



Department for Levelling Up,
Housing & Communities

Homelessness and Rough Sleeping Systems-wide evaluation

Feasibility Study





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January 2024

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Foreword

The Rough Sleeping Strategy published in 2022 announced two important evaluation initiatives: a £12 million Test & Learn Programme to accelerate the diffusion of both innovation and proven good practice, and a £2.2 million evaluation of the homelessness and rough sleeping system, which will aim to evaluate the homelessness and rough sleeping system in its entirety.

The systems-wide evaluation will seek to improve our understanding of what works, taking into account the multiple interdependent components and interactions that shape the system, and thinking ambitiously about systems-wide change.

A feasibility study, undertaken by Alma Economics, was commissioned to support the design of the systems-wide evaluation.

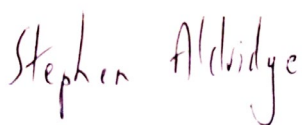
This resulting report marks the culmination of that feasibility phase of the initiative, working with policymakers to ensure the initiative delivers the most value possible.

At Alma Economics, thanks are due to Nick Spyropoulos, Victoria Mousteri, Elisabetta Pasini, Eleni Kotsira and Maria Liapi.

At DLUHC, thanks are due to Kirsty Hendry, Alice Forsyth, Sophie Taylor-Bratt, Jean Davis, Ben Melrose, Stephanie Larnder, Lan-Ho Man, Catherine Barham, Richard Chapman, Penny Hobman and the Homelessness and Rough Sleeping adviser teams and policy colleagues.

I would also like to thank the 26 academic experts from the Academic Advisory Board for their invaluable contribution.

DLUHC is firmly committed to continuing to develop its evidence base on the causes of and solutions to homelessness and rough sleeping.



Stephen Aldridge

Director for Analysis and Data & Chief Economist

Department for Levelling Up, Housing and Communities

Summary

The Homelessness and Rough Sleeping (HRS) system in England is inherently complex. Dynamic relationships between actors operating within the system shape the current HRS landscape. These include DLUHC and other government departments, local authorities, public services, third sector organisations providing commissioned and non-commissioned support, as well as service users and individuals with lived experience. Tackling homelessness and rough sleeping requires a joint effort and the implementation of a wide range of initiatives and programmes across different policy areas such as housing, NHS, social care, and the criminal justice system, among others.

Alma Economics was commissioned by DLUHC to explore the feasibility of carrying out a systems-wide evaluation of the HRS landscape in England. The aim of the evaluation is to explore the relationship between local interventions and the system as a whole and assess different interventions tackling homelessness and rough sleeping.

In order to recommend a framework to understand the complex dynamics and interactions across the HRS system and how these can bring positive change in key areas, the research comprised:

- a desk-based review of evidence on current policies and programmes and relevant data collections,
- engagement with DLUHC policy makers and analysts, representatives from other government departments, and experts in the HRS sector and systems-wide evaluation research,
- interviews with local authorities and third sector organisations, and
- one focus group with service users representing diverse backgrounds and needs.

Suggested HRS systems-wide evaluation framework

Evaluating the HRS system calls for an approach that considers the overlaps and interactions between (i) various policies targeting homelessness and rough sleeping, and (ii) other factors interacting with the system such as macroeconomic, demographic, and social conditions.

Based on research conducted as part of the feasibility study and inputs collected from key stakeholders, we propose creating a consistent framework for evaluating the HRS system across two areas:

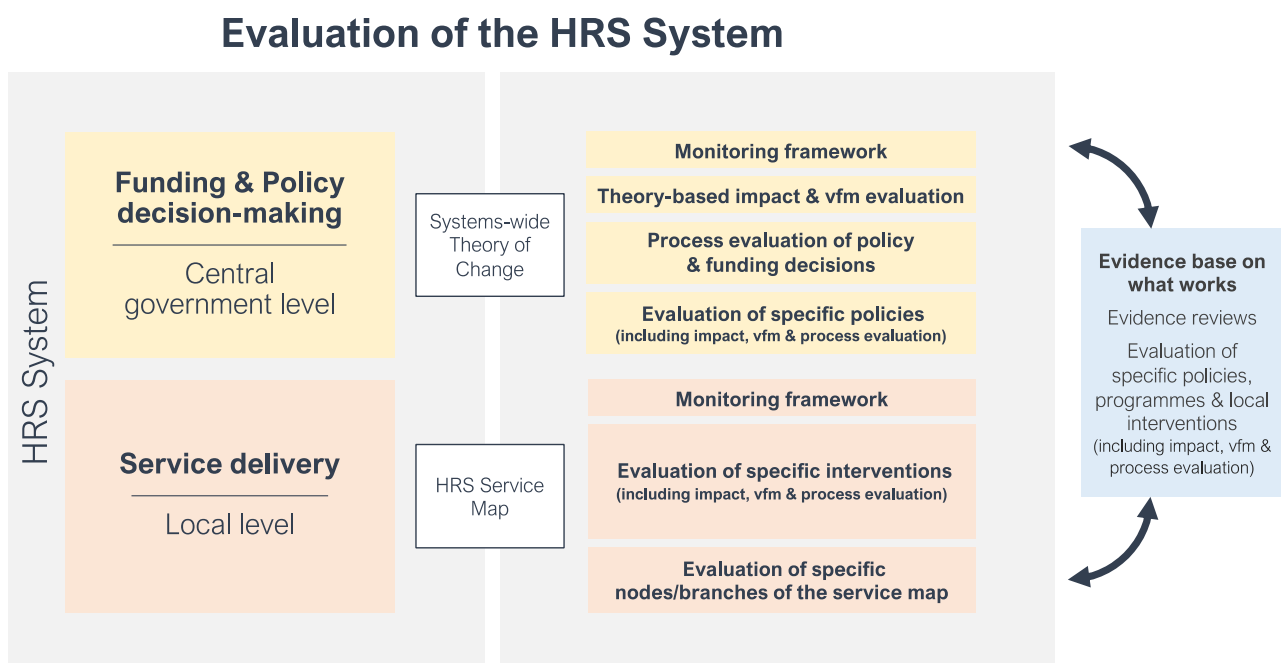
- policy making at the central government level – including decisions about funding, policies and programmes, and collaboration across government departments and
- service delivery at the local level – including local authorities, commissioned and non-commissioned third sector organisations, and services by other public bodies.

As shown in the figure below, our suggested approach to the HRS systems-wide evaluation is underpinned by a theoretical framework comprising two basic components:

- a systems-wide Theory of Change setting out the mechanisms through which HRS policies and programmes generate positive change in key areas, and
- an HRS service map capturing the landscape of HRS service delivery at the local level.

These two outputs were developed as part of the feasibility study of conducting a systems-wide evaluation. Both outputs have been adapted into online applications, enabling users to interact with them as well as further expand them in line with future needs and policy developments.

Figure 1. Framework for evaluation



Based on this theoretical framework, our proposed evaluation approach includes:

- at the central government level – developing a monitoring framework and evaluation methods (including impact, process, and economic evaluation) to understand progress and identify the impact of national policies and programmes interacting within the HRS system as well as the impact of wider strategies and other systems impacting the HRS system indirectly,
- at the local level – developing a monitoring framework to understand HRS provision and interactions as well as evaluation methods (including impact, process, and economic evaluation) to estimate the impact of specific local interventions implemented at the local level, and
- creating an evidence base to help policy makers understand what works in designing and delivering programmes and interventions to tackle homelessness and rough sleeping.

Evaluating HRS system impact and value for money

Designing an approach to measure impact and value for money generated at the systems-level is a core element of our suggested evaluation framework. An impact evaluation at the systems-level is not a typical evaluation as there is no credible counterfactual scenario assuming the absence of national policies and programmes (as is the case for the evaluation of specific programmes). According to Magenta Book guidance, theory-based approaches are suitable for evaluating impact at the systems-level. We explored two key options that can be implemented: (i) a simulation approach and (ii) qualitative approaches.

Simulation approach

This approach provides estimates on the contribution of different elements of the system in tackling homelessness and rough sleeping. The benefit of such an approach is that it allows quantifying the impact of different parts of the system as well as the impact of their interactions. Moreover, the model can be modular allowing for future expansions in line with evolving policy needs, data updates, and new evidence. Building such models relies on the existence of reliable data sources and a robust evidence base and may require advanced technical skills depending on the level of complexity of the model.

A simulation model is the most suitable approach to developing a flexible analytical framework to examine the effects of interactions between different HRS system elements while considering individual characteristics, behaviours, and needs. Differences in individual eligibility, as well as variations in local funding and practices, mean that different user groups across local areas will respond differently to changes in policy. Even in the absence of granular data on programme impacts, there is scope for developing a microsimulation model that considers differences in underlying characteristics of service user groups. The model would draw on a combination of different data sources (e.g., large household surveys, H-CLIC data, etc.) and enable quantification of the impact of (i) policy changes at the system level and (ii) interactions within the system. In addition, the impact estimated can feed into a value for money assessment framework, thus allowing for evidence-based funding decisions that prioritise programmes providing maximum impact given the available resources.

Qualitative approaches

If developing a simulation model is not feasible, qualitative approaches for conducting impact evaluation, as found in the Magenta Book, can be used. It should be noted, however, that qualitative approaches cannot provide quantitative estimates of impact to feed into value for money estimation of the HRS system.

Given the specifics of the HRS system, the scope of its impact evaluation and the associated research questions, the approach deemed most suitable is the Most Significant Change (MSC). MSC is a participatory monitoring and evaluation method, particularly useful for evaluating complex systems and interventions. Its adoption will allow the direct contribution of stakeholders from all components of the HRS system, therefore it will reflect its complexity and the multi-layered interactions found within it.

The key strength of this approach is that stakeholders are actively involved in gathering and analysing the data needed for the evaluation. It works particularly well for complex systems as it features mechanisms for frequent reporting as well as feedback channels across the system and through a bottom-up approach. This approach further allows for a

degree of quantification of the qualitative data gathered (including their cross-reference with data available from the monitoring framework) as well as a secondary analysis of the entire dataset if desirable, leading to lessons learnt that can be of relevance to and applied across the system, and therefore an informed revision of the initial systems-wide Theory of Change as well.

Being based on a systematic selection process, MSC allows for comparing between and extrapolating from data collected from a range of sources. As data are collected, reviewed and shortlisted by stakeholders themselves though, this method requires a high level of buy-in from them that needs to be maintained throughout the research process. This means that, to ensure the timely implementation of the research plan, research participants will have to complete the activities expected of them at each stage within the given timeframe.

Evaluation of core DLUHC programmes

As part of the study, we developed a targeted approach to evaluate core DLUHC programmes, including the Homelessness Prevention Grant (HPG), the Rough Sleeping Initiative (RSI), and the Rough Sleeping Accommodation Programme (RSAP). The suggested approach includes methods for evaluating the impact, value for money, and process of each core programme. The methods proposed to evaluate the impact of core DLUHC programmes build on existing approaches but also include novel methodologies that could be implemented depending on data availability and programme design.

For the economic evaluation we developed a strategy for monetising impact estimated in the context of the impact evaluation and linking it to programme costs using a CBA framework, in line with HM Treasury's guidance on best practice as set out in the Green Book. Finally, different options to conduct process evaluation and key steps are discussed, including selecting key stakeholder groups and appropriate research tools.

Monitoring frameworks

HRS system monitoring framework

To determine what outcomes have been achieved by central government strategies and programmes across the HRS system and to track their progress over time, our HRS systems-wide evaluation framework proposal includes a monitoring framework that draws on existing HRS data collections. This monitoring framework can be consistent with and expand on the data-led framework created as part of the Rough Sleeping Strategy.

HRS service delivery monitoring framework (proof of concept)

To capture how different funding streams are utilised to deliver services and support on the ground, we propose further engagement with local authority data teams in order to establish a bespoke monitoring framework. Engagement with local authorities would be necessary to understand the level of existing data and explore the feasibility of developing consistent indicators to capture services and activities, as well as outputs and outcomes for service users at the local level. While the project timeframe and budget when considering all other components of this evaluation might not allow for the development and rollout of a full framework, this work is expected to result in a proof of concept that could be then used to introduce a new policy tool.

1. Scope and objectives

Introduction

The Department for Levelling Up, Housing and Communities (DLUHC) are committed to ending rough sleeping and tackling homelessness, through developing cross-government strategies and strong partnerships with local authorities and the service delivery sector. In this context, funding is provided to support a wide range of interventions, services and activities aiming to ensure that homelessness and rough sleeping are **prevented** where possible, and where episodes do occur, they are **rare, brief, and non-recurrent**.

The Homelessness and Rough Sleeping (HRS) system incorporates a complex set of funding streams and programmes, as well as interactions across central government and local delivery levels. The system comprises different actors, including central government departments, local authorities, public services (for example, NHS), the voluntary sector providing commissioned and non-commissioned services, and service users from different backgrounds and with diverse needs. Disentangling interactions and links across this interconnected system is central to understanding what works, exploring challenges and areas for improvement, and identifying the mechanisms through which funding schemes and programmes achieve the desired targets.

DLUHC seek to understand how the system operates and evaluate central and local government strategies to prevent and tackle homelessness and rough sleeping. In this context, they plan to carry out two strands of research to evaluate HRS policies, programmes, and interventions:

- A £12 million Test & Learn Programme focusing on evaluating the impact of interventions delivered on the ground.
- A £2.2 million evaluation of the HRS system.

Alma Economics is commissioned to carry out feasibility research to explore suitable options for evaluating homelessness and rough sleeping strategies and policies at the system level. Our overarching objective is to support DLUHC to create a suitable design and plan for evaluating key aspects of the HRS system. Drawing from key findings and recommendations, the HRS systems-wide evaluation will aim to address the following objectives:

- **Objective 1:** provide contextual information to better understand how the system works (or should work) as a whole, as well as delivery at the system and local level,
- **Objective 2:** provide a better understanding of how people enter and move through the HRS system and interact with different services or support, and
- **Objective 3:** measure delivery and interventions using a common set of metrics to understand the effectiveness of the HRS system and service delivery, what delivers the best outcomes and value for money, and how resources should be directed.

Exploring the feasibility of a systems-wide evaluation

Our approach to carrying out the HRS systems-wide evaluation feasibility study draws on an in-depth understanding of key elements of the system, and how these interact, from:

- a desk-based review of existing HRS data from various sources, as well as available documentation on HRS policies, programmes, and interventions,
- engagement with representatives of DLUHC policy and data teams and experts in HRS studies and evaluation research in the UK and overseas, and
- extensive fieldwork including workshops, interviews, and focus groups with local authorities, third sector organisations providing HRS services, representatives from other government departments, and service users. In total, we carried out 20 interviews with local authorities and 17 interviews with third sector organisations. We also conducted 4 workshops where key outputs from our research were discussed with representatives from other government departments, local authorities and third sector organisations. Finally, we carried out one focus group to listen to the stories of past and current HRS service users.¹

Based on key findings from the research outlined in the above steps, we designed a multi-layered theoretical framework to inform future evaluations of the HRS system. Our framework includes a **nested, systems-wide Theory of Change**, that sets out the pathways through which the complex set of funding schemes and programmes aiming to tackle homelessness and rough sleeping in England can generate positive impact on various areas for diverse service user profiles.

In addition, it includes a comprehensive **HRS service map**, that depicts the wide range of services available to users threatened with or currently experiencing homelessness and rough sleeping from local authorities, the voluntary sector, and other public services (such as the NHS). Our service map can help policymakers and key stakeholders grasp the HRS service delivery landscape and explore potential pathways for users with different profiles and need.

Based on this theoretical framework, we developed a clear and targeted design including different approaches that can be brought together to understand and assess diverse processes within the HRS system and evaluate its impact, as well as the value that it can generate for each pound of investment across programmes and funding schemes. Our design incorporates different components and provides a rationale for linking them to arrive at a reliable understanding of the entire system.

The following chapters of this report explain our approach to developing our suggested theoretical framework underpinning an evaluation of the HRS system including a nested Theory of Change and a comprehensive HRS service map. Key findings from our engagement with local authorities, third sector organisations and service users are

¹ More information about our fieldwork strategy, including regional coverage, other related characteristics of research participants and key themes covered in our workshops, interviews and focus group, can be found in Appendix A.

incorporated throughout these chapters to shed further light on how the HRS system works, and how different actors interact with each other, focusing on best practices as well as areas for improvement.

This report also includes a detailed discussion about existing HRS data held by DLUHC, other government departments, and third sector organisations. Finally, it presents our suggested design for evaluating the HRS system in England, and feasible options for carrying out a process, impact, and value for money evaluation of core DLUHC programmes, including the Homelessness Prevention Grant (HPG), the Rough Sleeping Initiative (RSI), and the Rough Sleeping Accommodation Programme (RSAP).

2. Understanding the HRS system

Summary

This chapter focuses on homelessness and rough sleeping services delivered by local authorities and third sector organisations. Twenty local authorities and seventeen third sector organisations were interviewed, and findings are incorporated in the following section.

Allocation of funding to local authorities

- Key sources for local services are RSI, RSAP, HPG and other external or DLUHC grants.
- Local authorities' main challenges include (i) administrative burdens, such as lacking the internal capacity for bid writing, fear of losing funding over insufficient reporting capacity, and problems resulting from the high number of different grants, (ii) short timelines for bids, subsequent waiting periods, and rushed procurement, and (iii) data requirements that are not feasible, either because data is not available, incomplete, or misrepresents local needs.

Delivery of services by local authorities

- A divergence between in-house as opposed to commissioned service delivery exists. Interviews indicate good collaboration with third sector partners and the importance of good communication.
- Challenges in delivering services include (i) issues in collaboration with other statutory services or third sector organisations, (ii) housing shortages, (iii) procuring accommodation for large families, and (iv) insufficient funding. Overall, the focus is felt as being placed too heavily on rough sleeping with insufficient resources allocated to tackling homelessness.

Allocations of funding to third sector organisations

- The organisations interviewed reported receiving statutory funding to varying degrees, including sources such as RSI, RSAP and RSDATG. Nearly all relied on voluntary funding to complement this.
- Challenges in accessing funding faced by third sector organisations include (i) the cost-of-living crisis and funding not matching the cost to deliver services, (ii) short-term statutory contracts, meaning organisations cannot provide certainty with regard to continuing some service or a staff member's employment, and (iii) the process of seeking funding soaking up valuable resources.

Delivery of services by third sector organisations

- Third sector organisations agreed that strong and respectful relationships with stakeholders are key to delivering services effectively. However, they were divided on whether they had experienced such a positive relationship.
- Barriers to fostering positive relationships include a lack of communication as well as a discrepancy in the strategic priorities of each party, while open dialogue and well-defined outcomes are seen as key to overcoming these.

Introduction

The HRS system consists of two levels at which the different actors interact: the central government and local levels. Funding strategies and policies are decided at the central government level, meaning that different government departments collaborate and decide on funding, policies, and programmes. The funding from the central government level flows towards local authorities, which operate at the local level to deliver HRS services alongside commissioned and non-commissioned third sector organisations and other public bodies.

Drawing from key findings from our engagement with local authorities and third sector organisations, this section discusses how the HRS system operates at the local level, shedding light on how the different actors operate and interact within the system.

The role of local authorities

Based on insights from interviews and workshops with local authorities, the section below covers different components of the HRS system, focusing on key barriers and enablers (either local or systemic) that facilitate or threaten the system's effectiveness.

Allocations of funding to local authorities

Central government funding is used by local authorities to either deliver services directly to users or commission voluntary and third sector organisations to support service users. The key sources of funding for the current HRS provision are RSI, RSAP, HPG, other external or DLUHC funding, as well as internal local authority funding.

The most crucial funding source for rough sleeping services across English local authorities is RSI. According to local authority representatives engaged during the current research, additional RSI funding to local authorities has improved service provision and outcomes over recent years. RSI funding is reportedly used for various services and staff covering outreach and in-reach services, temporary accommodation, and health support for rough sleepers.

RSAP is used by local authorities to purchase, lease, or rent properties and employ necessary support staff to provide a wider range of accommodation solutions. RSAP is particularly valued by local authorities with insufficient or no housing stock, as they would otherwise have had to rely heavily on the private rental market to house service users.

HPG can be versatile and adapted to a local authority's needs. HPG is allocated to local authorities rather than being bid for, which creates certainty and more freedom to decide where funds are most needed. Specifically, HPG is often used for homelessness prevention, such as tenancy sustainment measures, covering rent arrears or deposits.

Other key programmes mentioned during our interviews were the previous Next Steps Accommodation Programme (NSAP), as well as the currently operating Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG), and the Accommodation for Ex-Offenders (AfEO) scheme for improving work with released ex-offenders. Local authorities also mentioned that they receive or are in the process of applying for the following types of funding: (i) domestic violence funding, (ii) sanctuary scheme funding, (iii) out-of-hospital

project funding, (iv) Changing Futures funding, (v) prison navigator funding from the Ministry of Justice (MoJ), (vi) the upcoming Single Homelessness Accommodation Programme (SHAP), (vii) winter programmes, (viii) Housing First, (ix) Community Safety Partnership funding, (x) the Supporting People programme, (xi) migration-specific funding, (xii) private rented sector (PRS) support funding, and (xiii) charitable funds.

Local authorities might also rely on internal funding (for example, derived from council tax revenue or from rental incomes from local authority properties). Some services might be funded internally or by local funds if service delivery surpasses the anticipated costs, for instance, through rising inflation between grant application and procurement times.

Challenges in accessing funding

Based on the insights shared by representatives from the 20 local authorities engaged during our research, local authorities encounter several challenges and difficulties when seeking to access funding, including (i) high administrative burdens, (ii) short timelines for funding applications, and (iii) data requirements exceeding information currently held locally, in addition to some funding scheme-specific issues.

High administrative burdens when applying for funding constitute a challenge for local authorities, requiring them to have the internal capacity to complete all necessary documentation. Small local authorities are more likely to experience problems pooling enough resources to write such bids. In contrast, in large local authorities, sometimes cabinet approval for funds might be required leading to further delays in disbursement. Later in the process after funding disbursement, such insufficient capacity provokes fear of losing funding over unsatisfactory reporting. This applies particularly if funding streams are overly segmented into small grants, all of which might have varying requirements. In summary, according to suggestions by local authority representatives, lightening the burdens of reporting and streamlining paperwork could allow higher quality service provision and better value for money.

“The criticisms I would have of that [submitting documentation for each funding stream separately], they’ve given us money and funded different things as I say. But it’s just about the continuity of that funding and historically over the last couple of years, the sort of peppering of different bits which ended up causing so much work, that it was really challenging to do. In addition to running all the services and making sure everything was in place.”

(Local authority representative)

Specifically, interviewees suggested pooling data and administrative returns for all DLUHC grants into one single process, combining funding streams into few yet larger grants with more flexibility to allocate locally as needed, and maintaining reporting requirements unchanged over longer time periods to save time adjusting to changes. Furthermore, a number of local authorities preferred allocated funding (similar to HPG currently) based on their local rough sleeping number or homeless approaches instead of the current bid process which was felt could save resources, time, and money.

“It’s got to be consistent and they [DLUHC] keep changing the goal post.”

(Local authority representative)

With regard to short timelines, interview participants reported that too little time is made available between the announcement of grants or funding rounds and the submission dates for bids. Resources are stretched at the local level, and bids are often co-produced between local authorities and a number of local providers (for example, housing associations) leading to difficulties in finding available staff to support the process.

Once the bid is submitted, there might be long waiting periods until outcomes are awarded, which in turn can result in too little time left to procure providers to implement programmes as promised. Consequently, this might lead to budgets being returned despite an urgent need for them.

“Limping forward from one year to the next also means you can’t follow good procurement. You end up having to use grants which are never satisfactory. Not ever.”

(Local authority representative)

Such short timeframes might also create high insecurity for staff who could only be hired once projects were approved. Accordingly, staff would be hired at short notice, for a short project-specific contract duration, and without the security of possible contract extensions. This was reported to result in low staff motivation and high-stress levels among staff, which frequently result in the inability of local authorities to attract and retain qualified staff. Consequently, a number of local authorities expressed a preference for the bid process and funding disbursement to be aligned better with local funding needs for staffing and service commissioning. In this way, it was emphasised that an alternative approach could be allocations rather than competitive bids to obtain funding and alleviate this concern.

Data requirements could also be challenging since bids and grant reports often require types of evidence which can be difficult to collect, incomplete, or not yet available. This could be a trade-off at times, given complex service users may not be willing to divulge data fully or to individuals from several services, which results in gaps in the evidence available. Nevertheless, local authorities understand the need to continue supporting such – often highly vulnerable – groups.

Other facets of this issue would be difficulties in justifying the local authority’s need for funding, especially if improvements had been achieved and reflected in the data, which would then lead to cuts in future funding as a consequence of past success. This could likely result in relapses back to previous case numbers, and local authorities instead called for local contexts to be considered in more depth.

Local authorities also face difficulties in applying for specific funding. For example, the process of applying for RSI funding is considered to be straightforward yet still time-consuming. Similarly, applying to RSAP was deemed to be a slow, highly bureaucratic, and difficult process that is prone to delays on all sides. In some cases, the capital funding stream might be difficult to access, and delays in the construction industry should be considered when deciding on funding and spending timeframes.

Delivery of services on the ground

Having secured funding, local authorities are responsible for providing HRS services either directly or through collaborating with other public bodies and local third sector organisations. Although services and interventions vary widely across local authorities,

some examples of key service types offered at the local level are: (i) outreach, (ii) food support and day centres, (iii) shelters and hostels, (iv) temporary and supported accommodation, (v) homelessness support and applications for statutory services, and (vi) tenancy sustainment services.

There are wide divergences between levels of in-house delivery and commissioned services among local authorities. Some local authorities deliver all statutory and multiple additional services directly or within newly set-up alliances with core local service providers. According to findings from our interviews, smaller and likely more rural areas tend to adopt this approach and often described the benefits of maintaining effective oversight of all services and clients despite the higher workload. Other local authorities commission third sector organisations for a multitude of components of rough sleeping provision and most components of homelessness provision.

Addressing the reasons why and which services are commissioned out to external providers, local authorities explained that a majority of homelessness services (e.g., processing Part 7 applications) remain internally resourced. On the other hand, rough sleeping services are distributed more widely. Most often, this concerns specialist services such as drug and alcohol services, domestic abuse, mental health, supported housing, ex-offenders support, or data services. Local authority teams frequently do not have the skills and capacity needed to address these client requirements which results in the commissioning of specialists. In other cases of commissioning core services such as outreach or temporary accommodation, this was often explained as a consequence of internal staff shortages and capacity, as well as local authorities not owning the necessary properties to address the need for housing.

In this respect, local authorities acknowledged the importance of physical co-location (in shared or adjacent buildings). Co-location can facilitate communication between different services and ease any trust issues that clients might have when approaching support services. Another contributing factor to local collaboration between HRS services and other statutory services lies in staff secondments or other collaboration tools with staff from different services. Examples include the NHS, substance abuse services, prison navigators, or Citizens Advice offered as part of a wider wrap-around service provision.

Another reported modality of creating a closer collaboration is “alliances”, bundling the local authority and service providers in one unit that can deliver most or all services among them. This was understood to facilitate communication and case management for clients using several services simultaneously, as well as easing data-sharing hurdles.

Challenges in service delivery

Local authority representatives engaged in our research were satisfied with their **collaboration with partners** – most frequently, they emphasised good collaboration with third sector organisations and other statutory services located in different (local) government branches. Nevertheless, certain limitations affect service delivery. For instance, thresholds for social care services are described as too high, leaving clients with complex needs without adequate support. Furthermore, it was mentioned that third sector providers may sometimes act as independent advocates for service users instead of commissioned services, which can result in added negativity and criticism towards the local authority. Some local authorities emphasised that the consistency of caseworkers assigned to clients should be improved to facilitate familiarity with clients’ personal

circumstances, and thus reduce the risk of re-traumatisation. This could be more easily achieved through co-locating or seconding staff from police, DWP, health services, or social care to local homelessness and rough sleeping teams.

Another factor that could negatively affect service delivery on an everyday basis and generate additional complexities is **the two-tier local authority structure** in place across some parts of England. While most services and commissioning powers are located at the district local authority level, partner services such as adult social care may sometimes be located at the county local authority level, making coordination more difficult. The representatives engaged during our research reported that county local authority structures were unresponsive at times, and a lack of responsibility and communication was pointed out. At times, political and socioeconomic differences between multiple district-level authorities as well as of lower- and upper-tier authorities working together were also understood to contribute to challenges in service delivery. Research participants suggested that, instead, an integrated co-commissioning approach shared across local government tiers would allow for greater and more efficient collaboration. This could include joint funding applications and service provision procurement undertaken by county- and district-level authorities together, with the possibility of also including third sector provider organisations in the process.

Local authorities also face **difficulties relating to planning** service delivery in the long term. Most local authorities operate within a wider strategic framework developed internally, usually spanning three to five years. However, these frameworks do not facilitate the precise planning of what services will be delivered locally throughout that long time span. This is due to the funding horizon of most grants being shorter than such internal strategic frameworks.

The **Covid-19 pandemic** posed challenges to the way local authorities work and collaborate with other services. While authorities varied in the precise changes they introduced, a number of them re-located to shared day centres or “day hubs”, which encompassed a range of statutory service offices, facilities for service users, and at times service provider offers. The latter includes examples of combining outreach and in-reach services, food provision, or tenancy support.

Furthermore, the Covid-19 pandemic facilitated case conferences and meetings which were better attended online than previously in-person. Notably, in several local authorities, this shift towards collaborative work, whether online or physical, remained in place after the pandemic and was considered a positive change. Another lesson learnt, according to interviewees, was the high success rate of providing services to rough sleepers that were brought into housing due to the pandemic, rather than previously through street outreach. Accordingly, this provided a unique window of opportunity to address health, substance abuse, or immigration issues, leading to local authority representatives arguing for a reinforced Housing First approach going forward.

“We know we can do it; we know if you give enough accommodation and support, you can make a real difference.”

(Local authority representative)

Housing shortages and high prices in the private rented sector (PRS) constitute a large barrier to providing sufficient accommodation to people in homelessness and rough sleeping (ranging from temporary to Move-On accommodation to longer-term social housing options). This applies particularly to non-stockholding local authorities, which rely heavily on the PRS for housing. This has been exacerbated by current shortages in the private rental market, and the stigma landlords hold against housing people in homelessness or sleeping rough.

Furthermore, the current local housing allowance (LHA) is insufficient to cover the costs of small apartments for service users moving on into self-sustaining accommodation. According to local authority representatives, the LHA should be reflective and constantly adjusted given the PRS prices, to ensure smooth delivery of HRS services and avoid a backlog of cases in temporary accommodation. Interviewees anticipated this problem aggravating in the near future, given the lessening accommodation availability, and beginning concerns over mortgage evictions in addition to evictions of lease holders.

Another large concern shared by a number of local authorities was **accommodation options for large families**, often requiring 4- or 5-bedroom housing. Temporary accommodation in Bed and Breakfasts or hotels would result in high costs, while few or no sufficiently large local authority properties are usually available. Meanwhile, out-of-area placements were described as disruptive to children's schooling, thus leaving local authorities with few options. As a remedy, research participants suggested that social housing stock lost through the right to buy scheme should be rebuilt and used specifically for vulnerable groups and families at risk of or in homelessness.

Local authority representatives furthermore explained **that insufficient funding** prevents their local authorities from providing adequate services to successfully support those in need. This extends to measures further upstream in the process, when homelessness could still be prevented, potentially lightening pressures on HRS services. Such examples include paying off rent arrears for struggling families or individuals, providing tenancy sustainment support, as well as recognising other support needs early on. Financial insecurity, short funding horizons, and the lack of flexibility to use budgets where they are most urgently needed are also barriers to successful service delivery. Recruiting staff is not possible prior to funding disbursement; however, it is often too late to recruit staff and procure services once funding is disbursed. Urban local authorities in particular describe that government funding at times covers less than half their expenses with the remaining costs being covered through local authority rental income and other internal budget resources.

Notably, some local authorities criticised the government's policy focus for being placed too heavily on rough sleeping instead of making sufficient provisions available to tackle homelessness. For rough sleeping, progress indicators reportedly rely on nightly rough sleeper counts ranging between one to thirty individuals per night in the local authorities for which representatives were interviewed for this report. Representatives emphasise a high variation across local authorities and time of year (measured internally as well as through reporting tools such as DELTA). However, the higher number of homelessness applications, frequently including families, constitutes a greater worry for local authorities. Numbers of homelessness applications were frequently cited as ranging around several thousand per month in larger, urban local authorities. In summary, a majority of local authorities felt that the financial resources they have available to tackle homelessness are insufficient, in contrast to comparatively better funding for rough sleeping.

“It’s about the whole system, isn’t it? Sometimes you alleviate one problem somewhere, it causes another problem somewhere else. So, we need to make sure that we’re able to deal with it in a systematic way, the best we can, given the fact that it’s a very limited pot of money.”

(Local authority representative)

What success looks like to local authorities

Local authority staff were requested to define “success” regarding service provision for all individuals in need in their area. They defined several key considerations, including (i) few or no people living in the streets, (ii) ensuring episodes of street homelessness are brief (under 24 hours) and non-recurrent through effective provision, and (iii) short lengths of stay in temporary accommodation and direct offers of longer-term solutions.

A key to achieving success was thought to be a more integrated approach, avoiding silo working, and reducing overall segmentation in the system. Local authorities stressed that prevention should take centre-stage in the government’s approach to ensure lasting impact of funding for the HRS system. While precise financial estimates differed, interviewees pointed out the savings potential per client if their risk of homelessness and rough sleeping could be caught early on and fewer support services were required downstream. This is understood to bear savings potential for HRS teams, health and care services, the police, and prisons, alongside protecting clients’ wellbeing.

“[Success means] we have a Housing First model where nobody is in the street/rough sleeping beyond the 24-hour period. And we have a self-sustaining funding model that delivers that service, that would be success.”

(Local authority representative)

Responses assessing whether or not their local authority succeeded in providing an impact through local HRS services were divided into two key groups. One group described a positive assessment and detailed that their local authority made a successful, positive impact (despite recognising some caveats and possible improvements). In particular, local authorities often referred to fulfilling all statutory duties. Notably, despite identifying successes in fulfilling their statutory duties, some respondents cautioned that this was insufficient to meet every client’s needs.

“It’s inbred in local authorities. [...] it’s about the statutory requirement. Have we fulfilled it? Can we tick the boxes? [...] Rather than actually think outside the box, do something different, take risks and support people, and I think that gives you a lot of constraints.”

(Local authority representative)

This first group stands in contrast with the second group concluding that, given the current funding and system structure, success had not been achieved yet. Respondents frequently elaborated that lacking specialisations and staff skills to address highly complex cases constituted a problem. Instead, this group would necessitate diverse supported accommodation to meet complex needs and address the root causes of homelessness and rough sleeping. In this context, RSI and RSAP programmes were felt to be “too niche”, and some research participants thus cautioned that more flexible funding would be necessary to address key concerns successfully.

Respondents also explained that, at times, the demand for services was out of their hands, with clients moving between areas to access support.

“[Our success is] subject to how good homelessness prevention is elsewhere in the country, rather than how good our prevention service is and it’s often difficult to separate out the impact that our homelessness prevention work has from the homelessness prevention work by other authorities across the country.”

(Local authority representative)

Nevertheless, the large majority of local authorities emphasised improvements throughout recent years, often evidenced by lower counts of rough sleeping populations and improved accommodation provision, as well as increased awareness for a person-centred, trauma-informed approach to their work. Furthermore, they described savings for the NHS, prisons, and other emergency services as a direct consequence of their local work.

The role of third sector organisations

This section discusses key topics around HRS service delivery among third sector organisations that provide HRS services. Based on interviews with a sample of organisations operating in England, the section below outlines the types of services delivered, the types of funding they receive, as well as the challenges in accessing these, relationships with other actors within the HRS system, and the impact of the Covid-19 pandemic.

Types of services delivered

The organisations that participated in our research provide a wide range of services within the HRS system. Some were larger charities that provide support nationally, while others were smaller organisations that operate in one or a few areas. Similarly, some organisations provide several different types of services, while others have a specific focus on a certain user type. While there are many different service user groups able to access the services offered by the organisations included in our sample, single adults (aged 18+) were most frequently mentioned as their target group. Across those interviewed, the following are some of the services provided:

- **Housing-related services** that provide service users with accommodation for varying lengths of time. This includes hostels, semi-independent, Move-On, supported, temporary, and long-term accommodation.
- **Outreach services** identifying and supporting individuals sleeping rough.
- **Food assistance services**, such as foodbanks and food voucher schemes.
- **Skills and training services** that focus on teaching essential skills, such as employment and work-readiness, digital skills, and life skills.
- **Advice services** that signpost individuals to support suited to their needs and inform them about their rights (e.g., immigration advice).
- **Health services** that provide individuals with health-related support, including mental health services and drug and alcohol support.

Allocations of funding to third sector organisations

Most interviewed third sector organisations providing HRS services receive statutory funding to varying degrees. The few providers that do not rely on this income at all, or to a lesser extent, mainly reported that they undertake campaigning and influencing work, for which such funding cannot be used.

The specific funding streams mentioned by organisations include RSI, RSAP, RSDATG, and the Voluntary and Community Frontline Sector (VCFS) Support Grant. However, many interviewees did not mention specific funding streams and instead referred to their organisations receiving funding through the local authority, DLUHC, or the government. For many providers interviewed, understanding specific funding streams (as well as what streams support which services) was outside of the scope of their role.

Nearly all organisations described that they rely on voluntary funding as well. This includes donations from trusts and foundations, individual or organisational donations, fundraising, and social enterprise funding. It was frequently mentioned that a diversified income stream is necessary, as relying too heavily on one income stream would leave them vulnerable. Several organisations stated that their organisations are moving towards this by focusing on new income streams.

Challenges in accessing funding

When asked whether they had experienced any challenges in accessing funding, several organisations stated that funding always poses a challenge for this type of organisation. One of the most frequently mentioned hurdles is the cost-of-living crisis. While expenses surge due to increased overhead costs, higher demand for services, inflation, and the need to increase staff salaries, in the meantime funding streams have either stagnated or decreased. Some organisations expressed frustration with grants and contracts not accounting for this discrepancy, meaning that to deliver the services as agreed at the application stage, they are forced to run them at a deficit.

Another common frustration was that statutory funding is usually procured through short-term contracts. Many organisations agreed that this has improved in the last few years with more 3- and 5-year contracts being awarded, but that nonetheless it remains an issue. Short-term funding means that an organisation must bid for funding frequently, with this process causing uncertainty as to whether they will be able to continue providing a service or employing staff. This has contributed to the current recruitment and retention problem in the sector as many employees want and need job security, particularly during the cost-of-living crisis. Furthermore, it can be costly and resource-intensive for some organisations, particularly smaller ones, to continuously bid for funding.

Several organisations also discussed similar challenges relating to statutory funding. A few stated that there is an insufficient amount of this type of funding and that continuously competing with other organisations soaks up resources and time. Furthermore, there has been a move towards needing to make a “business case” to receive support, which requires further resources, and not all types of services are funded equally well. Mental health services and support for non-UK nationals were provided as examples of services that are difficult to find statutory funding for. It was also mentioned that the lack of statutory funding has pushed some organisations to provide non-commissioned supported housing, which is funded through different means. A subsector of such housing is increasingly being

met with criticism for not providing adequate services and taking advantage of vulnerable HRS users.²

Further challenges with statutory funding mentioned in our discussions include:

- Difficulties in managing different types of funding, as well as funding provided for specific services rather than taking a holistic view to address multiple needs.
- Funding in London is borough-connected, meaning that services cannot support service users that move locations.
- Some statutory funders not understanding the strategic need for certain services and being unwilling to communicate with providers about this.
- Funding decisions are being communicated at short notice.
- Not being able to spread out funding as organisations see fit during the funding term, but instead being restricted by a specific amount given for each year of the contract (and often being given less in the final year).

Delivery of services on the ground

There was consensus among the organisations interviewed that strong and respectful partnerships and relationships are key to effective service delivery. However, they were divided in reporting that their experiences in creating and sustaining relationships with local authorities and other organisations have been positive, compared to negative. Of the organisations that mentioned having positive experiences with local authorities, some described that the local authorities were heavily involved and communicated well with them regarding service delivery. Furthermore, some mentioned that RSI funding facilitates communication with local authorities and that RSI partnerships in general work well.

Contrastingly, negative experiences shared by organisations encompassed local authorities not being adequately involved in service delivery, not facilitating relationships between organisations, and having a poor working culture more generally.

In terms of relationships with other third sector organisations, those with a positive experience mentioned that they worked hard to develop respectful relationships, and that the Covid-19 pandemic highlighted the need for services and providers to work together. It was described that such relationships are key to ensuring that services are not duplicated, and several organisations mentioned that they had come together to form strategic partnerships. These partnerships are in some cases aimed at working together to understand and develop strategic priorities, and in others are developed to co-deliver frontline services. However, those with poor experiences mentioned that relationships are often strained due to the nature of the general procurement process, and need to compete against each other for funding, as well as a lack of involvement from local authorities in facilitating these relationships.

² It should be noted that current guidance (for example, the Homelessness Reduction Act and the Homelessness Code of Guidance) does not cover provision of HRS services and accommodation from third sector organisations.

Participants also described some general challenges regarding relationships within the HRS system. A lack of communication between parties means that it is not only difficult to avoid duplicating services but this can also create barriers for users to access support. For example, not sharing necessary information can slow down the process of someone getting the support that they need and forces them to repeat their stories.

Another challenge mentioned is that the parties involved often have different strategic objectives and desired outcomes that may compete with one another. For instance, a third sector organisation and a local authority may have different criteria for when someone is entitled to support. This can then create tension and pose a barrier to developing fruitful relationships.

It was suggested that open dialogue, regular meetings, and well-defined outcomes are key to ensuring positive relationships and confidence from all collaborating parties in their role within the HRS system.

What success looks like to third sector organisations

Third sector organisations were asked about the local impact that the services they deliver have and what success means to them in this context. Success was often described in terms of specific outcomes for the service users they work with, and these depend on the types of services delivered. For many interviewees, being successful means ensuring that each service user is no longer homeless or sleeping rough. This can involve many different aspects such as: (i) preventing someone from becoming homeless, (ii) finding suitable accommodation, (iii) supporting those already in accommodation, (iv) helping service users to become financially stable, (v) helping them become self-sufficient, and where applicable (vi) resolving someone's immigration status.

Most organisations participating in this research felt that their organisation is successful in delivering HRS services. It was described by many that their services have a positive impact, they can support the people that use their services well, and their staff work hard to make this happen. A representative of one organisation in particular mentioned that the impact that they have can be seen in a reduction of people rough sleeping in their area. However, organisations expressed that they are limited in the number of people that they can support as well as the types of services that they can deliver. Many wished they could provide more help than they currently do.

There were several **barriers** mentioned that stand in the way of third sector HRS service providers being successful or being able to support more people. These include a lack of funding for specialised services like mental health, drug and alcohol abuse, and immigration support services.

Another significant barrier mentioned relates to housing. It was described that there is a lack of housing stock, which prevents service users from receiving suitable accommodation. Furthermore, certain housing markets, for example in London, can continuously push people into homelessness and rough sleeping due to high living costs. Lastly, a freeze on housing benefits has meant that these benefits have not risen in line with rental market inflation.

The impact of the Covid-19 pandemic

Positive outcomes

Many organisations described the “Everyone In” approach followed during the Covid-19 pandemic as positive, which meant that all users were offered accommodation and the regular barriers to this were removed. For instance, individuals were housed before they had to prove their immigration status, with organisations being able to work and provide support much quicker than usual.

Furthermore, knowing where their clients were located, it was easier for the organisations to provide support and arrange appointments. Some organisations suggested that the pandemic contributed to a change in the sector, by proving that the “Housing First” model works, speeding up a focus on prevention, as well as demonstrating a lack of investment in housing.

“People aren’t homeless because they don’t have any place to live, people are homeless because of a whole load of other issues, and unless you deal with the actual issues, you know, homelessness is just a symptom of all of this. And I think Covid made that really clear.”

(Third sector organisation representative)

When asked whether they had been in receipt of additional or emergency funding during that period, most third sector organisations disclosed that they had not received such funding through statutory means. Alternatively, they mentioned that they had received personal protective equipment and easier access to mobile phones, TVs, and food parcels for their clients.

Of the organisations that had received statutory support, funding was provided mainly to deliver accommodation services. Several organisations had also received generous support from charitable donations and grants, which aided them through that period. However, a few interviewees mentioned that due to the ongoing cost-of-living crisis, their organisations are currently seeing a reduction in voluntary funding with a simultaneous increase in the number of people that need their services.

Challenges posed by the Covid-19 pandemic and the ongoing cost-of-living crisis

The primary challenge that was described is organisational. Interviewees mentioned that it was not only difficult to cover for staff who were ill or working from home day-to-day, but it was also difficult to retain and recruit staff. Some described that the pandemic exposed mental health issues, burnout, and compassion fatigue among staff, which in combination with not being compensated well enough for their hard work, meant that it was difficult to keep them motivated and many have left the sector. Furthermore, a few described that the pandemic has led to a more general cultural shift in working arrangements, with more people wishing to work from home and seeking jobs that allow for more work-life balance. As such, the challenge of recruiting and retaining staff has continued since the pandemic, which is costly for organisations and means that some services are significantly under-resourced.

A related challenge mentioned, when asked about the impact of the Covid-19 pandemic, is the cost-of-living crisis. Several organisations stated that the cost-of-living crisis is currently more challenging than the pandemic was. This was thought to be due to costs

being higher, in combination with an increase in demand for their services, which is not reflected in the funding they receive. As contracts are not being adjusted for inflation, organisations must either reduce their service provision or run them at a loss. Several organisations also reported that they have seen a reduction in charitable donations. Furthermore, without additional funding, it is difficult to increase staff pay in line with living costs, which is further contributing to the recruitment and retention challenges outlined in the previous paragraph.

3. Understanding how the HRS system brings change

Summary

This chapter presents a systems-wide Theory of Change (ToC) framework developed as part of this project, which demonstrates the pathways through which HRS policies and programmes bring change.

- Conducting an HRS systems-wide evaluation requires a general framework that offers an overview of the pathways from funding to outcomes and long-term impact at the system level.
- We developed an interactive Theory of Change, bringing together pathways through which national HRS policies, programmes, and funding streams generate impact within the HRS system.
- The Theory of Change identifies (i) how funding is directed and what needs are addressed, (ii) changes brought by different programmes and policies implemented by different departments, and (iii) gaps in the system and areas where additional support may be needed.
- Feedback from stakeholders suggests that our systems-wide ToC is a useful tool for mapping the complex landscape of funding programmes and visualising how homelessness and rough sleeping programmes and funding schemes work together within the broader HRS system.

Introduction

To understand the pathways through which national HRS policies, programmes, and funding streams generate impact within the HRS system, we developed a systems-wide Theory of Change (ToC) framework. The purpose of our HRS systems-wide ToC is to provide a framework for visualising the system in its entirety and demonstrate the pathways through which policies and programmes from DLUHC and other departments and public bodies lead to impact. It aims to disentangle how major funding mechanisms translate into various types of services, and how these services result in positive impacts relating to homelessness and rough sleeping.

ToCs are typically two-dimensional, depicting inputs and the pathways through which these are connected to outputs, outcomes, and impacts on a single diagram. For a systems-wide ToC that presents a complex network of funding streams, this is impractical and hard to follow. To ensure this framework is easy to understand and provides value for evaluators and stakeholders within the HRS system, we developed a nested ToC. This is an **online interactive tool** which allows users (e.g. policymakers across government departments, programmes' evaluators, local authorities, people involved in the design and

delivery of homelessness and rough sleeping interventions, etc.) to observe pathways of change across different pillars, user groups, funding sources, and service types.³

To develop the systems-wide ToC, we first conducted a desk-based review of evidence on programmes embedded within the initial DLUHC ToC framework (presented in Appendix B), policy documents related to key funding streams of interest including RSI, HPG, and RSAP, and an in-depth review of all programmes and initiatives mentioned in the 2022 Rough Sleeping Strategy.

Complementary to this review, we held three group discussions with staff members from DLUHC. This included two discussions with policy teams and one discussion with data team members from core programmes and funding schemes. These discussions provided valuable insights to understand the central government's perspective on (i) definitions and systems-wide strategies to tackle homelessness and rough sleeping, (ii) funding scheme allocations across local authorities (including formulas and criteria), and (iii) relationships between government departments, service providers, charities, and local authorities.

In addition, key insights and feedback from discussions with local authorities, other government departments, and third sector organisations, carried out as part of our workshops, were incorporated into our ToC framework.

A systems-wide Theory of Change

Our ToC provides an overview of funding schemes and policies across government departments and reflects the complex nature of the HRS system. The funding schemes identified in the ToC are categorised into four pillars in line with DLUHC's strategy for ending rough sleeping.⁴

These pillars are **prevention, intervention, recovery, transparent and joined-up system** and are defined as follows:

- **Prevention:** includes funding schemes aiming to prevent homelessness and rough sleeping from ever occurring and ensuring experiences are rare.
- **Intervention:** includes funding schemes that have an appropriate and timely offer of support to ensure that the HRS experience is brief, and people are quickly moved into "off the street" accommodation.
- **Recovery:** includes funding schemes that tackle long-term rough sleeping and homelessness and ensure homelessness and rough sleeping is non-recurring.
- **Transparent and joined-up system:** refers to resources allocated to improving partnership and collaboration across departments and third sector organisations, central government accountability structures, and evidence-building strategies. This includes improved data collection practices and infrastructure which is streamlined across the broader HRS system.

³ The link to the interactive ToC will be published alongside this report.

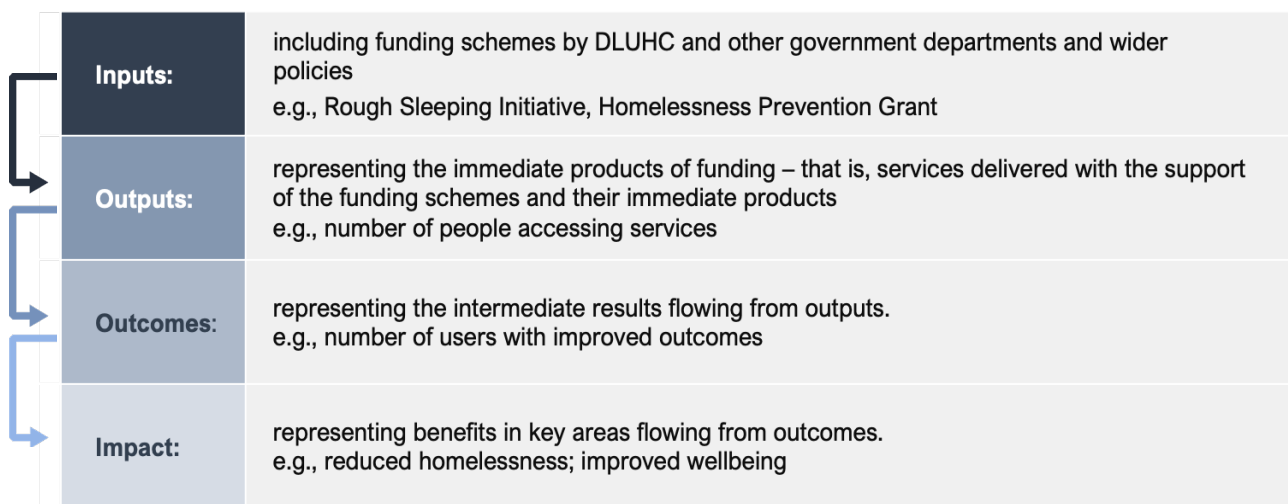
⁴ DLUHC's strategy can be found [here](#).

Within DLUHC’s strategy and the CHI framework, **rare** is its own pillar including dedicated indicators to measure progress. Our analysis suggests that services for the prevention of homelessness and rough sleeping are closely related to those ensuring that experiences are rare, as both service types refer to *proactive* approaches to protecting people from homelessness and rough sleeping.

For example, tenancy sustainment refers to *preventing* individuals from ever experiencing homelessness by providing support to remain in their homes. Similarly, support to survivors of domestic abuse (in the form of advice, mental health support, or temporary accommodation) aims to protect them from experiencing homelessness and rough sleeping. In this context, our ToC groups these two categories together under the ‘prevention’ pillar.

The systems-wide ToC framework links funding schemes and programmes (that is, inputs) to outputs, outcomes, and impact following the approach below:

Figure 2. The structure of our systems-wide Theory of Change



Inputs refer to funding schemes from DLUHC in addition to other government departments such as the MoJ, DWP, and Department of Education (DfE), among others. Funding sources may also come from grants and the voluntary and community sector, for example the London Community Foundation. Inputs also include wider policies such as housing benefits and social housing, as well as collaborative strategies between government departments.

Outputs represent the immediate products of inputs, in this case funding schemes. For example, an immediate output of a housing legal advice service funded by HPG is the number of people accessing housing advice services. In other words, outputs are the direct results of services delivered using funding from programmes and schemes across the HRS system.

Outcomes are changes in key areas of interest resulting from outputs. For example, an increase in the number of people accessing housing advice services (an output of HPG) is expected to result in improved housing outcomes for these people, including reduced evictions and sustained tenancies.

Impact refers to wider social benefits for people threatened with or experiencing homelessness and rough sleeping that result from programme outcomes. For example, improved housing outcomes for people getting access to housing advice can result in the following areas of impact: (i) preventing people from being homeless or sleeping rough and ensuring any HRS experiences are rare, (ii) improving housing stability, and (iii) improving overall well-being, self-sufficiency, and quality of life.

Measuring long-term wider impact and directly attributing this to a single service or funding scheme can be challenging, given the number of external factors that can relate to a single area of impact and the lack of data on long-term outcomes of HRS service users. However, it is still important to capture such benefits within the ToC, as they play an important role when evaluating programmes.

Opportunities and recommendations

To conduct an HRS systems-wide evaluation, it is important that DLUHC uses a general framework that offers an overview of the pathways from funding to outcomes and long-term impact at the system level. Our systems-wide ToC can address this need and serve as the main tool for understanding how funding policies and strategies across the HRS system can bring change. A single framework is recommended as the main point of reference for future evaluators and policymakers seeking to understand the HRS system and take evidence-based decisions for tackling homelessness and rough sleeping.

In line with this recommendation, feedback from local authorities, third sector organisations providing HRS services, and policymakers from other government departments suggests that our systems-wide ToC is a useful tool for mapping the complex landscape of funding programmes and policies, as well as the services that they fund, across the HRS system. They also mentioned that our framework helps them visualise how homelessness and rough sleeping programmes and funding schemes work together within the broader HRS system. Additionally, stakeholders thought that our ToC sheds light on parts of the system aiming to support types of homelessness which are less obvious than statutory homelessness and rough sleeping (for example, sofa surfing or staying in a shelter for a long time).

Our ToC is a framework that can be used by both central government and local stakeholders to identify how funding is directed and what needs are addressed within the existing system. The ToC can also allow for identifying gaps in the system and areas where additional support may be needed (e.g., a specific group of users).

It could be expanded in the future to cover wider policies that might have a substantial influence on homelessness and rough sleeping outcomes. These could include, for example, policies affecting evictions and the supply of affordable housing, as well as policies for combating poverty. It could also be expanded to cover non-commissioned HRS provision – a sector which plays a key role in supporting people to prevent or exit homelessness and rough sleeping according to stakeholders. Further research is needed to identify areas of interest for policymakers and other stakeholders at the central government and local delivery levels and expand on our framework. Finally, the ToC could be expanded to include an agreed set of outputs and outcomes flowing from different service types across local authorities in England.

4. Exploring HRS services and user journeys

Summary

This chapter presents the HRS Service Map developed as part of this project, which demonstrates the HRS service provision available to people at risk of homelessness, in homelessness or rough sleeping.

The chapter also summarises our stakeholder engagement findings, focusing on enablers and challenges in service delivery.

The HRS Service Map

- Based on a thorough desk-based evidence review and stakeholder engagement, our team developed an HRS Service Map, which depicts different pathways of HRS service provision that can be accessed by individuals at risk of homelessness, in homelessness or rough sleeping.
- The HRS service map depicts support provided by local authorities, government departments, public bodies and third sector organisations to HRS service users.
- Although the map has some limitations, as it is a static and linear representation of HRS service pathways that are by nature complex and non-linear, it can provide the baseline to inform future research and decision-making.

Key stakeholders' insights on user trajectories and challenges in service delivery

Local authorities

- Local authorities highlight that user journeys are often non-linear or cyclical throughout the HRS system, especially for vulnerable groups or clients with multiple complex needs.
- Challenges in service delivery faced by local authorities include insufficient capacity within local services, clients falling in-between varying public agencies, and supporting those with restricted eligibility due to their immigration status after the Covid-19 pandemic.

Third sector organisations

- A service user's experience may diverge from the expected service offer due to a lack of affordable and suitable accommodation, receiving support without referral to the local housing authority and the possibility of looping back through the system at any stage of the journey.
- Third sector providers emphasised that the HRS system functions better for individuals with low-level support needs, while it is difficult to effectively help those that have multiple and complex needs. Furthermore, limited resources and offers that are not suitable (e.g., due to location) to the user limit the system's efficacy.

People with lived experience

- Journeys through the HRS system varied considerably among service users. For example, there was a mixture of accessing the system through a local authority, third sector organisations, or not at all. Additionally, the accommodation offers varied from suitable and long-term to unsuitable and temporary.
- When asked how they would improve the HRS system, service users called for an overall more personalised approach. Other recommendations for improving HRS service delivery included safe accommodation for women and free public transport.

Introduction

Based on a thorough desk-based evidence review and stakeholder engagement, we developed an HRS service map, which depicts the HRS service provision at the local level, as well as the potential paths through which an individual at risk of homelessness and rough sleeping can access support services and suitable longer-term accommodation. By providing a picture of the potential ways in which users with diverse backgrounds and needs interact with different services and actors within the HRS system, our map aims to help policy makers, key stakeholders, and researchers grasp the complexity of the current HRS service delivery landscape. It also provides the theoretical framework that can underpin future evaluations of local service delivery, allowing for measuring progress against targets, exploring best practices, and identifying areas for improvement.⁵ However, it is important to highlight that the HRS Service Map may not include every possible scenario of service provision; therefore, the map should be used by decision-makers considering these potential limitations. Furthermore, the HRS Service Map does not reflect the journeys of the HRS system users, which means that the map should not be used to assess individual trajectories.

Our map synthesises findings from a desk-based review of guidance and legislation to understand the legal duties of local authorities, as well as the services that can be provided to individuals at risk of homelessness and in homelessness or rough sleeping from other providers (including other public services and third sector organisations). It also incorporates additional evidence on the support available to users with complex needs or others who are now owed a legal duty based on recent policy changes. Evidence from the following sources was reviewed: (i) Homelessness Reduction Act 2017,⁶ (ii) the Homelessness Code of Guidance for local authorities,⁷ (iii) a House of Common's briefing on rough sleeping,⁸ (iv) Homeless Link evidence,⁹ as well as (v) online information by St Mungo's, Shelter, Crisis, and Citizens Advice. During the four workshops carried out as part of this research, we received insights and feedback on our HRS service map, which

⁵ A detailed discussion about how the HRS service map fits into the wider HRS systems-wide evaluation is included in the chapter focusing on the systems-wide evaluation feasibility.

⁶ The Homelessness Reduction Act 2017 is available [here](#).

⁷ The 'Homelessness code of guidance for local authorities' can be found [here](#).

⁸ The House of Common's report on rough sleeping available [here](#).

⁹ The 2022 Homeless Link report can be found [here](#). The 2021 Homeless Link report is available [here](#).

helped us ensure that the map reflects a comprehensive list of service types available to diverse groups of service users.

In addition, key findings from engaging with local authorities, third sector organisations, and users with lived experience helped us further understand how HRS services and support are delivered in practice, as well as explore potential trajectories for different user profiles. These discussions helped us identify limitations and gaps in the current provision, as well as barriers and pressures causing people to drop off the HRS system. Key points related to the functionality of the system are depicted in the map, while the nuances of lived experience and interaction with the services are reflected at the end of this chapter.

Our team used an online design tool (Figma) to develop an online service map depicting different stages and activities in a variety of shapes and colours. Figure 2 presents an overview of the map covering the landscape of HRS support. The map can be accessed online [here](#).

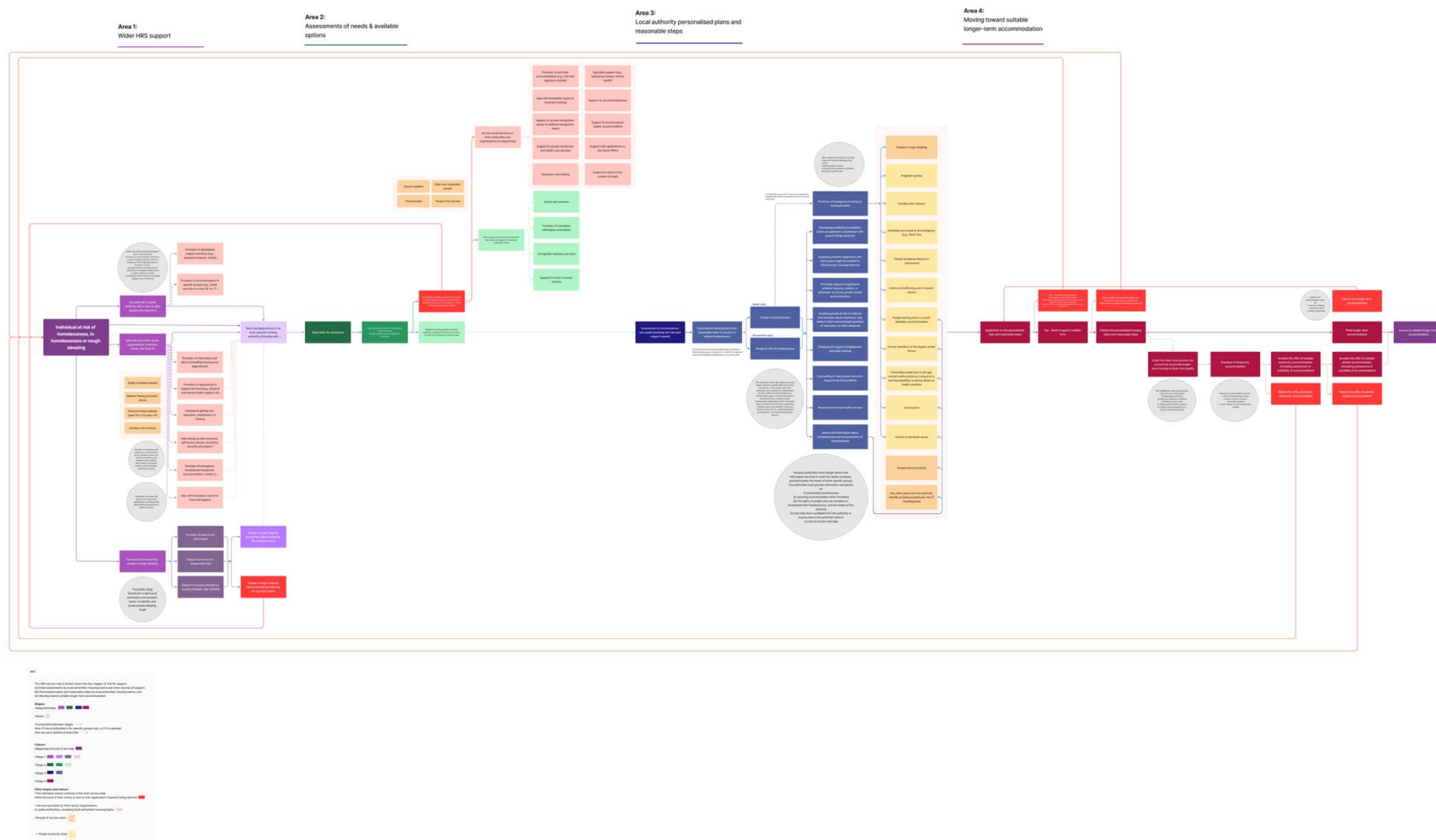
HRS service map

The HRS service map includes types of support provided by local authorities, as well as services from other government departments, public bodies, and third sector organisations (both commissioned and non-commissioned) at different points of user interactions with the system. The map starts with an individual at risk of homelessness or in homelessness or rough sleeping seeking or being offered support, assuming that this point is an individual's initial contact with the HRS system. While the HRS service map ends with that individual having accessed suitable longer-term accommodation, which is assumed to be the endpoint of the HRS system, a typical user journey map might not end at the same point.

The map is broken into four areas. The first area, 'Wider HRS support', depicts options for users interacting with third sector organisations and wider public services. The following area, 'Assessments of needs & available options', outlines need assessments carried out by the local authorities and options for not eligible applicants. The next two areas focus on the support provided to eligible applicants by local authorities. The third area, 'Local authority personalised plans and reasonable steps', captures local authority plans developed to meet individual housing and support needs. The fourth and final area, 'Moving toward suitable longer-term accommodation', depicts support provided by local authorities to secure longer-term housing.

As a static and linear representation of a complex system, the HRS service map comes with limitations. First, it presents different steps in chronological order; however, some actions might happen simultaneously or at different points in time for service users. Additionally, as experienced by service users, individual pathways are more complex and non-linear. It should be noted that the purpose of this map is to capture the identified potential services that a person can access when interacting with the HRS system. In reality, individual journeys and interactions with different elements of the HRS system are much more complicated and differ on a case-by-case basis. Figure 3 below shows an overview of the HRS service map.

Figure 3. An overview of the HRS Service Map



Wider HRS support

People threatened with or facing homelessness and rough sleeping can receive support from public services in other areas of provision, while third sector organisations can also provide comprehensive support. Individuals can receive different types of support based on their needs, ranging from receiving advice and information to accessing accommodation. In particular, support can be provided by:

- public authorities that have a statutory duty to refer people who are in or at risk of homelessness and rough sleeping to their local authority,
- third sector organisations, and
- outreach teams engaging with people sleeping rough.

Support by public authorities

Individuals involved with a public authority can be provided with navigation and in-reach services, such as information and guidance by prison navigators or social workers, to help prevent or relieve homelessness and rough sleeping. Additionally, public authorities can provide specialised support services to vulnerable individuals, such as substance misuse and mental health support. Some public authorities are legally required to provide accommodation to certain individuals (e.g., social services have to provide housing to a lone 16- or 17-year-old).

According to the homelessness code of guidance for local authorities, some public authorities have a duty to refer individuals who are at risk of homelessness, in homelessness or rough sleeping to local authorities. Some examples of public authorities with a duty to refer are prisons, hospitals, Jobcentre Plus, regular forces, and social services. The authorities either directly refer the individual to a local authority or support them to self-refer to local authorities. To make a referral, the public authority must have the individual's consent to reach out to the local authority and share the individual's contact details.

Single homeless people and the role of third sector organisations

Individuals at risk of homelessness, in homelessness or rough sleeping can request or be offered full support by third sector organisations (including needs assessments as well as provision of support). Examples of services provided by voluntary organisations include the provision of advice and information (e.g., housing and legal advice, life skills advice), assistance getting into education, employment or training, support to set up bank accounts and access benefits and welfare, physical and mental health support, and help with drug and alcohol dependency.

Particularly for single homeless people who are not eligible for help from local authorities, the voluntary sector plays a key role in providing emergency and temporary accommodation. Indicative examples of emergency accommodation include cold weather/winter or night shelters, women's refuges (for women fleeing domestic abuse), and night-stop schemes (for young homeless individuals aged 16 to 25 years old).

Third sector organisations also support individuals (particularly those with no statutory rights to receive support from local authorities and single homeless people) to access temporary accommodation – for example, in hostels. People can either directly access some hostels, while others require a referral from a Day Centre or an outreach team.

Some hostels might not accept people who are rough sleeping without a referral from an agency or proof of identity.

Rough sleeping populations and outreach teams

Outreach teams, which fall under either local authorities or voluntary organisations and charities, identify, contact and support people sleeping rough. Outreach workers go out on streets where people are known to sleep rough or use information from StreetLink,¹⁰ an online platform available to the public to specify rough sleeping locations.

Outreach teams can provide advice and information to people sleeping rough – such as information on emergency accommodation, nearby hospitals, and immigration advice. They also offer support so people can access emergency accommodation (e.g., shelters, night-stops, and day centres, where they can go during the day to cover their basic needs, such as food and clothing), as well as medical care or housing and benefits advice.

Outreach workers can also work with individuals to facilitate access to support by third sector organisations. For example, as part of the ‘No Second Night Out’ scheme, outreach workers support clients to access assessment hubs, where individual needs are identified and the best ways to eventually help them transition into safe housing are explored. These hubs also support service users to reconnect in case there is a connection with another area.

Finally, outreach teams can also support individuals to seek help from local authorities, which have a legal duty to provide suitable accommodation to eligible applicants.

Referrals to local authorities

Some HRS service users interacting with public authorities, third sector organisations and outreach teams will be referred or supported to self-refer to local authority housing teams. Interactions with local authorities, initiated either because service users seek help directly from local authorities or because they are referred by other authorities and organisations, are further explained in the following areas of the map.

Assessment of needs & available options

As soon as service users contact housing teams within local authorities, the first step is to apply for housing assistance. Then, housing teams conduct assessments to decide whether the individual is in homelessness or rough sleeping, or at risk of homelessness within 56 days.

Housing teams will carry out an initial interview, which can be face-to-face, online, or via telephone, to explore (i) whether an applicant meets eligibility criteria, and (ii) whether there are reasons to believe that they are in homelessness or at risk of homelessness within 56 days. Housing teams might also have additional requirements and carry out further investigation to ensure eligibility. If applicants are eligible for assistance, and housing teams are satisfied that they are in homelessness or rough sleeping or at risk of

¹⁰ More information on StreetLink is available [here](#).

homelessness within 56 days, they will access additional services and support according to their need.

In case applicants are not eligible for housing assistance (e.g., as a result of their immigration status), or housing teams are not satisfied that they are homeless or at risk of homelessness within 56 days, they will encounter two courses of action. They can either return to the start of the HRS service map, or request help from social services or other authorities and organisations (e.g., Home Office, charities). According to Shelter, individuals who are not owed a statutory HRS duty (e.g., young people, some older and vulnerable people, people from abroad, and asylum seekers) might be eligible to receive support from social services or Home Office, or can even seek support from third sector organisations.

Support provided to individuals with restricted eligibility due to their immigration status

Individuals with restricted eligibility due to their immigration status are not able to claim benefits and access housing assistance. However, they have the right to access other publicly funded services, such as health and social care, as well as compulsory education. People with restricted eligibility can be categorised into different groups, including regular migrants, EEA Nationals without Settlement Status, irregular or undocumented migrants, people seeking asylum, and refused asylum seekers.

Although local authorities cannot provide key housing services, such as social housing, to people with restricted eligibility, they can still support them through a range of other services, which can be accessed irrespective of people's immigration status. Examples of such services could be social care services (following social care needs assessment of people requesting social care support), provision of translated information and advice, immigration advisory services, support to return to home country, and emergency housing during severe weather and during the Covid-19 pandemic.

Third sector organisations also provide a range of support services to people with restricted eligibility due to their immigration status, including (i) provision of rent-free accommodation (e.g., free bed spaces in hostels), (ii) help with immediate needs for food and clothing, (iii) support to access advice to address their immigration status, (iv) support to access social and health care services, (v) education and training, (vi) specialist support (e.g., drug and alcohol, mental health), (vii) support to secure employment, (viii) support to access asylum seeker accommodation, (ix) support with applications to the Home Office, and (x) support to return to the country of origin.

Local authority personalised plans and reasonable steps

Housing teams within local authorities proceed with assessing the circumstances and needs of service users, including housing needs as well as care and support needs. Individual accommodation history and reasons for ending up in homelessness or rough sleeping are considered. Housing need is identified by considering the type and size of housing required, any specific needs (e.g., need related to disability), and individual preferences. Care and support needs are also assessed. In such cases, health and care services are provided during the housing assistance process to help service users secure long-term accommodation.

Having identified personal needs, housing teams and service users co-develop personalised housing plans, which include reasonable steps to prevent or relieve homelessness. These plans set out all actions and steps required to ensure users' access and retain suitable longer-term accommodation. Reasonable steps to prevent or relieve homelessness are also decided for all applicants, irrespective of whether they are in priority need or intentionally in homelessness. Examples of such reasonable steps are:

- **Provision of emergency housing** – Local authorities have a duty to provide emergency accommodation to people who (i) are legally homeless, (ii) meet the immigration conditions, and (iii) are in priority need, including pregnant women, families with children, victims of domestic abuse, vulnerable people due to old age, people with mental health problems/physical or learning disability/serious illness or health condition, care leavers, former members of the regular armed forces, people leaving prison or youth detention accommodation, and people in homelessness as a result of an emergency (e.g., flood, fire). Additionally, a person can be considered to have a priority need for accommodation if they are vulnerable for any 'other special reason', including people escaping violence or harassment, or victims of trafficking and modern slavery. Local authorities are also legally required to help people who are sleeping rough or at risk of sleeping rough immediately secure a safe place to stay.
- **Mediation/conciliation** in case of threats of family exclusion.
- **Support to access Discretionary Housing Payment** in case of rent arrears.
- **Support** (including financial and welfare) **to access private rented accommodation.**
- **'Sanctuary' or other measures to help people at risk of violence and domestic abuse stay safely in their house.**
- **Employment support** (employment and skills training).
- **Counselling** to help people overcome drug and alcohol problems.
- **Physical and mental health services.**
- **Advice and information** about homelessness – Housing authorities design advice and information services to meet the needs of service users, and particularly the needs of some specific groups, such as former members of the armed forces, prison or care leavers, victims of domestic abuse, hospital leavers, and people suffering from a mental illness or impairment. The authorities must provide information and advice on (i) how to prevent homelessness, (ii) accessing and retaining accommodation when homeless, (iii) their rights as well as the duties of the authority, (iv) any available support, and (v) how to access that support.

Reasonable steps might also include support services provided by other public bodies and services, such as NHS (e.g., mental health services), Office for Veteran Affairs (e.g., mental health support to former members of the armed forces), Domestic Abuse Commissioner (supporting victims of domestic abuse), Children's Commissioner (supporting children at risk of homelessness or in homelessness), Prison and Probation Services (e.g., supporting people leaving prison), and Job Centres (employment support).

Moving towards suitable longer-term accommodation

Housing teams need to reach an agreement with service users about the steps that should be included in their personalised housing plans. In case service users do not agree with the proposed steps, the housing teams have to record the reasons for not reaching an agreement with service users, along with suggested steps to prevent or relieve homelessness and rough sleeping.

Once an agreement is reached, applicants are expected to follow them. In case the agreed steps are not followed, service users are classified as deliberately and unreasonably failing to cooperate. In such instances, local authorities send a notice of deliberate and unreasonable refusal to cooperate, which ends the prevention or relief duty.

When individuals follow the agreed reasonable steps but cannot find suitable longer-term accommodation, their personalised plans can be reviewed to meet their needs and circumstances, and help them reach a successful outcome.

The main housing duty

Local authorities support service users to find suitable longer-term accommodation by helping them develop and follow their personalised housing plans and reasonable steps. In addition, they have the legal duty to *provide* some groups of users with suitable housing. Applicants need to meet the following criteria to be eligible for the main housing duty: (i) be legally homeless, (ii) meet immigration conditions, (iii) be in priority need, (iv) be unintentionally homeless, and (v) have a local connection (e.g., living or working in the area). Service users meeting these criteria are offered access to temporary accommodation (including, for example, a room in a shared private house, a private house in the private rented sector, social housing, hostel, refuge, or other housing with support). Individuals who take the offer of suitable temporary accommodation might be then provided with suitable settled accommodation (such as a local authority or housing association home or private rented home). Individuals who do not take the suitable temporary or settled accommodation offer can go back to the start of the service map and make a new housing assistance application.

Under the main housing duty, local authorities have to assess the suitability of accommodation provided to eligible applicants. If individuals believe that local authorities have breached their duty to provide suitable accommodation, they can apply for judicial review of the suitability of housing they have been offered.

Insights on user trajectories & challenges in service delivery

Local authority perspectives

Vulnerable user groups and people with complex needs

Our interviews and workshops with representatives from local authorities shed light on the multiple trajectories followed by service users with diverse needs. As already highlighted, the HRS service map cannot capture the complex paths of users from different backgrounds and with diverse needs, such as people suffering from mental ill health or substance misuse issues. These service user groups are considered to be among the most challenging user profiles to provide HRS services to.

Often, service users with complex needs are previously known to service providers and might be refused support (e.g., not granted entry to hostels or supported accommodation) due to past anti-social behaviour, such as violence. Following past experiences of toxic interpersonal relationships, couples are often not accommodated together by providers, which makes them a particularly challenging sub-group to find appropriate spaces for.

Similarly, users with highly complex needs present challenges to the local authority in fulfilling their duties, most notably when they require social care or other agencies' support in addition to HRS services. Other untreated health conditions (e.g., diabetes) might further exacerbate difficulties. Another group which presents local authorities with challenges is convicted offenders, especially sex offenders, who cannot be housed in accommodation options together with other vulnerable groups.

Families are also seen as challenging to support, particularly when consisting of many members. Their circumstances frequently require a number of rooms in temporary accommodation, such as Bed and Breakfasts or hostels, or prove difficult to find suitable long-term accommodation.

It is also challenging to reach and support people with restricted eligibility due to their immigration status, particularly non-UK nationals. To support these users, it is important to build trust with them as they are often worried about getting deported or suffering other negative consequences due to accepting support. EU nationals might present challenges to local authorities due to their ineligibility for benefits (e.g., housing benefits), which might make funding their support services harder for the local authority.

Restricted eligibility due to immigration status also extends beyond those without legal immigration status to include those who are intentionally homeless and not deemed a priority need. It is worth noting, however, that some local authorities tend to avoid conducting these assessments, especially early in the process, or provide services regardless of the assessment outcome.

An interesting point that came out of the discussions with local authority representatives is that they often attempt to make no negative decisions for service users, regardless of statutory routes. For example, even those not eligible for publicly funded accommodation eventually receive support through PRS schemes and are housed there instead.

“These aren’t linear people, [...] they fell between the cracks for a reason.”

(Local authority representative)

Additionally, local residency requirements mean that service users who cannot prove to have a local connection may not be entitled to local HRS support. This can be a particular problem in urban local authority areas, where service users may move between different boroughs within cities to base themselves where they believe service provision is better, or in areas with a good reputation for HRS service provision, thus attracting a larger number of clients seeking assistance.

Regional differences in HRS service provision

The support available to service users interacting with the HRS system can vary across rural and urban areas with diverse local delivery models. Notable differences between such areas are housing availability and the number of providers operating locally, as well as types of client groups and, thus the focus of the HRS work.

Regarding housing availability, there is less flexibility in rural areas due to the limited size of towns and increasing pressure following Covid-19 pandemic relocations to the countryside. In larger cities, competition for affordable housing is considered fierce due to the growing numbers of overall inhabitants; meanwhile, available housing stock is declining.

Moreover, rural local authorities may work with a smaller number of local providers to provide shelters, hostels, and supported accommodation. However, given that especially people sleeping rough and facing complex needs often go through the system multiple times with different outcomes or exit points, providers already familiar with them would be more likely to refuse them from their premises.

The characteristics of client groups vary substantially between urban and rural areas, as well as between different regions of England. Cities seem to concentrate larger numbers of non-UK nationals, including Europeans without (pre-)settled status, asylum seekers, and migrants from overseas. The legal status of clients affects the type of funding they are eligible for – an issue which, in return, influences the types of services local authorities can provide to them locally.

Barriers and pressures causing people to drop off the HRS system

Service users might exit the service path despite not reaching suitable long-term accommodation. According to local authority representatives, one key reason causing clients to drop out of the process is the offer of unsuitable or inappropriate accommodation, often due to accommodation shortages at the local authority level, leading to demands exceeding the local authority's ability to meet them. This limitation is further exacerbated in non-stockholding local authorities.

Another barrier causing people to drop off was reflected to be that homelessness applications are seen as “intrusive” processes requiring large degrees of personal financial information that respondents may not want to provide, and therefore they seek a different solution. Regarding the housing application process, people whose first language is not English might drop off early in the service path if they do not receive information and guidance in their native language.

Additionally, some people cannot follow the process due to a lack of face-to-face contact (particularly during the Covid-19 period) and the digitalisation of the process (e.g., people who have no access to PCs and the internet). People with complex needs might also find the process hard to follow for various reasons – for example, users with mental health conditions and drug abuse problems might not be able to wait for long periods in an office room to complete an application.

Personal characteristics of service users might also lead to an exit later in the process. Such an example could be users' inability to face their substance dependency at the respective point in time of an accommodation offer. Service providers frequently ban those substances from accommodation premises, often leading to clients refusing such offers or being asked to leave at a later stage. Similarly, previous negative experiences and frustration with such rules may motivate early exits, while others remain intentionally homeless despite having received prior accommodation offers and refusing those. Other reasons potentially causing people to exit the HRS system are the lack of stable communication channels due to their living conditions or lifestyles, which can result in difficulties contacting them directly.

Furthermore, some service users might have such high support needs that no local offer of supported accommodation is suited to their needs. However, this same group of clients may still fall below the threshold to qualify for social care, which leaves them in a service provision gap, and as a consequence falling through the system cracks. Such problems are exacerbated further if no priority needs verification has been undertaken. Some individuals may be self-sabotaging once on the road to recovery, for example, if recovering from substance abuse or having obtained accommodation yet are unable to trust the process, which is often closely correlated with other mental health concerns.

Third sector organisation perspectives

Interviews and workshops with third sector service providers also revealed key areas of focus within the HRS service map for service users with a diverse range of needs.

Areas where the service user experience diverges from the expected service offer

Many third sector organisations involved in HRS service delivery highlighted that the HRS service map shows what the service offer should be, while in reality this often differs from what service users instead experience. Several different barriers to access were provided as explanations for why this is the case.

One prominent barrier is the lack of affordable and suitable accommodation, which includes emergency, temporary, supported, social, and long-term housing. This barrier may be further exacerbated for local authorities and third sector organisations that do not own their own housing stock, which makes them entirely dependent on other parties. This prevents people from receiving the support that they need and are eligible for, resulting in them getting 'stuck' at any point on their journey. For instance, some organisations stated that an individual may be assessed as not in priority need even though they are, because of restrictions in available accommodation and bed spaces.

Additionally, many organisations highlighted that some service users might not be referred or self-referred to a local housing authority, but they can instead receive full support through third sector organisations. Some third sector organisations are able to complete service users' needs assessments and provide different types of support. Individuals who have requested support from local authorities might not receive it for various reasons, with some interviewees citing a lack of resources, such as the shortage of housing stock mentioned above. Other organisations stated that a strong distrust in the local authority can prevent an individual from seeking or agreeing to receive support from it.

Interviewees explained that, for different reasons, people often loop back through the system. This can occur at any stage of requesting and accessing support, even when someone has received access to suitable long-term accommodation. In line with this, a few organisations involved in this research emphasised that support for some user types, like those with complex needs, cannot always end with their receipt of suitable long-term accommodation, but will instead be needed throughout their life.

Another important point highlighted by third sector service providers was that delivery of support from local authorities is not consistent across users, as it is restricted by how each local authority works and the resources available to them. This also means that the support provided, such as personalised plans, may not be suitable for an individual. For instance, a local authority that does not have access to hostels may put an individual with high level needs in temporary accommodation that is not staffed (e.g., private, local

authority, or housing association property) leaving them without the immediate and comprehensive support that they need. Additionally, one interviewee highlighted that a blanket approach to providing support should not be the end goal, and it should not replace a holistic approach to address service users' unique wants and needs.

Interviewees also discussed the role of different organisations in the provision of support, as well as the types of users supported. As suggested in our HRS service map, individuals who are not eligible for housing assistance can access other types of support, such as social care services, which they will receive if there is a specific social care need. Regarding the provision of social care services to eligible service users, it was also stressed that social care is underfunded and overstretched, leading to long waiting times to receive a Care Act assessment. A few third sector organisations highlighted that the Home Office can only provide general advice to people requesting support.

Based on their experience in supporting specific user groups, third sector organisation representatives highlighted that the following groups often face barriers to navigating the HRS system, and thus require targeted support:

- Families and single women with children, who according to some interviewees, are believed to make up one of the largest demographic groups experiencing homelessness.
- People with immigration issues who are sleeping rough, not being eligible for support from their local authority.
- Single men who are rough sleeping, not being considered a priority by their local authority.
- People threatened by or facing homelessness and rough sleeping, with restricted eligibility due to their immigration status, not being eligible for support from their local authority.
- People who seek to be repatriated or reconnected to their home countries, requiring targeted support.

Barriers to and difficulties in getting help emerge from lack of eligibility for local authority support, as well as complex needs calling for targeted strategies to address them.

Drop-off points and overall efficacy of the HRS system

Third sector organisations were also asked for their views more generally on when the system works for users (particularly focusing on 'drop off points' where users exit the system), as well as if there are any specific user types that are more demanding to provide support for.

Overall, organisation representatives argued that many service users will exit the system positively by receiving the support that they need. However, there was consensus that the system might work better for individuals with low-level support needs, but it is more difficult to effectively help those requiring more comprehensive support. Some organisations described this as "the irony of the system". Examples of user types that are likely to require high-level support include, but are not limited to, individuals who: (i) have physical and mental health issues, (ii) have drug and alcohol problems, (iii) have restricted eligibility due to their immigration status, (iv) have been found to not be in priority need, (v) lack mental capacity, (vi) are entrenched rough sleepers, (vii) have behavioural issues (or are considered high risk), (viii) have immigration issues, or (ix) are refugees.

For instance, there may be very limited housing options to support those who are considered a risk to other residents and staff. Similarly, there are limited options to help refugees, who are not able to find accommodation within 28 days, since the system does not entitle them to support. As such, it was described by many that those with complex or high-level needs tend to drop off the system or engage in long-term interactions not leading to successful outcomes.

"If you are new there is an answer, if you are returning there is an answer, long-time on the streets there is no answer."

(Third sector provider representative)

In addition to this, it was described that the difficulty in providing support for these individuals becomes further exacerbated when someone fits into more than one category. For instance, some locations do not support those with a dual diagnosis, which is when an individual has both a mental health condition and a substance misuse problem. This means that they are not able to get a mental health assessment when taking illegal substances, however the individual may be self-medicating with such substances to cope with a mental health problem.

Crucially, it was highlighted by several providers that while an individual may not have had certain problems before they entered the system, a lack of support can mean that an individual develops them within the system. This is particularly a risk for individuals who are forced to sleep rough, which can cause trauma and long-term mental health issues.

Third sector organisations also described that the system does not work, when individuals are offered support that is not suitable for them. This can relate to the location of the accommodation. Someone may be offered accommodation that is nowhere near their support network and contrastingly, in an area that is highly connected to their problems (e.g., substance misuse). It can also relate to the type of accommodation offered. An individual with complex needs can be asked to share with people who make it difficult for them to progress, while women and other vulnerable groups may be asked to share accommodation with individuals that put their safety at risk. These individuals might turn down an "appropriate" offer, which means they can be considered as making themselves intentionally homeless, putting them at risk of not receiving further support. Alternatively, they can accept an offer that leaves them highly vulnerable.

Furthermore, third sector providers described that poor experiences in the system can lead an individual to choose to exit or refuse further support. A few organisations stated that some services and local authorities do not work in a trauma-informed, holistic manner, which creates feelings of distrust and resentment among service users. This includes not being believed when they share their stories or trauma, not being offered appropriate support as discussed above, as well as not being communicated with appropriately (some local authorities communicate with clients only through telephone conversations).

On the other hand, organisations explained that the system is likely to work for families, those who are able-bodied, and those that need low-level support. It also works better when third sector organisations own their own housing stock and are able to house individuals directly, as well as when support is tailored and co-produced with service users.

Perspectives of people with lived experience

During our focus group, we engaged with past and present service users that have lived experience with accessing the HRS system to varying degrees of success. Their journeys and perspectives are outlined below.

Entering the HRS system and undergoing needs assessments

Two of the service users (Participants 1 & 2) who engaged with this research did not access support through their local authority, but instead through third sector organisations. These participants initially attempted to access support through governmental organisations, such as the Home Office, but had negative experiences and were turned away to third sector organisations. Another service user (Participant 3) had a more positive experience and accessed the system through their local authority's outreach team during the Covid-19 pandemic. Our fourth participant had never been able to access the system, despite trying to get support from governmental organisations, as well as third sector service providers. That particular service user faced several barriers to accessing the system, including a gambling addiction, no right to work in the UK, and restricted eligibility due to their immigration status.

Participant 1 had a needs assessment conducted through a third sector provider, with needs identified such as being over pension age and requiring medical attention. Participant 2 had also accessed a third sector provider, but did not comment on whether they had conducted a needs assessment or not. Participant 3 expressed that they did have a needs assessment conducted via their local authority's outreach team which revealed alcohol dependency problems and poor health.

As participant 4 did not interact with any element of the HRS system, they did not have a needs assessment conducted. However, they were aware of their complex needs.

Types of support offered

The support that was offered to Participant 1 by a third sector organisation included meals, showers, temporary accommodation, and a referral to a psychologist. They also received support from a different third sector organisation to access funds and a bus pass. Whilst Participant 1 felt that these organisations were helpful, they also stated that they were over-stretched and had to support too many service users at a time. The participant was offered talking therapy following the psychologist's referral, but their mental health quickly deteriorated again once the brief period of therapy had ended. Participant 1 also asked several other charities for access to their facilities, but the charities had requested money for this, making it inaccessible.

For Participant 2, who also accessed support through a third sector organisation, the support offered included having a National Insurance Number arranged for them and being offered accommodation. The service user commented that their overall experience with being offered support was positive. However, Participant 2 also said that they were not provided with a key worker due to not experiencing more complex needs, such as addiction or mental health problems.

Participant 3 felt that their local authority's outreach team were helpful. For example, they mentioned that one of the Housing Officers personally accompanied them to get a bank account, which made them feel "special". Other support came in the form of a community

matron who advocated for the service user and helped them to access a new doctor when their previous doctor had not noticed their health problems. A community psychiatric nurse was also provided who helped Participant 3 access a mental health therapy waiting list. This participant is still waiting for this service, but emphasised that they felt this was a country-wide problem with the NHS and did not attribute it to the HRS system. Participant 3 also commented that local churches in their area and day centres were useful.

Some negative aspects included where Participant 3 experienced some difficulties accessing help from a third sector organisation. They had no email address and felt they did not have the mental wherewithal at the time to follow the steps required to get support. Participant 3 mentioned they would be asked to complete paperwork only to have it "melted" in the rain while sleeping rough. They also stated that they had thought the steps taken would all be for nothing at the time, and that they had often been forgetful and resistant to help. Participant 3 commented that they wished they had better utilised their local day centre's resources.

Despite not having access to the HRS system, Participant 4 did get some support from a third sector organisation specialised in gambling harm, including a medical letter of reference. However, this did not help them with accessing housing support due to other barriers (such as their immigration status). Overall, this service user did not feel like they were a priority for the HRS system, stating that most services often prioritise women and children, and sometimes others who need access to services do not get adequate support.

Types of accommodation offered

Participant 1 was offered temporary accommodation by their main third sector organisation, but this was unsuitable. This service user stated that they would be sent to "funny places" far away from where they were based because accommodations in their area were in high demand. The accommodation offered was unsuitable due to their age, as well as reasons related to poor housing quality and the conditions of the surrounding area (e.g., locations with no streetlights at night). Participant 1 lived in this temporary accommodation for 18 months following a medical procedure. This participant did note that their experience took place over 5 years ago and hoped that the situation would be better now, but overall felt that when local authorities cannot provide accommodation it leaves service users vulnerable to exploitation from homeowners wanting to "make a quick buck".

Our second participant was offered shared accommodation also by a third sector organisation, the offer also being unsuitable. This service user reported that they had felt unsafe; they had to call the guard a few times throughout their stay, had their clothes go missing, and were subject to loud music being played by other residents. Participant 2 is now living in a bedsit and has been there for a few months. They ideally had wanted access to a hostel with their own room, but this was not offered.

After moving to Band B¹¹ on the housing needs allocation scale due to failing health and having a local connection, Participant 3 was offered an emergency housing flat by their local authority. This service user felt that moving up a Band had made this type of housing

¹¹ Band B encompasses applicants with serious needs. For more information, see: <https://www.gatewaytohomechoice.org.uk/content/Information/PrioritisingApplications>

support more accessible to them. On the contrary, Participant 4 expressed that they would like access to a room in accommodation for single people with facilities and in a good environment, but has not been offered any housing support as of yet.

Exiting the HRS system

When discussing if the service users were still engaged with or had exited the system, Participant 1 stated that they had found their own private accommodation without help from HRS services. They described having gone to every estate agent within their area to ask what was available to them and accessed private accommodation this way. This participant is still currently living in the said accommodation, but continues to access support (for example their meals) from third sector organisations.

Likewise, Participant 2 has not fully exited the system yet. They are still within sheltered accommodation, which is available for a limited period of time (less than a year), but they are unsure of what will happen when this time is up. This service user is currently looking for work and still accessing all of their support from a third sector organisation.

Our third participant told us that they had gone round the system a few times but the reason that they finally exited had to do with their failing health being a priority and, as a result, “finally accepting help”. This participant remains in the long-term accommodation offered by their local authority and has now reached the end of a probationary period (after having to restart due to a relapse). They were offered a house swap post-probation as the accommodation team were worried about the area being quiet and Participant 3 not having the same connections to people that they once had on the street. The participant decided to stay as they enjoy living there and expressed that the accommodation was still suitable for their needs. There is also capacity for the accommodation to adapt to changing needs in the future, for example there is a downstairs toilet and space to install a stair lift.

Participant 4 has never accessed the system. They stated that they had been “roaming” for three years now and still have no permanent address (i.e., currently staying on a friend’s sofa).

Recommendations for improving HRS service delivery

When asked about recommendations for how the HRS system could be improved, participants noted several ideas. They especially mentioned changes in the area of accommodation. For example, it was suggested that services within the HRS system that provide accommodation should review the accommodation and location to check suitability before they offer it out. Female participants in particular felt that safe accommodation for women was a key issue, and one participant expressed that there should be female-only accommodation available.

Other suggestions included considering service user preferences and needs outside of the basic (such as shelter and food). Ideas included ensuring service users can access jobs and activities they are interested in within their area, for example housing someone who enjoys art in a location where art galleries can be accessed freely. One participant emphasised that HRS services should find out what service users are good at in order to enhance their skills, empowering users to follow their passions to benefit themselves and the community. Overall, a more personalised approach to services was called for.

Free public transport for the homeless and those sleeping rough was also mentioned. One participant commented that service users often have to get from one service to another on foot (e.g., from their accommodation to a foodbank), and frequently have to walk in bad weather to do so. It was also stated that free public transport could improve service users' lives by allowing them to stay warm and to sight-see around their area, instead of spending time on the streets. One participant expressed that having a bus pass had allowed them to feel safe from abuse in the past.

Other recommendations included continued collaboration between third sector organisations and local authorities, with one participant specifically calling for DLUHC to work closely with gambling harm charities. There was also the suggestion to have team members specialising in homelessness within third sector organisations to assist service users with signposting and provide information to help them access support, such as what documentation is needed and when. One participant stated that support should not be reliant on service users' mental capability at the time. Lastly, one participant commented that those with lived experience could be involved in service delivery to support others experiencing the same situation, though this cannot happen if they cannot access support themselves.

5. Exploring existing HRS data collections

Summary

This chapter presents an overview of the available data sources, including DLUHC HRS data and national statistics, monitoring information collected on specific funding schemes, and HRS data collected by third sector organisations.

Government homelessness and rough sleeping data

- DLUHC collects a wide range of data from local authorities that feed into national HRS statistics and other related data publications.
- Other government departments collect statistics related to homelessness and rough sleeping that can help form a broader picture of the system.

Monitoring data on specific funding schemes

- Local authorities mainly gather data to report on key DLUHC grants such as RSI and RSAP. Monitoring data reporting focuses on what services the funds were spent on as well as some outcome measures.
- The capacity to gather required data for DLUHC, and especially additional internal data collection, varies widely by local authorities.

Data collected by the third sector

- The majority of third sector organisations' data collections identified are London-specific, but some cover all local areas across England.
- There is a significant emphasis on data collection within the sector, with a focus on the need for support and service-delivery related outcomes. Data is often used internally to inform decision-making, while the extent that data is shared externally varies between organisations.

Next steps, challenges, areas for improvement, and ethical considerations

- Data-led framework: DLUHC and CHI are working toward improving metrics that capture progress in rough sleeping. New metrics piloted in 5 early adopter areas.
- Expanding data collection requirements may prove challenging as many local authorities are already facing administrative burdens from current monitoring requirements.
- While DLUHC has an extensive data collection framework in place, there are still significant data gaps, such as repeat homelessness and rough sleeping, and outcomes from specific services and funding schemes.
- Ethical research standards and legal processes should be considered in (i) collecting data from potentially vulnerable individuals, (ii) analysing incomplete data to avoid misrepresentation of HRS populations, and (iii) data sharing between government departments, agencies and public bodies and linking with other government-held data (e.g., health and criminal records).

Introduction

There are several sources of data on homelessness and rough sleeping in England including national statistics published by DLUHC, ad hoc surveys focusing on specific aspects of the homelessness and rough sleeping experience, collections from other government departments including information on people in homelessness and rough sleeping accessing other public services, and information on specific programmes and funding schemes at the local authority level.

This chapter presents an overview of available data in the following broad categories:

- **Homelessness and Rough Sleeping data and national statistics** – national or regional data collections, which are not tied to specific funding schemes and programmes but are collected universally in the intended geography. Data collections under this category may include national statistics (for example, live table of homelessness published by DLUHC), data collected by other government departments or public bodies, such as the Greater London Authority, and data collected by third sector organisations (for example, charities providing commissioned homelessness and rough sleeping services).
- **Monitoring information on specific funding schemes** – monitoring information used to track the progress of funding schemes and programmes from DLUHC or other government departments, for example RSI, RSAP, and AfEO.
- **HRS data by third sector organisations** – third sector organisations collect a variety of data, including the number of contacts with people sleeping rough and services available in the HRS system. This data includes published collections (Homeless England database, CHAIN) and data collected for internal purposes, including reporting requirements to DLUHC.

Additional information on the data discussed (e.g., specific indicators, geographical coverage, etc.) can be found in Appendix C. This chapter also includes a discussion of some of the key challenges in existing HRS data collections, as well as areas for improvement, drawing from our conversations with DLUHC policy and data teams and interviews with local authority representatives.

Homelessness and Rough Sleeping data

National statistics on statutory homelessness and rough sleeping

DLUHC publishes a series of national statistics on homelessness and rough sleeping in England. These statistics are based on information collected from all local authorities and include data on statutory homelessness, homelessness prevention and relief duties, and rough sleeping.¹² The main sources of these statistics are the Homelessness Case Level Information Collection (H-CLIC),¹³ the Rough Sleeping Snapshot,¹⁴ and the Support for People Sleeping Rough in England Management Information.¹⁵

Statutory homelessness data is published quarterly and is based on H-CLIC data. H-CLIC is a data system used by local authorities in England to provide DLUHC with information on individuals and households, who have been assessed for eligibility for relief and prevention duties under the Homelessness Prevention Act. H-CLIC collects detailed information on each household seeking assistance, including demographics, reasons for loss of housing, presence of support needs, actions taken by the local authority, and outcomes. Data is verified, weighted, and imputed by DLUHC to ensure consistency across local authorities.

National statistics on rough sleeping are based on the annual Rough Sleeping Snapshot. The Rough Sleeping Snapshot is an annual single-night count of the rough sleeping population conducted by local authorities following an established methodology,¹⁶ and validated by Homeless Link.¹⁷ The snapshot provides population estimates and demographic details on populations sleeping rough across England. It is published annually.

DLUHC also releases additional data on rough sleeping populations using monthly management information about the support available to people sleeping rough and those at risk of sleeping rough. This information is more frequent allowing policymakers to explore trends and understand needs on a regular basis. However, it is based on less robust methodologies for counting rough sleeping populations compared to the official snapshot.

This release includes information on people at risk of sleeping rough, new people sleeping rough, reasons for rough sleeping, number of people moving to medium- or long-term accommodation, repeat or long-term rough sleeping, changes in the rough sleeping population, and details on rough sleepers' immigration status and nationality.

¹² The government homelessness statistics collection is available [here](#).

¹³ H-CLIC data collection is the main source of the statutory homelessness in England [quarterly](#) and [annual](#) tables.

¹⁴ The latest statistical release of the rough sleeping snapshot (2021) is available [here](#).

¹⁵ The latest "Support for people sleeping rough in England" data release (March 2022), is available [here](#).

¹⁶ Each local authority can decide between three different methodological approaches: (i) a count-based estimate, (ii) an evidence-based estimate, or (iii) an evidence-based estimate meeting including a spotlight count. Additional information on the methodology used in the Rough Sleeping Snapshot is available [here](#).

¹⁷ Detailed information on rough sleeping official statistics (rough sleeping snapshot), including information on data collection and quality assurance processes is available [here](#).

Example of best practice – Rough Sleeping Questionnaire (RSQ)

DLUHC prioritises an evidence-based approach to addressing homelessness and rough sleeping. To enhance the evidence base on the experiences of people sleeping rough, DLUHC (formerly MHCLG) conducted the Rough Sleeping Questionnaire (RSQ) between February 2019 and March 2020.¹

The study involved interviews with 563 respondents, who had experienced rough sleeping, across 25 local authorities that received funding from the Rough Sleeping Initiative.

The RSQ provided crucial information, such as the respondents' previous homelessness and rough sleeping experiences, support needs and vulnerabilities,² employment and welfare status, and usage of public services like health and housing. Such detailed data can assist evaluators in gaining a better understanding of rough sleeping and the effectiveness of interventions aiming to tackle it.

Using the data collected through the RSQ, DLUHC carried out research on the fiscal costs associated with rough sleeping, as well as on the profiles of people sleeping rough – for example, including journeys into sleeping rough, early life risk factors, overlapping vulnerabilities, employment trajectories, and access to support.

According to DLUHC policymakers, the RSQ survey exemplifies best practices as it captures valuable data that is not obtained through other government data collections. There are currently discussions about repeating the survey in the future.

Notes

¹ More information on the Rough Sleeping Questionnaire, as well as a report on the methodology and initial findings, are available [here](#).

² Definitions on all types of support needs and vulnerabilities are provided in the glossary of terms off the RSQ initial findings report, available [here](#).

Other national statistics related to homelessness and rough sleeping

DLUHC publishes additional statistical releases that are relevant to the HRS system. These include collections on (i) social housing lettings, and (ii) local authority expenditure on homelessness activities.

Data on social housing lettings is collated through the Continuous Recording (CORE) system including information on tenants in social housing provided by local authorities, registered social landlords and other private providers, and the homes they rent.¹⁸ In particular, households previously being in statutory homelessness (or threatened with

¹⁸ Detailed information on social housing letting in England national statistics are available [here](#).

homelessness within 56 days) as well as households leaving their last settled home because of overcrowding can be identified in the data.

Statistics on local authority revenue expenditure and financing include information on housing and homelessness services.¹⁹ In particular, this collection covers expenses on temporary accommodation (including hostels, Bed and Breakfast hotels, and other types of accommodation), social housing provided by the local authority or commissioned from private landlords, and prevention and relief services. These expenses are broken down by types – including staff costs, running expenses, and other costs from sales, fees, and charges.

In addition, DLUHC publishes ad-hoc analysis shedding light on topics around homelessness and rough sleeping that are of interest to public policy. For example, a factsheet on hidden homelessness (including sofa surfing and concealed homelessness) was released in 2018-19. The factsheet drew on data from the English Housing Survey, which can be used more widely to inform policies aiming to support households in hidden homelessness.²⁰

National statistics published by other government departments

In addition to the Department for Levelling Up, Housing and Communities (DLUHC) Homelessness Data, several other UK government departments collect data and statistics related to homelessness and rough sleeping. These data collections provide valuable information that can contribute to understanding user interactions with other public services within the HRS system. Below are some examples of relevant data collected.

The Ministry of Justice's "Community Performance" annual statistics provide information on the activity of individuals leaving institutions and currently on probation.²¹ Among other outcomes, this publication includes data on accommodation outcomes, including emergency accommodation and transitional accommodation, and support for those leaving prison at risk of homelessness.

The Department for Education releases national statistics on the living arrangements of young people leaving care as part of the Children Looked After in England national statistics.²² Information on the number of care leavers in touch with the local authority to access support for living independently and the suitability of current accommodation is captured in this release.

In addition, the Office for Health Improvement and Disparities at the Department of Health and Social Care (DHSC) publishes annual national statistics drawn from the National Drug Treatment Monitoring System, as part of the alcohol and drug misuse and treatment

¹⁹ Statistics on local authority revenue expenditure and financing can be found [here](#).

²⁰ The factsheet can be found [here](#).

²¹ Official statistics on Probation Performance is available [here](#).

²² National statistics on children looked after in England can be found [here](#).

statistics.²³ This series includes information on alcohol and drug misuse and treatment of adults and young people, as well as people in prisons and secure settings.

While national statistics by other government departments are available online, understanding overlaps between other areas of provision and homelessness and rough sleeping requires identifying groups in this data that are threatened with or currently face homelessness and rough sleeping. For this purpose, data sharing between DLUHC and other government departments is necessary.

Overall, data sharing is a key focus of the National Data Strategy,²⁴ and it is encouraged as a central predictor of good policy making. It is important however, to ensure all steps are taken to adhere to the Central Digital and Data Office's Data Sharing Governance Framework,²⁵ the Data Ethics Framework,²⁶ the Data Protection Act 2018,²⁷ and any other relevant data protection legislation and guidelines. This includes completing the relevant Data Protection Impact Assessments and Data Sharing Agreements with the relevant departments. This process is lengthy and can be particularly challenging in cases where the nature of the data is sensitive such as health and criminal records. A detailed exploration of ethical and regulatory risks and considerations relating to data sharing and linking is outlined in the section [Ethical considerations and risks](#) of this chapter.

Better Outcomes through Linked Data (BOLD)

While data from other government departments provide context for understanding the homelessness system, it offers limited insights when used separately. In our feasibility study discussing options for modelling to understand future HRS trends and appraise policies commissioned by DLUHC (then MHCLG),²⁸ we recommended investing in linking administrative data across various sources covering different areas, for example access to welfare, health, and institutional history. Data linkages would allow for capturing links between a broad set of predictors and HRS outcomes of interest, as well as mapping the contribution of broad policy areas to HRS prevention and reduction. Our feasibility study recommends linking HRS data drawn from H-CLIC with data covering interactions with public services of user groups including care leavers aged 17-21, prisoners, people with alcohol and drug abuse problems, and people facing ill mental and physical health.

BOLD (Better Outcomes through Linked Data) is an initiative aimed at linking administrative data across UK government departments to help understand the need for designing policies to support people with complex needs including those in homelessness,

²³ Alcohol and drug misuse and treatment statistics can be found [here](#).

²⁴ Department for Digital, Culture, Media & Sport and Department for Science, Innovation & Technology (2020) National Data Strategy: policy paper. Available [here](#).

²⁵ Central Digital & Data Office (2022) Data Sharing Governance Framework: Guidance. Available [here](#).

²⁶ Central Digital & Data Office (2020) Data Ethics Framework, guidance. Available [here](#).

²⁷ The Data Protection Act 2018 is available [here](#).

²⁸ All reports published as part of the 'Causes of homelessness and rough sleeping feasibility study' conducted by Alma Economics for DLUHC (then MHCLG) and DWP are available [here](#).

victims of crime, and offenders.²⁹ BOLD is expected to bring together information from different sources to provide a more nuanced picture of homelessness and rough sleeping, including its causes and consequences. BOLD will use data from several government departments, including MoJ, DWP, and DfE, to better understand the pathways into and out of homelessness. The initiative will rely on innovative data linkage techniques to identify common patterns and drivers of homelessness and rough sleeping, allowing policymakers to design and implement more effective interventions.

One of the challenges faced by the BOLD project has been obtaining data sharing agreements from local authorities, as the data collected is sensitive in nature. Analysts from DLUHC advised that the data linking process is still ongoing. They also suggested that it may be difficult for a future evaluator to obtain the necessary permissions to use the linked data due to privacy concerns and the risk of identifying individuals in the collections of sensitive data, including medical records. The BOLD project will require enhanced permissions to ensure the protection of individuals' privacy and the confidentiality of sensitive information.

Example of best practice – data linking in evaluation: Troubled Families Programme National Evaluation

The Troubled Families Programme (TFP) was a programme run by the Department for Communities and Local Government (DCLG now known as DLUHC) in partnership with local authorities to improve the way families with multiple high-cost needs interact with local services.¹ Following the success of the first TFP programme which ran between 2012-2015 was allocated £448 million to support 120,000 families, DCLG announced a second programme for 2015-2020.² The second programme aimed to (i) support up to 400,000 families, (ii) transform the way public services work with families (reducing demand for reactive services), and (iii) develop a more cost-effective and value-for-money approach for taxpayers. The 2015-2020 TFP programme was backed by £920 million in government investment.

For the evaluation of the 2015-2020 programme,³ DLUHC analysts linked monitoring data on the participating families collected by local authorities with administrative data held by other government departments. Datasets linked included the National Pupil Database held by the Department for Education, the Single Housing Benefit Extract and the Work and Pensions Longitudinal Study held by the Department for Work and Pensions, and the Police National Computer data held by the Ministry of Justice.

The TFP evaluation data linking project was one of the largest data sharing exercises ever completed by UK government departments and involved the collection and analysis of data on 864,000 individuals from 250,000 families.

²⁹ More information on the BOLD initiative can be found here [website](#).

It is important to note that, as with the BOLD project, the data linking process was lengthy and required significant effort to ensure all legal provisions were in place. The DLUHC evaluation team worked in collaboration with the department's legal services and the Information Commissioner's Office to consider all ethical, legal, and data security concerns and complete a comprehensive Data Privacy Impact Assessment, as well as prepare data sharing agreements to be shared with stakeholders.⁴

By linking local authority monitoring information on families benefitting from the programme with administrative data, DLUHC analysts were able to capture the net impact of a programme on a variety of areas, and make a strong case for its economic value.

Notes

¹Loft, P. (2020) The Troubled Families Programme (England). House of Commons Library, Briefing Paper Number 07585. Available [here](#).

²Department for Communities and Local Government (2016) The first Troubled Families Programme 2012 to 2015, an overview. Available [here](#).

³Ministry of Housing, Communities & Local Government (2019) National evaluation of the Troubled Families Programme 2015-2020: findings. All reports are available [here](#).

⁴Man, L.H., and Taylor R. (2019). Data Linking for the national Evaluation of the Troubled Families Programme. Administrative Data Research UK (ADR UK) Blogs. Available [here](#).

Monitoring data on specific funding schemes

DLUHC is responsible for collecting monitoring data related to its homelessness funding schemes, such as RSI, RSAP, HPG, and the AfEO programme. This section focuses on three main funding schemes that make up the cornerstone of DLUHC's homelessness and rough sleeping strategy: RSI, RSAP, and HPG. Respective local authorities collect data on the three funding streams locally and report this to DLUHC. Information on monitoring data for other schemes can be found in Appendix C.

HRS data collected by local authorities

Local authorities which receive RSI funding are required to submit monthly monitoring data through DLUHC's DELTA platform. In combination with data collected as part of the management information on rough sleeping support, this data helps local authorities understand needs in their area and design targeted interventions to support local rough sleeping populations.

RSI monitoring data capture services funded using RSI, as well as outcomes for people sleeping rough. In particular, it covers the delivery of accommodation services and the timeline of completion, as well as the number of staff in different roles, including coordinators, floating support workers and outreach support workers. It also covers outcomes from relief interventions (including housing and non-housing), prevention interventions, and reconnection efforts. Local authorities are also required to submit data on rough sleeping populations in their area including flows, stocks and returns in the context of the RSI programme. In addition, some local authorities gather additional data that is not required by DLUHC. This data includes timescales of interventions and detailed records on service users including support needs, previous histories, and wellbeing.

Data teams within DLUHC mentioned that there are inconsistencies in RSI monitoring data across local authorities, and despite recent developments in questionnaires (for example, including definitions of key terms), data quality could be improved. DELTA monitoring requirements might also pose substantial burdens to some local authorities.

Similarly, local authorities participating in RSAP are required to submit quarterly data on the outcomes of the programme through DELTA. DLUHC collects this information through the RSAP Quarterly Occupancy and Lettings Survey, including data on new lets made, lets ended, the previous housing status of people in RSAP housing, the duration of ended lets, as well as their subsequent accommodation once they leave RSAP housing. The information collected through the survey is mainly for internal use, aiming to inform the evaluation of the programme.

Overall, existing data does not allow for consistent and reliable links between DLUHC funding, service delivery and outcomes for service users across local authorities in England. Finally, no consistent data on HPG is currently being collected across funded local authorities, although some local authorities may collect their own additional data for internal use.

HRS data by third sector organisations

In addition to the HRS statistics published by DLUHC and other government departments, additional data is collected by third sector organisations involved in HRS provision.

The Combined Homelessness Information Network (CHAIN)

The Combined Homelessness and Information Network (CHAIN) is a database funded by the Mayor of London and maintained by Homeless Link, a national membership charity for organisations working to combat homelessness in England.³⁰ It is designed to capture information on the extent, patterns, and trends of homelessness in London.

CHAIN covers the Greater London area, and collects information on people who are street homeless, rough sleeping, and those who use day centres and other homelessness services in London. Data is collected and submitted from outreach teams and public services in contact with rough sleeping and homeless populations. Data collected include demographics, health status, and the reasons for homelessness and rough sleeping, among others. Annual reports on the state of homelessness and rough sleeping in England are published annually drawing on CHAIN data.

CHAIN is considered to be a reliable source of information on homelessness and rough sleeping in London. It is the most comprehensive database of its kind and is widely used by researchers, policymakers, and homelessness organisations. A key advantage of this data is that it follows individuals across different public services and support provided by third sector organisations. The data is used to identify trends, inform resource allocation, and evaluate the effectiveness of homelessness and rough sleeping services.

³⁰ More information on CHAIN data is available [here](#).

Homeless Link data

In addition, the Homeless England database, which is funded by DLUHC and created by the Homeless Link, provides comprehensive information on homelessness services available across England, including details about different types of providers, services offered, and the support needs these services aim to address.³¹

Homeless Link also collates data on rough sleeping populations from the StreetLink programme, which allows members of the public to report instances of rough sleeping to local authorities or homelessness services.³² StreetLink information is linked to CHAIN data to allow for an in-depth understanding of rough sleeping experiences and interactions with services in London.

Atlas of Homelessness Services in London

The London Housing Foundation compiles London-specific data in the Atlas of Homelessness Services in London, an online map of services for homeless people in London. This data consists of various sources (already discussed in this section), as well as additional information. This includes (i) data on Homeless Link's Housing First projects, (ii) Housing Justice data on spaces offered by winter shelters projects, and (iii) information on specialist health services for people who are sleeping rough or at the risk of sleeping rough.³³

Data collected for internal purposes

Our interviews with third sector organisations providing HRS services revealed that there is a significant focus on data collection within the sector, and this has increased in recent years. Many organisations described that they have comprehensive dashboards or databases where staff can record information, such as In-Form. The types of data collected vary across organisations, but there is often a focus on the need for support and service delivery-related outcomes. For housing and rough sleeping-related services, the following are examples of data that is frequently collected:

- Counts of people sleeping rough in the area (and how many of these are new, returning or entrenched).
- Demographic information (including local connection and, where relevant, immigration status).
- Placements in accommodation (including emergency, temporary, supported and long-term) and length of stay.

A few organisations also measure outcomes and impact that provide a more holistic view of service users and focus on their progression through the system. However, it can be difficult for third sector organisations to comprehensively track and collate this information.

It was mentioned that there needs to be a shift towards measuring impact in this way, as it can demonstrate if and why someone is or is not progressing in their journey. For instance,

³¹ The Homeless England database can be accessed [here](#).

³² More information on StreetLink is available [here](#).

³³ Information on the data included in the Atlas of Homelessness Services is available [here](#).

it was explained that if someone has used a support service for a longer period the second time they accessed it compared to the first, the system should recognise this as an improvement. Another example of a “soft” outcome that can be measured is how confident someone is feeling about being self-sufficient. Furthermore, organisations that focus on advocating and campaigning can measure their impact in different ways, like through how much discussion is taking place around a topic.

Data sharing and uses

While many organisations described that the data they collect is summarised or compiled into reports, there were differences among them as to whether they share these data with external parties. Of the organisations that do share data, many described that they are required to do so with their funders when their contracts have outcomes or targets attached to them. For instance, much of the data collected is fed into the DELTA portal for DLUHC. Notably, data is only shared when required.

Organisations mentioned that they use the data that they collect to inform decision-making in various ways. Many use the data to help inform their own strategies and allocate resources where needed. Some organisations have specific research teams tasked with looking at trends in data and identifying gaps in service provision. For instance, one organisation explained that their data showed that people with multiple needs were falling between services, which led them to create one single service through which all different types of support could be accessed.

Our discussions revealed that data is not only used internally but can serve as evidence to showcase the impact that the organisation is achieving and the importance of its services. Providers explained that this is becoming increasingly necessary to secure and keep funding. Furthermore, sometimes data is used to demonstrate to funders that there is a gap in support that needs to be filled.

Next steps

HRS Data-led framework

As part of the 2022 Rough Sleeping Strategy, DLUHC committed to creating a data-led framework in collaboration with CHI to establish consistency and transparency in measuring progress towards ending rough sleeping.³⁴ The framework includes a set of metrics that capture progress across the four key pillars of the strategy (ensuring rough sleeping is prevented wherever possible, and when it does occur, it is rare, brief, and non-recurring).

CHI carried out work to assess the feasibility of introducing indicators that could measure progress against objectives without imposing a substantial burden on local authorities. The research focused on establishing a common definition of topics such as ‘long-term rough sleeping’ and ‘returning to rough sleeping’. The framework and suggested metrics are

³⁴ More information on the new data-led framework is available in Chapter 6 of the Department for Levelling Up (2022) Ending Rough Sleeping for Good, Strategy, available [here](#).

currently used in 5 pilots 'early adopter' local authorities aiming to be tested in practice before a national rollout.

While current efforts are focused on establishing a practical and consistent tool for monitoring progress towards ending rough sleeping, there are no plans for expanding the framework to cover homelessness outcomes. It is recommended that further research is carried out to establish a set of measures monitoring progress in tackling homelessness, that are common across government departments, public bodies, local authorities, and providers.

Challenges and areas for improvement

Gaps and areas for improvement in central data collections

Discussions with policy and data teams within DLUHC revealed a set of key challenges in expanding on and improving existing HRS data collections. While national statistics on statutory homelessness and rough sleeping are consistently defined and collected across local authorities, there are gaps and limitations in data around specific programmes and funding schemes.

Links from specific funding programmes to services are not always reported in existing monitoring data, thus not allowing for an understanding of how central government funding is used to fund the delivery of HRS interventions and activities on the ground. Data is also not always detailed in terms of outcomes, thus limiting the understanding of how some programmes can result in positive change in key areas. For example, while DLUHC policy teams have a broad understanding of different types of services funded by HPG, there is no consistent monitoring data focusing on this programme. In addition, monitoring data on RSAP and RSI does not show what service types are funded across local authorities. Data on direct outputs from funding (including, for example, the number of new staff hired as a result of funding) is reported for a core programme (in particular, RSI) but not for all. To improve quality of data collections, DLUHC representatives mentioned that efforts should focus on creating a framework for measuring the outputs from key service types – with a particular focus on outcomes from prevention services.

DLUHC analysts also acknowledge the need to enhance the quality and consistency of data focusing on specific programmes across local authorities. However, they believe that broadening the scope of data collection and improving consistency will be challenging. The main reason for this is the limited availability of resources from local authorities. The existing data collection framework already considered a significant administrative burden by local authorities, making it even more challenging to implement new data collection requirements.

Challenges faced by local authorities

As part of our feasibility study, our team conducted interviews with representatives from local authority homelessness, rough sleeping, and housing teams. These interviews helped us gain insights into the key challenges and areas for improvement in the HRS data collection process across local authorities.

Challenges

Local authorities discussed challenges resulting from time constraints, frequently changing requirements for required data returns (e.g., DELTA), a lack of consideration for the local context, and reliance on partner organisations commissioned to deliver HRS services when gathering data. In some cases, this resulted in incomplete data collection where information on some service users could not be completed adequately or concerns over data quality (e.g., duplicates) remained after submission.

Some local authorities reportedly lacked the capacity to collect information beyond what was required by stakeholders such as DLUHC, while others were able to collect additional data for internal purposes – for example, to inform models predicting future caseload, to track individual client journeys and explore feedback from service users and local authority staff.

Data collection, management, use and interrogation is probably the most important part of this whole system. Yet it's the part of the system that gets paid the least attention. Because without the data, you can't secure funding, you can't drive change, you can't secure agreement from management to make changes."

(Local authority representative)

Further research is required to understand what data is collected across local authorities for their own purposes, whether it contains useful information for a systems-wide evaluation and how it can be accessed.

Data gaps

Respondents stated that not enough data is gathered on critical issues such as repeat homelessness and rough sleeping. They also mentioned that current systems do not detect these patterns effectively. Complex service users may be unwilling to disclose data fully, leading to evidence gaps. Local authorities also expressed that there are difficulties in tracking clients across different services, which would be a helpful tool for their work.

Communication and feedback

Local authorities reported insufficient communication and feedback from DLUHC. After HRS and monitoring data is submitted, they receive no information on how the data was used, or on any lessons learnt from analysis that could help improve their services locally. Representatives also reported that the data they were granted access to related only to their own area. However, especially in the case of urban areas and cities, indicators from neighbouring districts were often needed to form an accurate assessment of needs and future planning. Local authorities therefore encouraged increased information sharing beyond their own geographic area.

"At the onset, when H-CLIC was announced, I said to my colleagues from the civil service that that's fine. We'll do all this. Please make it useful. I don't think we're quite there yet. I don't feel like all that information that's being channelled back up centrally is actually exhibiting itself in meaningful policy yet. [...] That's still a source of frustration."

(Local authority representative)

Areas for improvement

The majority of interviewees emphasised the need for a central case management system for information exchange, despite potential concerns over data protection and confidentiality. They suggested mapping individual journeys as case studies to identify gaps in the system and recommended investing in tools for predicting homelessness and tracking long-term outcomes of service users.

“Outcomes are not ‘monitored’ as such...given how closely we work with our clients we would be routinely liaising with whoever was supporting a client at any particular time, e.g., hospital ward/hospital discharge coordinator/ HMP substance misuse services/accommodation support workers. We would clearly seek to ensure the most appropriate/effective outcome for a client in any presenting situation.”

(Written response by local authority representative)

Local authorities also suggested considering the local context when analysing local authority data – especially, with regards to housing supply, more centrally by combining qualitative and quantitative measures to provide a more accurate picture.

Challenges faced by third sector organisations

Several challenges relating to collecting and monitoring data were also identified in our interviews with third sector organisations. The primary hurdle mentioned was that collecting data is a time-consuming and difficult process for staff. This is particularly true for frontline staff, who are concerned with supporting vulnerable users directly, as well as smaller organisations that are not able to have dedicated teams for this task. For example, one interviewee explained that their outreach team has at least 5 different systems for data reporting – this can take away time from supporting users. Furthermore, the amount and type of information that needs to be collected can have a negative impact on some service users, resulting in deteriorating instead of ameliorating their situation. It was therefore expressed that a balance needs to be struck, and staff should primarily be focused on supporting users.

Some interviewees felt that sharing data and information about clients with other organisations is a significant challenge. It can be time-consuming to put appropriate agreements in place to ensure that service users are not put at risk and some organisations are not as cooperative as others. Furthermore, third sector organisations need to push back sometimes when local authorities expect them to provide more information than would be in the best interest of their service user.

An additional challenge that third sector organisations experience relates to the quality of the data and there are several factors involved. High staff turnover can create a lack of consistency in data collection, while data collected through self-reports is not always accurate. Furthermore, it can be difficult to record data, particularly for the DELTA portal, when people fall into multiple different categories. It was expressed that the databases that are used, like In-Form, are only as good as the data that is submitted to them.

Ethical considerations and risks

Our data review, as well as our discussions with local authorities, revealed potential ethical concerns in three areas: (i) data collection, (ii) data analysis, and (iii) data sharing and linking.

Data collection

Data collection processes must prioritise informed consent and prevent re-traumatisation. Participants must be fully informed of the purpose and nature of the research, the type of information being collected, potential risks, their rights over the data, and how the data will be shared. This information can be communicated through a privacy notice, and consent should be obtained without coercion. For example, the Rough Sleeping Questionnaire fieldwork conducted in 2019 followed best practices in ensuring informed consent by participants. The questionnaire materials and project plan were approved by the independent ethics board of Heriot-Watt University, and all researchers and staff received training on ethical research and informed consent. The Heriot-Watt University team also provided translation services for non-English speaking participants, ensuring an inclusive approach to collecting primary data from people sleeping rough.

Re-traumatisation is also a potential concern, especially for those who have experienced trauma or abuse. A trauma-informed, person-centred approach should be adopted, avoiding repeated questioning and taking into account the multi-faceted effects of trauma. This approach helps to ensure the safety and well-being of participants involved in the research.

Data analysis

Data collected on homelessness and rough sleeping can often be incomplete and not representative of populations of interest, leading to a risk of inaccurate results. To mitigate these risks, researchers must be transparent about the limitations of their data and explain how they have addressed any potential for misrepresentation. By doing so, they can maintain the highest standards of ethical data analysis.

Data sharing & linking

When sharing data on homelessness and rough sleeping, it is crucial to comply with certain legal and ethical requirements. Efforts to link homelessness data with data from other government departments, such as the Homelessness Data England (HDE) project³⁵ and the Better Outcomes through Linked Data (BOLD) project, must have data sharing agreements in place and ensure data use is compliant.

Data sensitivity affects the legal requirements for linking and sharing, with confidential data, such as health data, governed by different regulations requiring additional permissions. The process of ensuring legal and ethical compliance can be lengthy, taking

³⁵ More information on the HDE project is available [here](#).

several years. For example, the HDE project underwent a comprehensive Data Protection Impact Assessment with inputs from legal and data protection experts. DLUHC worked with ONS to establish robust data security measures and informed the local authorities collecting homelessness data for research purposes. Data sharing agreements were also formed with some local authorities sharing data with DLUHC. However, this is a particularly challenging area as the current legislation does not support data sharing with the central government.

6. Exploring the feasibility of evaluating the HRS system

Summary

This chapter summarises our proposed approach to evaluate the HRS system. The HRS policy and service delivery landscape in England can be broken down into (i) policy making at the central government level and (ii) service delivery at the local level.

Policy making at the central government level

The proposed approach to evaluating the HRS system includes (i) developing a monitoring framework bringing together key indicators to understand progress, (ii) a process evaluation to explore best practices and challenges around funding and collaboration across departments, (iii) a system-wide impact and value for money evaluation, (iv) feasible options to evaluate core DLUHC programmes.

In line with HM Treasury's Magenta Book, we proposed two theory-based approaches suitable for evaluating the impact of complex programmes and policies:

- Developing a microsimulation model: this approach provides estimates on the contribution of different elements of the system in tackling homelessness and rough sleeping and it allows quantifying the impact of different parts of the system as well as the impact of their interactions.
- Adopting the Most Significant Change (MSC): this qualitative approach allows for stakeholders of the HRS system themselves to be directly involved in the data collection and review process by inviting them to define what change is of value to the system. This is facilitated by a systematic selection process, featuring frequent reporting mechanisms as well as feedback channels across the system and a bottom-up approach within each of its components.

Service delivery at the local level

The main elements of the local-level evaluation include:

- Developing and HRS service delivery monitoring that brings together indicators capturing outcomes across key nodes and stages of service delivery at the local level.
- Evaluating specific nodes/branches of the service map. This allows exploring performance in delivering services on the ground and understanding interactions between different stakeholders across different nodes and stages of the service.
- Evaluation of local interventions. This will be carried out as part of the Test and Learn programmes that will evaluate a range of local interventions implemented at the local Level.

Introduction

As discussed previously, the HRS policy and service delivery landscape in England is a complex system including interactions between service users, DLUHC and other government departments, local authorities, third sector organisations providing commissioned and non-commissioned HRS services, and other public bodies. It can be broken down into two core areas:

- Policy making at the **central government level** – including decisions about funding, policies and programmes, and collaboration across government departments, and
- Service delivery at the **local level** – including local authorities, commissioned and non-commissioned third sector organisations, and services by other public bodies (for example, NHS probation services and social care, among others).

Understanding the complex dynamics and interactions across the HRS system and assessing how these can bring positive change in key areas, cannot be addressed following a one-size-fits-all approach. A set of different methodologies and research designs is required to monitor progress against objectives, identify best practices and areas for improvement, understand interactions between different actors across the system, evaluate impact, and assess value for money at the systems-level.

We propose the creation of an HRS systems-wide evaluation framework which brings together approaches to understand and evaluate key components and interactions within the system. Our framework, which is shown in Figure 3 in this chapter, includes three basic components: (i) monitoring and evaluation methods to understand progress and identify the impact of national HRS policies and strategies interacting within the HRS system, (ii) monitoring and evaluation methods to understand HRS provision and interactions at the local level, and (iii) creating an evidence base helping policymakers understand what works in designing and delivering programmes and interventions to tackle homelessness and rough sleeping.

Evaluating funding and policy decision making at the central government level

Our HRS systems-wide Theory of Change (ToC) can serve as the theoretical framework underpinning future evaluation research aiming to identify and estimate the impact and value for money generated by national HRS policies and strategies.

Our ToC covers funding programmes and wider policies (for example, housing benefits and social housing policies) by DLUHC, as well as other government departments – including the Department for Work and Pensions (DWP), the Department of Health and Social Care (DHSC), the Ministry of Justice (MoJ) and the Department for Education (DfE). It sets out the mechanisms through which these policies generate outputs, outcomes, and socioeconomic benefits for users, public bodies, and wider society. In this way, it provides policymakers and future evaluators with the necessary theoretical understanding of how the HRS system creates change, as well as a set of targets against which performance should be assessed.

HRS monitoring framework

Based on the systems-wide ToC, a monitoring framework can be created, bringing together indicators to help policymakers understand progress in key areas, without considering topics around funding usage and service delivery on the ground. An indicative list of indicators that could be put together to create such a framework can include the following:

- Number of people with successful HRS prevention outcomes
- Number of people not returning to homelessness and rough sleeping, and
- Number of people in adequate long-term housing, etc.

This framework can be created in line with the data-led framework that is currently being developed as part of DLUHC's "Ending Rough Sleeping for Good" strategy.

HRS systems-wide process evaluation

Process evaluation designs can be created to explore issues around funding and policy decision making at the central government level, as well as collaborations between government departments. Such a design requires setting research questions, creating strategies for engaging relevant groups of stakeholders, and collating qualitative data and insights to reliably answer these questions. Data from the proposed HRS monitoring framework can also be combined with qualitative inputs and synthesised to address the process evaluation questions.

A process evaluation at the systems-level could also incorporate research themes covering interactions with different actors across the HRS system – including local authorities, third sector organisations, and service users, as well user trajectories within the system. Targeted fieldwork strategies should be created to ensure key inputs are collated from the different stakeholder groups to be involved in the research.

HRS systems-wide impact & value for money evaluation

A framework can be created to assess the impact and value flowing from the HRS system in its entirety or specific combinations of different elements. Such a design will adopt an agnostic approach towards the mechanisms through which funding from DLUHC and other government departments translates into HRS service provision at the local level. Its primary aim will be to understand and quantify interactions between key HRS policies and programmes, as well as wider systems and strategies that might influence HRS outcomes – for example, the benefits system, the criminal justice system, social care, NHS, and the availability of social housing.

A systems-wide impact evaluation is not a typical evaluation in that there is no meaningful way to turn the system on or off (as is the case for the evaluation of specific policies and programmes). This means that creating a counterfactual scenario assuming the absence of policies and programmes at the national level (including HRS policies and programmes as well as other systems contributing to HRS outcomes) is not feasible.

Therefore, the development of an evaluation at the systems-level calls for theory-based approaches, which, according to HM Treasury's Magenta Book,³⁶ are suitable for evaluating the impact of complex programmes and policies. While these methodologies provide less precise estimates of the impact compared to other methods (for example, experimental or quasi-experimental designs), they allow policy makers and interested stakeholders to study policies and programmes while they are implemented, and understand why they bring change. These methods rely on evidence from different sources, including primary research to collate key inputs and insights and desk-based reviews of existing data and evidence on policy impact.

Below we present feasible options for developing a theory-based methodology to evaluate the impact that can be generated by the HRS system in England. In line with the Magenta Book, we explore simulation options, as well as qualitative approaches to evaluating the HRS system impact. It should be noted that whereas Option 1 below (simulation model) is primarily a quantitative approach and Option 2 is based on qualitative approaches, they both incorporate elements of each other. A successful simulation model requires stakeholder engagement and expert judgement, the process of collecting such evidence being qualitative. On the other hand, qualitative approaches allow for the quantification of the data collected as well as their juxtaposition with existing monitoring data to further strengthen the evidence base. Neither option is exclusive of the other, meaning that both options can be adopted and run in parallel depending on resources and the time available.

Option 1. Simulation model

While there is already research on understanding and mapping the HRS system qualitatively, it is important to develop a framework that provides specific estimates on the contribution of different elements of the system in tackling homelessness and rough sleeping and quantifies interactions between them. Quantifying the impact of the HRS system is crucial to understand what works, comparing different programmes and policies, and informing funding and planning decisions in collaboration with other government departments and HM Treasury as part of Spending Reviews.

Evaluating the impact of the HRS system calls for an approach that considers overlaps and interactions between various policies and macroeconomic, demographic and social conditions, that go beyond specific DLUHC programmes. For example, it is not possible to understand the impact of the HRS system (or any specific component of the system) without considering the impact of the benefits system or the availability of social housing.

A microsimulation model allows for the development of a flexible analytical framework to examine the effects of different policies across the system, while considering interactions between them and non-linearities. In the context of a microsimulation model, representative samples are drawn from larger populations of interest. Based on evidence from various sources (e.g., wider literature, stakeholder expectations, previous policy evaluation research), behaviours are modelled at the individual level, allowing for

³⁶ A detailed discussion on specific methodologies included in chapter 3 of the [Magenta Book](#) are included in Annex A available [here](#)

estimating how populations of interest might respond to policy changes according to their socio-economic and demographic background, as well as need for support.

This means that a microsimulation model considers individual eligibility and underlying characteristics of key user groups, as well as variations in HRS support and practices across local areas, when modelling individual responses to changes in policy. Therefore, it allows policy makers at DLUHC, other government departments, and (to the extent the model or a version of it is shared more widely) local authorities and other stakeholders, to understand wider factors that determine HRS outcomes, as well as specific user characteristics (e.g., income, geography, household composition, etc.) which affect them.

Building a microsimulation model may require advanced technical skills depending on the level of complexity of the model. It can also be resource intensive to develop and update, although time and effort required for maintenance can be minimised if the model and associated front end are appropriately designed.

Moreover, microsimulation models rely on the existence of reliable data sources and a robust evidence base. While there are some limitations due to data availability, a model that draws on a combination of different data sources to create and model the behaviours of different user profiles (e.g., families, single homeless, people with complex needs etc.) can be designed. Different sources of data could be combined to develop separate models for homelessness and rough sleeping, as the driving mechanisms, individual behaviours and responses to policies and interventions are very different. For example, data from H-CLIC could be combined with data from the UK Household Longitudinal Study and the British Cohort Study to create a sample of households threatened with homelessness and observe the impact of relevant policies in this area. In addition, data from the English Housing Survey could be combined with administrative statistics to create a sample of households and single people in homelessness.

A targeted approach is required to identify data from various sources that can be synthesised to create a sample of different groups of people experiencing rough sleeping (e.g., people with restricted eligibility due to their immigration status, people with mental health and substance dependency issues, etc.), understand and model factors that can predict rough sleeping, and model individual responses to relevant policies and initiatives across different demographic and need profiles. Examples of data that can be used include the Rough Sleeping Questionnaire, CHAIN, data held by local authorities on individual histories and outcomes of service users sleeping rough (collated by some local authorities in the context of monitoring progress achieved through RSI funding), and individual data potentially held by other services (e.g., NHS) on service users with rough sleeping experiences.

Developing a microsimulation model allows for quantifying interactions between different elements of the system and understanding their direction and size. Previous simulation models developed in the area of homelessness – including the complex model created by Glen Bramley, Suzanne Fitzpatrick and colleagues to predict homelessness and understand the impact of policy ³⁷ and Alma Economics' microsimulation approach designed to estimate the homelessness impact of proposed policy changes in housing

³⁷ More information about this approach as well as latest updates about this model can be found [here](#).

benefit in the private rented sector ³⁸— mean that designing such a model, to be used by DLUHC internally or more widely is feasible.

A microsimulation model to evaluate the impact of the HRS impact can be developed in a modular way comprising modules that capture the impact of specific HRS system components and sets of interactions. Such an approach would allow for future expansions in line with evolving policy needs, data updates and new evidence. An early version of the model could include specific components (e.g., HRS policies and programmes, housing benefits and social housing) and quantify a selected set of interactions, that can be expanded in the future to incorporate additional related systems (e.g., NHS and the criminal justice system). Developing such a model also allows for identifying gaps in existing evidence and commissioning dedicated research aiming to advance knowledge in key areas. In addition, it is feasible to develop a model in such a way that allows DLUHC staff to implement and update it internally.

A more detailed discussion about developing a simulation model can be found in our previous feasibility study commissioned by DLUHC (formerly MHCLG).³⁹ While that research focused on methods to produce future homelessness projections and appraise the impact of proposed policies, simulation models are also suitable for backward-looking evaluations aiming to attribute impact to different components of the HRS system.

Local authority level modelling

Higher-level data can be used to model the impact of specific components of the HRS system, in the absence of data at the individual level. In particular, local authority-level modules can be created to estimate impact of interest at a more aggregate level.

These modules will be incorporated in the wider simulation framework, and combined with other components, to uncover evidence on key areas of impact. For example, local authority level data can be used to model the impact of social housing on HRS outcomes in the absence of detailed data on individual trajectories of households accessing social housing. Key parameters from analysis using higher-level data can be utilised in other modules of the simulation framework to model individual behaviours and responses to policy.

This approach is likely to not allow for producing granular outputs across different service user profiles (for example, with regards to need, demographic characteristics, local areas etc.) or quantifying interactions between different HRS system elements. That said, developing higher-level modules can be the first step towards bringing together different policies and evidence on their impact from the wider literature.

³⁸ Our model, developed in the context of research commissioned by Crisis, is presented in detail [here](#).

³⁹ Our feasibility research commissioned by DLUHC (then MHCLG) is accessible [here](#). It was part of wider research that can be found [here](#).

Estimating value flowing from the HRS system

An economic evaluation of the HRS system can be conducted to monetise the impact of the HRS system drawn from a quantitative systems-wide impact evaluation and link it to public HRS expenditure. A value for money assessment of a programme, a policy, or a system comprising various components interacting with each other, depends on estimates of impact produced in the context of an impact evaluation. It follows that adopting a qualitative approach to evaluating the impact of the HRS system (see section below) will not allow for identifying its value for money.

Following a quantitative impact evaluation, the following steps need to be carried out to value the impact flowing from the interactions between different elements of the HRS system:

- A costing exercise bringing together all funding programmes and policies that are currently available for tackling rough sleeping and homelessness (including specific programmes, value of existing social housing stocks and housing, and other benefits). Data from various sources will be required to complete this costing exercise. In addition to data on direct HRS expenditure (including for example, funding available to local authorities as part of core DLUHC programmes and expenditure on homelessness and housing services), expenditure on other programmes will be considered (for example, on programmes and schemes included in the HRS systems-wide Theory of Change). In addition, expenditure on wider systems can be incorporated – for example, value of social housing, expenditure on housing and other benefits, expenditure on NHS provision etc.
- A strategy for valuing intangible social benefits in line with guidance from HM Treasury set out in the Green Book. In line with the nested ToC, this strategy will focus on monetising benefits in key areas as a result of successfully preventing and tackling homelessness and rough sleeping. For example, the social and economic value of increased wellbeing that people will experience as a result of exiting homelessness could be incorporated into the model. The monetised value of this improvement could be drawn from existing literature examining changes in relevant outcomes for people in homelessness and rough sleeping in England and other UK countries.
- A Cost Benefit Analysis (CBA) approach linking costs to changes in key outcomes measured as part of the previous step. In this way, value for money flowing from the HRS system in its entirety, as well as from specific funding strands and programmes can be calculated.

Option 2. Qualitative approaches

Alternatively, if developing a simulation model is not the preferred course of action, other options for creating a qualitative approach to exploring impact can be explored. Below we provide an overview of the suitability of each of the theory-based methods for impact evaluation as these appear in the Magenta Book, given the specifics of the HRS system, the scope of its impact evaluation, and the associated research questions, ranging from the most suitable approach and other appropriate approaches to those least suitable – with the approach deemed to be the most suitable developed in greater detail.

It should be noted, however, that the value for money of the HRS system cannot be estimated if qualitative approaches to impact are adopted. This is because qualitative

approaches cannot provide quantitative estimates of impact to feed into value for money estimation of the HRS system.

Suggested approach: Most Significant Change (MSC)

MSC is a participatory monitoring and evaluation method, particularly useful for evaluating complex systems and interventions. MSC allows for the evaluation of programmes while these are ongoing, and its participatory basis enables the formative involvement of stakeholders from across the HRS system. The key strength of this method is that it includes stakeholders themselves in defining what change is of value to the system as a whole by establishing frequent reporting mechanisms as well as feedback channels across the system and through a bottom-up approach within each of its components.

MSC is based on a systematic selection process that allows for comparing between and extrapolating from data collected from a range of sources. As data are collected, reviewed and shortlisted by stakeholders themselves though, the method requires a high buy-in from them that will be maintained throughout the research process. To ensure the timely implementation of the research plan, particularly given the recurrent, consecutive steps this includes, research participants will have to complete the activities expected of them at each stage within the given timeframe. While time commitments are not as substantial for all participants (see below for more details), two key conditions are expected to increase and maintain research participation: i) having participants' organisations officially supporting this process, and ii) allowing for contribution to the research to be considered as part of one's professional activities (as long as expressing interest in the research lies in one's own decision).

Below we outline the key methodological steps of MSC and how each step could work towards an HRS systems-wide impact evaluation.⁴⁰ Indicative timelines for implementing MSC can be found in Figure 5, in section [Indicative timelines](#) later in this chapter.

Raising interest & defining the domains of change: Selected panels of stakeholders within each component of the system are established (one panel per component) and their participants familiarise with the process of this methodology. The composition of each panel will depend on the structure of the component it represents as well as the component's role within the HRS system. For example, to identify changes in funding, policies and programmes, and collaboration with other government departments within the Department of Health & Social Care, it would be suggested to populate its panel with representatives from Public Health England, NHS England, NHS Improvement as well as local authority leads for Social Care. Deciding on the number of representatives to join the panel of each component should not be guided by a numerical target; instead, this should reflect the operations of each component within the HRS system. Once panel members are confirmed, each panel is called to decide which domains of change in the HRS system

⁴⁰ For a detailed guidance on the use of the MSC method, see: Davies, R. & Dart, J. (2005). *The 'Most Significant Change' (MSC) Technique: A guide to its use*. Available from: https://www.researchgate.net/publication/275409002_The_'Most_Significant_Change'_MSC_Technique_A_Guide_to_Its_Use

For a log of previous applications of MSC by organisations and governmental departments, please refer to page 76 of the same publication.

will be monitored within their component. While the selection needs to be made by the panel members, it can be informed by the initial systems-wide ToC.

Defining the reporting period: Depending on the availability of staff and resources, panels can convene either bi-weekly or monthly (though to ensure the consistency of the data collected, the same reporting frequency needs to be applied across all panels).

Collecting significant change (SC) stories: When each panel convenes, each panel member is prompted to consider which was the most significant change that took place since the panel's previous meeting and discusses with the rest of the panel members the reasons why they think a particular change has been the most important. The changes reported will have to be aligned with one of the domains of change agreed to be monitored during the first stage. Note that each panel convenes independently of the others and is restricted to its component.

Selecting the most significant SC stories: The MSC approach makes use of the hierarchy embedded within each organisation. Panels share the SC stories after each session with the level of hierarchy above them; that level then selects the most significant of the SC stories provided (one per agreed domain of changes monitored) and shares their choice of stories with the level above; this continues until it reaches the top level of each component of the HRS system (e.g. the Department of Health & Social Care for health and social care services interfering with the HRS system); then the top level of each component passes their selection of most significant stories on to DLUHC for the final selection of the most significant SC stories from a wider whole-system perspective. The gradual shortlisting of SC stories as these move upper in the hierarchy of the HRS system allows for the final 'shortlist' to be reached at the end of each reporting round without substantial time commitments from any of those upper levels.

Feeding back the results of the selection process: Each level of hierarchy needs to provide feedback to the level below regarding the SC stories they selected on each round as well as their selection process and rationale, ultimately reaching all the way down to the panel that shared those stories in the first place. This feedback process will gradually enable panels to see the wider picture of the HRS system, so that the SC stories to be brought to the fore on the next rounds of reporting are more closely related to the system in its entirety. Once all reporting rounds are complete, DLUHC selects the most significant SC stories of each component from all those reviewed by DLUHC, and each component is provided with a list of the final SC stories selected alongside the rationale behind this.

Quantification: There are two quantification options. The first, and more time-consuming one, involves identifying monitoring data available to each system component, so the panels can further support the SC stories they bring forward in each session. However, this would require substantially more preparation time from panel members ahead of each session and may prove to be a hurdle to the research process (e.g. panels postponing their sessions due to their members not having enough time to review and select monitoring data supporting their SC stories). Note that this option is also highly dependent on data availability and presupposes frequent updates of such data. The second and more overarching option includes identifying whether and which of the most significant SC stories in the final list returned to each component after all rounds of reporting have been completed are replicated or appear in similar ways across components; in other words, which significant changes are relevant to more than one component. As this exercise would have to be conducted centrally by professional analysts and not the panel members themselves, it would not impose additional commitments to panels while the approach to

quantification would also be more streamlined. The combination of both options, resources and time constraints permitting, would build in a strong quantification aspect into this methodology.

Secondary analysis (optional): A summative evaluation of all SC stories proposed by panels before these are shortlisted by moving up the hierarchy levels can provide a more in-depth understanding of each component, the reasons for the changes identified in each of those, as well as how each component affects and is affected by the HRS system. A particularly useful method here would be thematic coding of all SC stories.

Revising the system: The final list of the most significant SC stories and, if applicable, the findings from the secondary analysis of all SC stories submitted by panels will allow for identifying lessons learnt on what changes are most needed, the ways these changes have been paved and how frequently they have occurred, thus resulting in an informed revision of the systems-wide ToC.

Other appropriate approaches

Qualitative Comparative Analysis: a method particularly useful when the context where an intervention is applied is expected to influence its impact, particularly where this context is multifaceted. It allows for selecting a number of factors to be compared, thus identifying which factors have been more successful in achieving the desired outcomes and why, and which have not been so successful and why. However, there are two main drawbacks if this method were to be used in the HRS systems-wide evaluation: i) given the complexity of the system and the numerous components interfering with it, it would be a very resource-intensive exercise to compare between an adequate number of factors so that results can be extrapolated for the system in its entirety, and ii) its focus on 'success' and 'failure' of factors can hinder collaborative relationships with the HRS system.

Realist Evaluation: an evaluation method based on identifying 'what works, for whom and in what circumstances'. It facilitates an understanding of how the mechanisms in place in combination with the context within which they are implemented can influence the outcome. This approach would reveal how different components of the system can influence its course and the outcomes for the homeless and rough sleepers. However, to truly achieve an understanding of the outcomes for the homeless and rough sleepers (the 'for whom' part of the evaluation), it would be more meaningful to investigate as part of this methodology how service users themselves interact with the HRS system, which is out of scope for the systems-wide evaluation.

Least appropriate approaches

The following methods were deemed as not suitable for an HRS systems-wide impact evaluation. Critical elements of the evaluation that these methods were benchmarked against were: i) being able to adequately capture and be flexibly adjusted to the complexity of the HRS system, including its structure and the various needs of its users, and ii) being appropriate to implement alongside the systems-wide ToC so that changes are evaluated as they take place and not at a later stage.

Process Tracing: a method focused on understanding and testing causal hypothesis, to define how a particular outcome or change was generated. Process tracing examines a single case of change to configure if a hypothesised causal mechanism can explain the outcome of interest. Given its limited scope, this method is not considered adequate to

cover a series of key elements, including: i) the multi-layered character and potential of the systems-wide ToC, ii) the complexity of the HRS system, and iii) the interactions featured within the system.

Contribution Analysis: a method aligned with the implementation and, where necessary, revision of a theory of change. However, it is better suited to programmes with limited variance in their implementation or their impact across different groups. Given the complexity of the HRS system as well as the multifaceted needs of its users, this method would not be suitable for a systems-wide impact evaluation.

Bayesian Updating: a method based on the Bayes theorem, aiming at assessing the probability of a contribution claim when this can be compared with new piece of evidence. This method would not allow for understanding the interactions of the different components, policies and programmes of the HRS system, and therefore is not proposed for a systems-wide impact evaluation.

Contribution Tracing: as with Bayesian Updating, this method is focused on proving (or not) a contribution claim. For reasons similar to the ones mentioned above, it would not be suitable for the needs of this evaluation.

Outcome Harvesting: a method that allows for capturing impact retrospectively, especially when the desired outcomes are not pre-determined. Given the ongoing evaluation of the HRS system while this is changing as well as the existence of the initial systems-wide ToC, this method is not considered suitable.

Evaluation of core DLUHC programmes

In addition, evaluations of specific funding programmes and policies can be carried out at this level to help policymakers assess and compare different strategies. Comprehensive evaluation frameworks including process, impact and value for money evaluations can be designed to understand what works in designing specific programmes and why, and identify their impact and socioeconomic value for each £ of investment. Our strategy for designing frameworks to evaluate core DLUHC programmes (including RSI, RSAP and HPG) is presented separately in the following chapter.

Evaluating service delivery at the local level

Our HRS service map, covering the HRS service provision landscape and the pathways that are available for individual service users, can serve as the theoretical basis for understanding and evaluating how funding is used to deliver HRS services and support to users across local areas in England.

HRS service delivery monitoring framework

A monitoring framework that brings together indicators capturing outcomes across key nodes and stages of service delivery can be created. Such a framework will shed light on the need for HRS support at the local level and understand progress in addressing it. A consistent framework measuring key outcomes across user trajectories within the HRS system across local authorities would allow policymakers at the central government level, as well as local stakeholders, to adopt a common language in monitoring performance and aligning initiatives.

An HRS delivery monitoring framework can include indicators covering the following areas:

- Flows of service users at different nodes across stages – for example, number of people being referred to local authorities from other public services and organisations, number of people receiving personalised support from local authorities, and number of people accepting suitable long-term housing.
- Time spent in each node – including metrics on average duration of each stage (e.g., average length of stay in emergency accommodation) and distribution metrics.
- Demographic characteristics of user groups across nodes and stages – for example, people sleeping rough, women fleeing domestic abuse, people with drug and alcohol dependence problems, families with children, and young people aged 16-25 years old.

The development of a central monitoring framework, building on existing DLUHC HRS data collections, that measures progress across different areas of service provision on the ground requires strong collaborations between central government and local authorities, as well as other organisations providing HRS services. It could include a set of metrics that local authorities can use for internal purposes, as well as for communicating needs and progress with DLUHC and central government. The framework could also be expanded to include information from other public services and third sector organisations providing a comprehensive picture of the HRS landscape, and uncovering areas that might not be visible to local authorities and central government.

We conducted a review of existing data on Homelessness and Rough Sleeping in England, outlined in the chapter [Exploring existing HRS data collections](#) of this report, to establish which outcomes can be feasibly evaluated using existing data. However, a further targeted review of data sources will need to be undertaken in the first stages of the evaluation to support the selection of specific indicators that will feed into the monitoring framework, assess data availability, and determine whether to collect additional data for the main evaluation.

Evaluation of specific nodes/branches of the service map

A process evaluation methodology can also be designed to assess different nodes and branches of the HRS service map. Such an approach will aim to explore performance in delivering services on the ground and understand interactions between different stakeholders (particularly, local authorities, services from public bodies, third sector organisations and service users) across different nodes and stages of the service map.

The first step of the evaluation would be to identify the research questions. For example, a set of research questions can be set out to understand:

- What works in collaborating with third sector organisations and what are the main challenges to effective collaboration?
- What are the best practices for reaching out to people in rough sleeping?
- What are the best strategies to offer personalised support to address complex needs?

- What services are most successful in supporting people in rough sleeping moving into adequate accommodation?

Once defined the set of research questions to address the second step would be to identify key stakeholders to engage with. These would include, as a minimum:

- Local authorities' representatives involved in the design and delivery of local interventions. Engaging with local authorities' representatives would shed light on the main challenges in designing local services supporting individuals experiencing homelessness and rough sleeping as well as opportunities and challenges of collaborating with other local authorities, third sector organisations, and central government departments.
- Practitioners and people working on the ground and supporting individuals experiencing homelessness and rough sleeping to access services. Contribution from practitioners would include considerations on what services are most effective in supporting people experiencing homelessness and rough sleeping and why.
- Individuals with lived experience. Ex-service users will provide their perspective of how local services work based on their lived experience, highlighting where the system works best and where it needs improvements.

Finally, the last step would be to identify the research tools to collect data and address the research questions. Different methodologies can be applied to collate qualitative data and analyse it to arrive at important lessons learnt feeding into future decisions and strategies – for example, workshops including representatives of key actors across regions in England and focus groups involving users with lived experience (more details on alternative research tools are included in the section [Exploring different data collection options](#)). Data from the HRS service delivery monitoring framework can also be used to address research questions as part of the process evaluation.

Evaluations of local interventions

Evaluations of specific local interventions will be carried out as part of the Test and Learn Programme, within the context of this strand of the HRS system evaluation framework. Process, impact, and value for money evaluations of specific services delivered on the ground will help policymakers understand, assess, and compare the effectiveness and value for money of single interventions and activities implemented to tackle homelessness and rough sleeping.

Developing an evidence base on what works

Key findings from evaluations of funding schemes and programmes designed by DLUHC and other government departments (e.g., core DLUHC programme evaluations), as well as of interventions and activities delivered on the ground (e.g., Test & Learn), could be combined to create an evidence base feeding into the HRS system evaluation framework. For example, estimates of the impact of specific interventions calculated under the Test & Learn project can be used to formulate assumptions for the impact and value for money evaluation model exploring the impact of policies and programmes across the HRS system (at the central government level).

In addition, this evidence base could also draw on findings from reviews of existing UK and international literature exploring the impact of specific HRS policies, programmes, and interventions. Regular reviews of the latest developments in the literature (for example, using targeted systematic methods such as Rapid Evidence Assessments) could help DLUHC learn what works in developing HRS programmes, policies, and interventions. Findings from these evidence reviews could directly feed into evaluation research (e.g., estimates from the literature used to inform impact and value for money models) or identify examples of best practices that could be implemented in the UK context.

Wider topics to consider

There is no one-size-fits all intervention for a complex system such as the HRS sector, and a programme that works in one context does not ensure success in another. It is therefore important to evaluate success at the systems-level, for example by establishing a portfolio of policies and programmes that can work across various contexts for different types of users and needs. Through our team's expertise and evaluation experience, in addition to discussions with a range of academic advisors within HRS and systems-thinking fields, the following are key considerations about carrying out systems-wide evaluation research.

Stakeholders buy-in

Coordination and logistics are key challenges within a systems-wide evaluation, making stakeholder buy-in, especially from local authorities, important. There can be divides between stakeholders' willingness to participate, especially if they have a mistrust of third-parties or the effectiveness of evaluation efforts. It is therefore essential to demonstrate a comprehensive understanding of stakeholder concerns, use a common language, and conduct thorough research on contextual issues that make each stakeholder's situation unique. This is essential to build trust and create pathways for stakeholder buy-in. Stakeholders must feel heard and see results from their participation. Without stakeholder buy-in, a systems-wide evaluation is not possible especially within a complex system like homelessness and rough sleeping, as access to stakeholder data and networks is essential for a truly system-wide analysis.

Furthermore, the evaluation would have to consider that the different stakeholder groups whose buy-in will be necessary will depend on the research method selected at different levels of the evaluation. For example, if the evaluator is aiming to collect primary data (e.g. through interviews or surveys), from service users or local service providers, buy-in from local authority HRS teams and frontline staff will be crucial to provide contacts and make introductions with local stakeholders. On the other hand, a data-led approach using national-level data, may require the support of and coordination with the data teams at the central government level. Hence it is important to consider that different groups of stakeholders may raise different types of concerns for different types of evaluation activities.

Finally, the evaluation will require coordination and collaboration with other government departments. Achieving buy-in from stakeholders at the central government level, will heavily depend on the evaluators being cognizant of the key policy priorities of each department, and understanding of limitations that are affecting the government stakeholders' buy-in in the evaluation activities.

Data considerations

Data is a key component of any systems-wide evaluation. Systems are dynamic, so collecting data over time is essential to assess (i) how contexts and needs are changing, and (ii) how policies and programmes contribute to change within a specific context. If a programme is successful at one point in time, but then user needs change, the programme may no longer be successful and may need to adapt. More frequent and consistent data collection is better in order to identify medium-term and long-term changes more effectively. However, given that wider impacts and long-term outcomes may not be significant at an annual level, it's important to measure levers within the system, which may be related to a desired outcome to see smaller but still influential changes. Selecting the optimal frequency to collect data may vary for different types of interventions evaluated. Factors affecting this choice include (i) the intervention's delivery time frame, as well as, (ii) the intervention's objectives, and whether it aims to achieve impact in the short term or long term.

Linking data systems

The type of data collection required for a robust system-wide evaluation would be significantly more efficient if relevant HRS data sources were linked, for example, H-CLIC with NHS digital. This is a great opportunity for England's HRS system and would improve processes and evaluation potential and capacity. While this a worthwhile opportunity, it comes with many logistical challenges that can be very time intensive.

Ongoing government-led HRS data linking efforts such as BOLD and HDE highlight these challenges. Ensuring legal and ethical compliance, as well as obtaining necessary permissions and data sharing agreements with local authorities can be time-consuming. This process may require comprehensive Data Protection Impact Assessments involving legal and data protection experts.

Data analysts from DLUHC advised that it would be particularly challenging for a future evaluation of HRS services to utilise linked data due to risks related to (i) privacy, and (ii) identification of individuals in sensitive data collections (e.g., medical or criminal records). Lessons learned from the data linking process for BOLD and HDE, once these projects are concluded, can inform the feasibility of data linking in future evaluations of HRS services, considering the aforementioned limitations.

Participatory focus

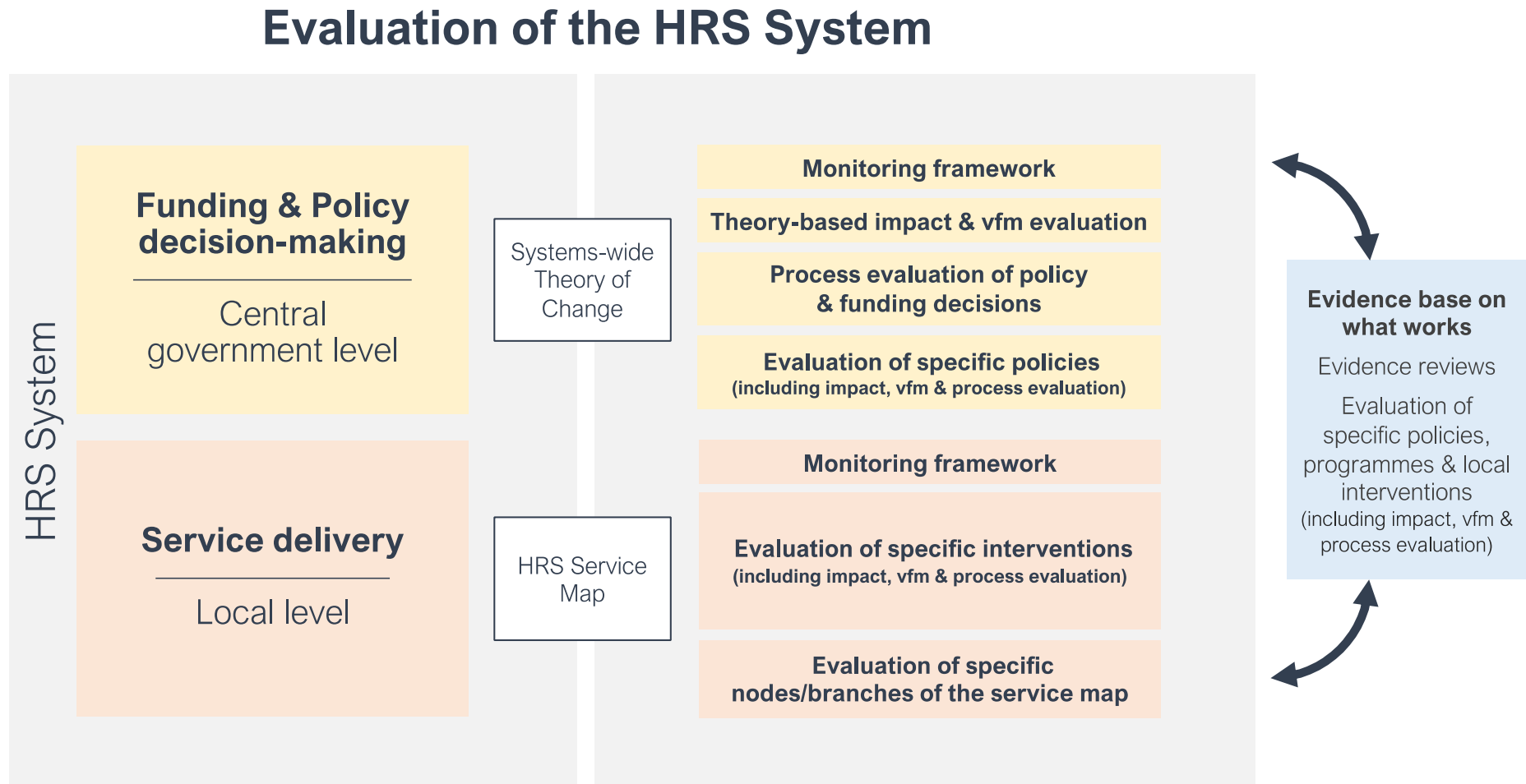
Qualitative data plays an important role when working within different levels of evaluation, for example central government vs service delivery on the ground. Local data tends to be more inconsistent and less reliable, therefore may require a more qualitative approach. Qualitative data collection must have a participatory focus and should include people within and using the HRS system, grassroots organisations with meaningful contributions to various communities, and staff rooted within communities and working directly with individuals who are experiencing homelessness or rough sleeping (e.g., outreach workers).

Working with service-users

There are several considerations when interacting directly with vulnerable service users and those experiencing homelessness or rough sleeping. To maintain connection to service-users, it is important to get multiple contacts for each person. Administrative data is typically incorrect due to the transient nature of these individuals. Knowledge of multiple contacts including friends, family, or support workers is useful to ensure there is no loss of contact. Developing relationships with “frequent fliers” of the broader HRS system is a useful tactic if there are recruitment challenges.

These individuals are entrenched within the HRS system and have been exposed to multiple types of services and can speak to a variety of navigation experiences. Before speaking to service users, it’s important to be aware of the full literature and speak a common language. Furthermore, it is crucial that researchers interacting with service users are specifically trained in working with vulnerable people, and that the research team includes peer researchers with lived experience to support engagement with current service users. People with lived experiences have possibly laid out their grievances multiple times and have a general distrust of the system. Without demonstrating knowledge and understanding of their lived experiences, you can ruin trust and broader stakeholder buy-in.

Figure 4. HRS systems-wide evaluation framework



Proposed approach

The table below presents our proposed approach to carrying out the HRS systems-wide evaluation in 2023/24 and 2024/25.

Table 1. HRS Systems-wide evaluation proposal

	Component	Scope	Research questions
Central government level	Impact evaluation of the HRS system	<p>Development of a model that captures the impact of policies and programmes across the HRS system (including DLUHC programmes and wider policies and systems).</p> <ul style="list-style-type: none"> Option 1: Simulation approach Option 2: Qualitative approach 	<ul style="list-style-type: none"> What is the impact of different components of the HRS system? What is the contribution of different policies and programmes in generating impact? How do policies and programmes interact with each other?
Central government level	Economic evaluation of the HRS system	<p>Research to monetise the social and economic benefits flowing from tackling homelessness and rough sleeping.</p> <p>Key findings from this research will feed into the development of an economic valuation model that monetises the impact of the HRS system. This value-for-money model will also include a costing exercise bringing together all HRS policies and programmes, as well as wider policies.</p> <p>It should be noted that the value for money of the HRS system cannot be estimated if a qualitative approach to impact is adopted, as estimating value for money presupposes a quantitative approach.</p>	<ul style="list-style-type: none"> What is the cost of the different elements of the HRS system? What is the value for money generated by the HRS system? What is the cost-effectiveness of HRS policies and programmes? How can funding be apportioned to maximise value for money?

Central government level/local level	Process evaluation of different elements of the HRS system	<p>Research synthesising existing information and primary data to understand strategic decision making, policy development, collaboration between central government departments and other public bodies, as well as interactions with local authorities and third sector providers.</p> <p>Process evaluation at the systems-level could also incorporate one research theme around service user journeys.</p>	<ul style="list-style-type: none"> • Is the way that central government funds HRS the most effective way to deliver outcomes? <ul style="list-style-type: none"> o how is the system incentivised to work currently (impact of ring fences vs open budgets)? o what is the subsequent impact on commissioning of local services and how joined up are these with the needs of local populations? how does this impact the workforce? • How could central government work more efficiently and effectively cross-department to deliver HRS outcomes? • Where does central government policy work in collaboration or contradiction? • How do central government departments interact with each other, other public bodies, local authorities, and third sector organisations across the HRS system? • How does the system work for different HRS users? When does the system work/not work?
Central government level	HRS system monitoring framework	A framework that draws on existing data to track progress in tackling homelessness and rough sleeping. It can be in line with and expand on the data-led framework created as part of the Rough Sleeping Strategy.	<ul style="list-style-type: none"> • What are the outcomes achieved by central government strategies and programmes across the HRS system? • What is progress in achieving these outcomes over time?

Central government level	Evaluation of core DLUHC programmes	Targeted approach to evaluate core DLUHC programmes. This approach will include methods for evaluating the impact, value for money and process of each core programme.	Programme specific research questions
Local level	HRS service delivery monitoring framework (proof of concept)	<p>Research to establish a monitoring framework that captures how funding is utilised to deliver services and support on the ground. It will include a targeted strategy for engaging with local authorities to understand existing data and explore the feasibility of developing consistent indicators to capture services and activities, as well as outputs and outcomes at the local level.</p> <p>While the scope of the project (and budget considering all other components of this evaluation) might not allow for the development and rollout of a full framework, this work is expected to result in a proof of concept that could be then used to introduce a new policy tool.</p>	<ul style="list-style-type: none"> • What are the services and activities that are delivered on the ground across the country? • What are the flows of service users from diverse backgrounds and with different types of need across different interactions with local authorities and other service providers? • What are the outcomes for service users?

Indicative timelines

Figures 4 and 5 show the proposed timelines for the evaluation of the HRS system which will include (i) an evaluation of the system at the central government level, (ii) evaluations of core DLUHC programs, and (iii) developing an HRS system monitoring framework as well as an HRS service delivery monitoring framework. The figures provide an indication of the time allocated to the main activities between the contract award date (end of August 2023) and the end of the contract (March 2025).

Figure 4 shows the timeline in case DLUHC commissions the development of a quantitative model to estimate the impact of the HRS system at the central government level (for details, please refer to [Option 1. Simulation model](#) in preceding section [HRS systems-wide impact & value for money evaluation](#)).

The proposed timeline includes:

- **Evaluation of the HRS system (central government level) – Option 1:** the evaluation will comprise impact, process, and economic (Value for Money) evaluation. The impact and process evaluation will take place in the first year of the project (between August 2023 and August 2024). Key outcomes of interest for the HRS system evaluation can be drawn from the HRS System Theory of Change, and relevant impact indicators from DLUHC's existing and future HRS data collections. Some indicative examples of indicators for short-term impact are: (i) annual counts of people sleeping rough, (ii) households whose prevention duty ended with a successful outcome, (iii) households in temporary accommodation, (iv) the number of people moved into settled accommodation/supported housing. The findings from the impact evaluation will be used in the second year of the project to develop a CBA model (between August 2024 and December 2024) to estimate the costs and benefits of changes implemented in different policy areas across the system (e.g. housing, health, etc.). During the same period, findings from the process evaluation will be combined with data from the HRS system monitoring framework monitoring (see below). Finally, if necessary, the model will be reviewed and updated based on estimates from the evaluation of the core DLUHC programmes as well as findings from the Test and Learn Programme (December 2024 to March 2025).
- **Evaluation of the core DLUHC programmes:** the evaluation of the three core DLUHC programmes will also comprise impact, process, and economic evaluation. The process evaluation will be conducted in the first year of the project (between August 2023 and August 2024). During the same period, the evaluation team would also develop the evaluation design and collect baseline data (where necessary) for the impact evaluation. After the end of the financial year 2023/2024 the evaluation team would collect follow-up data and estimate the impact of the core DLUHC programmes (August 2024 to December 2024). The results of the impact evaluation will feed into the CBA models developed to estimate the Value for Money of the RSI, RSAP, and HPG (between December 2024 and March 2025). Findings from the feasibility study for the evaluation of the core funding programmes are available in the chapter [Exploring the feasibility of evaluating core DLUHC programmes](#) of this report.
- **HRS system monitoring framework:** The monitoring framework will be developed in the first year of the project. The main activities will consist in reviewing the available indicators (including the data-led framework developed by DLUHC) and selecting a list of indicators that will be included in the framework. The findings will complement insights collected during the process evaluation of the HRS system (at the central government level).
- **HRS service delivery monitoring framework (proof of concept):** The local-level monitoring framework will be developed in the second year of the project (between August 2024 and March 2025), during which the evaluator will review the existing data to capture services and activities as well as outputs and outcomes delivered at the local level and develop a consistent framework across local authorities.

It is important to note that it is only feasible to evaluate the short-term impact of the HRS system, and core DLUHC programmes within the specified evaluation timeframe.

Figure 5. Timeline for the HRS systems-wide evaluation (quantitative approach)

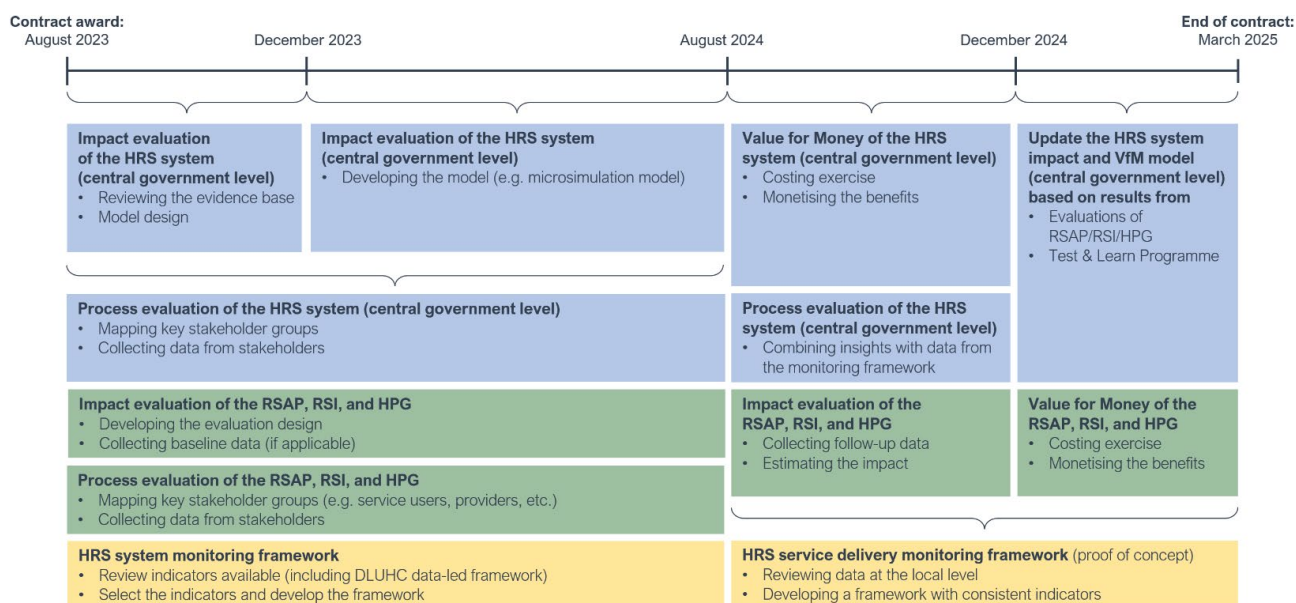
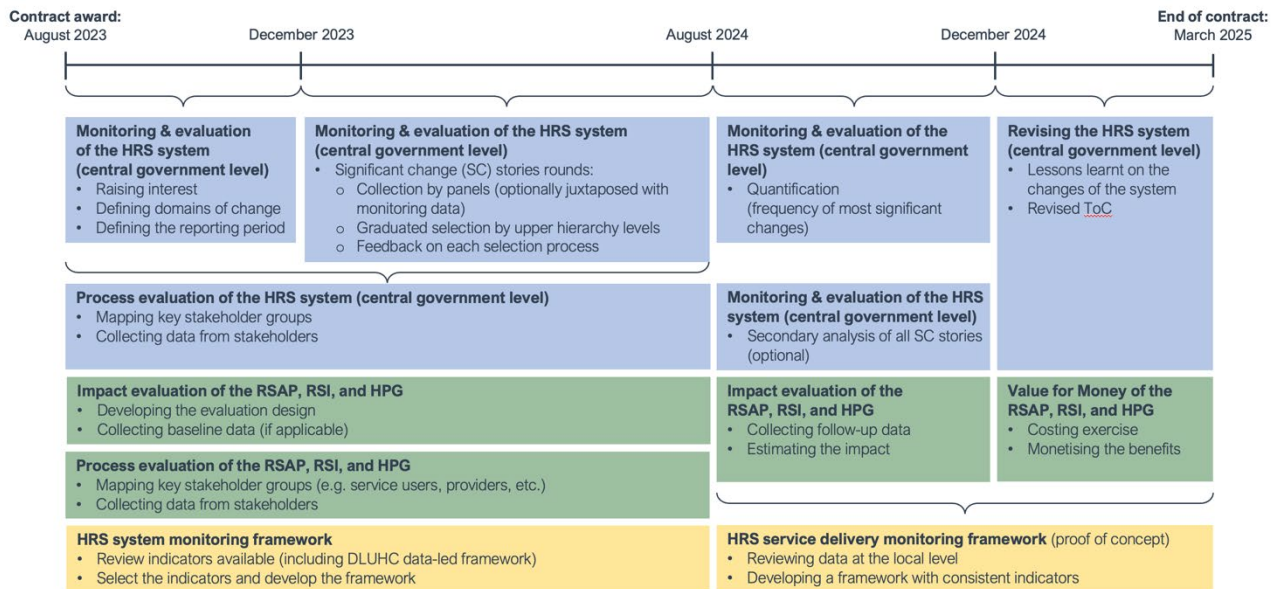


Figure 5 below shows the proposed timeline for the main evaluation components in case DLUHC decides to adopt a qualitative approach to analyse the HRS system at the central government level (for details, please refer to [Option 2. Qualitative approaches](#) in preceding section [HRS systems-wide impact & value for money evaluation](#)). The proposed timeline for the other components, i.e., the evaluations of core DLUHC programmes and the HRS system service delivery monitoring framework, remains unchanged from Figure 4.

- Evaluation of the HRS system (central government level) – Option 2:** this option encompasses a participatory monitoring and evaluation method that will be based on changes in the system being identified and reported by established panels of stakeholders within each component of the HRS system (one panel per component). Between August 2023 and December 2023, one panel of stakeholders will have to be established within each component of the system, define the domains of change to be considered by them and the frequency of their reporting. Panels will be convened in the agreed frequency between December 2023 and August 2024, to identify significant changes that have occurred since their previous meeting and then have them gradually reported to each level of hierarchy above them so that a shortlist of the most significant changes per round of reporting can be achieved and fed back to the panels before the next round of reporting. A final list of the most significant changes that have occurred within each component will be compiled at the end of this phase. A process evaluation of the HRS system can also run between August 2023 and August 2024; this can be informed by the emerging findings of the monitoring and evaluation method and vice versa, but in principle one methodology will not be dependent on the other. Quantification of the final list of most significant changes as well as secondary analysis of all significant changes identified by panels can take place between August 2024 and December 2024, which will provide the evidence base for the final phase (December 2024 – March 2025). The final phase will identify lessons learnt of relevance to the HRS system in its entirety, leading to the revision of the systems-wide ToC.

Figure 6. Timeline for the HRS systems-wide evaluation (qualitative approach)



7. Exploring the feasibility of evaluating core DLUHC programmes

Summary

This chapter summarises our proposed approach to evaluate the impact, process, and value for money of the core DLUHC programmes (HPG, RSI, RSAP).

Impact Evaluation Feasibility

An impact evaluation of the core DLUHC programmes would involve the following steps:

- Understanding key aspects of the programmes such as (i) timeline, (ii) funding allocation, (iii) aims and objectives, (iv) types of services funded, and (v) the target population groups.
- Identifying available data to measure impact in areas of interest. Our study focused on reviewing existing data sources that can be used in a national evaluation of the core programmes.
- Developing a methodological framework for evaluating each programme. The feasibility study identified the following as feasible options:
 - **HPG:** Theory-based model supported by wider literature and Test and Learn findings.
 - **RSI:** The two options identified include (i) developing a theory-based model drawing on 2018 RSI evaluation findings, and (ii) constructing a control group using synthetic control methods.
 - **RSAP:** Quasi-experimental designs using as a control group local authorities not participating in the programme.

Value for money Evaluation

- A value for money evaluation involves monetising the quantitative impact estimates of the three DLUHC programmes (including savings to the public purse, changes in psychological wellbeing and wider life outcomes) and linking them to programme costs (funding and any other administration costs).
- To monetise tangible and intangible benefits, the evaluators can use existing evidence or carry out primary research with key stakeholders (e.g., local authorities to calculate unit costs of homelessness and stated and revealed preference methods to monetise social benefits).
- Qualitative approaches implemented for the impact evaluation of the programmes cannot provide quantitative impact estimates feeding into the value for money evaluation framework. In this case, the value for money approach can be based on informed assumptions about the quantified impact of the programmes.

Process Evaluation

The key steps for designing the process evaluation of DLUHC's core programmes include (i) developing the evaluation themes and questions, (ii) identifying key stakeholder groups, and (iii) choosing suitable research methods.

- Evaluation themes: programme funding allocation and usage, programme effectiveness in reaching targets, synergies between programmes, and user interactions with services funded by core programmes.
- Stakeholder groups: service users, local authorities, and third sector organisations.
- Research methods: a mixed methods approach including primary research (interviews, surveys, workshops and focus groups) and analysis of programme monitoring data.

Introduction

Targeted frameworks, including process, impact and economic (value for money) evaluation, can be created to uncover evidence on what works in designing funding programmes to support HRS service delivery. Our feasibility research sets out the steps that evaluators should take to design suitable approaches for evaluating programmes that are core to DLUHC's strategy for ending homelessness and rough sleeping – in particular, HPG, RSI and RSAP.

The **impact evaluation** of specific programmes involves the following steps:

- Gaining a comprehensive understanding of programme aims, as well as expected outcomes and impact based on the systems-wide Theory of Change, as well as engagement with key stakeholders.
- Reviewing available data sources to identify indicators that can be used to capture outcomes and impact.
- Developing a methodological framework to estimate impact that is attributable to each programme. Our feasibility study explores designs falling under three main groups – that is, experimental, quasi-experimental, and theory-based approaches. The credibility of each methodological design in developing a counterfactual ('do-nothing') scenario, which assumes the absence of the core programme of interest, is discussed. This feasibility research draws from existing approaches to evaluating the core programmes, while novel methodologies, which might not have been applied so far, are also discussed. Levels of resources required for applying each design, including data requirements, and financial resources, are also explored.

The **economic evaluation** involves the development of a strategy for monetising impact estimated in the context of the impact evaluation, and linking it to programme costs (for example, through developing Cost Benefit Analysis models). Our feasibility research discusses options for attaching monetary values to different types of social and economic impact attributable to core DLUHC programmes in the context of CBA frameworks, in line with HM Treasury's guidance on best practice as set out in the Green Book. Options for quantifying tangible economic benefits to the central government, local authorities and other public bodies, as well as intangible social benefits are discussed.

The **process evaluation** involves defining the scope of the evaluation and specific research questions. Arriving at a list of stakeholder groups to be involved in the research is

also a key part of the process evaluation methodology. In addition, our feasibility research explores a set of feasible ways for collecting primary insights and inputs from key stakeholders – for example, including interviews, focus groups and surveys – and analysing them to address key questions.

This chapter discusses feasible options for carrying out the necessary steps to evaluate core DLUHC programme process, impact, and value for money. The impact evaluation feasibility starts with a brief description of each core programme and presents options for measuring outcomes and impact. Feasible methodologies to estimate impact that is attributable to core DLUHC programmes are then discussed. Topics around designing economic and process evaluation frameworks for the core DLUHC programmes are also outlined.

Exploring the feasibility of evaluating programme impact

Identifying and measuring programme impact: Understanding the Homelessness Prevention Grant

The Homelessness Prevention Grant was launched in 2021 to consolidate the Flexible Homelessness Support Grant (FHSG) and Homelessness Reduction Grant (HRG) into one funding scheme, providing additional support to local authorities. HPG funds local authorities to provide tailored services that aim to prevent homelessness and support those at risk. The grant also helps prevent rough sleeping and ensures compliance with the Homelessness Reduction Act 2017.

The new HPG combines funding streams that have distributed over £1 billion between 2017-2021. Core funding amounts to £310 million, comprising the previous FHSG and HRG funding, and an additional HPG funding of £47 million. The funding is further expanded in 2022-2025 to cover expenses related to changes in the priority need categories under the Domestic Abuse Act. In addition, local authorities received an exceptional winter top-up worth £65 million in 2021-2022 and £50 million in 2022-2023.

There is no bidding process for the HPG funding, and DLUHC allocates available resources to all local authorities in England based on specific formulas. Different parts of the funding are allocated through dedicated formulas that consider the homelessness and temporary accommodation challenges faced by local authorities, as well as local costs for providing homelessness and housing services.

The absence of a bidding process provides local authorities with greater flexibility in utilising the resources allocated to them, as they are not bound by specific requirements. As a result, each area may fund a different set of activities tailored to the particular needs of the people supported by the local authority. Services may include financially supporting a household to find a new home, working with landlords to prevent evictions, and providing temporary accommodation to single households and families.

However, DLUHC identifies three pressing priorities that the funding should aim to address across the country – namely reducing rough sleeping, reducing the number of families in temporary accommodation, and eliminating the use of unsuitable B&B accommodation for families.

Creating indicators to capture HPG impact

There is currently no monitoring data collected by DLUHC on the services funded by HPG and their specific outcomes. In addition, local authorities are allowed the flexibility to fund unique combinations of services to address local needs, thus introducing uncertainty about how HPG funding is utilised across local areas in England. This means that a central evaluation of the impact of HPG across the country, which relies on existing data, will be agnostic to outcomes and impact generated locally, as well as to the mechanisms through which these are generated.

As noted in the chapter Exploring HRS data collections, some local authorities may collect additional data than what is required by DLUHC for internal purposes. However, the availability and quality of this data may vary significantly across local authorities. If it is of interest, the evaluator could conduct primary research as part of the first stage of the evaluation to determine whether local authorities collect any HPG-specific information internally. It is important to note that conducting such research would require dedicating significant resources to primary research activities such as interviews with local authorities housing, homelessness, and data staff teams.

National statistics can be used to capture the expected impact of HPG across local authorities. An indicative list of indicators that can be drawn from the live tables of statutory homelessness and rough sleeping snapshots and management information to capture the impact that HPG is expected to generate is included in the following table on Indicators of HPG impact.

Table 2. Indicators on HPG impact

Impact area	Suggested indicator	Data source
Single households prevented from homelessness	Single households whose prevention duty ended with a successful outcome (secured accommodation)	Live tables on statutory homelessness
Families prevented from homelessness	Households with dependent children whose prevention duty ended with a successful outcome (secured accommodation)	Live tables on statutory homelessness
Households prevented from homelessness	Households whose prevention duty ended with a successful outcome (secured accommodation) by prevention activity	Live tables on statutory homelessness
Fewer families in temporary/unsuitable accommodation	Households with children in temporary accommodation	Live tables on statutory homelessness
	Number of households with children in B&B hotels (for more than 6 weeks) and hostels	Live tables on statutory homelessness
Ending rough sleeping	Counts of people sleeping rough; Counts of new people sleeping rough	Rough Sleeping Snapshot/Rough Sleeping Management Information

A more in-depth evaluation of the impact generated by HPG would require understanding the services that are delivered using available funds across local authorities, as well as their outputs, outcomes and impact. For this purpose, further research is necessary to identify how funding is used and arrive at a set of agreed outputs and outcomes flowing from HPG funding across local authorities. If the evaluator chooses to collect more data on the specified outputs and outcomes of the programme, primary research will have to be completed within the first stage of the evaluation (2023/2024).

The HRS systems-wide Theory of Change, being the theoretical framework that sets out the relevant mechanisms through which HPG can generate impact on various areas, can be used as a starting point for this exercise. Dedicated work will be required to arrive at a set of agreed outputs, outcomes and impact flowing from HPG across local authorities, as well as measures to capture these (see Developing a framework for evaluating the impact of core programmes section). In the absence of monitoring data collections, it is necessary that DLUHC collaborates closely with local authorities and other key stakeholders to develop a framework for collating monitoring information that can feed into a future evaluation. It should be noted that establishing such a framework would require an investment of substantial resources to identify agreed outcomes and metrics and develop a suitable infrastructure for consistent and regular collection of data minimising any burdens to local authorities.

Understanding the Rough Sleeping Initiative

The Rough Sleeping Initiative was launched by the UK government in 2018 as part of its efforts to reduce rough sleeping. The initiative has played a key role in the government's strategy to address this issue. The primary objective of RSI is to provide support to people who are sleeping rough (or those at risk of sleeping rough), with the aim of helping them to exit (or prevent) rough sleeping and improving their overall wellbeing.

The RSI funding has been used to help local authorities develop strategies to tackle rough sleeping, set up monitoring and data collection procedures, and hire outreach, in-reach, and specialist staff. The programme aims to achieve a long-term reduction in the number of people sleeping rough, reduce the number of people entering rough sleeping, reduce the time it takes for people to access off-street accommodation, and ensure that people can access the necessary support to stay off the streets.

In the 2022 Rough Sleeping Strategy, the government announced two key changes to the RSI programme. First, RSI will now provide longer-term funding over three years (2022-2025) instead of on an annual basis. Second, the programme will place greater emphasis on preventing rough sleeping. This will be achieved through funding services, such as supporting liaison with hospitals and prisons to support people leaving these institutions and working with accommodation providers to reduce evictions of people at risk of sleeping rough.

To achieve its goals, RSI will provide 14,000 beds for people sleeping rough, including 7,000 as off-street accommodation. The programme will also invest a significant portion of its funding in outreach and in-reach activities. A wide range of support will be provided to people sleeping rough, including health interventions, employability and training schemes, and financial management assistance.

Local authorities are encouraged to collaborate with other local and public services, as well as delivery partners, to offer tailored support that fits the needs of the local rough sleeping population. The RSI programme has several funding streams supporting different types of services, including outreach and in-reach services, temporary accommodation, longer-term housing, and specialised support for non-UK nationals. This allows local authorities the flexibility to offer person-centred support to people experiencing rough sleeping and those at risk of sleeping rough.

After an impact evaluation of the programme in 2018, which showed that RSI achieved significant improvements in reducing the number of people sleeping rough, the coverage of the programme was expanded. In 2021-2022, 281 local authorities received funding, and in 2022-2025, the RSI funding scheme will expand further and provide up to £500 million to 303 local authorities across England. Local authorities prepare and submit bids for RSI funding, with the support of DLUHC's local RSI advisers.

Creating indicators to capture RSI impact

A previous evaluation of RSI relied solely on statistics from the Rough Sleeping Snapshot to measure the impact of the programme on the incidence of rough sleeping in the 83 local authorities, which received funding in 2018.⁴¹ In addition to national statistics drawn from the snapshot, evaluators can utilise the following sources of data to quantify RSI impact on key areas in the future:

- management information about support for people sleeping rough in England,
- indicators developed in the context of the data-led framework created as part of the latest rough sleeping strategy, and
- RSI monitoring data collated through DELTA.

Our review indicates that existing data collections on rough sleeping offer a comprehensive set of options of indicators to capture the impact of RSI. However, depending on the methodology selected to evaluate the impact of the RSI programme, primary data collection may be required, as discussed in the section [Developing a framework for evaluating the impact of core programmes](#) of this chapter of the report.

The following table presents indicative indicators that can be drawn from national statistics (including the rough sleeping snapshot and the recent collections of management information on rough sleeping support), as well as from the data-led framework being currently in progress, to measure RSI impact on key areas of interest.

⁴¹ More information on the impact evaluation of RSI can be found here: <https://www.gov.uk/government/publications/rough-sleeping-initiative-2018-impact-evaluation>

Table 3. Indicators on RSI impact

Impact area	Suggested indicator	Data source
Reductions in rough sleeping	Counts of people sleeping rough	Rough Sleeping Snapshot/ Rough Sleeping Management Information
Reductions in people entering rough sleeping	Counts of new people sleeping rough	Rough Sleeping Management Information
Reductions in repeat & long-term rough sleeping	Counts of repeat/long-term rough sleepers in Target Priority Group and Target Thousand Groups (including individuals who have been sleeping rough 2 or more years out of the last 3 years or in 2 or more moths out of the last 12)	RSI Self-assessment & Monthly Management Information Survey (not publicly available)
	Number of 'returners' – people sleeping out again after being successfully supported into accommodation	Data-led framework
Reductions in time between identified as sleeping rough and moved into off-the-street accommodation	Length of time between the first time someone is identified sleeping rough and moved into 'off the streets accommodation'	Data-led framework
Increases in people previously sleeping rough moved into accommodation	Number of people who have moved into settled accommodation or supported housing	Rough Sleeping Management Information

RSI monitoring data can also be used in a more in-depth evaluation of the impact of RSI funding. In particular, data on housing and non-housing services funded by the programme, as well as on outcomes for users receiving these services, can be utilised to quantify the impact that is attributable to the programme. The level to which findings from such an evaluation are reliable depends on the consistency and quality of monitoring data across local authorities. It is important to note that, as discussed in the chapter [Exploring existing HRS data collections](#), data teams at DLUHC highlighted that RSI monitoring data can be inconsistent across local authorities, and overall data quality could be improved.

It also depends on strategies to develop a comparator scenario assuming the absence of RSI funding and observing outcomes for service users who are similar in their demographic background and types of need and do not receive services funded by RSI. A more detailed discussion of feasible options for developing reliable counterfactual scenarios is included in the following chapter.

Understanding the Rough Sleeping Accommodation Programme

The Rough Sleeping Accommodation Programme was launched in 2020 by DLUHC as part of the UK government's commitment to ending rough sleeping by 2024. The programme aims to provide up to 6,000 homes to people who are sleeping rough or at risk of sleeping rough, particularly those who have been affected by the Covid-19 pandemic.

RSAP has several objectives, including providing emergency accommodation for people in or at risk of rough sleeping and supporting them to find long-term sustainable housing. RSAP funding also aims to provide wrap-around support services, including mental health, employment and substance abuse support, and prevent people from returning to rough sleeping after securing suitable accommodation. RSAP promotes partnerships across local authorities, voluntary sector organisations and other stakeholders to tackle rough sleeping in a collaborative and coordinated way.

To address these objectives, it supports the purchase, development, repair and leasing/renting of suitable Move-On accommodation units, as well as hiring specialist staff to provide ongoing support to service users with specific needs.

It was introduced with a budget of £433 million, allocated to local authorities through a competitive bidding process. According to the latest data on RSAP 2021-2024 allocations, RSAP funded over 200 projects across England in 2022, with funding allocated to 173 local authorities. According to data from February 2022, RSAP funded 162 projects, with funding allocated to six third sector organisations to provide accommodation to rough sleeping populations in England. In September 2022, RSAP provided additional £39.4 million to 63 projects.

Local authorities are required to submit proposals outlining how they would use the funding to tackle rough sleeping in their area. The bidding process is designed to ensure that funding is allocated to projects that have the most substantial impact on reducing rough sleeping. Local authorities are required to demonstrate that they have the capacity and expertise to deliver the proposed services including collaborations with housing providers and other stakeholders.

Creating indicators to capture RSAP impact

The key data sources that evaluators could utilise to quantify RSAP's impact on outcomes of interest include national statistics (Rough Sleeping Snapshot and Rough Sleeping Management Information), as well as RSAP Quarterly Occupancy and Lettings Survey data collected through DELTA.

The following table includes an indicative list of indicators that can be drawn from the national statistics and the RSAP monitoring data to estimate the programme's impact on ending rough sleeping and improving housing stability.

Table 4. Indicators on RSAP impact

Impact area	Suggested indicator	Data source
Ending rough sleeping	Counts of people sleeping rough	Rough Sleeping Snapshot/ Rough Sleeping Management Information
Increases in people previously sleeping rough moved into accommodation	Number of people who have moved into settled accommodation or supported housing	Rough Sleeping Management Information
Improved housing stability	Number of lets ended due to occupants moving on to private rented sector accommodation/ general needs social housing/ supported housing or other pathways housing	RSAP Quarterly Occupancy and Lettings Survey Data (not publicly available)

RSAP monitoring data can also be used to better understand the effectiveness of RSAP. For example, information on the RSAP accommodation provided to people with a history of rough sleeping or at risk of rough sleeping and data on RSAP occupants moving on to the private rented sector/ social / supported housing could help quantify the programme's impact.

Estimating programme impact using suitable methods

Evaluating changes in key outcomes resulting from core programmes requires a suitable methodology for creating reliable comparator (counterfactual or do-nothing) scenarios. This section discussed topics around the development of credible counterfactual scenarios for policy impact evaluation, as well as a set of suitable methodologies for evaluating core DLUHC programmes. It also includes indicative options for each programme.

Creating a counterfactual scenario

A counterfactual scenario refers to what would have happened in the absence of the specific programme or policy being evaluated. It represents a hypothetical scenario where the programme or policy did not exist and allows for a comparison between the actual outcomes observed with the programme and what would have happened without it. The counterfactual scenario serves as a benchmark to assess the impact of the programme on the outcomes of interest.

The reliability of a counterfactual scenario depends on several factors. Identifying an **appropriate comparison group** is one of them. Treatment and comparison groups can be formed using data on individuals, or local areas. In this case, a comparison group will comprise local areas that are as similar as possible to the local authorities receiving funding (treatment group), except for the fact they do not receive funding from the core programmes. This ensures that any observed differences in outcomes between the treatment and comparison groups are attributed to the programme, and not to other factors

that may be influencing the outcomes. Our review of the core DLUHC funding programmes indicates that, given the number of local authorities receiving funding, forming a control group at the local area level would be challenging for an evaluation of the RSI, and HPG, but potentially feasible for the RSAP programme. This is reflected in our recommendations for suitable methodologies in Table 5.

Our initial review of the data indicates that constructing a control group at the local area level would be a more feasible option than using individual level data. Matching individuals who interacted with services funded by the core programmes to those who did not would be a particularly challenging process, as it may be difficult to obtain data on the outcomes of individuals who are homeless or rough sleeping but have no access to these services.

The quality of a counterfactual scenario also depends on the **availability and quality of data** on both the treatment and comparison groups. Data on both groups should be consistent and high-quality, with minimal missing data or measurement errors, to ensure that any observed differences in outcomes can be attributed to the programme. As a result, where the evaluation uses quasi-experimental methods, the model should rely on the same data sources for the outcomes of both the treatment and control groups.

Indicators on key areas of impact drawn from national statistics (as discussed in the previous section) can be used to evaluate the impact of core DLUHC programmes. While this data only allows for an approach that is agnostic to how funding is utilised on the ground (as well as the specific services supported through the programmes), it allows for the development of a consistent and comparable counterfactual scenario.

More detailed monitoring data can be used to further explore the mechanisms through which funding is utilised to deliver HRS outcomes and impact. However, programme monitoring data is only collected in local authorities receiving funding from core programmes, thus not allowing for comparing them with local authorities which do not receive DLUHC funding (and thus do not submit programme monitoring information).

Alternative options, such as utilising differences in timing of receiving funding across local authorities, can be explored. Utilising differences in timing means that local authorities which receive funding from a programme will be compared to local authorities which did not receive funding at the same time period (but at a later stage). For example, local authorities receiving funding in a given year can be compared with local authorities receiving funding in the next year. Monitoring data at the end of annual funding can be compared with baseline data (for example, from RSI self-assessments) submitted by local authorities which will receive funding the following year.

There are two wider classes of methodologies that could be practically implemented to create reliable counterfactual scenarios and thus evaluate the impact of HPG, RSI and RSAP: (i) quasi-experimental and (ii) theory-based approaches. A separate discussion on experimental approaches, and the reasons why they might not be suitable for evaluating central government funding programmes, is also included in this section.

Quasi-experimental methods

Quasi-experimental methods are adopted when implementing an experimental method is not feasible. These methods are considered a suitable alternative to randomised controlled

trials (RCTs) according to the Maryland Scale,⁴² as they simulate certain features of an experiment. Designs such as difference-in-differences, propensity score matching, and synthetic controls attempt to adjust for potential observed or unobserved differences between the treatment and comparator groups in order to construct a rigorous counterfactual scenario. We considered these methodological designs against each of the core programmes. Recommended methodological designs for each of the HPG, RSI and RSAP, along with a note on considerations, can be found in Table 5.

Difference-in-differences (DiD) is a quasi-experimental method that is widely used in policy and programme impact evaluation. The basic idea behind difference-in-differences is to compare changes in outcomes over time within a treatment group and a comparison group. Differences between these changes observed in the two groups are then calculated to arrive at estimates of the impact of the programme.

This method assumes that treatment and comparator groups (that is, local authorities) are similar in all aspects (for example, population, demand for homelessness and rough sleeping services, type of need, etc.), except for the fact that the treatment group receives funding from core DLUHC programmes. It relies on the assumption of parallel trends, which means that outcomes of interest change in the same way over time in the absence of the programme in both the treatment and comparator groups. Controlling for observable factors that can influence homelessness and rough sleeping outcomes is required to capture the impact attributable to core DLUHC programmes.

Impact Evaluation of the Rough Sleeping Initiative 2018

In 2019, DLUHC conducted an impact evaluation of the first year of the RSI. A difference-in-differences approach was implemented to estimate impact on counts of people sleeping rough. Estimates of people sleeping rough on a single night in 2017 (drawn from the rough sleeping snapshot statistics) were used as a baseline. The treatment group included the 83 local authorities receiving RSI funding, while the comparator group comprised the 83 local authorities with the next highest number of people sleeping rough in England.

The analysis controlled for a number of factors including the weather in the night of the rough sleeping snapshot count, historic levels of homelessness and rough sleeping, and differences in the methods for measuring rough sleeping. The impact evaluation found that compared to the counterfactual scenario, RSI led to a net reduction of 1,321 people sleeping rough in all local authorities receiving RSI funding.

Notes and references

More information on this evaluation is available [here](#).

⁴² More information about the Maryland Scientific Methods Scale (SMS) can be found [here](#).

Propensity score matching methods are used to develop artificial comparison groups to be compared with treatment groups. They rely on statistical techniques (for example, nearest neighbour matching and exact matching) to create pairs of local authorities receiving funding and those not receiving funding based on a set of characteristics that are likely to be related to both receipt of funding and outcomes of interest. Propensity scores represent the probability of receiving funding given local authority demographic characteristics and HRS needs, and matching is done on the basis of these scores.

It should be noted that propensity score matching can be implemented when treatment groups are much larger than comparator groups (which is the case for RSI and RSAP). However, propensity score matching methods require large sample sizes, and sufficient numbers of units in comparison groups (that is, local authorities not receiving funding) with characteristics that correspond to those of local authorities receiving DLUHC funding from the core programmes. Overall, the validity of estimates produced using this method relies on the factors and characteristics that are used to match local authorities in the treatment and comparison groups.

Synthetic control methods are implemented to create an artificial comparator group using historical data on local authorities receiving DLUHC funding prior to the launch of the core funding programmes. They are particularly useful when it is not possible to identify a suitable comparator group or when the units receiving the programme or policy are entire areas. In addition, synthetic control approaches are suitable when there are small numbers of treatment and comparator units.

The idea behind synthetic control methods is to utilise variation in trends across time rather than across units. Historical data from units (or areas) not participating in a programme or policy are combined to develop an artificial comparison group that closely resembles the treatment group in terms of characteristics and trends prior to implementing the programme or policy. Pre-treatment characteristics are chosen based on their relevance to outcomes of interest. Then a strategy for weighting untreated units is implemented to design a synthetic group that is similar to the group of local authorities receiving funding. It should be noted that the validity of estimates from this method relies on the availability of a pool of comparable observations from local authorities not receiving funding from the core programmes on which to draw a synthetic control group.

Before-after methods do not require the creation of comparison groups. They rely on the assumption that previous trends in key HRS outcomes would have continued in the absence of the policy or programme of interest. In this case, the counterfactual scenario is created by modelling the continuation of trends in key characteristics prior to the programme. Hence, any changes in the outcomes of interest can be interpreted as the impact of the programme. It is considered less robust compared to other quasi-experimental methods because it cannot rule out the possibility that changes in outcomes of interest are not caused by factors other than the programmes that are evaluated.

Theory-based methods

Theory-based methods can be implemented where quasi-experimental designs are not feasible – for example, in the case of a programme that delivers funding to all local authorities in England thus not allowing for the creation of a reliable counterfactual scenario. These methods rely on evidence from the wider literature, as well as discussions

with key stakeholders, to arrive at credible assumptions about the impact of the programmes of interest on key HRS outcomes.

In addition, evidence from other research carried out for understanding and assessing different elements of the HRS system can feed into the development of a theory-based approach to measure the impact of core DLUHC programmes. For example, evidence from experiments and quasi-experimental designs to evaluate the impact of specific HRS interventions aiming to prevent homelessness and rough sleeping carried out as part of the Test & Learn project could be used to arrive at assumptions of the HPG impact across the country.

Experimental methods

Randomised Controlled Trials (RCTs) are experiments widely considered the gold standard for evaluating the effectiveness of policies and programmes. The basic idea behind an RCT is to randomly assign individuals, groups, or areas to either a treatment group or a control group, and then compare outcomes between the two groups. The treatment group receives the policy or programme being evaluated, while the control group does not. This allows researchers to compare outcomes between the two groups and determine whether the programme had an effect.

Randomisation is a critical component of RCTs, as it helps to ensure that the treatment and control groups are similar in all respects except for the programme being evaluated. This helps minimise the impact of confounding factors, such as differences in demographics or socioeconomic status, that might otherwise influence outcomes.

While RCTs are considered the most credible approach to evaluating policy impact, they are not feasible for evaluating funding programmes implemented across local authorities in England for several reasons.

Firstly, excluding local authorities from funding aiming to support them to tackle homelessness and rough sleeping in the area has important ethical implications. Randomly selecting some local authorities to receive funding and excluding others might result in local areas not getting the necessary aid to address local need and support vulnerable populations.

In addition, RSI, RSAP and HPG are already implemented and have their own mechanisms for distributing funding – either through funding allocation formulas applied to decide on the level of funding that each local authority will receive (HPG) or through bidding processes (RSI and RSAP). This means that randomly selecting treatment and control groups is not feasible at this stage.

RCTs may be more feasible at the pilot stage of a future national programme, rather than for a programme that is already in place. In such cases, researchers can randomly assign pilot areas to either a treatment or control group, and then evaluate the impact of the programme of interest in a controlled pilot setting.

Developing a framework for evaluating the impact of core programmes

Homelessness Prevention Grant

Our review of the core DLUHC programmes indicates that a quasi-experimental approach would not be feasible for evaluating the HPG programme for the following reasons:

- HPG funding is allocated to all local authorities in England. HPG funding formulas account for homelessness pressures and the number of people in temporary accommodation. As a result, it is likely that local authorities with similar statistics in the areas of interest will receive a similar level of funding.
- Furthermore, local authorities receiving HPG funding are not required to spend it towards specific activities, hence, they have significant flexibility in selecting how to allocate this funding locally. As a result, services funded by HPG may vary greatly between local authorities.

Consequently, it is not feasible to build a robust control group and apply quasi-experimental methods, such as difference-in-differences. Additionally, given HPG replaced previous similar programmes which funded all local authorities across the country, there is no historical data to support a 'before/after' approach. Therefore, the most suitable class of models for evaluating the HPG programme are theory-based models. Using a theory-based model, the evaluator will be able to attribute observed changes in the outcomes of interest (see Table 2).

A theory-based model could be informed by the following research activities:

- A comprehensive desk-based review of academic and grey literature, as well as previous evaluations of similar interventions.
- In the absence of HPG monitoring data, the evaluator will have to conduct primary research (e.g. interviews, focus groups) with stakeholders such as local authorities and service providers to understand what types of interventions are funded through HPG.
- Finally, the evaluation could develop a survey to collect monitoring information regarding project delivery and intermediate outputs across a sample of or all local authorities receiving funding from HPG.

Rough Sleeping Initiative

Our review finds that both quasi-experimental and theory-based methods are feasible options for evaluating the RSI. Local authorities receive funding following a bidding process. The number of local authorities receiving funding increased through the years, with 246 local authorities receiving RSI funding in 2019/20, 281 local authorities in 2021/22, and 303 local authorities for the period 2022-2025. The 2021/22 RSI programme can be evaluated by implementing synthetic control methods to construct a counterfactual scenario using historical data from local authorities not receiving funding to create an artificial control group that resembles what would have happened in the absence of the intervention in the local authorities receiving RSI funding.

However, as there will only be 6 local authorities not receiving funding between 2022-2025, it is not feasible to form a reliable control group to evaluate RSI in this period. Hence the evaluator will have to specify a theory-based model, through a mixed-methods approach, following similar steps as those outlined above for the evaluation of HPG, relying on RSI monitoring data, evidence from the past evaluation of RSI (2018, and 2021/22 if a separate quasi-experimental evaluation is carried out for that period), and primary research with key stakeholders where necessary.

Rough Sleeping Accommodation Programme

Our review indicates that a quasi-experimental approach, such as difference-in-differences or synthetic control methods could be feasible for evaluating RSAP. RSAP funding was allocated to approximately half of the local authorities in England following a competitive bidding process. Therefore, the sample of local authorities not receiving funding is large enough to construct a reliable control group.

The evaluation could be carried out utilising matching methods (e.g. Propensity Score Matching) for a subset of local authorities with similar characteristics in the treatment and control groups and implement a difference-in-difference model. Alternatively, a synthetic control group could be built using historical data on the outcomes of interest from local authorities not receiving funding. Synthetic control methods are particularly useful when the observation units are areas, hence appropriate for this type of evaluation. Finally, if it is not feasible to form a reliable control group from the methods mentioned above, the evaluator could use a before-after design, comparing outcome indicators after the programme implementation with their values before the programme.

Table 5, below, presents feasible options for evaluating each core DLUHC programme. It includes suggestions on suitable methodologies for evaluating each programme, key issues relating to methodologies that evaluators should consider, key data resources that could be used for the evaluation, as well as information on the main stage evaluation timeline. More information on the evaluation timeline can be found in the section [Indicative timelines](#).

Table 5. Options for evaluating core DLUHC programmes

Programme	Suitable methodologies	Key considerations	Suggested indicators	Data resources	Evaluation timeline
Homelessness Prevention Grant	Theory-based method drawing from evidence in the wider literature, Test & Learn and targeted research involving key stakeholders from DLUHC and local authorities.	HPG is delivered to all local authorities in England depending on the pressures they face. Therefore, it is not feasible to create a credible comparator group comprising local authorities <i>not</i> receiving funding. In addition, HPG replaced previous similar programmes implemented across the country, so a before/after framework is also <i>not</i> suitable.	<p>Single households whose prevention duty ended with a successful outcome (secured accommodation)</p> <p>Households with dependent children whose prevention duty ended with a successful outcome (secured accommodation)</p> <p>Households whose prevention duty ended with a successful outcome (secured accommodation) by prevention activity</p> <p>Households with children in temporary accommodation</p> <p>Number of households with children in B&B hotels (for more than 6 weeks) and hostels</p> <p>Counts of people sleeping rough; Counts of new people sleeping rough</p>	<p>National statistics</p> <p>Local authority survey to identify HPG budgets spent in 2023/24</p> <p>Primary research (e.g., interviews, focus groups, surveys) to inform the theory-based approach</p> <p>Further development: identifying a list of agreed programme outcomes and collecting consistent monitoring information across local authorities</p>	<p>2021/22, 2022/23 and 2023/24 HPG funding can be evaluated as part of the main stage evaluation prior to the next Spending Review.</p> <p>2024/25 HPG funding cannot be evaluated prior to the next Spending Review, as it will still be ongoing.</p>

Rough Sleeping Initiative	<ul style="list-style-type: none"> • Theory-based method drawing on evidence from the evaluation of the RSI pilot. • Synthetic control group method utilising evidence from local authorities not receiving funding. 	<p>In 2019/20, 246 local authorities received funding, meaning that a quasi-experimental approach (e.g., a synthetic control method) can be applied to develop a comparator group drawing on evidence from local authorities not receiving RSI funding. However, the number of RSI recipients increases over the years, limiting the scope for creating a reliable counterfactual scenario. By 2025, 303 out of 309 local authorities will receive funding, not allowing for the development of a counterfactual scenario.</p>	<p>Counts of people sleeping rough</p> <p>Counts of new people sleeping rough</p> <p>Counts of repeat/long-term rough sleepers in Target Priority Group and Target Thousand Groups (including individuals who have been sleeping rough 2 or more years out of the last 3 years or in 2 or more moths out of the last 12)</p> <p>Number of 'returners' – people sleeping out again after being successfully supported into accommodation</p> <p>Length of time between the first time someone is identified sleeping rough and moved into 'off the streets accommodation'</p> <p>Number of people who have moved into settled accommodation or supported housing</p>	<p>National statistics</p> <p>Data-led framework</p> <p>RSI Self-assessment and Monthly Management Information Survey</p> <p>Primary research (e.g., interviews, focus groups, surveys) to inform the theory-based approach</p>	<p>2019/20, 2020/21, 2021/22, 2022/23 and 2023/24 RSI funding can be evaluated as part of the main evaluation stage.</p> <p>2024/25 RSI funding cannot be evaluated prior to the next Spending Review, as it will still be ongoing.</p>
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Rough Sleeping Accommodation Programme	<ul style="list-style-type: none"> • Before-after method to measure the impact of RSAP implemented in 2020/21. • Synthetic control group method to construct a credible comparator group comprising local authorities not receiving RSAP funding. • Difference-in-differences to identify RSAP impact (using a subset of local authorities with similar characteristics in treatment and control groups). 	<p>136 local authorities have not received RSAP funding, allowing for the development of quasi-experimental approaches to estimating impact attributable to RSAP.</p>	<p>Counts of people sleeping rough</p> <p>Number of people who have moved into settled accommodation or supported housing</p> <p>Number of lets ended due to occupants moving on to private rented sector accommodation/ general needs social housing/ supported housing or other pathways housing</p>	<p>National statistics</p> <p>RSAP Quarterly Occupancy and Lettings Survey Data</p>	<p>2020/21, 2021/22, 2022/23, 2023/24 RSAP funding can be evaluated as part of the main evaluation stage prior to the next Spending Review.</p> <p>2024/25 RSAP Revenue funding cannot be evaluated prior to the next Spending Review, as it will still be ongoing.</p>
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Exploring the feasibility of estimating programme value for money

The value for money approach described below can be used to monetise the quantitative impact of core DLUHC programmes estimated by implementing any quantitative approach described in the previous section. It should be noted that qualitative approaches for the impact evaluation of the DLUHC programmes cannot provide quantitative estimates of impact to feed into the value for money approach. In this case, the value for money approach should be based on informed assumptions about the quantified impact of the programmes.

The proposed approach will consist of developing a suitable value for money model – for example, a Cost Benefit Analysis (CBA) framework, that will allow monetising the impact of the programmes (including tangible and intangible impacts) and comparing the impact to the cost of the programme (that is, funding and any other administration costs).

Key benefits monetised as part of the value for money assessment for each core programme will flow from achieving programme targets, including, for example, reductions in rough sleeping (RSI), households prevented from homelessness (HPG), reduced length of stay in temporary accommodation (HPG), and people transitioning from rough sleeping to long-term, suitable accommodation. In particular, the following benefits are expected to flow from improved HRS outcomes:

- savings to the central government, local authorities, and other public bodies as a result of people exiting (or not ending up in) HRS and thus not requiring support,
- changes in psychological wellbeing outcomes, and
- changes in wider life outcomes (in the short as well as the longer-term).

Benefits expected to materialise in the future will need to be discounted (considering the time value of money) to estimate their present value. This discounting exercise assumes that people prefer to receive benefits now rather than in the future. Following HM Treasury guidance in the Green Book, a social discount rate of 3.5% can be used. In this way, the Net Present Value (that is, the difference between total discounted benefits and costs) of core DLUHC programmes can be calculated. The Benefit Cost Ratio – BCR (that is, the ratio of total discounted benefits over costs) can also be calculated, providing headline figures that help grasp the impact of the programmes, as well as inform future funding decisions.

Estimating savings to the public purse

Savings to the public purse will emerge from people exiting (or being prevented from) homelessness and rough sleeping, and thus not requiring HRS support. Therefore, the first step to estimating the level of savings flowing from core DLUHC programme involves identifying the services that people would receive if they were threatened by or experiencing homelessness and rough sleeping. Examples of services include homelessness prevention and relief services, as well as mental health services, drug and alcohol treatment, and criminal justice system services.

The next step involves estimating the costs avoided due to the reduced use of those services. Unit costs of HRS services can be drawn from existing evidence. Statistics on

local authority expenditure on housing and homelessness services,⁴³ as well as evidence from the existing literature can be used. For example, previous research by Crisis⁴⁴ and DLUHC⁴⁵ calculate annual savings from reduced use of homelessness and other public services per household avoiding homelessness. The Greater Manchester Combined Authority (GMCA) unit cost database⁴⁶ also includes cost estimates of housing services (e.g., average annual local authority expenditure per individual experiencing rough sleeping, the average weekly cost of providing hostel accommodation to a household in homelessness etc.), as well as other services relating to crime, employment, health and social services, among others. Alternatively, future research can be commissioned to calculate unit costs of homelessness and other services in collaboration with local authorities (e.g., develop a representative sample of local authorities to update or expand on existing research that might be outdated).

Furthermore, the evaluators should also specify when the benefits will start materialising, and how persistent they will be over time. Additionally, it should be noted that some service users (e.g., people with multiple complex needs) might continue accessing support services after transitioning into suitable accommodation. For example, research that we carried out to explore the impact of introducing the right to adequate housing in Wales, commissioned by Tai Pawb, the Chartered Institute of Housing Cymru and Shelter Cymru,⁴⁷ suggests that some households will continue receiving support to prevent homelessness even after successfully exiting homelessness.

Estimating social benefits

According to HM Treasury's Green Book, there are different techniques to estimate costs and benefits that do not have a market price. Non-market outcomes can be valued using stated and revealed preference methods. Stated preference methods include contingent valuation techniques, that is, developing questionnaires to elicit willingness to pay to receive or avoid an outcome or willingness to accept a loss. The revealed preference methods aim to specify the price of a good by examining consumers' behaviour in a similar or related market.

Some examples of non-market outcomes, which can flow from improvements in HRS outcomes, include employment, housing stability, family problems resolution, independent living (particularly for people with disability or other types of complex needs), as well as psychological wellbeing. Evidence from the literature on the impact of similar programmes can be used by the evaluator to estimate the likely impact of the DLUHC programmes on the non-market outcomes. Then, also using evidence from the existing literature, the evaluator will monetise these outcomes. For example, psychological wellbeing can be

⁴³ Statistics on local authority revenue expenditure and financing in England can be found [here](#). The Revenue Expenditure on Housing Services includes information on local authorities' expenditure on homelessness activities.

⁴⁴ Crisis research can be found [here](#): and [here](#).

⁴⁵ DLUHC research can be found [here](#).

⁴⁶ The GMCA unit cost database can be found [here](#).

⁴⁷ Our report is available [here](#).

monetised drawing from evidence on the value of improved wellbeing due to moving from homelessness to secure housing, as estimated by 2018 Crisis research.⁴⁸

In addition, there are also frameworks that can be used to attach monetary values to the impact flowing from core DLUHC programmes. For example, the UK Social Value Bank is a source of evidence on the monetary values of a number of relevant outcomes.⁴⁹

Alternatively, DLUHC can commission further primary research to identify the public's willingness to pay to end homelessness and rough sleeping. A similar contingency study was carried out by Loubière et al. (2020).⁵⁰ This study explores European citizens' willingness to pay more taxes to reduce homelessness through the Housing First model. By carrying out a telephone survey, the authors find that around 40% of respondents were willing to pay approximately 30 euros through annual taxation to implement the Housing First model.

Distribution analysis

Distributional analysis can be also carried out to explore the impact that specific programmes might have on income redistribution. This analysis is mainly applied to programmes involving benefits and income transfers to groups of recipients at the lower ends of the income distribution. This approach helps evaluators understand how both any financial benefits from core programmes (for example, increases in housing benefits) are distributed across different populations cohorts (depending on individuals' characteristics, such as income level, or geographical location).

HM Treasury's Green Book suggests that costs and benefits of the programmes are weighted considering the population cohorts that are affected by those programmes. This approach assumes that some population groups may benefit or be affected more negatively than others. For example, a programme's benefits to low-income households might get a higher weight compared to higher-income households to reflect the fact that the value of £1 is higher the lower a household is in the income distribution.

For instance, our analysis of the impact of ending the freeze in Local Housing Allowance (commissioned by Crisis) uses welfare weights for all households depending on their place in the income distribution to estimate the distributional impact of increases in impact for households threatened with homelessness.

The aim of distributional analysis is to identify potential disparities or inequities in the distribution of benefits and costs of the programmes, which can be critical in ensuring that the benefits are distributed fairly across the populations of interest.

⁴⁸ The report is available [here](#).

⁴⁹ This tool is available here: <https://hact.org.uk/tools-and-services/uk-social-value-bank/>

⁵⁰ This research can be accessed [here](#)

Exploring the feasibility of evaluating programme process

Evaluation themes and research questions

The first step to defining the scope of a process evaluation of each DLUHC programme involves setting out overarching evaluation themes, which can then be used as a guide to the evaluation. Based on conversations with DLUHC stakeholders, as well as evaluation and HRS policy experts, we identified the following core themes that a process evaluation should focus on:

- **Programme funding allocation & usage:** exploring how local authorities and third sector organisations allocate DLUHC funding to HRS services and interventions on the ground.
- **Programme effectiveness in reaching targets:** understanding what type of activities and services are prioritised and in the context of the programmes, the effectiveness of these activities, and data collection practices.
- **Synergies between different programmes:** exploring interactions between core programmes and wider programmes and policies, as well as interactions between different actors and data sharing arrangements.
- **User interactions with services delivered under core programmes:** exploring the effectiveness of different programmes across user types, including barriers and challenges that affect efficient delivery of services funded through the programmes.

Table 6 presents an indicative list of research questions, including central questions as well as programme-specific questions for each theme.

Engaging with relevant stakeholder groups

The next step involves identifying and engaging with relevant stakeholder groups and deciding their contribution to the process evaluation. The agreed research questions and objectives inform the selection of key stakeholder groups to be included in the process evaluation. Based on the research themes and questions outlined in the previous sections, the following groups should be involved in the process evaluation of the core programmes:

- **Service users:** Involving those who are currently experiencing, or have experienced homelessness and rough sleeping in the past, is key to understand how programmes and service delivery works on the ground. To this end, the process evaluation should involve a wide range of service users with different needs to understand how these needs to influence and define users' experiences within the system, as well as barriers to accessing services and support. In particular, engaging with different groups will offer insights into the benefits that the programmes can generate for users, and help policy makers understand how services are viewed by users and identify challenges and areas for improvement.

Given the vulnerability of this group, it's essential to build trust and provide safe spaces, where individuals feel comfortable sharing their experiences and voicing their concerns.

- **Local authorities:** Local authorities play a critical role as they are responsible for translating central government funding schemes into HRS services and support within specific areas, ensuring smooth implementation of services to address needs. Their contribution to the process evaluation is crucial to identify (i) how funding is used and the challenges in accessing it, (ii) the effectiveness of services in reaching desired outcomes, (iii) data collection practices, and (iv) synergies between programmes and interactions with other public bodies and organisations.
- **Third sector organisations/commissioned groups:** Understanding how different services are delivered using funding from core DLUHC programmes is an important aspect of the impact evaluation. To this end, third sector organisations commissioned to deliver services using DLUHC funding should be involved in the research. Discussions with third sector providers can focus on understanding delivery models, interactions with local authorities, effectiveness in reaching targets, and challenges, among other topics.

Exploring different data collection options

In order to address the research questions, there are a number of data collection tools that can be used depending on the research questions as well as the resources allocated to conduct the process evaluation (suggestions to be considered by the evaluator for each research theme are included in Table 6). The evaluators can choose from the following list of tools:

Interviews

Interviews allow to explore stakeholders' experiences in depth. The advantage of conducting interviews is that researchers can ask follow-up questions and gather specific insights on some topics, which is not possible when using other research tools, for example surveys, where the list of questions is decided before the survey implementation and cannot be tailored based on respondents' experiences.

Information collected from interviews can be compared with data collected using other research tools (e.g., monitoring data on core programmes), as well as complement quantitative findings to understand the mechanisms through which impact is generated.

Surveys

Compared to interviews and focus groups, surveys allow for gathering a greater amount of quantitative and qualitative data in a cost-effective way. Targeted strategies should be developed to create a list of questions and queries that allow for understanding key topics around core DLUHC programmes without posing substantial burdens to participants. In addition, strategies for minimising the risk of attrition, low response rates and response inconsistency should be designed – for example:

- Developing a short and targeted survey to limit the burden on respondents
- Ensuring that respondents understand the value of the research and its relevance to them
- Sense-checking the survey both internally and with a sample of stakeholders to ensure that the language and the content is accessible to the target audience

- Offering support to the respondents (e.g. setting out an ad-hoc support email address)
- Offering alternative methods to complete the survey (e.g. providing paper-based copies of the survey)
- Collaborating with other organisations to promote and distribute the survey

While surveys can help to collate a wealth of valuable information, they can also be time-consuming and require a lot of capacity from local authorities and service providers. Given that programme monitoring data is already sent to DLUHC on a regular basis, efforts should be made to improve existing tools including data collection processes and streamline reporting systems.

Workshops and focus groups

Workshops and focus groups can be used to bring together multiple stakeholders involved in the design, implementation, and delivery of HRS services and collect views on specific aspects of DLUHC programmes. Workshops allow for uncovering different points of view and stimulate discussions among stakeholders. During workshops, facilitators can ask questions to encourage participants to express their opinions and share their thoughts and insights, while ensuring that everyone is given the opportunity to contribute to the discussion.

Focus groups can also be used to engage service users with the process evaluation researchers. During the focus groups, a series of techniques can be implemented to ensure wide and quality participation such as: (i) the sessions being structured to make participants feel confident and motivated to engage with the discussion, (ii) asking appropriate questions to stimulate discussion and having skilled facilitators who will have prompting questions ready to encourage participants to elaborate and seek input from quieter participants e.g. 'does that chime with your experience?', (iii) having an easily accessible centrally located location(s), (iv) the sessions being time-limited, with comfort breaks included in longer sessions, and (v) incentives may be provided to encourage individuals to participate.

Monitoring Data

Frequent data collection on programme implementation and outputs is an important source of evidence for addressing process evaluation questions. Monitoring data is reported for RSI and RSAP, but not HPG, demonstrating that different DLUHC programmes will require different types of methods to evaluate process given differences in data availability.

Useful monitoring indicators for a process evaluation include outputs flowing from funding programmes – for example, the number of staff hired, the number of interventions being on or behind schedule, and the number of services mobilised. These indicators relate to how services operate and provide quantitative insight into their effectiveness and efficiency. Indicative lists of monitoring data currently collected in the context of RSI and RSAP can be found in Appendix C.

Table 6 below presents the themes and questions for core DLUHC programmes.

Table 6. Process evaluation themes & questions for core DLUHC programmes

Overarching themes	Research tools	Central Research Questions	Programme-specific questions	
Programme funding allocation & usage	Interviews with local authority representatives. Survey with local authorities.	How is the funding used? Is the way the central government funds homelessness and rough sleeping programmes the most effective way to deliver outcomes? What are the main challenges and good practices identified?	HPG	<ul style="list-style-type: none"> • How do local authorities use HPG funding? Are they using funding to prevent homelessness at the right time? • What are the immediate outputs of funding (e.g., number of staff hired, number of people accessing services)? • What would be the impact of increasing/reducing the HPG for local authorities? • What are the current barriers and opportunities for improvement? • Can we identify good practices and share learning of ways in which challenges have been overcome?
			RSI	<ul style="list-style-type: none"> • How do local authorities use RSI funding? • What activities are being delivered by local areas? • Does the way in which funding is received impact service delivery? • How important is the funding model (flexibility to deliver local, tailored support) to the impact it has on rough sleeping? • What are the immediate outputs of funding (e.g., number of staff hired, number of people accessing services)? • What are the current barriers and opportunities for improvement? • Can we identify good practices and share learning of ways in which challenges have been overcome?

			RSAP	<ul style="list-style-type: none"> • What activities are being delivered by local areas as part of RSAP? How are decisions made? What does local delivery look like? • What difference does the capital funding make to the local housing stock? • What types of properties does RSAP fund? Are some more successful than others? • What are the current barriers and opportunities for improvement? • Can we identify good practices and share learning of ways in which challenges have been overcome? • How are implementation processes funded (e.g. administrative costs, hiring staff)?
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Programme effectiveness in reaching targets	Interviews with local authority representatives. Interviews with third sector organisations/commissioned groups. Focus groups with local authorities. Focus groups with third sector organisations/commissioned groups.	Are programme activities adequately meeting the needs of the local population? Are programme activities conducted efficiently and effectively?	HPG	<ul style="list-style-type: none"> • To what extent is HPG used as a targeted grant (to prevent homelessness) within LA budgets? • How is HPG funding being used most effectively at the local level? • What activities are most successful in preventing homelessness? • Do local authorities collect HPG monitoring data? What types of data are collected?
			RSI	<ul style="list-style-type: none"> • Are certain activities more impactful in certain areas? • What implementation challenges do service providers face? • What monitoring data is collected across local authorities? Could this be done more effectively?
			RSAP	<ul style="list-style-type: none"> • Are areas providing the level of support to the different groups as expected (ratio of key workers to placements)? • What implementation challenges have been faced by service providers? • How does RSAP collect data from activities? Could this be done more effectively?

Synergies between different programmes	Interviews with local authority representatives. Interviews with third sector organisations/commissioned groups. Focus groups with local authorities. Focus groups with third sector organisations/commissioned groups.	How do programmes interact with each other? Can programmes collaborate to create more efficient and effective delivery of services? How do different actors interact in the context of each core programme? How is data shared between programmes? Can this be done more effectively to improve user experience (e.g. streamlined referral systems)?	HPG	<ul style="list-style-type: none"> • What dependencies exist with other funding streams? • How does HPG interact with/complement other DLUHC programmes? • Can best practices be identified and shared between programmes? • Do local authorities/service providers/DLUHC share data about HPG funding? Can this be streamlined for better service delivery?
			RSI	<ul style="list-style-type: none"> • What dependencies exist with other funding streams? • How does RSI interact with/complement other DLUHC programmes? • How successful is RSI in filling the gaps and supporting different sectors (e.g. health)? • Can best practices be identified and shared between programmes? • Do local authorities/service providers/DLUHC share data about RSI funding? Can this be streamlined for better service delivery?
			RSAP	<ul style="list-style-type: none"> • How does RSAP interact with/complement other DLUHC programmes? • Can best practices be identified and shared between programmes? • Do local authorities/service providers/DLUHC share data about RSAP funding? Can this be streamlined for better service delivery?

User interactions with services delivered under core programmes	Interviews with service users and individuals with lived experience. Focus groups with service users and individuals with lived experience.	How do DLUHC programmes work (or not work) for different types of HRS users, including but not restricted to (i) institution leavers, (ii) survivors of domestic abuse, (iii) individuals with restricted eligibility, (iv) non-UK nationals, (v) people with multiple and complex needs, and (vi) target priority groups?	HPG	<ul style="list-style-type: none"> • What user profiles does the HPG target? • What services are most accessed by the different groups? • Can users access the appropriate HPG services to meet their needs? • Who does HPG work most effectively for (i.e., for different cohorts)? • What barriers and pressure points exist that prevent users from accessing HPG services? • Which approaches work for whom? What are the successful approaches for people who are homeless or at risk of homelessness?
			RSI	<ul style="list-style-type: none"> • Do placements receive the support they need to sustain tenancies in the longer term? • How do various types of users access RSI services? • Can users access the appropriate RSI services to meet their needs? • Which approaches work for whom? What are the successful approaches for people who cycle in and out of rough sleeping? • What barriers and pressure points exist that prevent users from accessing RSI services?
			RSAP	<ul style="list-style-type: none"> • What user profiles does the RSAP target? • Can users effectively access housing provided using RSAP funds? • What works well to ensure users can receive supports that meet their needs? • What barriers and pressure points exist that prevent users from accessing housing?

Appendix A. Research fieldwork

Workshops

After developing an initial prototype of our systems-wide ToC and HRS service map, we held workshops to gather feedback and steers which feed into the final framework.

We conducted four sessions between December 2022 and January 2023 attended by:

- 28 stakeholders from local authority homelessness and housing teams,
- 6 stakeholders from third sector organisations, and
- 6 stakeholders from other government departments and public bodies (including the MoJ, Home Office, NHS Trust, Cabinet Office, and DWP).

Engagement with past and present HRS service users

Participant characteristics

We engaged with a total of four service users who had lived experience of accessing (or attempting to access) the HRS system currently or in the past. The table below demonstrates some of their relevant attributes.

Table A1: Interview participants' characteristics

Participant characteristic	Representation within participant group
Current, previous, or 'other' service user	o Two current, one previous, and one 'other'
Sex	o Two males and two females
Type of support needs (Note that participants may have had areas of need that they did not disclose to us within the focus group, meaning this list may not be exhaustive)	Overall, participants represented the following support needs (at the time of accessing the HRS system): o History of rough sleeping o Older age o History of mental health problems o Physical ill health o Alcohol dependency needs o Gambling harm

Topics of discussion

Below are the key topic areas covered within our discussion with past and present HRS service users. These topics were chosen so that the user journeys could be fully captured by the focus group. We ensured that we covered all of the topics listed but were also flexible in allowing participants to tell us as much or as little about their experiences as they were comfortable with.

Key topic areas:

- Entering the HRS service map (initial entry points, accessing the system through a local authority or third sector service provider etc.).
- Needs assessments conducted and by which kinds of organisations.
- Types of support offered, including offers of accommodation, and by which kinds of organisations.
- Exiting the HRS service map (either positively through access to suitable longer-term accommodation or negatively through not having access to services needed).
- Recommendations for the future of the HRS system.

Engagement with local authorities

We conducted semi-structured interviews with 20 different local authorities (23 interviewees in total) across eight regions of England. An effort to represent all regions adequately was made yet was not always feasible. Of all representatives interviewed, twelve worked in housing and/or homelessness provision meanwhile eleven interviewees reported their experience working in rough sleeping teams and services.

The table below demonstrates the regional distribution.

Table A2: Number of local authorities interviewed by region

Region	Number of local authorities
South East	6
London	4
South West	3
West Midlands	2
East Midlands	2
East of England	1
Yorkshire and the Humber	1
North East	1
North West	-

Topics of discussion

All interviews followed pre-defined key questions while leaving room to discuss local characteristics and details of service provision. The following includes a list of key topics discussed:

- HRS system and service delivery: including questions on funding streams, modalities of accessing funding, challenges to funding access, local service delivery and related challenges, partnerships.
- HRS service map: gathering feedback, challenging client groups, exit points from trajectory, alternative routes.
- Impact of HRS services: understanding of success, recent local impact, contribution of funding streams to impact.
- Data and monitoring frameworks: types of data collected, ability to track users across services, challenges in collecting or handling data, additional suggestions.
- The impact of the Covid-19 pandemic: challenges, additional funding.

Engagement with third sector organisations

We conducted 17 semi-structured interviews with 16 different third sector HRS service providers across seven regions in England. The tables below showcase the number of providers providing services in each region and the number of providers providing each type of service. As a single provider may provide more than one service or operate in more than one region, the figures below do not add up to 16.

Table A3: Number of providers interviewed by region

Region	Number of providers covering this region
London	6
South East	5
Country-wide	2
West Midlands	2
East Midlands	2
East of England	1
Yorkshire and the Humber	1
North West	-
South West	-
North East	-

Table A4: Number of providers interviewed by area of focus

Service	Number of providers providing this service
Housing (including hostels, semi-independent, Move-On, supported, temporary, and long-term accommodation)	10
Physical and mental health	9
Skills training	9
Advice (including employment, education, immigration, financial)	8
Outreach and rough sleeping	4
Food	3
Advocacy and campaigning	2
Membership body	1
Day centre	1

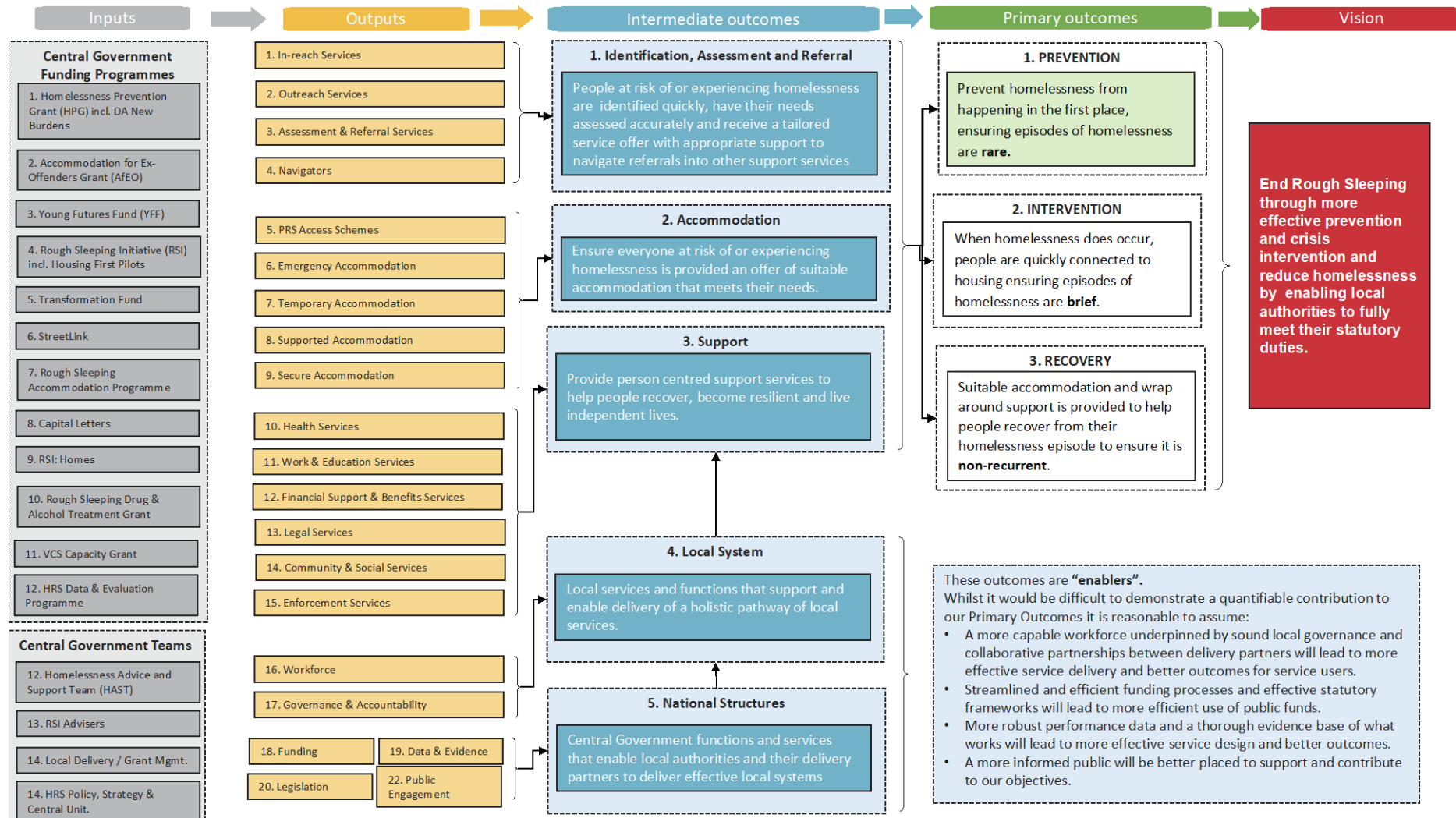
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- Impact of HRS services: understanding of success, recent local impact, contribution of funding streams to impact.
- Data and monitoring frameworks: types of data collected, ability to track users across services, challenges in collecting or handling data.
- The impact of the Covid-19 pandemic: challenges, additional funding.

Appendix B. Initial systems-wide Theory of Change

Diagram presenting the Theory of Change for the systems-wide evaluation



Appendix C. HRS data collections

HRS data and national statistics

National statistics published by DLUHC

In cooperation with local authorities, DLUHC collects a wide range of data mapping the HRS landscape in England. The following table contains information on the frequency, coverage, and outcomes measured in key national statistics related to the HRS system.

Table C1. HRS statistics published by DLUHC

Data source	Frequency	Coverage	Key indicators reported
Homelessness Case Level Information Collection (H-CLIC)	Quarterly	Every local authority in England	<ul style="list-style-type: none"> Reasons for eligibility, assessment of circumstances and needs, current and past accommodation, and benefits towards housing and other costs Demographic information on applicants (and other members of the household) Support needs (e.g., care leaver, history of mental health problems, drug dependency needs, at risk of/has experienced domestic/sexual abuse), and assistance offered Activity if prevention or relief duty was owed and accommodation outcome Dates of duty decided and ended Temporary accommodation
Support for people sleeping rough – managing information	Monthly	Every local authority in England	<ul style="list-style-type: none"> Single night count of people sleeping rough Number of people rough sleeping over the course of the month based on outreach teams and service providers. Number of new rough sleepers in that month Breakdown of people who were evicted from or abandoned off the street accommodation provided to them, and people who still had a tenancy or supported housing placement when found rough sleeping Number of people not having a route off the street and reasons Number of people rough sleeping who have been discharged from prison Number of people rough sleeping who are under 25, (including care leavers) Information on people currently living in off the street accommodation. Nationality and immigration status Medium- and long-term accommodation outcomes Repeat or long-term rough sleeping identified

Rough Sleeping Snapshot	Annual	Local authorities in England	<ul style="list-style-type: none"> o Counts of people sleeping rough o Demographic information on people sleeping rough including: age, gender, and nationality
The English Housing Survey	Annual	Sample of 9,752 households in England (2020-2021)	<ul style="list-style-type: none"> o Number of households reporting someone living with them who would be homeless (sofa surfing) o Households including members, who would like to move and rent their own accommodation but cannot afford to (concealed households).
Social housing lettings continuous recording system (CORE)	Annual	Every local authority in England	<ul style="list-style-type: none"> o Trends in social housing lettings over time. o Characteristics of tenants with new social housing lettings. o Types of tenancy agreements. o New lettings offered to statutorily homeless households o Households in temporary accommodation or sleeping rough prior to the letting
Local authority revenue expenditure and financing: Homelessness services expenditure (RO4 returns)	Annual	Every local authority in England	<ul style="list-style-type: none"> o Expenditure on different types of local authority provided accommodation. o Expenditure related to administering and providing the prevention and relief duties under the Homelessness Reduction Act. o Other administrative costs.

Data related to the HRS system by other government departments

The following table provides an overview of statistics and data related to the HRS system published by other government departments.

Table C2. Data collected by other government departments (ODGs)

Data Source	Department	Key indicators reported
Community Performance official statistics	Ministry of Justice (MoJ)	<ul style="list-style-type: none"> o Accommodation outcomes of those leaving custody at a national and probation region level
Single Housing Benefit Extract (SHBE)	Department for Work and Pensions (DWP)	<ul style="list-style-type: none"> o Housing benefit & council tax benefits claims. o Demographic characteristics of claimants o Housing benefit recipients in supported/local authority-owned housing.
Children looked after in England national statistics: Annual data on accommodation outcomes of Care Leavers	Department for Education (DfE)	<ul style="list-style-type: none"> o Care leavers in bed and breakfasts o Care leavers sofa surfing o Care leavers who are homeless

HRS data by other organisations

The following table includes data collections by other organisations providing HRS services and support.

Table C3. Data collected and managed by non-governmental organisations

Data source	Data holder	Frequency	Coverage	Key indicators reported
Combined Homelessness and Information Network (CHAIN) ⁵¹	Managed by Homeless Link, funded by the Mayor of London	Quarterly	London Boroughs	<ul style="list-style-type: none"> o People sleeping rough (located by outreach workers). o People who have a 'street lifestyle', such as street drinking or begging, including those who are <i>not</i> sleeping rough. o Demographic information o Support needs. o Contacts with outreach teams o Outcomes (e.g., accommodation)
Annual review ⁵² of single homelessness support data	Homeless Link	Annual	England (Draws on data from telephone and online surveys with accommodation and day centre providers, official statistics, and the Homeless England database)	<ul style="list-style-type: none"> o Availability of homelessness services, by type, and availability of services for specific groups o Proportion of accommodation provider residents with support needs, by support need o Services for single households (mental health services, social housing) o Characteristics of single people experiencing homelessness (past experiences with homelessness, type of employment) o Funding received by providers
Homeless England database	Homeless Link	Continuously updated	England	<ul style="list-style-type: none"> o Service type (accommodation, advice, day centre, outreach)

⁵¹ Information on the CHAIN dataset can be found in Homeless Link's [website](#), and on the London Datastore [website](#).

⁵² The 2021 Annual Review of Support for Single Homeless People in England is available [here](#).

				<ul style="list-style-type: none"> o Type of need supported (complex/multiple needs, ex-offenders, people escaping domestic abuse etc.) o Type of services provided (homelessness prevention, health care, street outreach, supported housing.) o Geographic identifiers
Atlas of Homelessness Services in London	London Housing Foundation	Annually updated	London	<ul style="list-style-type: none"> o Number of services and units/beds/spaces available by local authority, and by service provider (e.g. Housing First, winter spaces, clearing house units, day centres, hostels, and supported housing) o Number of assessment services by local authority o Type of commissioned outreach services (e.g. borough or GLA commissioned) o Type of services provided by provider (e.g. women's or young people's services) o Spatial information about specialist health services for people who are rough sleeping or at risk of rough sleeping, including drug and alcohol services.

Monitoring data on HRS programmes

The table below presents monitoring data for HRS programmes funded by DLUHC.

Table C4. Monitoring information collected as part of the funding schemes

Funded scheme	Frequency	Coverage	Key indicators reported
Rough Sleeping Initiative (RSI)	Quarterly	All local authorities receiving funding from the RSI programme	<ul style="list-style-type: none"> Staff hired (Rough Sleeping Coordinators and other support staff such as outreach workers). Interventions being on schedule or behind schedule. Numbers of services mobilised (emergency, temporary, and long-term accommodation). Relief interventions (numbers of people in each type of accommodation, non-housing intervention, unsuccessful preventions, and numbers prevented).
Rough Sleeping Accommodation Programme (RSAP) (including data on the Next Steps Accommodation Programme)	Quarterly	All local authorities allocated RSAP funding	<ul style="list-style-type: none"> Number of new lets made and lets ended in the previous quarter. Point-in-time occupancy. Details on the housing status of people prior to let (history of rough sleeping, people at risk of rough sleeping). Duration of ended lets, and subsequent accommodation of people who left (move to PRS, supported housing etc.).
Rough Sleeping Drug and Alcohol Treatment Grant	N/A	Data from local authorities allocated RSDATG funding	<ul style="list-style-type: none"> Demographic information Preferred language (if not English). Engagement with the treatment service. Housing status Substance use Needs assessment
Accommodation for Ex-Offenders (AfEO)	Monthly	Funded areas	<ul style="list-style-type: none"> Number of ex-offenders accessing and entering PRS accommodation Routes to accessing PRS Tenancy sustainment & exits from the scheme History of previous accommodation Finances and administrative data

Housing First Pilots	Monthly	Data from the three combined authorities participating in the pilots	<ul style="list-style-type: none"> o Number of individuals currently housed o Number of individuals accepted into the programme, but not yet housed o Numbers recruited and housed both formerly and currently o Reasons for programme exit
Night Shelter Transformation Fund	Quarterly	Night shelter providers receiving NSTF funding	<ul style="list-style-type: none"> o Data on impacts, outputs, and outcomes of the programme
Single Homelessness Accommodation Programme (SHAP)		Local authorities receiving SHAP funding	<ul style="list-style-type: none"> o Forecasts and delivery expectations o Reports on delivery against aims and objectives