Final Report

Personal Grants, Phase 1

Hannah Piggott
Doménica Ávila
Parnika Purwar
Connie Woollen
Susannah Hume

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Foreword

For many years, responses to homelessness in the UK have been shaped by the assumption that homelessness services themselves are what end homelessness. This has often trapped us in a cycle of crisis response, with too little attention given to more direct ways of enabling people to move on with their lives.

Cash transfers turn that assumption on its head. By offering direct financial support, they trust people to make choices for themselves — a simple yet radical shift. Around the world, especially in low- and middle-income countries, cash transfers have been shown to reduce poverty, strengthen stability, and improve wellbeing. Until now, however, this approach had never been tested rigorously with people affected by homelessness in the UK.

This report marks an important first step. In Phase 1, we piloted what we call a Personal Grant: a one-off cash transfer given to people with recent experience of street homelessness. The project was ambitious — and not without challenges. Recruitment and retention were difficult, particularly during and after the Covid-19 pandemic, which meant the sample size was too small to generate quantitative results.

But what we did learn is significant. Participants told us they used their grants to secure housing, improve wellbeing, and rebuild personal stability. No evidence emerged of spending on drugs, alcohol, or gambling. The trial also showed that it is possible to run a randomised study of this kind in the UK homelessness context — and that the design and delivery can be strengthened further.

Phase 1 has therefore laid vital foundations. The lessons learned here have already shaped Phase 2, which launched in July 2025 and is now working with eight delivery partners in London and Belfast to reach 250 participants.

This work is pioneering. It represents the first time in the UK that unconditional cash transfers have been rigorously tested with people affected by homelessness. And it reflects our broader commitment: to build an evidence base that allows decision-makers to move beyond crisis management, and towards approaches that genuinely enable people to leave homelessness behind.

We are deeply grateful to our partners who have walked this path with us from the start: St Martin-in-the-Fields Charity, The Wallich, Simon Community Scotland, Aspire Oxfordshire, and Greater Manchester Combined Authority.

Dr Ligia Teixeira

Executive Summary

The Personal Grants phase 1 project evaluation

The Personal Grants Project Phase 1 was a randomised controlled trial (RCT) testing the impact of unconditional cash transfers on the outcomes of people with experiences of homelessness across the UK. Phase 2 builds on the learnings from Phase 1, with recruitment commencing mid-2025.

This research was led by the Policy Institute at King's College London (King's) and the Centre for Homelessness Impact (CHI). This project was funded through generous contributions from St Martin-in-the-Fields Charity, Simon Community Scotland, CHI, and a private philanthropist.

This was the first trial of its kind in the UK to assess the impact of unconditional cash transfers on those experiencing homelessness, providing evidence on a new approach to supporting those experiencing homelessness.

Background

While previous studies have shown that cash transfers can be an effective anti-poverty tool, relatively few schemes exist in the homelessness sector. Government and third sector cash transfer schemes aimed at those experiencing homelessness are often conditional (for example, on an individual's engagement with services or training). The schemes that do exist have rarely been evaluated for effectiveness.

Unconditional cash transfers have been successfully used to alleviate poverty in low- and middle-income countries, and increasingly in high-income countries. Evaluations of these schemes show positive results, but no such trials had been conducted with homeless populations in the UK.

Rationale

The Personal Grants project seeks to establish whether the provision of a one-off £2,000 unconditional cash transfer can lead to improved housing security, financial security, wellbeing, social connectedness and contact with services and the justice system. In doing this, it aims to make a contribution to understanding housing and homelessness interventions and how they influence people's outcomes, and has important implications for homelessness services and government policy. Additional aims of Phase 1 were to demonstrate the feasibility and safety of such an intervention, and to understand the experiences of participants receiving a transfer.

Methods

Phase 1 of the project ran from July 2021 to February 2025. Target recruitment was 180 participants. Ultimately, after 185 were referred, only 90 completed the trial sign-up and were included. Participants were recruited from Glasgow, North Lanarkshire, and Edinburgh (supported by Simon Community Scotland); Swansea and Neath Port Talbot (supported by the Wallich); and Oxford (supported by Aspire Oxfordshire).

Phase 1 of the project provided some proof-of-concept for the Personal Grants approach but faced a number of challenges:

- **Recruitment**: Recruiting 180 participants proved more time consuming than anticipated and enrolling participants in the study was a challenge. The eligibility criteria were accurately applied but delivery partners took a more risk averse approach than anticipated so participants tended towards a lower risk profile. Only 43% of referrals were ultimately randomised. Recruitment challenges were exacerbated by Covid-19 leading to operational disruption for partners, disruptions to research activities and an altered landscape of homelessness support due to programmes such as 'Everyone In'.
- **Randomisation**: Randomisation was conducted as expected. However, the control group was larger than the group receiving treatment and there was some imbalance between the characteristics of the groups due to the small sample sizes and a large cluster being allocated to the control group.
- **Attrition**: The repeated survey and interview data collection approaches were largely successful. However, the trial had significant attrition, with only 59% of participants randomised providing any outcome data (3-month or 12-month). This was because contact details for this cohort quickly became out of date and participants had limited recall about the research (both compounded by delays in the research timeline).

During the study, the research team, delivery partners and CHI worked to address the above challenges. For example, the eligibility criteria were adjusted, the timeline was extended, and additional partners were brought into the trial. Workshops were also carried out with frontline staff at two sites to understand how the challenges could be addressed going forward.

The lessons learned during this phase of the evaluation have informed the approach taken to the delivery and evaluation of Phase 2.

Findings

Use and impact of the grant

We were not able to assess the impact of the Personal Grant quantitatively due to limitations with the data; specifically, the low sample size retained to the final data collection. However, qualitative data does suggest that the transfers were used for a range of positive purchases. There were no reported uses of the transfers for drugs, alcohol or gambling. Additionally, there is some evidence that transfers may have supported participants' wellbeing by allowing them to make long-term choices, communicate more regularly with family, and buy essentials. However, this evidence must be treated cautiously in the context of high attrition across the study.

Evidence of implementation feasibility

Phase 1 provided some evidence that a UK-based RCT of the impact of unconditional cash transfers is feasible and highlighted improvements to be implemented in Phase 2 and beyond. With these modifications we believe it will be possible to successfully implement the intervention and evaluation.

The transfers were made successfully, with no issues reported by the delivery partners. However, the randomisation arrangements meant that some participants experienced a long timeline between initial contact, referral follow-up, and the transfer being made. The elongated timeline meant that their circumstances had changed somewhat and their having signed up to the study was less front-of-mind, leading to multiple points of substantial attrition. This has been addressed in the design for Phase 2.

Recommendations for Phase 2

CHI and King's are working together to implement the lessons from this stage of the trial to inform Phase 2 of the evaluation, which launched in June 2025. Phase 2 will be an expansion of the approach for Phase 1, to achieve the sample size necessary to test the causal impacts of the Personal Grants model (using updated variables to reflect CHI's wider suite of work). During Phase 2, participants will be recruited from eight delivery partners across London and Belfast, and the implementation approach has been reviewed and updated.

Learning from the challenges faced in Phase 1, we have made the following recommendations for the next phase of the evaluation. This will ensure Phase 2 provides the opportunity to gather robust findings on the impact of unconditional transfers on those with experiences of homelessness.

Recruitment recommendations

<u>Recommendation: Recruit more delivery partners</u>

To help ensure that the sample size can be met, more delivery partners should be recruited early in the study cycle. This aims to mitigate the risk of enrolling fewer individuals than expected from each partner.

<u>Recommendation: Communicate eligibility criteria clearly to frontline staff</u>

Eligibility criteria need to be clearly communicated, in practical terms, to frontline staff. This will ensure those referring individuals to the study apply the criteria consistently and proportionately and put forward individuals who meet the broad spectrum of eligibility criteria.

<u>Recommendation: Work with staff at all levels to allay randomisation concerns</u>

The research team must work closely with the delivery partners and embedded researcher (see below) to build buy-in among staff for an RCT and communicate the benefits of the method. Emphasising the long-term benefits for people with experience of homelessness may help to build support.

Attrition and data collection recommendations

Recommendation: Embed a researcher within delivery partners to build relationships, maintain contacts, and support data collection

Regular contact between delivery partners and the research team should be facilitated by an embedded researcher with an understanding of the delivery landscape and of data and sampling needs. The researcher should also keep participants' contact details up-to-date to reduce attrition and conduct data collection to maximise response rates.

Recommendation: Use rolling randomisation and rolling payment dates to shorten the recruitment timeline

Rolling randomisation and varied grant payment dates should be used to reduce delays to potential participants and limit attrition. With appropriate safeguarding arrangements, participants should be randomised when they consent to join the study and payments should be made in relation to participants' onboarding.

Recommendation: Collect multiple contact details for participants

Researchers should request multiple contact details for each participant (including personal mobile phone, landline, if applicable, and email address; and the contact details of a trusted relative or friend), kept up-to-date by the embedded researcher, to reduce attrition. Researchers should engage with delivery partners on non-responsive participants, to follow up with and provide reminders to participants.

Intervention recommendations

Recommendation: Before payment of grant, check bank account matches recipient's details

Delivery partners should implement checks prior to making any grant payment. These should include checking that the name on the receiving bank account matches that of the payment recipient. This will ensure that all those in line to receive the grant will be paid it directly.

Introduction

The Centre for Homelessness Impact (CHI) and The Policy Institute at King's College London (King's) carried out a trial of the Personal Grants scheme. The scheme provides a £2,000 Personal Grant[1] to people with past experiences of homelessness who were housed in temporary accommodation at the point of recruitment.

Background

Cash transfers[2] are promising interventions but have been relatively neglected in the homelessness sector in the UK. Various types of cash transfer exist. For example, the Vicar's Relief Fund[3] provides one off payments to support individuals at risk of, or currently experiencing, homelessness across the UK, while DWP's Discretionary Housing Payments[4] provide financial support for rent or housing costs in England and Wales. Some initiatives instead provide funds to those experiencing homelessness to meet wider needs; for example, Personalised Budgets (part of CHI's programme of work – see more below) provided individuals with funds to buy a laptop or a car to meet needs identified with the support of a caseworker, as well as for housing costs, like a deposit and first month's rent payment. As these examples show, however, cash transfers used by homelessness organisations and the government in the UK are often conditional or tied to particular purposes. Generally, these conditional cash transfer programmes have not been evaluated for effectiveness (Personalised Budgets is an exception).

Having said this, conditional and unconditional cash transfers have been used across the world, and for a number of decades, most commonly in low- and middle-income countries. Numerous evaluations and systematic reviews of conditional and unconditional cash transfers have demonstrated 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, GiveDirectly. The trial involved 1500 households in villages in Kenya and

[1] Additional financial assistance in the form of an unconditional cash transfer. Multiple factors fed into The Centre for Homelessness Impact's decision to provide a grant of £2,000, including funds available, a judgement on the minimum amount needed to make a relevant investment, and comparisons with some small pilots in the UK which provided £1000-3000.

[2] We use the term 'cash transfers' to refer to a broad class of interventions that involve direct payments made to support individuals or families financially.

[3] St Martin-in-the-Fields Charity, 'Welcome to the VRF grant application portal' 2025 <https://smitf.flexigrant.com/> [accessed: 12 June 2025].

[4] DWP 'Guidance: Applying for a Discretionary Housing Payment', 2025 <https://www.gov.uk/government/publications/claiming-discretionary-housing-payments/claiming-discretionary-housing-payments> [accessed: 12 June 2025].

found that recipients of unconditional cash transfers experienced significant improvements in economic and psychological outcomes.[5]

Later, in 2016, the Overseas Development Institute reviewed 165 studies from 2000 onwards.[6] The studies covered 56 unconditional and conditional cash transfer projects across 30 countries. Largely positive impacts were found: cash transfers reduce monetary poverty, raise school attendance, increase health service use, reduce child labour and increase women's decision-making power.[7] A 2017 systematic analysis of 21 studies then concluded that unconditional 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.[8]

Due to the success of both conditional and unconditional cash transfers in low- and middle-income countries, more trials are now being conducted to alleviate poverty in high-income countries. For example, in the US, in 2016, a programme that provided conditional cash payments of varied amounts (depending on need) for rent and tenancy deposits found a reduced likelihood of homelessness at three months and six months.[9] In 2018, in Canada, the University of British Columbia partnered with non-profit Foundations for Social Change to deliver direct transfers of CAD$7,500 to people experiencing homelessness in Vancouver. Results from this study showed that recipients of the cash 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.[10]

More recently, schemes providing larger, more regular, direct payments to support young adults into stable housing have been implemented in six US cities, and evaluations are underway in two particularly high-cost areas of the US (New York City[11] and San Francisco[12]). Payments over a two-year period will total up to

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5 Haushofer, Johannes and Shapiro, Jeremy, "The Short-term Impact of Unconditional Cash Transfers to the Poor: Experimental Evidence from Kenya" The Quarterly Journal of Economics, Volume 131, Issue 4, (2016): 1973–2042 <https://doi.org/10.1093/qje/qjw025>.

6 Overseas Development Institute, 'Cash Transfers: what does the evidence say?', 2016 <https://odi.org/documents/5301/11316.pdf> [accessed: 27 May 2025].

7 Overseas Development Institute 'Briefing: Understanding the impact of cash transfers: the evidence.' 2016 <https://media.odi.org/documents/11465.pdf> [accessed: 27 May 2025].

8 Pega, F., Liu, S. Y., Walter, S., Pabayo, R., Saith, R., & Lhachimi, S. K. (2017). Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low- and middle-income countries. The Cochrane database of systematic reviews, 11(11), CD011135 <https://doi.org/10.1002/14651858.CD011135.pub2>.

9 Evans, W.N., Sullivan, J.X., Wallskog, M., The impact of homelessness prevention programs on homelessness. Science 353, 694–699 (2016) <https://doi.org/10.1126/science.aag0833>.

10 R. Dwyer,A. Palepu,C. Williams,D. Daly-Grafstein,& J. Zhao, Unconditional cash transfers reduce homelessness, Proc. Natl. Acad. Sci. U.S.A. 120 (36) e2222103120 (2023) <https://doi.org/10.1073/pnas.2222103120>.

11 Chapin Hall 'The Pathways Study & Evaluation of the Trust Youth Initiative, 2024 <https://www.chapinhall.org/wp-content/uploads/Chapin-Hall_Cash-Plus-Model_Pathways-Evaluation_Brief-2_October-2024.pdf> [accessed: 27 May 2025].

12 Point Source Youth 'Direct Cash Transfers', 2015 <https://www.pointsourceyouth.org/interventions/direct-cash-transfers> [accessed: 27 May 2025].

US$40,500, depending on the cost of living in the area in question. Impacts are yet to be reported but we do know from existing international literature that the size of a payment matters in reducing poverty, improving household and food expenditure, and supporting savings.[13] Studies of these US schemes will provide important evidence for the use of large cash transfers in high cost of living areas.

In the UK, CHI has a programme of work evaluating the provision of conditional and unconditional cash transfers to those with experiences of homelessness or housing instability. This includes randomised controlled trials evaluating two interventions:

- Personalised budgets for people with recent experiences of street homelessness (project page here).
- A one-off cash transfer for care leavers (evaluation protocol available here).

The present evaluation forms part of this broader programme of work, evaluating the provision of one-off unconditional cash transfers to people with experiences of street homelessness in the UK.

Aims

The overall aim of the Personal Grants project is to test the effectiveness of the provision of a £2,000 Personal Grant to people with past experiences of street homelessness but who were now in temporary accommodation. Additional aims of Phase 1 were to demonstrate the feasibility and safety of such an intervention, and to understand the experiences of participants receiving a transfer.

Intervention

As described in the background section above, the provision of unconditional cash transfers has been shown to have substantial positive benefits in low- and middle-income countries where they have been used to alleviate poverty.[14] Emerging studies are beginning to show positive impacts in high income countries when used to support people with experiences of homelessness, including in improving housing outcomes (for example, a Canadian study showed significant reductions in street homelessness)[15]. However, this approach has yet to be trialled for those with experiences of homelessness in the UK.

[13] Overseas Development Institute, 'Cash Transfers: what does the evidence say?', 2016, p. 256 <https://odi.org/documents/5301/11316.pdf> [accessed: 27 May 2025].

[14] Haushofer, J. and Shapiro, J. The Short-term Impact of Unconditional Cash Transfers to the Poor: Experimental Evidence from Kenya The Quarterly Journal of Economics, 131(4), (2016): 1973–2042 <https://doi.org/10.1093/qje/qjw025>; Pega, F., Liu, S. Y., Walter, S., Pabayo, R., Saith, R., & Lhachimi, S. K.. Unconditional cash transfers for reducing poverty and vulnerabilities: effect on use of health services and health outcomes in low- and middle-income countries. The Cochrane database of systematic reviews, 11(11), (2017) CD011135 <https://doi.org/10.1002/14651858.CD011135.pub2>.

[15] Foundations for Social Change: New Leaf Project, 'Taking Bold Action on Homelessness', 2021, <https://forsocialchange.org/impact> [accessed: 27 May 2025].

The Personal Grants project aimed to address this gap. The scheme provided a £2,000 Personal Grant to individuals with past experiences of homelessness in the UK but who were housed in temporary accommodation at the point of recruitment. There were no conditions placed on how the money was spent.

Three delivery partners referred participants who were ultimately included in the trial:

- **The Wallich** provides support for people experiencing homelessness across Wales. They support over 4,000 people across their services, with over 2,000 staying in Wallich owned or managed accommodation in 2023-24.[16] The Wallich recruited participants in Swansea and Neath Port Talbot.
- **Simon Community Scotland** provide advice and support for those at risk of homelessness in Scotland, as well as residential services and housing support. They support over 3,000 people a year.[17] Simon Community Scotland recruited participants in Glasgow and North Lanarkshire, and Edinburgh and Perth.
- **Aspire Oxfordshire** provides a range of services across Oxfordshire, including housing support. In 2023-24, 527 people were referred across their housing and homelessness prevention services.[18] Aspire Oxfordshire recruited participants in Oxford.

These organisations selected suitable participants, transferred the Personal Grant, and provided business as usual support to participants taking part in the trial. In addition, Transform Community Development considered participants in Dundee; and Great Places working with Local Authority partners considered participants in Greater Manchester.[19] However, no participants were ultimately included from Dundee or Manchester, due to low referral and uptake rates.

TIDieR framework

Table 1 shows the TIDieR framework for the evaluation.

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[16] The Wallich, 'The Wallich Annual Report April 2023 – March 2024', 2024, <https://thewallich.com/wp-content/uploads/2025/01/Annual-report-2024_summary.pdf> [accessed: 12 June 2025].

[17] Simon Community Scotland, 'About us' https://www.simonscotland.org/about-simon-community/ [accessed 12 June 2025]

[18] Aspire, 'Social Impact Report 2023-2024', 2024, <http://www.cleverpaper.co.uk/aspire/reports/2024/impact_report_2023_24.html> [accessed: 12 June 2025].

[19] Great Places in the end was not able to provide participants to be involved in the trial. This is discussed further in the section on lessons learned.

Table 1: TIDieR Framework

Name	Personal Grants Phase 1 Trial
Why	Evidence suggests that providing a lump sum unconditional cash transfer to people experiencing financial hardship can improve outcomes. However, this has not yet been tested in the UK for people with experiences of homelessness
Who (recipients)	People with significant experiences of homelessness, currently housed in temporary accommodation, and who do not meet any of the potential risks of harm listed in the study exclusion criteria (please see Section 4.2.3.2).
What (materials)	A £2,000 lump sum payment into the participant's bank account.
What (procedures)	Accompanying optional budget planning conversation. Participants were offered the opportunity to discuss with a case worker how they would like to budget and spend the Personal Grant.
Who (provider)	Delivery organisations: The Wallich; Simon Community Scotland; and Aspire Oxfordshire
How (format)	Bank transfer. For those without a bank account, a support worker supported them to set up a bank account.
Where (location)	Temporary accommodation (this included a range of accommodation types, such as hostels and supported housing) in Swansea, Greater Glasgow, Edinburgh, Perth and Greater Manchester
When and how much (dosage)	A single payment of £2,000, to be made between 24.01.21 and 28.01.21
Tailoring	The budget planning conversation, if it happened, was tailored to the participant's individual aspirations, goals and requirements.
Control condition	Control participants, as with treatment participants, continued to be able to access all other support that they are entitled to (e.g. universal credit, rent assistance). Control participants were provided with support as usual, which may have included financial advice and support.

Theory of Change

Figure 1 shows the theory of change for the evaluation.

Figure 1: Theory of Change[20]

Situation

Evidence suggests that providing an unconditional lump sum cash transfer to people experiencing financial hardship can improve outcomes. However, this has not yet been tested in the UK for people with experiences of homelessness.

Aims

The intervention aims to improve housing security, financial security, social connectedness, and access to public services, whilst reducing contact with the justice system amongst people experiencing homelessness. It aims to achieve this through the provision of a £2000 lump sum direct payment.

Process

Context

- Participants are supported by case workers at the time of the intervention.
- Participants are in a lower risk category, particularly around drug and alcohol use.
- Participants are currently placed in temporary accommodation

Activities

- Participants in the treatment group will receive a £2000 lump sum cash transfer, paid directly into their bank account.
- Participants will receive ongoing support and monitoring from staff at the delivery organisation who will distribute the cash transfer.

Outputs

While the cash transfer is unconditional, it may be spent on

- material wellbeing (e.g. food, health, clothing)
- Paying off housing related or non housing related debts (e.g. rent arrears or credit cards)
- Access to housing facilitation such as bonds
- Access to transportation and/or running a vehicle
- Education and training
- Building savings or a financial buffer
- Leisure activities

Impact

Outcomes

- Improved housing stability
- Improved financial stability
- Increased ontological security
- Increased social connectedness
- Improved wellbeing
- Reduced use of homelessness services.
- Reduced contact with the criminal justice system.

Impact

- Participants able to maintain long term stable housing
- Increased long term financial stability
- Enduring improvements in wellbeing
- Participants have improved sense of autonomy, self-efficacy, agency and self-worth
- Participants maintain a sense of social connectedness
- Increased resilience
- Improved physical health
- Improved access to education, training and employment
- Reduced use of other services (e.g. primary prevention).

Rationale & Assumptions

Providing a lump sum of money to those experiencing homelessness can help to improve financial stability and alleviate some of the negative outcomes of poverty. It can also give individuals an improved sense of autonomy, particularly when there are no conditions on how the sum is used. These improvements can have downstream benefits on other aspects of an individual's life such as mental and physical wellbeing, social connectedness and employment status.

[20] Ontological Security refers to a stable state in regard to an individual's sense of self, and the environment around them, as described by Anthony Giddens in *The constitution of society* (1984)

Evaluation activities

CHI commissioned King's to run the evaluation of the Personal Grants project. The research is being conducted as a cluster RCT; in Phase 1, the RCT measured the impact of the grant on outcomes including housing security, financial security, social connectedness, and wellbeing via repeated telephone surveys. The Phase 1 evaluation also included qualitative fieldwork with participants to collect information on the execution of the intervention itself, participants' experience, the effectiveness and accessibility of the Personal Grant, and recommendations for improvement. The impact evaluation plan and analysis strategy were published and pre-registered on the Open Science Framework.[21] Ethical clearance was received from the King's College London Social Sciences Humanities and Law Research Ethics Subcommittee (more information of ethical clearance is provided under Ethical Approval).

Timeline

The evaluation started recruiting in Autumn 2021. Data collection was expected to end at the beginning of 2023. However, due to issues with recruitment and attrition, discussed in more detail below, the original timeline and approach to the evaluation was adapted. Recruitment for the first two cohorts of the evaluation concluded in Spring 2023 with final data collection stopped in November 2024. Table 2 summarises the study timeline.

Table 2: Timeline

Task	Timing	
	Wave 1	Wave 2
Ethical clearance granted	August 2021	
Trial protocol completed and pre-registered	January 2022	
Recruitment period	November 2021 – May 2022	April 2022 – November 2022
Baseline participant survey	November 2021 – May 2022	September 2022 – November 2022
Randomisation	July 2022	June 2023
Payments made	July 2022	June – August 2023
Semi-structured participant interviews	November 2022	
Follow up participant survey – 3-6months	October 2022 – December 2022[22]	November 2023
Follow up participant survey – 12 months	July 2023 – August 2023	June - November 2024[23]

[21] OSF Registries, 'Additional Financial Assistance for People with Experience of Homelessness Trial', 2022, <https://osf.io/mxebh> [accessed: 12 June 2025].

[22] Some outliers were carried out outside of these timeframes, but the majority of surveys were conducted within the dates provided here.

[23] No endline surveys were successfully collected for Wave 2. These dates are when survey completion was attempted

Evaluation overview

CHI commissioned King's to run the evaluation of the Personal Grants project. Phase 1 of the evaluation included both an impact evaluation and implementation and process evaluation (IPE).

Impact evaluation

A clustered RCT was conducted to measure the impact of the grant on outcomes including housing security, financial security, social connectedness, and wellbeing via repeated telephone surveys. The study included multiple delivery partners from across the UK.

The aims of the impact evaluation in Phase 1 were:

- To test the effectiveness of the provision of a £2,000 Personal Grant to people with experience of homelessness.
- To understand the impact of a £2,000 Personal Grant to people with experience of homelessness on their:
    - housing security;
    - financial security;
    - social connectedness; and
    - wellbeing.

Implementation and process evaluation

The research team collected qualitative data on the execution of the intervention itself, participants' experience of the intervention, the effectiveness and accessibility of the cash transfers, and recommendations for improvement. The IPE utilised insights from qualitative interviews with the participants.

The aims of the IPE were:

- to understand what participants thought about the Personal Grant, how they intended to spend it, how they actually spent it, and why;
- to identify factors that helped or hindered participants spending the Personal Grant in ways that they considered enabled them to advance their own goals and aspirations;
- to explore the perceptions of staff and stakeholders regarding the opportunities and risks of providing a Personal Grant in this form;
- to gather feedback from participants and stakeholders about how the benefits of the Personal Grant could be maximised; and
- to explore the readiness of the Personal Grant for roll-out, scaling or further evaluation.

Impact Evaluation Methodology

Research questions

The primary research questions for the impact evaluation were:

1. What impact does receiving a Personal Grant have on participants' housing security (as measured by the Housing Security Scale)?
2. What impact does receiving a Personal Grant have on participants' financial security (as measured by InCharge Financial Distress/Financial Wellbeing Scale)?

The secondary research questions assessing the impact of a Personal Grant were as follows:

3. What impact does receiving a Personal Grant have on participants' social connectedness (as measured by the ENRICHD social support instrument and interview self-report)?
4. What impact does receiving a Personal Grant have on participants' wellbeing (as measured by the Short Warwick Edinburgh Mental Wellbeing Scale and interview self-report)?[24]

Design

The impact evaluation was conducted as an RCT, clustered at the level of participant postcode and stratified by city. The clustering was conducted to minimise risks associated with treatment and control participants being in the same housing. The rationale for this is discussed further in the ethics section below.

Inclusion and exclusion criteria

All participants were over 18 years old, and there was no upper age limit. The inclusion and exclusion criteria were developed primarily by the delivery organisations as being consistent with the process for selecting people to receive other forms of financial assistance:

- Significant experiences of homelessness[25]
- Currently living in any type of temporary accommodation (e.g. hostels, supported housing) and being supported by one of the delivery organisations at the time of the start of the trial

[24] Analysis of access to services and interaction with the criminal justice system was included in the ToC and initial rational but dropped from the final analysis due to data limitations.

[25] Delivery organisations defined 'significant experiences of homelessness' as appropriate for their own context, to ensure no arbitrary criteria reduced the ability of the evaluation to recruit participants. See Evaluation feasibility section for more information.

- Had a bank account, or could be supported to open one
- Nominated by the delivery partner as suitable for the project

Participants were excluded from the research if they met any of the following exclusion criteria:

- Use of restricted substance or alcohol assessed as a potential risk of harm by a participant's support worker at the delivery partner
- Suicide attempt or ideation by overdose within last six months, assessed as a potential risk of harm
- Possibility of exploitation, assessed as a potential risk of harm
- History of gambling, assessed as a potential risk of harm
- Had previous convictions for fraud/deception
- Had £4,000 or more in savings.[26]

Delivery partners identified participants and assessed their match to the inclusion and exclusion criteria before nominating them for participation in the study using an Inclusion and Exclusion Guide co-developed with the research team.

Participant recruitment

Recruitment ran from autumn 2021 to autumn 2022. Participants were identified and approached by the delivery partners. They were individuals known to the delivery partners and assessed as meeting the inclusion criteria and not meeting the exclusion criteria.

Participants were informed at the recruitment stage that if they joined the study they may receive some "additional financial assistance". However, the amount of the Personal Grant (£2,000), the form it would take (cash), or how it would be transferred (via bank transfer), were not communicated at this time. See the section on Ethical approval.

If potential participants were interested in hearing more about the study, their contact details were shared with the research team. Qa Research, the data collection partner, then contacted potential participants to explain the research to them and enrol them in the study (if they consented to be involved) and conducted the baseline survey. Once a potential participant had taken part in the baseline survey, King's and the delivery organisations discussed their inclusion and agreed the final set of participants for the research.

Sample

The target randomised sample was 180 participants in total, with 60 participants anticipated to be recruited by each of the Wallich (Swansea), Simon Community

[26] The Department for Work and Pensions have advised that if the participant has £4000 or more in savings, receiving an additional £2,000 would trigger a reduction in universal credit.

Scotland (Glasgow) and the Greater Manchester Combined Authority (Greater Manchester). When there were 60 participants enrolled in a city, or when a delivery partner had provided as many eligible participants as they could, recruitment at this site would be closed; once contact attempts were exhausted with those potential participants, randomisation would be conducted.

The trial had two waves of recruitment. The first cohort included the three original sites. It was ultimately determined that referral numbers from Greater Manchester were too low to be included in the trial. The first cohort were randomised and received the transfer in July 2022. In the second cohort, the Edinburgh and Perth (Simon Community Scotland), Dundee (Transform Community Development) and Oxford (Aspire Oxfordshire) sites were recruited and baselined between September 2022 and November 2022.

In total, 185 individuals were referred by the delivery partners with 91 signing up for the study. Most of the remainder were uncontactable. After baseline, 11 participants were excluded from the trial either during the pre-randomisation eligibility checks conducted with case workers, or after randomisation due to safeguarding. This led to a final randomised sample of 80 participants from the Wallich, Simon Community Scotland and Aspire Oxfordshire only, representing an attrition rate of 57% from referral to randomisation. This was below the target recruitment for the study.

Table 3 summarises the distribution of participants across organisations, including all organisations that referred at least one participant.

Table 3: Recruitment per organisation

Site	Referred participants	Participants at baseline	Participants randomised*	Participants at 1st follow up	Participants at 2nd follow up^
The Wallich	79	42	39	20	18
Simon Community Scotland	71	33	27	11	5
Aspire Oxfordshire	28	16	14	6	8
Greater Manchester	7				
Transform Community Development [27]	.				
Total	185	91	80	37	31

. Censored for low count (and excluded from total)
^ Non-responders to first follow up were still contacted for second follow up
* Note that this number excludes 11 people who were excluded either before or after randomisation; we do not provide these separately due to low counts.

[27] Transform Community in Scotland, Great Places in Manchester, and Perth (Simon Community Scotland) did not end up providing sufficient participants to be included in the study

Randomisation

This study ran as a clustered RCT. Those consenting to participate in the research were randomised to receive the Personal Grant via bank transfer, or not. Randomisation occurred following enrolment, completion of the baseline survey and confirmation from the delivery organisation. It was clustered at the level of the postcode of the temporary accommodation in which the participant was housed at the time and stratified by city.

Once randomisation was complete, treatment allocations were provided to the delivery organisations. Treated participants were advised by the delivery organisation that they would receive the Personal Grant, along with the timing of the transfer and its value. Control participants were contacted by the research team, to notify them that they were not selected to receive the Personal Grant.

As part of the guidance on briefing treatment participants, delivery organisations were encouraged to offer participants any advice they might like on how to use the funds. Likewise, when the research team notified control participants, they encouraged the control participants to reach out to their case worker or other services if they would like to talk about their financial position.

Outcome measures

Table 4 below gives the outcomes and associated outcome measures for the impact evaluation.

Table 4: Outcome measures

Primary outcomes	**Variable**	**Housing security**
	Measure(s) (instrument, scale)	Housing Security Scale (HSS) developed by Frederick et al. (2014)[28] which covers scales on housing type, recent housing history, current housing tenure, financial status, standing in the legal system, education and employment status, and subjective assessments of housing satisfaction and stability. The HSS is scored out of 65, with higher scores reflecting high housing security.
	Variable	**Financial security**
	Measure(s) (instrument, scale)	InCharge Financial Distress/Financial Wellbeing Scale (IFDFW; Prawitz et al., 2006). This scale measures a participant's financial state through self-reported distress or wellbeing. The IFDFW is an eight-item self-report scale

[28] Frederick, Tyler J., Michal Chwalek, Jean Hughes, Jeff Karabanow, and Sean Kidd (2014). "How stable is stable? Defining and measuring housing stability". *Journal of Community Psychology, 42*(8): 964–979. A table version of the Housing Security Scale can be viewed here: https://onlinelibrary.wiley.com/doi/pdf/10.1002/jcop.21832

		providing a score representing responses to individual indicators of personal finance concepts including financial behaviours, satisfaction, stressors and feeling of wellbeing. It has been tested on both the general population and individuals experiencing financial distress[29].
Secondary outcomes[30]	**Variable**	**Social connectedness**
	Measure(s) (instrument, scale)	The 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[31]. The scale measures social connectedness and has been used in research with participants with experience of street homelessness in previous studies[32].
	Variable	**Wellbeing**
	Measure(s) (instrument, scale)	The Short Warwick Edinburgh Mental Wellbeing Scale (Tennant et al., 2007). This is a wellbeing questionnaire developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing[33].

Demographic data and Modified Colorado Symptom Index (MCSI) questions

At baseline, we collected demographic data and asked a subset of questions from the Modified Colorado Symptom Index (MCSI). We asked participants for their date of birth, gender and ethnicity. The MCSI questions covered how often (if at all) a participant had experienced various psychological or emotional difficulties in the month leading up to the baseline survey being conducted. The MCSI questions were included to screen participants for eligibility.

This set of questions was not included in the follow up surveys.

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[29] Prawitz, A. D., Garman, E. T., Sorhaindo, B., O'Neill, B., Kim, J., & Drentea, P. (2006). InCharge financial Distress/Financial well-being scale: Development, administration, and score interpretation. Journal of Financial Counseling and Planning, 17(1): 34-50,95-97.

[30] Some additional questions were asked that were intended to feed into the economic evaluation, however as this did not take place, they have not been included in the analysis.

[31] Vaglio, J., Jr, Conard, M., Poston, W. S., O'Keefe, J., Haddock, C. K., House, J., & Spertus, J. A. (2004). Testing the performance of the ENRICHD Social Support Instrument in cardiac patients. Health and quality of life outcomes, 2, 24. https://doi.org/10.1186/1477-7525-2-24

[32] Vallesi, S., et al (2019) A mixed methods randomised control trial to evaluate the effectiveness of the journey to social inclusion = [has 2 intervention for chronically homeless adults: study protocol. BMC Public Health 19, 334.

[33] Tennant, R., Hiller, L., Fishwick, R. et al. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. Health Qual Life Outcomes 5, 63 (2007).

Data collection

Outcome data collection was conducted via a self-reported survey. The self-reported surveys were administered as phone surveys conducted by the data collection partner, Qa Research, using Computer Aided Telephone Interviewing. Participants joined the study in two waves. Table 5 outlines the data collection points.

Table 5: Impact evaluation data collection points

Data item	When	Data collector	Purpose
Participant contact details	Wave 1: Sept 2021 – May 2022 Wave 2[34]: April 2022-Nov 2022	Delivery organisations	To contact participants to seek their enrolment in the study
Enrolment	Wave 1: November 2021 – May 2022 Wave 2: Sept 2022-Nov 2022	Qa Research	To record consent (or otherwise) to participate in the study
Baseline survey	Wave 1: November 2021 – May 2022 Wave 2: Sept 2022-Nov 2022	Qa Research	To obtain demographic information about participants, and take baseline measures of the outcomes
Eligibility checks	Wave 1: May/June 2022 Wave 2: May 2023	Delivery partners and evaluator	Based on baseline answers on key indicators, participants were assessed for their risk to take part in the research and excluded if the delivery organisation considered appropriate.
Randomisation	Wave 1: July 2022 Wave 2: June 2023	Evaluator	Randomisation clustered at post-code level
Follow up surveys	Wave 1: - Oct-Dec 2022 - July-Aug 2023 Wave 2: - Nov 2023 -June-Nov 2024	Qa Research	To take post-intervention measures of the outcomes

[34] We received contact details from one individual earlier but we did not contact them earlier given that we did not had further referrals from the same site.

A total of 37 participants completed the first follow-up, which took place between three and six months after they completed the transfer. This represents 46% completion from the randomised cohort of 81. A total of 31 participants completed the 12-month follow-up, representing 39% completion from the randomised cohort. Since midline non-responders were nonetheless approached at 12-months, completion of any outcome data was 59% (47 out of 80).

Analytical strategy

Analysis was conducted in R.

The primary analysis estimated the impact of being allocated to treatment on the primary outcomes. Given the multiple outcome periods, the treatment effect will be calculated using the longitudinal analysis of variance method.

The analysis uses a covariate-adjusted Ordinary Least Squares (OLS) regression with the following specification:

$$Y_{ict} = \alpha + \beta_1 D_c + \beta_2 A_i + \beta_{3,4,5} org_c + \beta_{6,7} T_t + \beta_8 (D_c * T_t) + \epsilon_{ic}$$

Where:

- Y_{ict} is the score on the primary outcome for individual i in cluster c in time point t either:
  - Housing Security (discrete numeric variable, treated as continuous)
  - Financial Security (discrete numeric variable, treated as continuous)
- 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
- A_i is individual$i$'s baseline score on the outcome
- org_c is the organisation responsible for referring individuals in cluster c
- T_t reflects the follow up measurement at 12 months (with 3 months as the reference category)
- $D_c * T_t$ reflects the treatment effect on the primary outcome at the second follow up measurement (12 months)
- ϵ_{ic} is a cluster-robust standard error.

This specification results in analysis being conducted on 47 participants who responded to either the first or second follow-up survey (68 participant x time observations in total). Owing to the small sample size, covariates other than the baseline measure of the outcome and the referring organisation are not included in the specification. It was initially anticipated that city would be used rather than referring organisation; however, due to small counts in some areas, organisation was considered more appropriate.

Secondary analysis focused on the impact of the treatment on the secondary outcomes, using the same analytical specification as the primary outcome.

Implementation and Process Evaluation Methodology

Research questions

The research questions for the IPE were:

1. What was the fidelity of the intervention to the way it was envisaged?
    a. For example, were transfers made as expected, did participants discuss their plans with their support workers, did support workers feel well-positioned to support participants who received a Personal Grant?
    b. To what extent were delivery organisations able to effectively screen participants, administer the Personal Grant, and support participants to consider how to spend it?
2. What were the key opportunities and risks identified by staff and stakeholders?
3. What were participants' experiences of receiving the Personal Grant?
    a. How did they spend it and why?
    b. What effect did receiving a Personal Grant have on their lives?
    c. How did it influence the way participants thought about themselves and their future prospects?
    d. What were the key facilitators and barriers to participants using the Personal Grant to further their own aspirations and goals?
4. How can the experiences of people who have received the Personal Grant inform our understanding of the effectiveness and accessibility of this type of cash transfer?
5. What are staff and stakeholders' recommendations for improvement, and perceptions of the readiness of the Personal Grants scheme for roll out and scaling?

Initially, IPE activities with staff and stakeholders were planned. Due to limited recruitment achieved during this stage of the evaluation, however, IPE activities involving staff were not carried out. Instead, CHI and King's carried out lessons learned exercises with two of the three delivery partners who had participants randomised (CHI provided notes to KCL from their session). The findings of this exercise have been incorporated where appropriate. This was initially to save resource for when additional sample size was achieved, and then in anticipation of the second phase of the evaluation, when additional data could be gathered[35]. Therefore, the IPE focused on research questions related to those who received a Personal Grant.[36]

Data source and data collection tools

Table 6 below outlines the methods used for the IPE.

Table 6: IPE data collection

Sample	Method	Delivery	Time
A purposively sampled[37] subset of participants (n = 8)	Semi-structured interviews	Telephone	November 2022

CHI and King's also carried out lessons learned exercises with two of the three delivery partners who randomised participants into the trial. These were informal sessions carried out at the end of the study to understand delivery partners' experiences of the study and any suggestions for improvement. These sessions were not a formal part of the IPE but they inform our understanding of how the evaluation operated, and suggestions for adaptations for Phase 2.

Interviews with participants

Eight in-depth interviews were carried out with individuals in the trial. This included participants who had and had not received the transfer.[38] The intended sample size for these interviews was 30. The lower final sample size reflects the smaller sample for the trial as a whole. The number of interviews conducted was intentionally kept roughly in line with the proportion of the intended sample that had been randomised, based on the assumption that the intended sample size of 180 would be reached by the end of the trial. The purpose of this was to ensure that the qualitative sample mirrored the study sample as it stood at various stages of the evaluation. However, as the sample size was not reached, the number of interviews conducted

[35] There was also an initial plan to gauge willingness among participants for an analysis of bank statements. However, due to the small sample size this was also not pursued during this phase.

[36] Given this, the following research questions were not addressed by the IPE: 1b; 2; 5 (however, this was partially mitigated by the addition of the lessons learned workshops).

[37] Participants were purposively sampled to ensure their experiences represented diversity across age, gender identity, ethnicity and location. However, due to not reaching the intended sample size, the spread of participants was limited.

[38] 5 participants had received the transfer and 3 participants had not received the transfer. Participants who had not received the transfer were asked questions about their current financial situation, well-being and plans for the future, to build an understanding of the counter factual.

during this phase of the trial was lower than the intended sample.[39] As discussed in the limitations section, this restricts the insights that can be provided by the IPE.

Interviews were carried about by experienced qualitative interviews at Qa Research, conducted via phone or videoconferencing and were audio-recorded. Participants were provided with a £35 incentive to take part. All personal information was removed from transcripts prior to analysis.

Data analysis and synthesis

Interviews were recorded and transcribed in full by a professional transcription service. Qualitative data was then managed using the NVivo framework approach.[40] A framework for data management was developed based on the research questions and emerging themes. The data was then managed descriptively using a process of detection, categorisation and classification.

Ethical approval

This project was approved by the King's College London Social Sciences, Humanities and Law Research Ethics Subcommittee HR/DP-20/21-23147. A Risk and Safeguarding Protocol and an Adverse Outcomes Protocol were developed and agreed between King's College London, Qa Research, the delivery organisations and the project board.

The following approaches were agreed with the ethics committee to ensure potential risks to participants were minimised:

- Participants in key high-risk categories were excluded from the research.
- Potential participants were not made aware of the value of the Personal Grant. The purpose of this was to:
  - reduce the risk of participants feeling pressure to participate due to the value of the assistance;
  - reduce the disappointment and distress participants in the control group felt on learning they would not receive the assistance; and
  - reduce the risk of exploitation for treatment group participants if others (e.g. control participants) were aware of the value of the Personal Grant.
- Treatment group participants were informed of the value of the transfer at least two weeks before they were due to receive it, to enable them to consider if they wished to withdraw now that they had this information. Control group

[39] It should be noted that the lower sample size for interview participants was not related to attrition or refusal to take part.
[40] Ritchie et al, *Qualitative Research Practice* (Sage, 2014)

participants were informed at the end of the study of the value of the Personal Grant and had the option to withdraw their data from future analysis at this point.

- Randomisation was clustered at the level of postcode (i.e. accommodation site) meaning that everyone living at the same postcode was allocated to the same treatment condition. This was to reduce the risk of control participants finding out the value of the Personal Grant assistance during the project.
- The delivery organisations continued to provide their broader duty of care to participants as individuals to whom they were providing accommodation. Delivery organisations had a duty to notify the research team of any changes in a participant's circumstances that meant they might meet an exclusion criterion, or of any other information that suggested the participant was no longer suitable to participate in the research.

In relation to the qualitative interviews the following measures were taken to minimise potential risks to participants:

- The voluntary nature of participation was emphasised at all stages of the process to participants. It was made clear that they could choose whether to take part and which questions to answer and what information they were comfortable sharing, and that withdrawing from the study would have no effect on the services they were receiving.
- Experienced researchers, skilled in approaches designed to ensure participants' wellbeing, carried out the interviews. Approaches included structuring the interview to leave participants in a positive place, and breaking and pausing techniques.
- A detailed safeguarding policy and list of support organisations were used during the interviews to ensure participants and researchers were supported should the interviews bring up any safeguarding disclosures or difficult emotions.
- Confidentiality and data protection were addressed upfront with participants to ensure they were aware of how their data would be used, stored and reported.

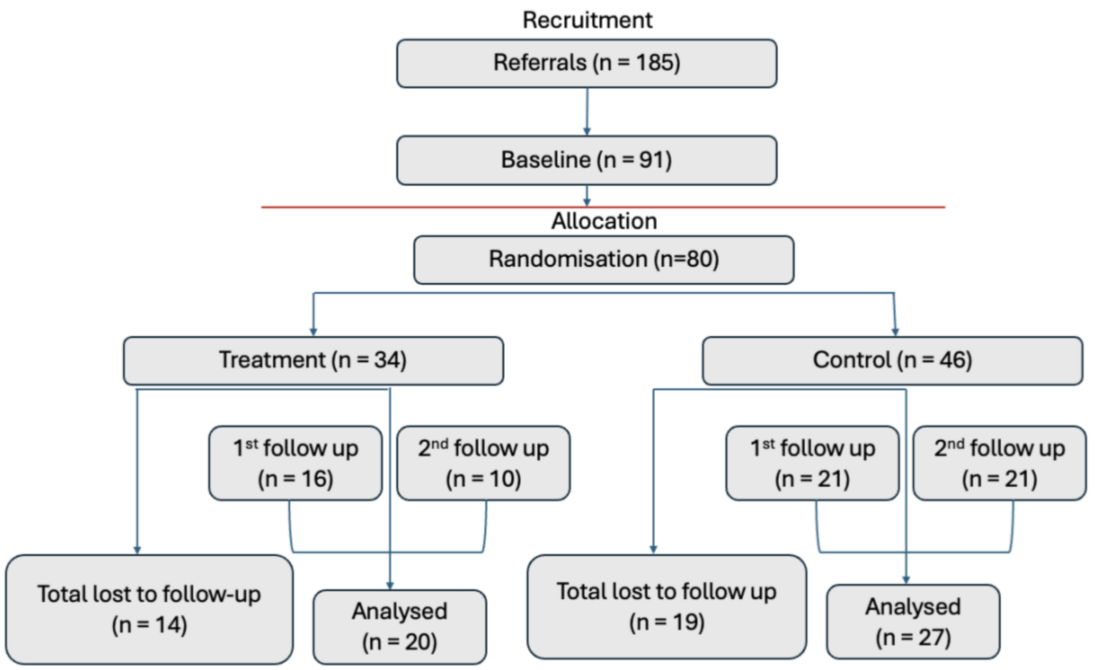
Results

Participant flow

The trial started with recruitment of 185 participants, out of which 91 provided consent to participate in the study. These participants completed the baseline survey, after which their data was sent to the evaluation team at King's. A total of 11 participants were excluded from the study upon reviewing and discussing the eligibility criteria along with the delivery organisation. After this review, 80 participants were ultimately randomised, with 34 allocated to the treatment group and 46 to the control group. The unequal allocation is due to clustering; although almost all clusters were of one individual, there was a small number of larger clusters that were allocated to control due to chance.

The CONSORT diagram in Figure 2 summarises the participant flow in the trial from the time of recruitment to the analysis phase.

Figure 2: CONSORT diagram[41]



We conducted tests on demographic characteristics and outcome measures at baseline to gauge the extent to which the randomisation has successfully delivered balance on the variables we can observe. To interpret a difference between the treated and control groups as a causal impact, we need to assume that the groups are

[41] Note that as participants could respond to both the first and second follow-up, these figures are not mutually exclusive. The figure given in "Analysed" represents the number of participants who responded to at least one follow-up survey. "Total lost to follow up" refers to the number who completed neither follow-up survey.

balanced in expectation on that outcome in the absence of treatment. This is an untestable assumption, as once the treatment group has been treated, we cannot observe their outcome without treatment to compare it to the control. Thus, balance was checked on the following covariates:

- Housing security
- Financial security
- Gender
- Age
- Ethnicity

We considered that there was imbalance on a covariate if the absolute difference in the means between the two groups as a proportion of the sample standard deviation, equivalent to a Z-score within a Standard Normal Distribution, is more than 0.1, or there is more than a 5 percent difference in the proportions of respondents in each category for the binary variables.

The sample balance on the characteristics given are summarised in Table 8.

Table 8: Balance checks on sociodemographic characteristics

Variable	Baseline N=80^		
	Treatment N=34	Control N=46	Difference
Housing security	43.9	45.4	0.27*
Financial security	3.2	3.3	0.05
Gender (proportion of women)	29%	50%	21%*
Age	43.3	37.4	0.50*
Ethnicity (proportion of participants self-identified as white)	91%	87%	4%

Difference is reported as proportion of a standard deviation for continuous variables and percentage difference for categorical variables
^ While 91 people participated in baseline survey, we exclude 11 people who were excluded either before or after randomisation
* Indicates an imbalance per the criteria outlined above

The above analysis suggests that there was a level of imbalance on a number of observable characteristics. This is likely a function of the small sample size and clustering, with a large number of single-person clusters but a small number of fairly demographically homogenous n > 1 clusters, including one relatively large cluster. This issue would be mitigated or avoided with a larger sample size, and by avoiding large variation in cluster sizes. Ultimately, caution is required when interpreting the findings of the analysis, especially given the attrition between survey waves.

Post-randomisation, substantial attrition took place. Table 9 tabulates the distribution of participants based on their completion status for the 3-month and 12-month follow-up surveys. It categorises participants into four groups: those who completed both surveys, those who only completed the 3-month survey, those who only completed the 12-month survey and those who did not complete either survey. Ultimately, 47 individuals were used in the analysis, of whom 20 were in the treatment and 27 in control.

Table 9: Sample sizes for analysis

	No 12-month	12-month	
No 3-month	44	10	Total
3-month	16	21	37
	Total	31	47

Given the substantial attrition rates observed in the trial, during data collection, we ran balance checks on key observable covariates to assess whether the characteristics of those retained (those who participate in at least one follow-up survey) and lost at follow up differ significantly, by treatment assignment. The results have been presented in Table 10.

Table 10: Participant characteristics

Variable	Remaining participants (N=47)			Lost to follow-up (N=34)		
	Treatment N=20	Control N=27	Difference	Treatment N=15	Control N=19	Difference
Housing security	42.7	45.3	0.55	45.53	45.2	0.05*
Financial security	3.38	3.3	0.03*	3.1	3.3	0.14*
Gender (proportion of women)	25%	56%	31pp*	33%	42%	14pp*
Age	42.9	35.4	0.64*	44.0	40.3	0.31*
Ethnicity (proportion of participants self-identified as white)	90%	85%	5pp	93%	89%	4pp

Variable	Remaining participants (N=47)	Lost to follow-up (N=34)

Difference is reported as proportion of a standard deviation for continuous variables and percentage difference for categorical variables
* Indicates an imbalance per the criteria outlined above
pp refers to percentage points.

There is imbalance in some demographic characteristics among the remaining sample and among the participants who dropped out, suggesting the presence of differential attrition.

Sample size calculations

As discussed above, there was considerable attrition from the time of randomisation to the analysis stage. This implies that the efficacy of the study was constrained by a lower-than-expected sample size, which had a direct influence on the minimal detectable effect size (MDES).

As shown in Table 11 the anticipated sample size at the pre-registration stage—estimated to be around 90 participants (assuming 50% attrition)—fell to 47 by the time of analysis. The trial was originally powered to detect a moderate effect size of 0.45 (MDES=0.32 with 0% attrition, i.e. N=180), which was deemed appropriate given the intervention's high cost and effect sizes reported in similar studies. However, due to the diminished sample size, the detectable threshold increased to an MDES of 0.64, limiting the statistical power to identify smaller but potentially meaningful effects.

Table 11 : MDES calculations

Unit of randomisation	Postcode of temporary accommodation placement		
Baseline-Endline Correlation (Housing Security)	0.5		
Alpha	0.05		
Power	0.8		
ICCR	0.01		
Alternative hypothesis: One-sided or two-sided	Two-sided		
	At protocol	**At randomisation**	**At analysis**
Total sample size across both arms	180	–	–
Average sample size per cluster	1.5		

Expected attrition at individual level (%)	0-50	–	–
Effective sample (Total Participants)	90-180	80	47
Minimum Detectable Effect Size (MDES)	0.32-0.45	0.48	0.64

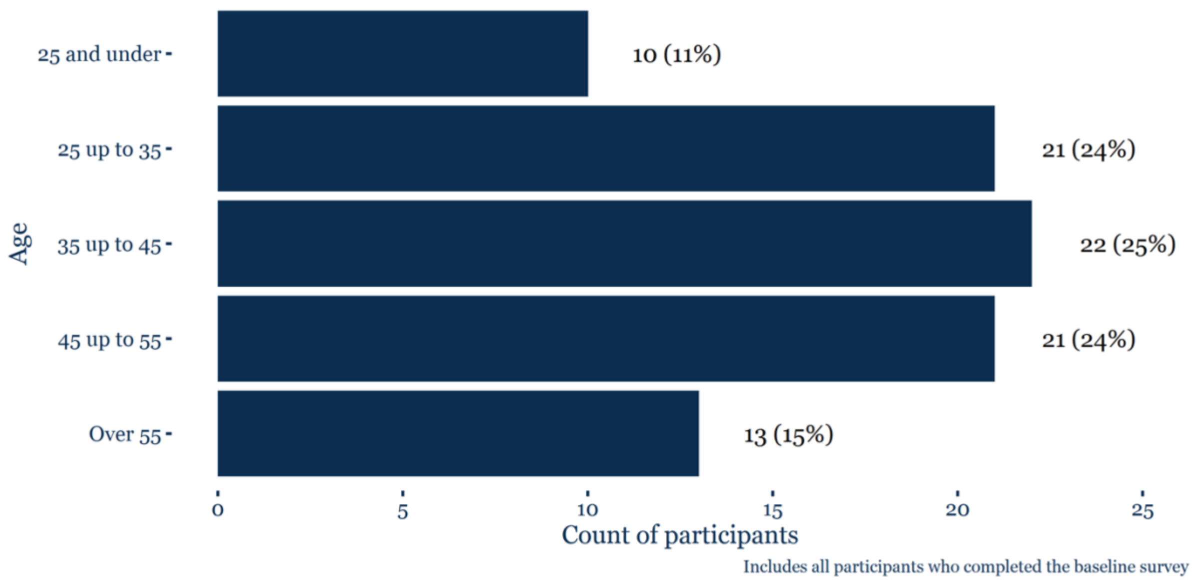
Sample characteristics

Socio-demographic characteristics

This section discusses the sociodemographic characteristics of those who took part in the baseline survey (N=91), including information on participants' housing and financial conditions, as well as their mental health status. In the charts that follow, in some instances we have combined categories that have fewer than five cases in them, to preserve participant anonymity.

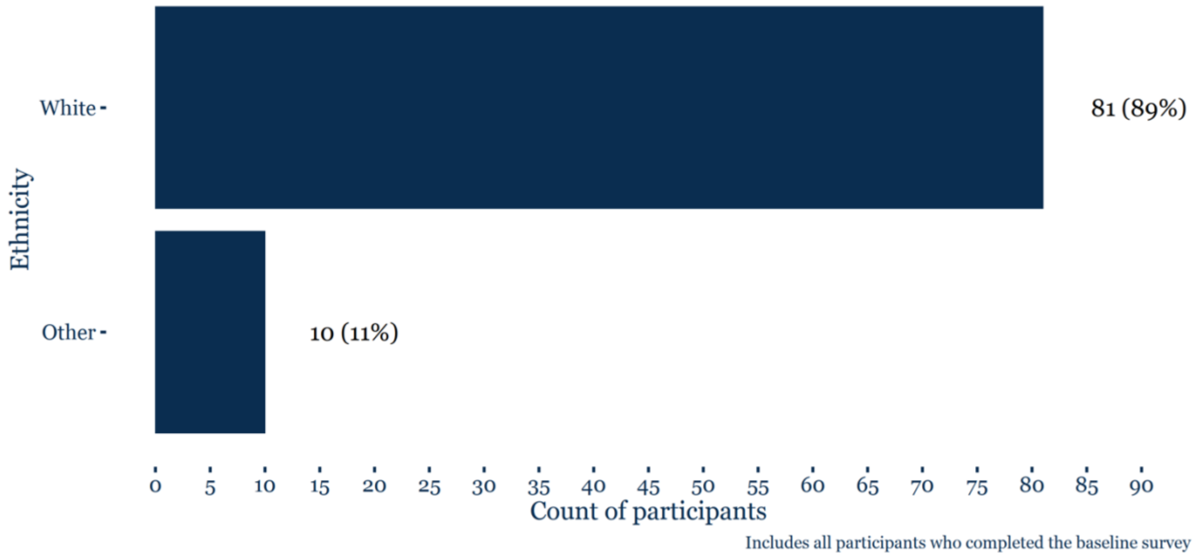
Figure 3 gives the breakdown of participants by age. The mean age of participants who completed the baseline survey was 41.

Figure 3: Age of participants



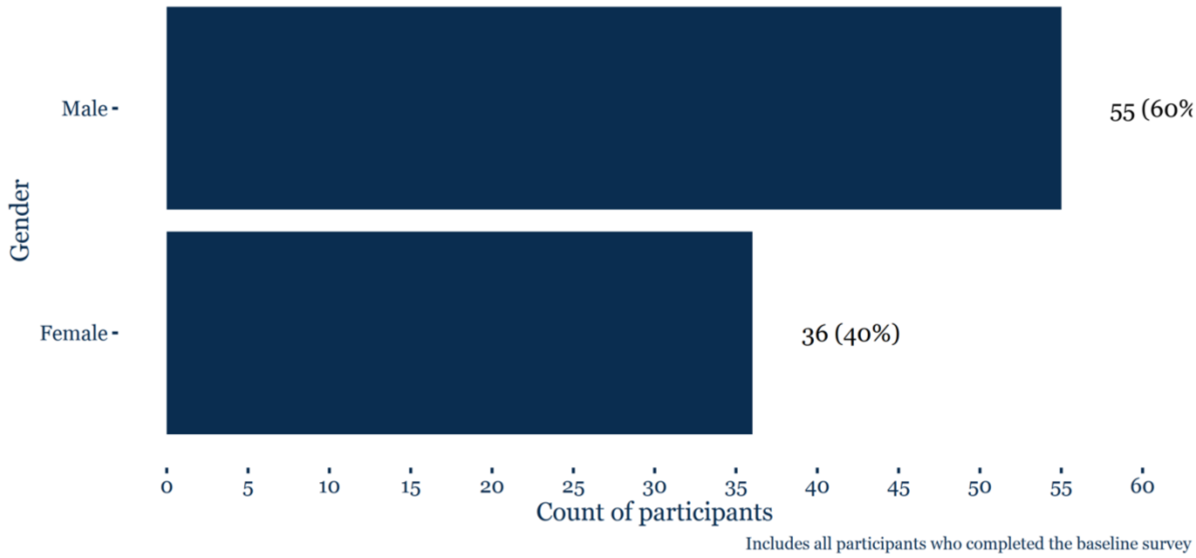
Participants were predominantly from white backgrounds (see Figure 4).

Figure 4: Ethnicity of participants



As shown in Figure 5 the majority of participants were male, but a substantial minority were female.

Figure 5: Gender of participants



Participants' situation at baseline

The data from the baseline survey allows us to understand the situation participants were in when they were enrolled in the study.

Table 12 summarises the status of participants when they completed the baseline survey. Outcomes are reported for all 91 participants who completed the baseline. To measure each outcome, we used the validated scales outlined in the trial protocol.

Each outcome is an aggregate of several survey items. Aggregation has been made following each scale's guidance as well as optimising the information collected.

Table 12: Summary of distribution of baseline outcome measures

Outcome	Description	Mean	Min	Median	Max	Standard Deviation	Missing values
Housing Security	Housing Security Scale (HSS)[42] Scale: 1-5	3.70	2.17	3.67	4.83	0.46	0
Financial Security	InCharge Financial Distress/ Financial Wellbeing Scale (IFDFW)[43] Scale: 1-10	3.32	1.00	2.75	8.25	1.92	0
Social Connectedness	ENRICHD Social Support Instrument[44] Scale: 8-34	22.24	8.00	22.00	34.00	6.26	0
Wellbeing	Short Warwick Edinburgh Mental Wellbeing Scale (S-WEMWS)[45] Scale: 7-35	22.12	8.00	22.00	35.00	6.19	0

Note: for all these scales, a higher response reflects a more positive level of the outcome.

Participants' housing situation

All participants were asked to complete the Housing Security Scale (see Figure 7). Scores on this measure can range from 12 to 60. Overall, participants reported moderate levels of housing security. Although this is positive for participants, it suggests that individuals referred to the study may have been on the lower-risk end of the eligible sample group. Consistent with this, the plurality of participants reported living in social rented accommodation, with the next most common category being supported housing (Figure 8).

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42 Frederick, Tyler J., Michal Chwalek, Jean Hughes, Jeff Karabanow, and Sean Kidd (2014). "How stable is stable? Defining and measuring housing stability". Journal of Community Psychology, 42(8): 964–979. A table version of the Housing Security Scale can be viewed here: https://onlinelibrary.wiley.com/doi/pdf/10.1002/jcop.21832

43 Prawitz, A. D., Garman, E. T., Sorhaindo, B., O'Neill, B., Kim, J., & Drentea, P. (2006). InCharge financial Distress/Financial well-being scale: Development, administration, and score interpretation. Journal of Financial Counseling and Planning, 17(1): 34-50,95-97.

44 Vaglio, J., Jr, Conard, M., Poston, W. S., O'Keefe, J., Haddock, C. K., House, J., & Spertus, J. A. (2004). Testing the performance of the ENRICHD Social Support Instrument in cardiac patients. Health and quality of life outcomes, 2, 24. https://doi.org/10.1186/1477-7525-2-24

45 Vallesi, S., et al (2019) A mixed methods randomised control trial to evaluate the effectiveness of the journey to social inclusion = [has 2 intervention for chronically homeless adults: study protocol. BMC Public Health 19, 334

On average, in terms of the official score classification, participants in the trial would fall into the category *at risk of not accessing housing of reasonable quality*. However, there were a diverse range of responses, with some participants being categorised as experiencing *complete instability*, while others were in the higher category of *likely to access housing of reasonable quality in the absence of threats*.

Figure 7: Participants' score on the Housing Security Scale

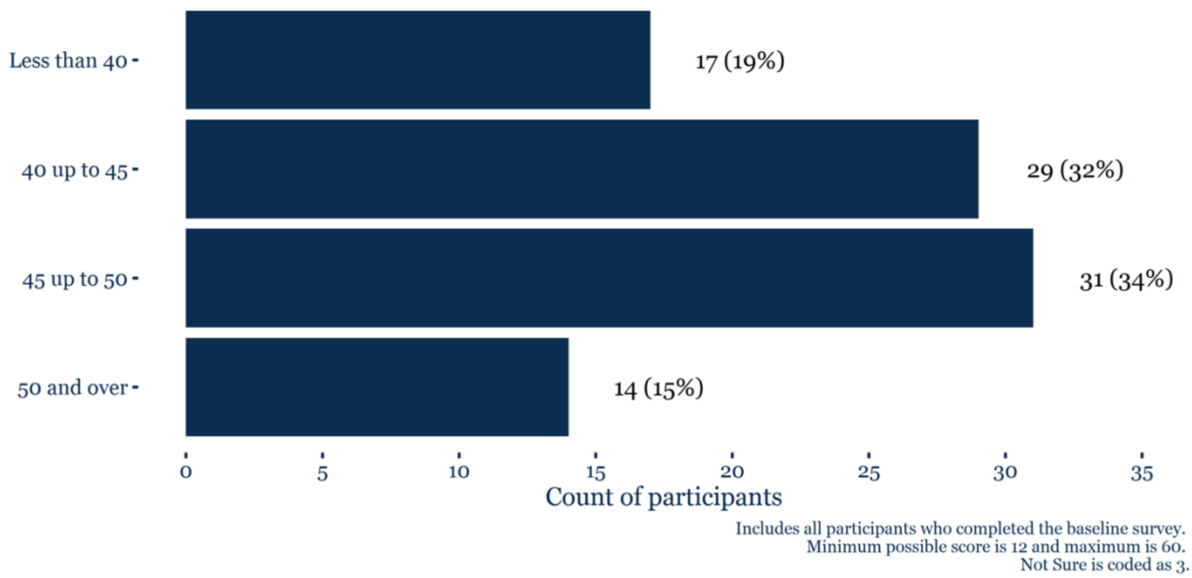


Figure 8: Where participants were living

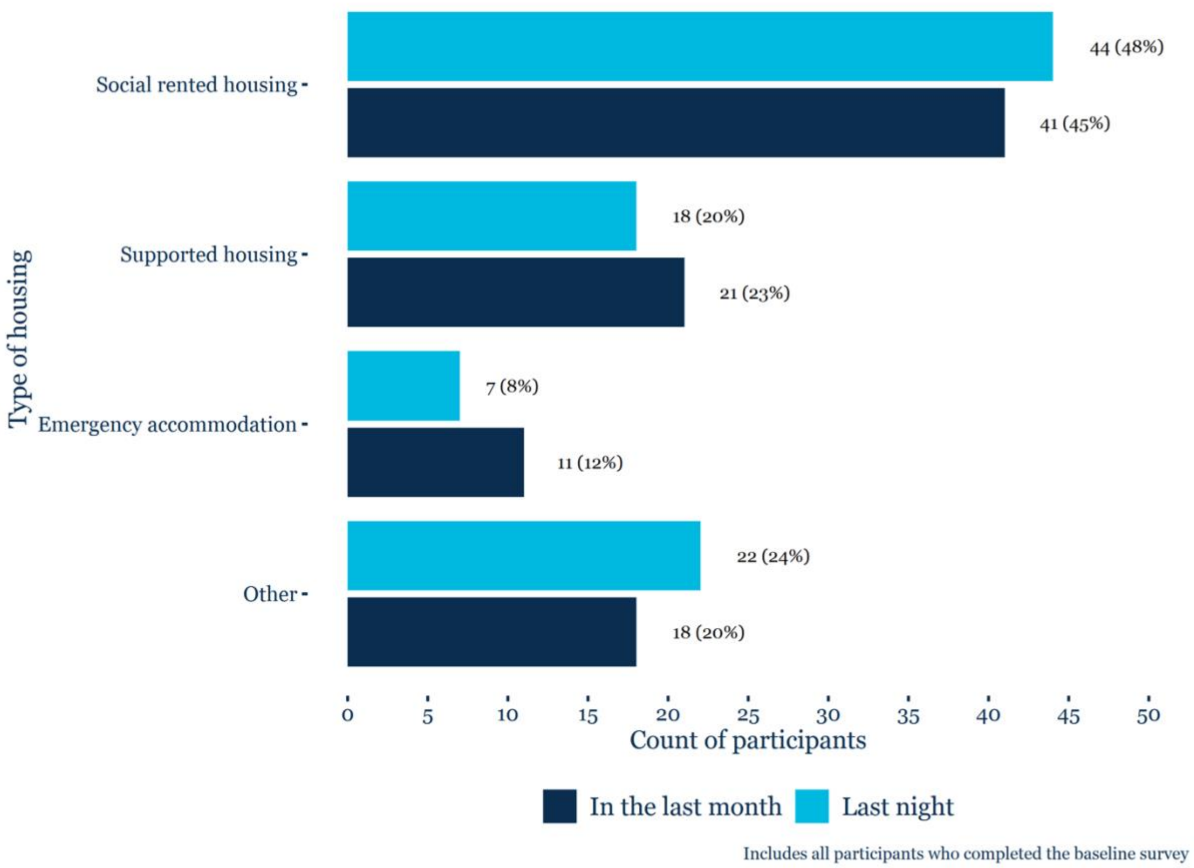
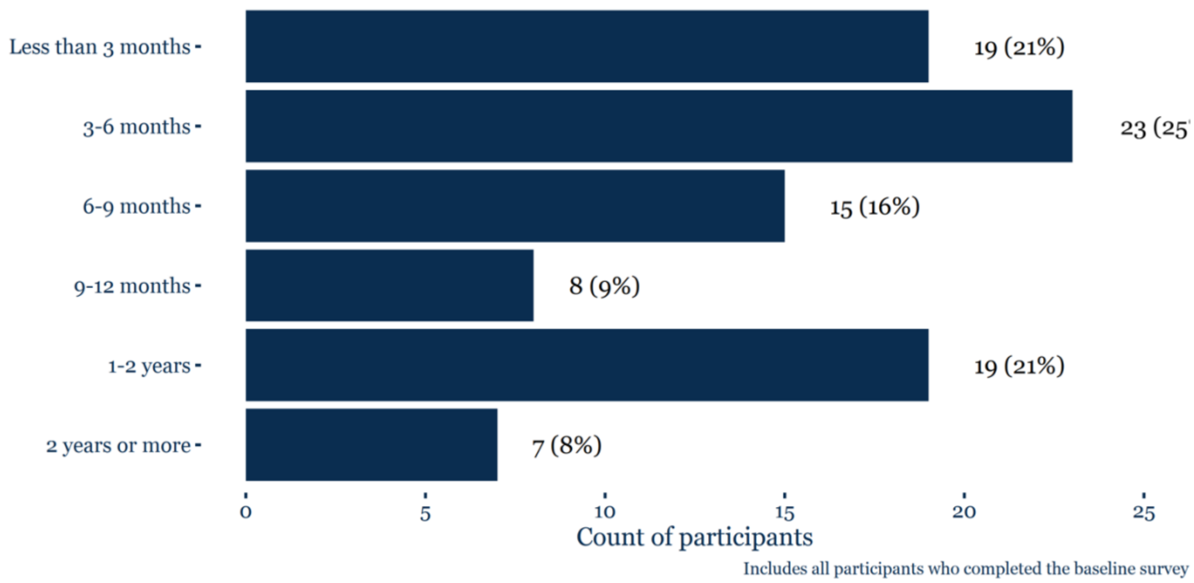


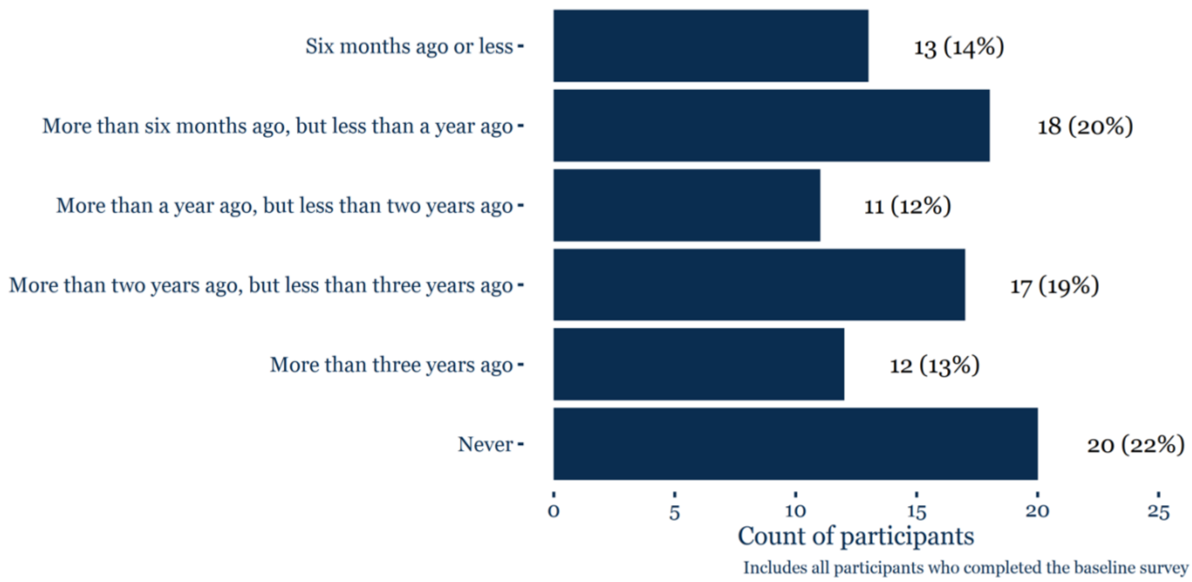
Figure 9 adds additional nuance to this, however; many participants had only been in their current accommodation for less than six months. This may suggest that many individuals referred to the trial, who completed the baseline survey, were referred having not been in stable accommodation for very long.

Figure 9: Participants' time in current accommodation



Lastly, on housing, we looked at when participants last slept rough (Figure 10). The study was interested in supporting those who have had experience of street homelessness, and the majority of the sample reported having slept rough (wording used in the survey) at some point. The context of the COVID-19 pandemic and the 'Everyone In' housing policy meant that some individuals who may have otherwise ended up sleeping on the street were diverted to emergency accommodation.

Figure 10: When participants last slept rough

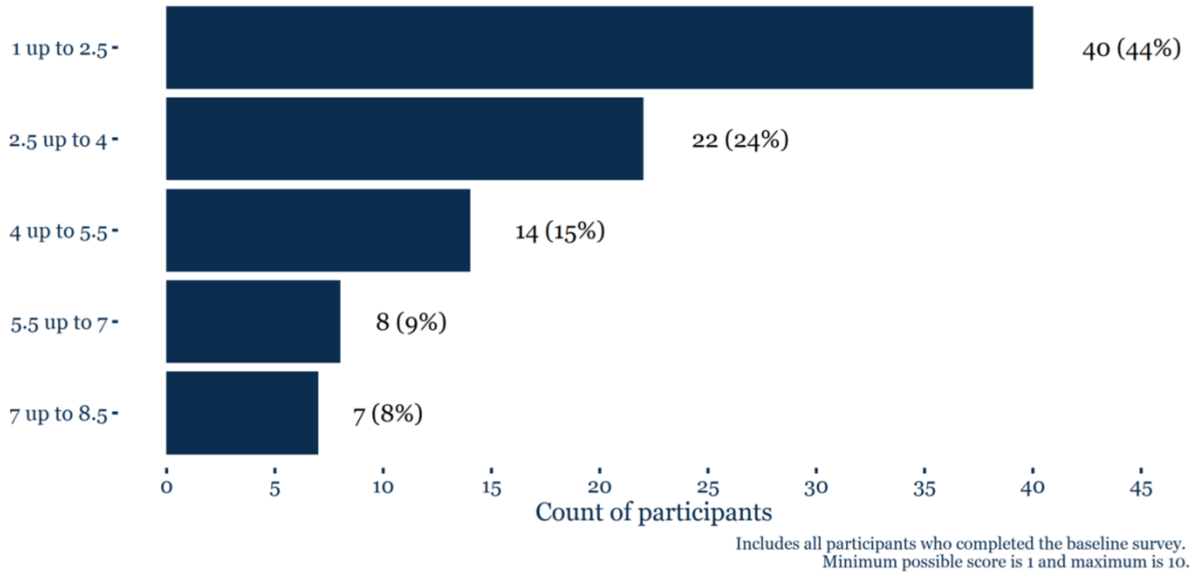


Overall, the baseline survey suggests that the sample had previous experience of homelessness and other significant housing challenges, but, at the time of the study, were on a trajectory towards more housing security.

Participants' financial status

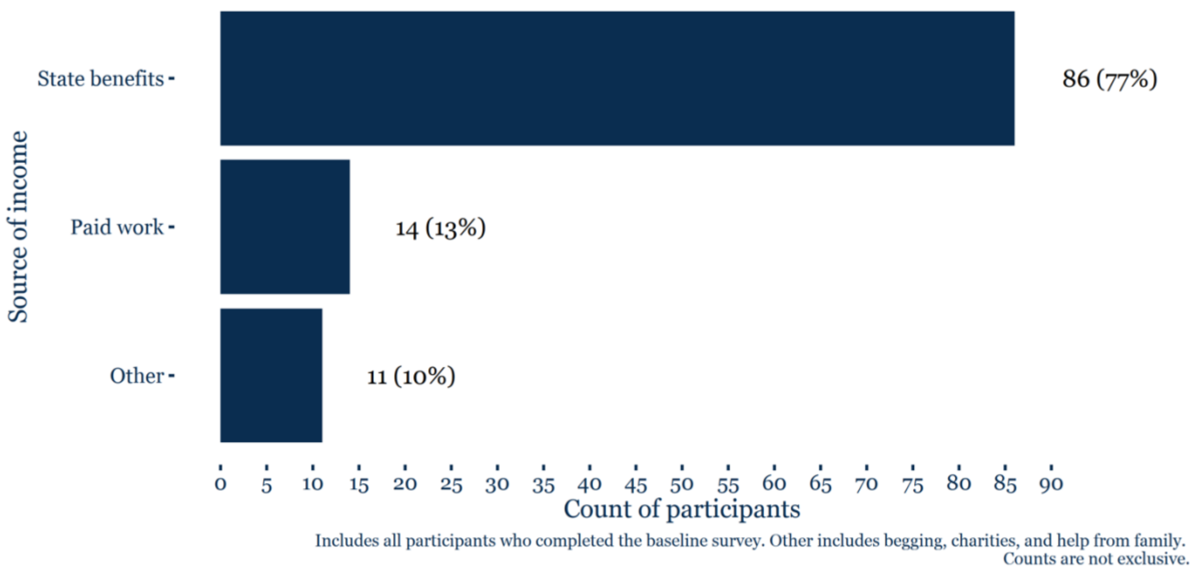
In addition to housing security, we also looked at participants' financial positions. Participants overall reported very low financial security, as measured by the FSS (Figure 11). Almost half the sample reported FSS below 2.5, while nobody in the sample reported FSS above 8.5.

Figure 11: Participants' baseline Financial Security Score



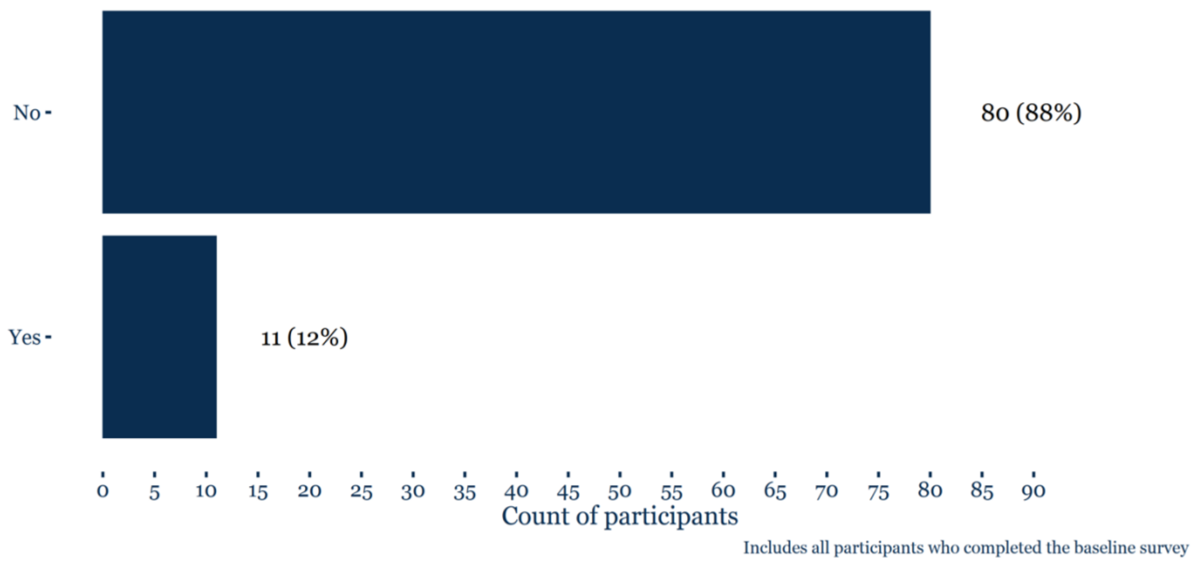
Looking at income, almost all participants reported receiving benefits (Figure 12). A small number reported receiving income from paid work or other sources.

Figure 12: Sources of income



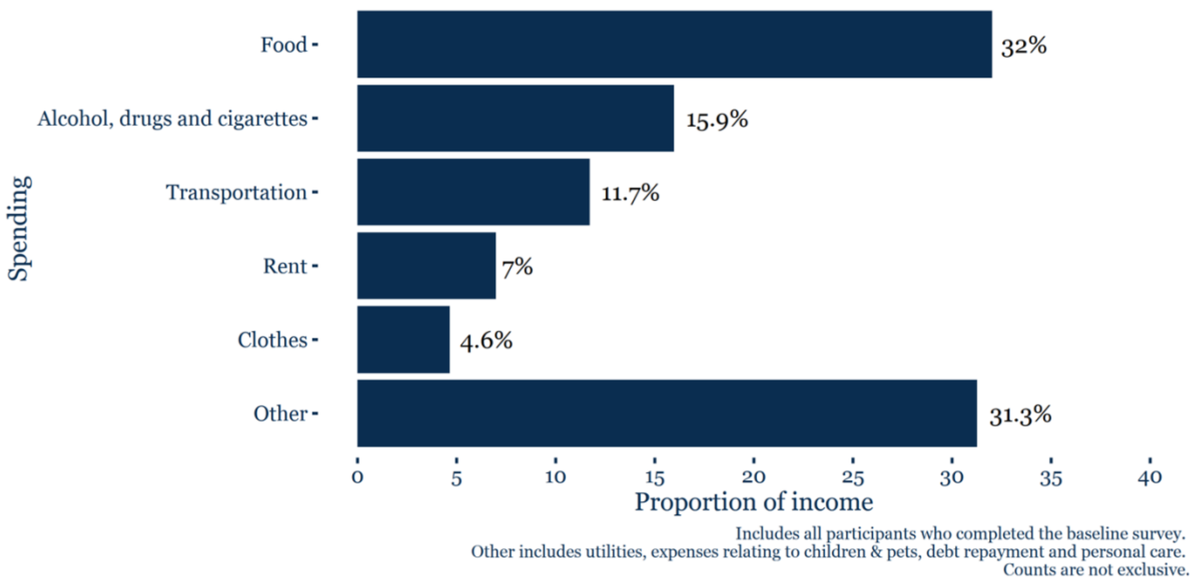
The overwhelming majority of participants reported having no savings (Figure 13).

Figure 13: Whether participant had any savings



As seen in Figure 14, participants were spending about a third of their income on food, on average, and another third on other costs including utilities, costs relating to children and pets, debt repayment and personal care. Participants were spending on average about 16% of their income on alcohol, drugs and cigarettes.

Figure 14: How participants were spending their money

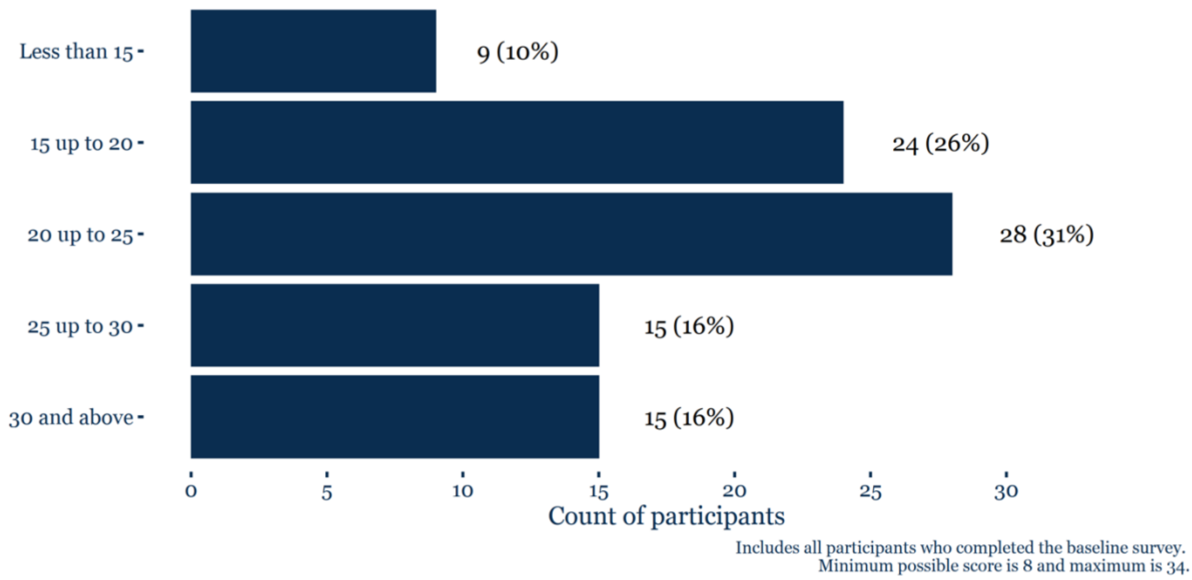


Overall, participants' financial positions at baseline can be described as challenging. Participants expressed overall low financial security and high reliance on benefits. Despite generally getting support with housing costs, they reported spending a large proportion of their income on necessary items such as food, utility costs and childcare (which were captured under 'Other').

Participants' social connectedness

We were also interested in the extent to which participants felt like they had social support in their lives. As seen in Figure 15, participants had a broad range of scores on social support.

Figure 15: Participants' score on the ENRICHD social support instrument

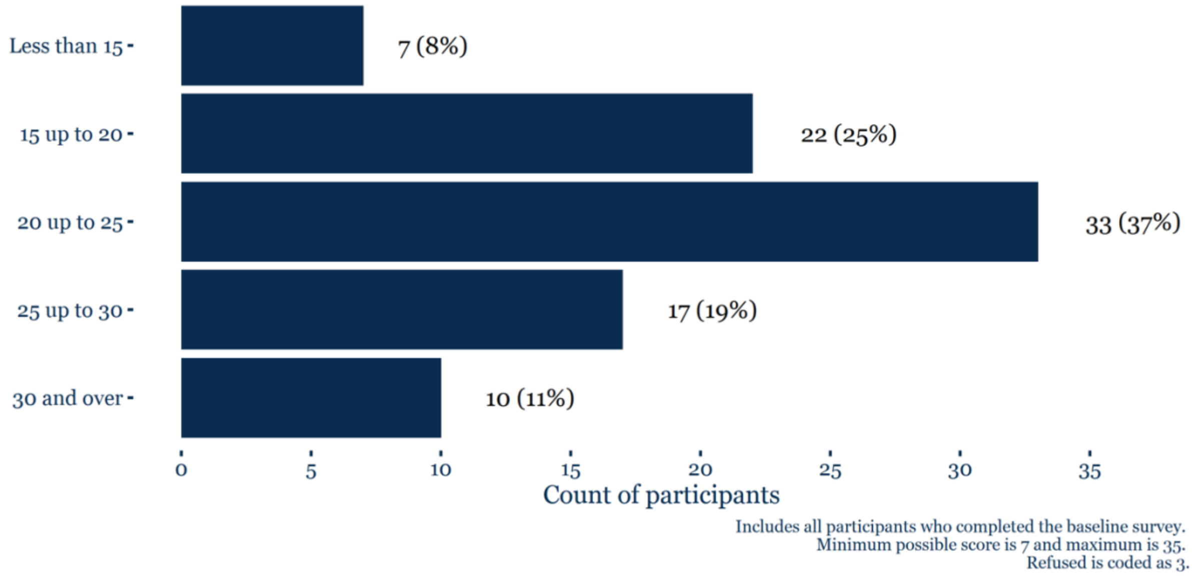


Participants' wellbeing and mental health

Participants' wellbeing and mental health was also assessed as part of the baseline survey. This was both to understand participants' starting point and to ensure that those who joined the study were not currently experiencing a mental health crisis. Looking at SWEMWS (Figure 16) we see that participants are clustered around the middle of the distribution, equivalent to answering "Some of the time" on most factors of wellbeing. The average participant of the trial has a wellbeing score lower than the UK average wellbeing score (the SWEMWS has a mean of 23.5 in the general population[46]).

46 https://warwick.ac.uk/services/innovations/wemwbs/how/

Figure 16: Participants' score on the Short Warwick-Edinburgh Mental Wellbeing Scale



The baseline survey also used a subset of three questions from the Modified Colorado Symptom Index[47] to assess participants' mental health. This index assesses the frequency with which individuals face certain psychological or emotional difficulties and was key during the discussions with case workers for screening eligibility. Answers run from 1 to 5, where 1 reflects not at all feeling that way and 5 is feeling that way at least daily over the last month. Participants' mean scores at baseline are given in Figure 17. It can be seen that participants' report feeling depressed relatively often (several times during the month, on average) but report feeling like they want to harm themselves or others much more rarely.

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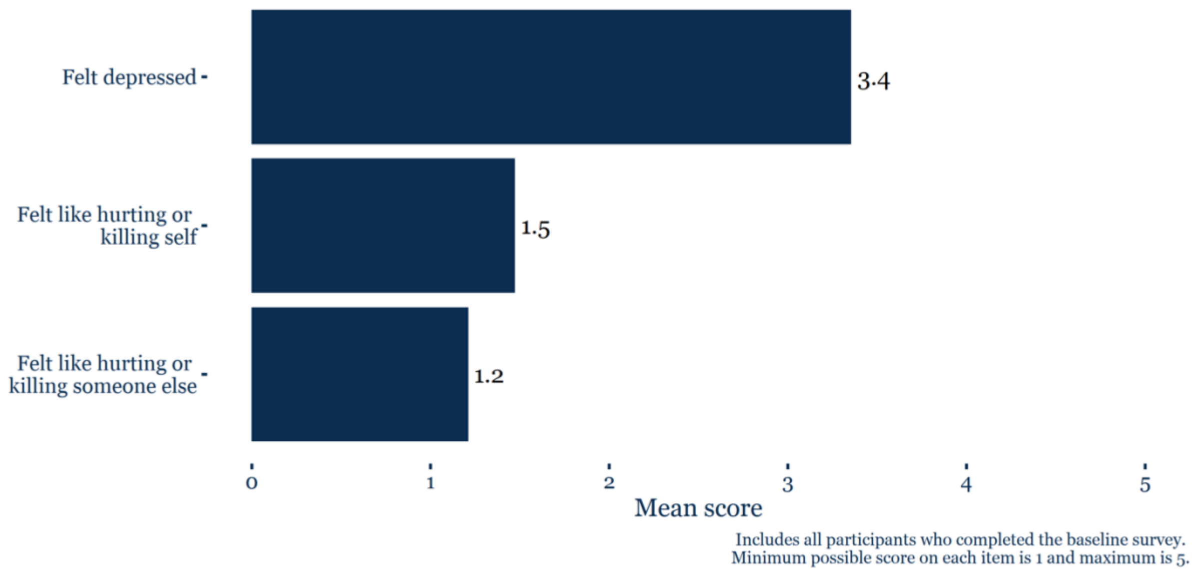
[47] Conrad et al 'Reliability and Validity of a Modified Colorado Symptom Index in a National Homeless Sample' *Mental Health Services Research, Vol.3, No. 3, September 2001* https://link.springer.com/content/pdf/10.1023/A:1011571531303.pdf

Figure 17: Colorado Symptoms Index for emotional and psychological distress



Overall, the baseline survey suggests that participants were experiencing challenges with their mental health and wellbeing when they joined the study. This is to be expected given obstacles this cohort faces. However, we did not find clear evidence of widespread mental health crisis among those who joined the study. This may be because participants with severe mental health difficulties either weren't referred or didn't join the research. Individuals who reported very low scores on the three questions from the MCSI were discussed with the referring organisation before the participant was accepted onto the study.

Findings

This section outlines the findings of the research. It first considers implementation feasibility and evaluation feasibility. It then considers the findings from the quantitative and then the qualitative data.

Implementation feasibility

This section discusses how the Personal Grants scheme was implemented, and any challenges around implementation.

Provision and use of the transfers

Once randomisation occurred, participants in the treatment group were notified of the value of the transfer and given a two-week consideration period before the transfer took place. All transfers at a site took place at the same time. Overall, the process of providing the transfers was successful, and no issues were reported by the delivery organisations.

During the eight qualitative interviews, participants reported making a range of positive uses of the funds. These uses can broadly be divided into:

- **Essentials**: Essential items the money was spent on included food and clothes. This was either simply as a way of accessing something they otherwise did not have the money for, or involved getting better quality items than they would have otherwise had.
- **Items to bring immediate happiness**: Participants described using the money to allow them to access the gym, buy books, get sports equipment, or purchase a TV so they could learn more about where they were living, and enjoy sports and documentaries.
- **Investing in their future plans**: One-off purchases were described by participants that would support their goals going forward. Participants described buying good quality furniture that would last them; purchasing a mobile phone that would allow them to carry out their job and communicate with their family; or relying on the transfer to allow them to make significant life choices such as leaving a job that they were no longer happy in.
- **Supporting others**: This included sending money to family, buying gifts for family members, or supporting friends in difficult situations.
- **Unspent**: At the three-month time point, some participants had some of the funds remaining in their bank accounts.
- **Money stolen**: In one instance, a participant reported that they had not spent the money from the transfer as it had been stolen. They described that the transfer had been made into a neighbour's account because they did not have one, and that their neighbour had never given them the money (this will be addressed in Phase 2 with additional checks on recipient bank accounts).

No participants interviewed reported using the Personal Grant for drugs, alcohol, or gambling, and some actively denied they had used the transfer for this. While this could be explained by social desirability bias,[48] not using the transfer for these types of purchases is supported by the findings from the Canadian cash transfers study.[49] It will be interesting to explore this further in any additional interviews conducted during the next phase of the research.

During the trial, the project board had a procedure in place to track any adverse outcomes experienced by treatment group participants.[50] Delivery partners were required to report any adverse outcomes to the research team, so that the project board had oversight of safety during the trial and the ability to assess whether any actions were needed in the event of an adverse outcome. One incident was reported through this process during the trial, but the delivery organisation classed it as unrelated to the trial. There were no other adverse outcomes for participants reported by the delivery organisations to the research team through the formal trial process.

Evaluation feasibility

This section discusses how the evaluation operated, including recruitment, data collection and analysis. It discusses the challenges and learning which fed into the design for Phase 2.

Recruitment

Recruitment was carried out by delivery partners between November 2021 and November 2022. A total of 185 participants were identified and approached for the study, which was well in line with anticipated numbers. However, there were multiple challenges in identifying a sufficient number of potential participants who met the eligibility criteria, and in contacting participants to enrol them in the study:

- **It took longer for delivery partners to identify eligible participants than anticipated**: This may have been due to staff being optimistic about the number of potential participants their team could refer and about the level of buy in about the project with non-senior staff at the delivery partners.
- **Frontline staff took a conservative approach to the inclusion and exclusion criteria**: Analysis of the baseline data suggests participants included in the trial were, on average, in a more stable position than expected. This suggests frontline staff may not have included some participants who

48 Information provided to participants about the interviews to ensure informed consent provided assurances about confidentiality, and that their responses to qualitative interviews would not be reported to the delivery organisation they were supported by, and there would be no impact on any services they receive.

49 This study found that there was a 39% reduction in spending on goods such as alcohol, drugs or cigarettes among those who received the transfer. Foundations for Social Change: New Leaf Project 'Taking Bold Action on Homelessness' (2021) Accessed at: https://forsocialchange.org/impact.

50 Adverse outcomes as defined in the adverse outcomes protocol are a 'fatality or the hospitalisation of a participant due to an acute event'

would have been eligible under the study criteria. This was reflected in 'lessons learned' discussions with staff at delivery organisations and was likely caused by concerns about risk, a lack of a shared understanding of the criteria, and concerns about randomisation. In fact, randomisation was not supported across the board by frontline staff; a stakeholder at one delivery organisation told us unequivocally that the second phase should not involve randomisation. These issues will be addressed in planning the second phase of the trial (see conclusion).

- **Inaccurate contact details**: Our data collection partners reported that contact details for potential participants were not always accurate. This is probably caused by the cohort frequently changing their contact details, for example, when a phone was lost or sold.
- **Lack of response**: Participants often did not answer their phones. Sometimes this may have been an implicit opt-out, but for others this may have been due to a reluctance to respond to a non-familiar phone number or email address. Alternatively, it may have been caused by out-of-date contact details.

To minimise risks related to low recruitment, the following adaptations were made during this phase of the trial:

- **Extension of recruitment period:** The original timeline for recruitment was extended to achieve the maximum possible sample size for the study. This had knock-on effects, such as participants' circumstances changing between referral and the final safeguarding check, and low participant recall of the study at follow up points.
- **Adapting eligibility criteria:** The criteria changed from 'experiences of street homelessness in the last three years' to 'significant experiences of homelessness'.[51] This was partly due to the impact of street homelessness prevention methods during the pandemic (for example, 'Everyone In'), and the different support structures in Scotland and Wales where some delivery partners were based, which meant the original criteria were unnecessarily excluding certain groups.
- **Onboarding additional delivery partners:** CHI and King's worked to recruit and onboard new delivery partners who could provide additional participants for the study. This led to the introduction of additional sites run by Simon Community Scotland (Edinburgh & Perth) and the Wallich (Swansea Bay) as well as bringing on a new delivery organisation: Aspire Oxfordshire.[52]

[51] Delivery organisations defined 'significant experiences of homelessness' as appropriate for their own context, to ensure no arbitrary criteria reduce the ability of the evaluation to recruit participants

[52] A number of other potential delivery organisations were approached to be involved in the study who decided not to be involved; or who agreed to be involved but provided too few referrals to be included

- **Updating contact details:** The research team worked with the delivery partners to update participants' contact details where possible, and provided Qa Research with the updated phone numbers.

The experience of recruiting and enrolling participants for this stage of the evaluation has increased both CHI and King's' understanding of how to successfully conduct a randomised controlled trial of this nature, with this cohort of participants. These lessons have guided the design of the next phase of the trial, with modifications including:

- **More frequent contact between the research team and partner organisations, at all levels of seniority**: This would create greater buy-in for referrals, more clarity about the research process, and a space for concerns to be addressed as they come up.
- **Recruitment of an embedded researcher:** A researcher will be recruited to liaise with delivery organisations and support them with screening and recruitment of participants. The embedded researcher will also work with delivery organisations to maintain an up-to-date register of contact details, and facilitate open channels of communication between parties.
- **Multiple modes of participant recruitment**: Recruitment will include telephone and in-person contact from the researcher embedded within delivery organisations and an online version of the recruitment survey for those who are comfortable with this mode.
- **Increasing recruitment targets:** A larger pool of potential participants and organisations will be recruited to account for retention during enrolment and attrition during the study.
- **Modification of the screening process and guidelines**: Screening processes and guidelines will be modified to increase delivery organisations' comfort levels with referring participants and will support them to take a less risk-averse approach to eligibility.

Impact data collection

The survey itself performed well. There were no dropouts midway through the survey, which provides some suggestion that it was not too long or invasive.

However, there were a number of challenges in data collection. Qa Research faced difficulties in reaching participants and potential participants at all stages of the project, as discussed above in relation to the enrolment and baseline. This led to a 61% rate of attrition from randomisation to the 12-month survey. As a result, we decided to combine the planned 3- and 6-month follow up surveys, to instead conduct one follow up between three and six months after baseline, and one at 12 months. There were several causes of this level of attrition:

- **Lack of accurate contact details**: As discussed above, this cohort often change their contact details, making it difficult to ensure access to accurate contact details.
- **Single mode of data collection:** A single mode of data collection (phone survey), conducted by an organisation at some distance from the participants and delivery organisations.
- **Delays in the timeline**: For some participants, the timeline between initial approach, baseline, transfer of the Personal Grant (if they were in the treatment group) and follow up surveys was very elongated as randomisation was conducted at one time point per site.[53] This meant that a potential participant recruited at the beginning of the recruitment process had to wait until all potential participants were recruited in their site before being randomised. This delay meant participants were less likely to remember what the research was about or know why the data collection agency was calling them. A rolling randomisation approach, where participants are randomised once they have been enrolled in the trial, could address this problem.
- **Limited contact between frontline staff and the research team**: In order to reduce the burden placed on frontline staff, direct contact between them and the research team was kept to a minimum. They were briefed about the project at two time points, and then the research team kept in touch with a designated contact, normally a team leader or manager. However, the lack of contact meant that frontline workers were not as able to support the research team in recontact attempts.

This issue will be addressed in Phase 2 via the following approaches:

- **Recruitment of an embedded researcher:** An embedded researcher will be included in the research team to strengthen liaison between delivery partners and the research team, as outlined in the section on recruitment. This researcher will maintain up-to-date contact details and support both delivery organisations and participants to keep this project top-of-mind between data collection waves. The researcher will also facilitate data collection, both by following up with participants and by conducting the survey via phone or in person depending on participants' preferences.
- **Inclusion of an online survey, and in-person option:** An online version of the surveys for participants for whom this option is more comfortable or convenient, and the option for some surveys to be conducted in-person, will be introduced.

Another challenge we experienced during data management was inconsistency of pseudonymous IDs applied to the same participants across multiple waves, requiring

53 In some instances the gap between first referral and receiving the transfer was 8 months, leading to almost a year between first hearing about the study the first-follow up survey.

multiple queries to ensure that participant data was correctly matched across waves and back to our administrative data. This was due to the joint data management roles taken by KCL and Qa Research and would be mitigated or eliminated by centralising data management within a single organisation.

The qualitative interview data collection worked well during the evaluation. The interviewers found the topic guide was appropriate and facilitated a useful conversation, and there were no safeguarding concerns raised as a result of the questions asked. This is promising for the next phases of the evaluation, which will include a significantly expanded IPE.

The qualitative analytical approach was appropriate to the data collected during the interviews, suggesting this would be an appropriate approach for the next phase.

Analysis

Notwithstanding the challenges of recruitment and data collection above, the analytical method and specification were found to be appropriate and feasible for the research design. With greater sample size it would have been possible to adjust for the imbalance on randomisation by including these covariates as predictors in the OLS specification.

Quantitative findings

Analysis of quantitative data

Table 13 contains the main analysis of the primary and secondary outcomes. Overall, we do not find significant impacts of the Personal Grant, except for some indication that the rate of social connectedness in those who received the transfer and responded to the 3-month follow up may have been lower at that point than for those who did not receive the transfer. Due to small sample sizes, we think the most appropriate explanation for this is that it was caused by bias, either due to the randomisation being imbalanced (as outlined in the section on randomisation previously) or imbalance in those who responded to the follow up (see Table 10).

Therefore, based on the quantitative findings, we are not in a position to offer an assessment of the impact of the Personal Grant. Further research is needed with larger sample sizes. The challenges with recruitment and data collection will also need to be addressed to properly assess the causal impact of the programme.

Table 13: Main analysis

	(1) Housing security	(2) Financial security	(3) Social connectedness	(4) Wellbeing
(Intercept)	29.66 (9.06) **	2.08 (0.50) ***	8.47 (2.68) **	9.52 (2.12) ***
Treatment	-1.34 (2.47)	0.11 (0.62)	-5.59 (1.80) **	-1.99 (1.62)
12 month follow up	0.07 (1.24)	0.28 (0.40)	-0.58 (1.26)	0.89 (1.15)
Treatment x 12 month	-3.22 (3.21)	-0.14 (0.84)	2.74 (2.48)	-2.80 (2.12)
Baseline outcome	0.37 (0.18)	0.39 (0.11) **	0.66 (0.12) ***	0.60 (0.09) ***
Organisation	Yes	Yes	Yes	Yes
R^2	0.13	0.17	0.51	0.45
Adj. R^2	0.04	0.09	0.46	0.40
Num. obs.	68	68	68	68
RMSE	7.12	1.88	5.09	4.72
N Clusters	41	41	41	41

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$
Note: Num. obs reflects the number of responses to either the 3-month or 12-month follow-up. This analysis is based on 47 unique individuals who responded to the 3-month survey, 12-month survey, or both.

Qualitative findings

For the IPE, eight participants were asked about their experience of the trial. We also conducted lessons learned meetings with two delivery partners to understand their experience of the trial and to gather feedback to consider in the next phase of this study. The findings from these interviews and meetings are organised by IPE research question.

Fidelity of the intervention

We set out to understand how well the intervention ran in practice, compared to how it was planned. Transfers were generally made as expected and participants described having autonomy in how to use the transfer. However, one participant's transfer was stolen; it was paid into the bank account of the participant's neighbour, on the expectation that it would be withdrawn and given to the participant. Staff were briefed verbally and in writing about the need to establish participants had bank accounts (or to help them open one). Participants in the interviews did not discuss accessing the budgeting planning conversation. As this was optional, and not an aspect of the intervention but of the evaluation, this does not suggest a lack of fidelity to the intervention design.

Opportunities and risks

At our lessons learned meetings, delivery partners highlighted the opportunity the Personal Grant had to make a real difference in the lives of people they worked with. This is reflected in the findings from the interviews which described positive uses of the Personal Grant (see Provision and use of the transfers).

However, they also described risks experienced during the trial. During screening, some support workers reported that they did not feel that they knew participants well enough to confidently say whether they met the eligibility criteria. Additionally, they noted that some of the support needs, such as mental health challenges or substance use, that would prevent a client from meeting the eligibility criteria, can change on a day-to-day basis. We were told that this creates a risk of harm when referring this cohort to a trial. Concerns around managing risk meant that some frontline staff would refer fewer participants if they were involved again.

These reflections informed the design of the next phase of the intervention and evaluation. For instance, we will take a rolling approach to randomisation to ensure candidates are put forward when the transfer is right for them, and have greater contact with frontline staff to identify and address concerns around risk.

Participants' experiences of receiving the Personal Grant, and how can this inform our understanding of the effectiveness and accessibility of cash transfers

As explained above, the transfers were used in a range of positive ways, including to buy essentials and items to bring immediate happiness, to invest in future plans and to support others (see Provision and use of the transfers).

Some participants did not feel that the amount of the transfer was enough to have a large impact on their lives.

However, where participants did feel the transfer had made a difference, they described how it had created a foundation for them to build on, and changed their attitude:

> *I think that cash, as I said earlier, it sort of created a foundation, you know, in my bank account, which I want to, you know, I don't want it to erode away completely.* (Participant)

Participants also described improved feelings of happiness and wellbeing as a result of some of the changes they had been able to make, for instance being able to communicate more regularly with their family, being able to make long term choices, or leave situations they were unhappy with.

The participant who reported that the Personal Grant had been stolen however, described a negative impact from the transfer, particularly as they had made plans for how to spend it to improve their situation.

Recommendations for improvement and readiness for roll out

Discussing lessons learned with delivery partners provided us with useful insight into improvements that could be made when moving to Phase 2.

For example, one delivery partner explained that they would have liked more of an opportunity to onboard participants onto the trial and supported taking a rolling recruitment approach to shorten the period of time needed to onboard clients. They were supportive of bringing an embedded researcher onto the trial with a more hands on relationship, linking delivery partners to the research team. They were also keen to scale the programme up.

As described throughout this report, attrition was an issue exacerbated by challenges in ongoing contact with this cohort. It was suggested by a delivery partner that caseworkers with a one-to-one relationship with clients could support ongoing contact with participants to avoid attrition in later stages of the study.

We were also told that rolling recruitment and randomisation would allow delivery partners to refer potential participants when appropriate, and once they had developed enough of a relationship to effectively assess eligibility and understand when their clients were and weren't doing well enough to take part. A delivery partner also suggested involving addiction workers or social workers in the screening process to support caseworkers to refer potential participants safely.

Conclusion and next steps

The Personal Grants project is a multi-phase clustered RCT testing the impact of providing a £2,000 Personal Grant (an unconditional cash transfer) to people who have had experiences of homelessness. Phase 1 of the project, which ran from July 2021 to July 2024, provided a proof-of-concept for the Personal Grants approach and provided lessons to integrate into the second phase of the project.

Findings

Phase 1 demonstrated the feasibility (with modifications) of implementing an RCT in the UK evaluating the impact of Personal Grants for people with experience of homelessness.

We are not able to assess the impact of the Personal Grant quantitatively or qualitatively due to limitations of the data, but this trial did provide some proof of concept:

- **Recruitment into the study**: The eligibility criteria appear to have been accurately applied (although the final sample was skewed towards those who were more stable).
- **Randomisation process:** The randomisation process was conducted as per the protocol.
- **Transfers**: The transfers were made successfully, with no reported issues by the delivery partners.
- **Use of transfers**: Qualitative data suggests that the transfers were used for a range of positive purchases. There were no reported uses of the transfers for drugs, alcohol or gambling, or reported adverse outcomes caused by the trial.

Additionally, there were some signs from the qualitative interviews that the transfers allowed participants to make choices that improved their wellbeing.

- **Analysis**: The analysis was conducted as specified and found to be feasible; for those for whom it was collected, demographic and outcome data was complete and able to be matched back to randomisation, and there were no reports of non-adherence to the randomised assignment.

Evaluation challenges

While Phase 1 demonstrated the approach was feasible (with modifications), there were a number of challenges. The lessons learned from these challenges will be used to improve upon the evaluation design and implementation for the next phases. The key challenges were:

- **Referral**: Reaching 180 referred participants proved more challenging and lengthy than anticipated and frontline staff took a relatively conservative approach to eligibility.
- **Recruitment**: Enrolling participants in the study was also a challenge, with only 43% of potential participants provided by delivery partners ultimately being randomised. Further, the baseline data shows that participants skewed towards the lower risk end of those who were eligible for the study.
- **Randomisation**: Stakeholders from at least one delivery partner raised concerns about the use of randomisation. Clusters of highly variable sizes in the trial introduced risk, some of which will be addressed by increasing the sample size in Phase 2. Randomising participants at one point in time lengthened the trial timeline for some participants, increasing attrition in the study. Rolling randomisation in Phase 2 will mitigate this.
- **Attrition**: The trial also had substantial attrition at the first follow up phase, with 59% of participants completing any data collection (3-month and/or 12-month). Contact details for this cohort quickly become out of date. Delays in the timeline compounded this issue, and reduced participant recall about the research.
- **Analysis**: Although analysis was able to be conducted as specified, it was limited somewhat by data availability. A greater sample size would have led to more flexibility in conducting robustness checks and responding to imbalance.

Limitations

This research faced a number of data limitations which significantly impede the ability to draw conclusions from the analysis:

Sample size

Challenges in identifying a sufficient number of participants and contacting them to enrol in the study meant the sample size was smaller than planned. The 180 target was calculated as the MDES at the beginning of the study but only 80 participants made up the final randomised sample size. This had knock-on effects for the IPE: eight, rather than 30, interviews were conducted. The number of interviews was reduced in line with the proportion of the intended sample that had been randomised but was much lower than first planned. Steps were taken to increase the potential sample size during the study (for example, the recruitment timeline was extended, eligibility criteria were adapted, and new delivery partners were onboarded). Ultimately, however, a lower sample size means that we have not been able to reach statistically significant conclusions or assess the impact of the intervention.

Attrition

The study experienced attrition at multiple points, with only 43% of participants referred by delivery partners (80 of 185) ultimately being randomised due to non-completion of the baseline and removal post-baseline. Significant attrition at the first follow up phase meant that only 59% of participants randomised completed any follow-up data collection. Due to low response rates to the 3-month follow-up, we decided to combine the planned 3- and 6-month surveys. Instead, we conducted one follow up between three and six months after baseline, and one at 12 months. This change further limited our ability to assess the impact of the intervention.

Imbalanced and skewed sample

Our sample was generally made up of lower risk individuals as delivery partners may have taken a conservative approach when applying the eligibility criteria (delivery partners referred based on their judgement of the eligibility criteria and were not provided with specific expectations on risk appetite). As such, participants had moderate levels of housing security, were in social rented or supported housing, and generally didn’t have experience of street homelessness. The sample was predominantly white, male and middle-aged. What’s more, the small sample size and clustering led to some imbalance between the treatment and control groups: we had a large number of single-person clusters and a small number of fairly demographically homogenous clusters. Findings from this study must, therefore, be considered in light of the imbalanced and skewed sample and we could not draw generalisable conclusions from our data.

IPE limitations

The IPE was limited to interviews carried out with participants involved in the trial, due to resources and in anticipation of the second phase of the evaluation. In addition to this, CHI and King’s carried out lessons learned sessions with staff from two of the delivery partners. While these were not part of the original IPE design, they informed our understanding of how the evaluation and intervention were carried out in practice. Nonetheless, the IPE is limited in its ability to comment on how the trial was implemented from a staff perspective. Additionally, the small number of interviews carried out with participants limits the coverage and breadth of the qualitative findings about experiences of those who received the transfer.

Next steps

Due to the challenges faced in Phase 1, we were not able to assess the impact of the Personal Grants scheme. However, the trial nonetheless acted as a feasibility test of the evaluation approach. The lessons learned on the challenges faced during and limitations of this study will inform the design of the second phase of the evaluation. The second phase will be an expansion of the approach of Phase 1, to allow us to reach the sample size necessary to robustly assess the causal impacts of the Personal Grants scheme.[54]

However, we will put in place the following mitigations based on lessons from Phase 1:

Recruitment

- **Recruit additional delivery partners:** This should make it more feasible to meet the needed sample size in the allotted recruitment timeline.
- **Communicate eligibility criteria clearly to frontline staff:** Ensuring that frontline staff are clear on the eligibility criteria and are supported by guidance and an updated screening process will enable them to safely refer a greater number of participants to the study.
- **Work with staff at all levels to allay randomisation concerns:** The research team will communicate more closely and more frequently with staff at all levels of delivery organisations to build buy-in and respond to ethical concerns frequently raised about randomisation.

Data collection

- **Introduce an embedded researcher:** A researcher will be embedded into the delivery organisations to keep an up-to-date log of various contact details for each participant. This should limit the risk of attrition caused by changing contact details. The embedded researcher will also act as a liaison point between delivery organisations and the research team, supporting closer contact.
- **Use rolling randomisation and payment dates to shorten the recruitment timeline:** Rolling randomisation and payment dates will help to keep the length of individuals' participation in the study to a minimum. This should help to reduce attrition rates caused by participants losing awareness of the study and the need for follow-up communication.

[54] The variables used for Phase 2 will also be updated to reflect variables used across CHI's evaluation work. As such it is not the intention that the samples from Phase 1 and Phase 2 will be combined.

- **Collect multiple contact points.** We hope to mitigate attrition by collecting additional contact details for each participant, including their personal mobile phone, landline and email address, and the contact details of a trusted relative or friend in case of contact detail changes. The embedded researcher will work to keep these up to date, so we have a greater chance of engaging a greater number of participants later in the timeline. Delivery partners will also support follow up, by contacting participants and reminding them of the study and what it entails, if the research team is unable to make contact.

Intervention

- **Before payment of grant, check bank account matches recipient's details**. We will remind delivery partners to check that the name on the receiving bank account matches that of the payment recipient (for example, using payee verification tools generally already integrated into bank transfer processes). This will ensure that all those in line to receive the grant will be paid it directly and mitigate the risk of grants being stolen. If the name on the bank account does not match that of the recipient, delivery partners will pause the payment temporarily and support the recipient to set up a bank account of their own**.**

Working to recruit a larger sample and limit attrition will allow us, in Phase 2, to collect sufficient data to generate robust findings on the impact of unconditional transfers on those with experiences of homelessness.

The Policy Institute

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We combine the rigour of academia with the agility of a consultancy and the connectedness of a think tank.

Our research draws on many disciplines and methods, making use of the skills, expertise and resources of not only the institute, but the university and its wider network too.

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