Centre for Homelessness Impact
Better evidence for a world without homelessness

Ministry of Housing, Communities & Local Government

Trial Protocol: Personalised Budgets Randomised Controlled Trial

Table 1: Impact Evaluation Summary

Project title[1]	Personalised Budgets Randomised Controlled Trial
Developer ***(Organisation)***	Greater Change
Evaluator ***(Institution)***	King's College London (KCL)
Principal investigator(s), and affiliation	Michael Sanders (KCL)
Co-Investigators, and affiliations	Vanessa Hirneis (KCL), Dimitris Vallis (KCL)
Protocol author(s)	Michael Sanders, Vanessa Hirneis, Dimitris Vallis
Impact Evaluation design	Two armed randomised controlled trial
Target Population	People in temporary accommodation with prior experience of rough sleeping
Setting	Temporary accommodation
Number of clusters (*if applicable*)	NA
Target number of participants	360: 180 in intervention and 180 Control
Primary outcome measure	Housing stability and perceived housing quality and satisfaction
Secondary outcome measure(s)	Financial stability, subjective wellbeing, life satisfaction, employment

[1] Please ensure that the project title matches that of the document and that the title clearly identifies the study as a randomised trial design as recommended by CONSORT.

Table 2: Protocol Version History *

Version	Date	Reason for revision
1.0	31 May 2024	NA
2.0	17 June 2025	Revised for the following reasons: - To include extensions in time for participants receiving the intervention to spend allocated money - To clarify what is considered non-compliance for those participants receiving the intervention - Address omission of survey question in the financial survey questionnaire during baseline interviews

* Any changes to the research plan or to protocols in the Standard Operating Procedures Manual need to be discussed with CHI and the intervention team prior to any change(s) being finalised. Please update this document where needed to reflect changes.

Table 3: Key Personnel and Team Contributions

Staff	Affiliation	Contribution
Professor Michael Sanders	King's College London	PI, Overall responsible for study design, impact evaluation and trial design lead
Vanessa Hirneis	King's College London	Project management lead; lead on IPE
Dimitris Vallis	King's College London	Lead on impact evaluation and economic evaluation.
Katie O'Connor	Greater Change	Trial Implementation Lead
Jonathan Tan	Greater Change	Supporting Implementation Advisor
Alex McCallion	Greater Change	Supporting Implementation Advisor
Stephanie Gore	Greater Change	Treatment Implementation Manager
Guillermo Rodríguez-Guzmán	Centre for Homelessness Impact	CHI SRO responsible, Quality assurance, Contribution to evaluation design
Abby Kendrick	Centre for Homelessness Impact	CHI Lead, Quality assurance, Contribution to evaluation design
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Open Science Framework Reference Number: 3F427

Sponsor: This work has been funded by the Ministry of Housing, Communities and Local Government (MHCLG) as part of the Test & Learn and Systems-Wide Evaluation Programme, a £15m programme of work to improve the evidence-base and understanding of what works to end rough sleeping. This was part of the 2022 'Ending Rough Sleeping for Good Strategy'.

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1. BACKGROUND AND RATIONALE

1.1. Background

There are multiple mechanisms by which money from a government or organisation can be given to individuals or households. These payments are typically provided as a form of social assistance or welfare, aimed at alleviating poverty, improving living standards, or addressing specific needs such as housing or food security (Bastagli et al., 2016). Payments usually come in two distinct forms: payments that are conditional or managed, and those that are unconditional and fully discretionary.

Conditional/managed payments require the recipient to fulfil some behavioural obligations or conditions or are given to address a specific need (e.g., Housing Benefit to pay for housing costs). Unconditional payments, on the other hand, are granted without any such constraints, with recipients granted full discretion over how to use the funds.

There exists a small but expanding body of evidence assessing the relative impact of these different forms of funding on homelessness and rough sleeping. Despite this substantial body of evidence that suggests that different types of financial assistance can be instrumental in improving outcomes across multiple domains, including housing, these models also have different caveats.

More restrictive financial assistance (either for specific purposes or with conditions attached) poses the risk of increasing the administrative burden for individuals who are already facing high levels of vulnerability and stress. However, they could create a stable routine, enable planning, and build trust with their caseworkers.

In contrast, unconditional and discretionary payments may provide recipients with full autonomy over accessing and spending the amount. Some of the critics of this model fear their potential to foster dependency and misuse of funds. Amidst these debates, personalised budgets emerge as a potential middle ground. Managed collaboratively with caseworkers, personalised budgets offer a degree of structure while still granting recipients agency in decision-making.

For example, a recent randomised controlled trial of unconditional funding was conducted in Vancouver, Canada, with 115 people experiencing street homelessness. Participants were given a one-off transfer of approximately 5,500 US dollars, showing promising results in terms of housing stability, savings, spending, food security, executive function, spending on temptation goods, and reliance on social services, including a significant reduction in the number of days homeless (Dwyer et al, 2023).

A project in the US which provided a one-off payment of 1,500 US dollars in temporary financial assistance for those facing imminent homelessness reduced the likelihood of homelessness by 1.4 percentage points at 3 months and 1.6 percentage points at 6 months (Evans et al, 2016). In the context of other trials of unconditional cash transfers in the developed world, this is considered to be a substantial impact.

This project will evaluate a specific type of financial assistance - a personalised budget. There are a number of organisations implementing personalised budgets for people experiencing homelessness in the UK, one of those being Greater Change (Greater Change). Other organisations offer various forms of financial support for participants in a variety of circumstances - it is not possible to catalogue these here. Greater Change assign argues that, unlike other, often rigid, models, Greater Change has reduced bureaucracy and conditionalities to an absolute minimum. While payments and purchases are made through the individual's assigned support worker, funds are assigned based on planning processes that are client-led and centred around the individual's ambitions.

Applying this model, Greater Change raised and released £166,341 to 211 service users in need between April 2022 and March 2023. They estimate the impact of reduced homelessness to equate to £35,177 in budget savings to the public purse per person supported. In total, Greater Change has supported over 950 service users as of May 2024. Of the 211 people supported in the 2022/2023 fiscal year, 86% moved into permanent housing or sustained stable housing (Greater Change, 2023). However, these figures have not been rigorously tested by an independent evaluator, and do not reflect the outputs of an impact evaluation with strong causal identification.

This project forms a part of the wellbeing top-up fund, a Cabinet Office-funded project to increase the measurement of wellbeing in impact evaluations (Sanders and Musella, 2023).

1.2. Rationale

The objective of this project is to evaluate the use of personalised budgets as an intervention to: reduce the length of people's experiences of homelessness; reduce the likelihood that homelessness recurs; increase wellbeing and life satisfaction; improve financial security; and secure or maintain employment. To do this in the most rigorous way possible, the causal impact of personalised budgets on the outcomes mentioned above will be determined via the use of a randomised controlled trial (RCT).

Given the unique delivery of this new programme and its evaluation method, along with our survey research on perceived housing quality, satisfaction, financial security, subjective wellbeing, life satisfaction, and employment, identifying the programme's causal impact is impossible using purely observational or quasi-experimental methods.

We have considered other ways of generating a comparator group, such as generating an eligibility 'score', providing personalised budgets to the top 90 participants on the score, and comparing their outcomes to those who are just below the eligibility threshold, or (non-randomly) selecting some sites where participants will receive a personalised budget and some where they don't, based on the numbers of individuals in the sites or other characteristics of the sites. However, the outcomes of these individuals are likely to be

different as a result of the same factors that result in their having a lower eligibility score, or being in one site and not another (i.e. the excludability assumption is not met). Further, there is limited budget available for personalised budgets, and therefore we are not reducing the number of people who receive money by running an RCT; we are just altering the mechanism by which recipients are selected. Any selection rule we generate non-randomly would be equally arbitrary as randomisation and potentially contentious depending on which classification of participants it benefits. It would also be less methodologically robust and potentially less fair compared to the non-discriminatory nature of randomisation.

2. PROJECT SUMMARY

2.1. Project Description

The objective of this project is to evaluate the use of personalised budgets as an intervention to: reduce the length of people's experiences of homelessness; reduce the likelihood that homelessness recurs; increase wellbeing and life satisfaction; improve financial security; and secure or maintain employment. The research will consist of a randomised controlled trial, accompanied by an Implementation and Process Evaluation and an economic evaluation.

The intervention is delivered by an organisation called Greater Change in partnership with local homelessness charities in England and is being funded by the Centre for Homelessness Impact (CHI) via the MHCLG-funded Test and Learn / Systems-wide Evaluation Programme. Local homelessness charity partners provide frontline support and refer people to Greater Change in order for them to access financial support.

This project is being conducted as an individually randomised controlled trial, with data collection at baseline, 6 and 12 months post-randomisation, focused on housing stability and perceived housing quality and satisfaction as joint primary outcomes, and financial security, subjective wellbeing, life satisfaction and employment as secondary outcomes. An Implementation and Process Evaluation will interrogate participants' lived experiences of the programme, as well as barriers to and enablers of the project's success. This Implementation and Process Evaluation will consist of a series of semi-structured interviews with participants, focus groups with caseworkers and Greater Change, and analysis of management information from charity partners and Greater Change.

An economic evaluation will consider whether or not the project is cost-effective by considering both the costs per unit of impact and the estimated social return on investment.

2.2. Study Triangulation

The three evaluation components (Impact; Implementation and Process; and Economic) are mutually reinforcing, each enhancing the overall understanding of the intervention's effectiveness. The impact evaluation quantifies the intervention's effects on housing stability, financial stability, wellbeing, life

satisfaction, and employment. The Implementation and Process Evaluation adds depth by exploring how the intervention is experienced by participants and stakeholders, revealing practical challenges and successes, and offering qualitative data that explain the quantitative results of the impact evaluation. Finally, the economic evaluation integrates findings from both the impact and process evaluations to assess cost-effectiveness, ensuring that the intervention's monetary and societal benefits are fully contextualised.

3. STUDY TIMELINE

Table 4: Study Timeline

Strand	Staff responsible/ leading	Activity
Ethical Review	King's College London	March 2024 initial review
Protocol	King's College London	Publish in August 2024
Partner Onboarding	Greater Change	June - July 2024
Trial launch and baseline data collection	IFF, King's College London, Greater Change	August - December 2024
Budgets Disbursed	Greater Change	August 2023 - March 2025
Midline Data Collection (6 months)	IFF	February 2025 - June 2025
Interim Report	King's College London	July 2025
Endline Data Collection (12 months)	IFF	August - December 2025
Interviews (Implementation and Process Evaluation)	King's College London	January 2025 - April 2025
Analysis and reporting	King's College London, Greater Change	February 2026

4. INTERVENTION

4.1. -Intervention and Comparator

The intervention aims to offer financial support tied to a particular purpose to adults living in temporary accommodation with experience of rough sleeping. These personalised budgets are collaboratively determined by Greater Change, the participant and the local charity partner through which the participant is already being supported. Through discussions and meetings, participants and their charity partner caseworkers identify specific needs that the money will support, such as purchasing a laptop or car, or covering a rental deposit and first month's rent. Once the budget amount and its use are agreed upon, Greater Change transfers the funds to the partner charity, which

then makes the payment for the agreed expenditure on behalf of the participant. Participants do not directly receive the funds.

It is anticipated that financial support for participants will average £4,000, but payments can be smaller and, by exception, larger (if a particularly high need is identified). Exact amounts will be approved by Greater Change following a common sense approach, taking into account the specific needs illustrated by the participant and their caseworker as described below. Caseworkers will be provided by Greater Change with guidelines to ensure a minimum spend of £2,000 and a (negotiable) maximum spend of £5,000. If requests exceed this maximum, Greater Change will make decisions on a case-by-case basis. Payments will not be agreed if it is believed by the charity partner or Greater Change that they put the participant at risk of harm or exploitation. Retaining this level of flexibility in budget values is a core component of Greater Change's model, and so it is not possible to be prescriptive in this protocol.

This RCT will be consent-randomised. This means that only those who consent to participate in the research will be randomised to either receive the personalised budget or not. This is a common type of RCT where the intervention is not current practice, and where there are limited resources available to provide the intervention. The implementation of personalised budgets in the proposed settings and locations is not something that is currently available - it is being made available for the purpose of the research project. This means that individuals who don't participate in the research will not have an existing benefit withheld, and will continue to receive all the support and care, including other financial assistance, for which they are eligible. In the model's current form, Greater Change personalised budgets average around £1,200 and are paid out in less than two weeks time. Outside of the present trial, Greater Change furthermore makes this accessible more broadly to recipients who are interacting with any kind of homelessness service (i.e. due to being at risk of homelessness, experiencing or having experienced homelessness in the recent past). Otherwise, all Greater Change mechanisms tested here are the same as they would be if this program were to be scaled up. For the purpose of the present trial, prospective participants will be identified by local charity partners and enrolled, following which randomisation will occur. Acting as gatekeepers, partnering charity organisations will be thoroughly briefed on the research and they will be given a script to be used by their caseworkers to explain the trial to potential candidates. This script emphasises that individuals are under no pressure to participate if they do not wish to and that doing so will not impact the individual's standing with the delivery partner, or their access to other services and support.

We are conscious of the potential vulnerability of the participant group and have outlined strategies to mitigate pressure to participate as part of our ethical approval and safeguarding protocol and will hold briefing sessions with charity partners to explain why this is an important ethical principle. Prior to randomisation, participants will be informed about the nature of the trial and asked to consent to randomisation to be eligible for the personalised budget. They will not be informed about the amount available for the personalised budget before consenting and randomisation, in order to avoid the risk of undue incentive to participate in the study. Greater Change will

obtain verbal consent from all participants and pass on participant data to colleagues at IFF Research, who will be responsible for randomisation and data collection. The trial flow diagram in section 6.4 illustrates this.

Randomisation will be conducted by IFF Research at the individual level stratified by local charity partner, meaning that half of participants within each local charity partner will receive the intervention. Following randomisation, the evenness of allocation will be checked statistically through balance checks using demographic data participants have provided as part of enrolment: gender; age; and ethnicity. IFF Research will then share group allocations with Greater Change, who will in turn inform all candidates and their respective caseworkers directly. Importantly, neither treatment nor control group participants will directly be told of the amount their caseworker is able to access or the amount they did not receive due to forming part of the control group.

-- For intervention participants: Upon informing participants and caseworkers of the participants' allocation to the treatment group, Greater Change will then work with participants and their charity organisation's caseworkers to identify the best use of a personalised budget for that participant, and the amount to be paid. This will be done by way of a planning conversation between the participant and the caseworker to determine a plan for them to stop experiencing homelessness (e.g. work tools, driver's licence or secure a deposit), and the amount needed (£4,000 on average). For this planning conversation, Greater Change will provide instructions, prompts, and follow-up questions as needed. Once items and their value are agreed, Greater Change will transfer the money to the caseworker's organisation. When the funds are made available, the caseworker is responsible for purchasing what was defined in the person's plan. Treatment participants will continue to be eligible for any financial or other assistance they can currently access (for example, Universal Credit, rent assistance) and will be provided with the general business-as-usual (BAU) care through their caseworker that they would normally receive outside the present trial. The time between referral and funds being disbursed and spent by the caseworkers is typically 2-4 weeks. During the intervening time, the caseworker will be available for further discussions about participants' plans, and to monitor any risks arising. Delivery of the intervention and participant support will exclusively be the responsibility of the charity partner..

-- For control participants: Upon informing participants and caseworkers of the participants' allocation to the control group, Greater Change will provide participants with light-touch signposting to financial advice resources. As with treatment participants, they will continue to be able to access any other support or financial assistance available. Being allocated to the control group will not impact the standard of care they receive from the partnering organisations or other organisations they are engaged with.

Both groups will have equal access to receive any other types of support or assistance (including financial) provided as usual care in their local area

(business-as-usual). This will ensure that neither group misses out on what they would have been entitled to in absence of the trial and it also ensures the treatment effect is not under- or over-estimated as a result of differences in the access of business-as-usual assistance between the two groups. There is a chance that participants in the treatment group will be in the same accommodation as those in the control group, which could create additional risks in terms of safeguarding and the risk of exploitation. Given the nature of this intervention (whereby participants receive material support rather than cash), this risk was assessed as tolerable by the King's College London Ethics Committee.

For all participants, the local charity partner will continue to monitor and support participants as part of their core business, which the control group and anyone who is ineligible or declines to participate will also receive. Depending on the participant and their housing situation, this may include having a support worker or team at their accommodation, and/or receiving regular visits and contact from an assigned caseworker. The caseworkers' professional role is to support individuals toward more stable housing, greater safety, and better financial security. Caseworkers will be aware if an individual is a participant in the project and has received a personalised budget, and therefore their ongoing business-as-usual support to these participants will include discussing how the budget has been spent (by the charity partner), and how the spending is affecting the participant's life, providing support to the participant to think about how to use the budget, and monitoring for any potential risks arising. Caseworkers often provide advice and support to individuals around managing their money and budget as part of their business-as-usual support; this includes if individuals receive other financial assistance or a Universal Credit back-payment.

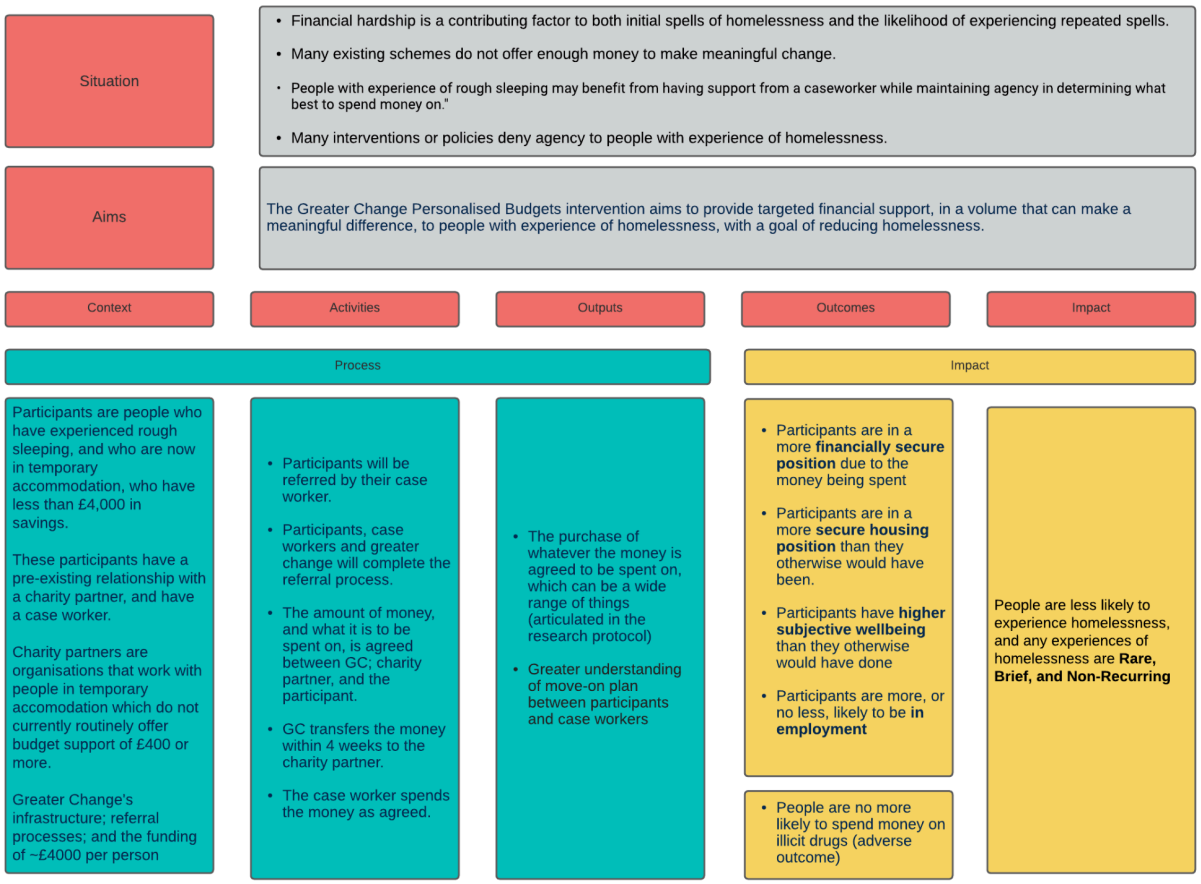
Charity partners will furthermore be thoroughly briefed on how to manage financial planning conversations in a way that continuously centres the client as much as possible (as opposed to focusing on the systems or context of homelessness). In the onboarding process, support workers are given instructions to work collaboratively with clients to identify financial barriers that, if removed, could unlock the next steps out of homelessness. The onboarding process walks support workers through the referral form and makes explicit the information Greater Change requires in order to approve an application. Lastly, the onboarding process explains the origins of the Greater Change model and explains the philosophy behind personalised budgets.

Following this onboarding, caseworkers are asked to fill out a referral form which maps client details, their story and goals, the amount of funding applied for and what this is intended for. Greater Change currently tracks whether the agreed items are hoped to support the client's housing situation, financial situation, motivational levels, self-care skills, social network and ability to form relationships, mental health, recovery from substance misuse, or preventing them from further involvement in the criminal justice system. However, it is understood that these outcomes can be achieved in a myriad of different ways and that this will look different for each client. Greater Change will be in close communication with each caseworker and prompt them during the referral process to follow these principles. In recognising the existing power dynamic between caseworkers and clients, Greater Change's

line of questioning in response to referrals strives to emphasise the client's dignity in making their own decisions and choices. Importantly, referrals are tested for the potential to incur a risk of harm (see also inclusion and exclusion criteria).

All participants will be invited to complete an online or phone-based survey at three points in time: at baseline, six months after randomisation, and 12 months after randomisation. At each stage, participants will be asked questions relating to two primary outcome measures - their housing stability and perceived housing quality and satisfaction - as well as four secondary outcomes: their financial stability (InCharge Financial Distress/Financial Wellbeing Scale; Prawitz *et al.*, 2006); wellbeing (The Short Warwick Edinburgh Mental Wellbeing Scale; Stewart-Brown *et al.*, 2009); life satisfaction (ONS-4); and employment.

4.2. Theory of Change



4.3. Intervention Dates

The intervention will be delivered to participants over an eight month time period beginning in August 2024.

Table 5: TIDieR Framework[2]

Name	Personalised Budgets Randomised Controlled Trial
Why	Poverty and low income are major contributors to people's risk of homelessness, and their inability to escape homelessness and its consequences. There is therefore an argument for more financial support being given to people experiencing homelessness as a mechanism to remove some (although not all) of these barriers. Those in favour of personalised budgets would also argue that financial support given could be more beneficial if it is also accompanied with support in deciding what to spend it on to achieve the best outcomes possible. This might also mitigate some potential risks for the group, given that some people experiencing homelessness could be at risk of exploitation. The Greater Change personalised budgets intervention therefore works with people with experiences of rough sleeping who are currently in temporary accommodation, and with a charity worker who supports them, to identify a concrete need that a personalised budget can be spent on. This helps to ensure that the money is spent in a way that maximises benefit to the recipient, and that the risk of harm is significantly reduced.
Who (recipients)	People who are currently housed in temporary accommodation, with experience of rough sleeping. Participants will be 18+ and have an existing relationship with a caseworker from an eligible charity partner. Charity partners are eligible if they work with people in temporary accommodation, and if they do not currently provide substantial financial support (the modal £100 interval provided by any existing financial support scheme is less than £400).
What (materials)	A payment of a specified amount agreed between Greater Change, the participant and their caseworker, provided to the caseworker to make the purchases agreed. The amount provided, and what it is spent on, will vary. Average value of goods/services provided with the personalised budget is expected to be around £4,000, with a minimum budget of £2000 and a 'soft' maximum of £5,000 (which can be exceeded in exceptional cases as judged by Greater Change).
What (procedures)	Participants are referred to Greater Change via a referral form. A discussion takes place between the caseworker, Greater Change, and the participant to decide the best use of the personalised budget. When this is agreed, Greater Change will transfer the budget to the partner charity within 4 weeks, who will spend the money as agreed.
Who (provider)	The intervention will be delivered by Greater Change, in partnership with charity partners.

[2] *BMJ 2014;348:g1687; doi: https://doi.org/10.1136/bmj.g1687*

How (format)	Money agreed will be transferred to the charity partner's bank account and used to purchase what was agreed.
Where (location)	Across England: South West (Second Step), South East (Porchlight, Gravesham Council), London (Centre Point Soho, Depaul UK, Your Place, Islington Council) Cambridge (Cambridge Cyrenians), East Midlands (Action Homeless), Leeds (Turning Lives Around)
When and how much (dosage)	Payments will be made within 4 weeks of being agreed. It is anticipated that average payments will be around £4,000, but they may exceed this where necessary. Participants are expected to spend their allocated funds within a three-month period. However, on a case-by-case basis, participants may receive extensions to ensure they can spend the funding as needed.
Tailoring	Greater Change instructs charity partners to centre the personalised budget planning conversation around the participant's individual aspirations, goals and requirements and prompts caseworkers to afford their clients the dignity to make their own decisions. The decisions about spending are tailored to the individual circumstances of the participant, and are agreed upon by the charity partner; the participant; and Greater Change.
Control condition	Control participants, as with treatment-arm participants, continue to be able to access all other support that they are entitled to (e.g. Universal Credit, rent assistance) and will not have been informed about the quantum of the personalised budget they could have received but have not due to their group allocation. This means, that control participants will not be allocated a personalised budget but are entitled to all otherwise available support.

5. IMPACT EVALUATION

5.1. Aims, Objectives and Hypotheses

- **Aims**
  This impact evaluation aims to understand the impact that the Greater Change personalised budgets intervention has on housing stability and perceived housing quality and satisfaction, financial stability, subjective wellbeing, life satisfaction, and employment outcomes, measured at baseline, six and twelve months after randomisation using a randomised controlled trial design.

- **Objectives**

Primary objective
The primary objective of the trial is to quantify the effects of providing a personalised budget for financial assistance given to participants who have experience of sleeping rough and are currently housed in temporary accommodation on their housing stability and perceived housing quality and satisfaction.

Secondary objective(s)
The secondary objective is to quantify the impact of the personalised budget intervention on financial stability; wellbeing; life satisfaction; and employment.

- **Research Hypotheses**

  Primary hypothesis
  Receiving the intervention will:
  1. Improve housing stability and perceived housing quality and satisfaction

  Secondary objective(s)
  Receiving the intervention will lead to:
  2. Improved financial stability
  3. Improved wellbeing and life satisfaction
  4. No decrease but perhaps an increase in employment

5.2. Study Design

- Study design details
  This trial is a parallel randomised controlled trial with randomisation at the level of the individual participant and with data collection at three time points. Randomisation will occur on a 1:1 ratio, with stratification at the level of the charity partner.

- Allocation
  Randomisation will be conducted by IFF. IFF Research's approach to randomisation for the two-arm RCTs is 1:1 randomisation at the individual level. This will offer the most reliable estimates because, at the point of randomisation, all important factors would be balanced across the intervention and control condition and the effects can be securely attributed to the trial, within standard statistical tolerances.

  To account for rolling participant recruitment to the trial, IFF will use a sequential individual randomisation stratified by charity partner, and with blocks of four samples in each block. In each block of four participants, two would be randomly allocated to the treatment group and two would be randomly allocated to the control group. Since we

do not know the exact number of trial participants, and this is subject to change, we do not know how many blocks we will end up with in the trial. The randomisation algorithm is coded into the baseline survey script; participants will be automatically randomised upon submission of the survey.

Once participants are randomised, we will download the data and check that the randomisation has worked as it should statistically. We will then send through the list of unique IDs that have been assigned to each group to Greater Change, so they know who to deliver the treatment to. Greater Change will then inform the charity partner and the charity partner will inform the participants themselves.

- Intervention
  After being referred by partner charities, participants allocated to treatment will get support from caseworkers to decide on a plan for them to stop them experiencing homelessness. The caseworker and the client define together what they need (e.g. work tools, driver's licence or secure a deposit), and the amount needed (£4,000 on average). When the funds are made available, the caseworker is responsible for purchasing what was defined in the client's plan.

  The organisation delivering the model is Greater Change. They work together with local partner charities to ensure that clients receive additional non-financial support alongside funding in a timely manner. In contrast to other conditional funds, Greater Change does not have pre-set eligibility and spending criteria. The conditional funds are used to support the flexible and sustainable plan created and agreed upon ahead of time by the support worker and the service user.

  This project will compare the use of personalised budgets that are managed by a caseworker and control groups under business-as-usual.

  We assume that, on average, participants in the treatment group will receive funds of £4,000.

  Participants are expected to spend their allocated funds within a three-month period. However, on a case-by-case basis, participants will be permitted to receive the intervention even in the face of necessary spending extensions, these cases will not be treated as non-compliant nor excluded from analysis. These extensions are in response to operational realities and are critical to the successful running of the trial. They also enable the intervention to more closely reflect how it would operate outside a trial context. The reasons for granting extensions can be grouped into two categories:

- Staff-related delays: including administrative expenditure delays, annual leave of case workers, and reduced partner engagement with participants.
- Participant-related delays: including hospitalisation, rehabilitation, custody, bereavement, or other extenuating personal circumstances.

- Control
  Participants will retain the same support as they would otherwise have received, including access to smaller personalised budgets or grants, as they would have had in the absence of the trial.

5.3. Research Setting

The research will take place in a number of settings throughout England, covering the South West, South East, London, the Midlands and the North East. These regions have been selected via a competitive expression of interest process to ensure some generalisability and scalability of results. All participants will be resident in temporary accommodation at the time of their recruitment to the trial, and receiving support from one of the charity partners recruited for the trial. Participants will be surveyed over the phone or online for data collection.

5.4. Masking

- Outcome assessors and data analysts will be masked
- Enumerators employed by IFF Research will be blind to participants' assignment when collecting data at baseline, midline and endline. The principal investigator will randomly define treatment variables at each time period to ensure that data analysts will be blind to treatment assignment, with unblinding occurring after the analysis is complete.
- Data cleaning and pseudo-anonymisation will be conducted by a separate analyst of the team in order to further guard against possible bias.

6. TARGET POPULATION

6.1. Eligibility

- **Inclusion criteria**
  To be included participants must be 18 years old or older, be living in temporary accommodation and have experience of rough sleeping.

- **Exclusion criteria**
  Participants will be excluded if they have received a personalised budget from Greater Change in the past, and if they have £4,000 or more in savings. This limit is set so as not to affect people's benefit eligibility.

Participants can be excluded by charity partners if they believe that there is a substantial risk of harm to the participant if they are assigned to the treatment group. Substantial risks of harm will be judged by the frontline worker, and a log of exclusions will be kept. We expect this to be minimal as the monies will be managed by the caseworker.

6.2. Recruitment

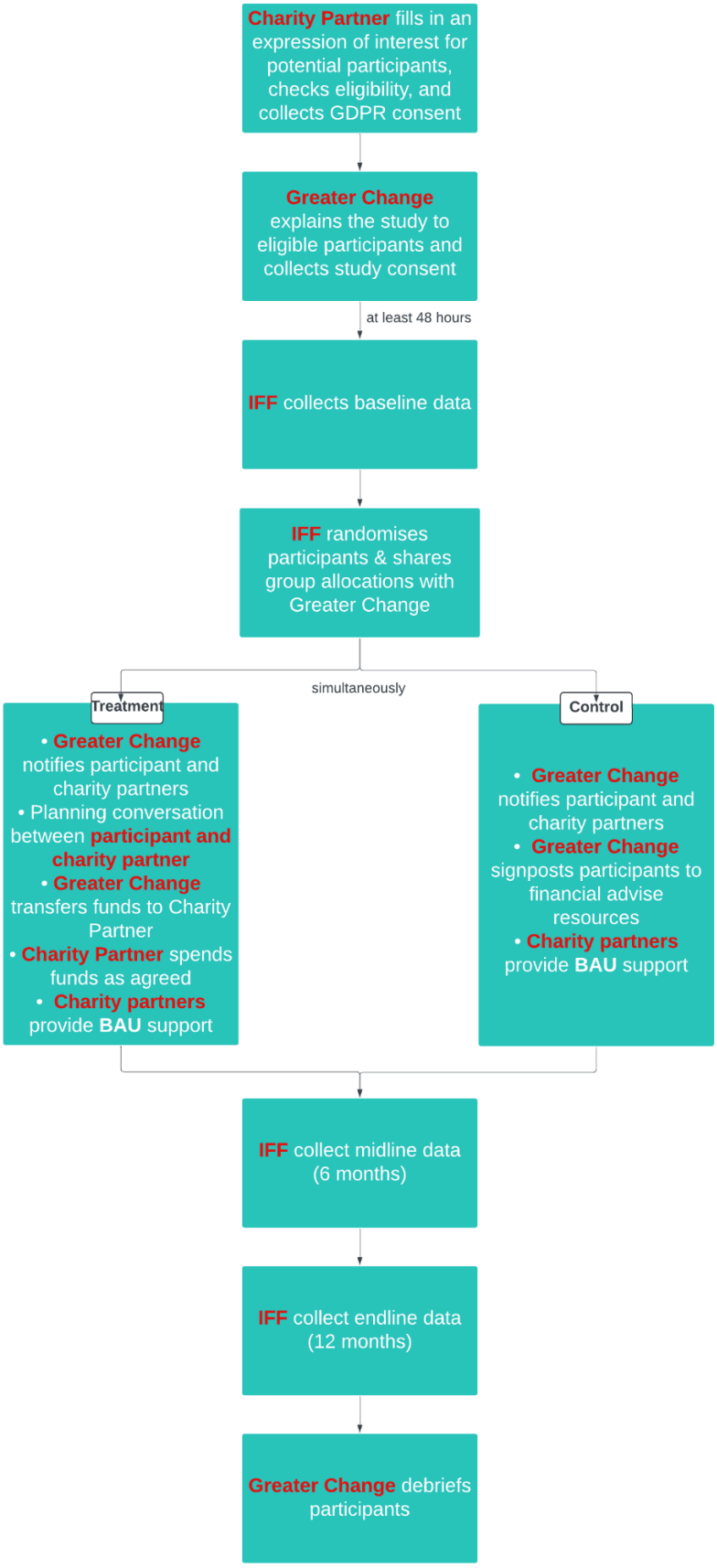
- Methods
  Participants will be recruited by local charity partners appointed to support this trial, who will check participants' eligibility to participate in the trial. As part of this process, charity partners will collect consent to pass on participants' contact details and refer them to Greater Change. Greater Change will then explain the study to participants and collect consent to participate in the trial. The decision to have Greater Change collect consent was made on the basis that doing so would impose a substantial burden on those charity partners and that Greater Change has a more in-depth and nuanced understanding of the intervention, meaning that they would be better placed to explain the intervention consistently to prospective participants.

- Screening
  Participants will be screened by charity partners based on the eligibility criteria identified above. Charity partners will be briefed on recruitment and screening processes for the trial by King's College London and Greater Change and provided with a script to refer to during this process.

6.3. Enrolment

Participants will be enrolled in the trial if they consent to do so and provide their baseline data to IFF. We anticipate enrollment starting in August 2024 and continuing for 5 months.

6.4. Trial Flow Diagram



7. OUTCOME MEASURES

7.1. Primary Outcome

- Definition
  Following the above Theory of Change, we are primarily interested in measuring potential changes in participants' housing outcomes. Our primary outcome measure will therefore be the number of days out of the 360 days after they were randomised that a person is in secure accommodation. This main analysis will be conducted after the endline data collection 12 months after randomisation.

  For this purpose, we will be assessing participants' housing stability and their perceived housing quality and satisfaction (see Annexes B and C). We deem it necessary to complement participants' housing history with questions regarding other relevant aspects of housing such as 1) affordability, 2) choice, independence, privacy, 3) suitability.

- Instruments
  Questions concerning participants' housing history have been adapted from the Residential Time Line Follow Back Inventory (Tsemberis, S. et al. (2007; see Annex B). Modifications have been mainly made to simplify and adapt the questions to the UK context. Similarly, minor modifications have been made to the OMRA tool, which includes questions about general satisfaction with housing, affordability, choice, independence, and privacy, and suitability.

- When is it measured
  Participants' data used in this analysis will be collected at three time points: baseline (prior to randomisation) and endline (12 months after randomisation). We will also collect these measures at 6 months after randomisation, and this will be included in our interim analyses.

- For whom is it measured
  All participants in the treatment and control groups will be surveyed by IFF.

7.2. Secondary Outcomes

We have four secondary outcome measures. These are financial security, participant wellbeing, life satisfaction, and employment.

Financial Security

- Definition
  Financial security is the extent to which people are, and feel, secure in their finances, and able to be in control of their own destiny financially.

  The intervention provides a form of indirect financial relief to participants living in temporary accommodation. As such, it is anticipated to improve financial security and lessen financial distress.

- Instruments

We will measure this using the InCharge Financial Distress/Financial Wellbeing Scale (see Annex D). This measure has been validated both in the general population and participants experiencing financial distress. It is an eight-item scale with questions answered on an 11-point response scale from 0-10. This has been adapted from the standard 1-10 scale normally used for this measure, in order to better align with other questions in the same survey and reduce participant confusion and fatigue.

After the end of the baseline period, partway through the midline follow up collection, it became apparent that one of the eight questions in the survey had been omitted from the baseline surveys, and that the survey had been coded as a 1-10 scale, rather than the intended 0-10 scale. Once this issue was identified, subsequent surveys were amended to include all 8 questions, using a 0-10 scale. However, to ensure a consistent methodological approach across all three timepoints, minimising potential biases arising from differences in survey structure, the following mitigations were put in place:

- Analysis of the measure across all timepoints will include only the original seven questions included in the baseline survey.
- The endline and midline surveys will be analysed on a 1-10 scale to align with the baseline collection, with any 0 ratings re-coded as a rating of 1.

- When is it measured?
  The outcome measure is collected at the three data collection points - baseline, midline, and endline.
- For whom is it measured?
  All participants in the treatment and control groups will be surveyed by IFF.

Subjective Wellbeing

- Definition
  Subjective wellbeing is the general sense that people have that their lives are going well and that they experience positive emotions.

  Per the Theory of Change diagram, it is anticipated that increased housing and financial security will also have an effect on participants' general wellbeing.
- Instruments
  We will measure this using the Short Warwick Edinburgh Mental Wellbeing Scale as presented in Annex E (Stewart-Brown et al., 2009). The Short Warwick Edinburgh Mental Wellbeing scale is a widely used and validated measure for subjective wellbeing, recommended by the What Works Centre for Wellbeing. It is a 7-item scale with a 1-5 response scale (Ng Fat et al., 2017).

- When is it measured?
  The outcome measure is collected at the three data collection points - baseline, midline, and endline.

- For whom is it measured?
  All participants in the treatment and control groups will be surveyed by IFF.

Life Satisfaction

- Definition
  Life satisfaction refers to the extent to which respondents feel content and fulfilled with their living conditions. As per the Theory of Change diagram, it is suspected that improved housing and financial security will positively impact life satisfaction.

- Instruments
  This will be assessed through the first and second items (i.e. life satisfaction and worthwhileness) from the ONS-4 personal wellbeing item battery (see Annex E). Responses will be recorded on an 11-point scale from 0-10.

- When is it measured?
  The outcome measure is collected at the three data collection points - baseline, midline, and endline.

- For whom is it measured?
  All participants in the treatment and control groups will be surveyed by IFF.

Employment

- Definition
  This will focus on participants' employment status, i.e. whether or not they are engaging in paid work, education or training.

  Per the Theory of Change diagram, we suspect that recipients of personalised budgets will be more or equally (but no less) likely to secure or maintain employment.

- Instruments
  This measure consists of questions which gather information about participants' employment status. It has been developed by CHI and IFF for the purpose of this evaluation (see Annex F), to consistently identify employment outcomes in a way that can be fed into the economic evaluation.

- When is it measured?
  The outcome measure is collected at the three data collection points - baseline, midline, and endline.

- For whom is it measured?
  All participants in the treatment and control groups will be surveyed by IFF.

8. DATA COLLECTION

8.1. Data collection methods

IFF Research will be collecting data for the evaluation by carrying out baseline, midline and endline surveys with all participants (both treatment and control).

Our data collection approach is based on the principle of ensuring choice and flexibility to participants. Recognising people's different preferences and needs, data collection will offer multiple channels, reminders and callbacks, multiple points of contact, and incentives for survey completion

The approach to data collection is the product of extensive co-creation between CHI, IFF Research, evaluators, delivery partners, and members of CHI's Lived Experience Panel. Particularly, the insights of the Lived Experience Panel have been instrumental in defining and refining our proposed approach.

Data will be collected primarily through an online (Computer Assisted Web Interview (CAWI)) survey hosted on IFF's Dimensions platform. If participants do not respond to the online survey invitation, then IFF will contact them by phone (Computer Assisted Telephone Interview - CATI) to complete the survey with an experienced telephone interviewer.

To facilitate administration of the surveys, delivery partners (and/or referral organisations they work with) will collect personal data from participants, including contact details. This sample data, including any updates to contact details over the life of the evaluation, will be shared with IFF on a rolling basis. IFF will provide delivery partners with a template outlining the data they need to collect and share.

Table 6: Data collection procedures and assessment timeline

Assessment point/Data Collection	Type of data	Data collection approach
Contact details	Contact details	Referral organisations to collect this from participants and share with IFF on a rolling basis
Baseline	Baseline characteristics, Primary and Secondary outcomes (pre-intervention), Demographics	Online (CAWI) / Phone (CATI) survey by IFF Research
Midline (6 months after randomisation)	Secondary outcomes	Online (CAWI) / Phone (CATI) survey by IFF Research
Endline (12 months after	Primary and secondary outcome	Online (CAWI) / Phone (CATI) survey by IFF

randomisation)	Exploratory outcomes	Research

8.2. Retention strategies

We will employ a comprehensive set of strategies for promoting participant engagement and retention in the data collection process incorporated into the research design. These include:

Modes of communication:

- Asking participants for their preferred channel for communication (e.g. email, WhatsApp, SMS) and matching our approach where possible.
- Offering both online and telephone options for completing the survey. In particular, the telephone approach will be important in reaching participants who do not respond to the online survey invite.
- Ensuring all communications from IFF explain clearly who we are, are warm in tone, use simple language, and have a clear message/call to action.
- Using a named phone number and/or providing the telephone number we will call from in advance to reduce the risk of participants not picking up unknown or withheld numbers.

Multiple contact details:

- Asking participants for multiple contact details including mobile phone, landline and email.
- Asking participants for the contact details of a trusted relative or friend, who would be able to let us know how to contact the participant if their details have changed.
- Where possible, providing a list of non-responsive participants to support workers/delivery partners to follow up with participants directly to ensure they are clear on who we are and what steps they should take.

Reminders:

- Using reminders to encourage participation, again matched to participants' preferred communication channel where possible.

Call-back options:

- Sending a message/email to the participant before any calls are made to them to explain that we will be calling them in the next few days and what steps they should take.
- Sending a message/email to the participant after a missed call to confirm the call attempt, explain that we will try again in the next few days and what steps they should take.
- Option to book an appointment for a call back at a time that best suits the participant to complete the survey by phone.
- Leaving voicemails for participants to explain who we are and why we are calling, and to clearly explain what will happen next (e.g. we will try calling again in the next few days).

- Providing participants with more information if they are unsure about taking part in the survey, and offering a call back in a few days.

Incentives

- Providing a £20 voucher incentive per participant at each data collection point (baseline, midline, endline).
- The details of the data collection approach and the use of different retention strategies are described in the diagram.

8.3. Data Management Procedures

Refer to Annex A.

9. SAMPLE SIZE AND POWER CALCULATION

9.1. Sample Size / Power Calculation

Sample size is limited by the availability of funding to deliver the personalised budgets. We therefore provide the power implications of various attrition scenarios between baseline and a single endline (i.e. the 12-month follow-up).

Under our likely attrition scenario of 25%, our minimum detectable effect size (MDES) at alpha = 0.05 and beta = 0.8 is 0.273, representing a moderate effect size. Owing to the costly nature of the intervention and effect sizes observed in similar studies, we believe this is acceptable.

9.2. Attrition Assumptions

We have assumed a 25% attrition between baseline and endline data collection, as this is similar to the current attrition rate on a similar cash transfer trial conducted by King's College London. This has the effect of reducing the effective sample size to 270 participants and increasing the MDES by 15%. Scenario C in the table below also provides calculations for a more conservative sample with 35% attrition, which leads to a further increase of the MDES to 0.293. However, even with this higher attrition rate, we judge the sample size to be sufficient to detect a relevant effect size given the magnitude of the intervention.

9.3. Software

Power calculations were carried out in the statistical software R.

Table 7: Sample size calculations

	Scenario A	Scenario B	Scenario C
Minimum Detectable Effect Size (MDES)	0.236	0.273	0.293

Pre-test/ post-test correlations	**level 1 (participant)**	0.6	0.6	0.6
	Alpha	0.05	0.05	0.05
	Power	0.8	0.8	0.8
Alternative hypothesis: One-sided or two-sided		Two-sided	Two-Sided	Two-Sided
Number of participants	Intervention	180	180	180
	Control	180	180	180
	Total	360	360	360
Expected attrition at individual level	%	0	25	35
Effective sample (Participants)	**Total**	360	270	234

10. ANALYTICAL STRATEGY

10.1. Analytic Sample

- All Analytic Populations
  Participants will be identified and approached by the charity partners. They will be individuals known to the charity partners and assessed as meeting the inclusion criteria and not meeting the exclusion criteria. All participants will be over 18 years old, and there is no upper age limit.

10.2. Descriptive statistics

The following descriptive statistics will be reported:

- Sample size and attrition at each data collection wave.
- Sample and treatment group characteristics included in the survey (age, gender identity, sexual orientation, ethnicity, nationality and disability).
- Balance achieved across treatment and control by covariate and site, for the full baseline sample, and the sample at each wave. Balance will be reported as absolute numbers/group means, and effect sizes (Cohen's d or Hedges' g, if relevant subsample <20 participants).
- The distribution of the outcomes at each wave.

10.3. Primary Analyses

- Analytical approach

Our main analytical approach for our primary analysis is regression analysis, which will be conducted on an intention-to-treat, complete cases basis. For our main housing outcomes, housing stability and perceived housing quality and satisfaction, measured via Residential Time Line Follow Back Inventory and the OMRA tool, we will conduct a linear regression, evaluated at the mean. Formally, this will be an autoregressive (AR-1), model, specified as:

$$Y_{ipt} = \alpha + \beta_1 Y_{ip0} + \beta_2 B_i + \beta_3 X_i + \beta_4 P_p + u_i$$

Where:

Y_{ipt} is the value of the respective outcome measure (housing stability and perceived housing quality and satisfaction), for participant i at time t (endline in the primary analysis), referred by charity partner p.

α is a regression constant

Y_{i0} is the baseline value of the outcome for participant i in charity partner p.

B_i is a binary treatment indicator set to 1 if participants are treated and zero else.

X_i is a vector of participant demographic characteristics including gender (operationalised as a trinary variable) and age (operationalised as a categorical variable with 7 values including prefer not to say).

P_p is a vector of charity partner fixed effects, reflecting that charity partner is a stratification variable.

u_i is an error term.

This analysis will be conducted with two values of the time indicator, at the midline and endline data collection points, in both cases using the baseline data at time 0 as a control. Uncertainty will be reported through confidence intervals at p-values. We will report the binary indicator of whether the treatment effect is statistically significant, as well as present the p-value continuously and the confidence intervals.

10.4. Secondary analyses

Our secondary analyses consist of the same analytical approach as the primary analysis but with outcome measures replaced with our four secondary outcomes: financial security, subjective wellbeing, life satisfaction and employment.

10.5. Sub-group Analyses

We hypothesise that participation may disproportionately benefit those who would either otherwise have low levels of the outcomes or high levels of the outcome.

Because baseline outcomes are not a perfect predictor of endline outcomes, instead of doing traditional subgroup analyses based on baseline characteristics or levels of the outcomes at baseline, we will instead conduct quantile regressions, allowing us to evaluate the impact on the outcomes at the 25th and 75th percentiles of the outcomes at endline. This analytical specification will be identical to that of the main analyses, but change the point in the distribution at which outcomes are evaluated, and with standard errors generated by Stata 17 for quantile regressions.

10.6. Sensitivity Analysis

Complementary to the main model, the following sensitivity analyses will be conducted to determine the robustness of the obtained results.

- Non-Compliance

  During implementation of the intervention, it emerged that some participants in the intervention group spent their personal budgets in a way that deviated from the plan agreed with Greater Change and their Charity Partners. Although some deviations were minor (spending in one shop rather than another), some were more substantial.

  In order to address this, participants receiving the intervention will be treated as non-compliant in any instance where;

  - No amount is agreed
  - An amount is agreed but is not spent
  - An amount is agreed and spent, but *what was purchased* differed *substantially* from what was intended. In order to do this;
  - All cases where *any* deviation, including minor ones, occurred will be provided by Greater Change to the evaluator.
  - A "substantial" deviation will be determined by the evaluator in consultation with the Centre for Homelessness Impact. Conditions to establishing whether a deviation is substantial will include;
    - An increase in spending on an item within the same 'class' of spending of more than 50% (and an equivalent reduction in spending in another class), and where total amount of money misspent in this way is more than £500.
    - A case where money is spent on a different "class" of spending than was agreed entirely.
    - A case where fraud or deception on the part of the participant or charity partner is suspected.

  As an additional robustness check, we will treat these additional non-compliant participants as compliant (as they would be in the per-protocol analysis) to determine the effect, if any, of their being classed as non-compliant on the estimated impact of the intervention.

- CACE Analysis
  In order to monitor compliance, a binary variable will be generated, taking the value of 1 if the individual complied with the randomisation protocol and 0 otherwise. For compliance levels lower than the specified threshold, a specific Complier Average Causal Effect (CACE) will be estimated using the instrumental variable (IV) approach with the two-stage least squares method.

  First, treatment received by participants, specified by d_i is regressed on the instrumental variable B_i of participants randomised to treatment.

  $$d_i = 1\{\gamma_0 + \gamma_1 B_i + e_i > 0\}$$

  Where 1{.} is an indicator function that is equal to 1 if its argument is true and 0 otherwise.
  Then the outcome variable is regressed on $E(d_i|B_i)$ with an OLS regression of the form:

  $$Y_{ipt} = \alpha + \beta_1 Y_{ip0} + \beta_2 E(d_i|B_i) + \beta_3 X_i + \beta_4 P_p + u_i$$

  Where the CACE estimator is β_2

- Outcome imputation
  We anticipate attrition between baseline, midline and endline data analysis. We will conduct missing data analysis as described below in 10.9, but given that every participant will complete the baseline survey, we primarily expect attrition in terms of outcomes, which will not be imputed under the missing data analysis. However, we will include sensitivity analysis which imputes outcomes between the two post-treatment data points where participants have missing data for one of these points but not the other. As such, if someone is missing data from midline but completes the endline data collection, we will impute their midline outcome measure as their endline outcome, and vice versa.

  If exploratory analysis of the missingness mechanism satisfies the MAR assumption, the imputation of these points will be conducted with a dataset that incorporates all three time points to allow for the maximisation of all observed information in the process of imputation.

  Following imputation, analysis will be conducted as previously described, for each post-treatment time point separately.

- For the main analyses, our primary outcome measure will be how many days out of the 360 after randomisation that a person is in secure accommodation. This measure will combine the measurement

taken at six months (midline) and that at 12 months, each of which will capture the prior 180 days. When someone completes the endline data but not the midline, they will be asked to recall the last 360 days. As a sensitivity analysis, we will conduct analysis just using the 180 days prior to the endline data collection as an outcome measure.

10.7. Exploratory analyses

Following discussions with Greater Change, we are interested in whether effects are concentrated elsewhere in the distribution from the mean of our outcome measures. For example, it is hypothesised either that people with higher than average housing stability might benefit from the intervention, or that people with lower housing stability might do so. However, these hypotheses are not sufficiently well articulated at this stage to form a part of the Theory of Change, or to specify which has the larger effect. To investigate these hypotheses, we will conduct quantile regressions specified in the same way as our main analyses, evaluating the impact of the intervention at the 25th and 75th percentile.

10.8. Interim Analyses and Data Monitoring (If applicable)

We will conduct an interim analysis based on the data collected at midline - 6 months after randomisation. This analysis will follow the same specification as our primary analysis at 12 months. Sensitivity analyses using outcome imputation will not be possible at this stage but will be carried out once endline data have been collected.

10.9. Missing data

- Description of Missing Data Patterns
  The issue is that those who do not respond to the surveys at endline are likely to be different to those who do, i.e., cases are likely to be either Missing at Random (MAR), if all missingness is correlated to observable covariates, or Missing Not At Random (MNAR), if missingness is correlated with unobservable factors.

  Identification of the missingness pattern will be achieved by regressing all available covariates on the likelihood of missingness using a binary logistic regression to see whether covariates predict missingness on outcomes, as specified in the CHI Guidance. If covariates predict missing outcome data well, this suggests that the outcome is MAR .

  Where reasons for missingness are known and imply the data are Missing Completely at Random (MCAR), we will conduct complete case analysis.

- Handling Missing Data
  Our main analysis will be on the basis of complete cases. However, it is likely that there will be greater than 5% attrition for the post-treatment survey waves, which will impact statistical power and

also mean that in some cases we may be comparing outcomes from different samples (e.g. if people who do not respond at 6 months then respond at 12 months and vice versa). This is in line with CHI's statistical guidance.

We will therefore rerun the analysis with missing outcomes imputed. As previously stated, if covariates predict missing outcome data well, this suggests that the outcome is MAR. In this instance, we will add outcomes at previous time points as auxiliary variables, alongside any covariates predictive of missingness into the analytical specification and re-run the analysis, comparing the treatment estimate with the analysis as specified, and the analysis with additional covariates and past outcomes that predict missingness included. If outcomes are MNAR, then neither complete case nor imputation is likely to yield unbiased estimates of the treatment effect. In this case, we will run a range of imputation models, including multiple imputations within the treatment condition and the last observation carried forward (LOCF) and report on how much the treatment estimate changes across different imputation approaches.

Covariates are collected prior to randomisation, and therefore any missingness is less likely to be correlated with treatment or other variables (and hence more likely to be Missing Completely At Random). Thus, a complete case analysis will be used where there is a non-response on covariates. Implications of the missing data analysis will be discussed in the final report.

10.10. Adjustment of Confidence Intervals and P-values for Multiple Statistical Tests

For the number of comparisons we are conducting, we do not trigger the need for multiple comparison adjustments under the CHI impact evaluation guidance.

11. IMPLEMENTATION AND PROCESS EVALUATION (IPE)

11.1. Aims, Objectives and Research Questions

The objectives of this Implementation and Process Evaluation emerge from the Theory of Change of the intervention described previously and aim to test overall participants' and other stakeholders' responses to and feelings about the intervention, as well as questions of fidelity and compliance. These research questions follow in large part those asked in previous, similar, cash transfer trials.

- **Aims**
    1. To understand what participants thought about the personalised budget they received, how they intended to spend it, how it was actually spent, and why;

2. To identify factors that helped or hindered participants' spending of the personalised budget in ways that they considered to enable them to advance their own goals and aspirations;
3. To understand better the extent to which poverty is alleviated by the intervention
4. To explore the perceptions of staff and stakeholders regarding the opportunities and risks of providing financial assistance in this form;
5. To gather feedback from participants and stakeholders about how the benefits of personalised budgets could be maximised;
6. To explore the readiness of the Greater Change personalised budgets model for wider roll-out, scaling or further evaluation, considering the extent to which fidelity was adhered to in screening and budget planning processes.

- **Research Questions**

Fidelity

1. Was the intervention delivered in the way it was intended?
    - How closely are the caseworkers adhering to the guidelines and procedures outlined by Greater Change?
2. How effective were the deliberative processes between participants, their support workers and Greater Change on how to decide the purpose of the personalised budget perceived to be?
    - To what extent were recipients actively engaged in the planning and utilisation of their personalised budgets, and what factors influenced their level of engagement?
3. Did caseworkers feel well-positioned to support participants who were assigned a personalised budget?
4. To what extent did caseworkers feel able to screen participants according to the criteria provided, administer the personalised budget, and support participants to consider how to spend it following the guidelines provided by Greater Change?

Risks and opportunities

5. What were the key opportunities and risks identified by staff and stakeholders?
6. What were the key facilitators and barriers to participants using the personalised budget to further their own aspirations and goals?

Participants' experiences and outcomes

7. How would participants describe their current housing situation, how has it changed since they joined the evaluation, and what are their feelings about it?
8. How would participants describe their current financial situation, how has it changed since they joined the evaluation, and what are their feelings about it?
9. What are the participants' perspectives on the future and their aspirations?

For treatment participants specifically:

10. What were participants' experiences of being assigned a personalised budget?
11. How did they spend it and why? Did the budget change their other spending?
12. How and to what extent did recipients feel that the personalised budgets affected their lives?
13. Have recipients experienced any changes in other areas of their lives not covered by the listed primary and secondary outcomes? (e.g. substance use, gambling, social relationships and community integration, access to support services, criminal justice involvement,...)
14. How did receiving a personalised budget influence the way participants thought about themselves and their future prospects?

For control participants specifically:

15. Are there adverse outcomes or experiences for people assigned to the control groups?
16. What were their thoughts regarding the received signposting to financial resources?

Future improvements

17. How can the experiences of people who have received the personalised budget inform our understanding of the effectiveness and accessibility of this type of financial assistance?
18. What are staff and stakeholders' recommendations for improvement, and perceptions of the readiness of this form of financial assistance for rollout and scaling?

11.2. Research Design and Methods

For the Implementation and Process Evaluation we will be making use of three methods to answer the research questions specified above. Semi-structured interviews with participants in the treatment and control groups to understand the participant experience of the programme; focus

groups with staff at charity partners and Greater Change (focused on understanding their perspective on the participant experience, the process of being part of the programme, and areas for improvement); and analysis of management information from charity partners and Greater Change to understand how much money is allocated, what it is spent on, and when and whether it is spent. Frontline workers were selected for inclusion because they have the best-combined view of both internal processes within their own organisations and the relationship between the project and senior leadership or administration such as finance teams.

Semi-Structured Interviews with Participants

- Methodology
  Semi-structured interviews: a sub-sample of 20 participants across the treatment and control groups will be invited to take part in an in-depth phone interview. A detailed interview guide will be developed in order to provide structure and ensure consistency across interviews, although the interview will be participant-led and will include multiple opportunities for participants to share what matters to them. In the interview, we will explore aspects of the program's fidelity (i.e. participants' perception of how well integrated they were in the planning conversation), risks and opportunities from the participants' perspective, their experiences and outcomes during the trial period as well as their recommendations for future improvements. This will cover themes such as:

  - Participants' future planning and goals, and their feelings about and aspirations for the future;
  - Participants' personal (particularly housing and financial) situation and feelings about their current situation;
  - How helpful or otherwise the financial/budgeting advice received has been;
  - What services do they consider have been particularly helpful (or unhelpful) for their housing and financial situation, and why.

  For participants in the treatment group, additional questions will be asked about:

  - Their feelings on being informed that they were going to receive the personalised budget support, and any hopes or concerns it brought about;
  - What, if any, impact the personalised budget (and what it was spent on) has had on their lives;
  - The key facilitators and barriers to using the personalised budget to further their wellbeing, aspirations, goals and sense of autonomy;
  - Their experience of the support provided by the delivery organisation during the intervention, particularly how helpful or otherwise the financial/budgeting advice received has been (if engaged with);
  - Whether they have any advice on providing additional financial assistance in the most useful way.

- Target population
  We will interview a sub-sample of treatment and control group participants.

- Sampling strategy
  We will initially interview 5 participants drawn from the treatment group and 5 from the control group. We will then review the data and decide how to sample the remaining 10 interviews. This will allow us to incorporate the voice of control participants in the study, but also to be responsive if interviews with control participants are not providing rich data. We will seek to recruit a sample that represents the diversity of study participants, including minimum quotas on demographic characteristics (e.g. age, gender, and ethnicity). Broad similarity in the sample characteristics across both the treatment and control groups will be sought.

- Recruitment
  Applicants will be sent an email invitation and/or text message to attend a telephone interview concerning their aspirations and financial situation and (if they are in the treatment group) the personalised budget. Applicants are not required to participate in the interviews, and consent to be interviewed will be sought separately from consent to participate in the trial. During the data collection process, consent will be treated as an ongoing process, reiterating that participants are able to withdraw their consent at any point. A reminder will be sent the day before the scheduled interview to minimise sample attrition.

  We will collaborate with caseworkers in the charity partners, who will be briefed and provided with inclusion/exclusion criteria to aid this process.

  Participants will be compensated with a £35 digital voucher per interview and a maximum of one interview per participation.

- Data collection data sources
  Data will be collected from the semi-structured interviews with selected participants. A detailed interview guide will be developed in order to provide structure and ensure consistency across interviews.

- Data collection procedures
  Interviews will be conducted by trained and experienced researchers, following the risk and safeguarding protocol (see Annex G) for the present study. Interviews will be conducted by phone or videoconferencing, according to the interviewee's preference. Interviews will be audio-recorded and transcribed; however, names will not be transcribed.

- Data quality, assurance and confidentiality
  All audio recordings will be stored securely and destroyed following transcription. All personal information will be removed from transcripts, and transcripts will be stored using the participant's pseudonymous identifier to link them to the survey responses and demographics of the participant. All transcripts will be stored securely,

and access will be limited to the research team of the present study only.

Focus groups with caseworkers and Greater Change

- Methodology
  We will conduct four focus groups with staff at the charity partners involved in working with participants, as well as with Greater Change staff responsible for the intervention. Each focus group will consist of 4-5 participants. A focus group topic guide will be facilitator-led and developed in order to provide structure and ensure consistency across focus groups, although the groups will be participant-centred and will include multiple opportunities for participants to share what matters to them. In the focus groups, we will predominantly explore themes concerning the program's fidelity, risks and opportunities provided by administering personalised budgets, and their recommendations for improvements to the intervention::
    - These stakeholders' impressions of how smoothly the personalised budgets process has run (e.g. whether caseworkers perceived themselves to be well instructed for the purposes of screening and planning of the personalised budgets and able to follow the provided guidelines)
    - Their feelings about the appropriateness of the level and type of support provided through the personalised budgets.
    - What they felt were the opportunities and risks of giving personalised budgets in this way, and the perceived changes in participants' outcomes.
    - Their impression of control group participants' experiences of not being assigned a personalised budget.
    - Whether the deliberative process between charity partners, Greater Change and participants was thought to be effective and efficient, based on the instructions provided.
    - Recommendations for improvements to the service.

- Target population
  We will recruit participants for focus groups who are caseworkers working in charity partners and staff at Greater Change.

- Sampling strategy
  We will initially construct two focus groups. The first will consist of caseworkers solely at charity partners around the country. The second will consist of a mix of caseworkers and employees of Greater Change. We will aim to get a diverse pool of caseworkers from different organisations at this stage, but we will not include managers of other senior leaders in the focus groups. We will sample in this way because we believe that involving managers would change the power dynamic of the groups, and because we believe that frontline workers, who work as an interface between the participants and the wider processes and leadership of the charity partners, have the more comprehensive set of perspectives. After conducting these focus groups, we will decide whether the quality of the information is higher

when Greater Change employees are present, or not, and use this to inform our strategy. Through regular conversations with Greater Change, we will monitor whether there is particularly strong, or particularly weak, delivery in some places, and may seek to oversample those areas.

- Recruitment
  We will request details of all caseworkers working on this trial from charity partners, as well as all Greater Change staff working on the trial. We will then sample participants based on the process above, contact the charity partners to let them know who we have selected and provide a variety of times when a focus group could take place. Once enough selected participants have agreed to a particular time, and have completed an online consent form, we will schedule the focus group.

- Data collection data sources
  Data will be collected from the focus groups with selected stakeholders. A topic guide to structure the discussion will be developed in order to provide structure and ensure consistency across focus groups.

- Data collection procedures
  Focus groups will be conducted by trained and experienced researchers, following the risk and safeguarding protocol for the present study. Focus groups will be conducted by videoconferencing or in person depending on the group's makeup and location. Focus groups will be audio-recorded and transcribed; however, names will not be transcribed.

- Data quality, assurance and confidentiality
  All audio recordings will be stored securely and destroyed following transcription. All personal information will be removed from transcripts, and transcripts will be stored using the group's pseudonymous identifier to link them to the survey responses and demographics of the participants. All transcripts will be stored securely, and access will be limited to the research team of the present study only.

Administrative data from Greater Change and Charity Partners

- Data collection data sources
  We will collect quantitative data from Greater Change and charity partners relating to:

    - The dates on which participants are randomised; funding is agreed, sent to charity partners; and spent by charity partners.
    - The amounts of money being disbursed.
    - What funding is spent on.
    - For the control group, any information held by charity partners on other financial support that they have received (to facilitate dose-response analysis).

- Data collection procedures

Every two months during participant recruitment, we will send a template to each charity partner and to Greater Change with a list of participants assigned to the treatment and control group with their unique identifiers, and ask them to complete the fields for every participant. The researcher assigned to this procedure will not be involved with the final analysis to ensure no bias is introduced.

11.3. Data Analysis

- Data preparation
  Interviews and focus groups will be recorded and transcribed in full by a professional transcription service that has a non-disclosure agreement in place with King's College London. Transcripts will be entered in NVivo 12 for content analysis and will be anonymised at the point of transcription. Care will be taken to ensure that information shared during interviews and focus groups does not contain identifiable data. If an interviewee reveals identifiable data this will be redacted in transcription.

- Data coding
  Qualitative data will be analysed thematically to explore participants' experiences, views, and perceptions. These will be reflected in a rough coding framework based on the key questions stated at the beginning of this section. The coding framework will also integrate other related issues that emerge during the course of interviews. We will support thematic findings by analysing within cases to develop individual case studies. All qualitative analysis of the interviews will be conducted by at least two members of the team who will identify key themes within each transcript and code their emerging findings independently from each other. After the initial round of independent coding, the researchers will review and discuss emerging themes to check assumptions (and modify the coding framework if needed), and confirm inter-rater reliability. Where diverging opinions occur, these will be discussed, and an agreement reached that is reflected in the final coding framework.

  Quantitative analysis will be conducted by analysing administrative data from Greater Change to determine what proportion of people assigned to the treatment group ended up receiving one, and the time delay between assignment to the treatment group; agreement of a budget; funds transferred by Greater Change; and those funds being spent by the charity partner.

- Analysis methods
  Once all code is reviewed and agreed upon, cross-analysis will be used to identify the reappearance of domains, as well as the categories within each domain.

Table 8: Implementation and Process Evaluation Summary

IPE Research question	Research methodology	Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
1, 2, 3, 4, 5, 14	Focus groups, administrative data	Greater Change and charity partner staff	Audio recording and transcription	4 focus groups with 4-5 representatives each First focus groups will consist of exclusively charity partner staff, second will consist of a mix of charity partner and Greater Change staff After conducting these focus groups, we will decide whether the quality of the information is higher when Greater Change employees are present, or not, and use this to inform our strategy.	Thematic analysis, quantitative analysis of administrative data
6, 7, 8, 9, 10, 11, 12, 13	Semi-structured interviews	PB treatment and control participants	Audio recording and transcription	We are aiming to conduct a total of 20 interviews. We will initially interview 5 participants drawn from the treatment group and 5 from the control group.	Thematic analysis

				We will then review the data and decide how to sample the remaining interviews.	
1, 4, 8	Management information	Organisations, data covering participants in treatment and control group, and caseworkers.	Spreadsheet template completed by charity partners and Greater Change	360 rows in total, each covering a participant in the treatment or control group	Descriptive statistics and inclusion in the complier average causal effects analysis in the impact evaluation.

12. ECONOMIC EVALUATION DESIGN

12.1. Aims, Objectives and Research Questions

- Aims
  The aim of the economic evaluation is to understand the cost-effectiveness of the personalised budgets intervention, based on the impact evaluation.

- Objectives
  1. Understand the costs associated with the Personalised Budgets Intervention.
  2. Understand the monetised benefits of the Personalised Budgets Intervention
  3. Understand the Cost-Benefit Ratio of the Personalised Budgets Intervention.

12.2. Research Design and Methods

- Overall Approach
  This economic evaluation will make use of a cost-benefit analysis approach through the use of the Greater Manchester Cost-Benefit Analysis (GMCBA) model according to the latest HTM's Green Book guidance (March 2022). To ensure comprehensive cost identification, we will follow the "ingredients method" (Levin et al., 2018), which promotes detailed accounting of all resources required to implement a program and aligns these costs with the relevant theory of change.

  We note that for this CBA to be of maximum relevance for MHCLG, we will strive to align its parameters and assumptions as much as possible with existing cost-benefit analyses conducted by MHCLG.

Information on these assumptions is not available at the time of writing, so this protocol outlines the research team's current assessment. However, if more appropriate assumptions on consensus-based values are identified by MHCLG, these will be utilised for the evaluation. These could be described in a future protocol amendment.

- Relevant Alternatives/ Counterfactuals
  We will be deriving estimates of benefits from the randomised controlled trial impact evaluation, comparing outcomes for the treatment group on average to those in the control group on average.

- Evaluation Perspective and relevant stakeholders
  For this evaluation, we will consider a societal perspective. The stakeholders are therefore:

  - Greater Change
  - Local charity partners
  - Individual participants
  - Local and national governments.

  The analysis will aim to incorporate societal factors such as equity considerations, and qualitative impacts on individuals and communities. To achieve this, we will utilise a framework for social cost-benefit analysis (SCBA), which extends cost-benefit analysis by including the full range of costs and benefits, covering social and environmental impacts from the intervention. In SCBA, costs and outcomes, including effectiveness and consequences, are translated into monetary units, allowing both to be expressed in financial terms. The extent to which different societal factors will be considered will depend on data availability and quality.

  These benefits will be presented separately from the more direct monetary benefits to programme participants, providing decision-makers with practical insights into expected returns on investment and potential areas of uncertainty.

- Time Horizon
  The primary time horizon will be the time horizon of the trial (randomisation + 12 months). Additional exploratory analysis may seek to extend beyond this horizon via extrapolation, in which case we

  will apply appropriate discount rates as per the Green Book guidance to future costs and benefits in order to account for the time value of money and ensure comparability across different time periods.

  Extension beyond this horizon would allow for a more holistic, and ultimately accurate estimation of the economic benefits and costs associated with respect to the accommodation status of participants. This is particularly important as attainment or retainment of long-term accommodation could imply substantially larger benefits extended into the future.

- Costs

  As part of the economic evaluation analysis, we will consider costs for the intervention cohort which will include:

  - The costs of the personalised budgets themselves, which will be provided by Greater Change to the evaluation team, and which are pre-monetised.
  - Staff costs at Greater Change - collected from Greater Change utilising a spreadsheet to populate for staff time and associated costs.
  - Cost of staff time at charity partners - collected from charity partners.

  At the local and national level:

  - Personalised budget costs will be extrapolated at higher levels utilising homelessness estimates at Local Authority and national level filtered for the percentage of those deemed to be eligible to participate as per their Local Authority characteristics.
  - The costs of social/charity workers' staff time will be valued using GMCBA social workers for Adult Services cost per hour estimates at Local Authority level.

- Benefits

  We will consider both direct and indirect benefits and for the main economic evaluation analysis will assign a monetary value to the benefits accrued for the intervention group compared to business-as-usual. These benefits will include:

  At the individual level:

  - Improved financial and economic stability, measured through the economic value of employment generated at the individual level compared to business-as-usual. Salary data are not available, therefore the minimum wage will be utilised as a proxy.
  - The cost benefits on improved Life Satisfaction, following the Green Book supplementary guidance by measuring in monetary terms the impact on years of total Life Satisfaction.

  At the local and national level:

  - Reduced use of local services, particularly housing services, captured through the evaluation survey, and monetised using the GMCBA Unit Costs Housing component.[3] These are the best available estimates at the time of writing known by the Evaluation team, but we will explore other suitable alternatives with MHCLG and CHI.

[3] Retrieved from: https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/

- Reduced fiscal costs of benefits and other economic costs *to the exchequer* measured through the Employment and Economy element of Units Costs in the GMCBA model. These will include a reduction in costs associated with:
    - Job Seeker's Allowance (JSA)
    - Income Support (IS)
    - Employment and Support Allowance (ESA)

- Sensitivity Analyses
  Sensitivity analysis will be conducted to test the robustness of results against variations in key parameters and assumptions, addressing uncertainties in data and model inputs.

- Optimism Bias Assessment
  We will also conduct an Optimism Bias assessment to protect against systematic tendencies to overestimate benefits or underestimate costs. This assessment will attempt to adjust for the following factors:

    - Estimates of capital and operating costs, benefit values, and time profiles.
    - Provide a more accurate estimate of the probable capital costs and project duration.
    - As per Green Book Optimism Bias Supplementary guidance, an adjustment of 10% and 20% of Optimism Bias will be utilised for costs related to the duration of work.

  Other costs and benefits associated with this evaluation will be considered and determined based on a shared approach across evaluators working within the CHI Test and Learn programme, in line with CHI's economic evaluation guidance.

12.3. Data Collection

- Data Sources
  Data on the costs of personalised budgets will be provided by Greater Change. We will provide Greater Change and charity partners with a spreadsheet to populate for staff time and associated costs.

  Data on benefits will be collected through the midline and endline surveys and monetised in line with the Manchester New Economy Model and HM Treasury guidance on economic evaluation of wellbeing.

- Data Collection Procedures
  Data will be collected through surveys administered by IFF for the impact evaluation, as well as cost data on spreadsheet templates provided by King's College London to Greater Change and the charity partners.

- Data Collection Schedule

Data collection will take place at the same time as the final data collection from participants.

13. QUALITY CONTROL AND ASSURANCE

13.1. Data Quality and Assurance

Quantitative data will be collected by IFF and will be subject to their quality controls and assurance processes. Analysis of quantitative data will be subject to internal quality assurance at King's College London, with code being quality assured, as well as analytical decisions discussed among the evaluation team. The code used in the evaluation will be published to GitHub at the conclusion of the project. Management information from Greater Change and charity partners will be verified insofar as this is possible by collecting some fields in common between the two organisations. Analysis will then be quality assured by Susannah Hume, Director of Evaluation at the Policy Institute, who is not a part of the evaluation team and can provide more independent oversight prior to external peer review.

Qualitative data will be quality assured via a random audit of the coding of interviews and focus groups, by randomly selecting a subsample of these to be blindly recoded by another member of the research team.

13.2. Protocol Deviations and Non-Compliance

All deviations from the trial protocol will be recorded in a deviations log associated with the trial. This will include non-adherence to randomisation, deviations in the data collection, changes to the eligibility criteria, and any changes to the analysis necessitated by unforeseen circumstances. This deviations log will be shared between King's College London, Greater Change, and CHI, and will be updated by all organisations as deviations occur. Prior to analysis taking place, the evaluation team will consider these deviations and whether they necessitate changes to the analysis. If they do, a protocol addendum will be written by the evaluators and reviewed by CHI prior to publication, and prior to any analysis taking place. This follows the process laid out by Anders et al (2017), for evaluations of complex interventions. The full (anonymised) deviations log will be published as an appendix to the final evaluation report.

14. REGISTRATION

14.1. Register

Open Science Framework (OSF) link: https://osf.io/3f427.

15. ETHICS

15.1. Ethical Approval

This project has been reviewed by the King's College London Social Sciences and Public Policy Research Ethics Committee and has been authorised with reference: HR/DP-23/24-40521.

15.2. Informed Consent

Participants will be provided with a participant information sheet at the outset of the project, giving them details of what their participation will entail. Greater Change will collect consent from participants. They will then be contacted by Greater Change to clarify any questions about the trial and record verbal consent. After 48 hours, researchers from IFF will reach out to the participant to obtain baseline data. Participants will have one week from the date of data collection to withdraw their consent prior to randomisation.

15.3. Ethical Challenges

Key ethical issues relate to the risk of harm to participants, which is mitigated through our safeguarding protocols; the need to conceal the quantum of money on offer to minimise the risk of undue influence to participate; and the proportionality of data collection and compensation for the same.

15.4. Risks

The present research involves participants who are vulnerable or may be at risk. Per the CARE Act (2014), an 'adult at risk':

- Has needs for care and support (whether or not the Local Authority is meeting any of those needs);
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs, are unable to protect themselves from the risk of, or the experience of abuse or neglect.

While not all prospective participants will be classified as an adult at risk, it is probable that many individuals in contact with the partnering charity organisations, who may be considered for inclusion in the research, will fall into this category. Although most individuals in this category are likely to be ineligible for the research owing to the inclusion and exclusion criteria, there may be some adults at risk in the group of prospective participants.

Prospective participants will be referred to the study by a delivery organisation that they are currently receiving housing and other support from. Participants may consider themselves dependent on the organisation referring them to participate and therefore may feel pressure to agree to participate in the research.

We will take the following steps to mitigate risks to participants arising from their vulnerability.

Screening

- Any prospective participant where there is a concern that receiving additional financial assistance poses a risk of harm will be excluded.

This judgement will be made by the charity partners and Greater Change. Although we are not providing a prescriptive list of reasons to exclude a participant, this might include that they are deemed to be at high risk of financial exploitation.

Pressure to participate

- It is particularly important, given that participants may perceive themselves to be dependent on the delivery organisations, that they do not feel under pressure to participate in the research as a result of this. Greater Change will be given a script which they use to explain the research. This script emphasises that individuals are under no pressure to participate if they do not wish to and that doing so will not impact the individual's standing with the charity partner, or their access to other services and support.
- We are conscious that a personalised budget in the region of £4,000 may be considered an undue incentive to participate. We have proposed not to inform participants of the value of the additional financial assistance until they are allocated to the intervention and have provided a briefing for delivery organisations to inform intervention participants, which emphasises that participants do not have to accept the assistance, and reminds them that they can withdraw from the research at any time. In addition, participants will have 2 weeks to consider whether they still wish to participate, before the agreed money is transferred to the charity partner by Greater Change. If they decide to withdraw after the money is transferred or has been spent, they will not have to return the financial assistance or whatever was purchased with it.

Intervention and support

- People experiencing homelessness periodically receive additional finance via support organisations or as a result of Universal Credit back-payments. If they are engaged with a partnering charity organisation, then they receive support to think about how they wish for the funds to be spent, and monitoring to respond to risks of harm arising from receiving a personalised budget. Participants who receive a personalised budget will have more notice that they are receiving it (up to three months) and more support to plan how they would like to use the funds, than they might for other types of finance they might receive. Because the money is not given directly to participants, but is used by charity partners to purchase what has been agreed, this poses less risk to participants than if they received the money directly themselves.
- Partnering charity organisations will ensure that participants are receiving business-as-usual ongoing support throughout the trial period, as well as support around the receipt of the financial assistance, consistent with the delivery partner's service delivery model. Participants will receive this support regardless of whether they decide to withdraw from the research. Administrative data captured from delivery partners will allow us to understand what other financial and material support people will have received, while our interviews with both treatment and control groups will allow us to

identify any differences in the non-personalised budgets support received by the two groups.

Questionnaires and interviews

- Individuals such as those who are in scope for the research are frequently asked questions similar to those in the questionnaires, by support workers, Greater Change and local partnering charities. We have worked with associates with lived experience of homelessness and academic partners to avoid survey instruments that, in their experience, are distressing for people experiencing homelessness.
- Participants will be regularly reminded that they have the right not to answer questions without having to give a reason, and that they are able to withdraw from the research at any time. Participants who withdraw will not have to give back the item that was purchased with the personalised budget (if they have received it), and their ability to access support from the partnering charity organisation and other services will not be affected.

Safeguarding

- A risk and safeguarding protocol (Annex G) has been developed which covers how risk of harm identified during the research will be handled. In addition, for all participants, we will ask for a named contact within the delivery organisation that referred them, to whom participants can be signposted if during the research they appear distressed. Charity partners have also provided lists of other organisations to which researchers can signpost participants, which is provided as part of the safeguarding protocol. Delivery partners will handle safeguarding risks that they identify consistent with their own safeguarding procedures.
- If the research team, Greater Change or charity partners become aware of a significant vulnerability, then a conversation will occur to consider whether the participant should be removed from the research, and how this can be done without detriment to them.

16. DATA PROTECTION

16.1. Data Protection Statement

Data will be processed in line with the Data Protection Principles (Article 5 UK GDPR and Part 3 DPA 2018) and all other relevant data protection legislation, including setting out plans to prevent unauthorised/unlawful processing and accidental loss/destruction of Personal Data and securely transfer and receive Personal Data (in accordance with Article 32 GDPR), and keeping a record of processing activities (in accordance with Article 30 GDPR)

Personal data collected during this study will not be shared with any other body outside the members of the CHI-led consortium or MHCLG, the data controller, or other government departments who will be providing additional personal administrative data.

Relevant information about data protection for this project is set out in the Privacy Notice published by MHCLG.

16.2. Legal Basis

The lawful basis for us processing personal information under data protection legislation will be because it is necessary for MHCLG's work as a public body (the processing is necessary for the performance of a task in the public interest – (Article 6(1)(e) of the UK General Data Protection Regulation (GDPR))).

The legal basis for processing special category data is Article 9(2)(g) of the UK GDPR – that processing is necessary for reasons of substantial public interest – and paragraph 6 of Schedule 1 of the Data Protection Act (DPA) 2018. Participants will also consent to being a part of the study and to having their data collected.

16.3. GDPR Compliance

All data will be held according to the King's Data Protection Policy and Procedures, and where relevant, those of IFF, who manage the data collection for this trial. All data collection will adhere to ethical practice ensuring the confidentiality of information shared and the secure handling of data in accordance with the General Data Protection Regulation (GDPR) and King's Data Protection Policy. Participant data will not be transferred outside the EU. The legal basis for processing data in this trial is a 'public task'.

Greater Change will explain the study and obtain and document UK GDPR-compliant consent to pass participants' contact details to IFF Research.
Prior to being contacted to enrol, participants will be provided with a Participant Information Sheet (PIS) by their delivery partner caseworker, which will explain the reason for collecting and processing their data, detail how long it will be stored for and if/how it will be shared with other parties and will provide them with the mechanism to ask that their data be removed or to raise a complaint. They will then provide opt-in consent to their data being processed as outlined in the PIS.

Response data will be held separately from contact details, with access to each folder limited to those who have a legitimate need to access that data. Participant data will be linked using a pseudonymous ID number, with the matching key stored in a separate folder accessible only to the leader researcher at IFF or a nominated delegate. Except where necessary for the collection of IPE data, King's College London researchers will not have access to participant contact details.

The research will end in December 2026 and personal data will be retained by King's until 31 March 2027, to enable post-study follow-up with participants. It will then be permanently deleted. Participants will be able to withdraw their personal data from the study at any time until its permanent deletion. If a participant withdraws and does not respond on whether they approve for their data to be retained, their anonymous data will be deleted.Demographic records or survey item responses will be removed or censored if there is a risk that they might enable the identification of the participant.

16.4. Data Processing Roles

MHCLG is the “data controller”. MHCLG are responsible for determining what personal information we collect and use, why and how (the ‘purpose and manner’). King’s College London and IFF Research will act as sub-processors on behalf of CHI and will process data in accordance with the Contract (MHCLG to CHI) Homelessness & Rough Sleeping (HRS) system-wide evaluation and Test & Learn trials.

17. REFERENCES

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Annex A: DATA MANAGEMENT PROCEDURES

A.1. Data storage and protection

IFF Research manages and stores research and personal data securely. Access to IFF systems is restricted to users with an approved Active Directory account. We also have an access rights policy that restricts access of personal data on an authorised basis with privileged access by IT administrative staff only. Restricted areas of the system are subject to an access control policy and data controllers manage access on an as needed basis. A register is kept of those with access rights. Data relating to personal data will not be exported or transferred outside of the UK.

IFF holds ISO/IEC 27001:2013 and Cyber Essential Plus. All IFF staff have received training and are tested on UK GDPR legislation and relevant procedures defined in our ISO 27001 certified Information Security Management System (ISMS) as well as general security awareness material.

When transferring data between parties, all sensitive personal data (as defined by the UK GDPR), including sample files, is transferred via our Secure File Transfer process, which is fully encrypted. Access to files is restricted to authorised recipients only, who receive an email with details of the download as well as a further identity verification check.

A.2. Privacy and confidentiality

Once a sample is provided to IFF from delivery partners, we will apply a unique identifier to each sample record (participant). This will be tied to each unique survey link issued to service users and allow the linking of survey responses across waves at an individual level.

Explicit consent of the data subject will be established and documented at the start of each survey response/interview. This will be separately obtained in relation to sensitive categories of personal data. Our approach to establishing consent will include:

- Asking for clear consent from research participants at the start of each survey (baseline, midline, endline) and again before asking for any sensitive data. This will involve saying how we will use their data, and for how long;
- Explaining research participants' rights to see the personally identifiable data we hold about them, to change this data, or to have it deleted;
- Storing personal and sensitive data on an encrypted server, with access restricted to key members of the IFF research team, on a 'need to access' basis – with the need for access confirmed by the Project Manager. Examples of such data include personal details (including contact details), survey responses, and interview recordings and transcripts.

Annex B: HOUSING HISTORY

ASK ALL: BASELINE, MIDLINE AND ENDLINE

Introduction*: I'd like to talk to you about your living situation.*

I'll ask first about where you are living now, and then about anywhere else you have lived in the past ***six months.***

This includes any housing that you have rented in your name, and also if you have been staying with other people, or living in B&B, hostels, or other types of accommodation, and also any time you have spent sleeping on the streets or in accommodation such as a prison, probation facility, or hospital.

And just to reassure you that any information you provide in the survey will be kept confidential. Is that OK?

[Note: This should be used for baseline, midline, and endline]

1a. Which of these experiences best describes where you are staying now [were staying before that – refer to 2a-2c] (please select only ONE option)?

[Note: The online version of the tool would need to include the written options. For the phone interview version, the interviewer is expected to enter the relevant option rather than reading them out loud. Additional prompts might be needed for interviewers to elicit these answers.]

A) A place you own or rent (including with others)

1. You own (as the sole or joint owner).
2. Rent from a private landlord (where you are the sole or joint tenant).
3. Rent from your local council or housing association (where you are the sole or joint tenant).

B) Staying with others

4. Owned or rented by friends or family where you live on a long-term basis, but do not have a tenancy agreement.
5. Owned or rented by friends or family where you live on a short-term basis. This includes sofa surfing.

C) In some form of temporary or supported accommodation

6. Emergency accommodation provided by a local council or charity, such as space in a night shelter or B&B.
7. Temporary accommodation provided by or on behalf of your local council, such as a hostel.
8. Supported accommodation, for example where there is a staff member on site or on call, and you are expected to stay long-term.

D) Sleeping rough

9. Rough sleeping, on transport or in a transport hub (bus stop or train station), in a tent or car, or stairwells, barns, sheds, derelict boats or buildings.

E) Other options

10. A prison, probation facility, hospital, asylum support accommodation or similar.
11. Squatting, including with others.
12. Accommodation linked to your work or studies, for example student accommodation, military accommodation or accommodation linked to a business.

1b. When did you start living there? (best guess)
(day/month/year)

[Note: This should be a best guess. The interviewer could also prompt by asking about time of year the person lived there.

A suggestion used in previous studies is to have a calendar with days and month for participants to work backwards from where they are currently living.]

1c. Roughly, how long have you stayed there [did you stay there]? (best guess)
Number in (months) + (weeks) + (days)

[Note: This should be a best guess. The person does not need to fill in the three levels]

1d. Have you stayed in any other accommodation in the last 6-months?

Yes, No

[If yes, jump back to 1.a]

Source: Modified version of the Residential Timeline

Annex C: PERCEIVED HOUSING QUALITY AND SATISFACTION

ASK ALL: BASELINE, MIDLINE AND ENDLINE

Introduction: *Now I'd like to ask you about how you feel about the place you live in*.

1f. *Below are some statements about your housing situation. Please tick the box that best describes your current experience.*

How satisfied are you about….

1. Your current housing in general (where you live now)
2. How affordable your housing is
3. The amount of choice you had selecting the place you live in
4. How much control you have over who can come into the place you live in (e.g. children, pets and guests)
5. How long you will be able to live there
6. The amount of privacy you have in the place you live
7. The level of fairness and respect shown by your landlord (if applicable)
8. The suitability of the place you live in to meet your (or your family's) needs
9. The condition of the place you live in (such as appliances, plumbing, things needing to be repaired)
10. The safety and security of your building

All responses on a 5-point Likert scale from 'Very dissatisfied' to 'Very satisfied', and DK/NA

[Note: Statements in red could be excluded if needed].

Source: Modified version of the Housing Satisfaction and Quality scale

Annex D: FINANCIAL SECURITY

ASK ALL: BASELINE, MIDLINE and ENDLINE

3.c. Below are some statements about your financial situation. Please select the option that is most appropriate for your situation.

1. What do you feel is the level of your financial stress today?
2. How satisfied are you with your present financial situation?
3. How do you feel about your current financial situation?
4. How often do you worry about being able to meet normal monthly living expenses?
5. How confident are you that you could find the money to pay for a financial emergency that costs about £1,000?
6. How often does this happen to you? You want to go out to eat, go to a movie or do something else and don't go because you can't afford to.
7. How frequently do you find yourself just getting by financially and living paycheck to paycheck?
8. How stressed do you feel about your personal finances in general?

All responses on a 11-point scale, but each response has slightly different statements. See specific coding for each response in the source below. The original statements are done on a 10-point scale but these have been modified to 11-point scale for consistency with previous items in the survey.

Source: Incharge Financial Distress/Financial Well-Being Scale

Annex E: WELLBEING AND LIFE SATISFACTION

ASK ALL: BASELINE, MIDLINE AND ENDLINE

Introduction: *Now I'd like to talk to you about some of your thoughts and feelings about some aspects of your life. Please remember that there are no right or wrong answers.*

2a. *Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.*

1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been dealing with problems well
5. I've been thinking clearly
6. I've been feeling close to other people
7. I've been able to make up my own mind about things

All responses on a 5-point Likert scale from 'None of the time' to 'All of the time', and DK/NA

Source: WEMWBS-7

2b *Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".*

1. Overall, how satisfied are you with your life nowadays?
2. Overall, to what extent do you feel that the things you do in your life are worthwhile?

All responses are on a 11-point scale from 0 to 10, where 0 is "not at all" and 10 is "completely".

Source: ONS-4

[Note: These items have been included to support the Wellbeing Top Up Fund, an initiative from What Works Wellbeing funded by Cabinet Office's Evaluation Accelerator Fund)

Annex F: EMPLOYMENT

ASK ALL: BASELINE, MIDLINE AND ENDLINE

Introduction: *Now I'd like to ask you about your financial situation and employment history.*

ASK ALL: BASELINE and ENDLINE
3.a. IF ONLINE:

Which of the following best describes your current employment status?

CATI read out. singlecode.

CATI interviewer note: if they say multiple ask for one they spend most time doing

Full time paid work (35 hours per week or more)	1	
Part time paid work	2	
Full time education (school/college/university)	3	
Self-employed	4	
Unemployed – looking for work	5	
Not currently looking for work	6	
Other	7	WRITE IN
IF CATI: Refused (DO NOT READ OUT) IF ONLINE: Prefer not to say	13	

IF CATI:

Please can you tell me which of the following best describes your current employment status?

3b. For approximately how long have you been in this job for?
Number in (years) + (months)

Annex G: Safeguarding Protocol

Risk and Safeguarding Protocol

Project: Personalised Budgets Randomised Controlled Trial

1 Purpose of this protocol

This protocol covers the risk and safeguarding reporting procedures agreed between Greater Change, its partnering charity organisations and researchers for the project entitled 'Greater Change Personalised Budgets Trial'.

For the purpose of this protocol, the following definitions apply:

- **Data collection:** King's College London in collaboration with IFF Research.
- **Research team:** King's College London
- **Responsible delivery partner:** the organisation that completed the initial screening for any individual participant; expected to be the [charity organisations] which joins the project
- Caseworker **contact:** the personal advisor within the responsible charity organisation who is identified as the key support person for any individual participant

King's, Greater Change and the responsible delivery partners will all have a duty of care to safeguard participants during the research project.

This protocol applies to any interactions by anyone in the research team with research participants, prospective participants during the recruitment process, or participants who have been excluded or who have withdrawn from the project. This includes both surveys and interviews, and also interactions via email or phone that may occur from time to time.

2 Definition of Risks

Research team members should use their own professional judgement regarding any situation or issue in which the risk of harm to a participant or others may be reported or inferred. In this section, we provide examples of different types of risks that may arise.

2.1 Urgent risks

Urgent risks are any risks where the researcher has reason to believe the participant or someone else is in immediate danger. Researchers should consider any of the following to suggest an urgent risk, especially in combination:

- Disclosure of a clear and imminent suicide plan, or disclosure that they have already acted in a way that puts their life in immediate danger
- Disclosure of a clear and imminent plan to harm someone else (or a plan to act in a way that will harm them and others e.g. stepping out in front of a train)
- Severe distress (e.g. crying, aggression, agitation, withdrawal), unstable mood observable by the researcher, or signs of self-harm evident
- Disclosure of actions suggesting an immediate risk of drug overdose (accidental or intentional)
- *In combination with others:* Disclosure of access to a weapon or other means of harm (e.g. medicine, cutting tools)
- *In combination with others:* Disclosure of suicidal thoughts or feelings of hopelessness/helplessness
- *In combination with others:* Disclosure that the participant is alone and/or feels they are experiencing a breakdown in their social circumstances
- *In combination with others:* Disclosure of a history of self-harm, harm of others, or attempted suicide
- Any information that causes the researcher concern that the participant may be in immediate danger
- Any information that causes concern regarding the safety of others

All members of the research team must attend training on identifying and responding to urgent risks, including mental health risks, before they are deployed on the project. All King's researchers must also be up-to-date with King's College London's safeguarding training before being deployed on the project.

2.2 Non-urgent risks

Non-urgent risks are any risks that cause the researcher concern about potential harm to the participant or others, but where there is not an indication that the danger is severe and urgent. These may include:

- Signs of distress (e.g. crying, aggression, withdrawal)
- Concerningly low scores on wellbeing measures or disclosure of suicidal intention or ideation
- Disclosure of an increased level of substance use
- Any information that causes concern regarding the participant's wellbeing or safety, but that does not suggest an urgent risk.

3 Process

3.1 During interaction with the participant

If, during the course of interaction with participants, a member of the research team hears or observes something that gives cause for concern, the following actions will be undertaken in the first instance.

- *If the identified risk is <u>urgent</u>*

  - The researcher should try to keep the participant on the phone until they are satisfied that the risk is being responded to and the participant is no longer at immediate risk of harm.
  - The researcher should call 999 on a separate phone, or ask someone else to call 999. If appropriate, the researcher can try to ensure a family member, friend or support worker of the participant is present to provide required support (e.g. taking the individual to the emergency room).

- *If the identified risk is <u>non-urgent</u>*

  - The researcher should offer the participant the opportunity to pause or take a break from the interview, and ask whether they would like to resume or terminate data collection.
  - The individual should be asked if there is someone they would like to contact for support.
  - If possible, the researcher should try and keep the participant on the line until someone else is present or the researcher is satisfied that the individual is no longer distressed.
  - If the participant asks the researcher for support, they should be signposted to local resources and support, including the case contact within the responsible delivery partner, as per Section 4 of this protocol.
  - The researcher may offer to inform the case contact, and seek the participant's verbal consent to do this.

3.2 Immediately following interaction with the participant

Should a risk arise during research participation, the researcher should take the following steps, immediately after ending the questionnaire or interview:

1. Note the event on the questionnaire or interview transcript, if applicable.
2. Report the concern to the Principal Investigator (or delegate).
3. Draft a written note of the relevant concerns as soon as possible to avoid loss of memory in relation to their concerns. For interviews, researchers should also refer to the audio recording to ensure details are accurate before logging in the

project-specific logbook (outlined in section 3.3).

4. Respond to any queries or instructions the Principal Investigator, Project Manager or Safeguarding Lead may have.

If a risk arises during interaction with participants regarding participation in the research, withdrawal from the research, debriefing or proactive contact, the researcher should follow steps 2-4, above.

3.3 Within three working days of the interaction

If a safeguarding concern is identified by the delivery partner, the Project Manager will consider the concern within 24 hours of being advised of the concern and discuss this with the Principal Investigator (or delegate) on the same day in order to decide what action to take. If the safeguarding concern arises within King's College London, the Principal Investigator (or delegate) will discuss the incident with the researcher and the appropriate Lead Safeguarding Officer or Designated Safeguarding Officer, in order to decide what action to take.

All researchers will have space to debrief with the Principal Investigator, Project Manager, or delegate after every interaction, should they need to report a safeguarding concern. This space for reflection and consistent support will ensure that ambiguous or unclear safeguarding disclosures can be reviewed, and the most appropriate course of action decided in a timely manner. The concern raised and action taken will then be logged in a centralised project-specific logbook that is securely stored and limited access to the research team only.

If the Principal Investigator (or delegate) is satisfied that the safeguarding concern was sufficiently addressed by the researcher at the time – for example, via signposting to support services – then no further action may be required in relation to the concern.

If the Principal Investigator (or delegate) considers that the safeguarding concern warrants further action, a referral may be made to the responsible delivery partner. In this context, the case contact for that participant will be notified of the concern and what actions have been taken to date. This will be done as soon as possible, and within 72 hours of the interaction.

Participants will be made aware that the research team may make a referral to the responsible delivery partner, as part of consent to participate in the project. The researcher may have sought participants' verbal consent for the referral (see section 3.1), but per the Participant Information Sheet, this will not be required in order for a referral to the delivery organisation to be made.

3.4 Ongoing monitoring

All safeguarding concerns raised will be logged by the research team, and a report of any incidents (maintaining participant anonymity) will be provided on a monthly basis to the Project Board.

Where a concern is notified to the responsible delivery partner, the case contact will keep the Principal Investigator apprised of any developments, and the case contact or Principal Investigator may initiate a discussion with the case contact about whether it is safe for the participant to continue to be part of the research, with the outcome of this discussion documented in the safeguarding log.

3.5 Online data collection

The PIS and the consent form will be shared in advance to participants being contacted via phone. Consent will be audiorecorded and contingent on it being given, interviews will be recorded and transcribed. All data will be automatically stored with King's. Researchers will identify any urgent risks during and immediately after phone-based interviews.

- *If the identified risk is urgent*
  - The researcher should call 999, or ask someone else to call 999. As a secondary action, the researcher can try to contact the participant's caseworker to seek help.

- *If the identified risk is non-urgent*
  - The individual should be asked if there is someone they would like to contact for support.
  - The researcher may offer to inform the case contact, and seek the participant's consent to do this.

3.6 Reporting disclosures to the police

Generally speaking, the research team will not report disclosures of illegal activities by participants to the police.

Any disclosure of illegal activities will be handled in the first instance in terms of risk of harm to the participant or others (per the guidelines on urgent and non-urgent risks given above). For instance, if the researcher comes into information that leads them to believe there is an urgent safeguarding risk relating to an illegal activity, they may deem it necessary to notify the police immediately via 999. However, if possible, the researcher should first discuss this with the Principal Investigator, Project Manager, or delegate.

In general, the research team will be conscious of the fact that unless the researcher has actually seen an offence being committed or has obtained knowledge of the location of prescribed drugs, illegal weapons or stolen goods, information obtained in the course of research is likely to be unreliable and to be considered 'hearsay'. The team will also be conscious that participation in research should not place people in greater hazard that they would otherwise experience in their daily lives, and this includes reporting of their activities to authorities where this wouldn't otherwise occur.

However, if a participant makes a disclosure relating to any of the following types of offences, this may raise a legal or moral duty to report:

- Child protection offences
- Physical abuse of vulnerable adults

- Money laundering and other crimes covered by prevention of terrorism legislation

If a participant makes a disclosure that the researcher believes falls into one of these categories, they should follow the procedure in Section 3, to respond to and document the disclosure.

The Principal Investigator (or delegate) will then review and consider the information and whether it represents a credible disclosure of an illegal activity in one of the above three categories. They may also discuss it with the responsible delivery partner in order to determine whether it is appropriate to report the disclosure to the police.

Participants are informed in the Participant Information Sheet that if they make a disclosure relating to one of the above three categories, the research team may need to report it to the police.

4 Referral to support services

4.1 For research team

Upholding the safety of all members of the research team, along with participants, is a priority. The following steps will be taken to ensure that project staff are able to access support, should the need for this arise during the course of the research.

- Each researcher will be matched with a 'buddy' (e.g. a senior researcher with safeguarding expertise) to check-in with regularly.
- Training in issues including vicarious trauma will be provided to ensure researchers feel appropriately equipped to manage difficulties arising from potential safeguarding concerns.
- Regular team discussions and debriefs to share experiences, lessons and best practices will occur to facilitate knowledge sharing within the team.
- Researchers will be reminded of the Employee Assistance Helpline by line managers during regular meetings.

4.2 For study participants

If the researcher deems it useful to provide the participant with information on support services, they should provide the following resources.

- The contact details of the case contact for that individual (researchers should have this information to hand during all interactions with participants).

- *National Services*

- The Samaritans

  Phone: 116 213
  Email: jo@samaritans.org (response time is 24 hours)
  Website: https://www.samaritans.org

- Mind

  Phone: 0300 123 3393 (working hours only)
  Email: info@mind.org.uk
  Website: https://www.mind.org.uk/

- Women's Aid

  Website: https://www.womensaid.org.uk/information-support/
  Phone: 0800 731 8147

- Money Advice Service

  Phone: 0800 138 7777 (Mon-Fri, 8am-6pm)
  Website: https://www.moneyadviceservice.org.uk (webchat available)