Department for Levelling Up, Housing & Communities

Test & Learn Feasibility Study

Final Report

Centre for Homelessness Impact
Better evidence for a world without homelessness

January 2024
Department for Levelling Up, Housing and Communities

This document/publication is also available on our website at www.gov.uk/dluhc

If you have any enquiries regarding this document/publication, email correspondence@levellingup.gov.uk or write to us at:

Department for Levelling Up, Housing and Communities
Fry Building
2 Marsham Street
London
SW1P 4DF
Telephone: 030 3444 0000

For all our latest news and updates follow us on Twitter: https://twitter.com/luhc

January 2024

Contents

List of Tables and Figures

Foreword

In Autumn 2022 the Department announced its ambition to launch a ‘Test and Learn’ programme, to accelerate the spread and scaling of best practice across England and ensure that policy and funding decisions are underpinned by reliable evidence.

Homelessness is a complex and multi-faceted problem that demands not only active policy attention and compassion but also evidence-based policies and practices to effectively combat it. In light of this, in ***Ending Rough Sleeping for Good***, the government committed to embarking on an ambitious journey to implement a trials programme that exemplifies the true spirit of innovation, collaboration, and determination to building a better future for those experiencing homelessness or rough sleeping.

This report marks the culmination of the feasibility phase of the initiative, involving detailed consultation and planning led by the Centre for Homelessness Impact, working with policymakers and practitioners at local and national levels, to ensure the initiative delivers the most value possible. We have been encouraged by the widespread support the idea has received, and feel there is a unique opportunity to do something transformative .

In this ground-breaking programme, DLUHC will explore the effectiveness of innovative housing models, mental health support and community-based interventions, among others. Options were many and the final portfolio of trials proposed embraces a diverse range of interventions and services, each tailored to address the unique challenges faced by people experiencing homelessness or rough sleeping, while also being practical.

We recognise that success now lies not merely in the delivery of the initiative but in its scalability. To do this we will need the ongoing support of the broad spectrum of stakeholders already involved in the feasibility phase.

I extend my heartfelt gratitude to all who have contributed to this landmark initiative. At the Centre for Homelessness Impact, thanks are due to Lígia Teixeira, Michael Sanders, Guillermo Rodriguez-Guzman, Rob Anderson, Jeremy Swain, Maria Ossa and Nadia Ayed.
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 like to thank the 137 practitioners from 76 local areas, who took part in the Call for Practice, and to Homeless Link for helping us distribute that survey. I would also like to thank the 26 academic experts from the Academic Advisory Board for their input.
Together, we shall forge a path towards lasting change and lasting impact. One that stands on the foundation of compassion, collaboration, and evidence-based practice.

Stephen Aldridge. Chief Analyst and Director of Analysis and Data Directorate

Why do a feasibility study?

The Department for Levelling Up, Housing and Communities (DLUHC) knows that accelerating the scaling and diffusion of both innovation and good practice in homelessness and rough sleeping is a complex and multifaceted challenge. This is why it is creating a dedicated “Test and Learn” programme to ensure reliable evidence is at the heart of all its work, making limited resources go further.

DLUHC knew that to make a difference the initiative would have to be shaped by the local areas that can benefit from the very beginning and be set up in a different way from existing homelessness and rough sleeping programmes. That’s why the Centre for Homelessness Impact was commissioned to conduct this feasibility study.

Between October 2022 and June 2023 we had many dozens of rich group and individual discussions with people working in national and local government in England and the wider homelessness sector. We also talked to sister organisations in the What Works Network with extensive experience of delivering similar programmes in other social policy fields. We learned many valuable insights that informed the proposals we share in this report.

This feasibility study shows that the initiative is timely, and that delivering it is ambitious and possible. We conclude this is a bold and ambitious project, which will require meticulous planning and razor sharp focus to deliver on its promise.

Summary

The Department for Levelling Up, Housing and Communities is creating a dedicated “Test and Learn” programme to ensure reliable evidence is at the heart of all its work in homelessness and rough sleeping, allowing the sector to do more with limited resources.

The initiative is due to launch in Autumn 2023 and will conclude by the end of 2026 – a relatively short time frame to run a large programme of randomised trials – making the delivery of this ground-breaking initiative all the more challenging. This is why the Centre for Homelessness Impact was commissioned to conduct an 11-month feasibility study to assess the viability of the proposed programme.

We conclude that there is both a need and a demand for the initiative, and that it can be implemented successfully. But it won’t be easy and it will be important to remain flexible and responsive to potential challenges throughout the programme’s lifetime.

This report collates all that is known from the project, the intended trials, delivery model, and how these decisions were reached:

1. Intervention Identification: The study examined the existing homelessness and rough sleeping landscape, identifying what we know about what works, common practices that are yet to be evaluated and potential innovative interventions. This comprehensive exercise involved an analysis of the content of CHI’s Evidence and Gap maps, a Gap Analysis, a Call for Practice Survey, and Prioritisation sessions with DLUHC and other government departments (OGDs), local areas and other stakeholders. As a result of this exercise, 120-plus interventions were initially identified, which were then narrowed down via multiple feedback loop cycles and 53 feasibility assessments.

2. Proposed Trials Portfolio: With the above in mind, nine ideas were prioritised for the Test and Learn programme from the shortlist of 50, pending final sign off: 1) Housing Options risk assessment tool for rough sleeping; 2) Individual Placement and Support; 3) Outreach with Health Specialism; 4) Relationships and Community Integration; 5) Personalised budgets and Cash Transfers; 6) Legal advice and time-limited accommodation for people sleeping rough with limited recourse to public funds; 7) Supporting people sleeping rough with no local connection; 8) DfE’s programme for care leavers at risk of homelessness; and 9) Better use of council data to prevent homelessness. Because it might not be possible for some projects to get off the ground (e.g. they might fail to recruit) and some might need to be terminated early, the next best options were also identified.

3. Stakeholder Engagement: To deliver the feasibility phase, CHI engaged a wide range of stakeholders, including DLUHC and other government departments, local authorities, service providers, and experts from academia as well as policy and practice and those with experiences of homelessness. The reception to the initiative was overwhelmingly positive from the off, with 202 responses to our call for practice, and over 70 workshop participants from different parts of England. Many dozens more took part in individual interviews to help refine feasibility assessments for specific projects, or contribute to prioritisation feedback loop cycles.

4. Resource Allocation and Delivery Model: The study outlines different options for how to allocate the programme's £12 million funding between the three main categories of Test and Learn activity: 1) the funding of innovations and their evaluation; 2) the funding of existing interventions and their evaluation; and 3) programme delivery and oversight. This mattered because which projects could be funded depends on the mix of funding allocated to each of these streams. Options included relatively larger numbers of smaller trials versus smaller numbers of larger ones, and more focus on innovation versus more focus on bolt-on evaluations. The model recommended addresses the imperative to focus on a small number of trials given the tight timescales, as well as DLUHC's desire to give greater weight to the testing of innovations within the overall Test and Learn portfolio.

7. Risk Analysis: Throughout the feasibility phase potential challenges and uncertainties were identified that could affect the success of the initiative. Mitigation strategies were suggested to help ensure the successful launch and set up of the programme. Experiences so far suggest that to deliver its ambitions goals, the full support and engagement of local areas across the country will be essential.

We believe this study provides a strong foundation for the initiative when it launches in Autumn 2023. With continued dedication and collaboration across government and the wider sector, we anticipate it can meet its promise to improve the outcomes for people affected by homelessness and rough sleeping in England and beyond.

1. Why is there a need for this initiative?

This is a decisive moment for homelessness and rough sleeping in the UK. There is an opportunity to make limited resources go further and improve outcomes, by focusing on what works, pushing for greater experimentation and creativity, and improving the culture and behaviours around the use of evidence and data to drive continual improvements.

The UK has long been admired for the housing rights it gives people; by international standards our response to homelessness and rough sleeping is very comprehensive. But the ongoing cost of living crisis means we are facing unprecedented challenges. We also lack proven, cost-effective, strategies that can be implemented at scale and teams addressing homelessness and rough sleeping in local areas often lack the necessary time, resources, and skills to use evidence in their decision-making.

To make faster progress in addressing and preventing homelessness and rough sleeping, a future is needed in which rigorous evidence is created efficiently, as a routine part of government and the wider system, and used to drive improvements to policies and services aimed at helping people access and maintain stable, affordable housing.

One promising way to achieve step change in the homelessness and rough sleeping system is to invest in programmes designed to test and scale interventions in a much more scientific manner. We often know what problems need to be solved, but may not be making the right kinds of investments to address them because the evidence is weak or lacking. To demonstrate and improve positive impact we need to be able to do the right things well. We have a lot to learn from other fields in this respect. In medicine there are more than 200,000 good quality trials of the effectiveness of different medical interventions. In the private sector one of the ways companies continually improve is by testing different approaches to their work. And in education, over recent years, the school system has shifted in the direction of evidence informed teaching – policy and practice, as well as active 'pull through' interest in research by classroom practitioners and school leaders. It is time for the homelessness sector to catch up, as the lead author of this report put it when she was setting up the Centre for Homelessness Impact to bring about this type of evidence-led change (Teixeira 2017).

As a result of these developments – as a part of the 2022-2025 Spending Review – the Department for Levelling Up, Housing and Communities (henceforth DLUHC) is set to fund a new "Test and Learn" programme related to homelessness and rough sleeping. The initiative will help to accelerate the scaling and diffusion of both innovation and proven good practice, making limited resources go further and positioning the UK as a global leader in the field. It

therefore represents a substantial leap forward in the application of evidence to reduce homelessness and end rough sleeping.

In anticipation of the launch of the initiative in Autumn 2023, the Centre for Homelessness Impact was commissioned to conduct a feasibility study in partnership with DLUHC, to help ensure that the programme is set up for success and delivers on its vision to help accelerate progress towards a future where homelessness and rough sleeping is prevented wherever possible, and that where it cannot be, it is rare, brief, and non-recurring.

2. Putting the initiative to the test

We carried out a large consultation exercise with a wide range of local, national and international stakeholders to inform this feasibility study. We considered how the initiative can best be delivered, where the gaps in evidence are, and what the benefits are for people affected by homelessness or rough sleeping and for the wider system.

Prior to the Test and Learn programme beginning in Autumn 2023, the Centre for Homelessness Impact (henceforth CHI) was commissioned to conduct a feasibility study in partnership with the Department. Because of the initiative's bold vision and tight timescales, it makes it all the more important to develop a sound understanding of how best the programme might be structured and what its priority projects should be, to ensure that the programme is set up for success.

The objectives of this feasibility study were to:

- Propose the best delivery model for the Test and Learn programme within given timescales, including by considering the feasibility of different options;
- Identify mainstream interventions[1] that have the potential to improve outcomes within the homelessness and rough sleeping system, improving the value for money case; and
- Suggest new or innovative interventions[2] to combat persistent challenges that could usefully be tested as part of the initiative.

We also knew that for the initiative to be successful, co-design would need to be at the heart of the feasibility phase. Throughout the process, extensive engagement took place with a wide range of local, national and international stakeholders to capture a broad range of views about the proposed initiative.

This report provides an overview of the project, the findings and the options put forward. We reflect on what was done, what we learned, the proposed portfolio of trials, and what it will take to successfully deliver the initiative at pace. It shows that the majority of stakeholders believe that it could deliver important benefits to people affected by homelessness or rough sleeping

[1] Existing practice evaluation is centred around assessing interventions or practices that are already in widespread use. The goal is to examine their effectiveness, efficiency, and relevance.

[2] Innovation evaluations typically encompass the exploration and experimentation of fresh, groundbreaking approaches designed to tackle specific challenges or fulfil emerging needs. The ultimate aim is to rigorously assess their efficacy, with the potential for broader adoption and scaling if proven successful.

and those working to end the problem, and lays out a path for the future realisation of the Test and Learn programme.

2.1 What we did

Given the relatively short timeframe of the feasibility study and the large ambition of the Test and Learn project, there has been a great deal of activity. Core activities included:

- Writing a 'gap analysis' outlining at a high level of what is known and not known about the four themes in the Ending Rough Sleeping data framework: prevention, rare, brief, non-recurrent;
- Running a "Call for Practice" Survey to better understand the strategic priorities of local areas and the interventions used to address homelessness and rough sleeping;
- Convening engagement and prioritisation workshops with the sector and meetings with academic experts and policy-makers; and
- Developing a format for trial feasibility assessments and undertaking a number of these assessments.

2.1.1 Gap analysis

We undertook a gap analysis that summarises what is currently known from the evidence on interventions that aim to reduce homelessness and rough sleeping. This analysis provided insights into the current state of the knowledge base, identifying key gaps in addressing the issue, and opportunities for improvement.

The first step in conducting the gap analysis was to examine the existing interventions and strategies employed to address homelessness, drawing on CHI's Evidence and Gap Maps and recent synthesis work. By assessing what is known about the effectiveness, reach, and accessibility of existing interventions, we could identify gaps in service provision and opportunities for improvement.

To ensure the gap analysis was as action-driven as possible, the exercise was underpinned by the four elements of the government's framework:

> **Prevention:** Stop people from becoming homeless or sleeping out in the first place.
>
> **Rare:** Reduce numbers of people affected to a measurable indicator which is as close to zero as possible.
>
> **Brief:** If a person becomes homeless or sleeps rough, the episode should be as short as possible.

Non-Recurring. No one should experience multiple episodes of rough sleeping or homelessness.

These strategic pillars reflect the fact that homelessness and rough sleeping are complex social issues so require a system dynamics approach (Teixeira 2020). This means that, to be effective, policy has to address each of these four dimensions.

Because homelessness and rough sleeping are often the result of many individual and broader societal factors, certain drivers which are policy priorities were used to frame the analysis:

- Housing (including availability, access and allocation)
- Financial security (including income, benefits and poverty)
- Employment and education
- Health (physical and mental)
- Social support and relationships (including domestic abuse)
- Homelessness services (including crisis support, housing options, and workforce)
- Discharge from institutions
- Limited recourse to public funds

These priority themes were agreed with DLUHC, based on insights from CHI's Evidence and Gap Maps and stakeholder engagement.

On the back of this work, it was possible to start to compile an initial list of potential interventions that might be taken forward for testing as part of the Test and Learn Programme.

2.1.2 Call for practice survey

We conducted a call for practice in partnership with DLUHC, to solicit the opinions of the sector on how the key drivers or themes listed above should be prioritised within the Test and Learn programme, as well as to identify potentially innovative practice that could be evaluated under the initiative (see Annex J for the survey).

We used the call for practice to identify practices around the country which:

- had the potential to influence homelessness or rough sleeping outcomes
- were well defined enough to be tested; and
- have not yet been evaluated.

The survey was released on November 14 2022 and was open until December 7 2022. It was distributed via DLUHC's, CHI's and Homeless Link's networks. Six practitioner and policy-maker workshops took place between November 21 2022 and December 14 2022. Their purpose was to:

- Introduce the sector to the new initiative (and get their backing)
- Explore practitioners' and policy-makers' views on key intervention areas where more reliable evidence of what works is urgently needed, and
- Map specific services and practices that participants know about or are involved in delivering that they think are impactful or promising but haven't yet been robustly evaluated.

In total we received 202 responses from 128 individuals in 72 local authorities. Of these 72% worked in local or regional authorities, 16% worked for third sector homelessness organisations, and 12% worked for other agencies, including registered providers, health agencies, and government departments.

2.1.3 Stakeholder engagement

We knew that to make a difference the initiative would have to be shaped by local areas from the very beginning as well as respond to policy priorities of both DLUHC and other government departments. It was also imperative to listen to the experiences of leading academics in homelessness and related fields.

With this in mind, our approach included a series of workshops with practitioners, where they were invited to discuss the relative priority of the key drivers or themes examined through the gap analysis as well as tell us about promising practice in greater detail.

We gathered insights from more than 70 participants from local areas around the country, including from levelling up priority areas (see Annex K). In addition, dozens of individual discussions were held with practitioners working on specific topics or areas of interest. These helped to shed light on emerging findings and to solicit additional feedback on different aspects of the feasibility study, such as the detail of specific interventions being considered or thoughts on prioritisation between different options.

To ensure the project benefits from the insights of a wide range of Government officials and advisors, we also held workshops and meetings with colleagues from DLUHC and other Government departments (MoJ, DHSC, DWP, Cabinet Office). The primary goal of the workshops with DLUHC was to get input on prioritisation, while the workshop with other Government departments were used to update them on the initial phase of the work and get their input on emerging trial ideas of interest.

Finally, we convened an international Academic Advisory Board chaired by DLUHC's Stephen Aldridge, to capture the knowledge of 26 leading academic experts in homelessness and related fields (see Annex H for membership), and to get feedback on the proposed programme and its key pillars.

The goal was to introduce board members to the initiative, and to 'stress test' the overall approach as well as the template the team developed for the trial feasibility assessments. We also thought it beneficial to share a handful of examples that they could get their teeth into. Three examples were shared on topics of high interest – domestic abuse, employment, and triage tools. Terms of reference and membership for the group can be found in Annex H.

These two meetings also allowed us the opportunity to get input on the likely direction and delivery model of the programme. This was crucial to ensure the feasibility of the programme, which will require the participation of many partners to be successful. The ongoing support of the international Advisory Board will continue to be important as the programme launches in Autumn 2023.

2.1.4 Feasibility assessments

Although the £12 million investment by DLUHC in the Test and Learn programme is very substantial, it quickly became apparent that it would not be possible to conduct every desirable trial within the timeline of this spending review and the budget available.

As such, it was necessary to identify particular interventions that are of high priority to be evaluated, and which can be trialled in a way that provides meaningful results within the time and budget allowed.

To facilitate this prioritisation, we set about undertaking trial feasibility assessments for a number of interventions. These short assessments consider a range of factors about the intervention in question and how it could be evaluated, and are separated into the following sections:

- Operational feasibility (how well the department's needs can be met by completing the project)
- Technical feasibility (the technical resources required to undertake the project)
- Scheduling feasibility (an estimate of how much time the project will take to complete)
- Economic feasibility (cost / benefit considerations, helping the department determine the viability, cost, and benefits associated with the project).

The goal of feasibility assessments was to provide a no/maybe/yes indication of the viability of a trial. In many cases, interventions were ruled out because they would take too long, or cost too much money, to see an effect. In other cases, there were clear opportunities for a trial, based on existing practice in the UK and known costs. In others, it was ambiguous – either because cost data was not available, or because an intervention would need to be translated into a UK context.

As well as establishing whether a trial was viable, we considered the type of trial that was likely to be possible, for example considering the likely outcome measures and type/level of randomisation.

In total, 53 feasibility assessments were completed.

Before ideas were put forward for assessments, a long-list of potential trials was compiled with over 120 ideas, drawing on CHI's Evidence and Gap Maps, the gap analysis, and the insights from the call for practice survey. The goal was to have a list that could serve a dual purpose: to identify projects that are desirable and deliverable as part of the Test and Learn programme, as well as ideas that might be desirable and not possible to implement within the timescales of this initiative, but could be the focus of future initiatives with similar goals.

The full list of trial ideas can be found in Annex G, and the short-list for assessments in Annex E, while the assessments themselves are in Annex F and the template in Annex B.

2.2 What we learned

Throughout this feasibility study, we learned a great deal about the types of projects DLUHC and practitioners would like to see, the limitations of the timescales proposed, and the model that would help ensure the initiative delivers maximum impact for every pound spent.

In this section we cover main learning by activity area:

- Insights from the international Academic Advisory Board
- Insights from the gap analysis
- Insights from call for practice survey and workshops
- Insights from prioritisation exercise

2.2.1 Insights from the International Academic Advisory Board

Our group of leading international experts on homelessness and related fields, all coalesced around the same opportunities and risks.

On the plus side, all warmly welcomed the initiative, emphasising its groundbreaking nature. No one could think of other examples of a country launching a programme of this nature, in particular as this initiative is also being complemented by a systems-wide evaluation.[3]

Members strongly supported the vision and focus of the programme, and agreed a new approach is needed to help to accelerate the scaling and diffusion of both innovation and proven good practice across England. It therefore represents a substantial leap forward in the

[3] The systems wide evaluation will aim to evaluate the homelessness and rough sleeping system in its entirety, whereas the Test and Learn programme will focus on testing the effectiveness of individual interventions.

application of evidence to reduce homelessness and end rough sleeping, as well as represent a strong commitment on the part of DLUHC to evidence-based policy-making.

On the minus side, a number of factors – such as timescales and level of resources available vis à vis number of knowledge gaps – were identified as presenting challenges for the success of the initiative:

- **Timescales:** the original plan was to launch the programme in Summer 2023 and to close by Spring 2025. This timeline was deemed suboptimal for a programme of this nature, because of how long trials take to set up and the fact this would radically limit the types of trials that can be undertaken (when potential for positive impact should be the main consideration, rather than whether it can be done in the timescales available).
- **Number of trials:** given the very tight timescales, members stressed that the focus should be on quality rather than quantity. Initial scoping indicated that with the resources available, it may be possible to deliver between 10 to 30 trials. Members unanimously agreed that, given timescales, the department should go for a very small number of larger trials.
- **Attrition:** this is the top reason affecting the quality of trials globally. As such members stressed that focused attention should be dedicated to this issue, and that this should be incorporated into the design of any trials.
- **Skills/Capacity:** it was remarked that local areas will need guidance and support to take part in the initiative, as well as to embed learning from its individual projects.

On the whole, board members were clear that if the above are acted upon, and this initial programme is built upon over time, it can deliver on its ambition to help accelerate progress towards a future where homelessness and rough sleeping is prevented wherever possible, and that where it cannot be, it is rare, brief, and non-recurring.

2.2.2 Insights from the gap analysis

A key goal of the feasibility study was to make recommendations for potential trials. To help DLUHC make a sound decision, we began by undertaking a gap analysis based on the priorities identified by the department (see key themes in section 2.1.1). By assessing what is known about the effectiveness, reach, and accessibility of existing interventions, we could identify gaps in service provision and opportunities for improvement.

Key findings from our priority themes include:

- Early Intervention: There is a lack of early intervention strategies to address the root causes of homelessness before they escalate. Targeted interventions at the initial signs of housing instability and financial distress are crucial to preventing individuals and families from becoming homeless in the first place.
- Housing: The analysis revealed a significant shortage of affordable housing of all types, leading to increased risk of homelessness for populations at risk or lack of move on options for those experiencing homelessness or rough sleeping.

- Employment and Income Support: There is a gap in providing tailored employment opportunities and assistance and income support to help people regain financial stability and transition out of homelessness or rough sleeping more swiftly.
- Swift Access to Services: There is a gap in providing immediate access to essential services to people who are homeless or sleeping rough, in particular substance use and mental health resources. Streamlining the process to connect individual experiencing homelessness with the right services promptly is crucial in reducing the length and frequency of homeless or rough sleeping episodes.
- Relationships: Engaging the community in helping individuals develop positive relationships and to expand their networks can both help them move away from homelessness or rough sleeping for good as well as foster greater support and understanding.
- Care leavers: The analysis highlighted a specific gap in addressing youth homelessness, especially for those ageing out of foster care. Tailored interventions to meet the unique needs of care leavers are critical to preventing long-term homelessness or rough sleeping.
- Preventing Recidivism: A key area of concern is preventing recidivism, as some individuals experience repeated episodes of homelessness or rough sleeping. There is a need to tailor interventions and support services to effectively address the underlying issues that lead to recurring episodes.
- Limited recourse to public funds: Due to their status, this group has limited access to essential support and resources. As a result, they face increased risks of destitution and rough sleeping, making it challenging for local authorities and others to effectively address their needs. Without adequate support mechanisms in place, the cycle of homelessness or rough sleeping becomes even more difficult to break.
- Data-Driven Strategies: The analysis highlights a need for better data collection and analysis to identify trends and patterns related to new and prolonged homelessness and rough sleeping. Data-driven insights can inform more targeted and effective strategies.

The gap analysis, alongside insights from the call for practice (see sections 2.1.2 and 2.2.3) and extensive stakeholder engagement, made it possible to draw up an initial long-list of potential interventions against our priority themes for the Test and Learn programme (see Annex G).

One thing was clear early on: the gaps in the evidence are such that, though the level of resource available for this type of work in homelessness is unprecedented, it would not be able to meet all the pressing evidence needs of the government at both national and local levels. This made it all the more important to prioritise, which we did through an comprehensive iterative process with DLUHC, other government departments and local areas.

2.2.3 Insights from call for practice survey

The objectives of the call for practice survey were two-fold: to solicit the opinions of the sector on how priority themes (see list in section 2.1.1) should be prioritised within the Test and Learn

programme, and to identify innovative practice that could be evaluated under the initiative (see Annex J for the survey).

We were told by 128 individuals from 72 local areas that it would be most useful to have robust evidence of what works in three of the ten priority themes from the gap analysis:

- Housing availability, access and allocation, which encompasses interventions supporting access to private, social or supported housing and allocations models. This received 24% of nominations
- Health and clinical support (17%), including physical mental health and substance use; and
- Crisis Interventions (15%) which focuses on outreach and services for people sleeping rough and emergency accommodation.

Through the 'Call for Practice' component of the engagement, we heard of 201 existing interventions, the majority of which fell into the categories of housing availability, access and allocation (33%, n=66), crisis support (25%, n=51) and income, benefits and poverty (10%, n=21). The only priority theme for which we did not receive information about any interventions was domestic abuse. Interventions were primarily delivered by a local authority (47%) or a third sector provider (42%).

Where data was available on the reach of the services (n=103), the greatest proportion of interventions were delivered to the range of 26-100 people (36% n=36, with the next greatest proportion in the range of 101-500 people (31% n=32). The next largest group were interventions operating with a very small client group of 25 or fewer (16%, n=16). For more information, see Annex K.

All the data about existing or new interventions complemented the initial long-list of potential interventions from the gap analysis, and added to its length. In total a long-list of about 120 potential interventions to be trialled was compiled.

2.2.4 Insights from the prioritisation exercise.

The long-list of potential trials with over 120 ideas – which was compiled in the first phase of the study drawing on CHI's EGMs, the gap analysis, and the insights from the call for practice – provided a launchpad for prioritisation. This exercise involved completing dozens of iterations via dedicated workshops and meetings with DLUHC and other stakeholders, as well as within the CHI team. The goal was to reduce the number of possibilities, in particular because with the £15 million available it would only be possible to undertake a fraction of the options identified.

We found that the vision for the programme – in particular the ambition to maximise the positive impact derived from public money by improving our understanding of what works – has a strong level of appeal and support amongst local areas. Against a challenging backdrop of the cost of

living crisis and constraints on public spending, local areas deemed having access to usable evidence about what interventions are the best value for money more urgent than ever.

Insights gathered during this process which helped us to prioritise included the following:

- There is a need to focus on people at immediate risk, or with a history of, rough sleeping.
- We should consider what might be done for those with restricted eligibility for statutory homelessness assistance.
- Given time and resource constraints, an agreement that we should aim for quality, rather than quantity, and aim for a mix of projects – small, medium and large – to allow for comprehensive testing, increasing the likelihood of successful programme outcomes.
- On the balance of innovation (i.e. interventions that are new or emerging) versus existing practice (i.e. mainstream interventions), given many common practices don't have robust evidence behind them, there is a case for a sizable portion of the programme being dedicated to 'bolt-on' evaluations that evaluate this mainstream practice.

- However, in some cases innovations might be easier to implement in the timescales available, in particular as the cost of the intervention would be covered and we found local areas favour the opportunity to try out new things.
- There was unanimous agreement among all stakeholder groups that the focus needs to be on projects that deliver real-life results that can drive future practice and Spending Review decisions, rather than just help to address gaps in the evidence base.
- There was a similar agreement that the timescales are extremely ambitious, so this will severely restrict what is possible as well as desirable, in particular given current capacity and capability issues in local areas.

Though there is a strong consensus about the importance of focusing even further on prevention, it became apparent that this would need to be balanced against the imperative of showing some quick results within the current Spending Review cycle. This made it all the more important that we prioritise carefully, while not forgetting about potential high impact projects that are more upstream and/or will take longer to deliver.

With the above in mind, about 50 ideas were prioritised for assessments from the original list and are included in Annex E.

3. How can the vision become a reality?

Throughout this feasibility study, we considered what it will take to ensure the initiative delivers maximum impact for every pound spent, and learned a great deal about the biggest threats to its success.

There are a number of different ways that the Test and Learn programme could run. The most important decisions to be made on the back of the feasibility study included:

- The allocation of funds, depending on whether individual projects include the setup and evaluation of an intervention or just the evaluation, and how much will be dedicated to overall programme management.
- Agree the final portfolio of trials with DLUHC, with contingency plans in place in case any impact evaluations fail for whatever reason.
- How to create conditions to maximise success, and how success will be defined.

3.1 Resource allocation and delivery model

3.1.1 Introduction

The task at hand was to explore how to allocate the programme's £12 million funding between the main categories of Test and Learn activity:

1. Funding of innovations and their evaluation
2. Funding of existing interventions and their evaluation
3. Programme delivery and oversight

The goal of the feasibility study was to make recommendations for potential projects that come under the first and second of these categories, based on priorities identified by DLUHC and the results from the feasibility assessments. But which projects should be funded depends on the mix of funding to be allocated between these two streams.

To help DLUHC make an informed decision, we began by defining the edges of the three strands:

Strand 1: Innovations and their evaluations

In this strand, the Test and Learn programme will fund activity that is not currently taking place in the homelessness sector in the UK, or which is too small-scale at present for testing. This might include, for example, an intervention that has been tested in the United

States, but which could be adapted for the UK context and tested here, such as Individual Personalised Support or IPS. It could also include an innovative new practice developed by one team in one local authority, or a small number of local areas, which has encouraging statistical associations or qualitative feedback, and seeks to tackle a key priority area for DLUHC. These interventions would be funded for the period of the Test and Learn programme explicitly such that they can be evaluated.

Alongside funding the intervention itself, this category will also include funding for the evaluation of the intervention through an impact evaluation, ideally a randomised controlled trial (RCTs) because they offer the highest level of scientific rigour and credibility in assessing the effectiveness of interventions. As both delivery and evaluation are to be funded through this strand, each evaluation yielded will create a greater draw on the overall programme budget.

Strand 2: Bolt-on evaluations

The second strand of work encompasses impact evaluations[4] of mainstream practice. In these cases, the programme delivery organisation will work with appointed independent evaluators to design rigorous evaluations to identify the impacts of their interventions.

Under this strand, the funding devoted to delivery costs will be slim-to-none, only providing sufficient resources to encourage and allow participating partner organisations and local authorities to collaborate and engage with the evaluation. As such, the bulk of funding under this strand will be for evaluation.

Strand 3: Programme Delivery and Oversight

The third strand of work under the Test and Learn initiative will be the Programme Delivery and Oversight strand. This will form the central pillar of the programme, through which the other two strands are managed.

Under this strand, an independent organisation will act as the Delivery Agency or steward for the initiative and will:

- Administer funds for local area partners to deliver interventions under the Innovation Strand.
- Administer funds for local area partners to collaborate with evaluators under the Bolt-On Strand.
- Procure and commission independent evaluations across Strands 1 and 2.
- Manage and oversee the quality of trials under Strands 1 and 2.
- Mediate effectively the differing priorities and preferences of local authorities; service delivery partners; evaluators; and central government.

[4] Again, whenever possible RCT design will be used as RCTs enable us to establish a causal relationship between the intervention and outcomes, minimising bias and providing robust evidence for decision-making.

- Remain laser-focused on the purpose of the Test and Learn programme – to develop a strong, compelling evidence base around how to reduce homelessness or rough sleeping.
- Act as a central note to first standardise trial design as much as possible, and second to build capacity from evaluators and the sector.
- Produce and publish an overarching report about the programme.
- Lead on the dissemination of the programme's findings.

3.1.2 Options for the allocation of funds

Here we share thoughts on what allocations to each of the three strands outlined above might look like.

To put forward recommendations for the best mix of funding and overall delivery models, we conducted interviews with DLUHC and other government departments, with academics, and with our sister What Works Centres. With this foundation in mind, we could then filter and synthesise the wisdom of their experiences to make recommendations as to the best delivery model.

Options include relatively larger numbers of smaller trials versus smaller numbers of larger ones, and more focus on innovation versus more focus on bolt-on evaluations. In the case of innovations, we have assumed that the innovations themselves will be funded for delivery, as well as evaluation being funded. For 'bolt-n' evaluations, where activity and practice is already in place in the UK, we anticipate covering 25% of the delivery cost to support local authorities' engagement with the activity, and to facilitate the making of 'invest-to-save' arguments to local decision makers. As a result, the cost per 'bolt-on' evaluation is considerably lower than that of an equivalently sized 'innovation' trial.

For simplicity, we have divided trials into three sizes – small, medium and large, with different delivery budgets (£300,000, £600,000 and £1.2m respectively), and evaluation budgets (£150,000, £350,000, and £500,000 respectively).

We have assumed that commissioning and oversight of the trials will be performed by a Delivery Agency that ensures;

- Local authorities remain engaged with the evaluation.
- Best practice for trials in homelessness and rough sleeping is shared with, and adhered to, by evaluators.
- Trials are as comparable as possible.
- Collective learning is drawn out of the trials across the programme over time.

While the vast majority of funding should be focused on testing sector practice, the role of the Delivery Agency is crucial to the success of the programme and as such funding must be set

aside for this. It is important that this work is adequately funded to manage a complex portfolio of projects, but that it remains efficient. In estimating the percentage of funds that should be earmarked for this role, one approach is to apply a rule of thumb for project management costs and assume that this can cover all aspects of delivery. The Project Management Institute suggests a range estimate of 7-11% of total costs for project management functions, acknowledging that the actual amount for each project or programme will vary according to the magnitude and complexity of individual initiatives.

In table 3.1 below, we provide an indication of three scenarios: a balanced model (1), a model prioritising innovation (2), and one prioritising bolt-on evaluations of existing practice (3). For each we show the breakdown of spending by the three strands (innovation, bolt-on and programme management), and the number of trials we anticipate being run.

Model 2 was selected as it addresses the imperative to focus on fewer trials given the tight timescales, as well as DLUHC's desire to give greater weight to the testing of innovations within the overall Test and Learn portfolio.

We initially recommended a balanced model (1), as it seemed more likely that it would gain support from local areas and require less set up time. But insights from the prioritisation exercises showed that the biggest appetite was for innovation both within DLUHC as well as the wider sector. Model 3 was the first to be discarded as there was consensus that a model that prioritised large numbers of trials was unlikely to be deliverable in the timescale.

Table 3.1: Models for the allocation of funds

	Model 1	Model 2	Model 3
Number of trials			
Total trials	16	11	24
Innovations	6	8	3
Bolt-on	10	3	21
Proportion of expenditure			
Strand 1	51.4%	80.4%	25.9%
Strand 2	40.1%	11.5%	65.9%
Strand 3	8.1%	8.1%	8.1%

3.2 Agree the final portfolio of trials

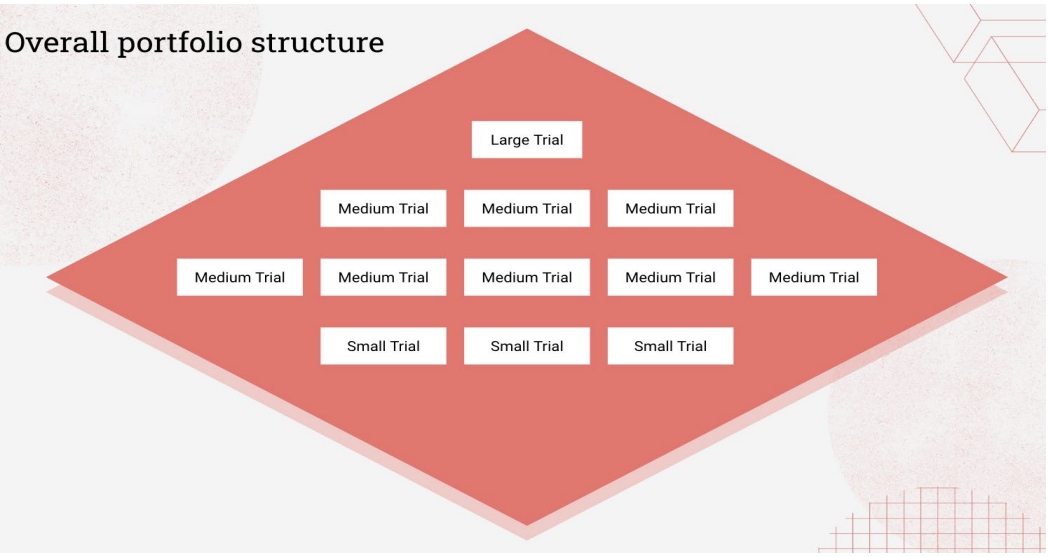
Agreeing the final portfolio of trials was particularly challenging. On the one hand there is strong support for the initiative and significant demand for the actionable insights it will generate. On the other hand, the gaps in our understanding of what works and the relative effectiveness of different interventions is vast, while the money available is modest for a programme of this nature. Adding to this difficulty, the tight timescales severely limit the types of trials that could realistically be considered.

Against this backdrop, the inclusion criteria was as follows:

- Potential impact: *how likely is it that it will have an impact on numbers, and can it show results within the current Spending Review cycle?*
- Timing: *would the intervention show results quickly enough for Winter 2026?*
- Level of investment: *how much public money is dedicated to tackling this issue?*
- Mix of interventions and sub-populations: *does the portfolio include a wide range of interventions and target sub-populations?*
- Demand and capacity: *is there appetite in local areas and the capacity to deliver the intervention?*
- Political appetite: *is the project desirable and relevant from a ministerial perspective?*
- Likelihood of it happening without the Test and Learn programme: *could the project be funded in another way?*

The decision to pursue Model 2 (see section 3.1.2 above) means that £11 million is available for 8 to 12 projects depending on the costs of the ideas selected (after management costs are taken into account). To help ensure the portfolio is balanced, a diamond structure was proposed, with one large trial, up to eight medium sized trials, and three small ones. Figure 3.1 below shows the strucutre of the portfolio.

Figure 3.1: Overall Test and Learn portfolio structure



With the above in mind, the nine ideas prioritised for the Test and Learn programme from the short-list of 50 are shown below in table 3.2.

Table 3.2: Test and Learn Projects: Final List (pending final sign off)

	Intervention (Type)	**Priority Theme from Gap Analysis**	**Focus on rough sleeping or other types of homelessness?**
1	Housing Options risk assessment tools for rough sleeping *(Bolt-on)*	Early Intervention/Swift Access to Services	Rough Sleeping
2	Individual Placement and Support (IPS) *(Innovation)*	Employment and Income Support	Homelessness/Rough Sleeping
3	Outreach with Health Specialism *(Innovation)*	Swift Access to Services	Rough Sleeping
4	Community integration and relationships (The Citadel) *(Innovation)*	Relationships	Rough Sleeping
5	Personalised budgets and unconditional cash transfers *(Innovation)*	Swift Access to Services/Early Intervention	Homelessness/Rough Sleeping
6	Legal advice and time-limited accommodation for people sleeping rough with limited recourse to public funds *(Innovation)*	Housing/limited recourse to public funds	Rough Sleeping
7	Accommodate or connect: Options for people sleeping rough with no local connection *(Bolt-on)*	Housing/Relationships	Rough Sleeping
8	Department for Education's programme for care leavers at risk of homelessness *(Bolt-on)*	Care Leavers/Early Intervention	Homelessness
9	Better use of council data to prevent homelessness *(Innovation)*	Early Intervention/Data-Driven Strategies	Homelessness

The final selection of trials in the Test and Learn portfolio will be subject to final decision in Summer 2023.

3.3 Creating conditions for maximum success

For this groundbreaking initiative to achieve its strategic goals it will require purposeful planning, dedication, and the right conditions. This section identified some critical success factors which we see as essential to the creation of an environment that maximises the likelihood of success in both the short and long term, based on learnings from the feasibility phase.

1. Creating a shared vision for the programme

DLUHC and the Delivery Agency cannot do this alone. Creating a shared vision for a Test and Learn programme is crucial because it aligns local areas and all other stakeholders towards a common purpose and fosters a collaborative environment.

When introducing the initiative to local areas we hoped but did not take for granted that they would automatically see the value of the Test and Learn programme. As shown by the level of engagement achieved in a very short period of time, there is real enthusiasm for the goals and aims of the initiative and interest in taking part. Given the very challenging external environment this is all the more welcome.

This support should never be taken for granted. It will require consistent effort throughout the initiative. Prioritising the fostering of a shared vision will help, as stakeholders will be more likely to actively participate, contribute their insights, and commit to its success. A shared vision also promotes a culture of learning and continuous improvement, which is an important secondary goal of the initiative, leading to more effective problem-solving across the system, and the ability to adapt swiftly to changing needs.

2. Timely execution matters

Everything we learned suggests that time is a critical factor for the successful delivery of programmes of this nature, because it directly impacts its efficiency, effectiveness, and overall impact. Ultimately, without timely execution insights cannot be promptly gathered and translated by DLUHC and local areas into system improvements.

Learning from experiences to date will be crucial. We must actively work to prevent delays, especially when facing tight schedules that could become even more challenging if further squeezed. This matters from a practical point of view, but also so momentum and goodwill are not lost, and support from local areas remains strong. In the immediate future, for example, this will involve ensuring that the feasibility period flows seamlessly into the delivery of the programme itself.

3. Trials: Hoping for the best, but planning for the worst

We know that, despite DLUHC's or the Delivery Agency's best efforts, some projects might face challenges getting started and may need to be terminated prematurely—for instance, if they struggle to recruit enough local authorities (LAs) and/or beneficiaries.

So, it is key to retain flexibility and have planned the best next alternative considering the budget available and the level of priority.

Based on the level of priority and budget available, we identified the next best options and the same could be undertaken if two or more projects had to be terminated at the same time, if some were over or under budget, etc.

Table 3.3 below shows the proposed projects, costs and alternatives.

Table 3.3: Test and Learn Projects and their alternatives

Projects	Cost (in £m)	Likelihood of early termination	Running total cost (in £m)	Best alternative	Second best alternative	Third best alternative
Housing Options risk assessment tools for rough sleeping	1	Medium	1	Different ways of organising hostels: Red to Green Move on pilot in Hostels	BEAM and other employment support	
Individual Placement and Support (IPS)	1.6	Low	2.6	Critical time intervention for prison leavers	Different ways of organising hostels: Red to Green Move on pilot :	BEAM and other employment support
Community Integration and relationships (The Citadel)	1.7	Low	4.3	Critical time intervention for prison leavers	Different ways of organising hostels: Red to Green Move on pilot	BEAM and other employment support
Outreach with Health Specialism	1.7	High	6	Critical time intervention for prison leavers	Different ways of organising hostels: Red to Green Move on pilot	BEAM and other employment support
Accommodate or connect: Options for people sleeping rough with no local connection	0.5	Medium	6.5	Phone-based befriending (e.g Miracle Friends)	Miracle Messages reunion service (Family reconnection for rough sleepers)	Analysis of Housing Allocation policies
DfE's programme for care leavers at	0.4	Low	6.9	Phone-based befriending (e.g Miracle Friends)	Miracle Messages reunion service	Analysis of Housing Allocation

risk of homelessness					(Family reconnection for rough sleepers)	policies
Legal advice and time-limited accommodation for people sleeping rough with limited recourse to public funds	1.6	Medium	8.5	Critical time intervention for prison leavers	Different ways of organising hostels: Red to Green Move on pilot in Hostels	BEAM and other employment support
Personalised budgets and unconditional cash transfers	1.6	Medium	10.1	Critical time intervention for prison leavers	Different ways of organising hostels: Red to Green Move on pilot in Hostels	BEAM and other employment support
Better use of council data to prevent homelessness	0.7	Low	10.8	Phone-based befriending (e.g Miracle Friends)	Miracle Messages reunion service (Family reconnection for rough sleepers)	

4. Change doesn't happen overnight

While the Test and Learn programme is an important step towards DLUHC's vision to create a learning system across local authorities in England, by virtue of its small scale relative to the size of the challenge, it will probably need to be followed by other similar programmes to fulfil its ultimate vision.

There is already substantial scope identified within this feasibility project for future projects. Many high interest trials had to be parked because of cost or timescale constraints, and the process of bringing about systemic change – both in terms of securing evidence adoption and in terms of cultivating a collective 'growth mindset' – is a process that will take many years, not months, of sustained effort.

If successful, DLUHC may therefore want to consider devoting additional resources to similar initiatives. In terms of how this work might be funded in the future, the provision of funds through an endowment has shown significant impact as a way of funding this kind of research. This model provides an independent organisation with the means and the timescale to conduct large numbers of research projects, with the scale and duration of those studies shaped by the best, most pragmatic research design, without the

constraints of short spending review periods see Annex I for case studies). An endowed organisation would provide flexibility to design and deliver e.g. ten year ‘Test and Learn’ type programmes, tracking the impacts for people experiencing homelessness or rough sleeping over the short, medium and long term. The creation of an endowment, with a cornerstone contribution from the Government, would also allow the Delivery Agency to attract additional contributions via the provision of grants and investment funds from other bodies. The Education Endowment Foundation (EEF) raised c £25 million in its first seven years from such sources.

3.4 How will success be defined?

Impact is everything. We made an initial attempt at mapping out what success - both immediately and in the longer term - would look like to help keep DLUHC and its partners on course.

- The first large robust evidence of whether or not nine interventions are effective.
- Each evaluation within the programme being administered to a high standard and achieving a high standard of evidence (using the quality appraisal framework CHI co-created for this purpose with Campbell).
- At least 5,000 participants involved in the interventions being evaluated.
- Better evidence-based policy making at both national and local levels, because better quality and more actionable evidence is available.
- Increase in the amount of reliable evidence from the UK available to government and local areas (as captured by CHI’s Evidence and Gap Maps).
- Better understanding of what constitutes value for money (for the ten interventions in the portfolio).
- Increase the demand for rigorous evidence in homelessness and rough sleeping (expressed by willingness to take part in trials and money spent on rigorous evaluation and trials programmes).
- Longer term, improve the cost effectiveness of existing homelessness programmes and instigate a shift of funding towards interventions that have reliable evidence behind them.

4. What happens next

This report marks the end of the feasibility phase. The report lays the ground for delivery, which will begin in Autumn 2023.

This is a large and complex initiative of national importance. Delivering on its promise will involve significant input from the government, local areas and a wide range of other system actors. In the short term, the success of the programme will depend in large part on avoiding further delays and the effective stakeholder engagement to ensure that when the initiative finally launches, it hits the ground running.

A draft timeline with key milestones is included below.

Timeline

- September/October 2023: Test and Learn Programme launches
- November 2023: Scoping phase concludes
- Spring 2024/25: Interim findings
- Winter 2026: Final reports for each Test and Learn project, and overarching programme report (plus of any research transparency materials, such as analysis code and data archive)

5. Conclusion

This study is just the beginning of a long journey but it does show that there is both a need and a demand for the initiative, as well as some significant challenges to overcome to achieve its ambitions. Along the way, we learned a lot by listening to what people are saying they need most, and what it will take to create the conditions for optimal delivery.

This report collates all that is known from the project, the intended trials, delivery model, and how these decisions were reached.

We conclude that the proposed portfolio of trials is viable and can be implemented successfully. The study has provided valuable insights into the practicality, and potential impact of each of the projects. However, it will be essential to remain flexible and responsive to potential challenges throughout the lifetime of the initiative.

We hope this study provides a strong foundation for the forthcoming programme, and with continued dedication and collaboration, we can anticipate it will meet its promise to improve the outcomes for people affected by homelessness and rough sleeping in England and beyond.

Annexes

—

Annex A: Trial feasibility assessment template

Version 7 | January 2023

Purpose

This brief outlines the expectations for a feasibility assessment for specific trials.

Summary:

Criteria	RAG rating
Relevance (from DLUHC prioritisation based on potential for impact, scalability and lack of 'good practice')	
Operational feasibility (is the intervention well defined and is there a delivery organisation to do it?)	
Technical feasibility (is an RCT feasible for this intervention?)	
Scheduling feasibility (Can it be done by March 2025?)	
Economic feasibility (Could it be done within the budget envelope?)	
Recommendation	

RED: Relevant risks need to be mitigated to be able to proceed to commission an evaluation
AMBER: Proceed with caution, some risks will need to be mitigated as the evaluation is scoped further
GREEN: Proceed

Detailed assessment:

Intervention Name:	***What is the intervention called?***
Strategic area	***Which of these does it seek to address (select the ones that apply)***

	Prevention, Rare Brief Non-recurring
Theme	***Which of these does it seek to address (select the ones that apply)?*** Housing availability, access and allocation Crisis support Health and clinical support Homelessness assessments and legal advice Homelessness workforce (navigators, training, recruitment and retention, and wellbeing) Income, Benefits and Poverty Discharge from institutions Domestic abuse Education and labour market Social support and relationships
Bolt-on or innovation?	Are we going to do this as part of an existing practice (Bolt-on) or is this an innovation (new service) that would need to be introduced?
Intervention Description	Here provide a brief description of the intervention: origins, intended outcomes, and delivery model. Include why you think this intervention might produce an effect on homelessness, including any evidence you have. You may want to use some of these prompts to guide you (but you don't need to answer all of them): ● How are participants identified and referred to the service? ● What are the key components/activities of the service? ● How frequently are these activities carried out? (e.g. four, weekly counselling sessions are conducted) ● Where is the programme or service delivered? (e.g. contacting rough sleepers in a food bank) ● How is the service delivered?(e.g. group or individual setting, face-to-face, telephone service, online) ● Who delivers the service (e.g. trained therapists, social workers, GPs, counsellors)? In some cases, you might not have a well-defined intervention but a practice that needs to be manualised. If that is the case, this additional time needs to be reflected in the scheduling.

Current situation	● Where has it currently been tried? ● What is the state of the evidence base (e.g. are there any studies or reviews on this intervention)? What did those find? ● Has this been used for people experiencing homelessness?
Operational feasibility	
Targeting of the intervention / referral mechanisms	● Who are the potential participants (could it be applicable for multiple groups)? ● What are the eligibility criteria (if known) ● Who is the service provider? ● Which is the setting where services are provided? ● Is there a very clear referral mechanism into the study? Can we identify participants and where they are? Do we have an indication of volume? (Tip: you might want to consider the number of people who are assessed for homelessness in a given quarter or last year who are consistent with the eligibility criteria) **RED:** Substantial challenges to identify participants, with very small samples that are likely to take part. **AMBER:** Eligibility criteria needs to be refined, or there are some challenges to identify who the participants are. OR, caseload is likely to be small. **GREEN:** Eligibility criteria is clear and participants can be readily identified. There is a substantial caseload to choose from.
Delivery of the intervention	Who can deliver the intervention? ● Are there organisations in the UK willing and able to deliver the intervention? These could be organisations already delivering, organisations with similar skills and/or organisations identified through the call for practice What is Business As Usual (BAU)? ● Is there a clear group receiving similar support from other agencies? ● How different is this intervention from BAU (i.e. 'differentiation')? Is this intervention done on top of BAU (i.e. 'additionality')? **RED:** Intervention that needs better definition and clear boundaries to be set before it could be evaluated. Or, intervention with very limited 'differentiation' and 'additionality' to BAU. **AMBER:** Well-defined intervention or intervention with small adaptations, and requires identifying a delivery organisation **GREEN:** Well-defined intervention with clear organisations that could deliver it.

Technical feasibility	
Methods	● If this is an RCT, tell us what type; ○ At what level does randomisation occur? ○ Is it a parallel design? Cross-over? Stepped-wedge? ○ Is it a single or multi-site trial? ○ Is it a complex or rapid trial? ○ Is it a non-inferiority or superiority trial? Do you know what the control group will be? ○ Is this phase I (pilot), phase II (efficacy - ideal conditions) or phase III (effectiveness - real conditions)? Studies are expected to be two-arm trials, unless there is a strong argument for multiple arms (e.g. small variations or nudges). We anticipate that RCTs might be more likely than Quasi-Experimental designs (QEDs) given limited access to homelessness-related administrative data. However, if a QED approach would be preferable and possible, please describe and specify the approach you would propose. This may include: ● Difference-in-Differences approaches (when intervention starts in multiple areas but not others) ● Statistical matching (when a comparison group of similar units can be created using existing data) ● Synthetic controls (when a single place starts to do something, and there are no other changes happening in that area) ● Avoid proposing theory-based evaluations unless there are no other options If more than one option is possible, please outline them and explain your preferred option. **RED:** An RCT is not possible and QED methods have very substantial risks; or, only methods that are not based on counterfactual are possible (e.g. process tracing, before-and-after comparisons) **AMBER:** An RCT is possible, but there are substantial risks that need to be mitigated for it to be feasible; or a QED is feasible, with some limited risks. **GREEN:** An RCT is deemed as feasible or only with limited risks.
Sample Size	● Considering costs and/or previous studies, what would you expect the Minimum Detectable Effect of Relevance to be? (small=0.2; medium=0.35; large=0.5). Please specify the target minimum detectable effect sizes (MDES). ● Using the standard assumptions for the design you have proposed, how many participants would you include (in treatment

	and control)? To do the calculations, please use this spreadsheet and this guidance. ● Which is the expected effective sample after attrition and non-consent? ● Which is the number that needs to be randomised and which is the number of referrals needed to reach that figure? ● If you would like to propose any changes to the assumptions, please do so and specify. You could propose two options: the minimum viable size and a well-powered trial **RED:** The sample size would require operating in a much larger scale or reaching a very large number of Local Authorities or partners, increasing the complexity of the project. **AMBER:** The sample size could be challenging in the time period needed based on the information on referral rates, so a large number of Local Authorities or partners would be required. **GREEN:** The sample size is attainable in a reasonable time period (see scheduling) based on the information available about referral rates.
Outcome measure	● Specify here the primary and secondary outcome measures for this trial. ● In general, primary outcomes are expected to be related to homelessness. But there are some circumstances when this would not be appropriate. For example, when the homelessness outcomes would only be observed in the long term (e.g. for a parenting intervention) or when short term accommodation is provided (e.g. accommodation for domestic abuse). In those cases please explain your choice of primary outcome. ● Secondary can be less concrete/specific (e.g. mental health) ● Specify when each outcome might need to be measured (e.g. short term or long term). This could be informed by previous studies. ● Specify how data could be collected (admin data or survey-based) **RED:** Outcomes data would require data matching between multiple government departments or agencies, which could prove challenging. **AMBER:** Outcomes are well defined but would require extensive and costly primary data collection, or rely on administrative data that might be difficult to access, clean and present (e.g. data from LAs) **GREEN:** Outcomes are well defined and could be collected either through survey mechanisms or readily available administrative data (e.g. data from DWP)

Scheduling	
Timeline	Please provide rough estimates for each phase: <u>Programme design (optional):</u> ● Is this a well-defined intervention or is it necessary to develop it? If so, allow for at least 3 months. <u>Recruitment of delivery organisation and participants:</u> ● Are sites and delivery partners lined up or do they need to be recruited? ● Will participants be recruited all at once or on a rolling basis? ● When would the last person be recruited? <u>Implementation of the intervention</u> ● How long is the intervention? ● When would the last person complete the intervention? <u>Measurement</u> ● How long do you need to wait after the intervention to collect outcome data? ● If outcome data is from admin sources, consider how long it might take to be reported and accessed for the last person? ● When could we have results? (Usually allow for 3 months for reporting after data collection ends) Note: the projects should start in Autumn 2023 and would be ideally concluded by April 2025, but this is unlikely to be possible for some projects. Long-term follow ups could happen beyond this point but at least some interim results should be available. **RED:** Relevant outcomes for the sample needed are likely to be available after April 2025. **AMBER:** Short-term outcomes / interim report are expected to be available before April 2025, even if other outcomes might be needed after that point **GREEN:** All relevant outcomes are expected to be measured before April 2025
Economic Feasibility	
Estimated costs	Provide ballpark estimates of costs for: <u>Delivery</u>. Consider all costs of a treatment, not just those incurred by the client. Please include the total cost and the cost per client. If no information is available, say so, but you might want to give a ballpark

	figure - even if it is only indicative at this point. Evaluation. Between £200 and £400k, depending on the methods and complexity of the project; and the extent of primary data collection needed. Make sure to consider evaluation costs, data collection costs and participant incentives. Total. Please include the total for the project. **RED:** Total budget over £1.5M, reducing the number of projects that could be conducted. **AMBER:** Total budget between £750k and £1.5M **GREEN:** Total budget under £750k

Annex B: Sample size calculations guidance

Version 3 | January 2023

Purpose

This brief outlines the approach used to estimate sample sizes as part of the feasibility assessment for specific trials for the Test & Learn programme.

Rationale

Estimating the required sample sizes to detect a meaningful effect is a crucial part of assessing the feasibility of specific trials. Ex-ante sample size calculations like this require a degree of judgement by the analyst who is conducting them. To ensure comparability between different trials, we will use a set of standard assumptions informed by previous experience designing and conducting randomised controlled trials in homelessness and other social policy areas. As more robust evaluations are conducted in homelessness policy in the UK, we anticipate that these assumptions could be defined empirically.

These sample size calculations are indicative only. More refined sample size calculations, considering a range of assumptions and scenarios are expected to be conducted for the trials selected for the T&L programme starting in Summer 2023.

Software and instructions

Sample sizes are estimated using a modified version of Power Up! (Dong et al, 2015), a spreadsheet-based programme to estimate sample sizes and minimum detectable effect sizes. The spreadsheet is here and includes tabs for individually randomised trials and for cluster randomised trials (2-level and 3-levels).

Depending on the design and level of randomisation you propose, please select the appropriate tab. The standard assumptions (below) have been pre-filled for each of them. Include the sample size needed to reach the relevant MDES that you have selected. Note that in the case of cluster randomised trials you will have to select the number of clusters and the number of units within each cluster.

Each tab includes multiple columns that you can use to test different scenarios (e.g. different target MDES). You may also change some of the assumptions if you have a reason to justify it. In that case, please specify why in the relevant trial assessment.

Assumptions and approach

Alpha:
This is the probability of Type I error. When a single primary outcome is used, this will be set at conventional levels (0.05). For the purpose of sample size calculations a simple Bonferroni correction for two outcomes should be applied (0.025) if more than one primary outcome is used. In practice, we expect analysts to use a Benjamini-Hochberg approach to account for multiple testing rather than a Bonferroni correction as the latter is overly-conservative. However, this is more straightforward to implement in ex-ante calculations.

Beta:
This is the probability of Type II error. This will be set at conventional levels (0.2).

Two-tailed tests:
All tests should be two-tailed tests to be able to detect differences larger or smaller than the critical value.

Minimum Effect of Interest (MEI):
The minimum effect of interest is the effect size we would want to observe for this intervention to be considered effective. This is a judgement made by the analyst on the basis of factors such as how intensive or costly the intervention is, and any previous evidence suggesting that effects of a given size could be expected. The MEI should be the basis for the Minimum Detectable Effect Size (MDES) estimated for each trial.

Based on our previous experience, we expect the magnitude of MEI in three groups

Small effects (Target MDES=0.2): This would be appropriate for highly targeted interventions, one-off interventions or models of support that are relatively affordable. For example, the Early Legal Advice Pilot that offers a single 3h session offering legal advice or a one-off payment made to a landlord.

Moderate effects (Target MDES=0.35): This would be appropriate for structured interventions that could last several weeks to a few months, and usually just require labour. This could include models of support that are moderately expensive. For example, EMDR therapy requires weekly sessions for 8 weeks done by a trained specialist.

Large effects (Target MDES=0.5): This would be appropriate for very intensive models of support working with very small caseloads, or those that require other types of investments (e.g. providing housing). This should include models that are considered more expensive. For example, this could include a basic income for people in key transitions out of care or prison that lasted for

several months; or a model to support people fleeing domestic abuse which includes extensive and regular one-to-one support, provision of housing and additional mediation with a perpetrator.

In some cases, smaller effects might be appropriate for very light touch interventions. For example, those that focus exclusively on behavioral principles such as reminders, checklists or other small nudges may need to consider a smaller MDES (Target MDES=0.1).

Intra-cluster correlation (ICC):
This refers to how similar two observations are likely to be because they are part of the same cluster. There are three aspects to consider:

Selection into clusters:
To what extent are people selected into clusters, or to what extent are they able to select themselves into clusters? Are some clusters more explicitly for specific 'high needs' participants? For example, when thinking about hostels, do you have hostels only targeting a very narrow group (e.g. women under 25 fleeing domestic violence)? The more selection there is into the cluster, the higher the ICC will be.

Socialisation within clusters:
To what extent do people socialise within clusters, in a way that will lead behaviours to spread amongst them. For example, if one person is a drug user within a hostel, how likely is it that this will spread? Conversely, if people are very isolated from each other, then behaviours are unlikely to spread. The more socialisation there is, the higher the ICC will be.

Selection of inputs into clusters:
To what extent do workers, or other forms of inputs, select into clusters? Do good workers tend to work in good clusters, or to move to good clusters over time? Are interventions (other than the one that we're currently evaluating), or money typically allocated to some areas, or teams, but not to others? The more inputs selected into clusters, the higher the ICC will be.

Make a judgement of the level to which you expect this to happen. If it doesn't happen (0.00), low (0.02), moderate (0.08) and high (0.12). The resulting ICC should be the sum of the suggested ICCs for each of the three domains. For example, a programme might have little selection into clusters because it serves a diverse population (0.02), with moderate socialisation as they have some joint sessions (0.08) with no selection of workers into clusters (0.00). Thus, the resulting ICC that should be used is 0.10.

Variance explained by covariates (including correlation between pre-post measures):

This relates to the adjustments in sample sizes granted by the inclusion of covariates that help to explain differences in outcomes. For individually randomised interventions, we assume a

correlation of 0.4 (variance explained - 0.16). For cluster randomised interventions, we follow Demack (2019) decomposition of the variance approach and assume a correlation coefficient of 0.1 at the cluster level (variance explained 0.01) and correlation of 0.4 at the individual level (variance explained - 0.16).

Attrition and consent rate:
These will be useful to identify the flow of referrals that will be required to reach an effective sample for whom outcome data are available for analysis.

Outcome data from surveys: Based on previous experience conducting evaluations with people experiencing homelessness in the UK, we can expect an attrition rate between 40 and 20% when using survey data so we use a mid-point assumption of 30%.

Outcome data from administrative sources: When using administrative data, there will be some attrition due to difficulties to match records or incomplete information. Based on previous experience, we expect this won't be higher than 10%.

Consent rate: Based on previous experience conducting evaluations with people experiencing homelessness in the UK, we can expect that between 30 and 50% would decide not to take part in the evaluation so we use a mid-point assumption of 40%.

Annex C: Final portfolio of trials, with RAG rating

	Project	**RAG rating and reason**
1	Housing Options risk assessment tools for rough sleeping *(Bolt-on)*	**RED:** Large number of LAs required and need to dovetail the trial with the risk assessment tool being developed in London
2	Individual Placement and Support (IPS) *(Innovation)*	**GREEN:** Intervention and evaluation clearly defined, and substantial interest from potential delivery partners
3	Outreach with Health Specialism *(Innovation)*	**AMBER:** Some parameters of the intervention need to be defined. Requires a large number of LAs, and some already have similar services in place which would need to be excluded.
4	Community Integration and relationships (The Citadel) *(Innovation)*	**GREEN:** Intervention and evaluation clearly defined, and substantial interest from potential delivery partners
5	Personalised budgets and unconditional cash transfers *(Innovation)*	**GREEN:** Intervention and evaluation clearly defined, and substantial interest from potential delivery partners
6	Legal advice and time-limited accommodation for people sleeping rough with limited recourse to public funds *(Innovation)*	**AMBER:** Some parameters of the intervention need to be defined by DLUHC.
7	Accommodate or connect: Options for people sleeping rough with no local connection *(Bolt-on)*	**RED:** Parameters of the intervention need to be defined by DLUHC. Recruitment will be challenging due to the perceived financial impact on Local Authorities.
8	DfE's programme for care leavers at risk of homelessness *(Bolt-on)*	**AMBER:** Some data related challenges may affect the evaluation design.
9	Better use of council data to prevent homelessness *(Innovation)*	**GREEN:** Intervention and evaluation clearly defined, and substantial interest from potential delivery partners

Annex D : Short-list of ideas prioritised for feasibility assessments

No	Project
1	Housing Options risk assessment tools for rough sleeping
2	Individual Placement and Support (IPS)
3	Outreach with Health Specialism
4	Community Integration and relationships (The Citadel)
5	Personalised budgets and unconditional cash transfers
6	Legal advice and time-limited accommodation for people sleeping rough with limited recourse to public funds
7	Accommodate or connect: Options for people sleeping rough with no local connection
8	DfE's programme for care leavers at risk of homelessness
9	Better use of council data to prevent homelessness
10	Differnt ways of organising hostels: The Red to Green move on pilot
11	Critical Time Intervention for prison leavers
12	Miracle Messages reunion service (Family reconnection for rough sleepers)
13	Personalised budgets only
14	Phone-based befriending (e.g Miracle Friends)
15	Single Homelessness Prevention Service
16	Accommodation for DV perpetrators (e.g. Restart)
17	Analysis of Housing Allocation policies
18	Community Hosting
19	BEAM and other employment support
20	Outreach-based Tenants Rights Advice and Advocacy (Safer Renting)
21	Link Workers in Primary Care
22	Duty to Prevent' Referral Model for Housing Options (Islington Model)
23	Accommodation and employment for people with pre-settled status
24	Evaluation of the Community Accommodation Service 3
25	Duty to refer' screening tool in healthcare settings

26	Eviction Notification Requirements
27	Exhaust All Options approach for people with limited recourse to public funds
28	Financial incentives to improve access to the PRS
29	Behavioral nudges to improve access to the PRS
30	Incentives to extend the length of Assured Short Tenancies
31	Light touch interventions to reduce workforce burnout (social messaging and symbolic awards)
32	Removing local connection requirements at main housing duty stage
33	Loosening Universal Credit conditionalities for people sleeping rough
34	Navigator models
35	Gender-informed Outreach
36	Outreach with specialist cultural role (eg. ROMA)
37	Specialist outreach working with new rough sleepers
38	Removing Priority Need and Intentionality Tests
39	Value for money of Housing First in England
40	Accommodation for people with limited recourse to public funds (Oxfordshire Pilot)
41	Additional screening tools for specific needs (eg. learning disability)
42	Alternative 'dry' accommodation after hospital detox
43	Eye movement desensitisation and reprocessing (EMDR)
44	Funded carers within hostels
45	Intense family therapy including home visits
46	International Reconnections for Roma people (Acasa Model)
47	No Wrong Door
48	Non-invasive Vagus Nerve Stimulation for severe mental health conditions
49	Peer advocacy
50	Schwartz Rounds for frontline workers
51	Trauma-Focused Cognitive Behavioural Therapy
52	Unconditional cash transfers
53	Wage Subsidies

Annex E: Long list of potential projects

Priority theme	Intervention	PRBNR framework strand project is relevant to	Target sub-population	Evidence of positive impact	Innovation or Bolt-On
Housing availability, access and allocation	Hostels models Compare their relative effectiveness	R, B	Single men Single women Couples without children Young people New to rough sleeping Long history of rough sleeping Domestic abuse LGBQT+ Drugs/alcohol	No	Bolt-on
	Supported housing models Compare their relative effectiveness	B, NR	Single men Single women Couples without children Young people Long history of rough sleeping	No	Bolt-on
	Allocations of social housing Comparing allocation practices and their effectiveness	P, R	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24)	No	System-level
	Eviction practices in social housing Comparing eviction practices and their effectiveness	B, NR	Single men Single women Couples without children Young people Long history of rough sleeping	No	Bolt-on
	Void rates Improve void rates (often very high even in areas with high demand)	R, B	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24)	No	Bolt-on

	Somewhere Safe to Stay or No Second Night Out vs LA TA Economic evaluation or data analysis	R, B	Single men Single women Couples without children New to rough sleeping Long history of rough sleeping	No	Bolt-on
	Nightstop and AirBnb Night accommodation in trained volunteers' spare rooms or empty AirBnBs compared with shelters	R, B	Single men Single women Young people (16-17 and 18-24) Non-UK nationals New to rough sleeping	No	Innovation
	Behavioural nudges to landlords Using behavioural principles and information gaps (e.g. personal stories, framing) to influence beliefs and behaviour	P	Landlords	No	Innovation
	Alternative payment arrangements for landlords Campaigns / behavioural nudges to increase awareness about process to get housing benefits paid directly to landlords	P	Landlords	No	Innovation
	Rent guarantees, incentives, deposit bods for landlords Field experiment to test rent guarantees, deposit bonds, upfront payments and other support for landlords	P, R	Landlords	Some	Bolt-on / Innovation
	Advice and mentoring for prospective tenants Training and advice on what information to disclose to landlords, how to look for properties, budgeting etc.	P	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Non-UK nationals	No	Innovation
	Landlord mediation and tenancy sustainment services Support and training to	P	Single men Single women Couples without children	No	Innovation

	mediate tenant-landlord conflicts (e.g Kineara's Rent Support Programme)		Families with children (with one or both parents) Young people (16-17 and 18-24) Older people (65+) Non-UK nationals Landlords		
	Resettling services Support for people in the initial phases of moving into accommodation (e.g. Kineara's Resettling programme)	NR	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24) Older people (65+) Landlords	No	Innovation
	'Tenancy'-ready Training on basic tenancy skills such as budgeting and conflict resolution	P, NR	Single men Single women Young people (16-17 and 18-24) Non-UK nationals	No	Innovation
	Modular housing Compare relative effectiveness of different types of modular housing	P, NR	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24)	No	Bolt-on
	Housing First Evaluate the roll-out of Housing First focusing on intervention fidelity. Consider for groups such as NRPF	NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping Domestic abuse History of care Criminal record	Some	Bolt-on
Crisis support	Outreach with peer mentors Introduce peer mentors as part of assertive outreach and compare with other models. This	R, B	Single men Single women Young people (16-17 and 18-24) New to rough sleeping Long history of rough	No	Bolt-on / Innovation

	could include peers from specific groups e.g. ROMA		sleeping People with limited recourse to public funds		
	Outreach for prevention services Outreach model that combines prevention officers to support prevention, not just support people bedded down off the streets (e.g. London Councils)	P, R,B	Single men Single women Young people (16-17 and 18-24) New to rough sleeping Long history of rough sleeping People with limited recourse to public funds Frontline workers	No	Innovation
	In-country Reconnections Test different models to support people to go back to areas with a local connection	R, B	Single men Single women Young people (16-17 and 18-24) New to rough sleeping Long history of rough sleeping People with limited recourse to public funds	No	Bolt-on / Innovation
	Out-country Reconnections Test different models to support people to go back to their country of origin. Includes pre-decision advice and post-reconnection follow-ups.	R, B	Single men Single women Young people (16-17 and 18-24) Long history of rough sleeping People with limited recourse to public funds	No	Bolt-on / Innovation
	Day centres and assessment centres Map characteristics of day centres and other building-based services and compare with other services (e.g. libraries)	R, B	Single men Single women Young people (16-17 and 18-24) Older people (65+) New to rough sleeping Long history of rough sleeping People with limited recourse to public funds	No	Bolt-on
	Streetlink Explore approaches to improve use by the public, especially to support female rough sleepers.	R, B	Single men Single women Young people (16-17 and 18-24) New to rough sleeping	No	Bolt-on

	Youth-specific emergency accommodation Relative effectiveness of youth-only emergency accommodation vs mainstream (e.g. London setting up a model)	R, B	Single men Single women Young people (16-17 and 18-24) New to rough sleeping History of care LGBQT+	No	Bolt-on
	Pets Projects that support people to be rehoused with their pets (e.g. Dogs Trust)	B, NR	Single men Single women Long history of rough sleeping	No	Innovation
Health and clinical support	Eye movement desensitisation and reprocessing (EMDR) New therapy (10 sessions) to treat symptoms of PTSD and complex trauma	P, NR	Single men Single women Families with children (with one or both parents) Long history of rough sleeping Domestic abuse History of care Criminal record Trauma / PTSD	Yes	Innovation
	Non-invasive Vagus Nerve Stimulation (nVNS) New therapy to treat symptoms of severe depression with stimulation of the vagus nerve with a non-invasive device	P, NR	Single men Single women Families with children (with one or both parents) Long history of rough sleeping Mental Health Issues Domestic abuse History of care Criminal record Trauma / PTSD	?	Innovation
	Individual trauma-focused cognitive behavioural therapy (TF-CBT) Short-term therapy focused on trauma using different techniques, such as exposure, cognitive therapy, and stress management.	P, NR	Single men Single women Families with children (with one or both parents) Long history of rough sleeping Mental Health Issues Domestic abuse History of care Criminal record Trauma / PTSD LGBQT+	Yes	Bolt-on
	Interpersonal psychotherapy (IPT)	P, NR	Single men Single women	?	Innovation

	Short-term therapy (acutely, 12-16 weeks) focusing on severe depression and trauma		Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping Mental Health Issues Domestic abuse History of care Criminal record Trauma / PTSD LGBQT+		
	<u>Mindfulness therapy</u> Non-trauma based therapy focusing on feelings and sensations of the experiences.	P, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping Mental Health Issues	No	Innovation
	<u>Therapeutic communities and rehab facilities</u> Group-based, residential abstinence-based approach	P, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping Drugs/alcohol issues	No	Innovation
	<u>Managed alcohol programmes</u> Provides accommodation, health and social support alongside regularly administered sources of beverage alcohol to stabilise drinking patterns and replace the use of non-beverage alcohol	P, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping Drugs/alcohol issues	Yes	Innovation
	<u>Contingency Management</u> Abstinence based approach with organised system of positive and negative consequences depending on substance	P, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough	Yes	Innovation

	use.		sleeping Drugs/alcohol issues		
	Supervised consumption facilities to reduce drug-related deaths Facilities to consume pre-obtained drugs under the supervision of trained staff, and with access to sterile injecting equipment.	P, R, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping Drugs/alcohol issues	Yes	Innovation
	Take home naloxone and other drug antagonists to reduce drug related deaths Naloxone is an opioid antagonist that can rapidly reverse the respiratory depression induced by heroin and other opioids. Test methods to increase take up and use.	P, R, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping Drugs/alcohol issues	Yes	Innovation
	Harm-reduction psychotherapy Cognitive and behavioural interventions with a psychodynamic understanding of substance use as personally meaningful.	P, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping Drugs/alcohol issues	Yes	Innovation
	Link workers in primary care Embedding non-clinical practitioners working in General Practice to support social prescribing.	P	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Frontline workers GPs / primary care practitioners Long history of rough sleeping Mental Health Issues Drugs/alcohol issues Physical health issues, including disability Trauma / PTSD	No	Innovation

	Introduce screening tools in primary care Develop tools to identify risk of homelessness and refer to services	P	GPs / primary care practitioners	No	Innovation
	Social care engagement People pre-judged as not meeting the care threshold. Introduction tools to increase engagement with social care	P	GPs / primary care practitioners	No	Innovation
Homelessness assessments and legal advice	Triage tools and housing options assessments approaches Compare differences in triaging (e.g. pre-screening online forms, face-to-face only) ; consider tools like VI-SPDAT and compare with subjective approaches	P, R	Single men Single women Couples without children Families with children (with one or both parents) Frontline workers	No	Bolt-on
	Promotion of LA prevention services Using behavioural principles to improve contact with Housing Options and better prevent tenancy breakdown instead of advice available only through contact centres / gatekeeping.	P, R	Single men Single women Couples without children Families with children (with one or both parents) Frontline workers	No	Innovation
	Introduce additional screening tools in assessments (domestic abuse/trauma/mental and physical health). Develop tools to identify specific risks (e.g. domestic abuse, trauma) vs leaving time to case worker to explore issues. In Housing options, hostels and rough sleeping	P, R	Single men Single women Couples without children Families with children (with one or both parents) Domestic abuse Trauma / PTSD Frontline workers	No	Innovation
	Assessments with peer advocates Facilitate assessments for support needs (e.g.	P, R	Single men Single women Couples without children	No	Innovation

	mental health, substance use) with peer advocates		Families with children (with one or both parents) Domestic abuse Trauma / PTSD Frontline workers Mental Health Issues Drugs/alcohol issues Frontline workers		
	Templates for Personalised Housing Plans Introduce templates or checklist to support the creation of PHPs, offer training to housing officers	P, R	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24) Older people (65+) New to rough sleeping Long history of rough sleeping Domestic abuse History of care Criminal record Ethnic minorities LGBQT+ Frontline workers	No	Innovation
	Legal advice for evictions Legal advice (mediation, legal assistance in eviction courts, etc.) to tenants that have been served an eviction notice. Embed support in HO.	P, R	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24) People with limited recourse to public funds Mental Health Issues Drugs/alcohol issues	No	Bolt-on
	Legal advice for immigration (e.g. Asylum Supports Appeal project) Legal advice to resolve immigration issues. Compare embedding support in Housing Options or Outreach	P, R	Non-UK nationals	No	Bolt-on

	teams				
	Immigration rights training Training for frontline workers on immigration rights (e.g. NACCOM?)	R, B	People with limited recourse to public funds Seeking asylum	No	Innovation
	Housing rights training (e.g. Law for Life) Training for frontline workers, nhs social prescribers etc or trusted local community members) who help people in precarious housing situations in the UK.	P, R	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24) Frontline workers	No	Bolt-on
	Nudges to increase attendance at hearings People fail to attend hearing and have worse outcomes. Develop nudges to increase attendance.	P	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24) Non-UK nationals Long history of rough sleeping Domestic abuse History of care Criminal record	No	Innovation
	Debt Respite Scheme - Breathing Space Legal protections from creditor action for up to 60 days. Conduct as encouragement design.	P	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24) Non-UK nationals Long history of rough sleeping Domestic abuse History of care Criminal record	No	Bolt-on
	Debt advice specialist Specialist debt advice either embedded in	P	Single men Single women Couples without	No	Innovation

	Housing Options or offering training		children Families with children (with one or both parents) Young people (16-17 and 18-24) New to rough sleeping Frontline workers		
	Using Council Tax data to target debt/housing advice (cf. Barking and Dagenham) Using council tax debt data to screen and target proactive support from tenancy support (reminders, advice, financial support).	P	Single men Single women Couples without children Families with children (with one or both parents)	Yes	Innovation
Homelessness workforce	Peer navigators and specialist Navigator teams that include people with lived experience and offer path into employment for clients with similar needs	R, B, NR	Single men Single women Young people (16-17 and 18-24) Non-UK nationals Long history of rough sleeping Domestic abuse History of care Criminal record	No	Innovation
	Case management models Compare different approaches to team structure, caseload, etc	R, B, NR	Single men Single women Young people (16-17 and 18-24) New to rough sleeping Long history of rough sleeping Frontline workers	No	Bolt-on
	Training/practice to deal with vicarious trauma Models that offer support to frontline workers through mentorship, social connections or training to deal with vicarious trauma	R, B, NR	Frontline workers	No	Innovation
	Psychologically informed environments training Compare PIE training and impact on beliefs and behaviours	R, B, NR	Frontline workers	No	Innovation

	Cognitive-behavioural training Training on CBT principles to be applied to clients and self	P, R, B, NR	Frontline workers	Yes	Innovation
	Coordination vs Colocation of services Compare different approaches to team structure, caseload, etc	R, B, NR	Frontline workers	No	System-level
	Value-based recruitment Introducing recruitment practices to prioritise pro-social motivations, e.g. questions on values, not using CVs, involving people with lived experience in recruitment	P, R, B, NR	Frontline workers	Yes	Innovation
	Incentives for performance Pay-by-performance or length of services, and other approaches to offer financial incentives	P, R, B, NR	Frontline workers	Yes	Innovation
	Symbolic awards Non-pecuniary prizes and recognitions for achievement, longevity, etc	P, R, B, NR	Frontline workers	Yes	Innovation
	Social support messaging to reduce burnout Reminders to offer anonymous advice to peers to increase social support	P, R, B, NR	Frontline workers	Yes	Innovation
	Interactions with beneficiaries to improve motivation and performance Meetings with beneficiaries who benefitted from their actions	P, R, B, NR	Public sector workers (not frontline)	Yes	Innovation
	Job-crafting to improve performance Encourage employees	P, R, B, NR	Frontline workers	Yes	Innovation

	to optimise their own job demands and resources.				
Income, Benefits and Poverty	Discretionary Housing Payments Understand how these are used (amounts paid, how and what for) and attempt data linkage with repeat homelessness	P, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Non-UK nationals	No	Bolt-on
	Unconditional cash transfers Considering different amounts (1k, 2k, 5k), modes (one-off, instalment), and personal budgets	P, R, B, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) New to rough sleeping Long history of rough sleeping Domestic abuse History of care Criminal record People with limited recourse to public funds	Yes	Innovation
	Loosening UC conditionalities Demonstration pilot loosening UC conditionalities for people who are homeless as the default and outcomes with areas that don't	P, R, B, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) New to rough sleeping Domestic abuse History of care Criminal record	No	Bolt-on
	Income maximisation advice Additional support from work coaches or embedded services to increase benefit takeup	P, R, B, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) New to rough sleeping Long history of rough sleeping Domestic abuse History of care Criminal record People with limited recourse to public	No	Bolt-on

			funds Seeking asylum		
Discharge from institutions	Critical time intervention (CTI) 9-month structured approach to facilitate community integration and continuity of care. (e.g. building on existing pilot from HW University)	P, NR	Single men Single women Young people (16-17 and 18-24) History of care Criminal record	Yes	Innovation
	Accommodation for prison leavers (CAS-3) Natural experiment of the rollout of CAS-3	P, NR	Single men Single women History of care Criminal record	No	Bolt-on
	Accommodation for young people leaving youth prisons and probation services Specific accommodation for the group compared with CAS-3	P, NR	Single men Single women Young people (16-17 and 18-24) History of care Criminal record	No	Innovation
	Bounce Back Support to improve family ties and with employment for men after short sentences (also PACT)	P, NR	Single men Young people (16-17 and 18-24) History of care Criminal record	No	Innovation
	Homelessness specialists in prisons Personnel embedded in prisons to coordinate transition before discharge	P, NR	Single men Single women Young people (16-17 and 18-24) Criminal record	No	Innovation
	Mentoring and coaching Peer mentors to offer coaching and support before people leave prison (e.g. the Innovation Unit, Change, Grow, Live)	P, NR	Single men Single women Young people (16-17 and 18-24) Criminal record	No	Innovation
	NEPACS Specialist therapy to build support network, live independently, and employment support	P, NR	Single men Young people (16-17 and 18-24) History of care Criminal record	No	Innovation
	Family preservation service: No wrong door	P	Young people (16-17 and 18-24)	No	Bolt-on

	(NWD) Integrated range of accommodation, services and outreach to support young people who are looked after or on the edge of care.		History of care		
	Staying Close Semi-independent accommodation that is within walking distance of a young person's former children's home.	P	Young people (16-17 and 18-24) History of care	No	Bolt-on
	Staying Put Allow young person to stay with foster parents after 18	P	Young people (16-17 and 18-24) History of care	No	Bolt-on
	Nudges to improve duty to refer Using behavioural principles and information gaps (e.g.reminders, framing, checklists)	P	Frontline workers GPs / primary care practitioners	No	Innovation
	A&E with and without accommodation Compares outcomes for street homeless people visiting A&E with different models of accommodation	R, NR	Single men Single women Long history of rough sleeping Physical health issues, including disability	No	Innovation
	People leaving hospital				
Domestic abuse	Make Safe UK and models to rehouse perpetrators Support for victim to remain in their own homes, and re-house perpetrators.	P, R	Single women Families with children (with one or both parents) Domestic abuse	No	Innovation
	Psychoeducational Interventions for perpetrators Meeting and training to change perpetrators beliefs and perceptions about violence and women	P, R	Single women Families with children (with one or both parents) Domestic abuse	No	Innovation

	Child-Parent Psychotherapy (CPP) Therapeutic intervention for children focusing on cultural values and parenting	NR	Families with children (with one or both parents) Domestic abuse	Yes	Innovation
Education and labour market	Individual Placement and Support (IPS) Structure support offering paid jobs quickly and ongoing support for as long as needed.	P, NR	Single men Single women Young people (16-17 and 18-24) Long history of rough sleeping	Yes	Innovation
	Wage subsidies Time limited financial incentives for employers to hire people experiencing homelessness	P, NR	Single men Single women Young people (16-17 and 18-24) New to rough sleeping	Yes	Innovation OR Bolt-on
	Beam Caseworker providing employment/housing support and online community who provide funding and mentorship.	P, NR	Single men Single women Families with children (with one or both parents) Young people (16-17 and 18-24) Long history of rough sleeping People with limited recourse to public funds Seeking asylum	No	Innovation
	Accommodation and employment for people with Pre-Settled Status An Emmaus type model focused on this client group - with bespoke support around languages, welfare rights etc would be possible.	NR	Single men Single women People with limited recourse to public funds	No	Innovation
	Coaching, support and vocational training for employment Light touch support for employment (e.g. CV training, interview training)	P, NR	Single men Single women Couples without children Families with children (with one or both parents) Young people (16-17 and 18-24)	No	Innovation

			New to rough sleeping People with limited recourse to public funds Seeking asylum		
	Placements and internships Offering unpaid internships for people with LE vs paid employment	P, NR	Single men Single women Young people (16-17 and 18-24) History of care New to rough sleeping People with limited recourse to public funds Seeking asylum	No	Innovation
	My strengths training (MST4Life) Strengths-based and experiential psychoeducational programme to improve mental and cognitive skills. Includes sports and psychological support	NR	Single men Single women Young people (16-17 and 18-24) History of care New to rough sleeping Trauma / PTSD	No	Innovation
	Fostering healthy futures Group learning to improve social skills and emotional competencies, includes peer mentors	NR	Single men Single women Young people (16-17 and 18-24) History of care Criminal record New to rough sleeping Trauma / PTSD	Yes	Innovation
	National tutoring programme - tutoring for children in TA One-to-one or small group tutoring in key subjects	NR	Families with children (with one or both parents) Young people (16-17 and 18-24)	No	Bolt-on
	Impact on children's education of being placed in TA distant from their school. Compare outcomes of children placed far from their schools, and mitigations (e.g. pay for bus fares)	NR	Families with children (with one or both parents) Young people (16-17 and 18-24)	No	Innovation
	Kids in transition to school Small group targeted	NR	Families with children (with one or both parents)	No	Innovation

	support including literacy and social skills		Young people (16-17 and 18-24)		
	Screening and prevention in schools Introduce screening tools to identify young people at risk (e.g. working with DePaul)	P	Families with children (with one or both parents) Young people (16-17 and 18-24)	?	Innovation
	From adversity to university Taught in small groups and is designed to develop academic knowledge and skills based on the lived experience of participants.	NR	Single men Single women Young people (16-17 and 18-24) Long history of rough sleeping Domestic abuse History of care Criminal record Trauma / PTSD	No	Innovation
	Social Firm / WISE / Social Enterprise Intervention Social enterprise offering vocational skill course in which youth receive technical training and education concerning specific vocational skills; business-related skills and starting a social enterprise. Supervised by case manager and clinician	NR	Single men Single women Young people (16-17 and 18-24) Long history of rough sleeping Domestic abuse History of care Criminal record Trauma / PTSD	Yes	Innovation
Social support and relationships	Positive Parenting Programme (Triple P) Parenting programme to prevent or reduce social, behavioural and emotional problems	NR	Families with children (with one or both parents)	Yes	Innovation
	Parenting Through Change (PTC) Group-based parenting programmme including active learning and role play	NR	Families with children (with one or both parents)	Yes	Innovation
	Troubled families programme Dedicated keyworker, who works with every member of the family	P, NR	Families with children (with one or both parents)	Yes	Bolt-on

	and brings local services together to resolve issues				
	Family mediation and conciliation (e.g. Family reconnect) Counselling programme for young people and their families to explore issues affecting their relationship. Compare against Housing Options support	P	Young people (16-17 and 18-24) LGBQT+	No	Innovation
	Peer support community (e.g. AA, NA, SCENE) Peer group coordinated by therapist focusing on value of peer support and the value peer support community	NR	Single men Single women Couples without children Families with children (with one or both parents)	Yes	Innovation
	Befriending (e.g. Miracle Friends) One-to-one companionship provided on a regular basis by a volunteer. This could be in person or phone-based	NR	Single men Single women Long history of rough sleeping History of care Criminal record People with limited recourse to public funds Seeking asylum Mental Health Issues	No	Innovation
	Sports and recreational activities (e.g. Football in the community) Group based activities with a focus on improving psychosocial wellbeing and connections	NR	Single men Single women Young people (16-17 and 18-24) Long history of rough sleeping History of care Criminal record People with limited recourse to public funds Seeking asylum Mental Health Issues	Yes	Innovation
	Membership to faith groups and similar Explore their role as supportive networks	NR	Single men Single women Young people (16-17 and 18-24) Older people Long history of rough	No	Bolt-on

			sleeping History of care Criminal record People with limited recourse to public funds Seeking asylum		

Annex F: Call for practice: survey template

Page 1 - Introduction

The Department for Levelling Up, Housing and Communities is committed to improve our understanding of what works to prevent and tackle homelessness and rough sleeping.

To achieve this goal, the new 'Ending Rough Sleeping for Good' strategy announced a £12 million Test & Learn Programme to test bold and innovative solutions.

Over the next six months the Centre for Homelessness Impact will be undertaking a feasibility study for the proposed Test & Learn Programme. The studies will help explore the best approaches to maximise the positive impact of the proposed Programme initiatives, which is due to be launched in Summer 2023. Our hope is that they will make a significant contribution to develop a joined-up system and support the government's ambition to reduce homelessness and end rough sleeping.

The expertise of local areas and service providers is integral to this, so we warmly encourage you to share your knowledge and insight.

This is why the CHI is inviting you to take part in this Call for Practice survey and tell us about services and interventions that you think are highly impactful or are promising but have not yet been robustly evaluated. These might be well-established models, innovative approaches within existing services, or brand new interventions.

This shouldn't take longer than 5-10 minutes.

For the purposes of data protection law, DLUHC will be the controller of your personal data (and the Centre for Homelessness Impact will act as a processor on their behalf). Information on how your personal data will be processed is available here.

If you are having problems with the survey, please get in touch with rob@homelessnessimpact.org.

Page 2 - About you and your organisation

1.1	Organisation name	Free text

1.2	Your role/job title	Free text
1.3	Email	Free text
1.4	Type of organisation	Drop down list - Local or regional authority - Third sector service provider - Housing Association or Registered Housing Provider - Health agency (e.g. NHS, Public Health) - Other (Please specify)
1.5	Local authority area	Free text

Page 3 - Call for practice

Please tell us about a **service, practice, or model used** to prevent or relieve homelessness and/or rough sleeping in your area which you think is particularly **effective** or **innovative** and could be **replicated** or **scaled up** in the future. We're interested in practice that is currently operating at any scale, or any level of development - it might be 'under the radar' or well established. The best ideas and innovations often start small, and we're keen to learn more about them and help on your evidence journey.

3.1	What kind of organisation delivers this activity?	Drop down list Local or regional authority Third sector service provider Housing Association or Registered Housing Provider Health agency (e.g. NHS, Public Health) Other (Please specify)
3.2	Which one of these themes best describes the service?	Drop down list (see table) Other: Specify

Question 3.2 Themes Table

Access and availability of housing (e.g. Housing supply, allocation and availability)
Benefits (e.g. UC and conditionalities, Housing Benefit, LHA rates)
Emergency financial assistance (e.g. Discretionary Housing Payments,or transitional grants)
Access to legal advice (e.g. to prevent eviction or gain legal residency)
Discharge from prison
Discharge from other institutions (e.g. children's social care, hospital, armed forces, asylum system)
Domestic abuse (support for victims or perpetrators)
Employment support
Physical and mental health support
Substance use recovery
Education and skills support
Social connectedness and relationships
Housing Options triaging and/or risk assessment tools
Tenancy sustainment (e.g mediation and incentives for landlords)
Family conciliation and mediation support
Case management
Street Outreach
Rough sleeping building based services (e.g. day centres, assessment centres)
Emergency accommodation
Availability of private rented sector accommodation accessible to people on low incomes
Supported housing
Workforce: wellbeing and retention
Educating the public about homelessness
Other (free text)

3.3	Who are the intended recipients of this service?	Multiple choice and Other (free text) General needs Single people Households with dependents Women only Young people (25 and under)

		People with recent experience of rough sleeping People with low support needs People with multiple support needs People with specific needs (e.g. women with mental health needs) Other (free text)
3.4	Please describe the service Your description could include: • How are participants identified and referred to the service? • What are the key components/activities of the service? • How frequently are these activities carried out? (e.g. four, weekly counselling sessions are conducted) • Where is the programme or service delivered? (e.g. contacting rough sleepers in a food bank) • How is the service delivered? (e.g. group or individual setting, face-to-face, telephone service, online) • Who delivers the service (e.g. trained therapists, social workers, GPs, counsellors)? • Are there other stakeholders involved? Please specify	Free text (max 250 words)
3.5	How many people does the service work with annually? *If not known, take an estimate or put 'Unknown'.*	Drop down 25 or fewer 100 or fewer 500 or fewer 1,000 or fewer 2,500 or fewer +2,500 Unknown.
3.6	What outcomes is the service intended to achieve?	Multiple choice (might be multiple options) and free text (Other) Housing (Accommodation status and sustainment, Satisfaction) Employment and Income (Welfare, Income, Employment, Forced labour/sex work) Health and mental health (Access, Physical, Mental, Substance Use, Risky Behaviours)

		Capabilities and Wellbeing (Education and skills, Wellbeing, Social connectedness) Crime and Justice (Offending, Recidivism, Victims of Crime, Anti-social behaviour) Public Attitudes & Engagement (Engagement with activities, Fundraising, Public Understanding) Other (free text)
3.7	Is the impact of the service monitored?	Yes, No, Not sure
3.8	IF YES< What indicators or data are used to measure the impact of this activity?	Free text (max 100 words)
3.9	Are you aware of any evaluations of this service or other similar services? If yes, please provide details	Yes, No If yes: Free text (max 100 words)
3.10	How is the service funded? *We understand that some services receive a mix of funding - for example, an accommodation service may be funded in part by a central government grant and partly by housing benefit or service charges. Please tell us about where most of the funding comes from. It's helpful if you can specify which statutory sources are used in particular.*	Free text (100 words)
3.11	How much does the service cost to deliver annually or per client, if known?	Free text 50 words

Page 4 - Would you like to tell us about another service or activity?

4.1	We're keen to hear about as many services as possible. If you have another service you'd like to tell us about, please click on X	CLICK ON LINK OR proceed to next page

	Given gaps in the evidence and varied approaches being taken across the country, we are particularly keen to hear about innovative and promising services related to: ● Street Outreach services ● Accommodation: access and availability to emergency and permanent housing - including housing allocation schemes and landlord incentives - as well as tenancy sustainment ● Employment ● Relationships, e.g. family conciliation and mediation ● Triaging and/or risk assessment tools used by housing options services If you have finished, please proceed to the next page.	

Part 5 - Next steps

Thank you for your insight into which services are in most need of evidence. Please let us know which of the following you are happy to agree to to help in future participation of the programme.

We are holding online workshops for practitioners to tell us more about what they think the most promising areas of practice are. These are held in late November. You can book directly onto these here. If none of those sessions work, please email hello@homelessnessimpact.org.

5.1	Would you be interested in learning more about taking part in the Test and Learn programme if it goes ahead?	Yes or No

5.3	The Centre for Homelessness Impact would also like to contact you from time to time in relation to our own activities. Are you happy for us to do so? If so, the Centre for Homelessness Impact will store and process your contact details (but no other information provided as part of this survey) and, for the purposes of data protection law, will be the controller of your personal data. Information on how your personal data will be processed by the Centre for Homelessness Impact is available here.	Yes or No

Annex G: Call for Practice and Practitioner Workshop Findings

We undertook a series of engagement activities with people working across homelessness and rough sleeping in England to refine our understanding of current practice in the rough sleeping & homelessness system and identify promising practice that could be tested robustly.

Objectives

There were two objectives to our engagement at this scoping stage of the project:

1) **Prioritisation of themes** to help us understand what practitioners and policy-makers think the most pressing issues are, and test our own initial analysis of where a Test and Learn programme should focus across 10 broad thematic areas. We asked practitioners to consider the following criteria

2) **Call for Practice to identify promising interventions** to add granularity to our feasibility assessments, highlight gaps, and surface interventions that are not well covered in the evidence base 'under the radar'.

Approach

Our approach consisted of an online survey and a series of workshops where participants were invited to discuss the relative priority of the thematic areas and tell us about promising practice in greater detail. The survey was completed by 74 individuals, and we held a total of 6 workshops between 21st November and 15 December 2023.

Through these, we heard from 137 unique individuals from 72 local or regional authority areas. 72% of these worked in local or regional authorities, 16% worked for third sector homelessness organisations, and 12% worked for other agencies, including registered providers, health agencies, and government departments

Findings

Part 1 - Which themes would practitioners find it most useful to have robust evidence of what works?

Participants were invited to discuss which parts of the homelessness and rough sleeping system they would find most useful to have more robust evidence of what works. Each participant had three 'votes' to distribute across the themes.

We invited them to use the following criteria to inform their decision.

1. Potential for impact - "Are we seeing or hearing about promising practice and interventions?"
2. Scalability - "Does this have the potential to be scaled across varying local areas and conditions?"
3. Lack of proven practice - "Do we not know what 'good' looks like in this area?"

The results of this are shown in the table below.

Annex G table: **Which themes would practitioners find it most useful to have robust evidence of what works?**

Theme	**Rank**	**%**
Housing availability, access and allocation *This might include housing supply, access to private, social or supported housing, allocations models.*	1st	23%
Health and Clinical support *This includes physical and mental health services, including substance use.*	2nd	18%
Crisis Interventions and Support *This includes services for people sleeping rough, outreach services, and emergency accommodation*	3rd	14%
Housing Options and legal advice services *This includes all Housing Options activities and legal advice.*	4th	9%
Discharge from institutions *This includes preventing homelessness amongst people leaving institutional settings like prison, care, hospital, asylum accommodation, and the Armed Forces.*	5th	9%
Workforce *This includes case management models, training, recruitment and retention, and wellbeing*	6th	10%
Income, Benefits and Poverty *This includes income maximisation activities, benefits, discretionary housing payments and other cash transfer interventions.*	7th	5%
Social support and relationships *This includes family mediation and conciliation services, as well as interventions to improve social connections and relationships.*	8th	5%
Education and labour market *This includes education, skills and employability interventions.*	9th	4%

Domestic abuse *This includes interventions both for victims and perpetrators, including accommodation-based services*.	10th	1%

Discussion: What did participants tell us about why they chose to prioritise these areas?

1) Housing availability, access and allocation, which encompassess interventions supporting access to private, social or supported housing and allocations models. This received 23% of votes.

Much of the focus revolved around issues with overall housing supply and affordability, which are system-level issues. Participants also spoke to the constraints facing services when seeking to identify suitable accommodation for the prevention and relief of homelessness.

At the practice and intervention level, there was frequent reference to lack of reliably effective practice on allocations policy.

Multiple participants referenced a lack of effective practice around sourcing and sustaining private tenancies for homeless households, with particular issues around single households.

Participants also referred specifically to the lack of well-evidenced accommodation models for people with long-term and multiple support needs aside from 'Housing First'-type provision. Examples included highlighting that most mainstream care provision doesn't cater as well to older people with histories of street homelessness.

2) Health and clinical support (18%), including physical mental health and substance use

Generally discussion focussed on the value that clinical specialists (e.g. embedded psychologists) brought to services. Generally participants noted that effective interventions in this space were significant in sustaining housing outcomes, particularly in supported accommodation.

3) Crisis Interventions and Support (14%) which focuses on outreach and services for people sleeping rough and emergency accommodation.

While this was the third most prioritised area, participants also felt that there was effective practice in this space and referenced there being good evidence available. Participants referenced the emergency response during the pandemic and helped drive innovation e.g. new outreach approaches and triage beds.

4) Housing Options and legal advice services (9%), including all Housing Options activities and legal advice.

This area was the fourth-most prioritised area, but it is notable that multiple participants referenced a lack of evidence around models and interventions in Housing Options and legal advice-based interventions. This was seen as a particular priority for working with Non-UK Nationals and there being a real gap in terms of reliable effective practice in terms of supporting individuals to access sustainable accommodation.

5) Discharge from institutions (9%), including preventing homelessness amongst people leaving institutional settings like prison, care, hospital, asylum accommodation, and the Armed Forces.

This was a relatively high priority area for practitioners, with a mix of perspectives. There were references to some areas of good practice and effective models in hospital discharge. Notably, despite recent expansion of accommodation support for people leaving prison (e.g. CAS-3), participants discussed concerns about lack of effectiveness and persistent examples of poor practice.

Part 2 - Call for Practice

We invited people working in and around homelessness and rough sleeping services to tell us about services, practices, or models which they felt were particularly effective or innovative and could be replicated or scaled up in the future. This was open to services operating at any scale, or any level of development.

Through the online survey and the workshops, we heard about a total of 211 interventions, the majority of which fell into the categories of housing availability, access and allocation (33%, n=69), crisis support (25%, n = 53) and Income, Benefits and poverty (9%, n=20). Interventions were primarily delivered by a local authority (45%) or a third sector provider (40%).

Where data was available on the reach of the services (n=104), the greatest proportion of interventions were delivered to the range of 26 - 100 people (36% n = 37) with the next greatest proportion in the range of 101 - 500 people (31% n = 32). The next largest group were interventions operating with a very small client ground of 25 or fewer (15%, n = 16).

The majority of services were impact monitored (n=109), with 77% of interventions reported as collecting data to monitor impact (77%, n= 84).

Discussion: what interventions did practitioners tell us were promising and should be considered for the Test and Learn programme?

The below discussion covers the majority (74%) of the interventions in the sample.

1) Housing availability, access and allocation, which encompassess interventions supporting access to private, social or supported housing and allocations models.

This was the largest intervention group, making up 33% of the sample with 69 interventions falling into this category. This is likely in part due to the broad scope of the category.

More than half (53%) of these referred to a very broad range of accommodation-based interventions. These included variations on 'Housing First' and other intensive supported housing options. Other themes included innovative ways of expanding the availability of temporary or move-on accommodation e.g. via direct purchasing. There were accommodation interventions for those with limited access to public funds, primarily through hosting, with access to legal advice and other support.

25% (n=17) were categorised as Supported Accommodation. Generally these interventions were shorter-term (2 years or less) with support and aimed at moving on into other long-term accommodation.

16% (n=11) were described as Tenancy sustainment. This included work with private and social landlords.Work with private landlords often included incentives such as rent guarantees, mediation, and insurance schemes. Support was typically temporary e.g. up to 6 months, or reactive (e.g. mediation when a household was threatened with eviction.)

2) Crisis Interventions and Support - street outreach, building-based services for people sleeping rough and emergency accommodation.

This was the second largest category (25%, n = 53). Within this, 44% (n=25) were categorised as Street Outreach. Approaches included Assertive Outreach approaches and 'navigator' models, often specialising in specific cohorts (e.g. people leaving prison, ROMA population). There were also interventions describing triaging and multi-disciplinary and cross-agency working models, including some with embedded non-housing specialists (e.g. psychologists, social workers).

Interventions working with social landlords focussed on mediation and risk-management, including multi-agency risk panels to bring together support providers and other stakeholders

with landlords to sustain tenancies. One scheme worked with home owners, including financial support to manage mortgage payments for those at risk of losing a mortgaged home.

32% (n=17) were described as Emergency Accommodation. Participants described a range of temporary accommodation routes for people at risk of or experiencing street homelessness. Many of these were explicitly referred to as 'first step' accommodation. One intervention referenced 'flexibility' for people who had been evicted from other accommodation. Some interventions were targeted at specific cohorts e.g. women at risk; people with limited access to public funds.

17% (n=9) were 'Rough sleeping building based services (e.g. assessment centres, day centres). These included 'safe spaces' with multi-agency referrals and 24/7 provision with high levels of support. Balancing 'security' and minimising exclusions was noted in more than one model working with 'chaotic' clients, and contrasting smaller units with higher support with bigger hostels.

3) Health and clinical support

8% of interventions (n=18) were classified as health and clinical support, with 72% of these classified as physical and mental health interventions. This included multidisciplinary health teams that provide direct healthcare to people in hostels or other homelessness accommodation. Other interventions included clinicians or other specialists embedded within outreach and/or rough sleeping case work teams. Some contributions noted 'Psychological Informed Environments' and questions around fidelity. The remaining 28% were substance use interventions, including some specialised interventions for specific cohorts e.g. migrants.

4) Income, Benefits and Poverty

8% (n=16) interventions were categorised as addressing issues around Income, Benefits and Poverty. 40% (n=8) of these were coded as access to legal advice, which typically focussed on debt management.