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Services for LGBTQ+ Individuals Experiencing Homelessness: A Systematic Review

Elena Tubertini | Cecilia Foschi | Marta Gaboardi | Michela Lenzi

Department of Developmental Psychology and Socialization, University of Padova, Padova, Italy

Correspondence: Elena Tubertini (elena.tubertini@phd.unipd.it)

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ABSTRACT

LGBTQ+ individuals are overrepresented within the homeless population. While literature on dedicated services is increasing, research on their effectiveness remains limited. This review aims to systematise studies that describe programs, evaluate interventions, or outline operational models and strategies for LGBTQ+ people experiencing homelessness (PEH). Key features for effectiveness across individual, organisational, and institutional dimensions are highlighted, with emphasis on positive well-being measures. The systematic review, based on PRISMA standards, included: (a) peer-reviewed journals; (b) articles in English; (c) targeting the LGBTQ+ homeless population; (d) describing programmes, reporting on the assessment or outlining recommendations tailored for LGBTQ+ PEH. Fifty-three articles were included. Recommendations on the individual level focused on psychological resources, such as increased self-reported visibility, positive LGBTQ+ self-identity, and sense of belonging. Interpersonal and community-level factors, such as LGBTQ+ community participation, activism, and chosen families, were also found to be fundamental for promoting well-being. Organisational-level characteristics fostering self-affirmation, comprising competent staff and providing access to transgender-related support, led to overall effectiveness. This paper outlines the potential of intersectionality-competent services in promoting the wellbeing of LGBTQ+ PEH, providing affirming emotional support and fostering community connection. Incorporating user-led recommendations in planning is essential to develop LGBTQ+ tailored services valuing empowerment and resources. Please refer to the Supporting Information section to find this article's Community and Social Impact Statement.

1 | Background

Evidence points to a significant overrepresentation of LGBTQ+ individuals among the homeless population, especially among youth (Abramovich and Kimura 2021; FEANTSA 2017; Fraser et al. 2019; McCarthy and Parr 2022). Despite the challenge of defining and quantifying this complex phenomenon, research suggests that 20% of LGBTQ+ youth in Europe are experiencing homelessness, with transgender and intersex individuals making up to 30% of this population (FEANTSA 2017; FRA 2020; Ritosa et al. 2021; Shelton et al. 2021), compared to the percentage of homeless people within the general population (0.1%–0.3% in the EU; OECD 2024). In the United States and Canada, 20%–40% of homeless youth identify as LGBTQ+, in the United Kingdom, the percentage is around 25% (Albert Kennedy Trust 2015; FEANTSA 2023; Shelton et al. 2021). With respect to the adult population, Point-in-Time (PiT) counts have shown that 10%–30% of adults experiencing homelessness identify as LGBTQ+ in Canada and the United States (Ecker et al. 2022). The overrepresentation is therefore evident, compared to 7.6% of

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LGBTQ+ people in the general population in the United States and 4% in the United Kingdom (Jones 2024; Office for National Statistics 2023).

Despite the significance of these statistics, underscoring the necessity of incorporating inclusive services to address the needs and promote the well-being of LGBTQ+ individuals facing homelessness, academic literature offers limited insights on the effective operational models to be conducted (Gutman et al. 2022), particularly in the European context. To enhance inclusive service provision to LGBTQ+ individuals experiencing homelessness, additional research on service characteristics ensuring effectiveness in promoting the well-being of this population needs to be carried out. This review aims to systematise studies that describe programmes, evaluate interventions, or outline operational models and strategies for LGBTQ+ people experiencing homelessness.

Recent research widely investigated the determinants of LGBTQ+ homelessness, which are only partially similar to those of the general homeless population. Literature indicates that structural, interpersonal, and individual discrimination associated with heterosexism and cisgenderism add up and intertwine with risk factors common to the non-LGBTQ+ homeless population (Côté and Blais 2021; McCarthy and Parr 2022; Robinson 2021). The most common forms of structural stigma are bureaucratic erasure, lack of legal protection, societal stigmatisation, economic precarity, difficulty in accessing and maintaining accommodation, unqualifiedness of homeless shelters, and job-based discrimination (Abramovich 2016; Ecker et al. 2019; Ferguson and Maccio 2015; McCarthy and Parr 2022; Tubertini et al. 2023). Interpersonal discrimination mostly manifests in the form of violence, abuse, or familial conflict such as parental rejection and school bullying, but also rejection from religious communities (Maccio and Ferguson 2016; Robinson 2021; Shelton and Bond 2017; Shelton 2018; Schmitz and Woodell 2018). Individual risk factors are also associated with minority stress and its consequences (Frost and Meyer 2023) including anxiety, depression, suicidality, low self-esteem, physical illness, and substance abuse (Ecker et al. 2019; Kidd et al. 2017). Adopting an intersectional perspective on minority stress, the confluence of multiple stressors within diverse environments can drive LGBTQ+ individuals, especially youth, to experience homelessness and other forms of housing insecurity, such as couch surfing (Robinson 2021). Only one review by Fraser et al. (2019) specifically used intersectionality as a framework, describing LGBTQ+ homelessness as the result of the interaction between different forms of oppression.

The intersection of LGBTQ+ identity-related discrimination with homelessness gives rise to distinct needs within this population, such as elevated rates of adverse mental health outcomes and substance misuse (Ecker 2016; Rhoades et al. 2018). Conflicts in relationships, unmet emotional needs, and deficiencies in educational and life skills can also result from periods of unstable housing (Gutman et al. 2022). Moreover, LGBTQ+ individuals experiencing homelessness may turn to engaging in sex work as a means of securing shelter (Yu 2010), thereby increasing their possibility of being exposed to HIV and other sexually transmitted infections (Deal et al. 2023).

When accessing mainstream homelessness services (e.g., shelter, temporary accommodations), LGBTQ+ individuals, and especially trans people, face further discrimination and marginalisation (England 2022). Exclusion operates through overt acts (such as service denial, violence, or discriminatory language by staff and service users) as well as through subtle mechanisms, such as gender-specific dress codes, sex-segregated spaces, lack of privacy, and inadequate mental and medical health services (Gutman et al. 2022; Norris and Quilty 2021; Robinson 2021; Spicer 2010). Insensitive policies not only undermine the achievement of positive outcomes, but also create barriers to access homeless services for LGBTQ+ individuals, who tend to avoid them to prevent exclusion and victimisation (Choi et al. 2015; Coolhart and Brown 2017). This dynamic further contributes to the invisibility of LGBTQ+ homelessness (Norris and Quilty 2021).

It is important to remember that, as recent qualitative research suggests, LGBTQ+ individuals experiencing homelessness may also report positive experiences alongside the challenges they face, such as personal growth, self-affirmation, and a sense of belonging (Shelton et al. 2018; DeChants et al. 2022). Protective and promotive factors for this population include positive LGBTQ+ identity, resilience through coping strategies, and social support (Coolhart and Brown 2017; Shelton 2016).

As the academic literature has mainly focused on risk factors for LGBTQ+ homelessness and structural barriers to accessing services, systematic reviews on the topic have also reflected this trend, highlighting negative experiences, symptoms, and harm reduction strategies, especially for homeless transgender youth (Abramovich 2012; Gattis 2010; McCann and Brown 2019). Other review articles focused on pathways to, through, and out of homelessness for LGBTQ+ youth (McCarthy and Parr 2022), LGBTQ+ youth in out-of-home and foster care (Álvarez et al. 2022), and LGBTQ+ adults experiencing homelessness (Ecker et al. 2019). Although all these studies emphasise the importance of implementing inclusive services to meet the needs of LGBTQ+ individuals experiencing homelessness, they provide little detailed guidance on effective and shared operational models within such services (Gutman et al. 2022).

Specialised services for LGBTQ+ homeless individuals, also named LGBTQ+ shelters or LGBTQ+ transitional housing, address the criticalities and lack of inclusivity of traditional homelessness services (Abramovich and Kimura 2021; Maccio and Ferguson 2016). These programmes are frequently the result of LGBTQ+ activist efforts and grassroots fundraising. Even programmes operated by mainstream homeless service providers (e.g., Abramovich and Kimura 2021) often rely on support from the LGBTQ+ community, such as queer volunteers, specific training initiatives, and partnerships with local LGBTQ+ organisations (Abramovich 2016). Such projects play a crucial role in offering support and safety from the psychological and social consequences of housing precarity (England 2022). Literature highlighted some specific factors that characterise effective services for LGBTQ+ individuals experiencing homelessness, such as gender-neutral facilities, affirming therapy, support groups, referral for hormone therapy, sexually transmitted diseases prevention, substance use harm reduction, community advocacy, as well as educational,

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employment, and financial mentoring and life skills empowerment (Abramovich 2016; Gutman et al. 2022; Prock and Kennedy 2017).

Research evaluating LGBTQ+ homelessness services with regard to effectiveness and perceived satisfaction has experienced significant growth in the past decade, and even more so in the last 3 years; this aligns with the increased focus on developing effective reception models for this population from marginality services and international LGBTQ+ organisations, not only in the United States, Canada and Oceania, but also in Europe (Dopp et al. 2022; Ecker et al. 2022; England 2024; ILGA Europe 2023; Tubertini et al. 2023).

Nevertheless, as Gutman et al. (2022) highlight, specific services tailored to this population are still not widely available, and the increased literature on the subject does not align with evidence-based models of reception, which continue to be lacking, especially in Europe. In the existing literature, we are only aware of three systematic reviews which evaluated service accessibility, effectiveness, and policy recommendations to support LGBTQ+ individuals experiencing homelessness, primarily focusing on LGBTQ+ youth (Curry et al. 2021; Ecker 2016; Gutman et al. 2022). Given the aforementioned increase in academic research on the topic and the need to provide effective interventions tailored to this population, there is a crucial need for updated data on the efficacy of support services for LGBTQ+ individuals experiencing homelessness, both youth and young adults, to align practice with evidence-based operational models emerging from current literature on the topic.

The aim of the present work is thus to systematise studies describing residential services, assessing interventions, or outlining recommendations aimed at LGBTQ+ individuals experiencing homelessness. Guidelines to make homeless services more effective and inclusive for LGBTQ+ people will be summarised, and criteria used to evaluate services' effectiveness and users' satisfaction will be explored.

Furthermore, in order not to hinder a comprehensive understanding of the phenomenon in favour of a solely risk-focused perspective that could undermine the recognition of crucial positive well-being aspects for this specific population, a strengths-based approach emphasising LGBTQ+ capabilities and self-determination (Greenwood et al. 2023) will be adopted, thus proposing a shift from a vulnerability-centered perspective to one centred on reclaiming LGBTQ+ individuals' power, hope, and autonomy (Asakura 2016; DeChants et al. 2022; Fraser et al. 2019; Shelton et al. 2018).

This systematic review therefore has two main objectives:

1. Systematise studies describing residential services, evaluating interventions, or outlining operational models, policies and recommendations aimed at LGBTQ+ individuals experiencing homelessness.
2. Summarise recommendations for designing and implementing inclusive homeless services able to promote LGBTQ+ individuals' well-being and effectively address their needs.

Additionally, when recommendations are based on evaluations of service effectiveness, particular attention will be given to the criteria employed in the assessment, with a particular focus on positive well-being indicators such as mastery, resilience, and social support.

2 | Methods

We conducted a systematic review using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, Moher et al. 2009; Page et al. 2021); the entire search and selection process has been recorded to ensure methodological rigour and quality.

The search was performed on four databases (APA PsycInfo, Scopus, PubMed, ProQuest—Social Sciences) to identify scientific articles addressing our research target. The sources were last searched on August 8, 2023.

Systematic reviews of the literature already conducted by international scholars on this topic, in particular one study from Gutman et al. (2022) and other previous works (Ecker et al. 2019; Fraser et al. 2019; Maccio and Ferguson 2016), were consulted in defining the keywords. The search parameters were developed with the intention of maximising the inclusivity of the various identities within the LGBTQ+ community through consultation with both community members and scholars specialised in LGBTQ+ research. In order to include studies with adult LGBTQ+ individuals experiencing homelessness of all ages, for the present study it was decided not to set age limits.

TABLE 1 | Key search terms and definitions.

Definition	Key search terms
Individuals self-identifying as lesbian, gay, homosexual, bisexual, asexual, msm (men who have sex with men), wsw (women who have sex with women), transgender, non-binary, two-spirit, queer/questioning, gender nonconforming/variant (with unspecified or unclassified gender identity), intersex, or more broadly identifying as a sexual and gender minority.	LGB, LGBT*, GLBT, 2SLGB*, queer, lesbian, gay, homosexual*, bisexual*, asexual*, "sexual minority", msm, wsw, non-heterosexual, transgender, trans, gender minority, nonbinary, non-binary, two-spirit, gender nonconforming, gender non-conforming, gender-variant, intersex.
Temporary or prolonged lack of a safe, secure and stable housing, including situations such as running away from unsafe or abusive environments, street sleeping, couch surfing, and living in shelters or other temporary reception facilities.	homeless*, houseless, shelter*, runaway, couch surf, street people.

Note: The asterisk (*) at the end of the search terms specifies the inclusion in the search of all words derived from that root.

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Two sets of key search terms were combined, as shown in Table 1:

For ease of retrieval and greater rigour, search filters were set up so that only peer-reviewed publications were screened. The search was limited to the title and abstract of peer-reviewed articles in English. The search yielded 2810 articles. Once the database search was executed, 966 duplicates were removed with the help of Rayyan, a web tool for systematic reviews (Ouzzani et al. 2016), and then manually checked and removed.

The titles and abstracts of 1844 articles were then screened for relevance by the first and second author independently (E.T. and C.F.). Consistent with our research question, the following inclusion criteria were used: (a) peer reviewed journal; (b) English language; (c) targeting LGBTQ+ individuals experiencing homelessness; (d) describing programmes, reporting the evaluation of interventions, or outlining recommendations specifically aimed at homeless LGBTQ+ people; (e) reporting sufficient details to allow for data extraction. The use of Rayyan allowed for the fluidity of the selection process, enabling the authors to work double-blind at first and then check for conflicts using the 'blind off' mode. Records considered as eligible by at least one of the two reviewers were then independently evaluated. In cases of dissent regarding the inclusion of the full texts, the suitability of their inclusion was decided based on the evaluations of two additional reviewers (M.G. and M. L.), who also worked independently in the first stage. Screening revealed that 1737 articles did not meet the study's inclusion criteria, leaving 107 articles that were thus evaluated for full-text eligibility with the same process and inclusion criteria used for selecting the studies. To facilitate criteria verification and data extraction, a colour marking code was used during the reading phase.

As suggested in the Cochrane Handbook (Cumpston et al. 2019), all the excluded studies and the reasons for exclusion were recorded. Most articles excluded at this stage ($n = 1496$) were deleted because they did not address the population of homeless individuals who self-identify as LGBTQ+. Particularly common reasons for exclusion were the outcome not meeting the inclusion criteria (meaning that the articles did not describe services, evaluate interventions, or outline operational models aimed at LGBTQ+ individuals experiencing homelessness, $n = 80$), or the exclusive focus on risk or preventive factors for the LGBTQ+ homelessness phenomenon ($n = 154$). Articles in which policy guidelines were given were excluded when such recommendations were not specific or detailed enough to allow data extraction. Systematic reviews, scoping reviews and literature reviews were also excluded.

54 articles were further excluded during the full text screening phase, leaving 53 articles that described residential services, evaluated interventions, or outlined operational models, policies and recommendations aimed at LGBTQ+ individuals experiencing homelessness. The primary reason for exclusion at this stage pertained to the studies not meeting the inclusion criteria in relation to the focus of the review (i.e., dearth of substantial information regarding program evaluation or policy recommendations, $n = 35$). Other reasons for exclusion included the studies' population not meeting the inclusion criteria ($n = 8$), and publication in non-peer-reviewed venues, such as conference proceedings or book chapters ($n = 11$). Figure 1 summarises these results through the PRISMA flow diagram (Page et al. 2021).

Charting of included articles was performed. Following their independent analyses, both first and second authors conducted fidelity checks on each other's work to confirm the accuracy of the extracted data. Results were divided into three macro-categories: (1) service description, (2) service assessment/evaluation, and (3) guidelines/recommendations. Categories 2 and 3 were further divided into 12 subcategories based on the indicators used in the assessment and the service provision level to which the recommendations pertained (see Table S1).

The categories were then reported in a codebook for ease of data extraction (see Table S2). Chart variables are displayed as follows: article reference, country of origin, service type (i.e., specialised for LGBTQ+ homeless individuals or general), article type, targeted (sub)population, article summary, main categorisation (program description, intervention assessment, or program policy guidelines[1]), and subcategories. Frequency data were computed, and relevant information was classified, compiled, and summarised. Given the variety in sampling methods, sample sizes, research designs, and methodological approaches employed in the studies reviewed, a narrative synthesis was deemed the most suitable method for presenting the findings.

3 | Results

Publication years of the included 53 articles range from 2006 to 2023. Eighteen articles were published between 2008 and 2020, while most articles were published from 2021 to 2023 ($n = 36$). These numbers underscore an increasing scientific interest in research evaluating services for this population, indicating a need for the current systematic review, as the most recent one (Gutman et al. 2022) covered data only up to the start of 2021.

The 53 articles were published in United States ($n = 33$; 62%), Canada ($n = 8$; 15%), Europe ($n = 5$; 9.5%), UK ($n = 4$; 7.5%), Australia ($n = 2$; 4%) and Middle East ($n = 1$; 2%).

Our selection shows that scholarly literature concerning LGBTQ+ homeless services and programs was limited to the United States, Canada, and Australia prior to 2019. However, an emergence of research from various regions of the world (including France, Germany, Italy, Ireland, Israel, and the United Kingdom) can be observed starting from 2020, reflecting a growing global interest in this topic.

The majority of articles were empirical research studies—thus involving data collection ($n = 39$, 73.5%); 6 articles were narrative program descriptions (11.5%); 8 were guidelines summaries or discussion papers intended to inform practice and policy (15%). Of the 53 studies, 17 articles (32%) reported a qualitative analysis of staff or residents' perception of service effectiveness, 4 articles (8%) reported a quantitative assessment of service effectiveness, while 3 studies (6%) employed mixed methods (see Table S2 for detailed information).

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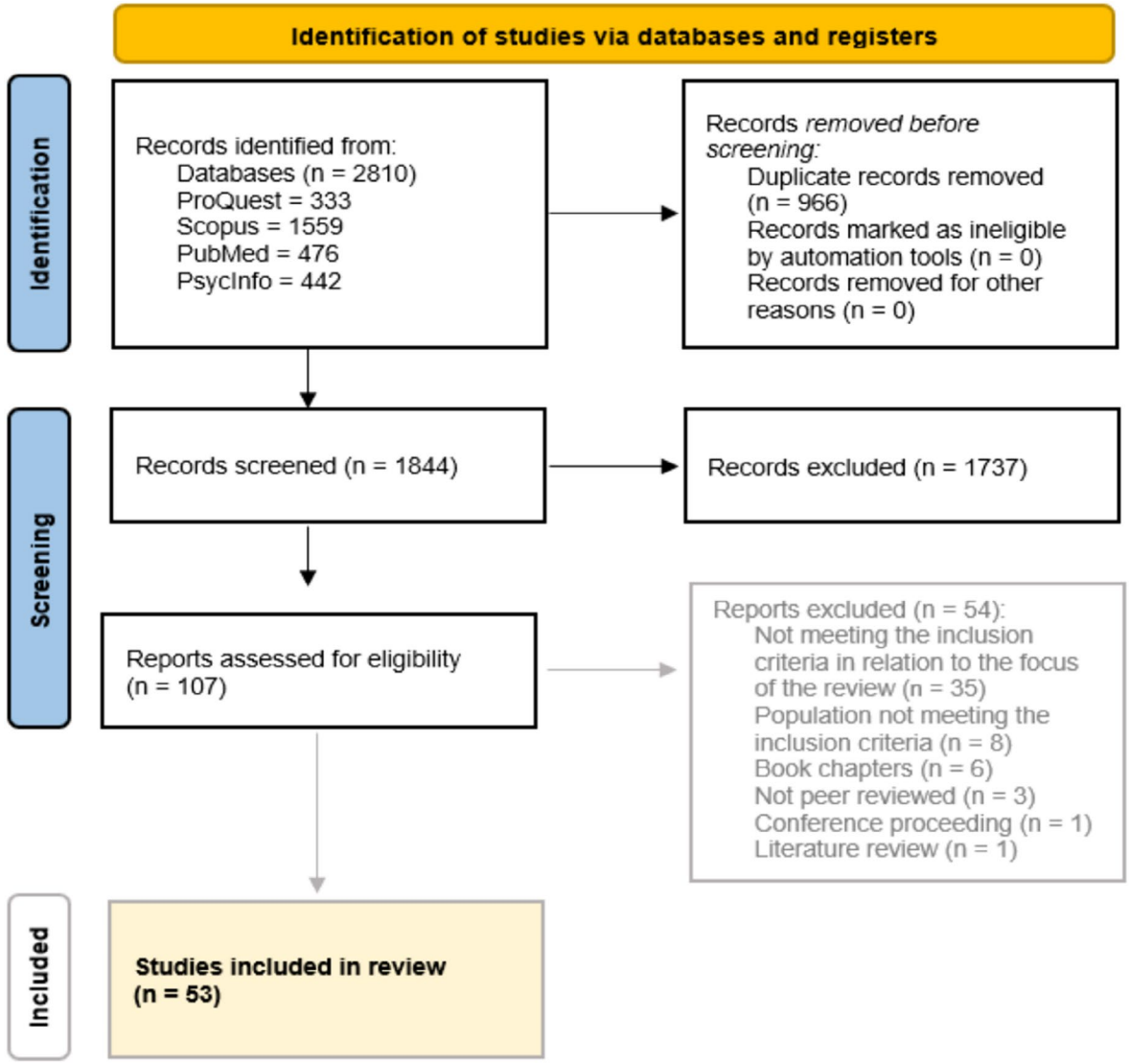

FIGURE 1 | PRISMA 2020 flow diagram.

Consistent with previous systematic reviews, it appears that existing research on services for LGBTQ+ individuals experiencing homelessness focuses almost exclusively on the experiences of LGBTQ+ youth (18–25 years old) and young adults (25–35 years old) in larger urban areas. Only two articles specifically focus on addressing the LGBTQ+ adult population (Bardwell 2019; Ecker et al. 2019). Table S3 illustrates the terminology utilised to refer to the target population.

3.1 | Description and Effectiveness Assessment of Existing Programs

Twenty-nine studies (55%) provided a description of the program under investigation, either within a detailed narrative description or as a part of a research study where describing the shelter was not the only focus. The descriptions encompass a multitude of details, including the organisational culture, history, philosophy, service delivery structure, procedures (such as the admission process) and functionality (e.g., Dolamore and Naylor 2018; Forge et al. 2018; Oakley and Bletsas 2018).

In some instances, the authors describe the genealogy and implementation of the service, contributing to the debate surrounding the categorisation of LGBTQ-specific and general homeless services. While there may be no singular conclusion to this debate, it is important to note that some research outputs emphasise the importance of generally inclusive and person-centred services and policies, rather than population-based services only serving the LGBTQ+ homeless population (Wilber et al. 2006; England 2022; Prock and Kennedy 2020). Others (Hao et al. 2021; Ferguson and Maccio 2015; Prock and Kennedy 2017) detail the differences between integrated programmes that provide services to all subgroups of both the LGBTQ+ and general homeless populations, and tailored services to specific subgroups of LGBTQ+ homeless individuals. In certain cases, authors emphasise that cultural-specific models centring an intersectional approach may be more effective (Robinson 2021). Indeed, acknowledging how belonging to multiple marginalised communities may intersect can offer enhanced support to LGBTQ+ homeless individuals who also identify as part of other marginalised groups (i.e., LGBTQ+ and TNB people of colour or asylum seekers), going beyond

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mere individual and family-level interventions (Gottlieb et al. 2020; Robinson 2021). Not all of the programmes described are full residential programmes; most offer housing assistance, while others offer recovery-oriented, time-limited, abstinence-based, peer-supported housing (Dopp et al. 2022) or long-term tiny houses (Yeros and Chiesi 2022). The kind of services provided by the programmes range from housing, access to food, health and mental health support, connection with substance abuse services, help with obtaining documents, enrolling in educational programmes, advocacy in justice proceedings, employment and mentoring services, access to childcare and life skills development (Dolamore and Naylor 2018; Hao et al. 2021).

Most services involve individual work with different multisector professionals that allows users to achieve self-determined goals and prepare for independent living; eligibility is usually determined through an application and interview process, and priority is given on a safety need basis, for example, degree of housing instability, risk situation with respect to domestic violence, necessity for immediate access to health services and employment situation (Abramovich and Kimura 2021; Norman-Major 2018; Nadan et al. 2024; Tubertini et al. 2023). In some cases, a co-constructed service model (drafted by professionals, former users, and queer activists) is described as a practical tool to capture the needs of LGBTQ+ people using the service (Shelton et al. 2017; Shepard 2013; Wilber et al. 2006). Such services rose from activism and have been structured over the years with a community-oriented organisation as their base, engaging in direct action from an intersectional and anti-oppressive perspective (Shepard 2013). Given the heterogeneity of services for homeless LGBTQ+ individuals, it is challenging to implement evaluation tools that can facilitate a comparative analysis of diverse services and intervention models.

Twenty-six studies (49%) aiming at the assessment of effectiveness were further classified into "residents' wellbeing" assessment (negative and positive indicators of health) and "objective indicators of service utilisation and goals attainment". See Table S1 materials for an overview of categories and subcategories.

3.1.1 | Residents' Wellbeing

In seven cases (13%), the assessment of service effectiveness was based on self-reported measures of wellbeing, employing instruments such as questionnaires. For example, studies employ measures of psychological distress, such as substance use, anxiety, depression, PTSD, violence and adverse experiences, self-harm, and suicidality (Hao et al. 2021; Abramovich and Kimura 2021; Powell et al. 2016). In general, the results of these studies indicate that the interventions improved outcomes in a number of areas, including health, mental health and substance use, and family issues (Maccio and Ferguson 2016), with authors ascribing the observed success to three key factors: service accessibility, the provision of LGBTQ-affirming spaces and programmes, and staff sensitivity training (Powell et al. 2016). However, the observed gains are not consistent across all the examined studies. In some cases, participants indicated that the service was not adequately equipped to address their mental health needs, including suicidality and substance use; consequently, they perceived only modest gains in the areas of mental health status, addiction, and self-harm reduction (Abramovich and Kimura 2021).

Alongside these measures, recent studies also include indicators of positive well-being (such as aspects of capabilities, quality of life, and self-determination), employing a strengths-based approach in the assessment of service effectiveness. Life satisfaction, perceived health and mental health, perceived safety, and self-esteem were assessed in different research works, showing that participants perceived the program to offer physical and emotional security and stability (Abramovich and Kimura 2021; DiGuiseppi et al. 2022; Gottlieb et al. 2020). Specific elements contributed to the perception of increased safety and freedom of expression, including the provision of longer-term stays at emergency shelters, the opportunity to be oneself with others who identify as LGBTQ+, and the presence of other residents of a similar age (DiGuiseppi et al. 2022).

Social support indicators, such as family/chosen family, connectedness, community participation, civic and political involvement, and satisfaction with personal relationships, were also used to assess service effectiveness and have been shown to be associated with enhanced well-being for LGBTQ+ homeless individuals using the shelters (Abramovich and Kimura 2021; DeChants et al. 2022). In such programs where residents engage in social activities within the house (e.g., attending house meetings and partaking in shared weekly meals), participants reported increased connection and an improved sense of community (Abramovich and Kimura 2021). On the contrary, the respondents from the asylum-seekers LGBTQ+ shelter reported experiencing loneliness and indicated that they lacked reliable support despite the availability of extensive support structures (Gottlieb et al. 2020).

3.1.2 | Qualitative Subjective Feedback and Perception of Service Effectiveness From Staff and Residents

Incorporating the perspectives and experiences of users into service design by considering their views in the development of interventions and directly asking them which service features promote their well-being is becoming an increasingly common practice in this field of research. Before 2021, only 7 (13%) studies considered users' opinions and feedback in the provision of services aimed at LGBTQ+ individuals experiencing homelessness (Dolamore and Naylor 2018; Maccio and Ferguson 2016; Oakley and Bletsas 2018). Between 2021 and 2023, an increasing number of studies ($n = 8$; 15%) employed qualitative methods (personal biographies, semi-structured interviews) to inquire into users' experiences and opinions on what worked for them and how to improve the service. Being able to live as their authentic selves, socially and legally affirming their gender (i.e., using pronouns, chosen name, clothing, make-up; Lorusso et al. 2023), and engaging in open and non-judgmental dialogues with the housing staff and older peers on matters pertaining to gender identity and self-affirmation were identified as positive factors contributing to well-being and mental health, especially by LGBTQ+ youth (Abramovich and Kimura 2021; Ecker et al. 2022). Other

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significant aspects that enhance users' well-being include adopting a strength-based approach, cultivating a culture of respect, promoting choice in housing and service models, using a trauma-informed approach, and providing safe spaces for trans and nonbinary (TNB) individuals to develop positive self-images (Ecker et al. 2022). Furthermore, LGBTQ+ homeless individuals derive additional benefits in terms of their overall sense of well-being if they can rely on prompt, responsive, reliable, and tempestive assistance in situations of emergency, for example when denied housing, employment, or access to social services (Dopp et al. 2022). Finally, some residents mentioned alternative ways through which LGBTQ+ homeless services can effectively promote well-being, such as including pets (Schmitz et al. 2022), boosting creativity through music, journaling, or painting (DeChants et al. 2022), and spirituality-related activities (Robinson 2021).

Some research studies describe potential deficiencies in service provision for the homeless LGBTQ+ community in a specific area in relation to available resources (Dopp et al. 2022); consistently cited gaps and issues include lack of data collection systems to monitor the phenomenon of LGBTQ+ homelessness, inadequacies in housing policy and provision (Norris and Quilty 2021; Ormiston 2022), hypervisibility/invisibility of LGBTQ+ people in homeless services (Sauvaire and Stella 2024), lack of education and employment support, family counselling services trained in LGBTQ-affirming or culturally competent methods, LGBTQ+ affirming services, staff competency and advocacy training (Maccio and Ferguson 2016; Ormiston 2022).

Other studies ($n = 6$; 11%) incorporated staff members' perspectives in the evaluation of service effectiveness, by employing semi-structured interviews and focus groups. From the providers' point of view, creating a safe space to explore sexual and gender identities and working towards the promotion of life skills were fundamental aspects for the program effectiveness with this population, as well as practices on the broader community level, including mentoring, advocacy, and anti-bias education and training (Nadan et al. 2024; Prock and Kennedy 2017; Tubertini et al. 2023).

3.1.3 | Service Utilisation and Objective Indicators of Attainment

In 10 cases (19%), the assessment of service effectiveness was based on measures of service utilisation and service goals achievement, related to the attainment of specific and predetermined objectives, outlined by the service provider as essential outcomes for project completion. Service utilisation measures include time in the programme, utilisation of healthcare (general care, psychotherapy/psychiatric care, hospitalisation, emergency care, substance abuse treatment), and utilisation frequency of supplemental services such as life skills training, employment services, support groups, recreational and community activities (Gottlieb et al. 2020; Prock and Kennedy 2020; Ecker et al. 2022). Studies examining service utilisation have found that LGBTQ+ youth are more likely to underutilise services (compared to the general homeless population); authors posit that this is likely due to challenges in accessing the shelter and lack of trust towards service staff (Prock and Kennedy 2020). Examples of measures employed to assess the achievement of service goals include financial and temporal resource management, prioritisation of tasks, development of independence and responsibility, resolution of pending legal issues, educational attainment, employment placement, and securing independent and stable housing (Nolan 2006; Ferguson and Maccio 2015; Powell et al. 2016; Abramovich and Kimura 2021). Determining the critical success factors for the intervention's efficacy remains a challenge (Nolan 2006). While most programmes concentrate on the discharge process (i.e., the number of individuals exiting the service due to having secured accommodation), it is evident that for LGBTQ+ individuals securing housing is not the sole determining factor in the success of the intervention and is not enough to ensure safe exits from the project. The provision of education and employment assistance, mental health counselling, substance use harm reduction, and family services have been identified as essential components of the intervention, the outcomes of which should be evaluated on a regular basis (Ferguson and Maccio 2015).

3.2 | Recommendations and Guidelines for Services Supporting LGBTQ+ Homeless Individuals

Nearly all (96%) of the 53 articles provided suggestions and recommendations for service-level policies and practices aimed at efficiently supporting LGBTQ+ homeless individuals. Some of these guidelines were extrapolated from studies evaluating service effectiveness, while others derived from policy-oriented studies. The guidelines also indicate how to adapt best practices to different contexts and situations, by specifying how services for LGBTQ+ homeless individuals can be structured in a modular way (allowing for greater flexibility, customization and collaboration with different resources and professionals), allowing to meet the specific needs of this population.

Recommendations were divided into categories according to the service provision level to which they pertained. Table 2 provides a comprehensive overview of the sub-categories and corresponding meanings for each level discussed.

3.2.1 | Institutional Level

At the institutional level, 33 (62%) of the analysed articles provide suggestions for LGBTQ+ homeless services on how to effectively collaborate with third-sector organisations, institutional bodies, and the neighbourhoods in which the housing facilities are located. These studies identify key strategies for engaging with local communities and LGBTQ+ organisations, which serve multiple purposes. A strong network connecting LGBTQ+ organisations and local services can facilitate the development of informed and affordable referral networks, promote users' social integration within the community and, ultimately, improve the effectiveness of interventions (Abramovich 2016; Ecker et al. 2022; Shelton et al. 2018). Advocacy with local government agencies is encouraged,

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TABLE 2 | Overview of the sub-categories and corresponding meanings.

Institutional level	3a. Interaction between services, institutions, and local administrations	The article provides recommendations for creating a coordinated network of local services, organisations, and institutional bodies, to facilitate users' access to external services.
Organisational level	3b. Environment and accessibility	The article provides recommendations for establishing a more inclusive and accessible environment (e.g., gender-neutral arrangements, safe and welcoming spaces)
	3c. Organisational culture	The article provides recommendations for fostering a clear, congruent and inclusive organisational vision that aligns with the beliefs and values of both management and staff.
	3d. Intervention strategies and rules	The article provides recommendations for definition of intervention types, case management, and internal service rules.
Interpersonal level	3e. Social support and in-service relationships	The article provides recommendations for effectively managing individuals' relationships and social support networks (within and outside of services).
	3f. Community participation	The article provides recommendations on fostering a sense of community among individuals transitioning out of a service.
Individual level	3g. Psychological well-being and capabilities	The article provides recommendations for addressing individual factors promoting psychological well-being, agency and recovery and preventing/reducing psychological symptoms.

aiming at providing anti-discrimination laws, mitigating the costs of gender-affirming pathways, ensuring ease of transportation from rural areas, establishing anti-harassment rules in schools, adjusting the legal framework towards greater social justice for LGBTQ+ asylum seekers and sex workers, and requiring homelessness agencies seeking government funding to be aware and competent around LGBTIQ+ issues (Bowers et al. 2023; Gottlieb et al. 2020; Norman-Major 2018; Oakley and Bletsas 2018; Robinson 2021). National and local administrations should revisit housing provision processes in order to avoid heteronormativity in social services provision and include LGBTQ+ individuals' well-being in services' priorities, mission, and agenda (Carr et al. 2022). Landlords and housing agencies should also be trained on how to prevent and address LGBTQ+ harassment, as this could be crucial especially for LGBTQ+ adults (Ecker et al. 2019). Greater collaboration between universities and organisations is also encouraged, to document, assess, and disseminate new effective interventions for LGBTQ+ homeless individuals, but also to expand the workforce and increase students' preparation to work with high-need populations (Dopp et al. 2022; Ferguson and Maccio 2015; McNair et al. 2022). Twenty-three articles (43%) mention guidelines to assist LGBTQ+ residents in accessing external resources and successfully transitioning out of homelessness. Frequently mentioned strategies include assisting users in identifying educational and employment opportunities, simulating potentially triggering situations, and identifying optimal housing options (Ferguson and Maccio 2015; Powell et al. 2016).

3.2.2 | Organisational Level

At the organisational level, physical and spatial dimensions of the service can also influence its accessibility and functionality. 35 (66%) of the analysed articles identify the spatial characteristics of the service that impact the well-being of LGBTQ+ individuals experiencing homelessness, allowing users to feel safe, welcome, and free from harassment and judgement. For example, spaces can display welcoming symbols at the entrance, such as the Pride rainbow flag, notice boards with affirmative messages for LGBTQ+ people, and banners with symbols representing different identities (Ferguson and Maccio 2015). While the possibility of decorating home units is importantly associated with the sentiment of 'feeling at home', it is also recommended that LGBTQ+ housing can blend in with the residential surroundings, to preserve safety (Yeros and Chiesi 2022). In addition, common spaces may display brochures, flyers, posters, and documents informing about anti-discrimination policies or equal employment opportunities and rights, information regarding coming out, sexual health, any services and local events aimed at the LGBTQ+ community (Abramovich 2016; Maccio and Ferguson 2016). The range of accommodation solutions should include diverse options targeting all LGBTQ+ subgroups: emergency shelter, temporary, medium, and long-term solutions, single units, as well as university campus accommodations (Quilty and Norris 2022). The management of common facilities is also important, such as arrangements for overnight stays that take into account self-declared gender identity, gender-neutral

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restrooms, and the possibility of choosing one's housemate (e.g., for couples) or having a private space (Abramovich 2016; Ecker et al. 2022; England 2022; Ferguson and Maccio 2015; Mottet and Ohle 2006; Nadan et al. 2024; Ormiston 2022; Yu 2010). As for accessibility, the analysed articles suggest considering not only the geographical location of housing services, but also the ease of reaching other connected services, such as the one-stop shop option (i.e., concentrating different agencies in one location), thus facilitating access (Powell et al. 2016). Making shelters safer by placing low limits on occupancy rates also appears crucial, to ensure protecting the privacy of residents and maintain a peaceful and conflict-free environment (Hunter 2008). Pet-inclusive policies are encouraged, as anti-companion animal policies are often a reason for LGBTQ+ people to avoid shelter services (Schmitz et al. 2022).

A recent study conducted by Bowers et al. (2023) inquired with operators whether the homeless shelter aligned with HUD Equal Access and Gender Identity guidelines (Code of Federal Regulations 2016) for TNB youth. The checklist comprised a series of open and closed questions pertaining to the service characteristics indicated by the literature as effective (e.g., inclusive intake procedures, gender-neutral dress code policies, sleeping arrangements, restroom and showers, additional LGBTQ-specific services offered). This research represents an initial effort to develop a systematic approach for evaluating the alignment of services with updated guidelines and constitutes a crucial step in the process of identifying the characteristics that facilitate greater effectiveness.

In relation to the organisational culture, 45 articles (85%) provide recommendations concerning the values and vision that characterise the philosophy of the service provider, as well as the procedures, rules, roles, and competencies of the staff to effectively interact with LGBTQ+ service users. In general, even when services are not specifically dedicated to LGBTQ+ people, it appears important to adopt a caring and supportive approach that is affirming of all identities (Powell et al. 2016), implementing a 'respect policy,' as suggested by Mottet and Ohle (2006). Almost all studies point to the importance of training on LGBTQ+ culture for service staff, thus allowing them to better understand the challenges and needs of this population and improve service delivery (DeChants et al. 2022; Dopp et al. 2022). Awareness of sexual and gender identity-related issues helps create a welcoming and non-judgmental environment (Abramovich 2017) and enables staff to intervene in situations of discrimination (Abramovich 2016). A grasp of the historical, socio-political issues pertaining to the LGBTQ+ community, coupled with an understanding of the origins of homobitransphobia, empowers shelter personnel to assist residents more effectively (Abramovich 2016; Powell et al. 2016) and to adopt an intersectional approach (Robinson 2021). A further crucial recommendation for the more tailored provision of services to residents of LGBTQ+ shelters is the implementation of a user-centred design approach. This would entail the active involvement of users in every aspect of the design process, from the initial ideation stage through to the delivery of services (Shelton et al. 2017).

Regarding intervention strategies and policies, it is recommended that intake forms be designed to include the option for individuals to identify as TNB, using LGBTQ+ inclusive language (e.g., asking users for their preferred names and pronouns, using 'partner' instead of 'boyfriend'; Abramovich 2016). Furthermore, it is essential that users' gender expression and dress code choices are respected and encouraged (Abramovich 2016; Bowers et al. 2023; Mottet and Ohle 2006; Powell et al. 2016). Another recurring element is confidentiality: offering LGBTQ+ users' the option to disclose or keep private their sexual orientation, gender identity, and preferred pronouns helps prevent secondary victimisation experiences such as outing, forced disclosure, or concealment (Côté and Blais 2021). It is recommended to ensure that individuals can provide this information in a private and secure manner, with the option to review and modify it later (Prock and Kennedy 2020). The importance of affirmative, competent, and multidisciplinary case management is clearly stated in various studies (Abramovich 2016, 2017; Maccio and Ferguson 2016; Prock and Kennedy 2017; Shelton 2015, 2016), and should also consider the potential influence of familial and social rejection as contributing factors to LGBTQ+ homelessness (Powell et al. 2016). In a study by Abramovich and Kimura (2021) participants expressed the need for more than one in-house mental health professional (e.g., a psychiatrist, a psychologist, and a social worker) scheduled on a regular basis, underlining the need for intensive case management.

3.2.3 | Interpersonal Level

Regarding the interpersonal level, 24 studies (45%) propose recommendations on how to provide effective social support and foster the relationships within the service. For services to enhance users' well-being, it is imperative to facilitate LGBTQ+ community participation, to foster queer friendships (which may be referred to as 'chosen families' within this context), to ensure access to LGBTQ-competent or population-based services (i.e., specifically dedicated to the LGBTQ+ homeless population), and to promote activism and political involvement (Abramovich and Kimura 2021; DeChants et al. 2022; Quilty and Norris 2022). Access to peer support groups appears to be one of the primary needs of LGBTQ+ homeless youth (Maccio and Ferguson 2016). The dissemination of information on local LGBTQ+ programs and services, coupled with the engagement of LGBTQ+ residents in activism and advocacy, is likewise a recurring recommendation in numerous research studies (DeChants et al. 2022; Keuroghlian et al. 2014). Quilty and Norris (2022) underline how being able to get support from a queer community, even if it is online based, is especially crucial for ensuring that LGBTQ+ homeless individuals have access to essential resources throughout their lives.

The fostering of allyship (i.e., the formation of bonds and supportive relationships with individuals who do not identify as LGBTQ+) is encouraged, particularly within the context of emergency shelters. The implementation of a dedicated ally training program for the staff is recommended as a means of promoting inclusive environments (Ecker et al. 2022). The provision of mediation services to reconnect or improve the relationships with legal and biological families is typically recommended only under specific conditions (e.g., the active expression of a need for such services by the residents, and the assurance that the experience will not result in the re-traumatization of the individuals)

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and may sometimes be discouraged, particularly for younger residents whose parental rejection has contributed to their condition of homelessness (Carr et al. 2022; England 2024).

3.2.4 | Individual Level

At the individual level, 35 articles (66%) identify best practices that can improve the well-being of LGBTQ+ homeless individuals, with a particular emphasis on mental health. Common practices include promoting personal life skills and resources by fostering a sense of control, empowerment, self-efficacy, competence, and self-advocacy through a strengths-based approach (Abramovich and Kimura 2021; Maccio and Ferguson 2016; Nadan et al. 2024; Nolan 2006; Oakley and Bletsas 2018; Yu 2010) as well as implementing risk and harm reduction strategies (e.g., the implementation of culturally sensitive sexual health services). Affirmative mental health services are recommended for LGBTQ+ individuals, with a focus on addressing the challenges associated with coming out, family rejection, housing instability and discrimination (Coolhart and Brown 2017; Keuroghlian et al. 2014). Furthermore, these services should address the prevalence of co-occurring trauma, substance addiction, depression, and anxiety within this population (Maccio and Ferguson 2016). It is essential for this form of support to be based on the principles of trauma-informed care and tailored to the specific needs of the individual, considering age, gender and cultural background (Deal et al. 2023; Keuroghlian et al. 2014; Prock and Kennedy 2020). It is recommended that the services provide the possibility of self-affirmation, access to TNB resources and healthcare, and counselling to address legal issues (related to identity, social and civil rights), as these are likely to lead to overall well-being improvements (Abramovich 2016; Dopp et al. 2022; DiGuiseppi et al. 2022; Ecker et al. 2022; Ferguson and Maccio 2015; Nadan et al. 2024; Shelton et al. 2018; Shepard 2013). Cultivating individual coping strategies and aspects of positive LGBTQ+ self-identity can increase the levels of self-reported visibility, enhance a sense of belonging (Côté and Blais 2021; Shelton 2016) and mitigate the effects of minority stress. It is recommended that LGBTQ+ identity is celebrated, and a sense of pride is promoted through the organisation of events and educational activities, such as active participation in art-based and storytelling projects interventions (Nolan 2006; Shepard 2013). For example, using art materials to create poster boards, photo exhibitions, or collages that can be displayed at the organisation's public events or shown at celebratory exhibitions. In a Photovoice study by Forge et al. (2018), each participant was able to display their unique creativity by arranging their photographs with captions to tell the story of their experience of homelessness. These kinds of activities can provide residents a creative way to advocate for themselves, fulfil the need to give back to their communities and raise awareness about LGBTQ+ homelessness by pushing back against narratives of criminalisation and stigma (Forge et al. 2018). A study by DeChants et al. (2022) recommends that practitioners integrate artistic activities into existing LGBTQ+ housing programmes, thus providing opportunities for self-expression, and utilising creativity to facilitate the articulation of future aspirations; this, in turn, can contribute to the maintenance of a sense of hope, mastery, and motivation. Finally, some authors encourage service providers to find alternative ways to connect sexual orientation and spirituality in a safe environment for those who may need it, consistently with their religious background (Forge et al. 2018).

Adopting an ecological approach that acknowledges the intrinsic interconnectivity and interdependence of the levels examined in this section is crucial for the effective functioning of person-centred services dedicated to this population.

4 | Discussion

This systematic review can serve as a valuable instrument in elucidating the key elements of service evaluation and implementation, with the aim of ensuring the provision of stable, accessible, safe, and competent housing for homeless LGBTQ+ individuals. This section will address the main results of the literature review in regard to the primary areas for research and practice.

4.1 | Reaching the LGBTQ Homeless Population Through Participatory Research Efforts

Most articles assessing targeted housing services, particularly qualitative research, utilised small urban samples, potentially obscuring the diverse experiences of LGBTQ+ homeless individuals. Notwithstanding the increasing interest in this subject area, researchers face significant challenges in reaching the LGBTQ+ population and homeless individuals in general, who may be reluctant to self-disclose their identity to participate in research due to stigma, language, literacy barriers, and safety concerns (McCarthy and Parr 2022). Therefore, the self-report methodology employed in PiT counts may not accurately reflect the prevalence of LGBTQ+ homelessness (Ecker et al. 2022), also because gender identity is often recorded without explicit inquiry, and the sexual orientation of PEH is not addressed at all. A more robust monitoring system and a deeper understanding of the prevalence of LGBTQ+ homelessness should emerge as explicit questions on sexual orientation and gender identity become more prevalent in PiT counts (Ecker et al. 2022). These limitations, in conjunction with limited resources and ethical considerations, underscore the necessity for developing tailored research methodologies and the establishment of collaborative relationships with local organisations, an approach which is as meaningful as time-consuming. Moreover, many mainstream, low-threshold programmes do not collect data on gender and sexual identity, and a considerable number of LGBTQ+ individuals experiencing homelessness are not accounted for in official statistics, as they do not access shelters or housing programmes (Côté and Blais 2021). Instead, they resort to unstable housing arrangements, such as couch surfing (Curry et al. 2021). Accessing dedicated residential facilities for conducting interviews, focus groups, or questionnaires is also a challenge, and the majority of research that has been conducted in this sense has necessitated an initial period of rapport and trust-building with associations, staff, and participants. As indicated by relevant literature (Tunåker et al. 2025), there is a clear need to conduct academic research with a community-based approach. This is contingent upon the establishment of a synergistic collaborative framework among researchers, services,

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staff, and users involved in the research process—designed to ensure the engagement of all participants in the creative, ideational, monitoring, and design processes. This process requires a considerable investment of time and a transparent positionality that often, even if it is not a requirement, appears to be closely aligned with that of the target population.

In general, regarding the assessment of programmes, the necessity for systematised monitoring systems appears to be of crucial importance. These should become an integral part of the intervention and shared between service providers, organisations, the LGBTQ+ community and international research institutions, so as to enable the accumulation of knowledge on the phenomenon of LGBTQ+ homelessness and the strategies put in place to prevent and combat it.

4.2 | Monitoring LGBTQ+ Homeless Services: Beyond a Risk-Based Assessment

The review placed particular emphasis on the criteria employed in the assessment, with a particular focus on the empowerment, strengths, and capabilities of LGBTQ+ individuals. To date, specific measures, or a gold standard for assessing services targeting this multifaceted population are yet to be developed. In light of the assessment strategies examined in this study, it is recommended that existing measures to assess the health of LGBTQ+ individuals be supplemented with those targeted to homeless services and PEH. In the reviewed literature, evaluations of service effectiveness for LGBTQ+ users often focus on psychological distress measures (e.g., reduction in substance use, anxiety, depression, PTSD, self-harm and suicidality) and attainment of specific service-related goals (Hao et al. 2021; Abramovich and Kimura 2021; Powell et al. 2016). This represents a common gap also in the literature on traditional homelessness services, where aspects such as self-efficacy, autonomy, and choice are underexplored, despite their demonstrated significance in promoting people's well-being (Greenwood et al. 2022, 2023; Padgett 2007; N. Pleace 2013). With regard to services for LGBTQ+ individuals experiencing homelessness, this can result in the under-evaluation and recognition of positive well-being aspects that are crucial for this specific population, such as experiences of affirmation, connection, sense of belonging, growth and self-determination (Shelton 2016; Coolhart and Brown 2017; DeChants et al. 2022; Fraser et al. 2019). In academic literature, LGBTQ+ people experiencing homelessness are frequently identified by their specific needs, deficits, and risk factors. This reflects in the tendency for services to target them as mere vulnerable victims, with a strong focus on eliminating symptoms. The field of positive psychology has developed beyond the vulnerability framework to conceptualise the experiences of LGBTQ+ individuals. This approach suggests that resilience is not merely a matter of survival; rather, it proposes that LGBTQ+ individuals possess adaptive and creative strategies for leading fulfilling lives (Bartoș and Langdridge 2019). This shift can facilitate the emergence of diverse and empowering narratives surrounding LGBTQ+ individuals experiencing homelessness, prioritising accounts of their empowerment, advocacy, and activism for self-determination (Lorusso et al. 2024). A growing body of research focuses on promotive factors for TNB individuals' well-being, including gender affirmation, self-definition, critical consciousness, and self-advocacy (Matsuno et al. 2024). This approach does not negate the necessity for harm-reduction measures related to minority stress, nor the importance of adopting a trauma-informed approach. Rather, consistently with self-determination theory (e.g., Ryan and Ryan 2019), and with research on gender euphoria and minority joy (Wurm et al. 2024) it encourages providers and practitioners to provide a more comprehensive, multifaceted, and positive representation of the lived experiences of LGBTQ+ individuals, largely characterised by joy, connectedness, and pride (Abramovich and Kimura 2021). The potential for engaging in creative, self-determined, and shared activities, which facilitate self-expression, has been identified as a means of promoting participation and social connectedness among residents of LGBTQ+ housing and services (DeChants et al. 2022). This is also consistent with positive psychology literature, which emphasises that fostering meaningful activities in the homeless population not only facilitates the transition out of homelessness but also has the potential to offer long-term positive effects in terms of well-being (Marshall et al. 2019). The provision of secure environments for LGBTQ+ individuals to cultivate positive self-images (Ecker et al. 2022; Shelton 2018) enables the articulation of future aspirations, hope, mastery, and motivation (DeChants et al. 2022); it is thus recommended that these dimensions be considered when evaluating LGBTQ+ housing programs.

Finally, one positive finding emerging from this review is the increasing practice of incorporating the perspectives of LGBTQ+ homeless individuals in the assessment of interventions, soliciting their input on effective service features for promoting their well-being. Qualitative and participatory methods appear to be effective means of capturing the crucial nuances of LGBTQ+ well-being, including aspects such as authenticity, self-affirmation, and engagement with older peers (Abramovich and Kimura 2021; Ecker et al. 2022). The use of participatory analysis approaches can help to enrich and contextualise research findings, providing an opportunity to engage with participants in the co-construction of knowledge, and is recommended by guidelines on ethical research when working with LGBTQ+ people (Lyons et al. 2016).

4.3 | LGBTQ+ Population-Based Services and General Homeless Services

A topic of ongoing debate in the context of service provision for LGBTQ homeless individuals is the question of whether separate services are necessary or whether non-specialist programmes are sufficient in addressing the unique needs of this population, especially for TNB people (Abramovich 2017; England 2022). It is essential to acknowledge that an approach to service delivery that addresses the systemic invisibility of this population should be careful to avoid the opposite outcome, namely hypervisibility (England 2022; Sauvaire and Stella 2024). Hypervisibility occurs when subpopulations accessing mainstream services are perceived by staff and other guests as different and in need of special attention; this vulnerability-based gaze can result in disempowering responses to homelessness needs by the local authorities. Population-based homelessness services (i.e., services specifically developed for LGBTQ+ individuals) may be the optimal solution for enhancing safety and mental health,

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particularly for transgender individuals and LGBTQ+ adults (Abramovich and Kimura 2021; Ecker et al. 2022; Quilty and Norris 2022). These services provide a dedicated space for individuals to receive comprehensive assistance. However, the availability of LGBTQ+ shelters remains limited, and the support and funding received by these institutions vary significantly depending on the region, social context, and political environment. Moreover, it is questionable whether LGBTQ-specific shelters are entirely safe because stigma, particularly transphobia, also exists within the LGBTQ+ community (Deal et al. 2023). For some individuals residing in smaller or more remote communities, access to mainstream services may be the only viable option, also given the limited availability of LGBTQ-specific services, which are largely concentrated in urban areas (Carr et al. 2022). For example, smaller cities may consider the implementation of gender-neutral rooms (Bardwell 2019) or the provision of LGBTQ-competent referral services within mainstream emergency shelters, to be activated when necessary. In light of these considerations, while research efforts should continue to gather evidence with the aim of enhancing awareness, expanding the reach of targeted services, and strengthening their position within the policy landscape, it is important to ensure that also mainstream services are adequately trained in cultural competence, undergo LGBTQ+ training, and collect sexual identity data at the service level (McNair et al. 2022; Prock and Kennedy 2020).

4.4 | Implications for LGBTQ+ Service Design and Implementation

This systematic review provides specific directions and recommendations for service-level policies and practices which can help communities develop efficient housing services for homeless LGBTQ+ individuals.

At the institutional level, it is recommended that universities and organisations collaborate to engage in advocacy efforts, and that landlords and housing agencies receive training on how to prevent and address LGBTQ+ discrimination. Connecting LGBTQ+ organisations with local government agencies (e.g., social workers) can improve referral networks, foster social integration, and enhance institutionalised inclusion efforts for marginalised groups (e.g., anti-discrimination laws, gender affirmation pathways).

At the organisational level, the fostering of self-affirmation, the recruitment of competent staff and the provision of access to transgender-related healthcare and legal support have been demonstrated to lead to overall effectiveness and well-being improvement. It is recommended that shelter staff, social workers, and psychologists, especially those engaged in the provision of specialised, highly targeted LGBTQ+ housing services, receive additional training to enhance their ability to assist sheltered LGBTQ+ individuals and provide culturally competent and affirming services. Some of the studies included in this review have found that LGBTQ+ youth are more likely to underutilise services; given the inherent challenges associated with accessing housing and the lack of trust (that may be caused by previous contact with discriminatory services), it is the responsibility of providers to cultivate a relationship based on mutual respect, affirmation and empowerment, in order to engage young people and bring them closer to the services.

At the interpersonal level, fostering LGBTQ+ community participation and enhancing sense of belonging is a fundamental aspect, which can be promoted through engagement in activism, participation in workshops or meetings within queer local organisations. The identification of social support, for example through making space for the creation of queer chosen families within the housing environment, providing opportunities for shared recreational and artistic activities, and facilitating access to peer support groups (offline or online) was also identified as crucial for the promotion of well-being. Furthermore, given the importance LGBTQ+ individuals place on connections with older peers and queer family bonds, research should focus on training LGBTQ+ young adults with a history of homelessness as peer specialists to utilise their experiences in service delivery and assist healthcare professionals in designing and developing new services.

At the individual level, the promotion of an affirmative, trauma-informed support is recommended, attentive to psychological resources, capabilities, and life skills promotion. The promotion of choice and the provision of safe and creative spaces to develop positive LGBTQ+ self-identity facilitate the articulation of future aspirations, hope, mastery, and motivation. In particular, attention should be paid to the issue of intersectionality. Adopting an intersectional approach in their work can enable homeless services staff to recognise the inseparable relationship between diverse marginalised identities (e.g., class, race and gender) and structural factors and power hierarchies, particularly in contexts of discrimination and chronic marginalisation (Collins 2019). This encompasses acknowledging and tackling the diverse reasons and challenges of unstable living situations and the diversification of efforts to secure employment or education, as well as providing culturally sensitive sexual health services. These efforts may vary depending on the individual's background, life history, identity characteristics, religion, age, the number of years spent homeless, and the quality of past experiences with services, work, family and school contexts.

The guidelines set out and summarised in this review should not be taken as universally applicable to every individual and context. While the provision of tailored services in LGBTQ+ shelters facilitates access to adequate healthcare, results on LGBTQ+ asylum seekers (Gottlieb et al. 2020) indicate that significant barriers persist for this population, with low scores of quality of life, high loneliness scores and high perceived social disadvantage (i.e., participants considering themselves to be 'at the lowest rung of the social ladder'). It is essential to acknowledge that, even when opportunities for social interaction are provided, there may be other intertwining factors (e.g., limited legal support) that impede some minority groups from deriving the same benefits from the programs. Although it is challenging to identify the specific service characteristics associated with effectiveness, and extensive and specialised support structures may not always be enough to restore social justice, this review has underscored that the efficacy is significantly influenced not only by the quantity of available resources, but also by the extent to which the service is capable of integrating the principles of intersectionality (Gottlieb et al. 2020).

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4.5 | Limitations and Future Directions for Research

One of the main limitations of this study was the sole focus on English-language, peer-reviewed articles. Prior to 2019, scholarly publications concerning LGBTQ+ homeless services and programs seem limited to the United States, Canada and Australia. Nevertheless, international scholars have published on this topic in non-English journals (Da Cunha 2022; Pérez 2022). An additional potential explanation for this discrepancy may be found in the fact that some English-speaking countries (such as the United States and Canada) have a longer tradition and more stable funding programmes for scholarships and research addressing LGBTQ+ public health needs. Indeed, the political climate has indeed the potential to influence the efficacy of the third sector and social services in general, particularly those that serve multiple marginalised populations. For many LGBTQ+ individuals, the lack of adequate support for obtaining and maintaining housing intertwines with the presence of hostile politics that further exacerbate the situation. The present moment is characterised by a crisis of safety for LGBTQ+ individuals, exacerbated by the prevailing hostile views in the United States and globally (Formby et al. 2025). In adapting the aforementioned recommendations to their local contexts, activists, practitioners, and policymakers must acknowledge the potential barriers posed by conservative political climates, which can impede the funding and implementation of educational, family prevention, advocacy, and social service programmes. This has, in some cases, precluded scholars engaged in research that is inherently precarious from receiving sufficient funding to investigate this public health need as a matter of vital importance. However, beginning in 2020, the emergence of research from Europe, the Middle East, and the United Kingdom not only reflects the prevalence of the phenomenon on a global and systemic scale but also indicates a growing cross-national interest, both from academic institutions and third-sector organisations advocating for LGBTQ+ rights and homeless reduction, in researching this topic to inform policy and practice. Another limitation of the current work is related to the choice of not including grey literature; however, it would be beneficial to consider non-peer-reviewed materials, particularly research reports from European organisations such as FEANTSA (European Federation of National Organizations Working with the Homeless) and ILGA-EU (European region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association) as they actively monitor related phenomena and publish comparative findings from European homeless service providers and LGBTI-focused organisations about LGBTQ+ homelessness in Europe, with the aim of informing local policymakers (e.g., FEANTSA 2023; Ritosa et al. 2021). A further limitation of this study is that only two existing research studies on homelessness among adult LGBTQ+ individuals could be included in the review (Bardwell 2019; Ecker et al. 2019). This could be due to the fact that longitudinal studies on the long-term outcomes of LGBTQ+ housing rarely receive attention (Abramovich and Kimura 2021; Ecker 2016; Ecker et al. 2019; McCarthy and Parr 2022). The predominant focus of research on the needs and experiences of LGBTQ+ youth and young adults in larger urban areas is likely a consequence of the significant demographic imbalance within this population, which necessitates targeted professional attention and early intervention. Concurrently, it reflects the invisibilities and erasure of the adult LGBTQ+ homeless population from the scope of available services, coupled with the paucity of accessible services in rural regions. The dearth of literature for those who find themselves homeless later in life could reinforce the idea that queer people are homeless only as a result of coming out and family rejection. Further research on adult LGBTQ+ PEH is crucial for two primary reasons. First, it is necessary to assess whether their experiences and challenges are comparable to those of youth. Second, it is essential to overcome the prevailing paradigm that frames individuals as responsible for their homelessness condition (Bardwell 2019), neglecting systemic discrimination and analysis of the broader social and structural factors that affect the risk of marginalisation.

This review has further highlighted how vital empirical research investigating service provision for the LGBTQ+ homeless population is. First, it allows service providers and policy makers to ascertain the specific needs of this population, which in turn informs the services currently available to them and contributes to their effectiveness. This is of particular importance in countries where this community continues to be marginalised and discriminated against, and where there is a lack of academic scholarships available for research in this field. Second, it enables the modification of services to better align with the needs of LGBTQ+ homeless individuals. Going forward, it is essential that further research maintains a dual focus on both qualitative and quantitative assessments of the efficacy of LGBTQ+ shelters, as mixed methods facilitate a more comprehensive perspective during the assessment process.

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Ethics Statement

In accordance with the pertinent guidelines (e.g., Suri 2020), this systematic review utilised publicly accessible documents as evidence, and thus did not necessitate the seeking of institutional Ethics approval.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available in the Supporting Information of this article.

Endnotes

[1] This categorisation is the one most relevant to our work; many articles fall into more than one category and are therefore cited in more than one section of the results.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** casp70173-sup-0001-Supinfo1.docx. **Data S2:** casp70173-sup-0002-Supinfo2.pptx. **Data S3:** casp70173-sup-0003-Supinfo3.pptx.

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