Centre for Homelessness Impact
Better evidence for a world without homelessness

KING'S College LONDON

Personal Grants:

a randomised controlled trial of the impact of providing a £2000 personal grant to people with significant experience of homelessness

Version 2.0: August 2025

Table 1: Impact evaluation summary

Project title	Personal Grants, a randomised controlled trial of the impact of providing a £2000 personal grant to people with significant experience of homelessness
Delivery Partners	Change Please Foundation Centrepoint Lambeth Council MACS Supporting Children and Young People Micro Rainbow NEWway Project Single Homelessness Project (SHP) Simon Community Northern Ireland (NI)
Evaluator	King's College London
Principal investigator(s), and affiliation	Susannah Hume (King's College London)
Co-Investigators, and affiliations	Hannah Piggott (King's College London) Stephen Hunsaker (King's College London)
Protocol author(s)	Susannah Hume, Hannah Piggott, Stephen Hunsaker, Connie Woollen
Impact Evaluation design	Two-arm clustered randomised controlled trial
Target Population	People with significant experience of homelessness, currently housed in temporary accommodation or rough sleeping in London or Belfast
Setting	Delivery partner temporary accommodation, offices and/or support hubs
Number of clusters (*if applicable)*	TBC, dependent on local participant location
Target number of participants	250
Primary outcome measure	Housing security as measured by: ● Residential Time Line Follow Back Inventory (RTLFB) adapted by CHI (Tsemberis et al., 2007; CHI, 2024)

	Financial security ● InCharge Financial Distress/Financial Wellbeing Scale (Prawitz et al., 2006)
Secondary outcome measures	Housing Quality and Satisfaction ● OMRA Simplified Tool adapted by CHI (Tsemberis, 2003; Toro, 1997; CHI 2024)
	Housing stability ● Residential Time Line Follow Back Inventory (RTLFB) adapted by CHI (Tsemberis et al., 2007; CHI, 2024)
	Wellbeing ● Personal Well-being ONS4 (ONS, 2025)
	Social connectedness ● ENRICHD social support instrument (Mitchell et al., 2003)
	Contact with public services and contact with the justice system ● Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Questionnaire, adapted questions from Sections F, G and H, sub-questions relating to public services and contact with criminal justice system.

Table 2: Protocol Version History

Version	Date	Reason for revision
2.0	25 July 2025	1. Revised eligibility (extended to those sleeping rough) per ethics modification request granted on DATE (Section ETHICS, 4.1.1 Aims and Objectives, 5.1.1 Inclusion Criteria, and Table 9 IPE Summary). 2. Amended randomisation approach (Section 4.2.2) to clarify that minimisation randomisation will be done using the `minirand` package. 3. Added reference to housing stability as a secondary outcome to Table 1 (previously omitted in error). 4. Added OSF project page link (Section 13).
1.0 [original]	11 June 2025	As pre-registered on OSF

Table 3: Key Personnel and Team Contributions

Staff	Affiliation	Contribution
Susannah Hume	King's College London	PI, overall responsible for study design, impact evaluation lead
Hannah Piggott	King's College London	Co-I, project manager, IPE lead
Stephen Hunsaker	King's College London	Project coordination, Impact Evaluation data cleaning and analysis
Connie Woollen	King's College London	Project coordination, qualitative researcher
Guillermo Rodriguez-Guzman	Centre for Homelessness Impact	CHI senior responsible officer, quality assurance, contribution to evaluation design
Beth Isaac	Centre for Homelessness Impact	Responsible for quality assurance, Contribution to evaluation design
Arune Keraite	Centre for Homelessness Impact	Embedded researcher responsible for onboarding and data collection

Principal Investigator: Susannah Hume

Contact email: susannah.hume@kcl.ac.uk, edit@kcl.ac.uk

CHI responsible: Guillermo Rodriguez-Guzman

Contact email: guillermo@homelessnessimpact.org, hello@homelessnessimpact.org

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1 BACKGROUND AND RATIONALE

1.1 Background

Despite significant governmental spending on homelessness services, there are substantial evidence gaps when it comes to understanding what policies are effective in addressing homelessness. Linking individual-level data with administrative datasets, such as Local Authority-held data on social services, makes data-driven research within the UK both complex and time-consuming. This further exacerbates the lack of robust evaluation methods within the homelessness sector. While the sector has made steps to embrace the What Works movement and increase the number of impact studies produced, there remain significant gaps in the causal evidence base (Munthe-Kaas et al., 2018). Further, many studies that do exist only allow low confidence in their findings (Singh et al., 2024).

Providing a cash transfer[1] is a common approach used by homelessness organisations and governments. Here we use 'cash transfer' as a broad term to refer to the broad class of interventions that involve providing financial support in cash (including electronic bank transfers) to individuals. However, this assistance is often conditional or tied to particular purposes. As is the case with homelessness policy evaluation more widely, there have been limited evaluations of the effectiveness of such assistance.

Most commonly, high quality evaluations into cash transfer interventions have been conducted in low- and middle-income countries. These evaluations demonstrate that such interventions can lead to improved outcomes. For example, in 2013, a large-scale randomised controlled trial (RCT) was completed for a programme run by the world's largest financial assistance non-profit, JustGiving. The trial involved 1500 households in villages in Kenya and found that recipients of unconditional cash transfers experienced significant improvements in economic and psychological outcomes (Haushofer & Shapiro, 2016). Further, a 2017 systematic analysis of 21 studies of similar interventions concluded that cash transfers are linked to a lower likelihood of having an illness, more secure access to food, a higher likelihood of children attending school, and higher healthcare expenditure (Pega et al., 2017).

In recent years, we have seen some interest in evaluating unconditional cash transfer interventions in high-income countries, like Canada and the US. In 2018, the University of British Columbia partnered with non-profit Foundations for Social Change to deliver a CAD$7500 cash transfer to people experiencing homelessness in Vancouver. Results from this study showed that recipients of the transfer achieved a number of positive outcomes, including moving into stable housing faster, spending fewer days homeless and reducing their spending on alcohol, cigarettes and drugs (Dwyer et al., 2023). In the US, a targeted, conditional, emergency rent-relief cash transfers intervention, that provided USD$1500 for housing-related costs, found reduced likelihood of homelessness at three months and six months (Evans et al, 2016).

[1] Here we use 'cash transfer' as a broad term to refer to the broad class of interventions that involve providing financial support in cash (including electronic bank transfers) to individuals.

In the UK, the Centre of Homelessness Impact has a programme of work evaluating the provision of different types of financial assistance to those with experiences of homelessness or housing insecurity. This includes randomised controlled trials evaluating two interventions:

- Personalised budgets (tied to a particular purpose) for people with recent experiences of street homelessness (trial protocol available here).
- A one-off cash transfer for care leavers (evaluation protocol available here).

The evaluation described in the present protocol forms part of this broader programme of work, evaluating the provision of one-off unconditional cash transfers, a 'personal grant' to people with experiences of rough sleeping.

1.2 Rationale

The objective of this project is to evaluate the use of personal grants (an unconditional cash transfer) as an intervention to improve outcomes relating to housing security, financial security, housing quality, satisfaction and stability, wellbeing, social connectedness, and contact with public services and the justice system. In the context of this project, a personal grant is a one-off cash payment of £2000, made by bank transfer to a participant; the payment is unconditional and can be used as the participant sees fit (potentially with the support of an optional financial planning session). To do this in the most rigorous way possible, the causal impact of personal grants on the outcomes mentioned above will be determined via the use of an RCT. This programme of research makes a theoretical contribution to understanding housing and homelessness interventions and how they influence people's outcomes. It also has important practical implications for government policy.

The present research builds on a previous evaluation (Personal Grants Phase 1)[2] that investigated relationships between receiving a grant and housing security, financial security, housing quality, satisfaction and stability, wellbeing, social connectedness, and contact with public services and the justice system. Personal Grants Phase 1 also served as a proof of concept. However, challenges related to recruitment and attrition meant the previous evaluation was not able to provide robust findings on the impact of the personal grants. In the Phase 1 evaluation, it took longer than anticipated for delivery partners to identify eligible participants, as delivery partners applied the eligibility criteria conservatively and were, in some cases, concerned by randomisation. This reduced the sample size available for the study. Of those who were referred, 50% signed up; we also saw attrition rates of 50% from sign-up to the 3-6 month follow up survey. This attrition was caused by out-of-date contact details for participants, delays in the timeline and limited contact between frontline staff and the research team. A further evaluation is necessary to understand the impact of the personal grants on the outcomes of interest and we have taken lessons learned from Phase 1 into consideration in planning this phase of the evaluation. For example, Phase 2 will use a rolling randomisation approach to reduce delays in the recruitment timeline, and will be supported by an embedded researcher to improve contact between the research team and frontline staff.

[2] https://osf.io/mxebh

The previous evaluation involved sites in Scotland and Wales, while this study increases scale, makes minor modifications to the methodology, and focuses on sites in London and Belfast. The intervention remains the same across both evaluations.

2 PROJECT SUMMARY

2.1 Project Description

This project will test the effectiveness of personal grants for people experiencing homelessness. This study comprises an RCT, where participants are randomly allocated to receive a personal grant of £2000 to be paid into their bank account, or not. Data collection is via surveys, which will be administered online, by phone, or in person. In addition, interviews will be conducted with participants and staff to understand their experiences with, and views on, the study. The research team will be led by King's College London and comprise staff from both King's and the Centre for Homelessness Impact.

2.2 Study Triangulation

Throughout the evaluation, all strands of our approach will be closely integrated, enhancing the overall understanding of the intervention's effectiveness. We will hold regular meetings between members of the evaluation team at King's College London to ensure insights from each strand of the study are shared, and the evaluation and analysis approaches are iterative and flexible.

We will be mindful of data triangulation throughout the evaluation cycle. For instance, we will explore whether questions and themes identified during survey data collection waves can inform or help to refine the participant and staff interviews, and vice versa. A key opportunity for this will be from the findings from the interim report. At the analysis and reporting stage, we will bring together all strands of the evaluation so that we can answer the research questions comprehensively and use the **Theory of Change** to ensure consistency between observed data and the intervention's hypothesised mechanisms and impacts.

2.3 STUDY TIMELINE

Table 4: Study timeline

Strand	Staff responsible/ leading	Activity	Dates
Ethics Review	King's College London	Final approval	April - May 2025
Trial Protocol	King's College London	First draft agreed	May 2025

Strand	Staff responsible/ leading	Activity	Dates
Set-up and Partner Onboarding	CHI, Embedded Researcher	Training	May 2025
Recruitment and Baseline Data Collection	Embedded Researcher, King's College London	Fieldwork	9 June – 30 November 2025
Randomisation of Participants	King's College London	Analysis	June – December 2025
Provision of personal grant	Delivery Organisation	Providing personal grant	June – December 2025
Midline Data Collection (3 month)	Embedded Researcher, King's College London	Fieldwork	1 September 2025 -15 March 2026
Interim Report	King's College London	Reporting	June 2026
Interviews (Delivery Organisation Staff)	King's College London	Fieldwork	April - July 2026
Interviews (Participants)	King's College London	Fieldwork	April - July 2026
Endline Data Collection (12 month)	Embedded Researcher, King's College London	Fieldwork	1 June – 14 December 2026
Analysis and Reporting	King's College London	Reporting	January – March 2027

3 INTERVENTION

3.1 Intervention and Comparator

The intervention consists of participants in the treatment group being provided with a one-off personal grant of £2000 to be paid into their bank account. They will also be offered a financial planning conversation with their case worker to consider how they might use the

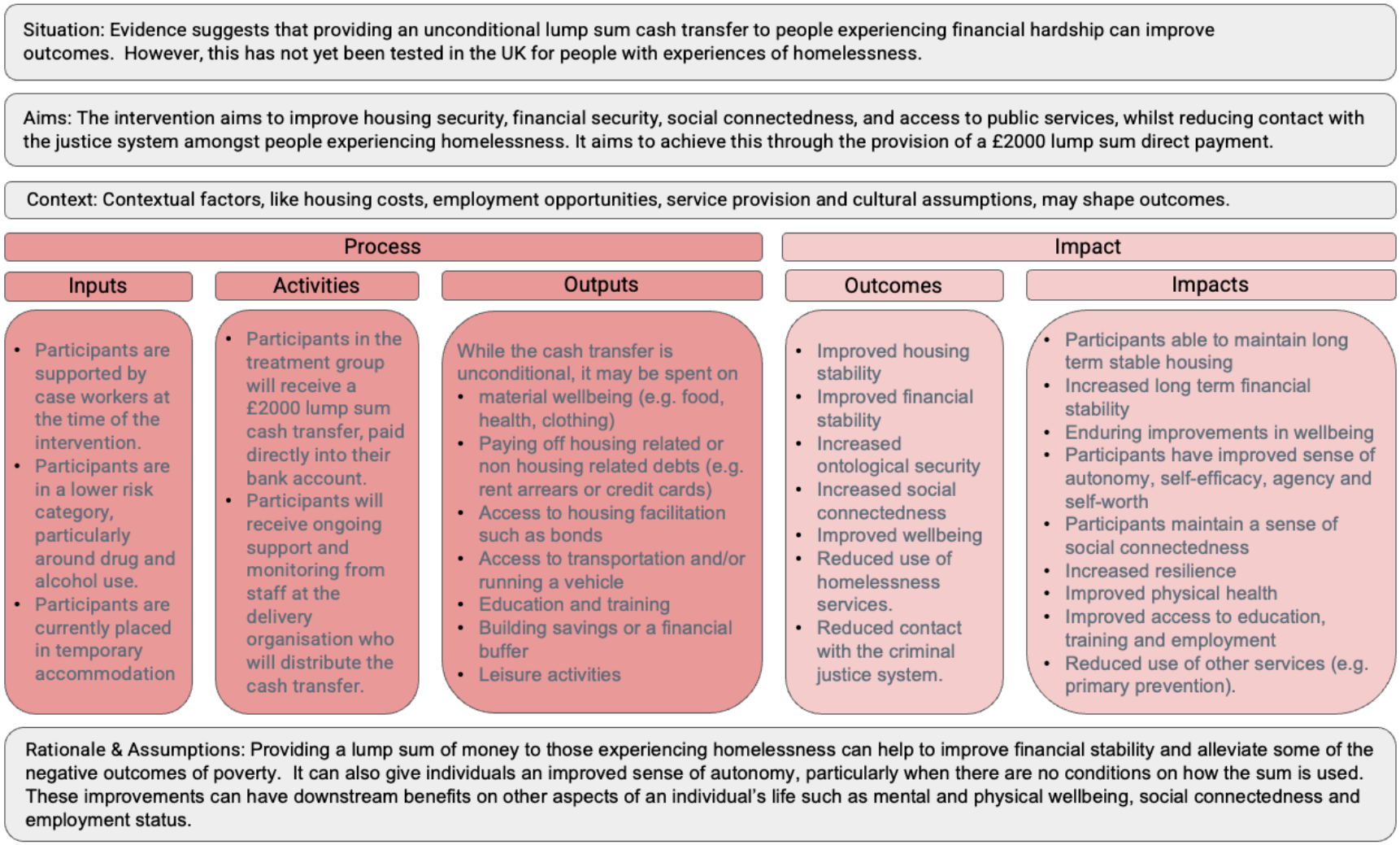
funds towards their goals or aspirations. Those in the control group will also be offered a conversation with their case worker to consider their financial situation and how they can progress towards their goals and aspirations. Both groups will continue to be able to access any other support or financial assistance available from their delivery organisation. Additional information can be found in Table 5: TIDieR Framework below.

3.2 Theory of Change

The Theory of Change for the intervention is presented below. This was drafted in collaboration with the project board[3] during Phase 1 of the project. It will be reviewed in preparation for the Implementation and Process Evaluation (IPE).

[3] The project board during phase 1 of the study involved members of the delivery partners, evaluation team, CHI and representatives of funders

Figure 1: Theory of Change



3.3 Intervention Dates

The expected dates for intervention delivery are as follows:

- Set-up and mobilisation: May 2025.
- Recruitment, randomisation into the trial, and delivery of the transfer: June – December 2025.
- Ongoing contact and safeguarding provided by the delivery partners to participants (as part of their business-as-usual service provision): June 2025 – December 2026.

Table 5: TIDieR Framework[4]

Brief name Provide the name or a phrase that describes the intervention	Personal Grants
Why: Describe any rationale, theory, or goal of the elements essential to the intervention	Evidence suggests that providing an unconditional personal grant to people experiencing financial hardship can improve outcomes. However, there is limited evidence from the UK on the effectiveness of providing these interventions to people with experiences of homelessness. This evaluation seeks to address this gap by providing causal evidence on the impact of a personal grant.
What (Materials): Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (such as online appendix, URL)	A personal grant: a £2000 lump sum payment into the participant's bank account, without restrictions on use.
What (Procedures): Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities	Accompanying optional financial planning conversation. Participants are offered the opportunity to discuss how they would like to budget and spend the personal grant to meet their personal goals with a case worker.

[4] *(Hoffmann et al., 2014)*

Who provided: For each category of intervention provider (such as psychologist, nursing assistant), describe their expertise, background, and any specific training given	Delivery partners: Change Please Foundation; Centrepoint; Lambeth Council; MACS Supporting Children and Young People; Micro Rainbow; NEWway Project; SHP; Simon Community NI. Each of these delivery partners supports people with experience of homelessness. The caseworkers offering conversations on financial planning will have existing relationships with participants.
How: Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group	Bank transfer (or those without a bank account, a support worker will support them to set up a bank account). A support worker from the delivery organisation will also offer participants optional individualised, ongoing financial planning support.
Where: Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features	The sites of the delivery partners, such as temporary accommodation, support hubs or offices (in London and Belfast).
When and how much: Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose	We expect a single payment of £2000 to be made at least two weeks after randomisation, by the delivery organisation. Participants will have a two-week 'cooling off' period between randomisation and payment. This will allow them to consider whether they want to continue to participate, whether they would like to have a financial planning conversation with their caseworker prior to payment, and how they wish to spend the money.
Tailoring: If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how	The financial planning conversation, if it happens, will be tailored to the participant's individual aspirations, goals and requirements.
Modifications: If the intervention was modified during the course of the study, describe the changes (what, why, when, and how)	[For final reporting only]

How well (planned): If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them	A researched embedded in delivery partners will maintain up to date contact details of participants and act as a liaison with the research team to ensure close contact throughout the study. The embedded researcher will also facilitate data collection by following up with participants and conducting the survey. An updated screening process will be used to support frontline staff to confidently and safely refer participants for the study.
How well (actual): If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned	[For final reporting only]

4 IMPACT EVALUATION

4.1 Aims, Objectives and Hypotheses

4.1.1 Aims and Objectives

The aim of this evaluation is to understand the impact that a £2000 personal grant has on the housing security and financial security outcomes of people with significant experience of homelessness, currently in temporary accommodation or rough sleeping.

4.1.2 Research Hypotheses

The primary hypotheses are as follows:

- Receiving a £2000 personal grant will increase participants' housing security, as measured using a version of the Residential Time Line Follow Back Inventory (RTLFB) adapted by CHI (Tsemberis et al., 2007; CHI, 2024: Annex 1).
- Receiving a £2000 personal grant will increase participants' financial security, as measured by InCharge Financial Distress/Financial Wellbeing Scale (Prawitz et al., 2006).

The secondary hypotheses are as follows:

- Receiving a £2000 personal grant will increase participants' housing quality and satisfaction as measured by a version of the OMRA Simplified Tool, adapted by CHI and simplified for use in the UK (Tsemberis, 2003; Toro 1997; CHI, 2024: Annex 2).
- Receiving a £2000 personal grant will increase participants' wellbeing as measured by Personal Well-being ONS4 (ONS, 2025).

- Receiving a £2000 personal grant will increase participants' social connectedness as measured by ENRICHD social support instrument (Mitchell et al., 2003).
- Receiving a £2000 personal grant will decrease participants' contact with public health services as measured by an adapted subset of questions from the Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Questionnaire.
- Receiving a £2000 personal grant will decrease participants' contact with the criminal justice system, as measured by an adapted subset of the MHCLG Rough Sleeping Questionnaire.

Please see Section 6.1 and Annexe B for details of the operationalisation of the outcomes referred to in the hypotheses, and Annexe C for the full text of the outcomes as collected via the survey.

4.2 Study Design

4.2.1 Study design details

This study comprises an RCT, where participants are randomly allocated to receive a personal grant of £2000 to be paid into their bank account, or not. Data collection is via surveys, which will be administered online, by phone, or in person. The research team will be led by King's College London and comprise staff from both King's and the Centre for Homelessness Impact.

4.2.2 Allocation

Allocation Method

This will be a consent-randomised clustered RCT. Only those who consent to participate in the research will be randomly allocated to either receive a personal grant of £2000 (treatment) or not receive it (control).

Randomisation Technique

Once participants consent to join the study, they will be randomised using a minimisation randomisation algorithm to ensure a balanced number of clusters per stratum are allocated to each condition. The randomisation will be stratified at the level of the delivery partner and will be a clustered randomisation where a large number of single-person clusters are expected due to the unit of randomisation varying depending on the size of the accommodation the participant is currently placed in (see below). The randomisation will be carried by staff at the Policy Institute using the `minirand` package in the R software environment.

Unit of randomisation

The unit of randomisation will depend on how many other individuals being supported by the delivery partner live in the same postcode, and therefore could participate in the study:

- **Fewer than five other potential participants in postcode**: For participants currently living in accommodation with fewer than five others who are currently being supported by the delivery partner, randomisation will be clustered at the level of the

postcode, meaning that everyone enrolled in the study living at the same postcode will be allocated to the same experimental condition. In these sites, all eligible individuals at the postcode will be approached to join the study at the same time, and once they have all had a chance to consent, those who do so will be randomised.

- **Five or more potential participants in postcode**: There will also be sites that have five or more individuals being supported by the delivery partner living at that postcode. These are likely to be hostels or temporary accommodation sites. In these postcodes, individuals will be approached on a rolling basis to join the study. If they consent, they will be individually randomised immediately.

These two randomisation approaches allow the trial to be flexible to the different safeguarding needs in sites of different sizes and types, whilst ensuring the randomisation isn't imbalanced by a small number of very large clusters and that the analysis will have sufficient statistical power. This will be implemented via a cluster ID variable that, for those in smaller accommodation sites, assigns the same cluster ID to all participants at that postcode, and for larger accommodation sites, assigns a different cluster ID to each participant. The ethical considerations around the randomisation approach are discussed further in Section 14.

Allocation Concealment Procedures

Randomised allocations will be provided to staff in the delivery organisation responsible for that site, who will then provide the personal grant payment to the treatment participants. Provision of the personal grant and participant support will be the responsibility of the delivery organisation.

Treatment participants will be notified by their case worker, or a designated staff member in their referring organisation that they have been selected to receive a personal grant of £2000, to be transferred to their bank account. They will be offered an optional financial planning conversation about how they may use the personal grant to progress towards their goals and aspirations. Treatment participants will continue to be eligible for any financial or other assistance they can currently access (for example, universal credit, rent assistance). They will be told the date on which the financial assistance will be transferred to their bank account, which will be at least two weeks after the conversation. The intervening two weeks will act as a 'cooling off period', allowing participants to decide whether they wish to continue participating in the study, and giving them time to decide how to spend the money, potentially via the optional financial planning meeting offered by their caseworkers. Caseworkers will also monitor any new risks arising during this period.

Control participants will also be offered an optional financial planning conversation with their case worker about their financial situation and how they can progress towards their goals and aspirations. As with treatment participants, they will continue to be able to access any other support or financial assistance available. Not being allocated to treatment will not impact the standard of care they receive from the delivery partners or other organisations they are engaged with.

4.3 Research Setting

The research will take place in the sites of eight delivery partners. Of these, four are based in London only (Centrepoint, Lambeth Council, Single Homeless Project and NEWway Project); two are based in Belfast only (MACS Supporting Children and Young People, and Simon Community Northern Ireland); and two operate across both (ChangePlease Foundation and Micro Rainbow). These sites have been selected via a competitive expression of interest process. All participants will be initially approached by, and supported by one of the delivery partners throughout the trial. Participants will be surveyed and interviewed online, over the phone or in person by the research team for data collection.

4.4 Masking

There will be no masking. Researchers will not be blinded to treatment allocation when conducting the analysis, as the independence of the researchers from the project funder and delivery organisation, along with the Trial Protocol and Pre-Registration, provide sufficient safeguards against motivated researcher intervention in analysis.

5 TARGET POPULATION

5.1 Eligibility

5.1.1 Inclusion criteria

To participate, individuals must:

- have significant experiences of homelessness, as judged and documented by the referring delivery organisation;
- be currently placed in any type of temporary accommodation (e.g. hostels, supported housing, private rented sector), or rough sleeping, supported by the delivery organisation;
- be nominated by the delivery organisation as suitable for the project; and
- have a bank account, or can be supported to open one.

5.1.2 Exclusion criteria

Delivery partners will be instructed that participants should be excluded from the study if they:

- use restricted substance(s) or alcohol, assessed as a risk of harm;
- have attempted suicide or have had suicidal ideation within last 6 months, assessed as a risk of harm;
- are at risk of exploitation, assessed as a risk of harm;
- have a history of gambling, assessed as a risk of harm;
- have previous convictions for fraud/deception; and

- have £4000 or more in savings.[5]

The criteria are intended to be as inclusive as possible whilst also ensuring the trial does not pose a threat to the safety of participants. Participants should therefore not be excluded unless there is a clear risk of harm related to the above criteria.

Exclusion will be done in the first instance by delivery partners, who will not nominate prospective participants who meet any of the exclusion criteria. This exclusion will be done prior to participants being approached to take part, so they will not be informed if they are ineligible to participate. To carry out screening, delivery partners will be provided with screening guidance for frontline staff. Delivery partners will keep a record of why they have referred a participant, but delivery partners' assessment of an individual against the exclusion criteria will not be shared with the research team.

Screening questions will also be included in the baseline survey (conducted after participants are contacted to participate but before randomisation and transfer, if in the treated group). Researchers will review the screening questions. If any potentially concerning results are found at this stage, researchers will discuss with the delivery partner whether it is safe for the individual to continue to take part (see Figure 2). The delivery partners will also be encouraged to communicate with the research team any new concerns that arise between referral and transfer, and after the transfer is made.

If it is deemed inappropriate for an individual to continue to participate at any point after referral, they will be removed from the study and notified by phone or email by the research team. The researcher will thank them for their willingness to participate, explain in general terms why they have been excluded, affirm that they will still receive the compensation for any research activities undertaken to date, and encourage them to seek support from their caseworker if they require it. The delivery organisation will be aware that the participant has been withdrawn and why, and will be available to provide additional support related to this if needed.

If a participant is removed from the study after the transfer is made, they will not be expected to return the money.

5.2 Recruitment and enrolment

Delivery partners will identify prospective participants from the cohort of people they are supporting, with support from the research team and inclusion/ exclusion criteria.[6]

If individuals volunteer to a delivery organisation that they are interested in the project, but the delivery organisation considers that they do not meet the inclusion criteria, or do meet exclusion criteria, the delivery organisation will inform the individual that they are not eligible for the research project, but that their interest is appreciated. Delivery partners will then signpost individuals to other support (such as other financial assistance, advice and

[5] As part of Phase 1 of this study we consulted with the Department for Work and Pensions and they have advised that if the participant has £4000 or more in savings, receiving an additional £2000 will trigger a reduction in universal credit.
[6] There are no minimum quotas for recruitment for delivery partners.

guidance) that may help to achieve their goals. Delivery partners will do this as part of their usual care for these individuals.

Once the delivery partner has identified a person as suitable for the project, they will approach that individual and brief them on the opportunity to receive a personal grant of an unspecified amount. The amount will be concealed initially to minimise the risk of undue influence to participate (see 14.3 Ethical challenges). They will obtain and record UK GDPR-compliant consent to pass that individual's contact details and a brief description of them to the research team. If an individual does not consent to be contacted, no further action will be taken with that individual.

If an individual consents to be contacted, a member of the research team will contact them via email, text and/or WhatsApp with a copy of the Participant Information Sheet (PIS) and a link to the online version of the baseline survey, hosted on Qualtrics. The PIS has been drafted with the input of two Lived Experience experts, who have supported us to adapt the format to ensure the information is clear and accessible for this cohort.

The baseline survey will include screening questions. The screening questions will provide one final opportunity to consider the safety of participants to take part in the trial, in line with the exclusion criteria (see 5.1.2 Exclusion criteria). Participants who consent to take part, complete the baseline survey and are deemed appropriate to continue with the study will be randomised.

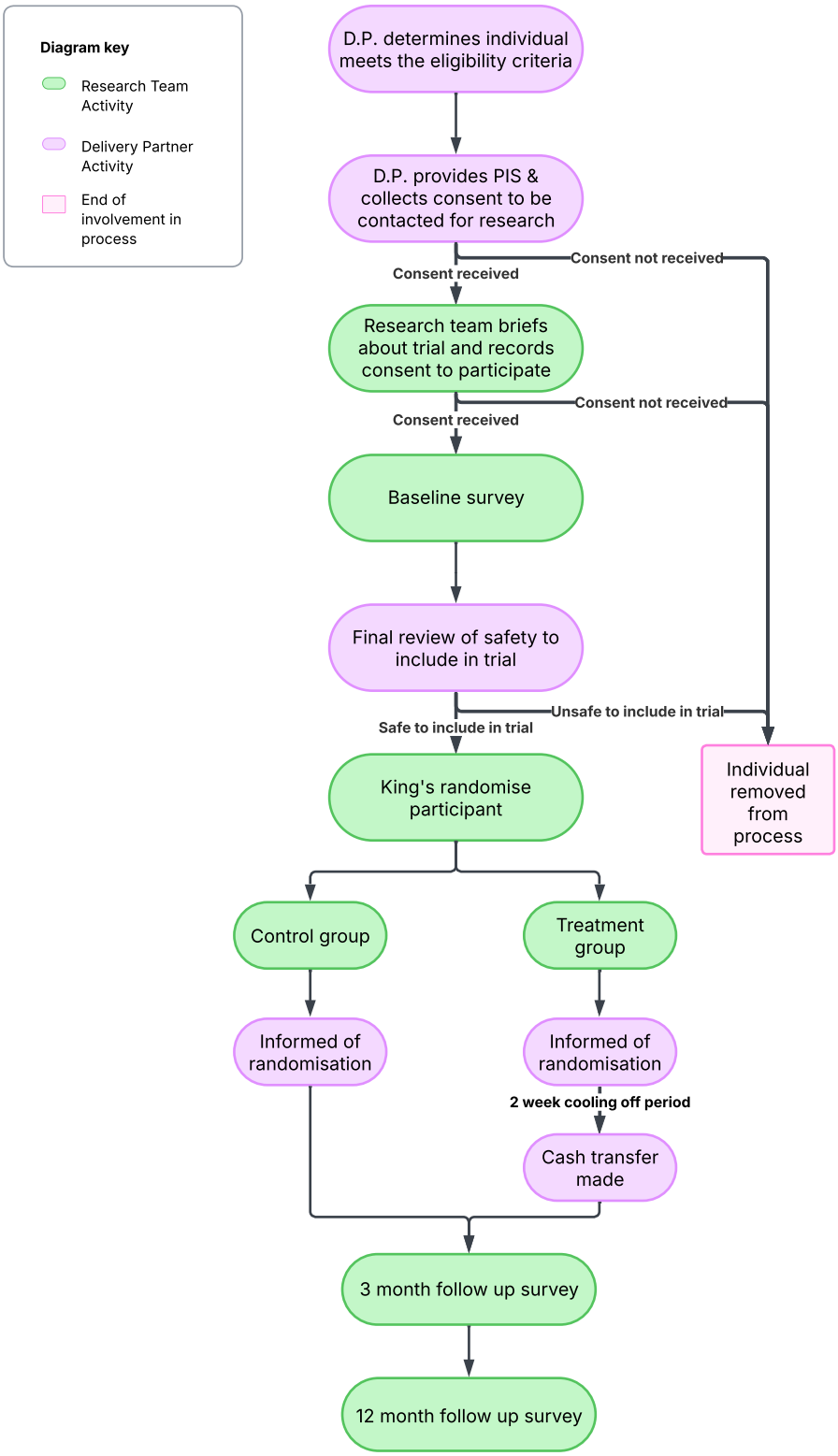
Randomised allocations will be provided to staff at the delivery partners. Delivery partners will be responsible for notifying the treatment group of the transfer, making the transfer and offering the treatment group optional financial planning support. The transfer date will be at least two weeks after participants are notified of the transfer. This two-week period will act as a 'cooling off period', during which participants can withdraw from the trial or discuss financial plans for the cash transfer. Caseworkers will continue to monitor risks arising, related to exclusion criteria, during this time.

The control group will also be offered financial planning conversations with their caseworkers. All participants, regardless of allocation, will continue to receive the same level of support and standard of care provided by the delivery partners, and will be able to access financial assistance already available to them (for example, universal credit and rent assistance).

5.3 Trial Flow Diagram

The Trial Flow Diagram is provided overleaf (Figure 2).

Figure 2: Trial flow diagram



6 OUTCOME MEASURES

All outcomes are measured at baseline, then in the 3-month and 12-month follow-up. We will attempt to collect all outcomes from all participants in the treatment and control groups.

6.1 Primary Outcomes

The primary outcomes for this trial are housing security, and financial security.

Primary outcome	Definition	Instruments
Housing security	Housing security refers to whether an individual is able to access and maintain secure housing. To assess this we are considering an individual's housing situation before and after the transfer.	Questions concerning participants' housing security have been adapted by CHI from the Residential Time Line Follow Back Inventory (Tsemberis, S. et al., 2007; CHI, 2024). Modifications have mainly been made to simplify and adapt the questions to the UK context. The RTLFB is an internationally recognised and validated tool, used on some of the largest trials in homelessness. This scale is also being used for the test and learn trials currently underway, including one on personalised budgets for people with recent experiences of street homelessness (trial protocol available here). This tool asks respondents to report the type and duration of each place they have stayed over preceding months. We will ask participants about their housing for the 6 months preceding the baseline, 3 months preceding midline, and 9 months preceding the endline survey, giving an 18 month picture of their housing journey. These housing types are then grouped into levels: Level 1 (homeless, institutional, not homeless), Level 2 (six grouped categories, e.g. street homelessness, sofa surfing, temporary accommodation) and Level 3, which includes all 12 detailed categories. As a primary outcome, we will measure days spent in any housing types classified as Level 1: Homeless (comprising at Level 2 rough sleeping, temporary and/or unstable, hidden). See Annex B: Outcome Coding for details of coding and Annex C: Survey questions, C.3 Housing Security, for full wording of the questions.

Financial security	Financial security is the extent to which people are and feel stable and secure in their finances, and able to be in control of their own destiny financially.	We will measure this using the InCharge Financial Distress/Financial Wellbeing Scale (Prawitz et al., 2006). This scale measures a participant's financial state through self-reported distress or wellbeing. It has been tested on and validated by both the general population and individuals experiencing financial distress. See Annex B: Outcome Coding for details of coding and Annex C: Survey questions, C.5 Financial Security for relevant survey questions.

6.2 Secondary Outcomes

The secondary outcomes for this trial are housing quality and satisfaction, wellbeing, social connectedness, and contact with public services including the criminal justice system.

Secondary outcome	Definition	Instruments
Housing quality and satisfaction	Housing quality and satisfaction encompass elements of an individual's housing experience, such as affordability, choice, independence and privacy. These, combined with measures on housing status (such as the primary outcome discussed above) create a more well-rounded picture of an individual's housing experience.	We will be measuring this using the OMRA Simplified Tool (Tsemberis, 2003; Toro 1997) to measure housing quality and satisfaction. This measure includes questions about general satisfaction with housing, affordability, choice, independence, and privacy, and suitability. It has been simplified and adapted to the UK context by CHI (CHI, 2024: Annex 2). This scale is also being used for the test and learn trials currently underway, including one on personalised budgets for people with recent experiences of street homelessness (trial protocol available here). See Annex B: Outcome Coding for details of coding and Annex C: Survey questions, C.4 Housing Quality and Satisfaction for relevant survey questions.
Housing stability	Housing stability refers to the extent to which an individual is in the same accommodation, as	We will measure this using the RTLFBI (see Housing Security primary outcome for details), measuring the number of moves

Secondary outcome	Definition	Instruments
	opposed to moving around frequently.	in accommodation a participant experiences over the course of the trial. See Annex B: Outcome Coding for details of coding and Annex C: Survey questions, C.3 Housing Security for relevant survey questions
Wellbeing	We will measure participants' subjective sense of their own wellbeing. This will capture the sense they have that their lives are going well, and whether they experience positive emotions.	We will measure this using the Personal Well-being ONS4 scale (ONS, 2025). This is a four-item scale, which asks people to evaluate three aspects of their own well-being: satisfaction; meaning and purposes; and their emotions during a particular period. The measure is used in many surveys across the UK. See Annex B: Outcome Coding for details of coding and Annex C: Survey questions, C.6 Well-being for relevant survey questions.
Social connectedness	Social connectedness refers to the social support systems an individual has around them, i.e. having people around they can rely on, and who let them know that they are cared about, valued and loved.	We will measure this using ENRICHD social support instrument (Mitchell et al., 2003) This is a seven-item, self-reported measure which are summed to create a continuous total score. The scale measures social connectedness and has been used in research with participants with experience of street homelessness in previous studies (Vallesi et al., 2019). See Annex B: Outcome Coding for details of coding and Annex C: Survey questions, C.7 Social Connectedness for relevant survey questions.
Contact with public services	This measure will consider contact between participants and public	To measure this, we will use questions from the Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Questionnaire, health services subset. We have shortened

Secondary outcome	Definition	Instruments
	services, such as the GP or other health services.	these sections to reduce the length of the questionnaire. These questions will be asked regarding the 3 months preceding the data collection only. See Annex B: Outcome Coding for details of coding and Annex C: Survey questions, C.9 Contact with Public Services for relevant survey questions.
Contact with the justice system	This measure will consider contact between participants and the criminal justice system, for instance interactions with the police, or stays in prison.	To measure this, we will use questions from the Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Questionnaire, justice system subset. We have shortened these sections to reduce the length of the questionnaire. These questions will be asked regarding the 3 months preceding the data collection only. See Annex B: Outcome Coding for details of coding and Annex C: Survey questions, C.10 Contact with Justice System for relevant survey questions.

7 DATA COLLECTION

7.1 Data collection methods

We will use surveys to collect data from participants at three time points throughout the study. The types of data and assessment points are summarised in Table 6 below.

A key recommendation arising from Phase 1 of this study was the involvement of an embedded researcher to lead on data collection in partnership with delivery partners and with support from the King's research team. The researcher will be embedded with the delivery partners and act as a liaison with the research team; their position will provide crucial support for the study as they will understand the delivery landscape and data and sampling needs. Phase 1 of the study faced data collection challenges, largely related to high attrition caused by out-of-date contact details being held for participants. The embedded researcher will mitigate these challenges by keeping an up-to-date log of contact details for participants, to facilitate midline and endline survey data collection.

All members of the research team will receive appropriate training on safeguarding before they conduct fieldwork. This will include identifying and responding to urgent risks, including mental health risks. All King's researchers will have completed King's College London's safeguarding training as standard, before being deployed on the project.

The surveys will be conducted by the embedded researcher in person, via Microsoft Teams or by phone, depending on the preference of the participant. The surveys will be hosted and completed on the Qualtrics survey platform by the researcher.

Table 6: Data collection procedures and assessment timeline

Assessment point	Type of data	Data collection approach
Baseline	• Baseline characteristics (including delivery partner providing support, date of birth, gender and ethnicity) • Primary and secondary outcomes (pre-intervention)	Survey hosted by King's College London, data collection online, by phone or in person as appropriate
Midline (3 months after randomisation)	Primary and secondary outcomes	As above
Endline (12 months after randomisation)	Primary and secondary outcomes	As above

7.2 Retention strategies

We will employ a comprehensive set of strategies for promoting participant engagement and retention in the data collection processes.

7.2.1 Incentivisation

Applicants will receive no incentives in return for their participation in the research; however, they will receive incentives for survey responses.

Repeated surveys: the surveys are estimated to take approximately 30 minutes to complete, and participants will receive £20 per survey completion. If participants complete all the surveys, they will receive £60 compensation in total for this.

Incentives will be provided in the form of vouchers. Participants will receive incentives for surveys and interviews they have completed even if they subsequently choose to withdraw from the research.

7.2.2 Modes of communication

We will use a range of communication modes to ensure we have the best chance of engaging with participants. During all data collection phases, we will:

- ask participants for their preferred channel for communication and matching our approach where possible, using for instance phone calls, text, email and WhatsApp;
- use a named contact and consistent phone number throughout the project, and build rapport with participants to reduce the risk of participants not picking up unknown or withheld numbers; and
- offer online, telephone and in-person options for completing the survey.

Participants will be provided with contact details for the Research Team on trial materials, so that they can also get in touch with us directly.

7.2.3 Multiple contact details

Maintaining up to date contact details for participants will be a priority during the evaluation. The embedded researcher will manage a database of contact details throughout the trial, ensuring this is updated regularly by liaising with delivery partner staff, and checking in with participants where relevant. To facilitate this, we will:

- ask participants for multiple contact details including mobile phone, landline and email;
- ask 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; and
- where possible, provide a list of non-responsive participants to support workers/delivery partners to follow up with directly to ensure they are clear on who we are and what steps they should take.

7.2.4 Reminders and call-back options

Additionally, we will use a range of reminders and call-back options where appropriate to facilitate involvement, referencing the incentive where appropriate. We will:

- use reminders to encourage participation, matched to participants' preferred communication channel where possible;
- send 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;
- send 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;
- provide an option to book an appointment for a call back at a time that best suits the participant to complete the survey by phone;
- leave 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); and
- work with the delivery organisation to get into contact with a participant. For instance, attending the delivery organisation's site in person.
- provide participants with more information if they are unsure about taking part in the survey and offer a call back in a few days.

During this process the research team will be conscious of the burden and stress potentially caused to participants by repeated contact attempts. If a participant is not engaging, we will try a range of methods as described above to provide a range of opportunities for participation, before registering a lack of contact as in effect an opt-out of the data collection encounter in question. We will also provide participants with simple instructions for how to notify us if they do not wish to be contacted about the data collection encounter again.

7.2.5 Data collection window

For data collection, we will have a month-long data collection window, which will start two weeks prior to the 3- or-**12 month milestones, and finish two weeks after the milestone. This will allow time for a number of different contact attempts, reducing likely attrition.**

7.3 Data Management Procedures

See Annex A: Data Management Procedures.

8 SAMPLE SIZE AND POWER CALCULATION

8.1 Sample Size

The target referral number is 500, of which we project 250 participants will be enrolled into the study, to be approximately equally allocated between groups. This sample size is determined by available budget for the financial assistance, and our experience of recruitment and attrition in similar studies, outlined below. It is sufficient to detect a moderate effect size of 0.34 under likely assumptions for the 3-month follow-up (primary analysis). Using the baseline standard deviation of the InCharge Financial Distress/Financial Wellbeing Scale from Phase 1 of 2.02, this equates to MDES of between 0.65 and 0.79 on that scale, which has a possible score range of 1 – 10.

It is not possible to define the exact sample size, cluster size or number of clusters as these will depend on who delivery partners select to participate, and whether they agree to do so. At time of writing the protocol, data about the size and number of sites the delivery partners manage was not available to inform estimates of likely range of cluster numbers and sample size.

8.2 Software

Power calculations were conducted in R using the `pwr` package.

8.3 Parameters and assumptions

In this section we outline our rationale for the parameters used in the MDES calculation. Our parameters are as follows:

- **Power of covariates:** This is based on the R^2 of a regression of the baseline financial security score plus delivery organisation on financial security at three months from Phase 1 of this project.

- **Total sample size:** As outlined above, this is set by CHI based on budget. We assume the sample is equally split across the two trial arms; in practice the randomisation may not deliver exactly equal groups due to clustering.
- **Average sample size per cluster:** This is set based on Phase 1, where the average cluster size was 1.15.
- **Attrition:** we have assumed a low case 15% attrition between baseline and 3-month data collection, and a high case of 50% attrition between baseline and 12-month data collection to give a possible range. In similar recent trials conducted by King's attrition has ranged from 20-30%.
- **Intra-cluster correlation (ICCR):** We provide two cases, a low case of 0.05 and a high case of 0.25; the ICCR in Phase 1 for financial security was 0.24, but this is expected to make a small difference due to the majority of clusters having n = 1.

8.4 Minimal detectable effect size (MDES) calculations

Table 7: MDES calculations

Sample	As randomised		Low attrition		High attrition	
Unit of randomisation	See Note 1					
Alpha	0.05					
Power	0.8					
Power of covariates	0.25					
Total sample size across both arms	250					
Average sample size per cluster	1.2					
Attrition	0		0.15		0.5	
Final sample size	250		212		125	
ICCR	0.05	0.25	0.05	0.25	0.05	0.25
MDES (Cohen's d)	0.31	0.32	0.34	0.34	0.44	0.45

Note 1: Randomisation is at the level of postcode for postcodes with fewer than 5 service users housed at them; for postcodes with 5 or more postcodes, randomisation is at the individual level.
Note 2: Calculations based on primary analytical specification.

9 ANALYTICAL STRATEGY

9.1 Analytic Sample

The analytic sample will be all participants who completed at least one post-treatment wave. This is the sample that best preserves the randomisation and maximises use of data points available.

9.2 Descriptive statistics

The following descriptive statistics will be reported, for the full sample and by treatment condition:

- Sample size and attrition at each data collection wave.
- Sample and treatment group demographic and baseline characteristics.
- Balance achieved across treatment groups by covariate and delivery partner[7], 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, including breakdowns of different types of housing at Level 3 in the RTLFBI (see Table 8 and Annex B).

9.3 Primary Analyses

9.3.1 Analytical approach

The primary analysis will estimate the impact of being allocated to treatment on the primary outcomes three months after randomisation. The analysis will be done using an Ordinary Least Squares (OLS) regression with the following specification:

$$Y_{1ic} = \alpha + \beta_1 D_c + \beta_2 Y_{0i} + \gamma_i + \epsilon_c$$

Where β_1 is the coefficient of interest, and:

- Y_{1ic} is the score on the primary outcome for individual i in cluster c, three months after randomisation; either:
    - Housing Security; or
    - Financial Security.
- α is the constant;
- D_c is the treatment assignment of cluster c, coded as 1 if the cluster is assigned to treatment and 0 otherwise;
- Y_{0i} is individual i's baseline score on the outcome;
- γ_i is a delivery organisation fixed effect; and
- ϵ_c is a cluster-robust standard error.

[7] Where delivery partner sample size recruited > 10 in each of treatment and control; otherwise, some delivery partners may be combined in reporting to preserve participant anonymity.

9.3.2 Covariates

Owing to the small sample size, covariates other than the baseline measure of the outcome and the delivery partner fixed effect (stratification variable) will not be included in the specification, although they may be added to account for missingness (see 9.7 Handling Missing Data).

Baseline outcomes will be coded consistent with the scoring guide for the given outcome, as outlined in Section 7 on data collection. The fixed effect will be a factor variable with a separate level for each of the delivery partners referring participants to the trial.

9.3.3 Reporting uncertainty

Standard errors, p-values and confidence intervals will be reported. Results will be interpreted and discussed based on the magnitude of the difference observed, and its practical relevance. A p-value of less than 0.05 will be taken to suggest a statistically significant effect. See Section 9.7 for details of multiple comparison adjustments that will be made.

9.4 Secondary analyses

9.4.1 Analysis of secondary outcomes

Secondary outcomes will be analysed per the primary specification in 11.3 Data Collection.

9.4.2 Analysis of 12-month time-period

Analysis will be conducted on all primary and secondary outcomes, to estimate the treatment impact 12 months after randomisation, on those who responded to the 12-month follow-up survey.

9.5 Sub-group Analyses

Where sufficient sample is achieved (at least 100 cases in the subgroup), we will conduct exploratory analysis of the treatment effect on the following subgroups, for the primary outcomes, at 3-months and 12-months separately:

- London and Belfast (as it is plausible that the impact of £2000 may vary due to the differences in cost-of-living across the two sites)
- Those with starting housing security below the median (as the intervention may be more or less beneficial depending on participants' starting points)
- Those with starting financial security below the median (as the intervention may be more or less beneficial depending on participants' starting points)
- Those with starting service use above and below the median (as the intervention may be more or less beneficial depending on participants'; starting points)
- Those with recent or current experience of substance use (as there may be differential impacts depending on whether the participant is currently using substances)
- Ethnicity (as there may be intersectional impacts with demographics)
- Age above and below the median (as there may be intersectional impacts with demographics)
- Male and Female (as there may be intersectional impacts with demographics)

Subgroup analysis will be conducted by including an interaction effect for membership of that subgroup and the treatment term. If substantial randomisation imbalance is observed within a subgroup, this will be noted as a limitation of the analysis.

9.6 Exploratory analysis

We will re-run the analysis for the housing security outcome (at three months and 12 months), looking at the three Level 2 classifications under Homeless (Level 1) separately, and looking at the Level 2 classification Stable and secure.

Table 8: Housing security classification levels

Level 1	Level 2	Level 3
Homeless	Rough sleeping	Rough sleeping, on transport or in transport hub (bus stop or train station), in a tent or car, or in stairwells, barns, sheds, derelict boats or buildings (D9)
	Temporary and/or unstable	Temporary accommodation provided by or on behalf of your local council, such as a hostel. (C7) Emergency accommodation provided by a local council or charity, such as space in a night shelter or B&B. (C6)
	Hidden	A place owned or rented by friends or family where you live on a short-term basis. This includes sofa surfing.(B5) Squatting, including with others. (E11)
Institution	Institution	A prison, probation facility, hospital or asylum service property. (E10)
Not homeless	Stable but insecure	A place owned or rented by friends or family where you live on a long-term basis, but do not have a tenancy or legal right. (B4) Accommodation linked to your work or studies. (E12) Long-term accommodation classed as supported accommodation. (C8)
	Stable and secure	A place you own (where you are the sole or joint owner) (A1) A place you rent from a private landlord (where you

		are the sole or joint tenant) (A2) A place you rent from your local council or a housing association (where you are the sole or joint tenant) (A3)

We expect to collect data from delivery partners about timing of participant moves within and out of the service over the course of the trial; if this data is able to be used analytically then we will explore ways to construct this as an outcome and report on both the way we have done this and any preliminary findings from the analysis. As we are not currently in a position to specify how this outcome will be constructed or analysed we have classified this as exploratory analysis.

9.7 Adjustment of Confidence Intervals and p-values for Multiple Statistical Tests

Adjustments for multiple comparisons will be made on the p-values of the treatment coefficients. No adjustments will be made to other coefficients as these are not the focus of the analysis.

Primary analyses will be adjusted together, comprising two comparisons (one analytical specification by two outcomes). Likewise, treatment coefficients from secondary analyses will be adjusted together, as will treatment coefficients from sub-group analysis. This will be done using the Benjamini-Hochberg linear step-up procedure (Benjamini and Hochberg 1995) to control the false discovery rate.

9.8 Missing data

9.8.1 Description of Missing Data Patterns

We will report the proportion of missingness for all terms included in analysis.

Missingness on covariates is expected to be minimal.

For outcomes, the approach will depend on the nature and consequences of missingness. We will conduct tests for the randomness of missing data if attrition is >10%. We will take the following approach:

1. Regress missingness on treatment assignment; if treatment assignment does not predict missingness, then outcomes are considered to be Missing Completely at Random (MCAR) (where the probability of a piece of data being missing is unrelated to any other variable and therefore will not introduce bias in analysis).
2. If treatment assignment is correlated with missingness, conduct a further regression adding all available covariates; if covariates predict missing outcome data well and remove the significance of the treatment indicator as a predictor of outcome missingness, this suggests that the outcome is Missing at Random (MAR) (where the probability of a piece of data being missing is related to other variables, which means it can be addressed).

3. If missingness continues to be correlated with the treatment indicator, even with inclusion of covariates, then the outcome is Missing Not at Random (MNAR) (where the probability of data being missing is related directly to the data that is missing).

We will describe the analysis of missing data and its implications for reporting.

9.8.2 Handling Missing Data

As all covariates are collected prior to randomisation, missingness on covariates (including baseline outcomes) is assumed to be MCAR. We will therefore aim to preserve cases with covariate missingness using the following approaches as appropriate:

- For continuous measures, (including multi-item scales), either following the guidance of the scale developers, taking the average of the completed outcomes, or imputing with the central or modal response.
- For discrete measures, coding missingness either as a separate category or as the dominant category.

The strategy for resolving missingness on any covariates used in analysis will be reported and justified in the final report.

Our main analysis will be conducted on the basis of all cases for whom we have outcome data for a given outcome. However, it is likely that there will be greater than 10% 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. participants who do not respond at three months then respond at 12 months and vice versa).

Depending on the nature of the missingness, the following approaches will be taken:

- If the data is MCAR, we will report complete cases, and conduct Multiple Imputation with Chained Equations (MICE) within treatment condition to impute outcomes for individual missingness on post-treatment waves. If the data is MCAR, we will report complete cases, and conduct MICE within treatment condition to impute outcomes for individual missingness on post-treatment waves.
- If the data is MAR, we will conduct and report the results of the following analyses:
    1 The original analytical specification
    2 The analytical specification with covariates predictive of treatment added
    3 Analytical specification 2 with MICE imputation within treatment condition for individual missingness on post-treatment waves
- If the data is MNAR, then neither complete case analysis nor imputation will yield unbiased estimates of the treatment effect. In this instance, we will run a range of imputation models, including MICE within treatment condition and last observation carried forward, and discuss the implications of the extent to which these affect the treatment estimates.

9.9 Interim Analyses and Data Monitoring

9.9.1 Motivations and Objectives

Interim analysis will be conducted at completion of the 3-month follow-up, to check randomisation balance and attrition patterns and indicatively assess any signs of impact at this timepoint. Learning from the interim analysis will inform the IPE sampling and potentially also the interview framework.

9.9.2 Analytical approach

The interim analysis will report response rates, descriptive statistics and balance checks, plus the primary and secondary analysis specified in Sections 11.3 and 11.4.1.

9.9.3 Schedule

Activity	Responsible	Due Date
First draft submitted	KCL	April 2026
CHI / peer review cycle and KCL response	CHI & Peer KCL	May-June 2026
Final approval by	**CHI**	**June 2026**

10 IMPLEMENTATION AND PROCESS EVALUATION (IPE)

10.1 Aims, Objectives and Research Questions

10.1.1 Aims and Objectives

The key aims of the Implementation and Process Evaluation (IPE) are to:

- evaluate fidelity, whether the Personal Grants intervention was implemented as intended;
- evaluate whether the theory of change outcomes pathway, assumptions and mechanisms hold true, including in light of contextual factors like housing costs, employment opportunities and service provision; and
- identify other elements that are necessary to produce the intended outcomes and any unintended consequences.

The objectives are:

- to evaluate fidelity, adaptations and reach; whether and how the intervention was implemented in practice compared with delivery intentions; and to understand 'usual practice' service provision for control postcodes/participants;
- to understand participants' experiences of the personal grant and their views of any changes it caused or contributed to;
- to understand the key facilitators and barriers to participants using the personal grant to further their own aspirations and goals, including the role of contextual factors like housing costs, employment opportunities, service provision and cultural assumptions;
- to understand any unintended or unexpected consequences of personal grants;
- to explore participant, staff and stakeholder views on how benefits of the personal grant could be maximised and barriers, challenges and/ or risks could be addressed in potential future delivery; and
- to explore the feasibility and readiness of the Personal Grants programme for roll-out, scaling or further evaluation.

10.1.2 Research Questions

The research questions for the IPE are:

1. How was the Personal Grants intervention (incorporating both the transfers and financial conversation) delivered in practice, and what were the reasons, barriers and facilitators to/for delivery as intended or not?
2. What were participants' experiences of receiving the personal grant?
3. What were the key facilitators and barriers to participants using the personal grant to further their own aspirations and goals?
4. What were the perceived impacts of the personal grant, both intended and unintended?
5. How do participants and staff think the Personal Grants intervention could be improved?
6. To what extent is the Personal Grants programme ready for future roll-out, scaling or further evaluation, and would this be feasible?

10.2 Research Design and Methods

We will use the following methods for the IPE:

10.2.1 Interviews with participants

Methodology

A subset of participants from the treatment group will be invited to participate in semi-structured qualitative online, telephone or in-person interviews. Interviews will be carried out in Spring 2026. Interviews are scheduled to last between 45-60 minutes and will be delivered by members of the research team who are experienced in interviewing potentially vulnerable research participants, with interviewer selection sensitive where possible to the need to build rapport with participants given their age, gender and nationality. Prospective interview participants will be provided with a separate PIS for the interviews, and their consent will be sought separately. We will aim to carry out 30 interviews.

Target Population

See 6.1 Primary Outcomes**.**

Sampling strategy

Participants will be chosen using purposive sampling based on characteristics of interest as reported in the survey, for example, age and gender, to ensure a broad range of experiences are represented.

Recruitment

When enrolling in the trial, participants will be informed that, as part of the trial, they may be invited to take part in a qualitative interview. The research team will contact potential participants over email, phone or in person to invite them to take part in an interview. This will include providing them with a participant information sheet about the interview, and a consent form. Those who agree to taking part in an interview will then have a slot arranged at a time

convenient for them. Where we are struggling to recruit participants, the embedded researcher will work with the delivery organisation to make contact with potential participants. The voluntary nature of taking part in an interview will be emphasised at all stages.

Incentives

Participants will receive a £30 voucher for participating in the interview.

Data Sources

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

Data Collection Procedures

Interviews will be conducted by trained and experienced researchers. Interviews will be conducted by phone, on Microsoft Teams or in person according to the interviewee's preference. Interviews will be audio-recorded and transcribed (but names and identifiers will not be recorded).

Data Quality, Assurance and Confidentiality

For the interviews, we will advise participants not to use names during audio recording the interviews, and audio-recordings will be destroyed at the end of the project. All personal information will be removed from the transcripts, and transcripts will be stored using the participant's pseudonymous identifier to link them to the survey responses and demographics of the participant.

Any interview quotes or other findings will be reported without identifying information. We will screen quotes used to make sure they do not include details by which a participant could be identified. We will take a cautious approach and redact any identifying details.

As noted above, interviews will be conducted by trained and experienced researchers. During the analysis stage, data management and analysis will be reviewed by senior qualitative researchers.

10.2.2 Interviews with staff

Methodology

We will also conduct qualitative interviews with staff from the delivery partners. These will be individual or paired interviews (where appropriate) with experience of the Personal Grants programme. These will include eight interviews with senior staff, and 28 interviews with frontline staff. Staff will be provided with a PIS for the interviews, and their consent to take part will be recorded using a consent form provided at the same time. These interviews will last between 45-60 minutes, and will be carried out online, over the phone or in-person. Interviews will be carried out in Spring 2026.

Target Population

The target population is delivery organisation staff, including frontline staff who are working directly with participants, senior staff who are overseeing the intervention, and other staff involved in the process such as finance teams making payments.

Sampling strategy

Details of relevant staff will be provided via a key contact at the delivery organisation. The key point of contact will be briefed to ensure staff are aware that taking part is voluntary, and that there is no pressure to participate in the research.

Recruitment

Staff will be identified to take part by the delivery organisation they work for. They will be approached by a key contact at the delivery organisation and asked if they would be happy to be contacted about an interview. If they agree, their professional contact details will be shared with the research team. They will then be approached by the research team, provided with an information sheet, and asked if they would be interested in taking part in an interview.

Incentives

Staff will not be provided with an incentive as interviews will take place during their working hours.

Data Sources

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

Data Collection Procedures

Interviews will be conducted by trained and experienced researchers. Interviews will be conducted by phone, on Microsoft Teams or in person, according to the interviewee's preference. Interviews will be audio-recorded and transcribed (but names and identifiers will not be recorded).

Data Quality, Assurance and Confidentiality

As with participant interviews, we will advise staff not to use names during audio recording the interviews, and audio-recordings will be destroyed at the end of the project. All personal information will be removed from the transcripts, and transcripts will be stored using a pseudonymous identifier.

We will screen any quotes or references to staff interview data included in the report and redact any information that could lead to a participant being identified.

As noted above, researchers will be conducted by trained and experienced researchers. During the analysis stage, data management and analysis will be reviewed by senior qualitative researchers.

10.3 Data Analysis

Data Preparation

Interviews will be audio 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 anonymised at the point of transcription. Care will be taken to ensure that information shared

during interviews does not contain identifiable data, for instance asking participants not to share individual's names when providing examples.

Data Management

Anonymised transcripts will be entered in NVivo 14 for content analysis. Qualitative data will be managed using a case and theme approach: the Framework in Nvivo Approach. This approach allows researchers to compare data organised under key descriptive themes across participants while maintaining an individual's story and the ability to understand this in the round (Ritchie et al., 2013). Data will be managed using the Framework in Nvivo approach, which involves summarising the data under descriptive themes, whilst retaining participants language and a link to the original data set. To facilitate this process a framework for data management will be developed based on the research questions, as well as any other descriptive themes that emerge during fieldwork. This will allow data to be managed systematically in preparation for analysis.

Analysis Methods

Once all qualitative data has been collected and managed, researchers will come together to discuss key initial findings from across the evaluation strands and agree on an approach for analysis. This will allow us to identify the emerging themes across participants and explore topics of interest (those outlined in the research questions, as well as new ones that might have emerged during interviews). The qualitative data will then be analysed descriptively, using a process of detection, categorisation, and classification (Ritchie et al., 2013). This is a systematic approach which allows categories and classifications to emerge from the dataset and will ensure the analysis and findings are rooted in the dataset. After the initial round of analysis the researchers will review and discuss emerging themes to check assumptions (and modify categorisation if needed). Where diverging opinions occur, these will be discussed, and an agreement reached. Where the data allows for it, explanatory analysis will also be carried out to provide a deeper understanding of the research questions.

Table 9: Implementation and Process Evaluation Summary

IPE Research question	Research Method(s)	Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
1. How was the Personal Grants intervention delivered in practice, and what were the barriers and facilitators to/for successful delivery?	Interviews with staff	Delivery organisation staff	Interviews conducted by KCL	Proposed sample size: up to 28 frontline staff and eight senior staff. Purposive sampling approach	Framework analysis of anonymised interview transcripts
2. What were participants' experiences of receiving the personal grant?	Interviews with participants	Individuals with significant experience of homelessness, currently in temporary accommodation or rough sleeping	Interviews conducted by KCL	Proposed sample size: up to 30. Purposive sampling based on characteristic of interest will be used	Framework analysis of anonymised interview transcripts
3. What were the key facilitators and barriers to participants using the personal grant to further their own aspirations and goals?	Interviews with participants	Individuals with significant experience of homelessness, currently in temporary accommodation or rough sleeping	Interviews conducted by KCL	Proposed sample size: up to 30. Purposive sampling based on characteristic of interest will be used	Framework analysis of anonymised interview transcripts
4. What were the perceived impacts of the personal grant, both intended and unintended?	Interviews with participants	Individuals with significant experience of homelessness, currently in temporary accommodation or rough sleeping	Interviews conducted by KCL	Proposed sample size: up to 30. Purposive sampling based on characteristic of interest will be used	Framework analysis of anonymised interview transcripts
	Interviews with staff	Delivery organisation staff	Interviews conducted by KCL	Proposed sample size: up to 28 frontline staff and eight senior staff. Purposive sampling approach	Framework analysis of anonymised interview transcripts
5. How do participants and staff think the Personal Grants intervention could be improved?	Interviews with participants	Individuals with significant experience of homelessness, currently in temporary accommodation or rough sleeping	Interviews conducted by KCL	Proposed sample size: up to 30. Purposive sampling based on characteristic of interest will be used	Framework analysis of anonymised interview transcripts
	Interviews with staff	Delivery organisation staff	Interviews conducted by KCL	Proposed sample size: up to 28 frontline staff and eight senior staff.	Framework analysis of anonymised interview transcripts

				Purposive sampling approach	
6. To what extent is Personal Grants programme ready for future roll-out, scaling or further evaluation, and would this be feasible?	Interviews with staff	Delivery organisation staff	Interviews conducted by KCL	Proposed sample size: up to 28 frontline staff and eight senior staff. Purposive sampling approach	Framework analysis of anonymised interview transcripts

11 ECONOMIC EVALUATION DESIGN

11.1 Aims, Objectives and Research Questions

11.1.1 Aims and Objectives

The aim of the economic evaluation is to understand the cost-benefit of the Personal Grants intervention in the short-medium term (the twelve months following randomisation), based on findings from the impact evaluation.

The economic evaluation objectives are:

- to understand the costs associated with the intervention;
- to understand the monetised benefits of the intervention; and
- to understand the Cost/Benefit Ratio (CBR) of the intervention.

11.1.2 Research Questions

The research questions are as follows:

1. What are the costs associated with the Personal Grants programme, specifically the transfer itself and other monetary and in-kind costs incurred by the delivery partners?
2. What is the financial value of the benefits of the Personal Grants programme?
3. What is the Cost/Benefit Ratio of the Personal Grants programme?

The economic evaluation will be focused on outcomes measured in the 12-month outcome data collection.

11.2 Research Design and Methods

11.2.1 Overall Approach

The overall approach will be a Cost Benefit Analysis.

Relevant Alternatives/ Counterfactuals

The counterfactual will be the randomised control group.

Evaluation Perspective and relevant stakeholders

This evaluation will take a public sector perspective, meaning that we will focus on the costs and benefits of the intervention as they relate to delivery of public services: specifically housing, health and justice services. We will review additional costs accruing to deliver the treatment and estimate the ratio of costs to benefits observed through the RCT, appropriately monetised. Relevant stakeholders for this perspective are the following, as they incur costs and benefits as public (or public-funded) agencies delivering services to those experiencing homelessness:

- Organisations and government authorities delivering or funding housing and homelessness services; and
- Other organisations and government authorities delivering or funding public services used by people experiencing homelessness, such as health services and justice services.

Time Horizon

The time horizon will be the time horizon of the trial (randomisation + 12 months by participant).

Costs

In order to appropriately evaluate costs, we will consider the inputs and activities necessary for the delivery of a programme, distinguishing these from the resources needed for usual practice.

The costs examined comprise:

- the £2000 direct cost of the Personal Grant;
- direct costs incurred by delivery partners in the delivery of the grant, to be recorded and reported by delivery partners; and
- staff time incurred by delivery partners in the delivery of the grant and support of participants (delivery partners will provide both the estimated time incurred and the salary banding of the relevant staff member).

These costs will be limited to those incurred specifically because of provision of the personal grant to participants in the treatment group. Costs incurred as a result of participation in the evaluation or in the course of providing business-as-usual support to treatment or control participants will be excluded.

Benefits (and averted costs)

Benefits assessed will relate to housing security, contact with public service and contact with justice system outcomes outlined in Section 6 and operationalised in Annexe B. Monetary values will be assigned to the treatment effects using the Greater Manchester Unit Cost Database (GMUCD), the Rough Sleeping Questionnaire (RSQ), and Scotland's Housing First Pathfinder Evaluation (Johnsen et al., 2022), which provide standardised approaches for valuing service used.

Anticipated benefits are expected to include:

- use of housing services;
- use of social services and welfare support;
- use of health services; and
- contact with the justice system.

Currently, there are no consensus-based estimates of the benefits (averted costs) from a reduction in use of housing services, particularly those for people sleeping rough or in temporary/unstable accommodation. We note that the Ministry of Housing, Communities and Local Government is developing costing in this area, which we will look to use if it comes available. Alternatively, we will use estimates from the sources mentioned above or other resouces made available by CHI.

Anticipated benefits that are measured as part of this study include lower costs incurred by government agencies as a result of a reduction in participants':

- use of health services; and
- contact with the justice system.

Changes in the use of other social services and welfare support are not measured as part of this study, and are excluded from the CBA. Likewise, participants' wellbeing improvement is not included in the estimates given the use of a public sector costing perspective. An interested analyst may monetise wellbeing changes using the ONS4 "life satisfaction" question – 'Overall, how satisfied are you with your life nowadays? – aligned with HM Treasury Green Book Wellbeing Guidance (HM Treasury, 2021).

As per the HM Treasury Green Book guidance (HM Treasury, 2021), all benefits (and costs avoided) will be estimated in 'real' base year prices (i.e., the first year of the intervention), converting values from nominal to real terms by adjustment for inflation utilising the "GDP deflator". All future costs and benefits will be discounted using a social time preference rate (STPR) of 3.5%, which reflects the elative valuation of present versus future benefits. Discounting is solely concerned with adjusting for the STPR and is separate from adjustments for inflation. The recommended Green Book discount rate will be applied to real values, with the effects of inflation already accounted for.

Resulting costs and benefits will also be aggregated by stakeholder type (Local Authorities, MoJ, NHS/DHSC, charities taking part) to provide a more comprehensive understanding of the implications in the context of policy implementation.

Table 10: Cost benefit analysis outcomes and sources

Outcome	Anticipated Monetisation Source	Notes
Use of housing services	Upcoming MHCLG's estimates of housing costs; Greater Manchester Unit Cost Database (GMUCD); Johnsen et al. (2022)	Includes temporary accommodation, tenancy support services, eviction prevention.
Use of health services	GMUCD; RSQ; Johnsen et al. (2022)	Covers primary care, A&E visits, mental health services, hospital admissions.
Contact with the justice system	GMUCD; Johnsen et al. (2022)	Includes police contact, arrests, court appearances, custodial sentences.
Use of social services and welfare support	Not currently monetised due to data limitations	Not currently monetised due to data limitations

Sensitivity Analyses

We will conduct sensitivity analysis by varying the parameters and key assumptions, such as:

- taking the upper and lower range of delivery partners' estimates of cost, to allow for different cost bases across different organisations and cities;

- taking the benefits at the upper and lower confidence intervals of the treatment estimate; and
- taking a range of plausible values for the monetised benefits where multiple sources exist, or where existing sources require adjustment (e.g. due to inflation).

Optimism Bias Adjustment

We will apply an adjustment of 20% to estimated direct and indirect costs provided by delivery partners (excluding the cost of the personal grant itself) to allow for optimism bias in estimates of how time-consuming supporting the personal grant is.

11.3 Data Collection

Cost data will be collected via a reporting template for delivery organisation staff. Benefit information will be collected via the reporting template and via questionnaire from participants.

11.3.1 Delivery organisation reporting

Data Sources

Delivery partners will fill out a spreadsheet logging direct and indirect costs of delivering the intervention. The spreadsheet template will be developed by the evaluation team, along with guidance on completion, and will include the following:

- Direct costs: the date the cost was incurred; the nature of the cost; the purpose of the cost; and the monetary value of the cost.
- Indirect (staff) costs: for each reporting period, a list of staff members incurring time in the delivery of the personal grant; the number of participants they supported; their salary banding; the amount of time they incurred over the reporting period; and the purpose of this time incurred.
- Any other benefits or costs avoided they have noted.

Data Collection Procedures

Delivery partners will be responsible for maintaining a record of the direct and indirect costs incurred, and for providing this as part of their monitoring reporting to CHI.

Data Collection Schedule

Spreadsheets will be distributed to delivery partners by CHI and returned on the same schedule as monitoring returns (i.e. monthly).

11.3.2 Questionnaire from participants

See 7.1 Data collection methods for questionnaire data collection and assessment timeline.

12 QUALITY CONTROL AND ASSURANCE

12.1 Data Quality and Assurance

Quantitative data will be collected via the King's Qualtrics account. The research team will inspect data collected through Qualtrics regularly during the data collection period, to detect any issues in a timely manner, and implement changes when required.

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 appropriately skilled and briefed members of the evaluation team. Analysis will be quality assured by quantitative researchers in the Policy Institute who are not a part of the evaluation team and can provide more independent oversight prior to external peer review.

Qualitative data collection will be carried out by experienced qualitative interviewers at the Policy Institute. To ensure quality, initial interviews will be shadowed, and transcripts reviewed. Qualitative data analysis will be quality assured via collaborative analysis sessions, where thematic categorisations and explanatory analysis can be tested and agreed.

12.2 Protocol Deviations and Non-Compliance

If protocol deviations are known before analysis, then the protocol and pre-registration will be updated to reflect the new approach and an explanation of the rationale for the deviation will be recorded.

If protocol deviations are required once all data collection is complete (i.e. during final reporting), they will be documented in the final report, both in the main body, and, if necessary, in a detailed appendix that records the deviation, rationale and implications.

In all cases of protocol deviations, where possible, analysis will take place per the protocol as well as using the new approach.

The response to non-compliance will depend on the cause.

The most consequential non-compliance would relate to the treatment allocation; in other words, participants who should have received a personal grant do not, or those who shouldn't have. Non-compliance may arise from errors in the communication of randomised allocation or the implementation of the transfers. In some cases, participants may be withdrawn from the personal grant post-randomisation or before provision of the grant due to safeguarding concerns.

To monitor for this, delivery partners will provide reporting on the transfers, who they are provided to, when, and the success of the transfer (i.e. whether it reached the participant's account). These records will be checked against the randomised allocation.

If non-compliance is <5%, we will analyse per the protocol. If non-compliance is above 5%, we will, in addition, conduct a complier average causal effect (CACE) analysis using two-stage least squares analysis, to estimate the impact of the transfer on those who received it consistent with their randomised allocation.

If we become aware of other forms of non-compliance we will consider the most appropriate way to respond to them, and the nature and cause of the non-compliance. Our response will either be documented in a protocol amendment if identified prior to analysis commencing, or in the final report if identified once analysis has commenced.

13 REGISTRATION

The project is registered on the Open Science Framework; the project page is https://osf.io/s8f3t/.

14 ETHICS

14.1 Ethical Approval

The study was submitted to the King's College London College Research Ethics Committee (CREC) by the research team in April 2025, reference number HR-24/25-47597. Ethical approval for the study was received by the research team on 23 May 2025.

On 21 July 2025, the research team received approval for a modification to the initial ethical review for the study (reference number: RESCM-24/25-47597). The purpose of this modification was to widen the eligibility criteria of the study to include those currently rough sleeping.

The submission substantively considers the key ethical issues and mitigations. We provide a survey of the main issues considered by the research team and committee below.

14.2 Informed Consent

14.2.1 RCT and questionnaires

Participants will be provided with a participant information sheet by their caseworker when they are first told about the project, and by a member of the research team when their details are shared (with consent) to hear more about the study. The information sheet and briefings from delivery partners do not mention the value of the personal grant; rather they refer to the fact that the participant may receive some additional financial assistance. Treatment participants are informed of the value of the grant when they are notified they are receiving it; control participants are verbally debriefed by their caseworker or another staff member at their delivery partners at the end of the study. The rationale for this is discussed further in the next section.

Consent will either be obtained online through Qualtrics or verbally by a member of the research team who will read out each point in the consent form. In the instances where consent is provided verbally, the researcher will record this in Qualtrics. Where an individual has provided online only consent, the embedded researcher will seek to contact them after they have consented to ensure understanding.

14.2.2 Interviews with participants

Separate consent will be obtained for participants taking part in a qualitative interview. Participants will be provided with a PIS about the qualitative interview prior to taking part in the interview. At the beginning of the interview, the researcher will read out each point in the consent form, asking the participant to confirm if they consent. This will either be recorded on paper, or audio recorded to ensure there is a record of their consent.

14.2.3 Interviews with staff

Staff will be provided with a PIS about the qualitative interview prior to taking part in the interview. They will also be sent the consent form to complete. If the consent form has not been returned by the beginning of the interview, the audio recording consent process described above will also be used for staff.

14.3 Ethical challenges

Key ethical issues are:

- the risk of harm to participants, which is mitigated through our safeguarding protocols;
- pressure to participate and concealment of the value of the grant;
- risks arising from the randomisation strategy; and
- the proportionality of data collection and compensation for participation.

14.4 Risks of harm

We do not believe that the research causes additional risks or stress and anxiety to participants over and above their everyday life. This is because the personal grant, although a new intervention, has similarities to other support participants might receive (e.g. universal credit back payments, support grants). The inclusion and exclusion criteria for the study also mean that delivery partners will only put individuals forward they are confident they can support throughout the research as part of their usual support provision and duty of care. Additionally, we have avoided including survey questions that the research team views are likely to cause particular distress, and selected survey measures commonly used with this cohort.

We will, however, take a number of steps to mitigate risks to participants arising from their vulnerability.

14.4.1 Screening

Prospective participants for whom the personal grant poses a risk of harm will be excluded. Participants will only be included if King's and the delivery partner consider them suitable for the project, with support professionals considering the individual's current situation and their engagement with support services. Face to face sessions and support from the embedded researcher for each delivery partner (including support staff who will conduct screening), aim to ensure a common approach to delivery across delivery partners.

14.4.2 Pressure to participate and concealment of the value of the grant

It is particularly important, given that participants may perceive themselves to be dependent on the delivery partners, that they do not feel under pressure to participate in the research. We will ensure that delivery partners are aware of the need not to pressure individuals to participate. In all communications from the research team, the voluntary nature of participation will be emphasised, and consent will be treated as an on-going process.

We are conscious that if participants are aware they may receive £2000 this may pose undue pressure to participate the study even if they otherwise don't want to. Therefore, participants are informed of the value of the personal grant at the point at which they sign up to the study.

Briefing to participants from the research team and delivery partners 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 at least two weeks to consider whether they still wish to participate before they receive the transfer (see 5.2 Recruitment and enrolment).

This is to give them time to consider what they would like to do with the transfer, who they would like to tell, and receive planning support from the delivery partners. Including this period came out of guidance from delivery partners about the experience of those they work with when they receive DWP back payments without notice. If participants decide to withdraw after receiving the transfer, they will not have to return the financial assistance.

Control participants are debriefed on the value of the transfer after 12-month data collection is complete and have the opportunity to withdraw their data at this stage.

14.4.3 Intervention and support

Delivery partners 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.

People experiencing homelessness periodically receive grants via support organisations, or as a result of universal credit back-payments. Individuals supported by delivery partners will already have access to financial planning support. Participants who receive the personal grant will have more notice that they are receiving it (at least two weeks) and more support to plan how they would like to use the funds than they might for other types of finance they might receive.

14.4.4 Questionnaires and interviews

Individuals like those in scope for this research are frequently asked questions similar to those in the questionnaires by support workers, delivery partners and local authorities. We have used the Centre for Homelessness's bank of survey measures, and measures we have previously used with this cohort, to ensure we avoid survey instruments that may be 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 financial assistance (if they have received it), and their ability to access support from the delivery organisation and other services will not be affected.

14.4.5 Safeguarding

A risk and safeguarding protocol has been developed and approved by the ethics committee, which covers how risk of harm during the research will be identified and handled. The protocol defines and provides examples of urgent and non-urgent risks and describes the actions that should be taken at the time that and after either type of risk is identified. It also outlines ongoing monitoring activities that should be undertaken by the research team, for example, monthly reports to the project board and communications between the Principal Investigator and relevant delivery partners. The protocol also describes steps that should be taken to ensure the safety of the research team.

We will ask for a named contact at the delivery organisation for each participant, to whom participants can be signposted if they appear distressed during the research. The risk and safeguarding protocol also includes a list of other organisations to which participants can be signposted.

Delivery partners will handle safeguarding risks that they identify consistent with their own safeguarding procedures. Delivery partners work regularly with individuals experiencing homelessness and are well positioned to assess risk and provide safeguarding support as part of their business as usual work. If the research team or delivery partners become aware of a significant vulnerability, both sides will consider together whether the participant should be removed from the research, and how this can be done without detriment to them.

We have also drafted an adverse outcomes protocol. This requires delivery partners to report any adverse outcomes experienced by participants on the trial to the research team within 72 hours of the event. Delivery partners are expected to report all adverse outcomes, whether or not they feel these are related to the trial, to ensure any adverse outcomes are appropriately assessed and responded to.

If the delivery partner does not believe the event to be related to the project, the research team will inform the project board and Ethics and Research sub-board as part of routine updates. The adverse outcome and decision will be logged by King's College London and the adverse outcomes process will end. At this point, the research safeguarding process will be triggered.

If the delivery partner does believe the event to be linked to the research project, the research team will inform the project board and the Ethics and Research sub-board. Under these circumstances, the cash transfers and research activities will be paused and an Ethics and Research sub-board panel will make a full assessment and provide a response (which the project board will review and agree). The response will lead to three potential outcomes, as follows:

- Continue trial with no mitigations: The delivery partners will be informed and the adverse outcome and decision will be logged by King's College London, bringing the adverse outcomes process to an end and triggering the research safeguarding process.

- Continue trial with mitigations: As above, the delivery partners will be informed and the adverse outcome and decision will be logged by King's College London, bringing the adverse outcomes process to an end and triggering the research safeguarding process.
- Halt the trial: The research team will inform the delivery partners that the trial has been halted.

14.4.6 Risks arising from the randomisation strategy

Participants are randomised either as a cluster with other participants in their postcodes, or as a one-person cluster if there are more than five individuals supported by the delivery partner at that postcode. This randomisation strategy has been developed to balance the methodological need for the randomisation to deliver balanced groups with the need to maximise participant safety. In the first phase of the project, the randomisation was clustered at postcode level, and large sites were avoided. The rationale for this was that if all participants at a site either received or did not receive the transfer it would minimise risks to participants receiving the transfer from living with people who did not, without increasing the risk posed by a very large injection of case into a particular residence. This approach was supported by delivery partners.

However, in practice this led to recruitment challenges, and affected the allocation of the grants and the analysis as the vast majority of clusters had one participant in them, but a small number had more (up to 10) and these were allocated by chance to the control.

For phase 2 of the study, the decision was taken that it was practically necessary for larger sites (housing potentially 30+ participants) to be included, requiring a review of the randomisation strategy, as with larger sites the risk posed by injecting potentially a very large amount of cash into those sites if all participants were in the treatment outweighed the benefits of avoiding having 'winners' and 'losers' in the same residence, especially with the more transient populations likely in larger sites.

There are also significant methodological risks to having a small number of very large clusters in a trial with an expected total sample of around 250. It was therefore decided that for larger sites randomisation would be at the individual level. Delivery partners consulted agreed that this was the right balance for larger sites given the differences in the needs of the population.

For smaller sites (fewer than five individuals supported by the delivery partner at the postcode), the randomisation strategy from phase 1 was preserved, as it was felt that for this number of participants this was more appropriate.

Delivery partners have expressed comfort with this approach. If they have any concerns about the safety of the randomisation approach for a specific individual or a specific site in their service, then they are able to use their discretion to either not refer that individual or not refer any potential participants from that site.

14.4.7 Proportionality of data collection and compensation for participation

Applicants will receive no incentives in return for their participation in the research; however, they will receive incentives for survey responses and interview participation:

- Participants will receive a £20 supermarket voucher for each survey completed which we expect to take around 45-55 minutes. As such, they will receive £60 in total if they complete each of the three surveys.
- Participants will receive a £30 voucher for participating in an interview, which we expect to last between 45 and 60 minutes.

Compensation will still be provided to participants, even if they choose to withdraw from the study. We believe these incentives are proportionate to the effort and time required to participate and do not represent an undue incentive to participate.

15 DATA PROTECTION AND SPONSOR INDEMNITY

15.1 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)

15.2 Legal Basis

The legal basis for processing personal data will be 'task in the public interest'. The legal basis for processing special category data will be 'research, archiving and statistics'. Please refer to the King's College London statement on the use of personal data in research for further information: https://www.kcl.ac.uk/research/support/research-ethics/kings-college-london-statement-on-use-of-personal-data-in-research

The privacy notice for this project is available here:

[INCLUDE WHEN PUBLISHED]

15.3 GDPR Compliance

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'.

15.4 Data Processing Roles

King's College London and the Centre for Homelessness Impact are joint data controllers for this study. Delivery partners will act as independent data controllers.

15.5 Data archiving

Data collected as part of the evaluation, including personal data, randomised allocation and survey responses, will be archived via the Centre for Homelessness Impact in a secure archive for the purpose of future research. (More information available in Annex A).

16 STUDY MANAGEMENT

To provide oversight of the study, a Project Board will be convened that will meet quarterly and will provide oversight on the progress of the trial. They will also have oversight of the adverse outcomes process.

In addition, there will be an ethics and research sub-board which will assess some incidents raised during the adverse outcomes process that would not be adequately addressed by the individual safeguarding process alone.

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10. ANNEX A: DATA MANAGEMENT PROCEDURES

1. A.1 Data Storage and Protection

All qualitative and quantitative data will be held according to the King's Data Protection Policy and Procedures, and will be securely stored in a dedicated area on the King's SharePoint site. Access to folders that contain personal data will be on a permission only basis, with access restricted to members of the research team who have a direct need to access the data. Access will be managed by the Principal Investigator or a delegate.

Participants are able to withdraw their personal data from the study at any time until its permanent deletion or anonymisation. After completion of the interim report, participants can withdraw their personal data and decline to participate in subsequent stages of the research, but the data already provided will be retained anonymously.

Personal data will be retained by King's for five years after the end of the research project, until 31 May 2032. At this point data held by King's will be anonymised or deleted.

In addition, at the end of the project, the study data will be deposited in a secure data archive, a Trusted Research Environment managed by CHI and may be used to match or link to datasets held by government and local authorities including those relating to statutory homelessness applications and duties, mental health services emergency care and hospital admissions, welfare and benefits, taxation, cautions and convictions, and council tax debt, to understand the impact of the project over a longer period.

At this point the data will be managed by CHI and subject to the data management and retention policies of the archive. Personally identifiable data will be held there for 5 years, and if unused, it will be anonymised. If data is used within the 5 years, the 5 year retention period will begin again. Individuals will not be notified of this extension because explanation will be provided when their data is initially collected. The archive is only used for research projects that meet CHI's mission to be a catalyst for evidence-led change in the homelessness sector. The archive will exist to improve access to and use of data and evidence. Access to the data is curated by the ONS '5 Safes' (Safe people, projects, setting, outputs and data)

2. A.2 Privacy and Confidentiality

Personal data collected during this study will not be shared with any other body outside of CHI or KCL, with the exception of via archiving at the end of the study, outlined above.

When collating data for the quantitative analysis, we will strip out personal information and replace this with a pseudonymous unique identifier for each participant before commencing analysis.

During interviews, we will advise participants not to use names during audio recording the interviews. All personal information will be removed from the transcripts, and transcripts will

be stored using the participant's pseudonymous identifier to link them to the survey responses and demographics of the participant.

Any interview quotes or other findings will be reported without identifying information and the anonymity of participants and staff in the report will be reviewed by delivery partners before publication.

11. ANNEX B: Outcome coding

Outcome	Instrument	When collected (time horizon)	Definition	Coding	Range
Housing security (Primary)	Residential Time Line Follow Back Inventory (modified)	• Baseline (for 6 months prior) • 3-months (for 3 months prior) • 12-months (for 9 months prior)	Number of days post-randomisation that participant is classified as homeless	Number of days since randomisation that participant reports being in housing types B5, C6, C7, D9, or E11	0 - 365
Financial security (Primary)	InCharge Financial Distress/Financial Wellbeing Scale	• Baseline (today/currently) • 3-months (today/currently) • 12-months (today/currently)	Participant's mean score on the instrument	Eight questions, each scored from 1 (Overwhelming stress) to 10 (No stress at all)	1-10
Housing quality and satisfaction (Secondary)	OMRA simplified tool	As above	Participant's mean score on the instrument	Ten questions, each scored from 1 (Very dissatisfied) to 5 (Very satisfied)	1-5
Housing stability (Secondary)	Residential Time Line Follow Back Inventory (modified)	• Baseline (for 6 months prior) • 3-months (for 3 months prior) • 12-months (for 9 months prior)	Number of moves post-randomisation	Number of different accommodations participant reports moving to post-randomisation	0+
Wellbeing (Secondary)	Personal wellbeing ONS4 Scale	• Baseline (yesterday/currently)	Participant's mean score on the instrument	Four questions, each scored from 0 (Not at all) to 10 (Completely)	0-10

Outcome	Instrument	When collected (time horizon)	Definition	Coding	Range
		• 3-months (yesterday /currently) • 12-months (yesterday /currently			
Social connectedness (Secondary)	ENRICHD social support instrument	• Baseline (currently) • 3-months (currently) • 12-months (currently)	Participant's total score on the instrument	Six questions scored from 1 (None of the time) to 5 (All of the time), plus an additional question scored as 0 or 2.	6-34
Contact with public services (Secondary)	MHCLG Rough Sleeping Questionnaire, health services subset	• Baseline (last 3 months) • 3-months (last 3 months) • 12-months (last 3 months)	Participant's total number of uses of health services	Nine types of interactions with the health system, and a count of frequency in the last three months	0+
Contact with the justice system (Secondary)	MHCLG Rough Sleeping Questionnaire, justice system subset	• Baseline (for 3 months or 12 months prior) • 3-months (for 3 months prior) • 12-months (for 3 months or 12 prior)	Participant's total number of interactions with the justice system	Ten types of interactions with the justice system, and a count of frequency in either the last three months or last 12 months. For the baseline and 12-month surveys, estimates of frequency for a full 12-month period will be estimated by using the data on 3-month frequency.	0+

Outcome	Instrument	When collected (time horizon)	Definition	Coding	Range
				For the 3-month survey the time horizon used for all outcomes will be 3 months.	

12. ANNEX C: Survey questions

C.1 Demographics

1. Were you referred by [delivery organisation]?
    a. Yes
    b. No
2. If No, which organisation referred you?
3. What is your date of birth?
4. What is your email?
5. What is your mobile number?
6. What is your postcode?
7. How would you describe your gender identity?
    a. Female
    b. Male
    c. Non-binary
    d. Self-describe (please specify)
        a. [text entry]
    d. Prefer not to say
8. Is your gender the same as sex assigned at birth?
    a. Yes
    b. No
    c. Prefer not to say
9. How would you describe your ethnicity?
    a. White
    b. Mixed/multiple ethnic groups
    c. Asian/Asian British including Chinese
    d. Black British/African/Caribbean
    e. Gypsy, Roma and Traveller
    f. Any other ethnic group (please specify)
        a. [text entry]
    g. Prefer not to say

C.2 Screening questions – only included in baseline survey

10. In the past month, how often have you felt depressed?
    a. Not at all (0)
    b. Once during the month (1)
    c. Several times during the month (2)
    d. Several times a week (3)
    e. At least every day (4)
    f. Refusal (7)
    g. Not applicable (8)
    h. Don't know (9)

11. In the past month, how often did you feel like hurting or killing yourself?
    a. Not at all (0)
    b. Once during the month (1)
    c. Several times during the month (2)
    d. Several times a week (3)
    e. At least every day (4)
    f. Refusal (7)
    g. Not applicable (8)
    h. Don't know (9)

12. In the past month, how often have you felt like seriously hurting someone else?
    a. Not at all (0)
    b. Once during the month (1)
    c. Several times during the month (2)
    d. Several times a week (3)
    e. At least every day (4)
    f. Refusal (7)
    g. Not applicable (8)
    h. Don't know (9)

13. Do you have any money in savings at the moment?
    a. Yes
    b. No
    c. Prefer not to say
14. Is it more than £4,000?
    a. Yes
    b. No

C.3 Housing Security (Residential Time Line Follow Back Inventory (RTLFB))

15. Which of these experiences best describes where you are currently staying (please select only ONE option)?

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
   13. 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.

F. Don't know/ not applicable

16. When did you start living there? (If you're unsure about the exact date, your best guess is fine.) (DD/MM/YYYY)

   a. Date you started living here
      i. [text entry]

17. Roughly, how long did you stay there? (Again, don't worry if you can't remember exactly - your best guess is fine)
   a. Write in (MONTHS/WEEKS/DAYS)
      i. [text entry]
   b. Don't know
   c. Prefer not to say
18. Have you stayed in any other accommodation in the last 3-months?
   a. Yes
   b. No

   Repeat block of questions if 'Yes' until answers 'No'.

C.4 Housing Quality and Satisfaction (Simplified OMRA tool)

How satisfied are you about….

19. Where you live now in general
   - Very satisfied
   - Somewhat satisfied
   - Neither
   - Somewhat dissatisfied
   - Very dissatisfied
   - Don't know
   - Not applicable

20. How affordable is the place you live in
   - Very satisfied
   - Somewhat satisfied
   - Neither
   - Somewhat dissatisfied
   - Very dissatisfied
   - Don't know
   - Not applicable

21. The amount of choice you had selecting the place you live in
   - Very satisfied
   - Somewhat satisfied
   - Neither
   - Somewhat dissatisfied
   - Very dissatisfied
   - Don't know
   - Not applicable

22. How much control you have over who can come into the place you live in (e.g. children, pets and guests)
   - Very satisfied
   - Somewhat satisfied
   - Neither
   - Somewhat dissatisfied
   - Very dissatisfied
   - Don't know
   - Not applicable

23. How long you will be able to live there
   - Very satisfied
   - Somewhat satisfied
   - Neither

- Somewhat dissatisfied
- Very dissatisfied
- Don't know
- Not applicable

24. The amount of privacy you have in the place you live
    - Very satisfied
    - Somewhat satisfied
    - Neither
    - Somewhat dissatisfied
    - Very dissatisfied
    - Don't know
    - Not applicable

25. The level of fairness and respect shown by your landlord (if applicable)
    - Very satisfied
    - Somewhat satisfied
    - Neither
    - Somewhat dissatisfied
    - Very dissatisfied
    - Don't know
    - Not applicable

26. The suitability of the place you live in to meet your (or your family's) needs
    - Very satisfied
    - Somewhat satisfied
    - Neither
    - Somewhat dissatisfied
    - Very dissatisfied
    - Don't know
    - Not applicable

27. The condition of the place you live in (such as appliances, plumbing, things needing to be repaired)
    - Very satisfied
    - Somewhat satisfied
    - Neither
    - Somewhat dissatisfied
    - Very dissatisfied
    - Don't know
    - Not applicable

28. The safety and security of the place you live in
    - Very satisfied
    - Somewhat satisfied
    - Neither
    - Somewhat dissatisfied
    - Very dissatisfied
    - Don't know
    - Not applicable

C.5 Financial Security (InCharge Financial Distress/Financial Wellbeing Scale)

23. What do you feel is the level of your financial stress today on a scale of 1 to 10? 1 is overwhelming stress, 4 is high stress, 7 is low stress and 10 is no stress at all.

1 2 3 4 5 6 7 8 9 10 not applicable

24. How satisfied are you with your present financial situation on a scale of 1 to 10? 1 represents complete dissatisfaction, and 10 represents complete satisfaction.

1 2 3 4 5 6 7 8 9 10 not applicable

25. How do you feel about your current financial situation on a scale of 1 to 10? 1 is feeling overwhelmed, 4 is sometimes feeling worried, 7 is not worried, and 10 is completely comfortable.

1 2 3 4 5 6 7 8 9 10 not applicable

26. How often do you worry about being able to meet normal monthly living expenses on a scale of 1 to 10? 1 is worry all the time, 4 is sometimes worry, 7 is rarely worry, and 10 is never worry.

1 2 3 4 5 6 7 8 9 10 not applicable

27. How confident are you that you could find the money to pay for a financial emergency that costs about £700 on a scale of 1 to 10? 1 is no confidence, 4 is little confidence, 7 is some confidence, and 10 is high confidence.

1 2 3 4 5 6 7 8 9 10 not applicable

28. How often do 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, on a scale of 1 to 10? 1 is all the time, 4 is sometimes, 7 is rarely, and 10 is never.

1 2 3 4 5 6 7 8 9 10 not applicable

29. How frequently do you find yourself just getting by financially and living paycheck to paycheck on a scale of 1 to 10? 1 is all the time, 4 is sometimes, 7 is rarely, and 10 is never.

1 2 3 4 5 6 7 8 9 10 not applicable

30. How stressed do you feel about your personal finances in general on a scale of 1 to 10? 1 is overwhelming stress, 4 is high stress, 7 is low stress, and 10 is no stress at all.

1 2 3 4 5 6 7 8 9 10 not applicable

C.6 Well-being (Personal well-being ONS4)

31. Overall, how satisfied are you with your life nowadays? 1 represents not at all satisfied, 4 is rarely satisfied, 7 is somewhat satisfied and 10 represents completely satisfaction.

1 2 3 4 5 6 7 8 9 10 not applicable

32. Overall, to what extent do you feel that the things you do in your life are worthwhile? 1 is not at all, 4 is rarely, 7 is sometimes, and 10 is all the time.

1 2 3 4 5 6 7 8 9 10 not applicable

33. Overall, how happy did you feel yesterday? 1 is not at all happy, 4 is rarely happy, 7 is somewhat happy, and 10 is completely happy.

1 2 3 4 5 6 7 8 9 10 not applicable

34. Overall, how anxious did you feel yesterday? 1 is not at all anxious, 4 is somewhat anxious, 7 is highly anxious, and 10 is completely anxious.

1 2 3 4 5 6 7 8 9 10 not applicable

C.7 Social Connectedness (ENRICHD social support instrument)

35. Is there someone available to whom you can count on to listen to you when you need to talk?

- None of the time
- A little of the time
- Some of the time

- Most of the time
- All of the time

36. Is there someone available to you to give you good advice about a problem?
- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

37. Is there someone available to you who shows you love and affection?
- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

38. Is there someone available to help with daily chores?
- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

39. Can you count on anyone to provide you with emotional support like talking over problems or helping you make a difficult decision?
- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

40. Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide in?
- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

41. Are you currently married or living with a partner?
- Yes
- No

(open comment box for context (e.g. married but not living with spouse)

C.8 Use of the transfer (3 month & 12 month only)

42. Which of the following have you spent the money from the Personal Grant on? Your response will not affect your participation in the programme.
- Accommodation costs (rent, deposit, hostel, temporary accommodation)
- Healthcare expenses (e.g., prescriptions, over-the-counter medicines, GP or dentist fees, counselling)
- Transport (e.g., bus, Tube, train, taxi, petrol, bike hire)
- Groceries and food shopping
- Eating out (takeaway, restaurants, café, fast food)
- Alcohol, tobacco, or other substances (e.g., cigarettes, vape, recreational drugs)

- Internet, phone or household bills (e.g., mobile top-up, water, gas, electricity; including late fees)
- Clothing and shoes
- Entertainment or leisure (e.g., cinema, TV subscriptions, books, holidays)
- Betting or gambling (e.g., lottery tickets, online betting, casinos)
- Educational or training (e.g., courses, books, school fees)
- Household items that last a long time (e.g., furniture, kitchen appliances, bedding)
- Household and personal items you use up (e.g. toiletries, cleaning supplies)
- Giving gifts to others
- Lending money to others
- Paying off debts
- Savings
- Other

C.9 Contact with Public Services

43.

	In the last 3 months have you experienced the following…?		If yes, how many times?
	Yes	No	
Visited a GP (appointment or walk ins)			
Attended Accident & Emergency			
Received an ambulance call out			
Attended a mental health appointment			
Attended an outpatient hospital appointment			
A mental health hospital stay			
Been admitted into hospital			
Received drug use treatment			
Received alcohol use treatment			

C.10 Contact with Justice System

44. In the last **three months**, have you received any of the following in relation to anti-social behaviour?

	Yes	No
Warning letter about nuisance or anti-social behaviour		
An anti-social behaviour injunction or order		
Notice seeking possession of your home (NOSP) on the grounds of nuisance or anti-social behaviour		
Eviction order		
Parenting order		
Penalty notice for disorder		

Police being called out to where you were staying		

45. In the last **12 months,** have you received any of the following in relation to anti-social behaviour?

	In the last 12 months have you…		If yes, how many times?
	Yes	No	
Received a caution			
Been arrested			
Been convicted of a crime			

46. Have you ever spent time in prison?
   a. Yes
   b. No
   c. Don't know
   d. Don't want to say

47. [If answered previous] When were you last in prison? (If you can't remember exactly, please give us a rough estimate)
   a. In the last three months
   b. In the last year but not the last three months
   c. Not in the last year
   d. Don't know
   e. Don't want to say

48. [If answered previous] How much time have you spent in prison in the last 12 months? (If you have been in prison more than once this year, please select the best estimate for the total amount of time you were in prison in the last 12 months)
   a. A week or less
   b. More than a week but less than a month
   c. More than a month but less than three months
   d. More than three months but less than six months
   e. More than six months but less than nine months
   f. More than nine months
   g. Don't know
   h. Don't want to say