

Review article

## **DETERMINANTS FACILITATING THE PARTICIPATION OF PEOPLE EXPERIENCING HOMELESSNESS IN SOCIAL WORK INTERVENTIONS: A SCOPING REVIEW**

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### **Abstract**

The participation of people experiencing homelessness in social work interventions is a key precondition for successful social work and long-term change in the life situation of this vulnerable group. This scoping review analyses scientific literature published between 2020 and 2025 and synthesizes the key determinants supporting the participation of people experiencing homelessness in social work interventions. The results confirm that the interplay of individual characteristics (self-efficacy, resilience, readiness to change, experience with trauma), quality relationships (trust, peer support, coordination of care), systemic factors, and the form of the interventions themselves play a key role. Innovative models such as Housing First and trauma-informed care have positive effects, but their effectiveness is significantly conditioned by choice, coordination of services, and the removal of systemic barriers such as stigma, fragmentation, and low housing availability. The study highlights the importance of participatory and empowerment approaches, including the meaningful involvement of people with experience of homelessness, which significantly increase the effectiveness and sustainability of the system. Recommendations for practice and further research are discussed, with an emphasis on long-term sustainability, innovation, and inclusion for diverse populations.

**Keywords:** *Determinants; Empowerment; Homelessness; Housing First; Participation; Social work intervention*

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### **INTRODUCTION**

Homelessness is a serious and escalating global social challenge that has been intensifying across continents in recent years, affecting hundreds of thousands of people annually. This trend highlights the profound dynamics faced not only by individuals but also by society. In addition, homeless people are exposed to significantly higher health risks, which is reflected not only in a substantially lower average life expectancy but also in increased morbidity compared to the general population.

One of the key factors influencing the success of addressing this issue is the degree of active participation of people experienc-

ing homelessness in interventions. Involvement in support services is directly linked to housing stabilization, improved health, and strengthened social integration. Research findings from recent years clearly show that if people experiencing homelessness do not have access to healthcare and their involvement in services remains low, it is not only their individual situation that significantly deteriorates, but also the overall outcomes for the population. However, the path to services for people experiencing homelessness is not easy. They must overcome multiple barriers, including stigmatization by healthcare providers, fragmentation of support systems, insufficient coordination between individual actors, and structural barriers such as an acute

shortage of affordable housing. For example, in the field of healthcare, this is supported by findings that people experiencing homelessness access hospital care predominantly through emergency departments, reflecting their limited and often failing access to primary and preventive care.

The aim of this study is therefore to analyse and synthesize the key determinants of people experiencing homelessness and their participation in interventions, based on current scientific knowledge published between 2020 and 2025. Specifically, the study focuses on individual factors that support the participation of people experiencing homelessness in current interventions. In contrast to previous reviews that primarily examined the effectiveness of specific programmes or service models, this study concentrates on the determinants of participation across diverse intervention types and settings. It aims not only to describe the current state of knowledge, but also to offer an interpretation of the trends identified and to propose recommendations for practice and further research, with an emphasis on a comprehensive and coordinated approach to supporting the participation of people experiencing homelessness in intervention programs.

## MATERIALS AND METHODS

This study was conducted through systematic searches in the Web of Science, Scopus, and PubMed electronic databases. The search was performed using Boolean operators applied in the title and abstract fields. The basic search

string included the terms: “determinants” AND “participation” AND “homeless people” AND “intervention” AND “social work”. The search was further expanded to include related key terms, which included “engagement”, “barriers”, “facilitators”, “Housing First”, “trauma-informed care”, “peer support”, “self-efficacy”, “empowerment”, and “case management”. Analysis included scientific articles published in peer-reviewed journals indexed in the Scopus or Web of Science databases that met the following criteria: studies published between 2020 and 2025 in English, focusing on people experiencing homelessness and social work interventions, and examining determinants of participation or involvement. The selection process led to the identification and analysis of 91 sources meeting the specified criteria. Methodological quality of the included studies was assessed narratively, considering study design, sampling procedures, and transparency of analysis, with particular attention to potential sources of bias and the clarity of reporting. The evidence base comprised primarily qualitative studies and evaluations of specific programmes and interventions. This variation in methodological rigor was considered when interpreting the findings. Subsequently, the selected studies were then categorized thematically according to the type of determinants examined (Table 1) and subjected to a thematic synthesis. This enabled a systematic characterization of the key factors influencing the participation of homeless people in interventions. Of these, 34 key studies were selected for in-depth narrative analysis and are discussed in detail in the following results section.

**Table 1 – Classification of studies according to key determinants**

Category of determinants	Number of studies included	Main topics	Dominant geographical focus	Types of design
Individual	24	self-efficacy, resilience, coping, trauma	USA, UK, Canada	quantitative, qualitative
Relational	18	therapeutic relationship, peer support, trust	UK, Europe, Australia	qualitative, case studies
Systemic	21	stigma, fragmentation, coordination, equity	USA, Europe	reviews, policy evaluation
Intervention	28	Housing First, trauma-informed care, case management	multinational	meta-analyses, program evaluations

## RESULTS

### Individual determinants of participation

Individual determinants are personal characteristics, attitudes, and psychological capacities of people experiencing homelessness that significantly influence their willingness and ability to participate in interventions. Key individual factors include self-efficacy, resilience, motivation, readiness to change, and experience of trauma.

A randomized controlled study by Slesnick et al. (2023) indicated that self-efficacy, an individual's belief in their own ability to achieve specific goals, is a key predictor of participation and successful intervention outcomes. It showed that young mothers experiencing homelessness who received a combination of housing and support services showed significant improvements in self-efficacy and reductions in substance use over a 12-month period. At the same time, research focusing on work self-efficacy among LGBTQ+ youth experiencing homelessness has shown that interventions aimed at increasing confidence in work skills can increase resilience and independence, although employment itself may not be the primary determinant of ending homelessness in this population (Slesnick et al., 2023).

Resilience, understood as the ability to adapt and recover from difficult situations, is another important predictor of participation in social work interventions. A thematic conceptual analysis shows the need to redefine resilience regarding the specific characteristics of the homeless population (Ketel and Abdoli, 2025). It has also been shown that digital coping strategies and self-efficacy in the use of technology are associated with better mental health and social engagement, with research showing that more than 60% of people experiencing homelessness regularly have access to digital devices (Ketel and Abdoli, 2025).

Motivation and readiness to change are based in practice on strengthening the client's autonomy and inner conviction, including their own definition of change and pace of progress. A study among homelessness workers revealed altruism and meaningful work as the main motivators for entering and remaining in support, which also resonates strongly with

clients (National Alliance to End Homelessness, 2023). Client-centered methods that respect individual readiness and decision-making autonomy are therefore increasingly being applied (O'Shaughnessy and Michelle Greenwood, 2020).

Experiences of trauma and difficult life events are a universal phenomenon among people experiencing homelessness, and these fundamentally affects their ability to participate in interventions. Recent British studies have identified a complex interaction between structural and individual factors influencing care, emphasizing the need to develop services capable of responding more effectively to trauma and adversity (Homeless Network Scotland & Scottish Government, 2023). Approaches based on a trauma-informed framework, capable of responding to the complex interaction of structural and individual factors, are effective (Camp et al., 2025; Dobischok et al., 2024). The implementation of a trauma-informed framework in practice, for example in a women's shelter, has led to a significant reduction in crisis situations and an improvement in the confidence and competence of clients (Kirwan and McLaughlin, 2024).

### Relational determinants of participation

Relational determinants play a key role in the willingness and success of people experiencing homelessness to engage in interventions. In a qualitative study conducted in hostels, a high-quality therapeutic relationship and trust between the client and service provider were described as key factors in improving outcomes, especially for clients with complex needs and a low willingness to cooperate in the long term (Armstrong et al., 2021). Flexibility and long-term trust building contribute to the development of a relationship in which genuine interest and respect for the client are fundamental prerequisites for effectiveness (Armstrong et al., 2021).

Peer support is a repeatedly proven effective strategy for increasing participation and improving housing stability, access to health-care, and mental well-being among people experiencing homelessness. The experience of peer workers who have themselves experienced homelessness enables clients to better navigate the service system, strengthens

their trust in services, and reduces stigma (FEANTSA, 2024; Marshall et al., 2024). Peer support proved to be essential during the COVID-19 pandemic, enabling effective assistance even in times of crisis (FEANTSA, 2024; Haidar et al., 2024). A scoping review by Marshall et al. (2024) explicitly identified peer workers as key facilitators of engagement in meaningful activities and community services.

Continuity of care and coordination of services significantly increase the chances of long-term and high-quality use of interventions. The integrated M3 Team model, combining health, mental health, and social services, has led to a reduction in acute health events and improved mental health (Grove et al., 2025). According to the recommendations of the National Institute for Health and Care Excellence, coordinated care across multiple providers is essential to ensure comprehensive support and flexibility of the system (NICE, 2022). A review study identified social support, particularly the opportunity to participate in community activities, as key to maintaining housing and the overall reintegration of people experiencing homelessness (Marshall et al., 2024).

### **Systemic and environmental determinants of participation**

Structural, organizational, and social factors significantly influence the chances of people experiencing homelessness to effectively use services and achieve long-term recovery. The main barriers identified are stigma (especially in healthcare), insufficient investment, fragmentation and isolation of systems, inappropriately generalized approaches to housing, and policies that do not consider the complex needs of clients (Warren et al., 2025). Despite relatively high health insurance coverage, recent research has found that people experiencing homelessness have limited access to primary and follow-up care. This is due not only to institutional barriers, but also to factors such as lack of a permanent address, frequent stigma, and communication difficulties (Fields et al., 2025). Qualitative studies show a wide range of mental health problems among people experiencing homelessness (Rayner, 2023).

The fragmentation of services remains a significant problem in the European context as well, with Armstrong et al. (2021) showing that the lack of information sharing between individual professionals leads to a waste of resources and worsens client outcomes. The need for coordination across sectors and regions is also highlighted in the recommendations of the National Alliance to End Homelessness (2022).

Stigma is considered a major barrier to service use and improving living conditions for homeless people and has also been documented in mainstream healthcare settings (Jubenville et al., 2025). According to available studies, stigma towards people experiencing homelessness on the part of healthcare providers remains a major barrier to accessing services. More recent research, for example (Jubenville et al., 2025), specifically shows that people experiencing homelessness often face stigmatization in mainstream healthcare settings, where clinicians stereotypically perceive them as “drug seekers”.

Social determinants of health, such as food insecurity, which has been systematically confirmed by recent Europe-wide studies, significantly weaken the impact of even well-designed interventions (Chung et al., 2025). A scoping review by Warren et al. (2025) shows that so-called homeism, i.e., discrimination based on housing status, acts as a significant social determinant of health and life chances, as this group faces several barriers not only in terms of housing, but also income security and access to healthcare. Across studies, it has also been confirmed that some ethnic and racial minorities are disproportionately represented among the homeless population. For example, data from the US show that in 2022, African Americans made up 37% of the homeless population, even though they represent a significantly smaller segment of the population nationwide (National Alliance to End Homelessness, 2022). We repeatedly encounter similar overrepresentation among indigenous groups, and this data and professional literature show that providing culturally competent and culturally safe services is essential to ensuring real accessibility and acceptability of care for all diverse groups (NICE, 2022).

### Characteristics of social work interventions supporting the participation of people experiencing homelessness

The most effective models of intervention promoting the participation of people experiencing homelessness include Housing First, trauma-informed care, case management, integrated care, and low-barrier services, including harm reduction strategies (Table 2).

Housing First remains the gold standard in interventions for chronic homelessness. Evidence from Australia has confirmed that Housing First is highly effective in providing housing stability, with retention rates typically ranging from 66% to 90%, which is significantly higher than traditional “treatment as usual” approaches (Roggenbuck, 2022).

An evaluation in Scotland showed that 88% of people using Housing First remained in stable housing after 12 months and 80% after 24 months (Homeless Network Scotland & Scottish Government, 2023). A systematic review by Munthe-Kaas et al. (2018) shows that Housing First programs reduced homelessness by 88% and increased housing stability by 41% compared to “Treatment First” models. Key principles of Housing First include unconditional access to housing, client choice and control, voluntary services, a focus on recovery, and the separation of housing from treatment. This approach is also cost-effective, particularly for people experiencing chronic homelessness and complex needs (Homeless Network Scotland & Scottish Government, 2023; Idox Group, 2025).

**Table 2 – Interventions in social work with homeless people and their positive impacts**

Intervention	Positive effects	Source
Housing First	housing stability, rapid improvement in living conditions, cost effectiveness	Homeless Network Scotland & Scottish Government (2023); Munthe-Kaas et al. (2018); Roggenbuck (2022)
Trauma-informed care	improved mental health, reduced crises, increased trust, improved adherence	Dobischok et al. (2024); Kirwan and McLaughlin (2024); Thirkle et al. (2025)
Case management	improved outcomes for people with complex needs, greater stability	Moledina et al. (2021); Weightman et al. (2023)
Peer support	greater trust, better stabilization outcomes, reduced stigma	FEANTSA (2024); Marshall et al. (2024)
Integrated care	reduction in acute incidents, strengthening of comprehensive support and flexibility	Grove et al. (2025); NICE (2022)
Low-barrier services and harm reduction	increased accessibility, involvement of the most vulnerable, better continuity of care	EUDA (2024)

Trauma-informed care, as another model promoting participation, represents a health and social approach that consciously reflects and addresses the harmful effects of traumatic experiences. The scoping review by Dobischok et al. (2024) summarizes that trauma-informed interventions yield positive results in areas such as psychological health, reduced substance use, improved adherence, reduced victimization, and increased social stability. It is particularly successful where interagency staff training is implemented and where the principles are actively integrated into policies and care provision (Thirkle et al., 2025). A systematic review of the effectiveness of psychological interventions provides current

evidence that the available data do not yet document strong or clear long-term effects for all target groups, indicating a need for further research into specific psychological strategies (Bodley-Scott et al., 2024).

Case management is also essential, as it has repeatedly proven effective in improving housing outcomes, especially for people with multiple or complex needs. Intensive or long-term forms of case management are the most beneficial, with Housing First having the highest effect according to Campbell’s systematic reviews, while there are nuances in effectiveness between individual models such as Assertive Community Treatment, Critical Time Intervention, and Intensive Case

Management (Moledina et al., 2021; Weightman et al., 2023). The most important components of successful case management include an interprofessional approach, minimization of service-related conditions, and long-term partnership with the client (Weightman et al., 2023).

An integral part of the conditions for long-term participation is the availability of low-barrier services that eliminate systemic barriers by removing conditions that prevent the most vulnerable clients from entering support programs, which is also aided by harm reduction strategies (EUDA, 2024). According to current knowledge, the effective linking of these services with the provision of stable housing, addiction treatment, and

psychosocial support can be considered the basis for functional and inclusive services for people experiencing homelessness (EUDA, 2024).

### Participatory approaches in social work with people experiencing homelessness

Participatory approaches are philosophies and methods that systematically strengthen the active involvement of people experiencing homelessness in decisions about services and their everyday lives. The most important participatory approaches include empowerment, client empowerment, client-centered approach, and meaningful involvement of people with lived experience (Table 3).

**Table 3 – Key approaches to the participation of people experiencing homelessness in social work interventions**

Approach	Key principles	Positive effects	Source
Empowerment	active decision-making, support for autonomy, opportunity to influence service provision	increased self-confidence, control over services, higher motivation and adherence	O'Shaughnessy and Michelle Greenwood (2020); Tinelli (2025)
Peer support	support from people with personal experience, "experts by experience"	overcoming barriers, reducing stigma, better engagement	FEANTSA (2024); Marshall et al. (2024)
Client-centered approach	personalized care, building cooperation, emphasis on client choice and needs	greater continuity of services, better health and social outcomes	NICE (2022)
Meaningful involvement of people with experience	cooperation on research, service design, evaluations	institutional transformation, increased trust, innovation in practice	Tinelli (2025)

Empowerment is the fundamental ethos of current practice, and scientific evidence clearly confirms its key importance. A systematic review by O'Shaughnessy and Michelle Greenwood (2020) showed that empowering interventions, including, for example, the supported housing, case management, skills development, and peer support, not only lead to psychological empowerment but also improve specific behavioural (i.e., real) outcomes for homeless people (O'Shaughnessy and Michelle Greenwood, 2020). The Care Quality Evaluation (CQE) research project at the London School of Economics clearly demonstrates the transformative potential of this concept and the fact that the active

participation of people with lived experience directly contributed to the formulation of research questions, the testing of new methods, and increased trust throughout the community (Tinelli, 2025). The meaningful involvement of people with experience of homelessness has been strongly emphasized in recent years. Experience with peer workers, for example, shows that they can significantly help establish contact, overcome barriers, and strengthen engagement in long-term services (FEANTSA, 2024; Marshall et al., 2024). However, research shows that in real life, the participation of people with lived experience is often only formal or symbolic, and their voices are not always truly heard and reflect-

ed in decision-making processes or service changes (Tinelli, 2025).

The client-centered approach places individuals, families, and communities at the center of decision-making, with an emphasis on personalized care and respect for individual needs. NICE (2022) specifically states that the person-centered approach increases the continuity and effectiveness of services, even in the context of homelessness. The importance of this approach has been verified, for example, in the evaluation of the Patient-Centered Medical Home model in New York, which demonstrated improved health and social outcomes and increased levels of participation (NICE, 2022).

## DISCUSSION

The results of this review confirm that the participation of people experiencing homelessness in social work interventions is a complex phenomenon requiring a comprehensive, multi-layered approach (O'Shaughnessy et al., 2020; Slesnick et al., 2023). No single determinant can ensure effective and sustainable participation on its own; the key lies in the interaction and coordination of all types of support. These conclusions not only correspond to the assignment and research questions of the thesis but also reflect the most significant trends in international research on homelessness from 2020 to 2025.

At the individual level, self-efficacy and resilience have a fundamental influence, conditioning the willingness to accept support and remain in intervention despite long-term stress and uncertainty (Ketel and Abdoli, 2025; Slesnick et al., 2023). At the same time, motivation and readiness to change are related to the value of autonomy and the possibility of participatory decision-making (National Alliance to End Homelessness, 2023). As in previous global reviews, trauma and mental health are confirmed as universal determinants; long-term ignorance or trivialization of these leads to the failure of standard support models, while trauma-informed approaches reduce the risk of clients dropping out or resigning from the help offered (Dobischok et al., 2024; Kirwan et al., 2024; Thirkle et al., 2025).

The relational level repeatedly demonstrates that the system's disposition toward high-quality, continuous, yet flexible partnerships (therapeutic relationships, peer support, service coordination) critically condition the willingness of people experiencing homelessness to cooperate and the effectiveness of the interventions themselves (Armstrong et al., 2021; FEANTSA, 2024; Marshall et al., 2024; Grove et al., 2025). The systemic level remains a weak point in the transfer of scientific knowledge into practice: fragmentation of support, insufficient investment, institutional barriers, and especially stigma – not only in direct care but also within the professional community – continue to limit the real effectiveness of services for homeless people (Armstrong et al., 2021; Jubinville et al., 2025; Warren et al., 2025). Stigma and homeism, confirmed by recent European data, weaken the willingness and results of client engagement and exacerbate health and social inequalities (Jubinville et al., 2025; Warren et al., 2025).

Innovative models such as Housing First, Trauma-Informed Care, and integrated teams have long shown the best results in promoting participation, reducing homelessness, increasing housing stability, and bringing about real improvements in quality indicators (Dobischok et al., 2024; Grove et al., 2025; Homeless Network Scotland & Scottish Government, 2023; Munthe-Kaas et al., 2018; Roggenbuck, 2022). However, these results remain conditional on the consistent implementation of key principles (choice, client control, unconditionality, coordination) and the genuine inclusion of the voices of people with experience in the design and delivery of services (O'Shaughnessy and Michelle Greenwood, 2020; Tinelli, 2025). The predominance of formal participation or symbolic involvement of peer workers without actual influence on systemic decisions remains a limitation of many practices (Tinelli, 2025).

A limitation of this review is the geographical concentration of most of the primary literature in Western developed countries, which may reduce the general transferability of the results (National Alliance to End Homelessness, 2022; OECD, 2024). Foreign studies outside the Western context, for example from Iran, also highlight differences in the causes and course of homelessness among

groups of people who use drugs (Nejadghaderi et al., 2025). Another weakness is the relatively low number of randomized controlled trials in some areas, which limits the possibility of drawing causal conclusions. On the other hand, international frameworks recommended by the OECD or specific models for monitoring quality of life help to ensure the comparability of outputs (OECD, 2025; van Rūth et al., 2021).

However, the results suggest that future research should focus on implementation processes (how to translate knowledge into specific practice), the long-term effects of participatory models, participatory research design with the active participation of experienced individuals, and the economic efficiency of comprehensive care models, including the expansion of methodological approaches that can better erode systemic barriers (NICE, 2022; Thirkle et al., 2025; Tinelli, 2025). Direct evaluation of integrated models, for example in the Czech environment, shows the need for interdisciplinary cooperation (Šimon et al., 2025). From a practical point of view, it is essential to implement comprehensively designed measures to improve the participation of homeless people. These range from the development of personal skills, through the effective coordination of services at all levels, to investment in affordable housing and protection against stigma and discrimination. Without broad systemic change, including the active involvement of people with experience at all levels of decision-making, most of the recently acquired scientific knowledge will remain unused in providing real help to people experiencing homelessness.

## CONCLUSION

The overview provides a comprehensive synthesis of the determinants of participation of people experiencing homelessness in social work interventions. It confirms that successful participation is the result of a dynamic interplay between individual, relational, intervention, and systemic factors in a specific local context. A key prerequisite for effective support is recognizing the diversity of experiences of homeless people, whether in terms of differences in life trajectories, vulnerabili-

ty, self-efficacy, motivation, or access to digital and social resources. The results show that when individuals' needs and preferences are respected, not only does their willingness to engage with services increase, but so do their chances of achieving stable housing, improved health, and social integration. At the same time, it confirms that only a comprehensive and coordinated approach, combining elements of intensive individual work, partnership, systemic case management, peer support, and a safe environment focused on recovery and empowerment, can overcome the main barriers to participation in the long term. Interventions such as Housing First and trauma-informed care consistently deliver better results than traditional programs when they can be implemented in an environment with a functional network of services, accessible housing, and an open attitude to innovation and collaboration. Choice and decision-making autonomy are proving to be key elements in the process of change.

However, persistent systemic challenges such as stigma, fragmentation of services, low levels of coordination, and structural inequalities continue to hinder the wider implementation of proven approaches and limit the positive impact of interventions for the entire homeless population. Adapting services to respond to changing individual and cultural needs, together with targeted support for vulnerable subgroups, appears to be a prerequisite for real change. In practice, this means building on the principles of participation, incorporating the independent voice of people with experience of homelessness into the design and evaluation of services, and investing in the development of competencies and support infrastructure that will enable effective interdisciplinary cooperation. For research and policy practice, the overview clearly shows the need to focus on the long-term sustainability of innovative and pilot models, monitoring the impact of participatory and empowerment approaches, and consistently removing systemic barriers, including stigmatization and discrimination. The move towards sustainable development of the social work system must therefore be linked to an emphasis on human rights, justice, and respect for the experience of everyone for whom assistance is made available.

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**Ethical aspects and conflict of interest**

The authors have no conflict of interest to declare.

**REFERENCES**

1. Armstrong M, Shulman C, Hudson B, Stone P, Hewett N (2021). Barriers and facilitators to accessing health and social care services for people living in homeless hostels: a qualitative study of the experiences of hostel staff and residents in UK hostels. *BMJ Open* 11(10): e053185. DOI: 10.1136/bmjopen-2021-053185.
2. Bodley-Scott E, Ward RJ, Tarabay J, Fagbamigbe AF, Barker S, Maguire N (2024). The effectiveness of psychological interventions for people experiencing homelessness: A systematic review. *J Community Appl Soc Psychol* 34(2): e2863. DOI: 10.1002/casp.2863.
3. Camp B, Elahi A, Waqas A, Weatherhead S (2025). Exploring the trauma experiences of people working in homelessness services. *BMJ Open* 15(9): e087270. DOI: 10.1136/bmjopen-2024-087270.
4. Chung GKK, Chan CY, Chan SM, Wong H (2025). Determinants of food insecurity in homeless people: evidence from the territory-wide homeless census in Hong Kong. *Public Health Nutr* 28(1): e154. DOI: 10.1017/S1368980025100980.
5. Dobischok S, Archambault L, Goyer MÈ (2024). Trauma Informed Care (TIC) Interventions for Populations Experiencing Addiction and/or Homelessness: A Scoping Review of Outcomes. *J Drug Issues*. DOI: 10.1177/00220426241263264.
6. EUDA (2024). *European Drug Report 2024: Trends and Developments*. Luxembourg: Publications Office of the European Union. DOI: 10.2810/91693.
7. FEANTSA (2024). Peer support: A tool for recovery in homelessness services. FEANTSA Policy Paper. [online] [cit. 2026-01-12]. Available from: [https://www.bmszki.hu/sites/default/files/fajlok/node-313/peer\\_support\\_policy\\_paper\\_FEANTSA.pdf](https://www.bmszki.hu/sites/default/files/fajlok/node-313/peer_support_policy_paper_FEANTSA.pdf)
8. Fields JD, Assaf RD, Nguyen KH, Platamone CC, Pottebaum JM, Giannola J, Kushel MB (2025). Health care access and use among adults experiencing homelessness. *JAMA Health Forum* 6(5): e254280. DOI: 10.1001/jamahealthforum.2025.0820.
9. Grove LR, Benzer JK, McNeil MF, Mercer T (2025). Integrated care for people experiencing homelessness: changes in emergency department use and behavioral health symptom severity. *BMC Health Serv Res* 25(1): 777. DOI: 10.1186/s12913-025-12860-0.
10. Haidar S, Roederer T, Allaire C, Mollo B, Vincent Ch, Bonmarin I, et al. (2024). A conceptual framework to model social determinants of COVID-19 vaccine uptake among underserved homeless populations. *Vaccine: X* 18: 100472. DOI: 10.1016/j.jvax.2024.100472.
11. Homeless Network Scotland & Scottish Government (2023). *Housing First Scotland: Annual Report 2023 – Check-Up*. Glasgow: Homeless Network Scotland / Scottish Government. [online] [cit. 2026-01-12]. Available from: [https://homelessnetwork.scot/wp-content/uploads/2024/04/Housing\\_First\\_2023\\_Check-up-v2-1.pdf](https://homelessnetwork.scot/wp-content/uploads/2024/04/Housing_First_2023_Check-up-v2-1.pdf)
12. Idox Group (2025). *Housing First in focus*. Idox Insights. [online] cit. 2026-01-12]. Available from: <https://www.idoxgroup.com/insights/housing-first-in-focus/>
13. Jubinville W, Ducharme R, Hendryckx Ch, Roy L, Bottari C (2025). Barriers, facilitators and solutions to the care of people experiencing homelessness with traumatic brain injury in Quebec, Canada: clinicians' and concerned parties' perspectives. *Disabil Rehabil* 47(26): 7063–7072. DOI: 10.1080/09638288.2025.2496359.
14. Ketel C, Abdoli S (2025). Resiliency in persons experiencing homelessness: A Concept Analysis Using the Evolutionary Framework. *J Adv Nurs* 81(2): 749–761. DOI: 10.1111/jan.16440.
15. Kirwan D, McLaughlin K (2024). Trauma-informed care in a homeless women's shelter: a mixed method evaluation. *International Journal of Homelessness* 4(2): 171–199. DOI: 10.5206/ijoh.2023.3.16652.

16. Marshall CA, Easton C, Javadizadeh E, Holmes J, Phillips B, Isard R (2024). Effectiveness of interventions for meaningful activity participation among persons in homelessness: A systematic review. *Can J Occup Ther* 91(3): 256–271. DOI: 10.1177/00084174241233519.
17. Moledina A, Magwood O, Agbata E, Hung JH, Saad A, Thavorn K, Pottie K (2021). A comprehensive review of prioritized interventions to improve the health and wellbeing of persons with lived experience of homelessness. *Campbell Syst Rev* 17(2): e1154. DOI: 10.1002/cl2.1154.
18. Munthe-Kaas HM, Berg RC, Blaasvær N (2018). Effectiveness of interventions to reduce homelessness: A systematic review and meta-analysis. *Campbell Syst Rev* 14(1): 1–281. DOI: 10.4073/csr.2018.3.
19. National Alliance to End Homelessness (2022). *State of Homelessness: 2022 Edition*. Washington, DC: National Alliance to End Homelessness. [online] [cit. 2026-01-12]. Available from: [https://endhomelessness.org/wp-content/uploads/2023/05/StateOfHomelessness\\_2022.pdf](https://endhomelessness.org/wp-content/uploads/2023/05/StateOfHomelessness_2022.pdf)
20. National Alliance to End Homelessness (2023). *Working in Homeless Services: A Survey of the Field*. Washington, DC: National Alliance to End Homelessness. [online] [cit. 2026-01-12]. Available from: <https://endhomelessness.org/resources/research-and-analysis/working-in-homeless-services-a-survey-of-the-field/>
21. Nejadghaderi SA, Emadi S, Mohammadyan GR, Sharifi H, Fasihi Harandi M, Haghdoost A (2025). The prevalence of homelessness and its associated factors among people who inject drugs in Iran: results from nationwide bio-behavioral surveillance surveys in 2020 and 2023. *BMC Public Health* 25(1): 2036. DOI: 10.1186/s12889-025-23204-2.
22. NICE – National Institute for Health and Care Excellence (2022). *Integrated health and social care for people experiencing homelessness (NICE Guideline NG214)*. London: NICE. [online] [cit. 2026-01-12]. Available from: <https://www.nice.org.uk/guidance/ng214>
23. OECD (2024). *OECD Toolkit to Combat Homelessness*. OECD Publishing, Paris. DOI: 10.1787/ofec780e-en.
24. OECD (2025). *OECD Monitoring Framework to Measure Homelessness*. Paris: OECD Publishing. [online] [cit. 2026-01-12]. Available from: [https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/01/oecd-monitoring-framework-to-measure-homelessness\\_7b704e9d/3e98455b-en.pdf](https://www.oecd.org/content/dam/oecd/en/publications/reports/2025/01/oecd-monitoring-framework-to-measure-homelessness_7b704e9d/3e98455b-en.pdf)
25. O’Shaughnessy BR, Michelle Greenwood R (2020). Empowering features and outcomes of homeless interventions: A systematic review and narrative synthesis. *Am J Community Psychol* 66(1–2): 144–165. DOI: 10.1002/ajcp.12422.
26. Rayner JK (2023). *An exploration of homelessness and mental health [Doctoral thesis]*. Bangor University.
27. Roggenbuck C (2022). *Housing First: Implementation, Effectiveness, and Outcomes – An Evidence Review*. Australia: Australian Housing and Urban Research Institute. [online] [cit. 2026-01-12]. Available from: <https://coilink.org/20.500.12592/m9wřzj>
28. Šimon M, Latečková M, Potluka O (2025). Evaluation study of joint social work and healthcare provision for people experiencing homelessness. *Int Social Work* 68(2): 412–428.
29. Slesnick N, Zhang J, Feng X, Mallory A, Martin J, Famelia R, et al. (2023). Housing and supportive services for substance use and self-efficacy among young mothers experiencing homelessness: A randomized controlled trial. *J Subst Abuse Treat* 144: 108917. DOI: 10.1016/j.jsat.2022.108917.
30. Thirkle SA, John DA, Adams EA, Harland J, Kaner E, Ramsay SE (2025). Learning from a multi-agency trauma-informed care training initiative supporting people experiencing homelessness in rural and coastal areas: a qualitative study. *BMC Health Serv Res* 25(1): 1175. DOI: 10.1186/s12913-025-13371-8.
31. Tinelli M (2025). *Empowering people who are homeless to rebuild their lives and thrive in society*. LSE Research for the World. London School of Economics. [online] [cit. 2026-01-12]. Available from: <https://www.lse.ac.uk/research/research-for-the-world/society/empowering-homeless-rebuild-lives>
32. van Růth V, König HH, Bertram F, Schmiedel P, Ondruschka B, Půschel K, et al. (2021). Determinants of health-related quality of life among homeless individuals during the COVID-19 pandemic. *Public Health* 194: 60–66. DOI: 10.1016/j.puhe.2021.02.026.

33. Warren GC, Kennedy CJ, Gavas N, Schmidt J, Woodin E, Breese Biagoni J, Garcia-Barrera MA (2025). Barriers and facilitators to housing and healthcare services for people experiencing homelessness with concurrent acquired brain injury and mental health or substance use disorders: a qualitative study. *Front Public Health* 13: 1643689. DOI: 10.3389/fpubh.2025.1643689.
34. Weightman AL, Kelson MJ, Thomas I, Mann MK, Searchfield L, Willis S, et al. (2023). Exploring the effect of case management in homelessness per components: A systematic review of effectiveness and implementation, with meta-analysis and thematic synthesis. *Campbell Syst Rev* 19(2): e1329. DOI: 10.1002/cl2.1329.

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