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Discharge programmes for individuals experiencing, or at risk of experiencing, homelessness: a systematic review

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Title of the review

Discharge programmes for individuals experiencing, or at risk of experiencing, homelessness: a systematic review

Background

People experiencing homelessness have higher rates of ill health and low quality of life (Fazel, Geddes, & Kushel, 2014). People who have spent time in an institutional setting, such as prison or in-patient health services, may be at risk of homelessness upon discharge from the institution (Tsai & Rosenheck, 2015; Winkler et al., 2016). Discharge programmes involve the coordination and provision of services, including accommodation, for people upon discharge from institutions. These programmes aim to avoid discharging people into homelessness and to reduce the risk of subsequently becoming homeless. Discharge programmes may be offered to people in a diverse set of circumstances including people; leaving military service; released from prison; being discharged from hospitals, mental health services, addiction treatment or other in-patient health care services; young people ageing out of care. Supporting a person to establish suitable stable housing may in turn improve their chances of recovery from illness or addiction, reduce the risk of relapse or recidivism, and improve quality of life.

Policy relevance

In high income countries homelessness is rising and there is a significant need to identify and implement effective policies and interventions, and discontinue ineffective practices in order to reduce homelessness. People who are approaching the transition from an institutional setting may be particularly at risk of homelessness on discharge. To ensure that policymakers avail of the most robust and rigorous evidence to date a Systematic Review of the literature on interventions aimed at reducing risk and/or incidence of homelessness for this vulnerable population is needed.

Objectives

1. What is the effect of discharge programmes on outcomes for individuals experiencing or at risk of experiencing homelessness?
2. Who do discharge programmes work best for?
 - Young people/older adults?
 - Different institutions e.g. prison, hospital?
 - Other sub groups or populations?
3. What implementation and process factors act as barriers or facilitators to intervention delivery?
4. Is implementation fidelity related to the effectiveness of the intervention?

Existing reviews

This systematic review will be based on evidence already identified in two existing evidence and gap maps (EGMs) commissioned by the Centre for Homelessness Impact (CHI) and built by White, Saran, Teixeira, Fitzpatrick & Portas (2018). The EGMs present studies on the effectiveness and implementation of interventions aimed at people experiencing, or at risk of experiencing, homelessness. The EGMs were constructed using a comprehensive search strategy including a search of Campbell, PROSPERO and Cochrane databases. The map identified one systematic review relevant to discharge interventions (Kyle & Dunn, 2008). However, this review is focused primarily on people with severe mental illness rather and is not a review of the effectiveness of discharge programmes. One other possibly overlapping review is by Chambers et al (Chambers et al., 2018), on housing interventions for ‘vulnerable adults’. While there may be some overlap, our review is distinct in its focus on discharge programs specifically and including any individuals at risk of homelessness and not limited to adults only.

Intervention

The programmes currently in use in high income countries adopt a variety of approaches with different levels of complexity. Programmes primarily seek to address housing needs, either through maintaining previous housing arrangements prior to entry into the institution or to seek new suitable accommodation. Programmes may also offer continued support prior to and following on from discharge, to ensure the persons housing situation is suitable and sustainable. This could be in the form of paying rent for the individual, facilitating family/partner contact to maintain relationships during time away from home. For example, one simple intervention in a prison context is supporting contact with family to maintain relationships so the person has a home to return to on release. Other, more complex models, involve the coordination of multiple agencies to enhance the continuity of care and support a person to access services. For example, Critical Time Intervention (Herman et al., 2011), offers care coordination along with direct emotional and practical support over nine months during the critical discharge period. Another example is a ‘transition of care’ model, where hospital settings work together with community health and social care colleagues, housing organisations and voluntary sector to plan for a person’s discharge and effectively communicate with each other to facilitate a smooth transition with the goal of reducing the need for re-admission.

Comparison conditions will include services as usual or alternative services/intervention.

Population

Persons experiencing, or at risk of experiencing, homelessness in institutions in high income countries. We will include people of all ages and in any institutional setting including but not limited to military service, social care, health care, and prison.

Outcomes

The primary outcome will be homelessness.

We have not included the secondary outcomes at this title registration stage. Secondary outcomes will be chosen on the basis of consultation with a range of stakeholders including academic experts and practitioners. This is to ensure that the outcomes chosen for this review will reflect the priorities and concerns of stakeholders and allow for genuine co-production so that the review can be shaped by those who will use the evidence in practice.

Study designs

We will include all study designs where a comparison group is used. This includes Randomised controlled trials, quasi-experimental designs, matched comparisons, other study designs that attempt to isolate the impact of the intervention on homelessness using appropriate statistical modelling techniques.

Studies with no control or comparison group, unmatched controls or national comparisons with no attempt to control for relevant covariates will not be included. Case studies, opinion pieces or editorials will not be included.

We will include qualitative studies only if they are conducted as part of a controlled effectiveness study, for example a process evaluation of an RCT.

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Roles and responsibilities

The review will be undertaken by systematic review specialists within the Campbell UK & Ireland Centre. Dr Sarah Miller will be the Principal Investigator (PI) of the project and will have overall responsibility for its conduct and delivery. Dr Jennifer Hanratty will be responsible for the day to day operation of the reviews. This review will be supported by specialist input from Dr Ciara Keenan alongside research support from two full time research assistants.

Dr Jennifer Hanratty has worked in evidence synthesis since 2012 and published reviews with Campbell, Cochrane and NIHR Health Technology Assessment amongst others. Jennifer is associate Editor with Campbell Education Co-ordinating group, on the editorial board of the Campbell Knowledge Translation and Implementation Group, and represents Campbell UK & Ireland on the advisory board for Evidence Synthesis Ireland.

Dr Sarah Miller is the Deputy Director of Campbell UK & Ireland. She is co-chair and co-editor of the Campbell Education Coordinating Group and also Deputy Director of the Centre for Evidence and Social Innovation, within which she leads the What Works in Schools programme of research. She has considerable methodological and statistical expertise, which includes the conduct and analysis of randomised controlled trials as well as systematic reviews and meta-analyses.

Dr Ciara Keenan has acquired six years' experience working across 15 systematic reviews. Ciara is co-convenor of Campbell's Information Scientist Network; methods editor for Campbell's Education Coordinating Group; and founder and editor of the meta-evidence blog.

Please note that this is the *recommended optimal* review team composition.

- Content:
- Systematic review methods: Hanratty, Keenan & Miller
- Statistical analysis: Hanratty, Keenan & Miller
- Information retrieval: Keenan & Hanratty

Funding

This review is funded by the Centre for Homelessness Impact. The review is due to be submitted to the coordinating group by the end of September 2019.

Potential conflicts of interest

No conflict of interest.

Preliminary timeframe

- Date you plan to submit a draft protocol: 31 January 2019
- Date you plan to submit a draft review: 27 September 2019