</i> • British Columbia • California • Manitoba • New Brunswick • Ohio • Ontario • Quebec • Seoul	• Families with children • People with alcohol/drug issues • People with/history of mental illness • Young people	• Prevention • Services and outreach • Accommodation and accommodation-based services • Health and social care • Education and skills	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	Medium/high confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Weber (2019)	Region • East Asia and Pacific • North America Country • Australia • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/ drug issues • People with existing health conditions (excluding HIV) • People with/history of mental illness • Veterans/Ex-services • Women and girls • Young people [Info] 15-24	• Services and outreach • Health and social care	• Capabilities and Wellbeing • Health	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Woellenstein (2023)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • Germany • Ireland • Netherlands • Sweden • United Kingdom (UK) • United States of America (USA) National region (state in US or country in UK) • Not reported	• Other [Info] <i>Single Adults at Risk of or Experiencing MEH</i>	• Prevention • Services and outreach • Accommodation and accommodation-based services • Employment • Health and social care • Financing	• Health • Housing stability	Low confidence review

Author	Geographic location	Population	Interventions	Outcomes	Confidence in study findings
Woodhall-Melnik (2016)	Region • North America Country • United States of America (USA) National region (state in US or country in UK) • Not reported	• People with alcohol/ drug issues • People with/history of mental illness	• Accommodation and accommodation-based services	• Capabilities and Wellbeing • Health • Housing stability	Medium/high confidence review
Yakubovich (2021)	Region • East Asia and Pacific • Europe and Central Asia • North America Country • Australia • Canada • Netherlands • United States of America (USA)	• Survivors of domestic violence/abuse • Women and girls	• Legislation • Accommodation and accommodation-based services	• Capabilities and Wellbeing • Employment and income • Health • Housing stability	• Low confidence review

Appendix 10: Characteristics of Impact evaluations from the UK

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Aldridge (2014)	Impact of peer educators on uptake of mobile x-ray tuberculosis screening at homeless hostels: a cluster randomised controlled trial	• England (<i>London</i>)	• Other	• Health and social care	• Randomised Controlled Trials (RCTs)	• Health	Medium/ high confidence
Aldridge (2019)	Impact evaluation of the Rough Sleeping Initiative 2018	• England	• Other (<i>Rough sleepers</i>)	• Services and outreach	• Non-experimental design with comparison group	• Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Alexander (2022)	The impact of nursing on health outcomes of people receiving medication for opioid use disorder: An integrative review	Not reported	• People with alcohol/drug issues	• Health and social care	• Systematic reviews	• Health	Low confidence
Bäumker (2008)	Costs and outcomes of an extra care housing scheme in Bradford	• England (Bradford)	• Elderly, People with/history of mental illness	• Accommodation and accommodation-based services	• Before versus after design	• Cost • Health	Low confidence
Baxter (2019)	Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials	• British Columbia • California • Illinois • Manitoba • Maryland • New Brunswick • New York • Ontario • Quebec	• Other (Homeless adult)	• Accommodation and accommodation-based services	• Systematic reviews	• Capabilities and Wellbeing, • Health, • Housing stability	Medium/ high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Borbely (2022)	The impact of housing subsidy cuts on the labour market outcomes of claimants: Evidence from England	• England	• Other (<i>Low-income individuals</i>)	• Prevention	• Non-experimental design with comparison group	• Employment and income, • Health , • Housing stability	Medium/ high confidence
Bradley (2020)	‘Every day is hard, being outside, but you have to do it for your child’: mixed-methods formative evaluation of a peer-led parenting intervention for homeless families	• England (<i>London</i>)	• Families with children	• Education and skills	• Before versus after design	• Capabilities and Wellbeing , • Health	Low confidence
Burke (2018)	‘Mobile Me’: An evaluation of a sport intervention in sheltered housing and care homes	• England (<i>Norfolk</i>)	• Elderly, • People leaving social care	• Education and skills	• Non-experimental design with comparison group	• Capabilities and Wellbeing, • Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Byng (2022)	Development and evaluation of a collaborative care intervention for male prison leavers with mental health problems: the Engager research programme	• England	• Ex-prisoners, • People with/ history of mental illness	• Health and social care	• Randomised Controlled Trials (RCTs)	• Capabilities and Wellbeing, • Cost , • Health	Low confidence
Carlisle (2023)	How effective are UK-based support interventions and services targeted at adults who have experienced domestic and sexual violence and abuse at improving their safety and wellbeing? A systematic review protocol.	Not reported	• Survivors of domestic violence/abuse	• Services and outreach, • Accommodation and accommodation-based services, • Education and skills, • Communications	• Systematic reviews	• Capabilities and Wellbeing , • Crime and justice	Ongoing

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Chambers (2018)	A systematic review of the evidence on housing interventions for 'housing-vulnerable' adults and its relationship to wellbeing	Not reported	• Migrants • People with/ history of mental illness • Veterans/Ex-services	• Accommodation and accommodation-based services	• Systematic reviews	• Capabilities and Wellbeing, • Employment and income, • Health, • Housing stability	Low confidence
Coldwell (2007)	The effectiveness of assertive community treatment for homeless populations with severe mental illness: A meta-analysis	• Baltimore • Oregon • Maryland • Oregon	• People with/ history of mental illness	• Services and outreach	• Systematic reviews	• Health, • Housing stability	Low confidence
Cooley (2019)	The experiences of homeless youth when using strengths profiling to identify their character strengths	• England (Midlands)	• Young people	• Education and skills	• Before versus after design	• Capabilities and Wellbeing	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Cornes (2018)	Improving Hospital Discharge Arrangements for People who are Homeless: The Role of Specialist Integrated Care	• England • Illinois • New York • Ontario <i>(New York Chicago London and Brighton Ontario)</i>	• Discharge from health facilities, • People leaving social care • People with/ history of mental illness	• Prevention, • Services and outreach, • Accommodation and accommodation-based services, • Health and social care	• Systematic reviews	• Capabilities and Wellbeing, • Health, • Housing stability	Low confidence
Cornes (2021)	Improving care transfers for homeless patients after hospital discharge: a realist evaluation	• England	• Discharge from health facilities	• Services and outreach	• Systematic reviews, • Non-experimental design with comparison group	• Health	Low confidence
Cox (2018)	Exploring the use and uptake of e-cigarettes for homeless smokers	• England • Scotland	• People with alcohol/drug issues • People with complex needs/ dual diagnosis	• Health and social care	• Randomised Controlled Trials (RCTs)	• Cost, • Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Cox (2022)	Evaluating the effectiveness of e-cigarettes compared with usual care for smoking cessation when offered to smokers at homeless centres: Protocol for a multi-centre cluster randomised controlled trial in Great Britain	• England • Scotland • Wales	• Other	• Health and social care	• Randomised Controlled Trials (RCTs)	• Health	Ongoing
Craig (2004)	The Lambeth Early Onset (LEO) Team: randomised controlled trial of the effectiveness of specialised care for early psychosis	• England (<i>London</i>)	• People with/ history of mental illness	• Services and outreach	• Randomised Controlled Trials (RCTs)	• Health	Medium/ high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Crosby (2022)	Outcomes of a residential respite service for homeless people with tuberculosis in London, UK: a cross-sectional study	• England	• People with existing health conditions (excluding HIV)	• Accommodation and accommodation-based services, • Health and social care	• Non-experimental design with comparison group	• Health	Low confidence
Dalton-Locke (2020)	The Effectiveness of Mental Health Rehabilitation Services: a Systematic Review and Narrative Synthesis	Not reported	• People with/ history of mental illness	• Health and social care	• Systematic reviews	• Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Dawes (2023)	You can change your life through sports: Physical activity interventions to improve the health and wellbeing of adults experiencing homelessness: a mixed methods systematic review.	Not reported	Other <i>(adults who were homeless under the ETHOS criteria for homelessness, that is rooflessness, houselessness, living in insecure housing, or living in inadequate housing. Age >18 years.)</i>	Health and social care	Systematic reviews	- Capabilities and Wellbeing, - Health	Low confidence
Dawkins (2020)	A cluster feasibility trial to explore the uptake and use of e-cigarettes versus usual care offered to smokers attending homeless centres in Great Britain	- England - Scotland <i>(London, Northampton and Edinburgh)</i>	People with alcohol/drug issues	Health and social care	Non-experimental design with comparison group	- Capabilities and Wellbeing , - Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Department for Communities and Local Government (2017)	The impact evaluation of the London Homelessness Social Impact Bond	• England (<i>London</i>)	• Other (<i>Rough sleepers</i>)	• Financing	• Non-experimental design with comparison group	• Capabilities and Wellbeing, • Housing stability	Low confidence
Dunn (2019)	Military veteran transition into employment and civilian engagement: a walking with the wounded evaluation	Not reported	• Veterans/Ex-services	• Employment, • Health and social care	• Before versus after design	• Employment and income, • Health	Low confidence
Edwards (2017)	Effectiveness of Intensive Primary Care Interventions: A Systematic Review	• Barcelona, • California • Illinois • Indiana (<i>Stockholm, Indianapolis, Sydney, Palo Alto</i>)	• Elderly, • People with existing health conditions (excluding HIV), • Veterans/Ex-services	• Health and social care	• Systematic reviews	• Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Eghdami (2023)	Ecological momentary interventions for smoking cessation: a systematic review and meta-analysis	Not reported	• People with alcohol/drug issues	• Health and social care	• Systematic reviews	• Health	Low confidence
Filges (2022)	Outreach programs to improve life circumstances and prevent further adverse developmental trajectories of at-risk youth in OECD countries: A systematic review	• England • Illinois, • Massachusetts, • Ontario, • Pennsylvania, • Quebec • Washington <i>(Toronto, Boston, London)</i>	• Young people (8-25 years)	• Services and outreach, Employment • Health and social care, • Education and skills	• Systematic reviews	• Capabilities and Wellbeing, • Crime and justice, • Health, • Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Garety (2006)	Specialised care for early psychosis: symptoms, social functioning and patient satisfaction: randomised controlled trial.	• England (<i>London</i>)	• People with/ history of mental illness	• Health and social care	• Randomised Controlled Trials (RCTs)	• Capabilities and Wellbeing, • Health, • Housing stability	Low confidence
Glover-Wright (2023)	Health outcomes and service use patterns associated with co-located outpatient mental health care and alcohol and other drug specialist treatment: A systematic review	Not reported	• Elderly, • People with alcohol/drug issues, • People with complex needs/ dual diagnosis, • People with/ history of mental illness, • Veterans/Ex-services	• Services and outreach, • Health and social care	• Systematic reviews	• Capabilities and Wellbeing, • Cost, • Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Golembiewski (2020)	Health care and policy interventions to improve the health of patients experiencing homelessness	Not reported	• People with alcohol/drug issues, People with/history of mental illness, Veterans/ Ex-services, Other <i>(18 and above)</i>	• Services and outreach, • Accommodation and accommodation based services, • Employment, • Health and social care	• Systematic reviews	• Health	Low confidence
Hamilton (2018)	A systematic review of active case-finding strategies for tuberculosis in homeless populations	• England <i>(London)</i>	• People with existing health conditions (excluding HIV)	• Health and social care	• Systematic reviews	• Cost, • Health, • Housing stability	Low confidence
Han (2023)	Effects of Self-Compassion Interventions on Reducing Depressive Symptoms, Anxiety, and Stress: A Meta-Analysis	Not reported	• Other <i>(diverse population)</i>	• Health and social care	• Systematic reviews	• Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Hare (2023)	Mental Health Prevention and Treatment Programs for Infants Experiencing Homelessness: A Systematic Review	Not reported	Families with children <i>(focus is on infants)</i>	- Prevention, Accommodation and accommodation-based services, - Health and social care	Systematic reviews	- Health, - Housing stability	Low confidence
Hashim (2021)	Community-Based Assessment and Treatment of Hepatitis C Virus-Related Liver Disease, Injecting Drug and Alcohol Use Amongst People Who Are Homeless: A Systematic Review and Meta-Analysis		- People with alcohol/drug issues, - People with existing health conditions (excluding HIV	Health and social care	Systematic reviews	Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Heaslip (2021)	Use of Technology to Promote Health and Wellbeing of People Who Are Homeless: A Systematic Review	Not reported	Other <i>(homeless populations: described as marginalised; vulnerable)</i>	- Health and social care <i>(healthcare technology)</i> - Communications	Systematic reviews	Health	Low confidence
Heuvelings (2018)	Effectiveness of service models and organisational structures supporting tuberculosis identification and management in hard-to-reach populations in countries of low and medium tuberculosis incidence: a systematic review	- Barcelona, - England, - Frankfurt <i>(London Frankfurt Barcelona)</i>	People with alcohol/drug issues, People with existing health conditions (excluding HIV)	- Services and outreach, - Health and social care - Communications	Systematic reviews	- Capabilities and Wellbeing, - Cost, - Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Hickman (2017)	The impact of the direct payment of housing benefit: evidence from Great Britain	• England • Scotland • Wales	• Other (<i>Social housing tenants</i>)	• Prevention	• Non-experimental design with comparison group	• Housing stability	Low confidence
Hopkin (2016)	The Impact of the Critical Time Intervention for People with Severe Mental Illness in the Transition from Prison to the Community	• England (<i>London</i>)	• Ex-prisoners, • People with/ history of mental illness	• Services and outreach	• Randomised Controlled Trials (RCTs)	• Health	Medium/ high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Howard (2010)	Effectiveness and cost-effectiveness of admissions to women's crisis houses compared with traditional psychiatric wards: pilot patient-preference randomised controlled trial	• England (London)	• People with/ history of mental illness, • Women and girls	• Health and social care	• Randomised Controlled Trials (RCTs)	• Capabilities and Wellbeing , • Cost • Health	Medium/ high confidence
Hunt (2019)	Psychosocial interventions for people with both severe mental illness and substance misuse	Not reported	• People with alcohol/drug issues, • People with complex needs/dual diagnosis, People with/history of mental illness	• Services and outreach • Health and social care	• Systematic reviews	• Capabilities and Wellbeing, • Cost • Health • Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Ijaz (2018)	Interventions for preventing or treating malnutrition in homeless problem-drinkers: a systematic review	Not reported	• People with alcohol/drug issues	• Services and outreach • Education and skills • Communications	• Systematic reviews	• Cost, • Health	Low confidence
Coren (2013)	Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people (Project record)	• New York, • Seoul • South Carolina, • Washington <i>(Seoul, Southern California)</i>	• Young people	• Services and outreach • Health and social care • Education and skills	• Systematic reviews	• Capabilities and Wellbeing, • Health, • Housing stability	Medium/high confidence reviews

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Jarrett (2012)	Continuity of care for recently released prisoners with mental illness: a pilot randomised controlled trial testing the feasibility of a Critical Time Intervention	• England (<i>London</i>)	• Ex-prisoners, • People with/ history of mental illness	• Services and outreach	• Randomised Controlled Trials (RCTs)	• Employment and income • Health, • Housing stability	Low confidence
Johnson (2023)	Interventions to improve health and the determinants of health among sex workers in high-income countries: a systematic review	Not reported	• People with alcohol/drug issues, • Other (<i>Sex workers</i>)	• Services and outreach • Employment • Health and social care	• Systematic reviews	• Capabilities and Wellbeing, • Crime and justice • Employment and income • Health • Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Keenan (2021)	Accommodation-based interventions for individuals experiencing, or at risk of experiencing, homelessness	• Alabama • British Columbia • California • Connecticut • England • Illinois • Manitoba • Maryland • Massachusetts • New Brunswick • New York • Ontario • Quebec • Washington (New York, Chicago, San Francisco, San Diego, New Orleans, Cleveland, Vancouver, Winnipeg, Toronto, Montreal, Moncton, Boston, New York, London and Toronto)	• Other (people who are homeless or at risk of becoming homeless)	• Accommodation and accommodation-based services	• Systematic reviews	• Capabilities and Wellbeing • Cost • Crime and justice • Employment and income • Health , • Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Khan (2020)	Impact on the use and cost of other services following intervention by an inpatient pathway homelessness team in an acute mental health hospital	• England (London)	• People with/ history of mental illness	• Services and outreach	• Before versus after design	• Cost • Health	Low confidence
Killaspy (2004)	Treating the homeless mentally ill: does a designated inpatient facility improve outcome?	• England (London)	• People with/ history of mental illness	• Prevention, • Health and social care	• Non-experimental design with comparison group	• Health • Housing stability	Low confidence
Killaspy (2006)	The REACT study: randomised evaluation of assertive community treatment in north London	• England (London)	• People with alcohol/drug issues, People with/history of mental illness	• Services and outreach	• Randomised Controlled Trials (RCTs)	• Capabilities and Wellbeing • Health	Medium/high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Killaspy (2019)	Feasibility randomised trial comparing two forms of mental health supported accommodation (supported housing and floating outreach); a component of the QuEST (Quality and Effectiveness of Supported Tenancies) Study	- England (London and Cheltenham)	People with/ history of mental illness	Accommodation and accommodation-based services	Randomised Controlled Trials (RCTs)	- Capabilities and Wellbeing - Health	Medium/ high confidence
Killaspy (2022)	Community-based social interventions for people with severe mental illness: a systematic review and narrative synthesis of recent evidence	Not reported	People with/ history of mental illness	Health and social care	Systematic reviews	- Capabilities and Wellbeing, - Cost, - Employment and income - Health - Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Laura (2021)	Opening Doors: An evaluation of the London Borough of Newham's Housing First Pilot Project		• People with alcohol/drug issues, People with complex needs/dual diagnosis, People with/ history of mental illness, Survivors of domestic violence/abuse	• Services and outreach, • Accommodation and accommodation-based services	• Non-experimental design with comparison group	• Cost • Employment and income • Health • Housing stability	Low confidence
Leah (2022)	The psychological wellbeing of children in the families affected by the welfare reform Universal Credit (Doctoral dissertation, University of Essex)	Not reported	• Families with children, • People with/ history of mental illness	• Financing	• Systematic reviews	• Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Littell (2023)	Functional Family Therapy for families of youth (age 11–18) with behaviour problems: A systematic review and meta-analysis	Not reported	Families with children, Young people	- Prevention - Health and social care	Systematic reviews	- Capabilities and Wellbeing, - Crime and justice - Health	
Lowrie (2021)	Pharmacist led homeless outreach engagement and non-medical independent prescribing (Rx) (PHOENIx) intervention for people experiencing homelessness: a non- randomised feasibility study	Scotland (<i>Glasgow</i>)	People with existing health conditions (excluding HIV)	Health and social care	Non-experimental design with comparison group	Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Lowrie (2022)	Pharmacist and Homeless Outreach Engagement and Non-medical Independent prescribing Rx (PHOENIX): a study protocol for a pilot randomised controlled trial	• Scotland (Glasgow)	• People with alcohol/drug issues	• Services and outreach • Health and social care	• Randomised Controlled Trials (RCTs)	• Capabilities and Wellbeing • Health	Ongoing
Luchenski (2022)	Hospital-based preventative interventions for people experiencing homelessness in high-income countries: A systematic review	Not reported	• People with existing health conditions (excluding HIV), Other	• Prevention, • Services and outreach • Health and social care	• Systematic reviews	• Capabilities and Wellbeing • Cost • Health • Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
MacInnes (2021)	Supporting prisoners with mental health needs in the transition to RESETtle in the community: the RESET study	• England (<i>Kent and London</i>)	• Ex-prisoners, People with/ history of mental illness	• Prevention	• Non-experimental design with comparison group	• Housing stability	Medium/ high confidence
Mackie (2019)	Ending street homelessness: What works and why we don't do it	Not reported	• Other (<i>Homeless</i>)	• Services and outreach • Accommodation and accommodation-based services, • Financing	• Systematic reviews	• Crime and justice, • Health • Housing stability	Low confidence
Malden (2023)	Reducing hospital readmissions amongst people experiencing homelessness: a mixed-methods evaluation of a multi-disciplinary hospital in-reach programme	• Scotland (<i>Edinburgh</i>)	• Other (<i>People experiencing homelessness</i>)	• Prevention, • Services and outreach • Health and social care	• Before versus after design	• Health, • Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Manuel (2022)	Supporting Vulnerable People During Challenging Transitions: A Systematic Review of Critical Time Intervention	• Maryland • New York • Ohio • Ontario (Toronto), Pennsylvania	• Families with children, People with alcohol/drug issues, People with history of mental illness, • Survivors of domestic violence/abuse, Veterans/Ex-services, Other (Homeless adults)	• Services and outreach	• Systematic reviews	• Capabilities and Wellbeing, • Health, • Housing stability	Low confidence
Marshall (1995)	Social services case-management for long-term mental disorders: a randomised controlled trial.	Not reported	• People with history of mental illness	• Services and outreach	• Randomised Controlled Trials (RCTs)	• Capabilities and Wellbeing , • Health	Medium/high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Marshall (2023)	Putting the subsidy in subsidised housing: Evidence from the English Affordable Housing Programme on the causal effect of capital grant on affordable housing supply.	• England	• Other (PEH)	• Prevention	• Non-experimental design with comparison group	• Housing stability	Low confidence
McCosker (2020)	Interventions to Deliver Vaccination to, and Improve Vaccination Rates in, People who are Homeless	Not reported	• Families with children, Young people	• Health and social care	• Systematic reviews	• Health	Ongoing

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Miler (2020)	Provision of peer support at the intersection of homelessness and problem substance use services: a systematic 'state of the art' review	Not reported	• HIV patients, • People with alcohol/drug issues, People with existing health conditions (excluding HIV), Veterans/Ex-services	• Health and social care	• Systematic reviews	• Capabilities and Wellbeing, • Health • Housing stability	Low confidence
Miler (2021)	What treatment and services are effective for people who are homeless and use drugs? A systematic 'review of reviews'		• People with alcohol/drug issues	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Systematic reviews	• Capabilities and Wellbeing • Health • Housing stability	Low confidence
Munthe-Kaas (2018)	Effectiveness of interventions to reduce homelessness: a systematic review and meta-analysis	Not reported	• Ex-prisoners, People with alcohol/drug issues, People with/history of mental illness	• Prevention, • Services and outreach, • Accommodation and accommodation-based services	• Systematic reviews	• Housing stability	Medium/high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Murphy (2017)	Tackling Multiple Disadvantage: Year 1 Interim Report	• England (<i>London</i>)	• People with complex needs/ dual diagnosis	• Prevention, • Employment	• Before versus after design	• Capabilities and Wellbeing • Employment and income • Health	Medium/ high confidence
Nohria (2022)	Use of health care utilization as a metric of intervention success may perpetuate racial disparities: An outcome evaluation of a homeless transitional care program	• England	• People with existing health conditions (excluding HIV)	• Accommodation and accommodation-based services	• Before versus after design	• Health	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
O'Shaughnessy (2020)	Empowering Features and Outcomes of Homeless Interventions: a Systematic Review and Narrative Synthesis	<i>(Bedford, New York, Detroit, St. Louis, Denver, Los Angeles, Boston, Toronto, Montreal, Winnipeg, Vancouver, Moncton, Fort Myers, Brooklyn, Phoenix, Dublin, San Mateo and London)</i> • Arizona • British Columbia • California • Colorado • England • Florida • Manitoba • Massachusetts • Michigan • Missouri • New Brunswick • New York • Ontario • Quebec	• Elderly, People with alcohol/drug issues, People with complex needs/dual diagnosis, People with disabilities, People with history of mental illness, Veterans/Ex-services • • Young people	• Services and outreach • Accommodation and accommodation-based services • Education and skills	• Systematic reviews	• Capabilities and Wellbeing	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Olivet (2010)	Outreach and engagement in homeless services: A review of the literature	• England • New York	• Families with children • People with alcohol/drug issues • People with/ history of mental illness • Veterans/Ex-services • Young people	• Services and outreach	• Systematic reviews	• Employment and income • Health • Housing stability	Low confidence
Paisi (2019)	Management of plaque in people experiencing homelessness using 'peer education': a pilot study	• England (<i>Plymouth</i>)	• Other (<i>Homeless</i>)	• Services and outreach • Health and social care • Education and skills	• Before versus after design	• Capabilities and Wellbeing • Health	Medium/high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Parkes (2019)	Supporting Harm Reduction through Peer Support (SHARPS): testing the feasibility and acceptability of a peer-delivered, relational intervention for people with problem substance use who are homeless, to improve health outcomes, quality of life and social functioning and reduce harms: study protocol. Pilot and feasibility studies	Not reported	• People with alcohol/drug issues	• Services and outreach • Health and social care	• Before versus after design	• Health • Housing stability	Ongoing

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Paudyal (2023)	Protocol for a pilot randomised controlled trial to evaluate integrated support from pharmacist independent prescriber and third sector worker for people experiencing homelessness: the PHOENIx community pharmacy study	• England • Scotland (<i>Birmingham, Glasgow</i>)	• Other (<i>Adults ≥ 18 years who are experiencing homelessness</i>)	• Prevention • Health and social care • Communications	• Randomised Controlled Trials (RCTs)	• Capabilities and Wellbeing	Ongoing

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Ponka (2020)	The effectiveness of case management interventions for the homeless, vulnerably housed and persons with lived experience: a systematic review	(<i>Liverpool, San Diego, Los Angeles, Chicago, New York, Queens and Bronx, Denver, Seattle, Oxford, Minneapolis, Manhattan, Philadelphia, San Francisco, Buffalo, Portland, St. Louis, Baltimore</i>) • California • Connecticut • England • Florida • Illinois • Maryland • Missouri • New Mexico • New York • Oregon • Pennsylvania • Victoria • Washington	• Ex-prisoners, • Families with children, People with alcohol/ drug issues, • People with existing health conditions (excluding HIV) • People with/ history of mental illness • Veterans/Ex-services • Women and girls • Young people	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Systematic reviews	• Capabilities and Wellbeing • Cost, • Employment and income • Health • Housing stability	Medium/ high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Quinton (2021)	An evaluation of My Strengths Training for Life (TM) for improving resilience and well-being of young people experiencing homelessness	• England	• Young people	• Education and skills	• Before versus after design	• Capabilities and Wellbeing	Low confidence
Randell (2022)	Moving on trial: protocol for a pilot randomised controlled trial of models of housing and support to reduce risks of COVID-19 infection and homelessness	• England	• Other	• Accommodation and accommodation-based services	• Randomised Controlled Trials (RCTs)	• Capabilities and Wellbeing, • Cost	Ongoing

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Rathod (2021)	Peer advocacy and access to healthcare for people who are homeless in London, UK: a mixed method impact, economic and process evaluation protocol	• England (London)	• People with alcohol/drug issues • People with existing health conditions (excluding HIV) • People with/ history of mental illness	• Services and outreach	• Non-experimental design with comparison group	• Cost • Health	Ongoing
Shaw (2017)	Critical time Intervention for Severely mentally ill Prisoners (CrISP): a randomised controlled trial	• England (London)	• Ex-prisoners • People with/ history of mental illness	• Services and outreach	• Randomised Controlled Trials (RCTs)	• Health	Low confidence
Silva (2018)	A systematic review of economic evaluations of interventions to tackle tuberculosis in homeless people	• California, • England (London San Francisco San Diego)	• HIV patients, Migrants • People with alcohol/drug issues • People with existing health conditions (excluding HIV)	• Services and outreach • Accommodation and accommodation-based services • Health and social care	• Systematic reviews	• Capabilities and Wellbeing • Cost • Health	Medium/high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Soar (2020)	Smoking amongst adults experiencing homelessness: a systematic review of prevalence rates, interventions and the barriers and facilitators to quitting and staying quit	• Arizona • California, • England, • Massachusetts, • Minnesota, • South Carolina, • Texas, • Victoria	• People with alcohol/drug issues	• Health and social care	• Systematic reviews	• Health	Low confidence
Speirs (2013)	A systematic review of interventions for homeless women	Not reported	• Women and girls	• Services and outreach • Health and social care	• Systematic reviews	• Health, Housing stability	Low confidence
Stringer (2019)	Promoting physical activity in vulnerable adults at risk' of homelessness: a randomised controlled trial protocol	• England (<i>Central London</i>)	• Elderly	• Education and skills	• Randomised Controlled Trials (RCTs)	• Health	Ongoing

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Sundin (2020)	Feasibility and acceptability of an intervention for enhancing reintegration in adults with experience of homelessness	• England	• Other (Above 18 years (18-63))	• Education and skills	• Before versus after design	• Capabilities and Wellbeing	Low confidence
Taylor (2021)	Protocol for a systematic review of policies, programs or interventions designed to improve health and wellbeing of young people leaving the out-of-home care system		• People leaving social care, • Young people	• Accommodation and accommodation-based services	• Systematic reviews	• Capabilities and Wellbeing • Crime and justice • Health • Housing stability	Ongoing

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Tempier (2012)	Does Assertive Community Outreach Improve Social Support? Results From the Lambeth Study of Early-Episode Psychosis	England (London)	People with/ history of mental illness	Services and outreach	Randomised Controlled Trials (RCTs)	- Capabilities and Wellbeing - Health	Medium/ high confidence
Tinelli (2022)	The economic case for hospital discharge services for people experiencing homelessness in England: An in-depth analysis with different service configurations providing specialist care	England	Discharge from health facilities	- Prevention - Services and outreach - Accommodation and accommodation-based services	Non-experimental design with comparison group	- Capabilities and Wellbeing - Cost, - Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Tinelli (2023)	The cost-effectiveness of specialist hospital discharge and intermediate care services for patients who are homeless	• England	• Discharge from health facilities	• Prevention	• Randomised Controlled Trials (RCTs)	• Cost, • Health	Low confidence
Tischler (2002)	Evaluation of a Mental Health Outreach Service for Homeless Families	• Birmingham	• Families with children	• Services and outreach • Health and social care	• Non-experimental design with comparison group	• Health	Low confidence
Vijayaraghavan (2020)	Interventions to reduce tobacco use in people experiencing homelessness	• California, • Massachusetts, • Minnesota, • Missouri • North Carolina <i>(Boston, Palo Alto, Durham, Minneapolis-St. Paul, Kansas City)</i>	• Families with children • People with alcohol/drug issues • Survivors of domestic violence/abuse • Young people	• Health and social care	• Systematic reviews	• Health	Medium/high confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Weightman (2022)	PROTOCOL: Exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis	Not reported	Other <i>(People experiencing homelessness)</i>	Services and outreach	Systematic reviews	- Capabilities and Wellbeing - Cost - Crime and justice, - Employment and income - Health - Housing stability	Ongoing
Williams (2022)	Understanding the effect of universal credit on housing insecurity in England: a difference-in-differences approach	England	Other <i>(Respondents living in a rented housing and are eligible for claiming UC)</i>	- Legislation, - Prevention	Before versus after design	Housing stability	Low confidence

Author	Title	Location	Population	Intervention	Study Design	Outcome	Confidence in study findings
Woellenstein (2023)	Homelessness Prevention Interventions for Single Adults at Risk of or Experiencing MEH: A Systematic Review on their Effectiveness	Not reported	• Other <i>(Single Adults at Risk of or Experiencing MEH)</i>	• Prevention • Services and outreach • Accommodation and accommodation-based services • Employment • Health and social care • Financing	• Systematic reviews	• Health • Housing stability	Low confidence



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