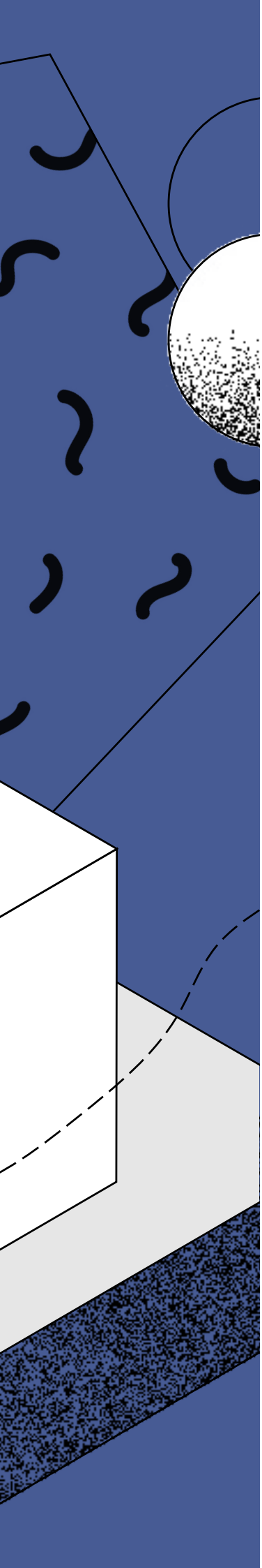

Centre for
Homelessness Impact

Executive Summary:

Understanding how to support people experiencing homelessness through case management

This is a summary of exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis

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Why this matters

Case management, a type of support that provides either a single member of staff or team, aims to assess, plan and facilitate access to a range of services for someone experiencing homelessness.

There is substantial variability in how case management is delivered in reality. This review is therefore useful in unpicking practice by understanding which traits of case management are most effective.

What we did

In collaboration with CHI, teams from Cardiff University and the University of Exeter, conducted a systematic review to understand which types of case management and which characteristics are most effective in supporting people experiencing homelessness.

This work was conducted in March 2021 and it is a mixed-methods review including a total of 105 studies (64 impact studies and 41 implementation studies).

What we found

Findings from across 105 studies show that case management of *any type* seems more effective at improving homelessness outcomes than usual care. In fact, case management appears *even more effective* at reducing homelessness for people with high support needs than for those with medium support needs.

Case management improves wellbeing as well as housing outcomes. Yet, it does not appear more effective than usual care at improving mental health, employment, physical health or substance use.

In terms of specific characteristics of case management, more intensive case management (e.g. greater case manager input and assistance with coordinating needed services) appears to have a greater impact on housing stability.

Housing First (which includes an element of case management alongside other forms of support) seems to be the most effective type of intensive case management. This may partly be due to its commitment to removing conditionality (unconditional housing offer) and the high degree of support provided that extends beyond standard case management (an individualised approach to care, offering choice to users and support in community building).

Evidence is mixed as to whether case management is most successful when delivered in-person. Impact findings suggest that having in-person meetings do appear to be better at improving housing outcomes than mixed approaches (in-person and remote), yet there is no evidence of this difference from the implementation findings. Instead, the implementation research emphasises the importance of convenient appointment locations.

Other important traits of case management are that impact studies indicate no difference in effectiveness between having an individual case manager versus a case management team. Perhaps surprisingly, impact findings suggest that case management with no dedicated case manager may have better outcomes than those with a named case manager. However, the insights from the implementation studies directly challenge this finding, emphasising that case manager continuity is desirable. As such, no directive conclusion can be confidently drawn in that regard.

In terms of important delivery considerations, attention should be given to housing safety, security and choice; as well non-housing provision and assistance with skills such as independent living; community support particularly to newly housed clients; and consideration of emotional support for and training needs of case managers. From a broader perspective, it is worth emphasising the importance of interagency partnerships and collaboration.

The review found mixed findings in regards to cost-effectiveness. It is likely that case management is more costly than usual care. However, it may be cost-effective when considering the broader picture in that costs may be offset through the reduction of other costs further down the line (such as the use of other services by people experiencing homelessness).

Key takeaways:

1. Case management of any type seems more effective at improving homelessness outcomes (days housed, time spent on the streets, housing stability) compared to usual care.

2. Case management has clear potential benefits in terms of improving housing outcomes, capabilities (e.g. ability to meet basic needs) and wellbeing for people experiencing homelessness. However, its contribution towards improving outcomes such as mental health, employment physical health and substance use is less clear[1].

3. Specifically in terms of housing outcomes, impact findings suggest that support up to three years leads to improvements in stable housing. These benefits appear to reduce over the longer term but effects do still persist.

4. Findings from implementation studies highlight the importance of minimising conditionalities (e.g. single homelessness requirement) to better facilitate access to services. This likely underscores the particular success of Housing First.

5. Findings are mixed in terms of whether case management is most successful when delivered in-person. Impact studies suggest that in-person case management meetings seem to be better at improving housing outcomes than mixed approaches (in-person and remote). However, no difference was found across the implementation studies, instead they emphasised the importance of convenient appointment locations.

6. Further clarification is needed regarding whether having a dedicated case manager is preferable. Impact evidence reveals that case management with no dedicated case manager may have better outcomes than those with a named case manager. However, implementation findings suggest that continuity is desirable.

7. Future research may wish to explore implementation evidence to support the impact findings that there does not appear to be a difference between having an individual case manager versus a case management team.

1 Table 1 in the Appendix details how these outcomes - e.g. homelessness, mental health employment - were measured.

More details:

About case management

What do we mean by case management?

Case management is an umbrella term used to describe support focused on assessing, planning and enabling access to a range of services for people experiencing homelessness. In practice, this often includes practical support, help with developing skills to live independently, ongoing support during crises and support around healthcare. Commonly known forms of case management include: assertive community treatment, critical time intervention, care management, care coordination, managed care, navigation and key working.

While most homelessness services do provide some form of case management, the different types can vary in terms of the following[2]:

1. Focus of services
2. Duration of services
3. Average caseload
4. Whether the service involves outreach
5. Whether the service involves coordination of service provision
6. Who is responsible for the participant's care
7. The importance of the participant-case manager relationship
8. Intensity of service

How could case management help someone experiencing homelessness?

Having a case manager might help to address some of the barriers people experiencing homelessness face when trying to access services and support, for example through bringing together different teams and coordinated care in a comprehensive way.

2 Munthe-Kaas, H. M., Berg, R. C., Blaasvaer, N. (2018). Effectiveness of interventions to reduce homelessness: A systematic review and meta-analysis. ***Campbell Systematic Reviews***, 14: 281

In working alongside people experiencing homelessness, case managers are able to empower clients, support them in identifying goals, encourage them towards achieving these goals and provide the necessary resources in order for them to do so. Care planning is an important element of case management which requires the case manager and client to work together to establish a plan for current and future support and actions that is aligned with the needs and preferences.

Different types of case management

When considering case management specifically for people experiencing homelessness, there are five main models: Broker Case Management (BCM), Standard Case Management (SCM), Intensive Case Management (ICM), Assertive Community Treatment (ACT) and Critical Time Intervention (CTI). These five main models are briefly summarised below (detail on how these five models differ from one another in terms of the 8 dimensions mentioned above can be found in Table 2):

- Broker Case Management (BCM) – Case managers assess people and their needs and purchase or coordinate appropriate services. Being mainly used with people facing less complex issues, such as those with mainly housing related issues, there is very little service provision by the case worker, who may have a large caseload.

- Standard Case Management (SCM) – Similar to the brokerage model in terms of the low intensity of work and the target group, the SCM model is less aligned to the purchase of services for the participant. There is also some level of relationship between case manager and participant, unlike the broker model where this relationship is not important.

- Intensive Case Management (ICM) – The case manager provides a high level of support to the participant to access other services and/or resolve issues of relevance. As ICM involves ongoing comprehensive support, caseloads are kept intentionally small.

- Assertive Community Treatment (ACT) – Rather than a single case manager, ACT draws on a multidisciplinary team or network to support participants within a service.

- Critical Time Intervention (CTI) – Offers time-limited and structured support during periods of transition, for example moving into permanent accommodation. The aim of CTI is to provide continuity of care during periods of change.

How does Housing First fit into all this?

Housing First itself is not a type of case management. Instead, it can be thought of as a multicomponent intervention that includes numerous offers, one of which is case management. Specifically, Housing First tends to adopt either Assertive Community Treatment (ACT) or Intensive Case Management (ICM). Across the UK, Housing First involves seven principles: 1) people have a right to a home 2) flexible support is provided for as long as it is needed 3) housing and support are separated 4) individuals have choice and control 5) an active engagement approach is used 6) the service is based on people's strengths, goals and aspirations and 7) a harm reduction approach is used.

About the review

What is a systematic review?

Put simply, a systematic review looks at all the available evidence in a given area, and brings the findings together, providing a bird's-eye overview. This is an effective way of gauging the evidence base for using case management to support people experiencing homelessness.

This was a mixed-methods review including 105 studies (64 impact, 41 implementation). *Impact* studies look at interventions and test the effect (impact) of a certain programme or form of support compared to the absence of the programme/support. 48 of these impact studies were randomised controlled trials and 16 were non-randomised studies with matched control groups. The majority of these studies took place in the USA (53). The rest were conducted in Canada (3), the UK (3), the Netherlands (2) and one each in Australia, Spain and France.

Second, are the *implementation* studies which capture the views around implementation of programmes for people experiencing homelessness. Out of the 41 implementation studies, 31 were qualitative in design, 4 were surveys and 6 included both qualitative and survey data. The majority of these studies took place in the USA (30), the remaining were conducted in Canada (8) and one each in Australia, the Netherlands and the UK.

What types of participants were included in the review?

The review used a broad definition of people experiencing homelessness, including:

1. people without accommodation, such as those living on the streets.

2. people accessing housing that is either temporary or tied to institutional care, such as hostels, shelters, and other temporary accommodation, or people about to be released from prison without accommodation to return to.

3. people in severely inadequate and/or insecure housing, such as people in overcrowded conditions and 'sofa surfers' or those threatened with violence.

Most of the evidence related to categories 1 and 2 (although not exclusively).

Participants almost exclusively had medium to high levels of additional support needs (defined as one or more issues in addition to their homelessness).

Specifically, the review looked at case management provided to people in the Global North, as social and economic contexts of homelessness are likely to be vastly different to those faced in the Global South.

Overview of main impact findings:

1. For people with additional support needs (one or more issues in addition to homelessness), any type of case management clearly improves homelessness outcomes compared to usual care; with even more effectiveness for those with higher support needs.

2. Case management increases capabilities (e.g. ability to meet basic needs) and wellbeing (e.g. quality of life) for people experiencing homelessness, for at least up to 12 months.

3. Case management does not appear to be more effective than usual care at improving mental health, employment, physical health or substance use.

4. Several characteristics of case management appear more effective than others:

    a. **Intensity:** More intensive case management seems to have a greater positive impact on housing stability.

    Housing First was shown to be the most effective in terms of homelessness outcomes when compared to other types of intensive case management. Housing First was then followed by Assertive Case Management, Critical Time Intervention and finally Intensive Case Management. Speculatively, Housing First may be most effective due to its intensity and also as it offers multi-component support beyond just basic case management.

    b. **In-person case management:** In-person meetings with the case manager may be more beneficial than mixed approaches (remote and in-person).

    c. **Duration:** Case management support up to three years, compared to longer support (>3 years), appears to be more effective in terms of homelessness outcomes.

    d. **Continuity:** Case management that has no dedicated case manager may have better outcomes than those with a named case manager.

Overview of main implementation findings[3]:

1. Any barriers attached to case management support (i.e. conditions that must be met to receive that support) should be minimised. Keeping the above considerations in mind may help to mitigate against these barriers.

2. Greater frequency of case worker contact was connected with better housing outcomes and improved case manager - client relationships.

3. Contrary to the impact findings, there are grounds to believe that case manager continuity is desirable[4].

4. There was no clear evidence relating to caseload size but having the ability to provide intensive case management was emphasised.

5. There is tentative evidence suggesting that including clinical specialists and people with lived experience of homelessness contributes to better case management outcomes. This is likely a proxy for teams being able to provide intensive support.

6. The following are important considerations for case management in the context of homelessness:

    a. A close working relationship across agencies

    b. Provision for the non-housing support and training needs of clients experiencing homelessness

    c. Community support and development for the newly-housed

    d. Providing for the emotional support and training needs of case managers

    e. Giving clients choice in relation to the type of housing provided.

3 Table 3 in the Appendix demonstrates the cross learnings from both the impact and implementation studies.
4 The contradiction between impact and implementation findings highlights a need for further research to develop a more nuanced understanding of the role of having a dedicated case worker. It might also be indicative of different outcomes.

Who conducted this review?

CHI partnered with academics at Cardiff University including Alison L Weightman, Mark Kelson, Ian Thomas, Mala Mann, Lydia Searchfield, Delyth Morris, Ben Hannigan, Robin J Smith and Simone Willis. The research team at Cardiff and Exeter were responsible for running the systematic review, conducting the analysis and writing the published journal article.

Appendix:

Table 1: Details of how the outcomes were measured in the systematic review

Outcome	Included measures
Capabilities and wellbeing	• Quality of life • Self-efficacy • Community function • Community integration
Employment	• Days employed in the past 30 days • Monthly income
Homelessness	• Days housed • Proportion of time on the streets • Stability of housing
Mental health	• Inpatient and outpatient treatment • Mental health symptoms • Diagnoses of mental illness
Physical health	• Physical mobility • Physical health • Medical index • Physical health symptoms
Substance use	• Number of days when alcohol was consumed (over 30 days, 6 months and 18 months) • Days of substance use in the past 90 days • Average number of drinks consumed daily over the past year

Table 2: Details of the five main models of case management for people experiencing homelessness

Case management model name	Target of population	Focus of service	Duration of service	Average caseload	Outreach	Coordination or service provision	Responsibility for clients care	Importance of client-manager relationship	Intensity of service
Broker Case Management (BCM)	People experiencing homelessness	Purchase and coordination of services	Time limited	Unknown	No	Coordination	Case manager	Not important	Low
Standard Case Management (SCM)	People experiencing homelessness	Coordination of services	Time limited	35	No	Coordination	Case manager	Somewhat important	Low
Intensive Case Management (ICM)	People experiencing homelessness with high service needs	Comprehensive approach including: 1. Small case manager case-load 2. High-intensity input	Ongoing	15	Yes	Service provision	Case manager	Important	High
Assertive Community Treatment (ACT)	People experiencing homelessness with high service needs	Comprehensive approach based on 28 criteria covering: 1. Human resources (e.g. small case-load for manager) 2. Explicit admission criteria and responsibilities (including 24/6 access) 3. Community based, intensive and frequent individualised outreach/support	Ongoing	15	Yes	Service provision	Multidisciplinary team	Important	High
Critical Time Intervention (CTI)	People experiencing homelessness during critical periods	Targeted to continuity of care	Time limited	25	Yes	Service provision and coordination	Case manager	Important	High

Table 3: Integrated findings from across impact and implementation studies

Component	Meaning of component	Impact evidence regarding homelessness	Impact evidence regarding mental health	Implementation evidence
Case management type	The specific case management model adopted	Trend for Housing First (multi-component including ICM or ACT) > ACT > ICM	No evidence of an effect across body of studies	No relevant evidence
Team/individual	Whether there is an individual case manager or a broader team (e.g. including a psychologist and health specialist)	Team ~ individual	No evidence of an effect	Some support for including clinical specialists and peers with lived experience
Professional case manager	Whether the case manager is professionally qualified or not	Too few studies	Too few studies	There was too little evidence to establish whether case managers required a professional qualification but it was highlighted that case managers should be able to support clients from diverse cultural backgrounds
Conditionality	The existence of requirements attached to service provision (e.g. support for substance misuse) and case management (e.g. living in single-occupancy accommodation)	Too few studies	Too few studies	Minimise conditionalities where present (e.g. single homelessness requirement) in order to better facilitate access to services for people experiencing homelessness
Continuity	Having a dedicated case manager or receiving multiple different case managers	No dedicated manager > named manager	No effect of either	Case manager continuity desirable
Caseload	How many people the case manager has on their caseload	No evidence of an effect	No evidence of an effect	No evidence regarding caseload size but the time needed for intensive case management is noted
Frequency of contact	Frequency of contact with case manager(s)	Too few studies	Too few studies	Few studies but frequency of contact correlated with better housing outcomes and improved case manager - client relationship
Case manager availability	Accessibility of case management services (e.g. i.e. 24/7 office hours or less than office hours)	Too few studies	Too few studies	Provide timely response to clients
Duration	Duration of provided support (long term was ≥3 years, and medium >6 months to < 3 years)	Medium > long	No evidence of an effect	Too few studies
Remote/in-person	The location of the case management appointment	In-person > mixed	No evidence of an effect	No evidence regarding remote versus in-person support but the convenience of appointment location noted
Arranging/referral	Whether service provision was arranged or if the arrangement was a referral to elsewhere	Too few studies	Too few studies	No relevant evidence
Complexity of need	The level of need among the clients (high need was defined as two or more support needs in addition to homelessness, medium need was defined as one support need in additional to homelessness)	High > medium	No evidence of an effect	No relevant evidence
Percentage female	The proportion of clients who identify as female	No effect	Very slight (non-significant) positive trend	No relevant evidence

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