Centre for Homelessness Impact
Better evidence for a world without homelessness

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Ministry of Housing, Communities & Local Government

Trial Protocol: Using Data to Prevent Homelessness: A Randomised Controlled Trial

Table 1: Impact Evaluation summary

Project title	Using Data to Prevent Homelessness: A Randomised Controlled Trial
Delivery Partner (Organisation)	Xantura
Evaluator (Institution)	Verian Group UK
Principal investigator(s), and affiliation	Prof. Natalie Gold (Verian)
Co-Investigators, and affiliations	Dr James Thom, Pieter Cornel (Verian)
Protocol author(s)	Prof. Natalie Gold, Dr James Thom, Ben Toombs, Pieter Cornel, Penny Stothard, Rupert Riddle (Verian), Sophie Boobis, Nick Morris (Homeless Link), Edward Dallas, Agnes Szydlowska, Naike Santangelo (Simetrica-Jacobs)
Impact Evaluation design	Two-arm Randomised Controlled Trial
Target Population	Households at risk of experiencing homelessness
Setting	General population in four Local Authorities (LAs) across England: Barking and Dagenham, Newham, Stockport and Test Valley. CHI also initially engaged Kensington and Chelsea, who were unable to participate in the trial but who will participate in the Implementation and Process Evaluation.
Number of clusters (*if applicable)*	NA
Target number of participants	~2,000
Primary outcome measure	Whether any member of the household is owed a relief duty. This can happen if a homeless application was made by a household member or by someone on their behalf, and (i) the housing authority assessed the application and accepted that the household was homeless and was owed a 'relief duty', or (ii) the housing authority assessed that the household was threatened with

	homelessness and was owed a 'prevention duty', and that prevention duty ended before the 9-month follow-up because the household became homeless.
Secondary outcome measure (s)	Whether the Housing Authority issued a prevention duty to the household. Whether the LA agreed to a Council Tax reduction for the household. Whether the LA issued or agreed to issue a discretionary housing payment to the household.

Table 2: Protocol Version History

Version	Date	Reason for revision
1.0 [original]	04 October 2024	N/A
2.0 revised	18 November 2024	Responses to peer review
3.0 revised	18 December 2025	Revised per CHI and MHCLG request: Clarification and Expansion of Study Design for Test Valley Rules-based Approach: The protocol now details an adapted approach for Test Valley, which could not provide all data required for the predictive risk model. Instead, a simplified, rules-based eligibility method is used and Test Valley is excluded from analyses relying on risk scores. This change is explained, and the implications for analysis and comparability are outlined in the updated protocol.

Table 3: Key Personnel and Team Contributions

Staff	Affiliation	Contribution
Professor Natalie Gold	Verian	PI, Overall responsibility for study and trial design
Ben Toombs	Verian	Led the design of Implementation and Process Evaluation (IPE)
Dr James Thom	Verian	Led the design of Impact Evaluation (IE)
Pieter Cornel	Verian	Trial Implementation Lead
Penny Stothard	Verian	Contributed to the design of the IPE
Rupert Riddle	Verian	Contributed to the design of the IE
Ed Dallas	Simetrica-Jacobs	Directed the design of the economic evaluation
Agnes Szydlowska	Simetrica-Jacobs	Led the design of the economic evaluation
Naike Santangelo	Simetrica-Jacobs	Contributed to the design of the economic evaluation
Sophie Boobis	Homeless Link	Provided advice on homelessness policy, outcomes, and literature
Nick Morris	Homeless Link	Conducted literature review for project context and background
Neel Khokhar	Xantura	Provided advice on data availability and intervention specification
Jose Cruz da Angela (from September 2025)	Centre for Homelessness Impact	CHI Senior Responsible Officer (SRO), Quality assurance, contribution to evaluation design

Guillermo Rodríguez-Guzmán (until August 2025)	Centre for Homelessness Impact	CHI Senior Responsible Officer (SRO), Quality assurance, contribution to evaluation design
Abby Kendrick (until December 2024)	Centre for Homelessness Impact	CHI responsible, Quality assurance, contribution to impact evaluation design
Luke Arundel (from February 2025)	Centre for Homelessness Impact	CHI responsible, Quality assurance, contribution to impact evaluation design
Ella Whelan	Centre for Homelessness Impact	CHI Programme Lead, supporting implementation
Emily Ashmore (until March 2025)	Centre for Homelessness Impact	CHI Programme Lead, supporting implementation
Christian Hill (from February to July 2025)	Centre for Homelessness Impact	CHI Programme Lead, supporting implementation

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Sponsor:
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1. BACKGROUND AND RATIONALE

1.1. Background

In recent years homelessness policy in the UK has increasingly focused on prevention. Governments in Great Britain have put prevention on a statutory basis by establishing legal duties for Local Authorities (LAs) and other bodies to take action to prevent homelessness. In England, under the 2017 Homelessness Reduction Act, LAs are required to work with those who are threatened with homelessness within 56 days, to help prevent them from becoming homelessness (the 'prevention duty') and to work with people who are homeless to secure them accommodation (the 'relief duty'). So far, prevention efforts by LAs and funding from grant-making organisations have been largely focused on people within the 56-day statutory prevention window, who are at imminent risk (Mackie, Fitzpatrick and Morris, 2024).

However, some LAs and housing providers have started to look beyond their statutory duties, identifying people in 'pre-statutory risk' and taking earlier preventive action (Fitzpatrick, Mackie and Wood, 2021). Quite a wide range of targeting and prevention activities are being offered. For instance, LAs may ask their workers to identify people who would benefit from early preventative services and offer them advice by (Mackie, Fitzpatrick and Morris, 2024):

- Training youth workers to recognise potential 'red flags' of homelessness risk
- Offering information and advice at community venues visited by people who might be at early risk, such as people attending foodbanks
- Having social landlords use their rent collection systems to flag people who have exceeded rent arrears thresholds, so that landlords can offer debt advice and other support to resolve the root causes of non-payment and reduce the risk of eviction.

Data-driven approaches can – and have – been used to systematically identify people at risk of homelessness. For instance, surveys have been used to screen cohorts of school children for risks and offer support accordingly in the Geelong project, Australia (MacKenzie and Thielking, 2013), and in Upstream Cymru, Wales (Mackie *et al.*, 2021). In the United States, several studies have shown that 'predictive models', which use current and historical data to make predictions about the future, can successfully identify people at risk of homelessness (Greer *et al.*, 2016; Toros and Flaming, 2018; Wachter *et al.*, 2019). The next step would be to use these models for the purposes of targeting support; a business case made in the US context suggests that this could be cost effective (Toros and Flaming, 2018).

In England, there is potential to use data that is routinely collected by LAs to predict who is at risk of homelessness and then target support. In particular, LAs have information about household debt, which is a potential red flag for risk of

homelessness (Maguire, 2022). Recent evidence from Scotland shows that 'problem debt' was a particular feature of the cost-of-living crisis that exacerbated homelessness, including households being subject to benefit deductions due to debt owed to public services in rent, Council Tax and utility payments (Watts *et al.*, 2024). Information about levels of Council Tax debt, housing benefit, and rent arrears (for those in social housing) can be combined with other information held by LAs, such as social work data and data on other vulnerabilities, to predict which households or individuals are at risk of homelessness and identify people who could benefit from targeted support.

However, according to two recent evidence reviews, there is little evidence about which types of support are effective at preventing homelessness (Sheikh and Teeman, 2018; Wöllenstein *et al.*, 2023). Both reviews highlight the role of multi-agency working and the importance of timely financial assistance for preventing homelessness. In addition, Sheikh & Teeman (2018) conclude that services that take a person-centred approach – and therefore provide a tailored set of services – have been effective, and they emphasise the importance of proactive outreach and of sustained support.

One intervention that has been piloted in some LAs is a proactive phone call, offering relevant support to a target population. Two LAs have used predictive models to identify households and then had council staff proactively call those households to offer support.

The London Borough of Barking and Dagenham used routine data to target households for phone calls to encourage Council Tax debt repayment (Local Government Association, 2022). The council made proactive calls to residents at summons stage for Council Tax arrears to see if they could set up a payment plan or needed support, using the OneView data platform to target people who looked as though they would be able to afford a payment plan: 210 residents were targeted, 68 could be reached, and 30 set up a repayment plan. The households that were targeted were 50% more likely to have made a payment or set up a payment plan than a similar group of residents that the council did not attempt to call. However, this was not a trial – we do not have information on how the residents were allocated to groups or whether the allocation was random – and there was no statistical analysis of the findings.

Maidstone Borough Council used routine data to target households at risk of homelessness for phone calls that offered preventive support (Merritt and Davies, 2023). In 2019, they worked with the technology company Xantura to develop a predictive analytics tool using the OneView platform, which brings together council data from different areas to predict those at risk of homelessness within the next three to six months. An initial pilot identified 650 households at risk of homelessness and allowed council officers to access a case summary in the OneView platform for

each household, which contained the risk factors identified. Council officers proactively called an individual in the households on the list to discuss options for support services (following the mailout of a notification letter to households to inform them of the initiative). The officers provided intensive support (anecdotally around 8–10 hours per household) and helped the individuals in the household engage with other services designed to help prevent homelessness (including income maximisation, budgeting and debt support, Discretionary Housing Payments, and mediation). Due to capacity, officers could only make contact with 260 of those households. This incidentally created a comparison group, who were identified by the model but did not receive support; albeit not a randomised control group of the sort that supports causal inference, since Maidstone officers were able to choose which households to call, which may have introduced potential biases (e.g. if some households did not have phone numbers in OneView then these households would have all been in the comparison group, or if officers called the households who they thought they were most likely to be able to help). The pilot was deemed a success by Maidstone, which reported that only 0.4% of the households that they attempted to contact presented as homeless in the year of the pilot, compared to 40% in the group that the officers did not attempt to contact. The Council estimated the intervention saved over £225,000.

However, the intensity of support offered in Maidstone meant that the pilot could only be delivered at a relatively small scale. Following the pilot, Maidstone opted to only receive a small number of new cases each month, depending on capacity. A lower-intensity intervention, which signposts residents to existing support services, would have wider reach and would be more practical for LAs to implement. Therefore, this project will evaluate a phone call that signposts households who are at risk of homelessness to support services; at-risk households will be identified using a predictive model based on data that LAs routinely hold.

1.2. Rationale

We are running a randomised controlled trial (RCT) to evaluate **the impact of proactive phone calls to residents who are at risk of becoming homeless, signposting them to support services.** We will identify residents as at risk of becoming homeless using Xantura's predictive model. However, this intervention is much lower intensity than the Maidstone model. It signposts to support services, rather than offering support, and is expected to take 20 minutes–1 hour for each household (roughly 30 minutes on average), compared to 8–10 hours per household in the Maidstone pilot.

Unlike the Maidstone Borough Council pilot (Merritt and Davies, 2023), at-risk households in the current evaluation will be randomly assigned to treatment or control groups. This will help us to make a causal inference that any differences

observed between treatment and control are caused by the intervention. We will conduct the trial in four LAs (with individual randomisation of households within LAs) to increase the generalisability of our results. This will also allow us to achieve a larger sample size.

Levels of sophistication in using data and internal analytical capacity are likely to vary between LAs. It is unclear to what extent LAs' data maturity will allow them to adopt and implement data-driven approaches to identifying households at risk of homelessness – and how to use this to target interventions. Therefore, the evaluation also seeks to understand the process of setting up the OneView platform and data sharing, given some of the expected challenges around data governance.

2. PROJECT SUMMARY

2.1. Project Description

The objective of this project is to evaluate the impact of proactive calls by LAs to households at risk of homelessness, with the aim of preventing homelessness through early and targeted intervention. The early intervention is targeted using the results of a predictive model, but the model is not the subject of the evaluation: the sample will be determined by the model, so both intervention and control groups will have been identified as at-risk by the model; what will differ between groups is whether they are telephoned by the LA. The model uses individual-level as well as household data to identify risk factors (and allow for targeted support at individual level), but the risk levels and factors that are produced as an output are at household-level. The analysis of outcomes will also be conducted at household-level: whether the household has become homeless and is owed a relief duty. A 'household' is the subject of a homeless application; it could refer to an individual as well as a family unit (in any configuration).

The trial will consist of an impact evaluation (IE), accompanied by an Implementation and Process Evaluation (IPE) and an economic evaluation. The intervention will be delivered by four LAs, and their use of the predictive model is being funded by MHCLG. Through the Centre for Homelessness Impact (CHI), MHCLG also funds the independent evaluation of the intervention conducted by Verian.

This project is being conducted as a randomised trial, with households as the unit of randomisation and a household-level outcome measure, with data collection at 2 and 9-months after the end of a 1-month implementation period. The primary outcome measure is whether households are owed a relief duty because they have become homeless. This can happen if a homeless application was made by a household member or by someone on their behalf, and (i) the housing authority assessed the application and accepted that the household was homeless and was owed a 'relief

duty', or (ii) the housing authority assessed that the household was threatened with homelessness and was owed a 'prevention duty', and that prevention duty ended before the 9-month follow-up because the household or (or any individual household member) became homeless. The secondary outcomes are binary measures of support delivered by LAs: whether a prevention duty was issued, whether the LA agreed to a Council Tax reduction, and whether the LA issued a discretionary housing payment.

An IPE will investigate how the LAs implement and interact with the OneView platform, use the outputs from the model provided by Xantura, and deliver the calls. It will investigate participants' lived experiences of the project, as well as barriers to and enablers of the project's success. This IPE will include interviews and focus groups with LA staff involved in set up of the OneView platform and delivery of the calls, Xantura delivery staff responsible for helping LAs set up the OneView platform and running the model, as well as individuals in households identified by the data model.

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

2.2. Study Triangulation

The three evaluation components all contribute to the overall understanding of the intervention's effectiveness. The IE quantifies the intervention's effects on successful homelessness applications, and other indicators of support to prevent homelessness. The IPE adds depth by exploring how the implementation of the model and delivery of the proactive support is experienced by LA staff and beneficiaries. It will use qualitative and administrative data to help explain the quantitative results of the impact evaluation. Finally, the economic evaluation integrates findings from both the IE and IPE to assess cost-effectiveness, ensuring that the intervention's monetary and societal benefits are fully mapped out to allow other potential users (LAs) to make informed decisions about adopting the intervention approach.

3. INTERVENTION

3.1. Intervention and Comparator

The intervention aims to prevent homelessness among households identified as being at risk of homelessness, through making proactive calls to residents and signposting them to the appropriate services. These calls will be preceded by a text message from the LA to increase engagement and reduce worries about scams

amongst recipients. However, these text messages will not contain any material information and are not considered to be a part of the intervention.

The at-risk households will be identified using Xantura's predictive model, which uses LA data to generate a risk score for all households in the LA. The higher the risk score, the higher the household's (predicted) risk of becoming homeless in the next three to six months. Xantura will share a list of at-risk households with Verian for randomisation, and following randomisation, Verian will share a list of the households allocated to the treatment arm in their area with each LA, via the OneView platform.

Call handlers at the LA will contact a member of each household on the list and signpost them to support, with the aim of preventing homelessness. Our approach is intent to treat, so we do not require participants to have a phone number in order to be eligible for the trial; our sample simply reflects the information that councils hold, which may not be complete. Any household without a phone number will be marked as non-compliant. However, we note that if a large proportion of participants have no phone number then it reduces our chances of finding an effect in the primary intention to treat analysis. (Not being able to call households will depress the treatment effect, albeit in a manner that we would expect to see if the intervention was scaled up and rolled out.)

Before they make the phone call, call handlers will send the individual(s) in the household a pre-notification text message from the LA to let them know they should expect a call. The timing and content of any text message is at the LA's discretion, though a template message will be provided. When making the call, they may then refer to the pre-notification to allay any concerns about the calls being scams/fraudulent.

During the call, which we expect to take around 30 minutes on average (as estimated by the LA teams, based on their experience of needs assessments with households), LA staff will discuss the individual's and household's needs, assess the need for any immediate intervention or support, and signpost to appropriate services (offered by the LA or by the voluntary and charitable sector). LA staff will not be given the risk scores generated by the model, but the call handler can access the details of household-level risk and individual-level risk factors for each adult in the household in the household record on OneView. This means call handlers will be able to target interventions to each adult in the household if they have different risks (e.g. no/low income, domestic abuse, physical or mental health issues). Households will be re-contacted a minimum of three and a maximum of five times, at different times of day, in the case nobody answers the call. The LAs have a lot of discretion in who they call and how they handle the call, reflecting the fact that LAs would have discretion in how they operationalise the intervention if it were scaled up.

As the call needs to identify and be responsive to the individual's and household's needs there is no specific script or instruction for the LA staff to follow. Call handlers will be provided with a guidance pack (see Annex B: Call Guidance for Local Authorities) that includes:

- Guidance on how to inform residents they have been identified as at risk of homelessness and the purpose of the call
- Guidance on how to offer residents the option to opt out of the service and the study
- List of services available for different types of risks identified
- Guidance on how to select services from the list, given identified risk factor(s)
- Guidance on how to ensure households have received the full dose of the intervention

Call handlers will be given a group training session on how to use the telephone guidance pack. Call handlers will also be asked to rely on their prior training and experience when making the calls and navigating potentially challenging conversations. LAs may also provide project-specific training to call handlers, but this is at the LA's discretion. The call handlers making outreach calls to residents will come from existing LA teams with expertise in making outreach calls. The subject knowledge of teams might differ across LAs, but at a minimum all teams will have experience and training in outreach activities.

The intervention, a call to proactively signpost households in need to support services, is deemed to have been delivered in full once the call handler considers that they have made an appropriate assessment of the household's (and/or individual's) needs and indicates that on the OneView platform. Call handlers will be instructed to confirm with participants that they understand what was discussed in the call, following the guidance document provided for the calls (see Annex B: Call Guidance for Local Authorities). Call handlers will also direct households to appropriate services (either by sharing the service's phone number or making a referral and having services contact households directly).

If the call handler judges they are required, follow-up calls may be made over a maximum period of 6 months. This is likely to be needed if participants are unable or unwilling to complete the assessment on the first call made (e.g. due to lack of time), but they do not decline further calls from the LA. Therefore, the length and number of calls will vary according to the risks/needs identified. Detailed call records will be maintained via the OneView platform.

The project relies on LA staff to make outreach calls and adhere to the guidance about the content of the calls. We will ask the managers of teams making the calls to conduct spot checks with all call handlers by shadowing random calls on a regular basis (at least weekly), check the call follows the guidance appropriately, and report

any changes made to delivery they observed. Fidelity will be explored in interviews with LA staff and beneficiaries on the basis of the principles set out in the guidance. However, given the number of calls, the inherent flexibility of the intervention, and the scope for differences between LAs, it will not be possible to robustly assess the overall fidelity of the intervention for all participants.

Some LAs may choose to provide more intensive support—more in line with what was offered in the successful Maidstone pilot. Variation in support offered by the LAs will be explored in the IPE, including whether this is a moderator of the success of the intervention.

Table 4: TIDieR Framework

Brief Name: Provide the name or a phrase that describes the intervention	Using Data to Prevent Homelessness: A Randomised Controlled Trial
Why: Describe any rationale, theory, or goal of the elements essential to the intervention	Evidence shows that there is a clear causal link between financial strain such as financial crises and debt, low income, unemployment and increased risk of homelessness. Debt can also play a role in increasing the length of time that a household experiences homelessness because landlords are reluctant to rent to someone who has high levels of debt or a poor credit report. LAs hold various types of information, such as Council Tax debt, housing benefits, social work data, other housing-related debts, and other vulnerabilities. By combining this data, authorities can identify households at risk of homelessness and direct them to appropriate services. Early identification and support for these households can help manage debts and other needs more effectively, preventing homelessness.
Who (recipients)	Households identified as at risk of homelessness by a predictive model using data collected by LAs. Where identified risk factor(s) pertain to an individual in a household, the individual to which the risk factor(s) pertain will be contacted. Where the risk factor(s) pertain to the household as a whole, any lead adult can be contacted; in the case that the household comprises a couple or more than one lead adult, both/all could be contacted.
What (Materials): Describe any physical or informational materials used in the intervention, including those provided	LA household data, integrated through the OneView data platform.

to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (such as online appendix, URL)	Risk scores generated by the predictive model, which will be implemented by Xantura, to identify households at risk of homelessness. Guidance pack to call handlers that includes: ● Guidance on how to inform residents they have been identified as at risk of homelessness and the purpose of the call ● Guidance on how to offer residents the option to opt out of the service and the study ● List of services available for different types of risks identified ● Guidance on how to select services from the list, given identified risk factor(s). The guidance pack can be found in Annex B: Call Guidance for Local Authorities.
What (Procedures): Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities	The intervention is a proactive telephone call, made to households who have been identified as at high risk of homelessness. Xantura's predictive model will identify high-risk households; a list of high-risk households in the treatment group will be supplied to the LA via the OneView platform. To support the intervention, a pre-notification text will be sent by the LA to households, to let them know to expect a call. However, this is not considered to be a part of the intervention itself. Telephone calls will be made by LA teams – frequency and length of calls will vary by risk/needs identified for each household. The intervention, a proactive call to signpost to support, is deemed to have been delivered in full once the call handler indicates on the OneView platform they have made an appropriate assessment of the household's (and/or individual's) needs and they indicate so on the OneView platform Call handlers will direct households to appropriate services via a warm transfer (either by making referrals or having services contact households directly). Households will be re-contacted a minimum of three and a maximum of five times, at different times of day, in the case that no one picks up.

Who provided: For each category of intervention provider (such as psychologist, nursing assistant), describe their expertise, background, and any specific training given	Xantura and LA Information Governance teams for model implementation. Existing LA teams with expertise in making outreach calls to residents - subject knowledge of teams might differ across LAs, but all teams will have experience and training in outreach activities.
How: Describe the modes of delivery (such as face to face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group	Telephone call to household member(s). This will be preceded by a pre-notification text message.
Where: Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features	Royal Borough of Kensington and Chelsea[1] Test Valley Borough Council Newham Council Stockport Council London Borough of Barking and Dagenham
When and how much: Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity, or dose	Households receive a support call. The length and content of the support call will vary according to the risks/needs identified. Follow-up calls may be made over a maximum period of 6 months. Detailed call records will be maintained via the OneView platform.
Tailoring: If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how	The content of the phone calls and the services to which participants are directed will vary. Guiding principles on selecting services and triggers for follow-up calls will be developed as part of the guidance pack for LAs to use.
How well (Planned): If intervention adherence or fidelity was assessed, describe how and by whom, and if any	The structure of the call is deliberately loose, and the project relies on LA staff to make outreach calls and adhere to the guidance about the content of the calls provided in a telephone guidance pack. Call handlers will be given a group training session on how to use the telephone guidance pack.

[1] Protocol Update: The Royal Borough of Kensington and Chelsea withdrew from the trial and the intervention prior to launch of the trial due to data sharing and capacity concerns, but we carried out an interview with them as part of the IPE.

strategies were used to maintain or improve fidelity, describe them	Call handlers will maintain detailed, structured call records which Verian may audit. The managers of teams making the calls will be asked to conduct fidelity spot checks with all call handlers on a regular basis (at least weekly), and to report any changes made to delivery they observed. Fidelity will also be explored in interviews with LA staff and beneficiaries.

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3.2. Theory of Change

Situation	Local Authorities hold various types of information, such as council tax debt, housing benefits, social work data, other housing-related debts, and other vulnerabilities. By combining this data through its OneView platform, Xantura can help LAs identify households at risk of homelessness and direct them to appropriate services. Early identification and support for these households can help manage debts and other needs more effectively, preventing homelessness.
Aims	The intervention aims to use council data to provide targeted, proactive support (in the form of short phone calls with caseworkers) to direct individuals at risk of presenting as homeless towards services that provide support which addresses their needs in order to reduce the likelihood of presenting as homeless.
Context	Participants are individuals identified as 'at risk of presenting as homeless' in the next 6 months by **Xantura's** predictive model in 5 Local Authorities. **Local authorities** proactively contact '**at risk' individuals** (intervention only) by sending a pre-notification text and then having a 20- to 60-minute phone call. During the call, '**at risk' individuals** are signposted to relevant services to address their specific case needs (insofar as they are possible to identify and address).

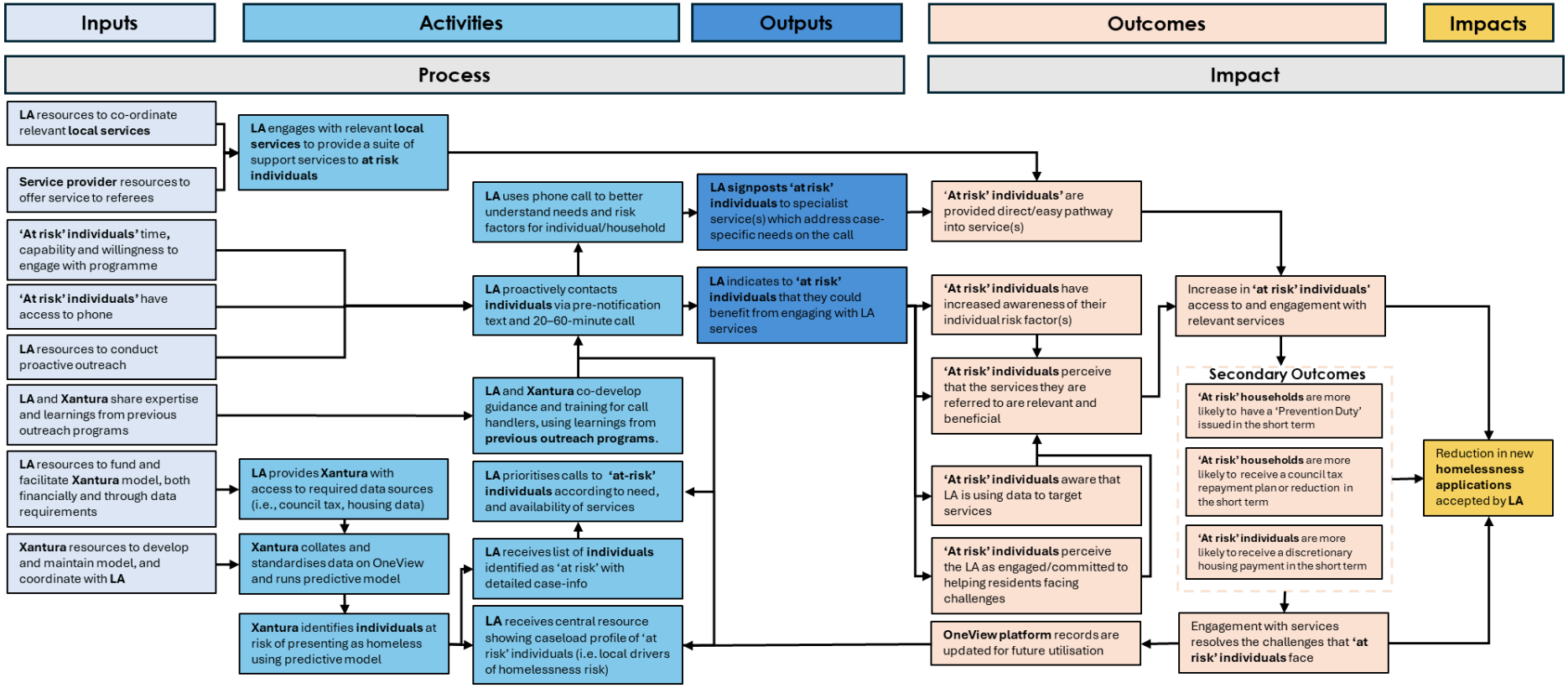


Figure 1: Theory of Change (ToC)

The Theory of Change relies on the following key assumptions:

1. LAs hold all data required by OneView, and a sufficient range of data to allow Xantura to run and deliver a predictive model with meaningful predictive value
2. LAs hold telephone contact information for individuals in identified households, and this information is accurate
3. Contacted individuals can and will answer the telephone, and are able to conduct a long enough call to complete the assessment (in one or across multiple calls)
4. Services that address the needs of the individuals in identified households and can aid in preventing homelessness are available
5. Signposted services have capacity (in addition to BAU workload) to provide meaningful support to individuals in identified households
6. Intervening 3-6 months 'upstream' is early enough to prevent (some) cases of homelessness

The intervention is expected to inform households that they are at risk and refer them to support services that they might need, which (if effective) will also lead to a reduction in homelessness applications (Assumptions 4 and 5 of the ToC).

The causal chain requires households to engage with the services offered by the LA, and for these services to effectively address their needs and reduce household risk of homelessness (Figure 2).

Figure 2: Causal chain for impact on homelessness

Any difference in outcomes between the intervention and control groups is the result of the combination of these two components, engagement and effectiveness. The intervention aims to increase engagement with services; we assume that the effectiveness of these services at reducing household risk of homelessness is constant across intervention and control. Therefore, if we find a difference between intervention and control that will imply that the intervention is effective at increasing engagement with services.

However, if we find a null result, the lack of detectable effect could be because the intervention did not increase engagement with services and/or because the services fail to effectively reduce homelessness. The latter would suggest that LA services need improvement for this intervention to be effective. Whilst these two components (engagement and effectiveness of services) are not measured separately in the

impact evaluation, in the event of a null, the results of the IPE will help us understand which of these options is more plausible.

3.3. Intervention Dates

The intervention will be delivered to participants over a three-month period beginning in early May 2025.

4. STUDY TIMELINE

Table 5: Study Timeline

Staff responsible/ leading	Activity	Dates
Xantura	Implementation of OneView platform and setup of predictive model	August – December 2024
Verian (Natalie Gold)	Evaluation Design	August – December 2024
Verian (Penny Stothard)	Scoping qualitative fieldwork with Local Authority staff and stakeholders	January – April 2025
Xantura	Data pull and predictive model run. Results shared with Verian for randomisation and then with LAs	Batch 1: April 2025 Batch 2: May 2025 Batch 3: June 2025
Local Authorities	LAs call identified households in the treatment group	Batch 1: May 2025 Batch 2: June 2025 Batch 3: July 2025
Verian (Penny Stothard)	Qualitative fieldwork with project beneficiaries and residents	June – NovemberAugus 2025
Xantura	Secondary outcome data pulls (shared with Verian)	Batch 1: August 2025 Batch 2: September 2025 Batch 3: October 2025
Xantura	Primary outcome data pulls (shared with Verian)	Batch 1: February 2026 Batch 2: March 2026 Batch 3: April 2026
Verian (Natalie Gold)	Analysis and reporting	May – October 2026
Verian (Natalie Gold)	Final report publication	September 2026

5. IMPACT EVALUATION (IE)

5.1. Aims, Objectives and Hypotheses

Aims and Objectives

The IE aims to estimate the impact of LAs delivering proactive support to households deemed at risk of homelessness in the next 3-6 months on whether they are owed a relief duty.

The **primary objective** of the IE is to estimate the impact of treatment on whether households are owed a relief duty at a 9-month follow-up.

The **secondary objective** is to estimate the impact of treatment on support provided for at-risk households before the 9-month follow-up.

Research hypotheses

The **primary research hypothesis** is that allocation to treatment will reduce the likelihood of a household making a homelessness application that results in them being owed a relief duty at any point between the trial's start and the 9-month follow-up, compared to a business-as-usual (BAU) control. See 'Primary Outcome', below for the operational definition used in this trial.

The **secondary research hypotheses** are that allocation to treatment will increase the likelihood of anyone in the household being issued the following support before the 9-month follow-up:

1. A prevention duty ('Primary Outcome', below)
2. An agreed reduction in Council Tax
3. A discretionary housing payment

The trial will also consider impact on these three secondary outcomes at an earlier 2-month follow-up.

5.2. Study Design

Study design details

The IE is a two-arm parallel RCT with randomisation at the household level, blocked by LA and predicted risk of homelessness. Households in the 'treatment' arm will receive proactive support (in the form of a phone call) from their LA in addition to BAU support. Households in the 'control' arm will only receive BAU support from LAs. This varies between LAs and refers to the range of activities that LAs and local organisations (including the third sector) undertake, and services they offer, to prevent and reduce homelessness. This support is available to households in both

the intervention and control arms, the difference is whether they receive a phone call that signposts them to the relevant support for them.

Allocation

Verian will randomly allocate households into the trial's two arms with equal probability, with a blocking design to ensure that the sample within each LA is as well balanced as possible on predicted risk of homelessness at the trial's start.

To assign blocks, we will independently sort each LA's sample by a continuous risk score generated by Xantura and then sequentially allocate households to blocks of four, following the sorted order. The target sample size at this point will be a multiple of four, so all blocks should be fully filled. If this is not the case, any remaining households will be entered into the final block. Once sorted into blocks, we will randomly assign households within each block so that every block of four contains two treatment households and two control. If the final block contains an odd number of households, we will randomise those households freely. The sample is thus stratified by LA and then risk score within LA.

We will randomise using the R package 'randomizr' (Coppock, 2019). One researcher will conduct the randomisation, but the code will be checked by another researcher to ensure it has been conducted correctly and can be reproduced. Once conducted, the randomisation code will be saved and made available in the OSF pre-registration that will be published for this trial.

Batching

We will deliver the sample to LAs in three batches, at the start of the first, second, and third months of the trial. We will run the randomisation separately for each batch, using up-to-date risk scores generated by Xantura.

Update to protocol: Study design in Test Valley

One of the participating LAs, Test Valley, was unable to supply housing association rent arrears data, which was a key predictor in the predictive risk model. This became apparent after the originally registered version of this protocol was signed off but before any batches had been drawn for Test Valley. Therefore, Xantura developed a simplified set of criteria for identifying and sampling eligible households:

Firstly, Xantura applied a series of **inclusion criteria** for a household in Test Valley to be considered:

- Total debt (across Council Tax and Housing Benefit Overpayment (HBOP)) >= £1000.
- Total debt <= £8000, as households exceeding this debt threshold are commonly already known to the authorities or are refusing to collaborate.

- Current debt trend is 'Debt Increase', indicating an accelerating increase in debts over a sustained period.
- Xantura's Risk Framework metric of financial resilience is rated as 'low' or 'medium', meaning the household has low historic evidence or means of recovering from debts.
- No Discretionary Housing Payments in past 6 months.
- No homelessness duty in past 6 months.

Then, Xantura **sorted eligible Test Valley households into tiers** intended to reflect risk of homelessness. The 'highest risk' households (Tier 1) are those with rising debts for both Council Tax and HBOP, and either total debt exceeding £3,000 or evidence of homelessness in the past 18 months. The 'high risk' (Tier 2) households are those with evidence of historic homelessness alongside either rising Council Tax debt or rising HBOP debt (but not both). Lastly, 'moderate risk' households had either rising Council Tax debt or rising HBOP debt (again, not both), but with no evidence of prior homelessness.

Xantura **sampled households** for each cohort beginning with those in Tier 1. If there were not enough households in Tier 1 to meet the target sample size then they selected from Tier 2, and then from Tier 3 if necessary.

In light of these changes, we agreed the following amendments to the evaluation with CHI and Xantura:

1. Xantura will identify eligible households in Test Valley according to a simplified set of criteria rather than the predicted risk scores used in the other LAs.
2. We will randomise households in Test Valley without blocking by risk scores, which would not be available for those households. Those randomised into the intervention will receive support as specified in Section 3.
3. We will exclude Test Valley from any of the pre-registered analyses that make use of predicted risk scores or blocks assigned by risk scores, i.e. the Primary and Secondary Analyses.
4. We will use the pre-registered sensitivity analysis that does not include predicted risk score as a covariate to gauge the impact of the intervention in Test Valley. These will be run with and without Test Valley.
5. We will report estimates of impact from that analysis across the participating LAs to provide indicative evidence of how the planned approach using Xantura's predictive risk scores compares to the 'rules-based approach' taken in Test Valley. We must note that this is a strictly exploratory comparison, and it will not account for other differences between the LAs which might plausibly have driven differences in the efficacy of the intervention.

5.3. Research Setting

This research will be conducted across four LAs across England:

- London Borough of Barking and Dagenham
- Newham
- Stockport
- Test Valley

These LAs were selected by CHI via a competitive expression of interest process to ensure some generalisability and scalability of results. Applications were open to all unitary LAs in England. Completed applications were independently scored by two internal CHI reviewers against a standardised rubric, moderated by a third reviewer, and approved by CHI's Grants and Evaluation Committee.

CHI also initially engaged Kensington and Chelsea, who were unable to participate in the trial but who will participate in the Implementation and Process Evaluation.

6. TARGET POPULATION

6.1. Eligibility

The target group for this research is the population of households at risk of homelessness within the next 3-6 months, across the four LAs participating in this trial (see **5.3 Research Setting**).

Eligibility criteria
Households will be deemed 'at risk' according to a predictive model run by Xantura. The model generates a household-specific risk score (0-100) indicating the expected likelihood of the household becoming homeless in the next three to six months under BAU conditions. Any household with a score greater than or equal to 50 is considered 'at risk' and is eligible for the trial unless they meet one of the exclusion criteria set out below.

Exclusion criteria
Households who meet any of the following exclusion criteria will not be eligible, regardless of risk score:

- They are already participating in a CHI trial
- They ask not to receive the intervention
- They ask for their data not to be used in this trial
- They are already receiving intensive support from LAs via a Relief or Prevention Duty issued in the last 6 months

- They have already been identified in OneView by London Borough of Barking and Dagenham's Homes and Money hub and are receiving targeted support (this team is already using the OneView model to provide targeted support)

6.2. Recruitment

Xantura will identify at-risk households using data supplied by participating LAs. They will apply the predictive model shortly before the start of the first, second, and third months of the trial to ensure that risk scores are up-to-date for each batch.

For each batch, Xantura will select a target number of eligible households from each participating LA, favouring those with the highest risk scores. Households will only be eligible for inclusion in one batch, so they cannot be selected if they were part of a previous batch. Xantura will aim to select 168 households from each LA for the first batch, and then 166 for each of the second two batches (totalling 500 across all batches, though see **9.2 Attrition Assumptions** for alternative scenarios). The target of 500 households per LA was set by CHI during its project conception.

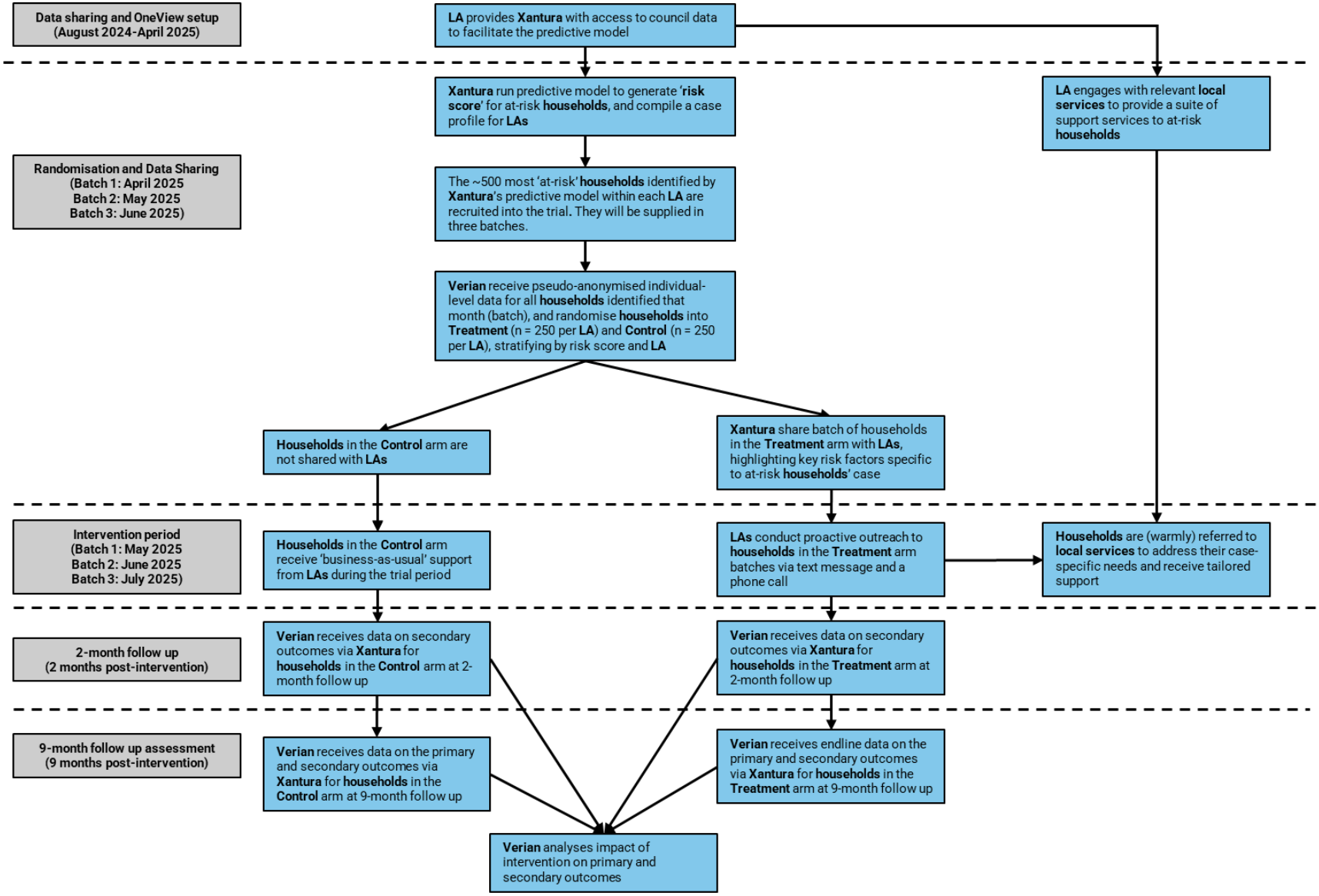
Because the sample size for each batch is capped, it is likely that some households will meet the eligibility criteria but will not be selected for that batch. When the next batch is drawn, Xantura will re-run the predictive model and any such households who still meet the eligibility criteria will be eligible for selection follow the process set out above.

6.3. Enrolment

Enrolment is automatic for selected households. We have determined that collecting informed consent for the impact evaluation would pose too great a risk to the validity of the evaluation. However, households will have the opportunity to opt out of the intervention and to opt out of their data being used in the evaluation - for more information see sections 15.2 and 16.3. Individuals in the treatment group will receive a pre-notification text message before the LA call informing them of the upcoming call and providing a link to the project's Privacy Notice.

We will collect consent from any interviewees we speak to in the context of this project. Potential interview participants will be provided an information sheet and the Privacy Notice prior to them being asked if they consent to being interviewed.

6.4. Trial Flow Diagram



7. OUTCOME MEASURES

7.1. Primary Outcome

Definition
The primary outcome is a household-level binary variable indicating whether any household member is owed a relief duty as a result of a homelessness application made by or for any household member between the trial's start and the 9-month follow-up. There are two ways in which a homelessness application can result in a relief duty:

1. The application resulted in a 'relief duty' being issued for that household.
2. The application resulted in a 'prevention duty' which ended before the 9-month follow-up because the household or any household member became homeless.

Issuing a relief duty means the housing authority deems a household to already be homeless and accepts the duty to take reasonable steps to help the applicant secure accommodation. Issuing a prevention duty means the housing authority deems a household at risk of homelessness and accepts the duty to take reasonable steps to help prevent that. Those found to be homeless at the end of a prevention duty are consequently owed a relief duty.

Why is it measured
To determine whether the intervention achieves its ultimate aim of reducing homelessness among the target population.

Data source
Aggregated from Homelessness Case Level Information Classification ('H-CLIC') records, via the OneView platform.

When is it measured
At the 9-month follow-up.

For whom is it measured
All households enrolled in the trial.

7.2. Secondary Outcomes

The trial's secondary outcomes are focused on evidence of more proximate impact of treatment on support delivered by LAs to at-risk households. Our three (binary) secondary outcome measures of support are listed below. We will consider each at

the end of the trial (i.e., the 9-month follow-up) but also at an earlier 2-month follow-up to produce evidence of early impact on an interim basis.

Secondary outcome 1: 'Prevention Duty'

Definition
Whether a prevention duty was issued to the household or any household members (1) or not (0).

Why is it measured
To indicate whether the intervention leads to increased preventative action taken by LAs, either as a result of the call making households' need for support apparent to LAs or by resulting in earlier access to support.

Data source
Aggregated from Homelessness Case Level Information Classification ('H-CLIC') records, via the OneView platform.

When is it measured
At the 9- and 2-month follow-ups.

For whom is it measured
All households enrolled in the trial.

Secondary outcome 2: 'Council tax reduction agreement' (assuming that Xantura will be able to make this data available to us)

Definition
Whether a Council Tax reduction has been agreed for the household (1) or not (0).

Why is it measured
To indicate whether the intervention leads to improved debt management support to keep at-risk households in their current accommodation.

Data source
SHBE (Single Housing Benefit Extract) data held by LAs, via the OneView platform.

When is it measured
At the 9- and 2-month follow-ups.

For whom is it measured
All households enrolled in the trial.

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Secondary outcome 3: 'Discretionary Housing Payment'

Definition
Whether a Discretionary Housing Payment was issued to any household members (1) or not (0). A discretionary housing payment is a payment designed to cover housing costs for a rent shortfall, rent deposits, or to pay rent in advance if the individual needs to move home. To be eligible, individuals must receive either Housing Benefit or the housing element of Universal Credit.

Why is it measured
To indicate whether the intervention leads to improved financial support to keep at-risk households in their current accommodation.

Data source
Revenues and Benefits records held by LAs, via the OneView platform.

When is it measured
At the 9- and 2-month follow-ups.

For whom is it measured
All households enrolled in the trial.

8. DATA COLLECTION

8.1. Data collection methods

All study outcomes and planned covariates come from administrative records, which will be provided by LAs on a monthly basis and collated within the OneView platform. Additionally, call handlers will use OneView to record their attempts and success at making the treatment calls to support the compliance analysis and IPE. Xantura will have responsibility for managing data collection, ensuring data quality, and minimising missing information. They will provide household-level risk scores for the randomisation and then will deliver outcome data at the 2-month and 9-month follow-ups.

Timelines
For each batch, the trial will begin with randomisation, followed by a 1-month intervention period in which LAs deliver the calls to treatment households, with the two follow-up data collection points occurring 2 and 9 months after the end of the intervention period.

Table 6: Data collection procedures and assessment timeline

Assessment point	Type of data	Data collection approach
Pre-trial Batch 1: April 2025 Batch 2: May 2025 Batch 3: June 2025	Baseline characteristics of the sample All administrative data from LAs Risk scores from Xantura's predictive model (for randomisation)	Data collected from LA records by Xantura via OneView
1-month Intervention period Batch 1: May 2025 Batch 2: June 2025 Batch 3: July 2025	Outcomes related to the proactive call made to individuals in at risk households.	Data collected from LA call handlers by Xantura via OneView
2-month follow-up Batch 1: July 2025 Batch 2: August 2025 Batch 3: September 2025	Secondary outcome data	Data collected from LA records by Xantura via OneView

9-month follow-up Batch 1: February 2026 Batch 2: March 2026 Batch 3: April 2026	Primary outcome data Secondary outcome data	Data collected from LA records by Xantura via OneView

8.2. Retention strategies

Given that the recruitment and assessment processes are driven by administrative data, and that the intervention does not require ongoing compliance on behalf of the household contacted by the LA, retention is not expected to be a significant challenge in this evaluation.

In order to promote engagement with the intervention, a lead adult of each household in the intervention arm will receive a pre-notification text message alerting them to the fact that they will receive a phone call from their LA. Households in the control arm will not be notified that they are included in the trial.

There are no additional incentives offered to participants for participation in this trial.

9. SAMPLE SIZE AND POWER CALCULATION

9.1. Sample Size / Power Calculation

There is little evidence at present for the likely scale of any treatment effects, or for the distribution of baseline risk scores in each participating LA or how well they really predict future homelessness. Each of these could impact power. Furthermore, the sample size is limited by the number of at-risk households in the population and LAs' capacity to deliver the treatment, of which we expect the latter to be more limiting. We therefore start here from the planned sample size that LAs initially consented to when they agreed to take part (500 per LA) and consider the implications of various scenarios in which the achieved sample is lower than planned due to delivery constraints or attrition (e.g., missing data), under a set of conservative assumptions.

We present below the Minimum Detectable Effect Size (MDES) for effect of treatment on the (binary) primary outcome measure under each scenario. MDES are shown as absolute percentage point differences, provided as ranges because they vary depending on baseline proportions. To minimise the risk that our power calculations overstate power, we make the conservative assumption that the planned baseline covariates do not account for any variance in the primary outcome. This is in practice unlikely to be the case, although they may not greatly improve power if baseline risk scores are high in most sampled households.

Under our assumed likely scenario, our MDES at alpha = 0.05 and power (beta) = 0.8 is a 2-7 absolute percentage point difference in the proportion of households becoming homeless between treatment and control. Ranges are provided because the MDES expressed in absolute terms varies with base probability of homelessness under the null hypothesis (Figure 3).

9.2. Attrition Assumptions

We conducted power calculations prior to confirmation of the final list of participating councils. When doing this, we considered the following scenarios:

Scenario A (our planned main scenario) – Five LAs take part; 500 households recruited and randomised per LA, with 20% lost as post-randomisation attrition. Achieved n = 2,000.

Scenario B – as Scenario A, but the recruited sample in Batches 2 and 3 are reduced by 20% due to delivery constraints that become apparent in Batch 1. Achieved n = 1,736.

Scenario C – as Scenario A but one of the five LAs withdraws before the start of the trial. Achieved n = 1,600.

RBKC withdrew before the start of the trial (December 2024), so Scenario C will represent the expected main scenario at the time this protocol is first registered.

Scenario D – as Scenario B but one of the five LAs withdraws before the start of the trial. Achieved n = 1,388.

The attrition assumption covers participants opting their data out of the evaluation, gaps in administrative records, or participants moving out of the LA during the trial period. We expect such instances to be few, so the figure of 20% is likely to be conservative. It was arrived at by CHI early in the trial's development and has been maintained in the absence of strong evidence justifying amending it. Note that its impact is minor – adjusting assumed attrition in Scenario A from 20% to 5% changes the range of MDES from 2-7pp to 2-6pp.

9.3. Software

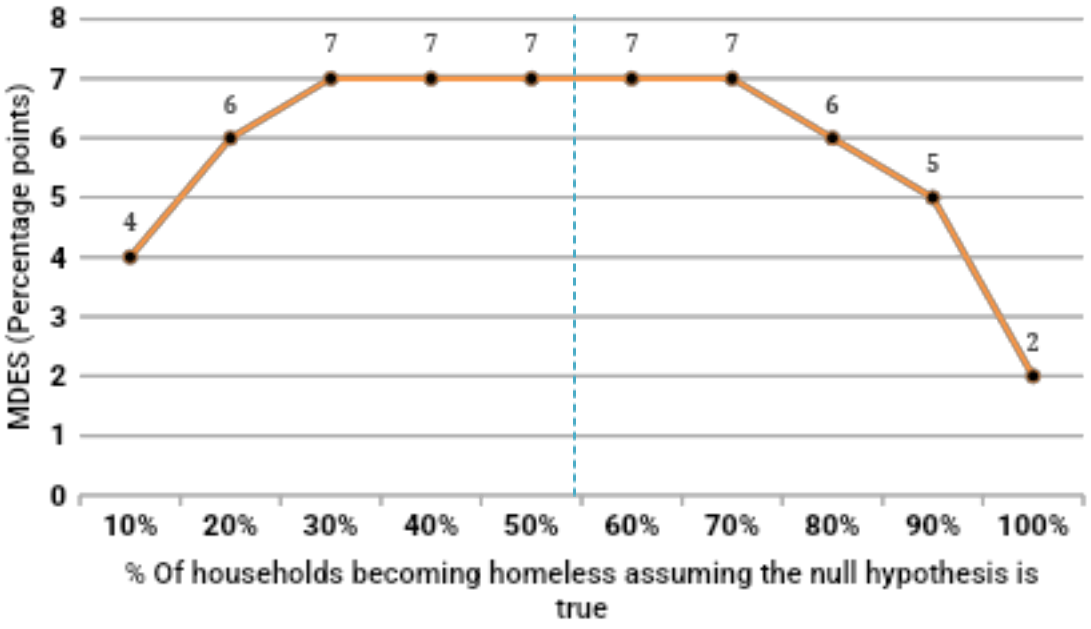
Power calculations were carried out using the *pwrss* package in R statistical software.

Table 7: Sample size calculations

		Scenario A	Scenario B	Scenario C	Scenario D
Minimum Detectable Effect Size (MDES) (pp = percentage points)		2-7pp	2-7pp	2-7pp	3-8pp
Alpha		0.05	0.05	0.05	0.05
Power		0.8	0.8	0.8	0.8
Alternative hypothesis: One-sided or two-sided		Two-sided	Two-sided	Two-sided	Two-sided
Number of households	Treatment	1,250	1,085	1,000	868
	Control	1,250	1,085	1,000	868
	Total	2,500	2,170	2,000	1,736
Expected attrition	%	20	20	20	20

Effective sample (Households)	Total	2,000	1,736	1,600	1,388[2]

Figure 3: Scenario C MDES at different levels of homelessness[3]



[2] This value is rounded down.

[3] Note that we would not expect to see fewer than 50% of households identified by Xantura's predictive model becoming homeless if Xantura's model works as stated.

10. ANALYTICAL STRATEGY

10.1. Analytic Sample

The analytic sample will be all households entered into the randomisation for whom the primary outcome is available.

10.2. Descriptive statistics

We will report descriptive statistics on:

- Sample size and attrition at the trial's start, the 2-month follow-up, and the 9-month follow-up
- Predicted baseline risk scores across arms at the trial's start, the 2-month follow-up, and the 9-month follow-up (to assess balance)
- Variables for underlying risk factors used to develop the predicted baseline scores
- The primary outcome at the 9-month follow-up (the full distribution as well as summary statistics – mean, mode, standard deviation)
- All secondary outcomes at the 2-month and 9-month follow-ups
- Whether and when treatment arm households received the call
- Whether and when households were issued a prevention duty
- Whether and when households were issued a relief duty

10.3. Primary Analyses

Analytical approach

The primary analysis will estimate the effect of treatment on the likelihood of a successful homelessness application being submitted by or on behalf of any individual within a sampled household, on an intent-to-treat (ITT) basis. We plan to apply a parsimonious model with treatment as the predictor of interest, and two baseline covariates used in the blocking design of the randomisation.

The analysis will take the form of a generalised linear model with a logit link function to accommodate the binary measure used for the primary outcome. To improve power, we will cluster standard errors at the block level.

The model will follow this specification:

$$logit(p(Y_i = 1)) = \beta_0 + \beta_1 Treat_i + \beta_2 Risk_i + \beta_3 LA_i$$

Where:

- $p(Y_i = 1)$ is the probability that the i^{th} household ($i = 1, ..., n,$ where n is the number of households) submitted a successful homelessness application (or had one submitted on their behalf) during the trial period,
- $Treat_i$ is a binary variable for treatment allocation (0 = Control, 1 = Intervention),
- $Risk_i$ is the continuous risk score generated for that household that was used in the pre-trial randomisation,
- LA_i is a vector of binary dummy variables representing the Local Authority the household is in (0 = non-member, 1 = block member).

This approach to the primary analysis cleanly reflects the study's design to maximise power without conditioning on additional covariates that could complicate the interpretation of the model's results. Alternative approaches would be to explicitly represent the blocking design through a vector of dummy variables (instead of separate indicators for risk and LA) in a conditional logistic regression or to drop all covariates and use treatment as the sole predictor. We will follow both of these approaches as sensitivity analyses.

We will report uncertainty through confidence intervals at p-values. For the treatment effect, we will report p-values continuously as well as a binary indication of whether the treatment effect is statistically significant.

10.4. Secondary analyses

Our secondary analyses will follow the same approach as the primary analysis but replacing the outcome measure with the three specified secondary outcome measures:

- Whether a prevention duty was issued to any household members (1) or not (0)
- Whether a Council Tax reduction was issued to any of household members (1) or not (0)
- Whether a Discretionary Housing Payment was issued to any household members (1) or not (0)

10.5. Sub-group Analyses

There are no planned sub-group analyses apart from an exploration of differential impact across LAs, which is set out under Exploratory Analyses.

10.6. Sensitivity Analysis

Alternative analysis methods

To test the robustness of the trial's main findings to different analysis methods, we will repeat the primary analysis introducing several variations.

Firstly, we will re-run the primary model using a probit link function instead of a logit, per CHI's Statistical Analysis guidance. This analysis tests whether the trial's results hold under an alternative and equally justifiable approach to that taken in the primary analysis.

Secondly, we will trial an alternative analysis in which the indicators for LA and baseline risk are replaced with a vector of dummy variables representing the blocks to which households were assigned. This analysis would be a conditional logistic regression, which is better suited to handling many small strata that do not gain precision as the study's sample size increases (since the stratum size remains constant at 4 households). This analysis captures the impact of treatment in the event that predicted risk scores vary in predictive power across LAs.

And thirdly, we will repeat the main analysis but dropping all predictor variables apart from treatment. This approach is likely to lose power, but if in practice the baseline risk scores of households recruited into the trial are generally high and with little variation, then the loss may be minimal. We will run this analysis both including and excluding cases from Test Valley.

Compliance analysis (CACE)

To complement the primary ITT analysis, we will also conduct Complier Average Causal Effect (CACE) analysis to provide a more accurate measure of treatment efficacy amongst 'compliers'. We will apply the instrumental variables approach using the Two Stage Least Squares (2SLS) method.

For a household in the treatment arm to be considered 'compliant', the following must be true:

- The LA call handler successfully made telephone contact with an adult member of the household
- They were able to complete the treatment call (i.e., they were not cut off prematurely)
- If any member of the household submitted a homelessness application within the trial period, the call took place before that application was made.

This definition does not consider whether household members were sent a text message because the purpose of that part of the intervention is solely to increase uptake of the calls, which is directly measured by the compliance indicator. That means a household who received the call but not the text message would still be considered fully compliant, while one who received the message but not the call would be considered non-compliant.

Our measure of compliance will be a binary indicator; set to 1 if all of the above are true, or otherwise set to 0. First, this indicator is regressed on the variable indicating random assignment to treatment at the trial's start (the instrument). The resulting model predicts treatment received based on allocation to arm, which is then substituted in the primary analysis model for the variable representing allocation to treatment.

10.7. Exploratory analyses

The impact of treatment may vary across LAs where there is heterogeneity in how they handle the proactive support calls or in the effectiveness of the downstream services they refer participants to. To address this quantitatively, we will build on the main analysis model with interaction terms to arrive at a model of best fit (treatment*LA to explore differential treatment impact by LA, treatment*risk to explore differential treatment impact by baseline risk, and risk*LA to explore differences across LAs in the relationship between predicted risk and actual subsequent homelessness). We will also carry out exploratory treatment*LA interaction models and subsample analyses with no Risk indicator so they can include Test Valley. We will carry out additional descriptive analyses on key findings relating to differential delivery by the LAs arising from the IPE.

As a test of the validity of the predictive model, we will also compare the predicted baseline risk of homelessness in the control arm (which will experience BAU support) to actual subsequent homelessness. We will apply the same model specification as the main analysis but excluding the treatment allocation variable (which is redundant as we are only considering the control group). As in the main analysis, we will trial both probit and logit link functions. If the households sampled for Test Valley have a reasonable spread across Xantura's risk tiers then we will also attempt to repeat this analysis with Test Valley but substituting a Tier indicator for the Risk Score indicator.

10.8. Missing data

Description of Missing Data Patterns
The trial's reliance on existing administrative data means the risk of data being missing on a large scale is generally low. The predictor variables in our specified

analyses must be present for a household to be enrolled in the trial, so the only variables in which missing data should be possible are our outcome measures. We will describe the extent of missingness of all primary and secondary outcomes; overall, by arm, and in each LA.

Following CHI's Statistical Analysis Guidance, in the event of any missing data we will seek to establish why (the mechanism) and the pattern of missingness. To do so, we will run a binary logistic regression to regress an indicator of missingness on the treatment dummy variable and blocking variables used in our primary analysis. A statistically significant effect of treatment would indicate that data are 'missing experimentally not at random' (MENAR), i.e., there is evidence of differential loss of data across the trial's arms, which might be a source of bias.

If any of the blocking variables are statistically significant, then the data is not 'missing completely at random' (MCAR). The blocking design used in the randomisation balances treatment and control across LAs and levels of predicted baseline risk, so evidence that outcomes are not MCAR is not necessarily indicative of bias. In this case, we would re-run the primary analysis without the blocking variable and if the results are similar then a complete-case analysis is unlikely to be biased.

Handling Missing Data

For less than 5% missingness overall in our primary/secondary outcome we propose a complete-case analysis. Likewise, if the treatment dummy variable is not significant then data are 'missing experimentally at random' (MEAR) and a complete case analysis is appropriate.

Where outcomes are MENAR, we will explore several methods to reduce bias. The imputation methods preferred in CHI's guidance are not possible, since they depend on baseline measures that won't be present in this study. Instead, we will trial and report on each of the following:

- Excluding any blocks containing missing data from the primary analysis
- Introducing additional household-level covariates to see if conditioning on them eliminates the statistically significant effect of treatment on the likelihood of missingness, and then repeating the primary analysis with those covariates included.
- Three approaches to imputing outcomes: using those from other cases within the same block and testing the extremes of imputation by replacing all missing values with 1s or all with 0s.

Attrition at the LA level
In the event of data being missing from an entire LA because that LA withdraws from the trial, imputation would not be possible and that LA would be excluded from all analyses.

10.9. Interim Analyses and Data Monitoring (If applicable)

We will run the specified secondary analyses on data collected at the 2-month follow-up.

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

The number of comparisons in our analysis plan does not trigger the need for multiple comparison adjustments set out in CHI's guidance for impact evaluations.

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11. IMPLEMENTATION AND PROCESS EVALUATION (IPE)

11.1. Aims, Objectives and Research Questions

The IPE will examine the delivery of the intervention and assess how closely the assumptions made in the intervention Theory of Change (ToC) are borne out in practice and the factors which affected the outcomes that the intervention achieved. From this, it will provide learnings for scaled-up delivery.

Aims

- To examine the implementation and maintenance of the OneView model/platform within LAs, and the identification of at-risk residents.
- To understand how support was targeted for the preventive intervention, and to explore perceived impact and recipients' responses to receiving a call and being referred to and receiving appropriate support.

Research Questions

The IPE will investigate the following research questions relating to the ToC and implementation mechanisms for the OneView data model/platform and for the homelessness preventative intervention (the targeted call and referral to support):

I. OneView platform/Predictive model

1. **Fidelity**: Was the model/OneView platform implemented in the way it was intended?
2. **Adaptation**: To what extent was the model and OneView platform adjusted within each LA to identify risk of homelessness (e.g. what data was used, within what timeframe and where did it come from; which variables were more relevant to identify risk,)?
3. **Responsiveness:** How did LAs engage with a data-driven approach?
4. **Context/moderators:** What factors are perceived to influence the implementation and maintenance of the model/OneView platform e.g., team capacity and capability, size of data sets, engaged DPO?
5. **Project differentiation**: How do LAs usually use and share data to inform preventative support?
6. **Perceived accuracy of model:** Do LAs perceive the predictive model and OneView platform to have been accurate and effective at identifying and targeting residents at risk of homelessness?
7. **Accuracy of model:** How well does the model predict actual homelessness in the absence of the intervention?

8. **Perceived impact**: What is the perceived impact of the model/OneView platform on LAs' internal processes, including cost, time, cross-department collaboration?

2. Preventative intervention

9. **Fidelity:** Were the call handlers able to contact eligible beneficiaries and refer them to support services as intended?
10. **Adaptation:** Did LAs adapt the call framework, and how closely did the call handlers adhere to it?
11. **Reach:** Who received the intervention and were they the intended audience?
12. **Responsiveness:** How long were the calls? How did residents engage with the intervention, including recall and response to the call/signposting to support? How many residents were deemed to require follow-up calls?
13. **Mediators:** To what extent were the outcomes in the ToC, as mediators for the intervention's impact, achieved?
14. **Context/moderators:** What factors influenced the impact of the intervention on residents i.e., who did it work/not work for, why and under what circumstances? Which services was each LA able to refer residents to, as part of the intervention?
15. **Usual practice:** What services does each LA normally refer to or rely on to help households avoid homelessness and who are these provided by? How do support services usually communicate to and engage with residents experiencing severe financial strain/at risk of homelessness?
16. **Differentiation:** To what extent does the intervention differ from LAs' usual practices to improve financial stability among residents at risk of homelessness?
17. **Perceived impact (i):** What is the perceived impact of the intervention on LAs' services and internal processes?
18. **Perceived impact (ii):** What was the perceived immediate impact of the intervention on beneficiaries (call recipients and others in their household)? How did they experience being contacted about a future potential risk of homelessness (e.g., was the call handled with tact/care)? What was the perceived impact of the support services referred to by the call?
19. **Perceived impact (iii)**: Did beneficiaries think the call, referral process and any support services referred to could be improved?

11.2. Research Design and Methods

Methodology and sample

The IPE will utilise qualitative focus groups and in-depth interviews with a range of stakeholders, administrative information provided by Xantura's predictive model on data included and risk profiles, and information relating to the LA's call to individuals in households at risk of homelessness collected via OneView after each outreach call.

We will conduct qualitative research with all groups involved in this trial through four phases:

- **Scoping/preparation (CHI)**: to understand the context and the process and rationale for selecting the LAs and support services within each LA.
- **Pre/early intervention (Xantura and LAs):** to understand the local context and model/platform set-up process within each LA, including business as usual, selection and access of data, selection of support services, resourcing and any challenges; and to map out service provision within each LA
- **Mid-intervention (LAs, residents):** to explore how the platform is being used by LAs; their experiences, confidence with the system and allocation of resources; and how referrals are managed, including any variation in the type of referral made compared to other referral processes. Interviews with residents will take place as soon as possible after the call to explore resident responses and engagement with the call and, where relevant, any immediate outcomes.
- **Post-intervention (residents, LAs, Xantura, CHI):** to explore resident responses to receiving a call and support from services, and to understand perceived impact on LA staff processes, practices, support services and attitudes to data-driven approaches.

Qualitative fieldwork will be conducted via video call unless otherwise specified. Overall, we will conduct the following volume of qualitative fieldwork:

- 2x focus groups with 2-3 CHI staff (1x scoping phase and 1x post-delivery)
- 2x focus groups with 2-3 Xantura staff (1x scoping phase and 1x post-delivery)
- 9x focus groups (5x pre-delivery ideally face-to-face, 4x post-delivery online) with the LA delivery teams, including project leads, support services lead, call handler lead, data management lead, and/or DPO (4-5 staff) depending on each LA set up
- 4x focus groups (1 per LA) with 3-4 staff responsible for implementing and maintaining OneView (mid-delivery)
- 4x focus groups (1 per LA) with 3-4 call handlers (mid-delivery)

- 4-8x 45 min interviews with support service teams (1-2 from each LA) (mid-delivery) depending on each LA set up
- 4x 30 min interviews with residents (1 per LA) who did not engage with the proactive call (mid-delivery, either by video or phone call)
- 28x 45 min interviews with residents (7 per LA) who engaged positively with the call (16 mid-delivery directly after the call/12 post-delivery after receipt of some support service, either by video or phone call)

We will also explore the predictive power of Xantura's model on actual homelessness outcomes over the course of the trial period in the absence of the intervention using data from the Control group. We will first analyse all LAs together using a generalised linear model with logit link function, in which the dependent variable is the primary measure of homelessness and the predictors are main effects for baseline risk and LA. To explore the possibility that the predictive model is more accurate in some LAs than others, we will also carry out an additional analysis including an interaction term between LA and baseline risk.

Focus groups with CHI and Xantura staff

Method, sampling and recruitment

We will conduct focus groups with the CHI delivery team and Xantura staff at the scoping and post-delivery stages. We will work with the project leads within CHI and Xantura to identify the most appropriate members of staff who understand the context and have been involved in selecting the LAs and the set-up of the intervention.

Data collection: sources and processes

We will develop semi-structured topic guides that ensure consistent coverage of points that require examination, but allow space for spontaneous responses to questions which would be leading if asked directly. Focus groups will be conducted by trained and experienced researchers; all will follow a project-specific risk and safeguarding procedure. All interviews/groups will be conducted online. Interviews will be video-recorded and transcribed however all transcriptions will be anonymised removing all personal identifiable information.

Data quality, assurance and confidentiality

All video recordings will be stored securely and destroyed within 3 months of completion of the research project. All personal identifiable information will be removed from the transcripts. Transcripts will be stored using a unique code given by the research team. All transcripts will be stored securely and access will be restricted to the research team only.

Focus groups and interviews with LA staff

Method, sampling and recruitment

We will engage with the four participating LAs at the pre-, mid- and post-intervention delivery stages, and with RBKC at the pre-delivery stage (as they are unable to fully participate in the evaluation). The pre-delivery groups with the core delivery teams will ideally take place face-to-face to be able to observe the OneView platform and potentially to meet other members of the delivery and implementation team, if this is recognised as being helpful. The mid- and post-delivery focus groups with staff responsible for implementing and maintaining the systems and with call handlers will take place online as will the one-to-one interviews with support services staff.

We will scope out the teams and core members of staff within each LA with responsibility for the intervention set up, maintenance and delivery e.g., data management, platform maintenance, data protection, call hander team and support services. We recognise there will be variation between LA approaches. To facilitate recruitment of LA stakeholders, the CHI and/or Xantura delivery team will connect Verian with the day-to-day lead contact at each LAs. We will meet during a short briefing session to explain the expectations of the evaluation and then continue to work with each lead to identify, engage and schedule focus groups and in-depth interviews with the relevant staff members.

Data collection: sources and procedures

Data will be collected from focus groups and interviews with key stakeholder groups. We will develop semi-structured topic guides that ensure consistent coverage of points that require examination, but allow space for spontaneous responses to questions which would be leading if asked directly. Interviews and focus groups will be conducted by trained and experienced researchers; all will follow a project-specific risk and safeguarding procedure. Interviews will be conducted online, will be video-recorded and transcribed however all transcriptions will be anonymised removing all personal identifiable information.

Data quality, assurance and confidentiality

All video and audio recordings will be stored securely and destroyed after analysis. All personal identifiable information will be removed from the transcripts. Transcripts will be stored using a unique code given by the research team. All transcripts will be stored securely, and access will be restricted to the research team only. All transcripts will be deleted 3 months after completion of the project.

Interviews with Beneficiaries

Method and sampling

We will conduct in-depth interviews on a rolling basis during and post-delivery with a sample of identified residents (4 per LA, 16 in total) who received a call and responded proactively. Interviews will focus on their response to the call and any immediate effects on their risk of homelessness. We will also interview 12 residents (3 per LA) who received some level of support from a service(s) that they were referred to by the call handler. Interviews will take place up to four months after their initial call and will focus on their experience of the support service(s). We will also interview 1 resident from each LA who received a call and declined a referral to support. Calls with these residents will take place as soon as possible after the call. All participants will be offered an incentive (from a selection of vouchers).

We will aim to recruit a sample of residents that represents the diversity of participants within the trial, including minimum quotas on demographic characteristics e.g., age, gender, marital status, number of dependent children and ethnicity as well as individual circumstances including health, mental health, experience of domestic abuse, homelessness risk, and engagement with the intervention calls.

Recruitment

We will discuss recruitment with participating LAs working closely with them to identify a sample of beneficiaries from their list of call recipients that represent the diversity of participants within the trial based on pseudonymized participants' information received from the LAs.

LAs will call potential participants after the proactive call and assess residents' current situation and emotional resilience to take part in the research so that this does not cause harm or distress. If appropriate, the LA will introduce the research and, if the resident is interested, send a link via email or text message directing them to an online participant information sheet and consent form created by Verian to secure recorded informed consent to take part in an interview. We will monitor which residents have/have not submitted their consent forms and liaise regularly with the LA to ask them to sensitively nudge any residents who may not have submitted their forms. Once consent has been received, we will contact participants directly to arrange an interview with them, either online or by telephone depending on the participant's preference.

We will aim to recruit to agreed quotas from the sample framework to ensure representation and saturation however, we will need to take a pragmatic approach depending on participant consent received. We will ask this sample of residents for consent to recontact for a follow-up interview post-delivery to understand their

experiences of support services received because of the proactive call. Where possible, we will try to facilitate the same interviewer conducting follow-up interviews to ensure continuity for participants with the research. Prior to Verian recontacting residents, LAs will conduct a check-in call with residents to assess their situation and resilience to participate in a follow-up interview and confirm contact details for Verian to send an online consent form. Verian will then contact residents to schedule their follow-up interview. Where we are unable to recontact residents, we will work closely with LAs to identity alternative residents with experience of support services (because of the targeted call) and follow the same recruitment strategy outlined above.

For residents who received a call but declined a referral to support, at the end of the call, the call handler will gauge suitability (e.g., emotional resilience, circumstances) of asking the call recipient whether they would be interested in taking part in an interview with Verian to discuss their reasons for declining to engage with the call. Call handlers will request verbal consent for LAs to share residents' name and contact information and confirm this in a text/email. Verian will then contact residents as close as possible to when the resident received the proactive call to arrange an interview. Verian will also send the link to an online consent form.

To support recruitment, we will offer a financial incentive from a selection of vouchers, to encourage participation in interviews and to recognise participants' contribution to the evaluation. We will offer incentives in vouchers because these, unlike cash, are not considered income in relation to tax or any income-related government benefits that beneficiaries may be entitled to.

Data collection: sources and procedures

Data will be collected from in-depth interviews with a sample of recipients of the intervention. We will develop semi-structured topic guides that ensure consistent coverage of points that require examination but allow space for spontaneous responses to questions which would be leading if asked directly (e.g., IPE dimensions Responsiveness to receiving a call and the Perceived impact of the call and offer of support). Interviews will be conducted by trained and experienced researchers familiar with interviewing at risk and vulnerable or marginalised groups. All researchers will follow a project-specific risk and safeguarding procedure. Resident interviews will take place online or be conducted by telephone to ensure we capture views of individuals who may be less confident using digital channels or who may not have access. We will accommodate interviewee's preference. Interviews will be video-recorded (or audio recorded if conducted via telephone) and transcribed however all transcriptions will be anonymised removing all personal identifiable information.

Data quality, assurance and confidentiality

All video and audio recordings will be stored securely and destroyed after analysis. All personal identifiable information will be removed from the transcripts. Transcripts will be stored using a unique code given by the research team. All transcripts will be stored securely and access will be restricted to the research team only. All transcripts will be deleted 3 months after completion of the project.

Risk Score Data for Local Authorities, from Xantura

We will report on the distribution of risk scores assigned to households across each LA, and the key risk factors which drive household-level risk scores in each LA. This data will be obtained directly from Xantura's predictive model and shared directly with Verian.

Call data from Local Authorities

During the intervention period, Xantura will collect information relating to the LA's phone call to individuals in households identified as at risk of homelessness via the OneView platform LA call handlers will record the following information relating to each outreach call:

- Whether a pre-notification text message or email was sent to the individual or another household member (with time stamp)
- Whether the LA call handler was able to find a working contact for the selected household
- Whether a phone call was attempted by the LA (number of attempts, with time stamp by each)
- Whether the LA call handler successfully made telephone contact with an adult member of the household
- Whether the LA call handler was able to complete the treatment call (i.e., they conducted an appropriate assessment and recorded an outcome for the assessment)
- Whether the outcome of the assessment was a referral to at least one service provider during the initial phone call (or a 'non-referral', where the assessment is successful completed, but no referral is made)
- Which service(s) each individual was referred to (a multi-coded categorical outcome)
- For each referral made to a service, whether the referral was known to be warm (i.e. transferred on the phone, or referred service will contact individual) or cold (individual required to contact referred service)
- Reasons for a non-referral (a multi-coded categorical outcome, including 'Non-engagement', 'No support required', and 'Opt out due to concerns about data usage)

In addition to data from OneView, we will ask the LAs to keep a record of the number of complaints, and the number of queries/questions they receive about the

project/use of data for targeting. This will be shared by LA project leads each month of the fieldwork, and for two months following completion of the calls.

We will also ask Xantura to provide the number of households identified using the model per month, and number of calls made per month, for the entire data collection period.

11.3. Data Analysis

Data preparation
Interviews and focus groups will be recorded and transcribed using Microsoft Word's transcription software. Care will be taken to ensure that information shared during interviews and focus groups does not contain personal identifiable information; any such information will be redacted in the transcription and therefore cannot be included in the analysis process.

Analysis methods
Our researchers will meet regularly to explore participant responses, variations in these and common themes.

For qualitative data, we will use a framework analysis method which is flexible and permits a mixed deductive-inductive approach to analyse the results of our semi-structured interviews with delivery partners, LA staff and beneficiaries. We will take a combined approach to analysis that enables themes to be developed both deductively from our Theory of Change model and inductively from the accounts of participants.

Using our suggested approach, we can undertake a case study analysis, in this context a case being a LA. We can conduct within-case analysis, using the qualitative data to examine and describe what happened and the effect it had on residents within a particular LA. This will allow us to better understand what has happened in that context and what factors are affecting responses. We can also then conduct between-case analysis to identify overall patterns, differences and commonalities between LAs in the ways in which they implement and deliver the intervention and in the LA context, to inform wider understanding of the perceived impact of the new approach, what factors may be influencing this and how this can vary.

Our researchers will meet regularly to explore participant responses, variations in these and common themes. The framework below is therefore an indicative framework that will act as a starting point for analysis, yet is flexible in its design and structure to adapt to new themes identified through the analysis. The procedure we will use for the analysis is as follows:

1. **Transcription** – verbatim transcription of the interviews
2. **Familiarisation with responses** – becoming familiar with the interview
3. Development of initial thematic framework
4. **Addition of data into the framework**, developing and expanding the framework as appropriate
5. **Identification of further patterns**, such as correspondence between thematic variation and sample criteria, and the apparent strength of findings against each question
6. **Identification of good and poor practice**, which can enable case study analysis by linking findings on good implementation/delivery to those on the experience of beneficiaries in the same LA, and vice versa
7. **Interpretation of data** in relation to IPE research question

Table 8: Implementation and Process Evaluation summary

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
OneView platform/Predictive model					
Fidelity 1. Was the OneView platform implemented in the way it was intended?	Focus groups (online)	CHI staff, Xantura staff, LA core delivery teams, LA staff responsible for implementing OneView	Semi-structured topic guides Video-record interviews	Identify appropriate staff members	Deductive-in ductive thematic analysis
Adaptation 2. To what extent was the predictive model and OneView platform adjusted within each LA to identify risk of homelessness (e.g. what data was used and within what timeframe and where did it come from)?	Focus groups (online)	CHI staff, Xantura staff, LA core delivery teams, LA staff responsible for implementing OneView	Semi-structured topic guides Video-record interviews	Identify appropriate staff members	Deductive-in ductive thematic analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
	Risk score data	-	Risk score data from Xantura	All residents (except Test Valley)	Descriptive analysis
Responsiveness 3. How did LAs engage with a data-driven approach?	Focus groups (online)	Xantura staff, LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader	Semi-structured topic guides Video-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA	Deductive-inductive thematic analysis
Context/moderators 4. What factors are perceived to influence the implementation and maintenance of the OneView platform e.g., team capacity and capability, size of data sets, engaged DPO?	Focus groups (online)	Xantura staff, LA core delivery teams, LA staff responsible for implementing OneView	Semi-structured topic guides Video-record interviews	Identify appropriate staff members	Deductive-inductive thematic analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
Project differentiation **5.** How do LAs usually use and share data to inform preventative support?	Focus groups (online) Interviews (online)	Xantura staff, LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader	Semi-structured topic guides Video-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA	Deductive-inductive thematic analysis
Perceived accuracy of model **6.** Do LAs perceive the predictive model and OneView platform to have been accurate and effective at identifying and targeting residents at risk of homelessness?	Focus groups (online) Interviews (online)	LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader, support services	Semi-structured topic guides Video-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA Identify 3 staff from support services team	Deductive-inductive thematic analysis
Accuracy of model 7. How well does the model predict actual homelessness in the absence of the intervention?	Risk score data	N/A	Risk score data from Xantura	Control group residents (except Test Valley)	Supplementary quantitative analysis of administrative data

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
Perceived impact 8. What is the perceived impact of OneView on LAs' internal processes, including cost, time, cross-department collaboration?	Focus groups (online) Interviews (online)	LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader, support services	Semi-structured topic guides Video-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA Identify 3 staff from support services team	Deductive-in ductive thematic analysis
	LA outcome data	N/A	OneView platform (number of households identified using the model per month, and number of calls made per month, for the entire data collection period; number of complaints LAs receive about the project/use of data for targeting)	All residents	Descriptive analysis
Preventative intervention					

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
Fidelity 9. Were the call handlers able to contact eligible beneficiaries and refer them to support services as intended?	Focus groups (online) Interviews (online)	Call hander team and team leader, support services	Semi-structured topic guides Video-record interviews	Identify appropriate staff member Identify 3-4 call handers in each LA Identify 3 staff from support services team	Deductive-in ductive thematic analysis
	LA outcome data	N/A	OneView platform (whether the call handler was able to find a working contact for the household; whether a phone call was attempted by the LA; whether the LA call handler successfully made telephone contact with an adult member of the household; whether the LA call handler was	All residents	Descriptive analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
			able to complete the treatment call; whether a referral to at least one service provider was made during the initial phone call; whether that referral was a warm or a cold referral)		
Adaptation 10. Did LAs adapt the template call framework, and how closely did the call handlers adhere to it?	Focus groups (online) Interviews (online)	Call hander team and team leader	Semi-structured topic guides Video-record interviews	Identify appropriate staff member Identify 3-4 call handers in each LA	Deductive-in ductive thematic analysis
Reach 11. Who received the intervention and were they the intended audience	Focus groups (online) Interviews (online)	Call hander team and team leader, support services	Semi-structured topic guides Video-record interviews	Identify appropriate staff member Identify 3-4 call handers in each LA	Deductive-in ductive thematic analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
				Identify 3 staff from support services team	
	LA outcome data	N/A	OneView platform (calls where the reason for non-referral was 'No support required')	All residents	Descriptive analysis
Responsiveness 12. How long were the calls? How did residents engage with the intervention, including recall and response to the call/signposting to support? How many residents were deemed to require follow-up calls?	Focus groups (online) Interviews (online and by telephone)	LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader, support services, Residents who received a call and did/did not engage with a service	Semi-structured topic guides Video-record interviews Audio-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA Identify 3 staff from support services team 4 residents who did not engage with service (1 per LA) 28 residents who engaged with the	Deductive-in ductive thematic analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
				call/a service (7 per LA)	
	LA outcome data	N/A	OneView platform (call length; proportion of calls that were successfully completed; number of calls where the outcome was a non-referral due to 'Non-engagement'; number of households that received multiple calls)	All residents	Descriptive analysis
Mediators **13.** To what extent were the outcomes in the ToC, as mediators for the intervention's impact, achieved?	Focus groups (online) Interviews (online and	LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader, support services, Residents who received a call	Semi-structured topic guides Video-record interviews Audio-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA	Deductive-in ductive thematic analysis

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IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
	by telephone)	and did/did not engage with a service		Identify 3 staff from support services team 4 residents who did not engage with service (1 per LA) 28 residents who engaged with the call/a service (7 per LA)	
	LA outcome data	N/A	OneView platform (whether a pre-notification text message was sent to an individual in the household; whether the LA call handler successfully made telephone contact with an adult member of the	All residents	Descriptive analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
			household; whether the LA call handler successfully completed the call; whether a referral to at least one service provider was made during the initial phone call; which service(s) each individual was referred to; for each referral made to a service, whether the referral was known to be warm or cold)		
Context/moderators **14.** What factors influenced the impact of the intervention on residents i.e., who did it work/not work for, why and under what circumstances?	Focus groups (online) Interviews (online and by telephone)	LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader, support services, Residents who received a call	Semi-structured topic guides Video-record interviews Audio-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA	Deductive-in ductive thematic analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
Which services was each LA able to refer residents to, as part of the intervention?		and did/did not engage with a service		Identify 2-3 staff from support services team 4 residents who did not engage with service (1 per LA) 28 residents who engaged with the call/a service (7 per LA)	
	LA outcome data	N/A	OneView platform (for each referral made to a service, whether the referral was known to be warm or cold)	All residents	Descriptive analysis
Usual practice **15.** What services does each LA normally refer to or rely on to help	Focus groups (online)	LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team	Semi-structured topic guides Video-record interviews Audio-record interviews	Identify appropriate staff members	Deductive-in ductive thematic analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
households avoid homelessness and who are these provided by? How do support services usually communicate to and engage with residents experiencing severe financial strain/at risk of homelessness?	Interviews (online and by telephone)	leader, support services, Residents who received a call and did/did not engage with a service		Identify 3-4 call handers in each LA Identify 2-3 staff from support services team 4 residents who did not engage with service (1 per LA) 28 residents who engaged with the call/a service (7 per LA)	
Differentiation **16.** To what extent does the intervention differ from LAs' usual practice to improve financial stability among residents at risk of homelessness?	Focus groups (online) Interviews (online and by telephone)	LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader, support services, Residents who received a call and did/did not engage with a service	Semi-structured topic guides Video-record interviews Audio-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA Identify 2-3 staff from support services team	Deductive-in ductive thematic analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
				4 residents who did not engage with service (1 per LA) 28 residents who engaged with the call/a service (7 per LA)	
Perceived impact (i) 17. What is the perceived impact of the intervention on LAs' services and internal processes?	Focus groups (online) Interviews (online)	LA core delivery teams, LA staff responsible for implementing OneView, call hander team and team leader, support services	Semi-structured topic guides Video-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA Identify 2-3 staff from support services team	Deductive-in ductive thematic analysis
	LA outcome data	N/A	OneView platform (number of non-referrals resulting from concerns about	All residents	Descriptive analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
			data usage/targeting; number of complaints LAs receive about the project/use of data for targeting)		
Perceived impact (ii) 18. What was the perceived immediate impact of the call on beneficiaries (call recipients and others in their household)? How did they experience being contacted about a future potential risk of homelessness (e.g., was the call handled with tact/care)? What was the perceived impact of the support services referred to by the call?	Focus groups (online) Interviews (online and by telephone)	Call hander team and team leader, support services, residents who received a call and did/did not engage with a service	Semi-structured topic guides Video-record interviews Audio-record interviews	Identify appropriate staff members Identify 3-4 call handers in each LA Identify 3 staff from support services team 4 residents who did not engage with service (1 per LA) 28 residents who engaged with the call/a service (7 per LA)	Deductive-in ductive thematic analysis

IPE Research question	Research methodology	Qualitative Research Target Population(s)	Data collection methods	Sample size and sampling approach	Analytic Approaches
Perceived impact (iii) 19. Did beneficiaries think the call, referral process and any support services referred to could be improved?	Interviews (online and by telephone)	Residents who received a call and did/did not engage with a service	Semi-structured topic guides Video-record interviews Audio-record interviews	4 residents who did not engage with service (1 per LA) 28 residents who engaged with the call/a service (7 per LA)	Deductive-in ductive thematic analysis

12. ECONOMIC EVALUATION DESIGN

12.1. Aims, Objectives and Research Questions

Aims

The primary aim of the economic evaluation is to develop an understanding of the overall net value to the public sector of impacts associated with the proactive phone calls and signposting to services. To ensure that the evaluation is comprehensive, we will consider the perspective of all major public sector stakeholders (including both central and local government). However, decisions about implementing the intervention are likely to be taken by individual LAs and, if the benefits exceed the costs for the LAs, then this could provide a strong case for investment at the local level. Therefore, as a secondary aim, we will take an LA costing perspective, considering the overall net value to the LA.

In addition to the aims set out above, we expect that CHI will combine the findings from this evaluation with those from other interventions piloted within the wider Test and Learn programme. This could provide robust evidence on the relative advantages and disadvantages of different approaches to preventing homelessness. In particular, the monetary value calculations undertaken as part of this evaluation will contribute to the formation of a consensus-based set of values for the key costs of homelessness and for the cost savings resulting from its avoidance. This evidence will support LAs and other public stakeholders in making informed policy decisions about homelessness prevention in future.

Objectives

- Identify the relevant public sector costs of delivering the intervention, compared to the counterfactual scenario (BAU), including:
    - *Direct costs* to the participating LAs – that is, costs in relation to building and implementing the predictive model using the OneView data platform, and of preparing for and delivering the intervention phone calls. We will distinguish between upfront costs (e.g. setting up the platform, training for the call handlers) and ongoing costs (e.g., maintaining the platform, making the calls).
    - *Direct costs* of the OneView platform license fee. We will split the direct cost of the OneView platform between the intervention and other potential uses of the platform by the participating LAs, if the LAs are using it for other functions as well.
    - *Indirect costs* to the participating LAs – that is, costs in relation to providing support services to at-risk individuals from households identified by the model, beyond the initial intervention phone call delivered by the LA. This will include

the costs of any follow-up phone calls made by the call handler and costs of the support service(s) taken up as a result of the intervention signposting.

- Identify the cost savings to the public sector resulting from the intervention. This will include cost savings that arise either directly due to members of beneficiary households avoiding homelessness or indirectly – where avoided homelessness leads to another 'downstream outcome', such as better health, which then creates cost savings.
- Review and collate evidence linking the number of beneficiary households to the probability of accruing the costs/cost savings identified above.
    - *Beneficiary households* are the households at risk of homelessness (per the predictive model), whose members avoid being owed a relief duty because they have become homeless. This is intended to align with the definition of *intervention impact* – the number of beneficiary households – to be measured through the impact evaluation.[4]
- Assess the overall Value for Money delivered by the intervention.

Research Questions

Our overarching question is whether the intervention provided value for money. In order to answer it, we will investigate the following four research questions:

1. How much was the overall cost to the public sector of delivering the intervention? This will consider costs to the participating LAs over and above business as usual, including both direct and indirect delivery costs, as well as the license fee for the Xantura OneView platform provided to the LAs to enable the intervention.
2. How much money is saved by the public sector as a result of fewer households being owed a relief duty because they have become homeless?

[4] The project impact will be measured in terms of number of households who avoid being owed a relief duty because they have become homeless. For the purpose of the economic evaluation, this impact measure can be applied directly to those cost/cost saving values which are expressed on a per household basis. In case of values expressed on a per person basis, a suitable adjustment will be made depending on the nature of the cost/cost saving in question. For example, a conservative assumption of a single individual beneficiary per household could be applied to employment-related benefits, whereas all household members (assuming an average household size) could be considered in relation to NHS-related benefits.

3. How much money is saved by the LA as a result of fewer households being owed a relief duty because they have become homeless?
4. What was the net value of delivering the intervention, per beneficiary household? *Net value* represents the difference between the cost savings created by the intervention and cost of delivering the intervention, over and above the counterfactual.

12.2. Research Design and Methods

Overall Approach

Given the economic evaluation's focus on the public sector costs and cost savings associated with the intervention, and the wider aim of comparing the relative performance of different Test and Learn interventions, the intervention's Value for Money will be assessed using **Cost Effectiveness Analysis** (CEA). This will involve calculating the intervention's cost effectiveness ratio (delivery cost of intervention vs business as usual, per beneficiary household) - and comparing it against the following reference points:

- other initiatives within the wider Test & Learn and Systems-Wide Evaluation Programme (subject to availability of the relevant evaluation results)
- a breakeven benchmark given by the cost savings for the public sector per one beneficiary household.

To be considered good value for money, the intervention would be expected to have a cost efficiency ratio below the breakeven benchmark. This would indicate that the intervention has:

1. created a positive impact by reducing the number of at-risk households whose members are owed a relief duty because they have become homeless, compared to the counterfactual, and
2. reduced public spending by more than it cost to deliver, compared to the counterfactual.

Relevant Alternatives/ Counterfactuals

The intervention costs, including cost savings, will be assessed relative to a counterfactual BAU scenario.

The definition of this counterfactual scenario will be aligned with the impact evaluation approach, to ensure that both the beneficiaries and the intervention costs are assessed in a consistent way. The counterfactual will be represented by the control group of the RCT, who will receive standard homelessness prevention and support services offered by the LAs participating in the project to individuals at risk

of homelessness. Unlike the treatment condition, participants receiving BAU will not receive a phone call from the LA referring them to relevant support services.

Evaluation Perspective and relevant stakeholders

The proposed approach to the economic evaluation considers the costs and cost savings associated with the intervention. Costs and cost savings will be assessed focusing on the perspective of all major public sector stakeholders (LAs, Central Government and the NHS), acknowledging their wider impacts on the society, in particular on the quality of life of the individuals affected; as well as from the LA perspective.

Time Horizon

We will follow CHI's guidance on the evaluation time horizon to ensure consistency with other interventions within the wider Test and Learn programme. In line with that guidance, this economic evaluation will consider all costs and cost savings accruing throughout the time period of the impact evaluation (January 2024 – January 2025).

We will provide estimates of the cost saving unit values (see Table 10 for further details) on a per household / per person per year basis and apply these in line with the evaluation time horizon. Where relevant (and supported by appropriate evidence), we may consider either a shorter or a longer time horizon – e.g. in case of cost savings sustained in the long term. Where this is the case, we will consider a range of plausible time horizons as part of the sensitivity analysis.

In case we find that the intervention costs exceed the cost savings within the core evaluation time horizon, we will include a break-even analysis over time. This will consider a scenario where the intervention is continued on an ongoing basis, applying the intervention to further cohorts of at-risk households over subsequent years. As part of this break-even analysis, we will carry out an assessment out of the level of intervention impacts (in terms of fewer households being owed a relief duty because they have become homeless), intervention costs, and cost savings that would apply in subsequent years of the intervention.

Costs

Costs of delivering the intervention include all of the following: direct costs of the Xantura OneView platform license fee, direct LA costs of staff time spent on setting up the predictive model to identify individuals at risk of homelessness using OneView data platform, direct LA costs of ongoing maintenance and monitoring of the platform, direct LA costs of the preparation and delivery of the intervention phone calls, and indirect LA costs of providing proactive support to members of at-risk households assigned to the RCT treatment group.

Costs of delivering the counterfactual include only the indirect LA costs of providing business as usual support to members of at-risk households assigned to the RCT

control group. If we see significant variation between LAs we will report the range of costs with, where available, information about the factors that seem to drive greater BAU costs.

These costs are expected to accrue directly to the LAs participating in the project. However, given the project's RCT implementation structure, each LA will be providing services simultaneously to the intervention and control groups – whilst funding them through a range of sources, including:

- Unitary/Lower-tier LA own budget
- Upper-tier LA funding
- MHCLG Rough Sleeping Initiative grants,[5] a multi-year programme providing local councils with long-term funding to support those sleeping rough or at risk of rough sleeping
- Other central government funding.

Therefore, it would not be practical to differentiate between the intervention and BAU delivery costs according to their funding source. Instead, we recommend that these costs are assessed based on spending data collected from the participating LAs through the dedicated Cost Data Submission Tool.

The table below provides further detail on the spending categories to be considered as part of the Cost Data Submission Tool.

Table 9: Economic Evaluation costs

Cost	Supplementary Data Source	Notes
Intervention only		
Direct costs OneView platform license fee (market value) LA resources (salaries, time, overheads, fees) spent on: Setup, monitoring and maintenance of OneView data Call handler training Casework (intervention phone calls providing proactive support) Administration of intervention	Cost Data Submission Tool*	
Intervention and counterfactual		

[5] Rough Sleeping Initiative: 2022 to 2025 funding allocations

Indirect costs LA resources (salaries, time, overheads, fees) spent on: Running cost of existing support services	Cost Data Submission Tool* Can be triangulated against relevant Simetrica-Jacobs exchequer values[6] estimated for the HACT UKSVB[7]	To be apportioned according to service uptake in intervention and control groups[8]

** LAs will be provided with a comprehensive **cost** form to populate. A copy of the Cost Data Submission Tool will be provided separately.*

Benefits (and averted costs)

The intervention aims to benefit society by reducing the number of at-risk households whose members are owed a relief duty because they have become homeless. We will capture the value of these benefits through proxy measures that focus on the resulting financial implications for the LAs and the central government, such as avoided spending on temporary accommodation and reductions in Council Tax debt, or the averted costs of housing support, healthcare expenditure and unemployment benefit payments. These proxy measures effectively represent resources that become freed up thanks to the intervention, and that can be invested to create social value for others in society.

We will estimate cost savings resulting from the intervention in relation to the following key outcomes:

- Reduced need for temporary accommodation
- Reduced Council Tax debt
- Reduced Council housing rent arrears
- Reduced need for emergency relief services

[6] E.g. provision of housing, financial and debt advice.

[7] The HACT UKSVB exchequer values have been developed by piecing together various sources of evidence linking outcomes such as housing quality, employment or health to data on public expenditure. It is an approach that relies on a range of judgements and assumptions that allow the quantification of an outcome's financial implications for the government, such as increased tax revenue and cost savings from reduced healthcare expenditure. Details of these assumptions will be provided alongside the relevant monetary values applicable to this evaluation.

[8] Subject to availability of data on the relevant uptake rates; our understanding is that this may vary depending on the type of support service – e.g. data on the use of Council-run services around debt/Council Tax are likely to be available through the OneView platform, but data on the use of third-party services would be more difficult to obtain.

- Increased financial support to gain/maintain secure housing in the social rented sector
- Increased financial support to gain/maintain secure housing in the private rented sector
- Avoided loss of full-time employment
- Avoided deterioration in overall health

These cost savings will be applied – as appropriate – either to the number of beneficiary households or to the relevant number of affected individuals across all beneficiary households estimated through the impact evaluation using a range of plausible linkage assumptions based on the literature[9] and Simetrica-Jacobs' prior experience. Using the outcome of employment as an example, if we find through the impact evaluation that the intervention helped 10 at-risk households avoid being owed a relief duty because they have become homeless, this will be combined with an estimated number of individual members of those 10 households who remain employed and would not have been able to do so had they become homeless.

Note that some of the outcomes listed above may have interlinked financial consequences for different public stakeholders. Where these costs/cost savings balance out between different public sector stakeholders, this will be reflected in the analysis (whilst highlighting those that are applicable at the LA level, in line with the overall aims of the evaluation). For example:

- Each at-risk household whose members avoid being owed a relief duty because they have become homeless will result – with some probability – in the LA avoiding the need to provide them with temporary accommodation (a cost saving to the LA).
- At the same time, these household members now have a place to live, either in the social or the private sector, and – again, with some probability – pay for their housing with the help of Universal Credit/Housing Benefit (a cost to the central government).
- Finally, if these household members ends up living in council-owned social rented accommodation, then their rent payments represent a benefit to the LA.

The following table provides further details on the data sources we envisage as a basis for estimating unit values (per household / per person, per year) of the cost savings associated with the outcomes listed above.

Table 10: Economic Evaluation cost savings

[9] See, for example: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

Cost savings	Supplementary Data Source	Notes Relevant outcome
Local authority spend on temporary accommodation (2022-2023)	Local authority revenue expenditure and financing England: 2022 to 2023 individual local authority data - outturn, MHCLG	Reduced need for temporary accommodation
Council tax arrears	Xantura predictive model data – based on LA Council Tax arrears records, split by intervention and control group	Reduced Council Tax debt
Council housing rent arrears	Xantura predictive model data – based on LA records on Council housing rent arrears, split by intervention and control group	Reduced Council housing arrears
Emergency relief services annual budget	https://www.mannasociety.org.uk/ within Crisis report (2016), p.26[10]	Reduced need for emergency relief services[11]
Average weekly (social and affordable) rent (2022/23)	Live tables on rents, lettings and tenancies 2022/23, MHCLG	Increased financial support to gain/maintain secure housing in the social rented sector
Government expenditure on housing element of Universal Credit (GB) (2022/2023)	Benefit expenditure by country and region, 1996/97 to 2022/23, DWP	Increased financial support to gain/maintain secure housing in the private rented sector
Cost of unemployment benefits	Based on Simetrica-Jacobs' exchequer values estimated for the HACT UKSVB	Avoided loss of full-time employment

[10] The report uses the annual cost data, which is published by a day centre in London, seeing between 150-180 single homeless people per day and with an annual budget amount reported.

[11] This may not constitute a cost to the public sector if the services are provided e.g. by a housing association.

Cost of NHS services for those in poor overall health	Based on Simetrica-Jacobs' exchequer values estimated for the HACT UKSVB	Avoided deterioration in overall health

Note: The outcome-level estimates considered above will be triangulated against other existing estimates of the overall costs of a homelessness application, e.g. from the GMCA Unit Cost Database or the upcoming research from LSE/MHCLG.

Sensitivity Analyses

Sensitivity analysis will aim to reflect the level of estimation uncertainty around key components of the economic evaluation calculations, including (where relevant):

- Number of beneficiary households – e.g. using confidence intervals around the central impact estimates from the impact evaluation
- Cost of delivering the intervention – e.g. using a high-low range of additional intervention implementation costs to the LAs, depending on the variation in responses to the Cost Data Submission Tool (see more details in section 12.3)
- Unit values of the cost savings – e.g. applying fixed band of +/- a suitable percentage around the estimate (we will determine a suitable level for this banding based on the variation in cost savings estimates established through the triangulation analysis)
- Parameter assumptions on the cost savings probability per beneficiary household – e.g. using a range of parameter estimates from different sources.

For presentation purposes, we will rank the sources of uncertainty listed above according to their level of impact on the economic evaluation calculations. If practical, we will provide a combined worst-case/ best-case scenario VfM analysis to illustrate the joint impact of the individual sensitivity ranges considered.

Optimism Bias Assessment

We will follow CHI guidance to ensure consistency with other interventions within the wider Test and Learn programme. We will apply optimism bias adjustments in the recommended 10-15% range to the cost data and noted within the VfM assessment.

Other considerations

For all intervention costs and cost savings extending beyond one year, we will use the HMT Green Book recommended 3.5% discount rate for calculating present values.

We will appropriately uprate all costs and cost savings to a common price base, where necessary, using up to date ONS RPI All Items Index data.

12.3. Data Collection and Processing

Data Sources

We will collect data on the intervention costs from the LAs through a Cost Data Submission Tool and triangulate these – where relevant and applicable – with appropriate external data sources. The study's impact evaluation will provide estimates of the number of beneficiary households (households whose members avoid being owed a relief duty because they have become homeless) required for the estimation of cost savings resulting from the intervention.

Data Collection Procedures

A Cost Data Submission Tool in the format of an Excel file will be developed by Simetrica-Jacobs. This will be distributed to the LAs participating in the project as part of the IPE's qualitative data collection process (TBC).

The cost estimates obtained from returned submissions forms will be scaled up in line with the project target population in each LA to represent the whole project.

Data Collection Schedule

- Cost data submission form developed – 30th September 2024 (Simetrica-Jacobs)
- Cost data submission form sign-off – 30th October 2024 (CHI/consultation with LAs - TBC)
- Cost data submission form distribution – TBC

12.4. Analysis

We will implement the VfM calculations in an Excel spreadsheet format. This document will consist of separate tabs with the following information:

- Unit values – a list of monetary values to be applied in the VfM calculation, specifying the source of the value and the relevant units (e.g. per household / per person),
- Inputs – intervention parameters feeding into the VfM calculation, including the intervention impact estimates from the impact evaluation, intervention costs reported through the Cost Data Submission Templates, and the relevant population size,
- Assumptions required for the VfM calculation, including the cost savings probabilities (for each outcome/value) per beneficiary household, evaluation time horizon, price uprating, discounting, optimism bias, etc.
- VfM Calculation – main tab combining the information on unit values, inputs and assumptions to calculate the present value of the intervention costs and cost savings
- Outputs – a summary of the intervention overall net present value per beneficiary household, intervention cost efficiency ratio and benchmark cost

efficiency ratio. This tab will also present variants of the results under selected sensitivity analysis scenarios.

The development of the Excel spreadsheet will be subject to an internal Simetrica-Jacobs quality assurance process, embedded in the design of our management structure to ensure clear lines of accountability and sufficient resourcing to ensure all steps of the calculation are reviewed by a Simetrica-Jacobs team member not involved directly in the project delivery. The finalised spreadsheet can be provided as an annex to the written evaluation findings.

13. QUALITY CONTROL AND ASSURANCE

13.1. Data Quality and Assurance

Quantitative data impact evaluation data will be collected by Xantura and will be subject to their quality controls and assurance processes. Analysis of quantitative and qualitative data will be done by Verian and will be subject to their internal quality assurance processes, with code being quality assured, as well as analytical decisions discussed among the evaluation team.

The randomisation will be carried out by a researcher of Research Manager grade or higher, who will hold either a Masters degree in statistics or a PhD in a quantitative research field. A senior researcher (Director or Senior Director grade) will review the randomisation code and check the resulting sample file for transcription errors, as well as carrying out balancing checks on key covariates. We will follow the same process for quality assuring all inferential analyses, with additional spot checks on headline descriptive statistics. The senior researcher will document sign-off on the randomisation and analysis.

13.2. Protocol Deviations and Non-Compliance

All deviations from the trial protocol will be recorded in a deviations log associated with the trial. This will include non-adherence to randomisation, deviations in the data collection, changes to the eligibility criteria, and any changes to the analysis necessitated by unforeseen circumstances. This deviations log will be shared between Verian, LAs, and CHI, and will be updated by all organisations as deviations occur. Prior to analysis taking place, the evaluation team will consider these deviations and whether they necessitate changes to the analysis. If they do, a protocol addendum will be written by the evaluators and reviewed by CHI prior to publication, and prior to any analysis taking place. This follows the process laid out by (Anders et al., 2022) for evaluations of complex interventions. The full (anonymised) deviations log will be published as an appendix to the final evaluation report.

14. REGISTRATION

14.1. Register

Open Science Framework (OSF) link https://osf.io/25s7q.

OFFICIAL

15. ETHICS

15.1. Ethical Approval

This project will be reviewed by Verian's Research Ethics Committee in November-December 2024.

15.2. Ethical Challenges

Key ethical issues relate to the risk of harm to participants, which is mitigated through our safeguarding protocols, the use of data and machine learning to identify households at risk, and the proportionality of data collection.

- **Participant harm (control group):** Households in the control group, who may be at risk of homelessness, will not be proactively contacted and signposted to support services. However, they will be no worse off than they would be in the absence of an evaluation, since all control group participants will be able to access all services they normally have access to; and all participants will have an equal chance of being allocated to the intervention group.
- **Participant harm (qualitative research):** Verian will interview households identified as at risk of homelessness, and these conversations may bring up sensitive issues for participants. We will ensure participants in interviews have received information about the study and the research, prior to providing consent to participate in the interview. The interview guide will be sensitive to household needs and circumstances, and be trauma-informed. Verian researchers will be briefed on the project, and on Verian's safeguarding policy and the project-specific safeguarding considerations. Interviews with participants were kept to a low number to limit the risk of participant harm as a result of the research.
- **Use of data and machine learning to identify households at risk: Household** risk will be assessed by an algorithm. However, human LA staff will receive and review the lists including case notes for each household, and decide which households (not) to call. This allows for an assessment of household circumstances and needs.
- **Proportionality of data collection**: The project relies on the use of significant amounts of personal and sensitive data from participants. We have carefully considered data requirements of the evaluation and will only access the minimal amount of personal data to achieve the aims of the evaluation.
- **Informed consent (intervention & impact evaluation data processing):** Participants in the study will not be directly informed about the study and will not be asked to provide informed consent prior to their data being processed and randomisation. This is necessary to mitigate the risk that informing the control group of the study influences behaviour and invalidates any findings. This decision was carefully considered and alternatives explored to ensure

there were no better options that would allow for a robust evaluation. Households in the treatment group will receive a pre-notification text linking to the Privacy Notice and may be told about the study during the proactive call(s). They may withdraw from the intervention, and/or from the impact evaluation, by contacting Xantura to do so. To opt out of the intervention, they would need to do so prior to receiving the call from their LA. Participants may decline further contact during or after the call, although part of the intervention will have already been administered at this point. The information about the option to opt out of the intervention and/or the evaluation, and the process for withdrawing, can be found in the project's Privacy Notice. For more information about our approach, see 16.3.

- **Informed consent (qualitative research – IPE):** Participants in the qualitative research may be contacted by their LA with informational materials about the qualitative research, and an invitation to participate. These materials will include a project information sheet, the Privacy Notice, and a consent form, and only if participants complete this consent form will Verian contact them for an interview. Verian will confirm consent to be interviewed prior to the interview commencing and will clearly communicate to participants that they may withdraw from the interview at any time, and that not consenting to an interview nor withdrawing from an interview will have any negative repercussions for them.

15.3. Risks

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

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

While not all prospective participants will be formally classified as an adult at risk, given the targeted identification by the model it is likely a significant proportion will fall into this category. We will take the following steps to mitigate risks to participants arising from their vulnerability:

Participation in the research

Prospective participants in the trial will be identified by the OneView predictive model and contacted by their LA if they are in the treatment group. Participants may opt out of receiving the intervention by contacting Xantura to withdraw from receiving the intervention and/or from their data being processed as part of the quantitative impact evaluation (per instructions in the Privacy Notice). Participants may consider themselves dependent on the LA and therefore may feel pressure to agree to receive

the intervention or take part in the evaluation. The Privacy Notice will clearly state that there will be no negative repercussions for participants who withdraw from the intervention nor the evaluation.

Recruitment into the qualitative research will also happen via LA engagement and will require opt-in consent. As participants may similarly consider themselves dependent on the LA they may also feel pressure to agree to participate in the qualitative research. The Privacy Notice will clearly state that there will be no negative repercussions for participants who decline to be interviewed. This will be reiterated to participants before any interviews take place as well.

Partnering LAs and other organisations (e.g. charities) will ensure that participants are receiving business-as-usual ongoing support throughout the trial period. Signposting to support made as part of the intervention are additional to any other signposting or support the participant may be receiving. Administrative data captured from LAs will allow us to understand what financial and material support people will have received, while our interviews with participants will allow us to understand what support was signposted to and how beneficial this was.

Interviews

Participants will be regularly reminded that they have the right not to answer questions without having to give a reason, and that they are able to withdraw from the research at any time. Their ability to access support from the LA and other services will not be affected.

We will use participant data received from the OneView platform to identify a sample to invite for interviews. However, after this sample is identified we will not match individuals' or households' data to interviewees (neither before nor after the interview).

Safeguarding

A risk and safeguarding protocol will be developed which covers how risk of harm identified during the research will be handled. In addition, for all participants, we will ask for a named contact within their LA to whom participants can be signposted if during the research (including qualitative research) they appear distressed. The call guidance provided to call handlers by CHI also provides a list of other organisations to which they can signpost participants, which is provided as part of the safeguarding protocol. This list will be given to the researchers doing qualitative research as well.

LAs and service providers will handle safeguarding risks that they identify consistent with their own safeguarding procedures. If the research team, LAs, or charity partners become aware of a significant vulnerability, then a conversation will occur to consider

whether the participant should be removed from the research, and how this can be done without detriment to them.

Our informational materials provided to participants will clearly describe how participants can make complaints about the research itself. Participants will be provided with contact information for the Natalie Gold, the Principal Investigator who is also responsible for the overall quality of the research, as well as for Emily Ashmore of CHI. Providing multiple avenues to raise complaints allows participants to select the channel they are most comfortable with.

16. DATA PROTECTION AND SPONSOR INDEMNITY

16.1. Data Protection Statement

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

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

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

16.2. Legal Basis

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

The legal basis for processing special category data is Article 9(2)(g) of the UK GDPR – that processing is necessary for reasons of substantial public interest – and paragraph 6 of Schedule 1 of the Data Protection Act (DPA) 2018.

16.3. GDPR Compliance

All data will be held according to Verian's Data Protection Policy and Procedures, and where relevant, those of Simetrica-Jacobs, who manage the economic evaluation data collection for this trial. All data collection will adhere to ethical practice ensuring the confidentiality of information shared and the secure handling of data in accordance with the General Data Protection Regulation (GDPR) and Verian's Data Protection Policy. Participant data will not be transferred outside the EU.

The legal basis for processing data in this trial is a 'public task'. There will be no formal consent collected from participants in the IE. The Privacy Notice will be made available on the MHCLG website, and the link will be included in the pre-notification text messages LAs may send to participants. Participants may withdraw from the intervention and/or the evaluation by contacting MHCLG, per instructions in the Privacy Notice.

We deem that opt-in consent to participate is not required for this project due to:

1. The research being of social benefit.
2. The project entailing minimal risk to participants and the possibility of the participants receiving a benefit from the intervention.
3. The data is already routinely collected for other purposes that do not require consent (LA's public tasks with administrative data).
4. Consent would be impractical: It would not be possible to obtain consent from every household whose data is held by LAs, and attempting to do so would be exceedingly demanding in terms of time and resources.
5. Consent would invalidate the research: Requiring consent would mean informing people in the control group they have been identified as at risk of homelessness, which might invalidate the study's results.

We will collect consent for any interviews conducted (with staff and beneficiaries). Potential interview participants will be provided an information sheet and the Privacy Notice prior to them being asked if they consent to being interviewed.

Access to each folder containing personal data will be limited to those who have a legitimate need to access that data. Participant data will be linked using a pseudonymous ID number. Except where necessary for the collection of IPE data, Verian researchers will not have access to participant contact details. The research will end in January 2026 and personal data will be retained by Verian until 31 January 2027. Simetrica-Jacobs will transfer cost evaluation data to Verian and then delete it, no later than 30 September 2026. Participants may also ask their LA and/or MHCLG to delete their personal data from the study at any time.

16.4. Data Processing Roles

MHCLG is the data controller. MHCLG are responsible for determining what personal information we collect and use, why and how (the 'purpose and manner'). Verian and Simetrica-Jacobs will act as sub-processor on behalf of CHI and will process data in accordance with the Contract (MHCLG to CHI) Homelessness & Rough Sleeping (HRS) system-wide evaluation and Test & Learn trials.

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Annex A: DATA MANAGEMENT PROCEDURES

Any data transferred by Xantura to Verian will be through the OneView and IG Bridge products, which are Azure Cloud-based platforms that are designed to securely transfer, clean and transform data.

Data will be processed and pseudonymised by Xantura through software called Information Governance (IG) Bridge, which splits personal identifier data from all other data and adds an encryption key between the two. The software also redacts personal identifiers (name and numbers) from all case notes. The data will be collected by automated extraction processes that extract scripts with the agreed data fields from the case management systems into the IG Bridge file on the Local Authority server. IG Bridge will then begin the pseudonymisation process which splits the personal identifier fields from the remaining data fields, adding encryption between the two and transferring them separately for processing. The advanced analytics, predictive modelling and time series modelling is conducted on the remaining pseudonymised data set which cannot be connected to any personal identifiers within the Xantura infrastructure.

The data can only be reconnected in approved, time-limited circumstances in order to support necessary development and testing activity or within the Local Authority infrastructure by individuals who have appropriate information governance and role-based access to view OneView. This may include a small number of approved Xantura staff who work with the Local Authority on data quality and testing.

Verian is in full compliance with the ISO 27001, the international Information Security Management Standard, Cyber Essentials and the Data Protection Act 2018, which incorporates GDPR. Verian uses a secure file transfer protocol called Kiteworks, which is used for all transfers of personal/sensitive data between organisations unless otherwise agreed. Verian proposes to use this platform for transfers of data between Verian and Xantura, and between Verian and LAs (insofar as required). If LAs use other SFTPs, those could be used as well, assuming they meet data security standards and requirements. All personal and sensitive data will be stored securely on Verian's server, with folders containing data having access restricted to researchers working directly on the project.

All Parties will ensure that any further Data Processor (or sub-Processor) engaged by either one of them, shall only receive Personal Data via secure means of transit, regardless of its format.

Annex B: Call Guidance for Local Authorities

Text Message

Dear [firstname],

This is a message from [LA name].

You will receive a call from us in the next month to tell you about advice services that may be useful to you.

This is a part of a project that we are evaluating. You can learn more about how we will use your data here.

Thank you.

Phone-call guidance

Each Delivery Partner/LA will be referring to services within their own organisation, or with whom they already have an existing referral relationship. Please make sure that you have the contact and/or referral details available to you when making calls, national services are included below.

Take a Trauma Informed approach[12]. The people you are calling may be uncomfortable about being called because they are struggling to acknowledge their current situation, or are worried about how or why they have been identified. Take a strengths and assets based approach[13], using the information you have available to you identify where someone has skills or strengths that will support them in addressing their current issues.

1. Introductions
    a. Confirm who you are talking to and that you are speaking to the right person.
        i. Where someone is struggling to communicate, ask if there is someone else there who they are happy for us to talk to on their behalf
    b. Explain who you are, where you are calling from (the local authority) and mention the text message they received e.g. “You were sent a text message recently to tell you I would be calling.”

[12] https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice

[13] https://www.scie.org.uk/strengths-based-approaches/

i. Please be clear you are not part of a debt collection/rent collection agency if this is a noted issue on OneView

c. Explain that the person being called has been identified as potentially needing support, and you are calling them to offer advice about where and how to seek support. You can draw from the phrases below if helpful:
   i. "I noticed that you have been falling behind on some of your payments, I wanted to see if you would like some help?"
   ii. "We have a system in place that highlights the fact that you might be having some difficulties paying bills"
   iii. “We are reaching out to help you access support services that might be useful to you based on the data we have.”

d. Explain the purpose of the call, which is to connect the household to support services tailored to their needs
   i. “We are hoping to understand a bit more about your situation and what support might help, and then to connect you to services that offer such support.”

e. Ask if they are happy to keep talking? e.g. “Does that sound like something that would be helpful?” "Are you happy for me to look into that further?"
   i. If the person is happy to continue the call please note this in OneView

f. Ask if they have any questions? (See FAQs)

g. If the individual says they are busy and/or can’t talk right now, offer to call them back at a time that’s better for them and ask when would generally be a good time. Record this on their case notes in OneView, and give them another call during the time slot(s) they suggested.

h. If the individual says they are not interested, do not need any support, or otherwise end the call with indication they do not want to be called again, please mark this on the OneView system and close the case. If you feel comfortable or that the person being called may be open to being interviewed go to point 5 below before ending the call.
   i. If the person is not interested in continuing the call please enter this in OneView as case closed non-engagement
   ii. If the person feels they do not need support and you agree with their assessment please enter this in OneView as case closed no support required
   iii. If the person feels they do not need support but you feel that they do please enter this as case closed - support rejected

2. Understand their perspective and needs
   a. Using the information provided on Oneview about the individual to start a conversation about potential avenues of support (don’t refer specifically to

interactions with the local authority but use the information you have to inform the direction of the conversation/the offers of support)

i. If you are satisfied you have completed your needs assessment of the household please enter this in OneView as assessment completed

3. Signpost or complete warm handovers[14] (a warm handover is where you arrange a follow up appointment or directly transfer a person to the team that can offer advice and support) to relevant services - within the buckets
    a. Financial health
        i. Debt Advice
            Local Services: ADD IN HERE
            National Services: Citizens' Advice Tel: 0800 240 4420 (debt helpline) or Debt Advice - CAB, Step Change Tel: 0800 138 1111 Step Change
        ii. Welfare Benefits Advice
            Local Services: ADD IN HERE
            National Services: Entitled To
    b. Emotional wellbeing
        Local Services: ADD IN HERE
        National Service that links to local provision: Call NHS 111 Press 2
        National services: Shout (text service) Samaritans Call 116 123
    c. Physical health
        Local Services: ADD IN HERE
    d. Housing support
        Local Services: ADD IN HERE

4. Close -
    a. Ask the person you are talking to if they understand what you have been talking about and if they need anything explaining. Ask them if there is anything that hasn't been covered where they want support.
    b. Explain what will happen next
        i. "I have given you the contact details for X and you have said you will contact them" or
        ii. I have made a referral for you to Y, they will be in touch with you shortly."[15]

[14] This will vary from call to call and by local areas. Some people will want to make their own arrangements and in some areas there may not be capacity to complete warm handovers. The outcome is recorded in OneView and this will be taken into account through the evaluation. Warm handovers generally result in improved outcomes for individuals.

[15] London Borough of Barking and Dagenham also plan to use follow up texts 'Dear XYZ, Following your consultation, please see below your personalised care plan. Goals: X Agreed Actions: X Next Steps: X Next Contact Date: X Best wishes, X'

If you have reason to believe that the person you are talking to is homeless or threatened with homelessness within 56 days you must specifically ask them if they want you to complete a referral to homelessness prevention. SAFEGUARDING if you have reason to believe that the person you are speaking to is vulnerable and at risk of harm then you should raise a safeguarding concern. If it feels safe to do so you should ask the individual if they are happy for you to do this. Even if they say no you can raise a concern if you feel there is a risk.[16]

iii. Please remember to record the outcome of the call on OneView

5. ONLY IF RESIDENT DECLINED ANY OFFER OF SUPPORT:
   If it feels appropriate ask if they would are happy to be part of the research element of this project. This may mean someone from our evaluation partner (Verian Group) contacts them soon to arrange a time to talk about their experience.
   a. Explain that if they agree now but if they don't want to talk to someone in the future they can decline then.
      i. "'We want to understand why the offer of support today has not been right for you and to understand how we can make it better for more people going forward.'
      ii. 'Taking part would mean talking to a researcher over the phone or on a videocall for about 30 minutes. If you are selected, you would receive a shopping voucher as a thank you for your time.' We are using data to help us offer early support to people to prevent housing problems in the future. We want to know whether this makes a positive difference to people. As part of this we are hoping to interview a few people to understand. Are you happy to be part of the research to see if what we are doing is helping people?
      iii. 'Would you be happy to talk to someone in the next couple of weeks about this call? months(if support accepted)/in the next couple of weeks (if support declined)about this call? You can change your mind at any point.'"
      iv. If they agree: 'I will need to share your phone number with our evaluation partner, Verian, so that they can get in touch to arrange a time to talk. Are you happy for me to do this? This will be done securely, and your details will not be shared with anyone else and will only be used for the purpose of contacting you to arrange a time to talk.'
      Please log this as "Research element approved/denied" in OneView engagement tracker
      v. Confirm the best phone number and email address to contact them.
      Record preferred contact details in OneView

[16] https://www.local.gov.uk/deciding-if-you-need-raise-safeguarding-concern-local-authority-multi-agency-safeguarding-hub-mash

vi. If LA can send a text message/email: 'I will send a text message to confirm this shortly.'
Record in OneView if text/email sent

vii. **Share contact details securely with Verian**

Example of follow up text message/email: Thank you for agreeing to talk to our evaluation partner Verian about the call you received today from X LA. If you are selected, someone from Verian's team will be in touch shortly.

Frequently Asked Questions

- Why are you undertaking research?
  - It is really important to us that the support we offer people like you living in X is the best it can possibly be. The research will help us make sure that what we are doing helps people and means we will help us improve what we do so we can be more helpful in the future.can support people even better going forward.
- How have you identified me? How are you using my data?
  - We have used information that we already have to help us understand where someone may be experiencing difficulties.
  - Direct people to the privacy notice if you feel that would be helpful/useful to them.
- How can I access social housing or increase my priority on the register?
  - I am not calling to talk to you about housing today, but I can send you details about the social housing register and how to apply/the banding and prioritisation system after this call.
- Is this a scam?/Why should I trust you?
  - It is really good that you are taking steps to keep yourself safe from scams. If you would like I can put the telephone down and you can call our main switchboard number and ask to be put through to me, my name is X and my extension is Y. Switchboard will be able to confirm I am an employee of X authority.
- I am trying to get in touch with X department or individual and they haven't returned my call. Can you help?
  - After this call I would be happy to try and put you through to them./After this call I would be happy to email that team/person and ask them to get in touch with you.
- I don't need to talk to you, I just need X amount of money to resolve my needs.
  - If you are happy to stay on this call one of the things we will be exploring is how I can ensure you are getting all of the money you are entitled to.
- What if I don't want to talk to someone else but I want to talk to you again? (When the call handler will not be calling again as referrals have been completed.)

    - It is very kind of you to say that, and I'm glad that I have been helpful today but the people/organisations I have referred you to are much better able than I am to give you help.
- I don't want to/ can't pay my bills
    - You might not like paying bills, but not paying your bills can result in you not having access to things you need.

  It can be difficult to manage essential bills and payments. Would it be helpful for me to refer you to a debt advice service who can help you with budgeting?