

Individual Placement and Support for people experiencing homelessness – a two-armed individual Randomised Controlled Trial

Table 1: Impact Evaluation Summary

Project title	Individual Placement and Support for people experiencing homelessness – a two-armed individual Randomised Controlled Trial
Delivery Partner <i>(Organisation)</i>	IPS Grow, Beam, South Yorkshire Housing Association, Enable from Shropshire Council
Evaluator <i>(Institution)</i>	IFF Research
Principal investigator(s), and affiliation	Lorna Adams (IFF Research)
Co-Investigators, and affiliations	Helena Page, Sashka Dimova (IFF Research)
Protocol author(s)	Lorna Adams, Sashka Dimova, Helena Page, Sanyogita Singh, Oscar Lind.
Impact Evaluation design	Two-arm Randomised Controlled Trial
Target Population	People aged 18+ experiencing homelessness
Setting	Community
Number of clusters <i>(if applicable)</i>	9 Local Authorities: Barnsley, Rotherham, Sheffield, Barnet, Fareham, Wakefield, Gosport, Shropshire, Telford & Wrekin
Target number of participants	460 participants
Primary outcome measure	Competitive employment (at least 1 day in employment in an 18-month period)
Secondary outcome measure (s)	Competitive employment (number of days spent in employment in an 18-month period) Housing security and stability (Residential Timeline Follow-Back Inventory and English Housing Survey questionnaire) Mental wellbeing (SWEMWBS) Personal wellbeing (ONS-4) Reliance on welfare benefits (type of benefit claimed at each point in time)

Table 2: Protocol Version History

Version	Date	Reason for revision
1.0	21.08.24	N/A
2.0	13.09.24	Revised following CHI review
3.0	07.10.24	Revised following review from expert advisors and IPS Grow (Gary Johnston)
4.0	28.10.24	Revised following MHCLG review
5.0	17.01.25	<p>Revised for the following reasons:</p> <ul style="list-style-type: none"> to amend the eligibility criteria to reflect that people in Sheffield who were already recruited to Citadel would not be eligible for IPS. This was to ensure no one is receiving two CHI Test & Learn interventions simultaneously, which would affect ability to measure impact of IPS. to amended data collection approach with business as usual support workers as part of the IPE. Previously BAU support workers were to be included in focus groups. This has been amended to 12-15 in-depth interviews with BAU support workers. The rationale for this change was to ensure the process evaluation reflects the

		<p>range of BAU services participants are actually referred to, as there is no standardised form of BAU across trial sites.</p> <ul style="list-style-type: none"> to provide detail on the approach to measuring compliance (defined at individual level, based on whether they have a vocational profile recorded) and undertaking compliance analysis (that it would be done for only the primary outcome). The original version of the document did not include any definition of the compliance measure, as this aspect was discussed and agreed upon at a later stage in collaboration with IPS Grow Include the ethical checklist following ethical approval <p>These changes were agreed with CHI in January 2025.</p>
6.0	26.03.25	<p>Revised for the following reasons:</p> <ul style="list-style-type: none"> to amend eligibility criteria. The requirement for participants to be unemployed for 6 months prior to recruitment has been removed. Instead,

		<p>participants must now be unemployed or economically inactive at the time of recruitment to the trial. The rationale for this change was to increase referral numbers, due to unexpectedly low numbers so far.</p> <ul style="list-style-type: none"> ● to add Gosport as an additional location covered by Beam. The rationale for adding Gosport is to allow referrals from a supported accommodation provider in Fareham with links to both Fareham and Gosport. This will allow for increased referrals. ● to update sensitivity checks for primary outcome analysis, to include that HMRC data will be used to exclude from analysis anyone found to be employed at baseline. This additional sensitivity analysis was introduced after it was discovered that some participants reported being employed when completing the baseline survey. <p>These changes were agreed with CHI in March 2025.</p>
--	--	---

7.0	20.01.26	<p>Revised following MHCLG comments regarding the importance of accounting for prior employment after relaxation of the eligibility criteria:</p> <ul style="list-style-type: none"> • to undertake balance checks comparing the intervention and control groups employment history in the past two and five years prior to enrolment in IPS; • to include additional analysis including historic employment as a covariate • to include subgroup analysis comparing outcomes for participants with and without prior work experience <p>Revised following CHI comments on the power calculations: to clarify scenario definitions and correct inconsistencies in the specification of plausible attrition levels across outcomes. Revised to update the key personnel and team contributions.</p>
-----	----------	---

Table 3: Key Personnel and Team Contributions

Staff	Affiliation	Contribution
Lorna Adams	IFF Research	PI, Overall lead, responsible for study design and delivery
Helena Page	IFF Research	Implementation and Process Evaluation lead

Sashka Dimova	IFF Research	Impact and Economic Evaluation lead
Tom Bradley	IFF Research	Impact and Economic Evaluation project manager (from February 2026)
Sanyogita Singh	IFF Research	Project manager
Laura Dunbar	IFF Research	Implementation and Process Evaluation project manager
Oscar Lind	IFF Research	Project support
Guillermo Rodriguez-Guzman	Centre for Homelessness Impact	CHI responsible, Quality assurance, contribution to overall evaluation
Ruth Cooper	Centre for Homelessness Impact	CHI Evidence Lead (to November 2024), Quality assurance, contribution to overall evaluation design and delivery
Ella Whelan	Centre for Homelessness Impact	CHI Programmes Lead (to February 2025), contribution to study design and delivery
Kerri Bissoonauth	Centre for Homelessness Impact	CHI Programmes Lead (from March 2025), contribution to study design and delivery
Luke Arundel	Centre for Homelessness Impact	CHI Evidence Lead (from March 2025), quality assurance, contribution to overall evaluation design
Mihretab Salasibew	Centre for Homelessness Impact	CHI responsible (from October 2025)

Principal Investigator: Helena Page

Contact email: helena.page@iffresearch.com

CHI responsible: Mihretab Salasibew

Contact email: mihretab@homelessnessimpact.org

**ISRCTN Registry / Open Science Framework Reference Number/ clinical
trials.gov trial identifier, as applicable: <https://doi.org/10.17605/OSF.IO/PQRD3>**

Sponsor:

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

Table of Contents

Individual Placement and Support for people experiencing homelessness – a two-armed individual Randomised Controlled Trial	1
Table 1: Impact Evaluation Summary	2
Table 2: Protocol Version History	3
Table 3: Key Personnel and Team Contributions	3
1. BACKGROUND AND RATIONALE	9
1.1. Background	10
1.2. Rationale	10
2. PROJECT SUMMARY	11
2.1. Project Description	11
2.2. Study Triangulation	12
3. STUDY TIMELINE	13
Table 4: Study Timeline	13
4. INTERVENTION	14
4.1. Intervention and Comparator	14
4.2. Theory of Change	15
Activities	15
Delivering IPS involves a few key elements which once in place can be developed and strengthened over time:	15
Inputs	17
Outputs	17
Mechanisms and outcomes	18
These are broader and more sustainable impacts that occur as a result of the programme, typically observed over a longer period.	18
4.3. Intervention dates	21
Table 5: TIDieR Framework (Hoffman et al., 2014)	21
5. IMPACT EVALUATION	24
5.1. Aims, Objectives and Hypotheses	24
Primary aim:	24
Secondary aims:	24
Primary hypothesis:	24
Secondary hypotheses:	24
5.2. Study Design	25
5.2.1. Study design details	25
5.2.2 Allocation	26
5.3. Research Setting	27
5.4. Masking (if applicable)	27
6. TARGET POPULATION	27
6.1. Eligibility	27
6.2. Recruitment and enrolment	28
Enrollment	28
6.3. Trial Flow	29

7. OUTCOME MEASURES	29
7.1. Primary Outcome	29
7.2. Secondary Outcomes	30
Competitive employment	30
Receipt of welfare benefits	31
Housing security	31
Housing quality and satisfaction	32
Overall wellbeing	33
Mental wellbeing	33
Loneliness	33
8. AUXILIARY INFORMATION	34
9. DATA COLLECTION	34
9.1. Data collection methods	34
Table 6: Data collection procedures and assessment timeline	35
9.2. Data linkage	35
9.3. Retention strategies	36
9.4. Data Management Procedures	37
10. SAMPLE SIZE AND POWER CALCULATION	37
10.1. Sample Size / Power Calculation	37
10.2. Attrition Assumptions	38
Housing security (Survey data)	38
10.3. Software	38
Table 7: Sample size calculations	38
11. ANALYTICAL STRATEGY	39
11.1. Analytic Sample	39
All Analytic Populations	39
Non-ITT Populations (if applicable)	39
11.2. Descriptive statistics	40
11.3. Primary Analyses	40
11.4. Secondary analyses	41
11.5. Sub-group Analyses	41
11.6. Sensitivity Analysis	41
11.7. Missing data	42
11.8. Interim Analyses and Data Monitoring (If applicable)	43
11.9. Adjustment of Confidence Intervals and p-values for Multiple Statistical Tests	43
12. IMPLEMENTATION AND PROCESS EVALUATION (IPE)	44
12.1. Aims, Objectives and Research Questions	44
11.1.1. Aims and Objectives	44
11.1.2. Research Questions	44
12.2. Research Design and Methods	45
Table 8: Implementation and Process Evaluation Summary	45
12.2.1. Longitudinal in-depth interviews with IPS participants	46

12.2.2. Longitudinal in-depth interviews with IPS service leads	48
12.2.3. Focus groups with employment specialists, referring organisations, and business as usual employment support workers	51
12.2.4.	53
12.2.5. In-depth interviews with IPS Grow leads	55
12.2.6. Survey of employers of IPS Participants	56
12.2.7. Case study interviews with employers of IPS Participants	58
12.2.8. Analysis of fidelity reviews and management information	60
12.3. Data Analysis	60
Analysis of qualitative data from in-depth interviews and focus groups	60
Analysis of fidelity reviews and programme management information	61
Analysis of employer survey data	61
13. ECONOMIC EVALUATION DESIGN	62
13.1. Aims, Objectives and Research Questions	62
13.1.1. Aims and Objectives	62
The overall aim of the economic evaluation is to understand the additional costs and benefits of IPS when delivered to people experiencing some form of homelessness compared to if it was not delivered.	62
13.1.2. Research Questions	62
13.2. Research Design and Methods	62
Overall Approach	62
13.3. Data Collection	65
14. QUALITY CONTROL AND ASSURANCE	65
14.1. Data Quality and Assurance	65
14.2. Protocol Deviations and Non-Compliance	66
15. REGISTRATION	66
15.1. Register	66
16. ETHICS	66
16.1. Ethical Approval	66
16.2. Informed Consent	67
16.3. Ethical Challenges	68
17. DATA PROTECTION AND SPONSOR INDEMNITY	72
17.1. Data Protection Statement	72
17.2. Legal Basis	72
17.3. GDPR Compliance	72
17.4. Data Processing Roles	73
17.5. Data archiving	74
18. REFERENCES	75
Annex A: DATA MANAGEMENT PROCEDURES	78
Annex B: IFF RESEARCH'S RESEARCH ETHICS AND SAFEGUARDING POLICY	79
Introduction	79
Respect and dignity for all	80
A trauma informed approach to ethics and safeguarding	80

Assessment and mitigation of risk	80
Voluntary participation based on valid informed consent	81
Annex C: ETHICAL CHECKLIST	82
The following checklist provides further detail on IFF Research’s assessment of the potential ethical issues involved in this trial, and the mitigations put in place.	82
Annex D: Data collection tools	83
Primary outcome measure (survey alternative): Competitive Employment	83
Secondary outcome measure: Receipt of welfare benefits	83
Secondary outcome measure: Residential Timeline Follow Back Inventory (RTFLB)	84
Secondary outcome measure: perceived quality and satisfaction	87
Secondary outcome measure: mental wellbeing	89
Secondary outcome measure: overall wellbeing	89
Secondary outcome measure: loneliness	90

1. BACKGROUND AND RATIONALE

1.1. Background

Individual Placement and Support (IPS) is an alternative to the traditional ‘train-and-place’ employment support model and flips it on its head. IPS focuses on helping people to access paid employment immediately, alongside the offer of ongoing in-work support. Originally designed in the USA for adults with severe mental illness, IPS has been implemented and adapted for different populations internationally, including people with severe mental illness or substance use disorders, housed young adults with first-episode psychosis, and young adults with mental illness who are experiencing homelessness (Suijkerbuijk et al., 2017). IPS has been evaluated using systematic reviews and meta analyses as well as through robust evaluations using Randomised Controlled Trials (RCTs) and has shown better employment outcomes than traditional alternatives (primarily the literature compares IPS against ‘train-and-place’ vocational rehabilitation. This is the most common form of employment support, only placing individuals in jobs once they have been trained with the skills they need to immediately succeed in a given workplace). Given this, IPS is now being rolled out across England for people experiencing mental ill health and for people in drug and alcohol dependency treatment, and more widely across primary care for adults who have some form of physical and mental disability. For people with drug and alcohol dependency, a randomised controlled trial of IPS found that IPS helped more participants achieve employment in the open job market than standard employment support (Marsden et al., 2024). There is now substantial interest in conducting a randomised control trial of the IPS model to test its effectiveness in contributing to better employment outcomes among those experiencing homelessness (alongside a range of other outcomes, including improved housing stability and quality).

1.2. Rationale

The rationale for implementing an IPS service is based on the recognition that employment is a critical component of preventing the recurrence of homelessness. Meaningful employment can significantly improve mental health, self-esteem, and overall quality of life (Drake et al., 2013). For individuals with mental health challenges, work provides a sense of purpose, routine, and connection to society, which are essential for recovery (Drake and Wallach, 2020). Quality employment, defined as a job which provides consistent, predictable paid work at at least the National Living Wage for the area, provides financial stability and improves people’s ability to maintain stable housing (Kawachi, 2015). Recent meta-analyses such as those by Frederick and VanderWeele (2019) and Modini et al (2016) summarise the extensive research into IPS used for this cohort and demonstrate its effectiveness across a variety of contexts compared to traditional vocational rehabilitation. However, an RCT has yet to be conducted in the UK to robustly measure the impact specifically on those experiencing homelessness (Social Security Administration, 2022).¹ As noted in a recent meta-analysis by Marshall et al (2022), the authors asserted that “more moderate to highly rigorous studies are needed” for this cohort. This RCT of IPS therefore presents a significant opportunity to address this evidence gap and validate the existing IPS literature which suggests it would be an effective intervention for addressing homelessness.

¹ A randomised control trial of IPS is also being conducted in the United States, among people experiencing homelessness who also have a disability and/or health condition. Further details on this trial can be found in Social Security Administration (2022).

2. PROJECT SUMMARY

2.1. Project Description

This project comprises an impact evaluation using a randomised controlled trial (RCT) design, and embedded implementation and process evaluation (IPE) and economic evaluation of the IPS service developed for the Test & Learn programme, commissioned by the Ministry of Housing, Communities and Local Government (MHCLG). The evaluation will be led by IFF Research and the evaluation and delivery of IPS will be overseen by the Centre for Homelessness Impact (CHI). More broadly, this research is part of CHI's Test & Learn Programme, commissioned by MHCLG. IPS Grow, hosted by Social Finance, is an initiative in the UK designed to support the implementation and scaling of Individual Placement and Support (IPS) services, and will provide implementation, technical, and operational support to the trial. They will also be active in discussions and knowledge sharing involving IFF, CHI, and the delivery partners (Beam, Enable from Shropshire Council, and South Yorkshire Housing Association). IFF will commit two separate teams overseeing different parts of the project. The 'Data Collection' team will manage the baseline, midline, and endline data collection; lead on the randomisation of participants into either the intervention or control groups; and process data once fieldwork is complete. The 'Evaluation' team will lead on the three evaluation strands themselves, managing qualitative research, data linkage, and analysis/triangulation.

IPS Service

IPS is a model of employment support that began in the early 1990s in the USA for people with severe mental illness. The model has evolved based on research and currently incorporates several principles: zero exclusion (open to all who want to work), competitive employment (volunteering or ring-fenced jobs are not counted as outcomes), integration of treatment and vocational services (so employment becomes a core part of recovery), benefits counselling (so no one is financially worse off from seeking employment), rapid job search (for jobs consistent with people's preferences), and follow-along support (helping individuals and their employers navigate challenges). The approach is now increasingly being implemented in a range of settings including supporting veterans, people with physical health issues and prison leavers. Countries adopting the model include the USA, Canada, New Zealand, Australia, and many in Western Europe.

IPS offers intensive, individually tailored support to help people to choose and find the right job, with ongoing support for the employer and employee to help ensure the person keeps their job. More specifically:

- IPS uses a personalised and strength-based approach to support people to find a job of their choosing.
- IPS aims to help people find paid jobs within just weeks of being referred to the service.
- IPS then continues to work with both employer and employee to sustain the job placement for as long as possible, or to help the person into a different job.
- IPS aims to make employment a key part of recovery and preventing the recurrence of homelessness, by integrating employment specialists into housing teams.

This research

The evaluation comprises three components: impact evaluation, IPE and an economic evaluation. It is expected that findings from all evaluation components will be reported and finalised by September 2026.

Impact evaluation: This trial is designed as a multi-site, parallel two-arm RCT with 1:1 randomisation at the individual level. Participants (n=460) will be randomly allocated to IPS support (intervention group) or Business as Usual (BAU) (control group) with equal probability.² Participants will receive the intervention/control for 12 months (on average) and will be followed-up with at 6, 12 and 18 months.

The hypothesis is that a larger proportion of IPS participants (intervention) will be in competitive employment (primary outcome), as compared to individuals receiving BAU (control). It is anticipated that there will be improvements in a range of employment, welfare, wellbeing and housing outcomes compared to those at receipt of the business-as-usual employment support at 6,12, and 18 months.

Implementation and process evaluation (IPE): The IPE will be completed in parallel to the RCT to capture a deeper understanding of implementation to complement and add to findings from the RCT. The implementation and process evaluation (IPE) will explore how IPS services were set-up and delivered by trial sites, the extent to which the services aligned with the IPS model, the challenges experienced and how these were overcome, and how specific elements of the IPS service contributed towards the primary and secondary outcomes observed for participants.

Economic evaluation: The economic evaluation will seek to understand the extent to which the economic and societal benefits of the service offset the associated costs of undertaking it using a cost-consequence analysis (CCA).

2.2. Study Triangulation

These three strands of research complement each other to provide a rounded judgement on the impact and value of the IPS model for people experiencing homelessness. The RCT will quantitatively measure the impact of IPS on employment and related outcomes compared to business-as-usual employment support. The IPE is undertaken to help the interpretation of the result of the RCT. This is particularly important in understanding additional considerations such as why and how IPS may, or may not, have an effect. The economic evaluation seeks to understand to what extent the IPS programme is value for money. This strand will utilise impact estimates via the RCT to calculate a 'net social benefit'.

² Individuals receiving IPS support will not be actively signposted to business-as-usual employment support, but will not be prevented from accessing this in addition to IPS if they choose to seek out this support. All participants will receive business-as-usual housing support.

3. STUDY TIMELINE

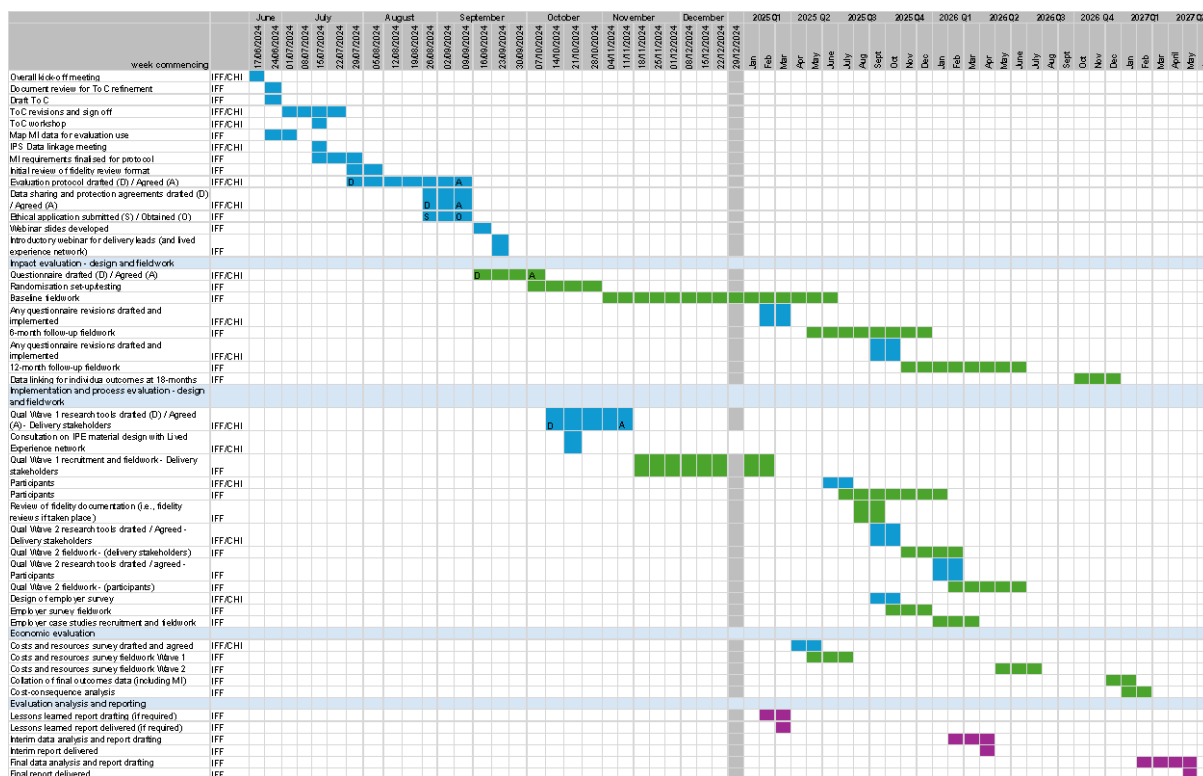


Table 4: Study Timeline

Strand	Staff responsible	Activity	Dates
Design and set-up		<ul style="list-style-type: none"> Kick off meetings ToC development Data mapping Evaluation protocol Ethical review 	June - July 2024 July 2024 July 2024 Aug - Oct 2024
Impact evaluation		<ul style="list-style-type: none"> Questionnaire development Baseline fieldwork 6-month follow-up fieldwork 12-month follow-up fieldwork 18-month outcome data linking 	Sep - Oct 2024 Nov 2024 - June 2025 May - Dec 2025 Nov 2025 - July 2026 Dec 2026 - Jan2027
Process evaluation		<ul style="list-style-type: none"> Delivery stakeholders qualitative research IPS participant qualitative research Fidelity analysis Employer questionnaire Employer case studies fieldwork 	Wave 1: Oct 2024 - Feb 2025, Wave 2: Sep 2025 - Feb 2026 Wave 1: June 2025 - Jan 2026 Wave 2: Jan 2026 - June 2026 Aug - Sep 2025 Sep - Dec 2025

			Jan - March 2026
Economic evaluation		<ul style="list-style-type: none"> • Questionnaire development • Fieldwork • Collation of final outcomes data and data linkage • Cost consequence analysis 	April - May 2025 Wave 1: May - July 2025 Wave 2: May - July 2026 Dec 2026 - Jan 2027 Jan - Feb 2027
Analysis and reporting		<ul style="list-style-type: none"> • Lessons learned report • Interim report • Final report 	Feb - March 2025 Feb - April 2026 Feb - May 2027

4. INTERVENTION

4.1. Intervention and Comparator

IPS works by a “place then train” ethos, locating employment specialists in treatment/support services to extend the impact of that team’s work. The housing support team refer any client who expresses an interest in going into paid work to the IPS team. Individuals are assigned to an employment specialist, who supports individuals to identify and apply to employment opportunities whilst simultaneously providing training and ongoing support. This support focuses on the participant’s skills and preferences and how these can best be integrated in the workplace. Sometimes the employment specialist may also provide guidance for the employer to facilitate this.

Key to this intervention is the relationship between participant and employment specialist. It is grounded in rapid, individualised support, with the employment specialist providing intensive employment support to anyone who wishes to work. IPS is based on eight evidence-based principles:

- It aims to get people into **competitive employment**, defined as a paid job that anyone can undertake regardless of housing status (i.e., not sheltered work, ringfenced for people from particular circumstances or backgrounds). Job conditions should also be the same as for people not experiencing homelessness, including pay at the contracted going rate, equal employee benefits, safe working conditions and opportunities for career advancement.
- It is **open** and **eligible** to people who want to work.
- It aims to find **jobs** consistent with people’s **preferences**.
- It works **quickly** - a place, train, and maintain model of **rapid activation** (i.e. quick turnaround for employment specialist and client engagement) and job search alongside delivery of work, health, and wider support needs. Rapid job search within 30 days.
- It embeds IPS **employment specialists** into **specialist teams** (i.e., housing-focused teams).

- **IPS employment specialists** develop relationships with **employers** based upon a person's work preferences.
- It provides **time unlimited, individualised support** for the person and their employer.
- Access to **specialist benefits advice** is included, so no one is made worse off by participating.

More detail on the IPS model is given in table 5 in the following section.

The comparator group for this study will receive 'Business-as-Usual' (BaU) employment support, which encompasses a large range of existing provision, such as work coach support through Job Centre Plus, Department for Work and Pensions (DWP) contracted provision (e.g., Work and Health Pioneer, Restart), and employment support programmes delivered by local and national homelessness charities (e.g., Crisis, St Mungo's). These programmes differ substantially from IPS as they do not deliver on evidence-based IPS principles and may take many elements of 'best practice' to create a local model which may not have been thoroughly evaluated.

4.2. Theory of Change

The Theory of Change (ToC) for IPS was developed via desk review of IPS documentation and workshops with relevant stakeholders from CHI and IPS Grow (IPS Grow are part of the Social Finance not-for-profit organisation, designed to assist in the expansion of IPS in England). It explains the logic behind how and why IPS activities are expected to lead to intended outcomes and provides the key hypotheses against which evidence will be gathered and analysed through the evaluation. The key inputs and activities are discussed in more detail in the sections below.

The ToC will be revised during the analysis phase for each main output (lessons learned report, interim report, and final report) to assess whether adaptations are necessary to better reflect the logic of the programme and its aims. The evaluation will also gather evidence on the relevance of different contextual factors and potential unintended consequences to help build a more complete picture of what the programme has been able to achieve in different contexts.

Activities

Delivering IPS involves a few key elements which once in place can be developed and strengthened over time:

IPS team raise awareness of the IPS service (and the importance of employment to support recovery) with housing and other allied services - This involves making sure that IPS services are well-integrated with existing housing and related support services. The goal is to create a seamless experience for individuals where their employment needs are considered alongside their housing and health needs. Key activities would include hosting information sessions and workshops to educate housing service providers about the IPS model; establishing referral pathways so that individuals receiving support from housing services are proactively asked about paid employment, and can easily access IPS support; and conducting regular meetings between employment specialists and staff from allied

services (including health practitioners, local job centres, and housing-led services) to discuss potential referrals and align support plans.

Regular meetings between service users and employment specialists – Ongoing engagement with employment specialists is crucial for understanding individuals' needs, building trust and providing continuous support. This is also key for delivering the core model which includes:

- Welcoming individuals into the IPS programme and assessing their skills, interests, and employment goals.
- Creating a personalised vocational profile that outlines individuals' strengths, preferences, and job aspirations. This includes collaborating with individuals to set realistic employment goals and plan a pathway to achieve these goals.
- Equipping individuals with the skills and resources needed to effectively search for and secure employment. This would include training on job search techniques, CV writing, and interview skills.
- Undertake employer engagement to identify job opportunities that match client aspirations.
- Help employers create jobs by identifying unmet needs and 'job carving' (carving small slices of work from the duties other staff do not have time to do to create a new role).
- Advocate and match suitable clients to job opportunities and facilitate introductions.
- Providing continuous support after securing a job to help individuals maintain employment and address any challenges that arise. This would include regular check-ins to discuss their job experience and any issues they may be facing.
- Providing additional services that support individuals' overall wellbeing and stability such as referrals to benefits and income advice services to ensure individuals are maximising their financial resources, mental health support, etc.

Fidelity Reviews and Ongoing Advice- Carried out by IPS Grow on an independent basis, Fidelity Reviews ensure that the IPS programme is delivered with high fidelity to the model's principles as continuously improving service quality is pivotal to the success of the programme. Teams are assessed by two IPS Grow members, who use a 25 item criteria to determine the extent to which the IPS programme is being implemented according to best practice. The reviews involve triangulating data obtained from interviews with a range of stakeholders; observations of processes / practices; and documentation analysis. Additionally, IPS Grow aids in gathering feedback from people supported by the project, employers, and staff to identify areas for improvement. IPS Grow will provide ongoing support to services to improve fidelity, such as access to [learning communities](#) and [collaboration platforms](#), [training](#) for employment specialists, and support with [data collection and monitoring](#). IPS Grow will retain full responsibility for formal assessment of fidelity, this will also be validated through the implementation and process evaluation.

Inputs

Key inputs to IPS activities include:

- Funding from CHI/MHCLG for programme implementation.
- Staff trained in IPS.
- Local employer networks.
- Partnerships with organisations like housing-led services, health practitioners, and local job centres that provide additional support.
- Partnership with IPS Grow for ongoing support mechanisms such as communities of practice, training for employment specialists, and data tools.

Outputs

Outputs are direct results or products of the activities that serve as the measurable deliverables of the programme. In this case, the aim is that successful implementation of IPS activities would lead to:

Employment specialists fully co-located and integrated with housing services: Embedding the IPS service delivery team within housing services would help ensure housing stability and employment needs are addressed together.³

Sites delivering a flexible service and achieving best possible fidelity for context: This would mean the IPS model is being adapted to meet individual needs at different sites while maintaining the core principles of the model. This could mean adjusting service hours, offering remote support, or tailoring interventions based on the unique challenges faced by individuals in different locations.

Up to 460 participants referred to IPS service: This will indicate how successfully referral pathways are working into IPS.

Employment specialists and team leader with skills, knowledge, and confidence to support successful delivery: This would include the number of employment specialists who have been effectively trained and feel confidence in their ability to deliver the IPS programme successfully. It is expected that 1-2 employment specialists will be recruited per site, plus 1 team leader.

Up to 230 participants engaged with IPS for at least 4 months: This would mean that IPS participants are engaged for a sufficient length of time to work through the stages of the IPS model, and towards employment.

Number of employers engaged from a range of different sectors: This would reflect the diversity of employers across different sectors who have engaged with employment specialists through the IPS programme, enhancing the programme's ability to meet the varied employment needs of its individuals.

³ Note there are multiple housing services working as referral pathways into this service. These are described in more detail in section 5.3.

Number of IPS participants signposted to additional employment and health support: This would reflect the programme's commitment to addressing the broader needs of individuals, recognising that stable employment often depends on resolving other issues like health, housing, or financial security.

Mechanisms and outcomes

These are broader and more sustainable impacts that occur as a result of the programme, typically observed over a longer period.

The intended outcomes have been split into two categories: (1) system wide outcomes that will help enhance the delivery of IPS and (2) outcomes for individuals who are part of the IPS programme.

Mechanisms and outcomes for IPS system and delivery

These outcomes include developing a larger network of local employers for the IPS-Homelessness programme to draw on, and increasing employer confidence in hiring people with experience of homelessness. As the programme progresses, employment specialists will undertake employer engagement to communicate the value of IPS, leading more employers to become aware of the IPS-Homelessness programme and actively participate by offering adjusted interviews, job placements, and other opportunities. This growing engagement is crucial for the programme's success, as it directly influences the availability of job opportunities for individuals.

They also include outcomes focusing on increasing awareness among housing service providers about the employment potential of people experiencing homelessness. Housing services may initially view employment as a secondary concern compared to immediate housing needs. However, as the IPS programme demonstrates success in helping individuals find and maintain jobs and employment specialists communicate the value of IPS to referrers, these services will begin to recognise the importance of integrating employment support into their service offerings. In addition to this, as housing services and allied providers (such as health services) see the benefits of the IPS programme, they are more likely to consistently refer individuals for employment support. This sustained referral pattern will ensure the integration of IPS-Homelessness into the broader system of support available to those experiencing homelessness.

These outcomes, if sustained over a long period, can lead to long-term impact on employer behaviour, particularly employers adopting more inclusive hiring practices. More specifically, employers who would have had positive experiences with hiring through the IPS programme may begin to change their overall hiring practices to be more inclusive of individuals from diverse backgrounds, including those who have experienced homelessness or mental health challenges. This would then lead to broader systemic changes in how marginalised groups are perceived and integrated into the workforce.

Other long term outcomes include continued referrals from housing-led and allied services. As the IPS programme demonstrates success and becomes an established part of the service ecosystem, referrals to the IPS programme will be maintained over time, indicating that housing and allied services view employment support as a critical component of their clients' overall well-being. This ongoing collaboration will be key to the programme's sustainability and impact.

Mechanisms and outcomes for individuals

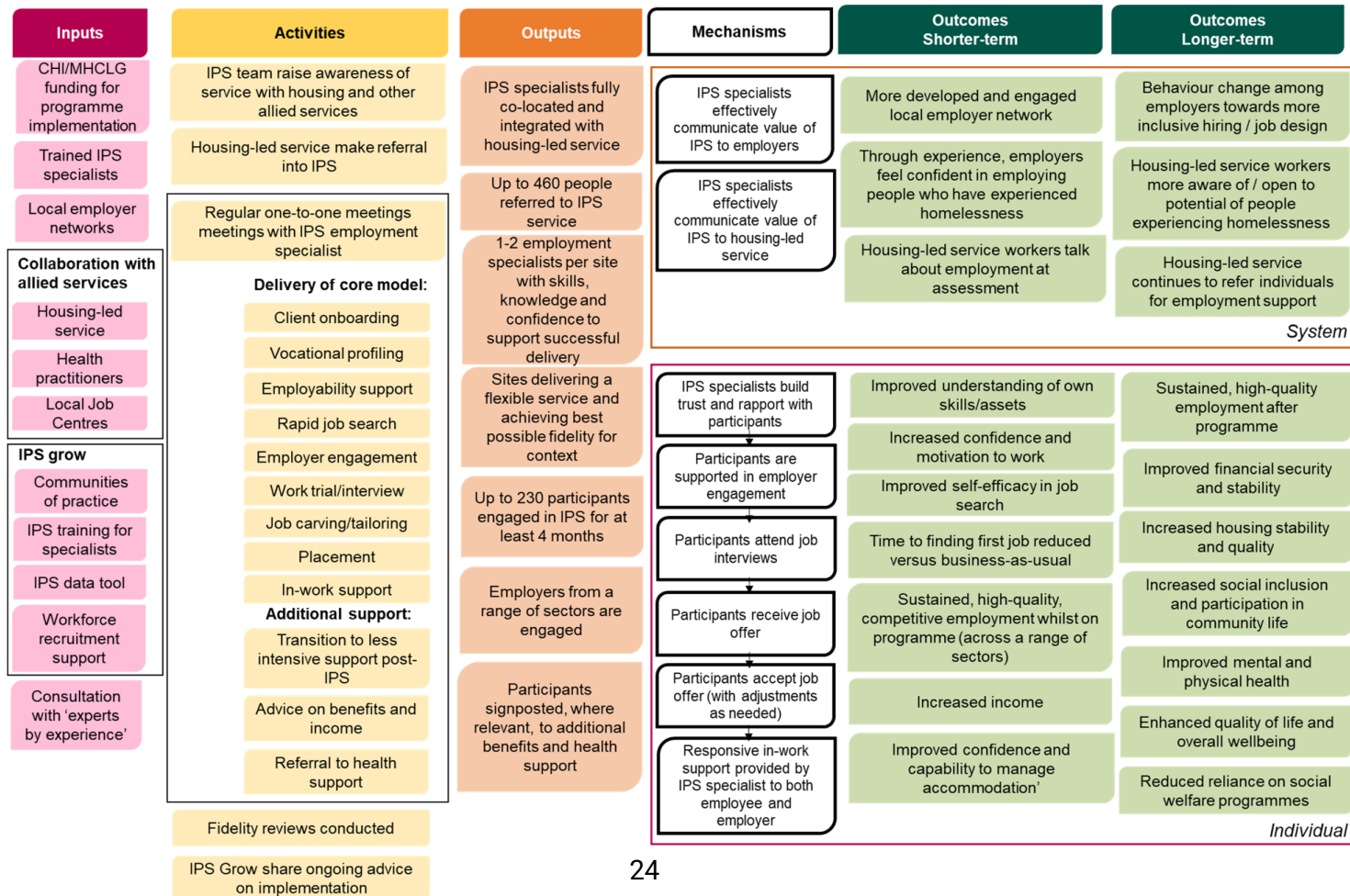
In the short term, individuals participating in the IPS-Homelessness programme may experience improved self-awareness of their skills and assets, leading to enhanced self-efficacy and motivation to work. As they receive tailored support to navigate the job market and build rapport with their employment specialist, the aim is for individuals to feel equipped enough to apply for jobs and undertake interviews, to secure competitive employment, which can contribute to increased income, and therefore improved confidence and capability to manage accommodation. These early successes may foster a sense of stability and confidence, critical for maintaining long-term employment and improving their overall quality of life.

In the longer term (12-18 months), individuals will receive in-work support from employment specialists, which will improve their ability to navigate the workplace, and therefore achieve sustained employment. In turn, this could potentially lead to improved financial stability and improved social inclusion and participation in community life. These changes will also support their ability to maintain housing and overall life stability, reducing reliance on welfare services. Over time, these positive changes may contribute to improved well-being, a higher quality of life, and improved mental and/or physical health.

IPS Theory of Change (overleaf)

Aims: Individual Placement and Support (IPS) provides intensive, individually tailored support, focussed on helping people get into work quickly and then providing ongoing in-work support to help the person to stay in their job. Through improved employment outcomes, financial stability, and broader wellbeing, it is hoped IPS will contribute to reducing and preventing homelessness.

Context: IPS has already been shown to be effective at improving employment outcomes for people experiencing mental health and addiction issues, but its impact on people experiencing homelessness needs to be understood. 3 delivery partners have been commissioned to deliver IPS as part of this trial, across 8 Local Authorities between November 2024 and June 2026.



4.3. Intervention dates

The intervention service will begin provision in November 2024. Provision will last for 18 months and end in June 2026.

Table 5: TIDieR Framework (Hoffman et al., 2014)

<p>Brief Name: Provide the name or a phrase that describes the intervention</p>	<p>Individual Placement and Support for people experiencing homelessness</p>
<p>Why: Describe any rationale, theory, or goal of the elements essential to the intervention</p>	<p>By supporting people experiencing homelessness to sustain quality, competitive employment, people have the resources and confidence to find and maintain accommodation, preventing homelessness/rough sleeping from reoccurring.</p>
<p>What (Materials): Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (such as online appendix, URL)</p>	<ul style="list-style-type: none"> ● Referral form (example) ● Training materials ● Physical space to deliver IPS appointments ● IPS fidelity manual ● IPS employment specialist time ● IPS templates to support meetings with participant (e.g., Vocational Profile, In Work Support Plan)
<p>What (Procedures): Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities</p>	<ul style="list-style-type: none"> ● Housing services refer participants to IPS employment support. Note there are multiple housing services working as referral pathways into this service depending on the area. These are described in section 5.3. ● Employment specialist introduces the programme to participants (those allocated to the intervention arm of the trial) and what is involved. ● Employment specialist and participant meet regularly (weekly) to work towards paid employment (through vocational profiling, employability support, and job searching). In principle, IPS support is time unlimited but due to funding restrictions for this project, all activities will conclude after 18 months. ● Employment specialists build networks with local employers, and

	<p>matches/identify suitable vacancies based on participants' work aspirations.</p> <ul style="list-style-type: none"> • Employment specialist supports the participant and employer through the interview and onboarding process (e.g., organising a work trial/working interview, job carving/tailoring, in work support planning). <p>After successful placement, employment specialist continues to provide in-work support (at participants'/employers' request) such as supporting management of health conditions, childcare arrangements, reasonable adjustments, workload, performance feedback.</p>
<p>Who provided: For each category of intervention provider, describe their expertise, background, and any specific training given</p>	<p>Housing support workers (e.g. housing support officers, depending on the type of service as described in section 5.3) make referrals to trained employment specialists, who are embedded within existing local homelessness services. Employment specialists receive training from IPS Grow. Ongoing support and guidance on implementation of IPS is provided by IPS Grow.</p>
<p>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</p>	<p>The support will generally be delivered face-to-face and one-to-one via regular (e.g., weekly) appointments in the community between the person experiencing homelessness and the employment specialist. Support can also be delivered online/via telephone, if required and at participants' request.</p>
<p>Where: Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features</p>	<p>Appointments with an employment specialist will generally take place in the community, including libraries, cafes, community buildings and workplaces (e.g. visiting employers).</p>
<p>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</p>	<p>The intention is for participants to meet with their employment specialist weekly over 9-12 months on average, with each session lasting up to 1 hour on average. Participants are expected to engage for a minimum of 4 months (see section 11 for discussion of how compliance will be measured and accounted for in analysis).</p> <p>In principle, IPS support is time unlimited but due to funding restrictions for this project, all activities will conclude after 18 months.</p>

<p>Tailoring: If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how</p>	<p>The intervention will be tailored to the needs of the individual e.g., when and how often meetings take place, what jobs the ES focus on, how the individuals personal circumstances are explained to employment specialist, etc.</p>
<p>Modifications: If the intervention was modified during the course of the study, describe the changes (what, why, when, and how)</p>	<p>Modifications will be discussed at the reporting stage - IPS Grow to modify the language of the intervention scale to contextualise that it is being applied in a homelessness context, whilst keeping the intent of delivery items.</p>
<p>How well (Planned): If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them</p>	<p>Fidelity with IPS will be monitored internally by IPS team leaders through independent and Guided Self-Assessments, and externally by IPS Grow via established independent Fidelity Assessments linked back to a standardised manual.</p>
<p>How well (actual): If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned</p>	<p>This may be discussed at the reporting stage</p>

5. IMPACT EVALUATION

5.1. Aims, Objectives and Hypotheses

5.1.1. Aims and Objectives

The overall objective of the study is to determine the effectiveness of IPS to aid people experiencing homelessness to obtain competitive employment within the English context.

Primary aim:

- To assess whether IPS participants who were experiencing homelessness are more likely to be engaged in competitive employment (yes or no) in comparison to similar individuals that are allocated to the control group. Competitive employment is defined as being employed for at least one day on full-time or part-time basis during the 18-months follow-up period (**primary outcome**).

Secondary aims:

- To assess whether those individuals allocated to IPS show larger improvements in comparison to individuals in the control group receiving BaU support at 6, 12 and 18-months period for the following **secondary outcomes**:
 - Range of outcomes capturing the extent and pattern of employment in terms of total time worked, time to first employment, duration of longest employment
 - Housing stability and satisfaction
 - Mental and overall wellbeing (including life satisfaction)
 - Loneliness
 - Reliance on social welfare
- To establish whether the impacts of IPS vary according to individual characteristics (e.g., age and gender) (**subgroup analysis**)

5.1.2. Research Hypotheses

Primary hypothesis:

H1: Among people experiencing homelessness and receiving support from the housing service, individuals who receive employment support via IPS are more likely to achieve competitive employment (i.e. at least one day of competitive employment on full or part-time basis) from baseline to 18 months after inclusion in the IPS trial compared to those who receive business-as-usual employment support.

Secondary hypotheses:

H2: Among people experiencing homelessness and receiving support from the housing service, individuals who receive employment support via IPS are more likely to achieve larger improvements on a range of vocational outcomes capturing the extent and pattern of employment in terms of total time worked, time to first employment, duration of longest employment (i.e. at least one day of competitive employment on full or part-time basis) from

baseline to 12 and 18 months after inclusion in the IPS trial compared to those who receive business-as-usual employment support.

H3: Among people experiencing homelessness and receiving support from the housing service, individuals who receive employment support via IPS report more stable and better quality housing in terms of the number of days people are in secure and stable housing and the level of housing satisfaction (self-reported) from baseline to 6, 12 and 18 months after inclusion in the IPS trial compared to those who receive 'business-as-usual' employment support.

H4: Among people experiencing homelessness and receiving support from the housing service, individuals who receive employment support via IPS will report better wellbeing and quality of life (i.e. as measured with the Short Warwick Edinburgh Wellbeing Scale and the ONS-4) from baseline to 6 and 12 months after inclusion in the IPS trial compared to those who receive business-as-usual employment support.

H5: Among people experiencing homelessness and receiving support from the housing service, individuals who receive employment support via IPS report more and better social connections, and reduced isolation and loneliness (self-reported) from baseline to 6 and 12 months after inclusion in the IPS trial compared to those who receive business-as-usual employment support.

H6: Among people experiencing homelessness and receiving support from the housing service, individuals who receive employment support via IPS will be less reliant on social welfare benefits for income from baseline to 6, 12 and 18 months after inclusion in the IPS trial compared to those who receive business-as-usual employment support.

5.2. Study Design

5.2.1. Study design details

This trial is designed as a parallel, two-arm Randomised Control Trial (RCT) with individuals randomly assigned with equal probability to two arms: IPS support (intervention arm) or business-as-usual employment support (control arm).

In total, 460 individuals will be referred from 3 delivery providers (covering 8 Local Authorities). Individuals will be randomised at one of the two arms following baseline data collection. There is one intervention condition in the trial: from inclusion in the IPS trial to 12 months after inclusion individuals will receive one-to-one support from trained employment specialists, following the IPS model. The aim is to help individuals rapidly find paid jobs, and then provide in-work support to both the individual and the employer to sustain the job for as long as possible. The support is flexible to the needs of the individual, but would typically be delivered via weekly sessions with an employment specialist. Support for employers of IPS participants is also tailored, but can involve the employment specialist helping to negotiate and advise on making reasonable adjustments to the workplace, and providing guidance on how to approach issues around onboarding and supporting individuals to learn how to do a job.

Those assigned to the control arm will be able to access business-as-usual employment support, which could take the form of employment support from other teams within the local authority, or external support from Job Centres (e.g., Restart) or other employment

programmes in the community (e.g., NHS Talking Therapies Supported Employment service).

Data via surveys will be collected at baseline and at 6 and 12 months after inclusion in the trial. Data will be also collected from a national registry at 12 and 18 months after inclusion in the trial.

Details on the allocation and randomisation for this trial are summarised below. The referral and allocation process is also outlined within the trial flow diagram below.

5.2.2 Allocation

Allocation Method

Individuals are referred to the trial by their housing support officer, and then screened for eligibility by the IPS service (delivery partners). Individuals who are eligible and willing to participate in the trial will be randomised and allocated into the intervention arm (Individual Placement and Support) or control arm (business as usual employment support) with equal probability. Recruitment to the trial will happen on a rolling basis between November 2024 and June 2025. To account for this, there will be sequential individual randomisation (with a 1:1 ratio) stratified by delivery provider. Stratifying by provider will ensure that an even number of individuals are allocated into control and intervention groups within each delivery site. Randomisation at the individual level will ensure that, on expectation, the intervention and control groups are similar in all aspects except for their exposure to IPS.

Randomisation Technique

The allocation process will use block randomisation. This method will assign participants to intervention and control groups within each stratum (delivery provider). This ensures that the treatment groups have equal participants at any given time for each provider, which is crucial for rolling recruitment. To minimise drop-out rates, the time between completing the baseline survey and receiving the randomisation outcome will be as short as possible. The block size for randomisation will depend on the recruitment rate for each delivery partner. Partners expected to recruit four or fewer individuals per week will use a block size of four, randomising participants as soon as four individuals are recruited. Those with faster recruitment, expecting five or more individuals per week, will use a block size of six.

Unit of randomisation

Randomisation will be conducted at the individual level to reduce bias and ensure that both groups (intervention and control) are similar in all aspects except for exposure to IPS support.

Allocation Concealment Procedures

All participants, and the person who referred them to the service, will be informed of the result of randomisation by IFF Research's data collection team (see Allocation above), with the control group signposted to business-as-usual employment support. The IFF Research's data collection will send the list of unique IDs that have been assigned to each arm to delivery partners, so they know who to deliver the intervention to, and can inform referral partners accordingly of those allocated to the control group.

5.3. Research Setting

Three delivery providers will deliver IPS across nine local authority areas, specifically:

- **South Yorkshire Housing Association** will deliver IPS in Sheffield, Rotherham, and Barnsley;
- **Enable from Shropshire Council** in Shropshire and Telford and Wrekin
- **BEAM** in Barnet, Fareham, Wakefield and Gosport

The referral pathways will differ, but will include a variety of housing and homelessness teams working with people across different types of experiences of homelessness. These will include:

- Move On accommodation (working with people who were sleeping rough)
- Resettlement teams, Rehousing accommodation teams, Tenant Support Services and Private Rental Teams (working with people in, or moving out of temporary accommodation)
- Adult Supported Housing (working with people in supported housing)
- Housing Options teams (working with people at risk of homelessness).

Overarching advice and guidance on implementation, and formal assessments of fidelity with IPS, will be provided by IPS Grow. IPS Grow, hosted by Social Finance, is a team of IPS experts who provide expert assistance to support the development and delivery of IPS services. They have also been commissioned by NHS England and DWP to support the expansion of IPS across England.

5.4. Masking (if applicable)

IFF Research (the evaluator) will receive the data pseudo-anonymised, with individuals having unique reference numbers held by IFF Research's data collection team. IFF Research's data collection team will supply the IFF Research evaluation team with a treatment indicator that will not reveal allocation to intervention and control arm. The personnel from IFF Research working on the evaluation are completely separate to those working on the data collection for the trial. Hence, anyone conducting data analysis from the evaluation team will be blind to intervention assignment when undertaking the analysis. The IFF data collection team will reveal intervention assignment after analysis is complete.

6. TARGET POPULATION

6.1. Eligibility

This randomised controlled trial will **include** individuals aged 18 and over who are:

- Currently experiencing some form of homelessness. This service will use an inclusive definition of homelessness due to the multiple referral pathways used. These include people who might have been sleeping rough, living in temporary or supported accommodation, or who are being supported by other local authority teams with regards to their unstable housing situation.

- Unemployed or economically inactive⁴ at the time of being recruited to the trial.

This trial will **exclude** individuals who are:

- Under 18.
- Participants who are or have participated in an IPS trial in the past three years or are receiving IPS through another avenue (e.g. drug and alcohol routes, universal support).
- Participants who are or have participated in another Test & Learn trial (e.g., Citadel, currently being trialled in Sheffield).

Delivery partners will lead on screening individuals for eligibility, once they have been referred to the service.

6.2. Recruitment and enrolment

Referrals

Recruitment will be completed on a rolling basis depending on the availability of employment specialist to provide support and participants for receiving their support in the corresponding LA area. The recruitment period will run from November 2024 to June 2025. Referrals will come from housing services engaging with the eligible participant population in the selected local authority areas (see 5.3 for detailed description of research setting). A referral form, agreed between referral and delivery partners with input from CHI and IFF (evaluation and data collection teams), will be completed by the participant with the support of the referral partner and with the assent of the individual being referred.

Screening

Participants referred to IPS will be screened by the delivery providers based on the eligibility criteria defined above. Delivery providers will explain the IPS trial to all individuals deemed to meet the eligibility criteria, and they will ask them if they wish to participate in the trial and whether they consent to be contacted by the IFF Research's data collection team. At this time, the delivery partner should provide information (participant information sheet and privacy notice) to the individual. The participant will be signposted to the IFF evaluation team for any outstanding questions on the trial. If they consent, the delivery provider will fill out the sample form provided by the IFF Research data collection team, and the individual will be invited to the survey by IFF Research. Prior to completing the baseline survey, the individual will again be provided with the participant information sheet, and will be required to give informed consent to participate in the trial (either online or over the phone, depending on how they chose to complete the survey). The referral partners and delivery providers will be briefed on the screening and consent process for the trial by the IFF Research evaluation team.

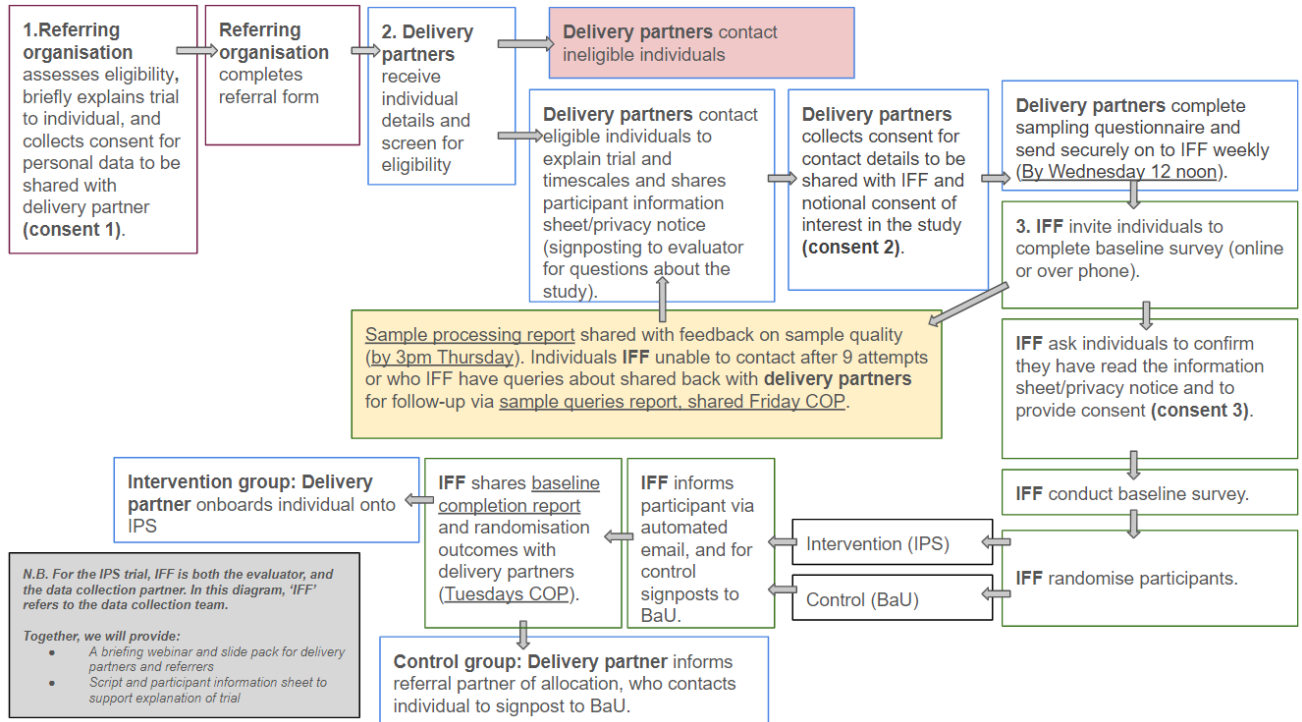
Enrollment

Contact details for people deemed eligible to receive support will be sent by delivery partners to the IFF data collection team, who will make contact with the individual (via

⁴ Economically inactive are participants who are neither employed nor unemployed; they're not in paid work, but they're also not looking for a job or available to start work.

SMS/email in the first instance and then via phone, if no response received) and ask for their consent to participate in the study. Anyone who has not been contactable by IFF Research after 9 attempts will be passed back to delivery partners for further follow-up. Refer to Section 8.2 for more detail on retention strategies. Participants will be enrolled in the IPS trial and will be subject to randomisation if they give consent to participate in the trial and provide baseline data to IFF Research’s data collection team.

6.3. Trial Flow



7. OUTCOME MEASURES

7.1. Primary Outcome

Definition

The primary outcome for this trial is competitive employment (yes/no, 1 day), defined as an individual achieving any employment for one day in a role on the open job market at 18 months after inclusion in the IPS trial. Competitive employment is defined as a mainstream job anyone could do that pays at least the minimum wage (i.e., not a job set aside for people with specific experiences or characteristics, or subsidised employment). This outcome was selected to align with previous trials of IPS, such as the IPS-AD trial, a randomised control trial of IPS for people with experience of drug and alcohol dependency (Marsden et al., 2024). However, it is noted that this trial does not define one day of employment to be equal to 7 hours of work as seen in most IPS trials. The definition used covers all forms of very brief employment including employment on part-time basis. It was selected as more appropriate given that many participants in the trial may work part-time or close to full-time.

Instruments

Data will be obtained by linking participant-level information with employment records from HM Revenue and Customs (HMRC) for consistency with previous IPS trials, specifically the IPS-AD trial. Participant level information will be linked with HMRC data using a combination of full name, postcode, date of birth, and National Insurance (NI) number (depending on availability). The approach for data linkage is described in section 8.2.

Employment information will also be captured in the survey (self-reported) in case data linkage is unsuccessful, and to provide contextual information for the sampling of individuals for qualitative interviews. A copy of all bespoke, or modified tools is included in Appendix D.

When is it measured?

This outcome will be measured at 12 and 18 months for both the treatment and control group for consistency with the IPS-AD trial.

For whom is it measured?

This outcome will be measured for both the treatment and control group.

7.2. Secondary Outcomes

Competitive employment

Definition

The trial will also assess the impact on many crucial dimensions of employment outcomes. Alongside the primary outcome of any competitive employment achieved within 12 and 18 months of baseline, the trial will also operationalise competitive employment as individuals achieving any work in a given week for 13 weeks in a 16-week period, earning the Going Rate of Pay of the National Living Wage for their age group. These thresholds align with the Baseline Threshold Job Outcome being used in the rollout of IPS in Primary Care settings, overseen by the DWP.

The trial will also seek to assess a range of broader indicators around competitive employment sustainment, namely:

- Total number of days spent in competitive employment across the period.
- Length of the longest competitive employment placement in days.
- Length of time between enrollment in trial and first employment placement in days.
- Average monthly earnings, and cumulative earnings, across the whole period.
- Corresponding NCI and tax paid over the whole period.

These indicators allow us to capture a combination of labour market outcomes and measure consistent labour market engagement, to allow conclusions to be drawn on whether IPS has led to individuals sustaining quality competitive employment, and therefore meaningfully contributed to increased income, reduced reliance on welfare benefits, and improved housing stability and quality.

Instruments

Linking participant-level information with HMRC data on employment and earnings.

When it is measured and for who

This outcome will be measured 12 and 18 months post-baseline for both the treatment and control group.

Participant level information will be linked with HMRC data using a combination of full name, postcode, date of birth, and NI number (depending on availability).

Receipt of welfare benefits

Definition

Receipt of welfare benefits is defined as claiming any form of state benefit (including Universal Credit (UC), housing benefits, employment and support allowance).

Instrument

Participants will be asked about whether they are in receipt of any of a number of different benefits in the participant survey. This question will list the main state benefits that claimants most commonly receive, but include scope for participants to list 'other' benefits as needed. This question will be developed by IFF Research, drawing on extensive work with the DWP.

The amount of state benefits received in monetary terms will not be recorded, meaning that any reduction in the amount of benefits received will not be captured. This will limit the conclusions that can be drawn on this outcome, as some benefits (e.g., Universal Credit) can still be received when someone is in-work. Note that in discussions with MHCLG, IFF Research will not be attempting to access DWP data to capture benefit claims. This is because although DWP hold individual level data on benefits linked to HMRC employment data, at the time of the study this data was not linked "live" but at the end of the financial year, and was thus unsuitable for the purposes of the research. As the primary outcome of the evaluation is employment, the decision was made to link to HMRC data only, as there was insufficient time to attempt linkage with both HMRC and DWP data. A copy of all bespoke, or modified tools is included in Appendix D.

When it is measured and for who

This outcome will be measured at 6 and 12-months post baseline for both the treatment and control group.

Housing security

Definition

Housing security is defined as obtaining and maintaining stable housing, with a reduced number of nights spent as homeless (including but not limited to experiencing street homelessness, 'sofa surfing' at homes of friends and family, and living in temporary accommodation). This will be measured at 6 and 12 months as the number of days an individual spent in a stable and secure accommodation during those periods).

Instruments

Housing security will be measured by the Residential Timeline Follow-Back Inventory (RTLFB) at 6- and 12-months post entry to trial, included in participant surveys.

The RTLFB provides a way to track an individual's residential history over a specified period. It is based on the "timeline follow-back" method, a widely used interviewing technique

originally developed for estimating alcohol consumption. The method involves helping individuals systematically recall and record their experiences over time in a retrospective calendar format. In the case of the RTLFB, this would involve recording where they have stayed (e.g., streets, shelters, flats) and for how long (Tsemberis et al., 2007).

The RTLFB is an evidenced, proven, valid and reliable method for measuring the key outcome variable of housing security. With the capacity to assess patterns of change over extended time frames, this tool offers a significant advance in assessing homelessness and residential stability, especially with its ability to capture individual variability in homelessness and residential patterns.

CHI have co-designed and modified the existing RTLFB questionnaire to make it relevant for the given context and participating population.

This will be used to calculate the number of days an individual spent in a stable and secure accommodation out of 360 days.

Using this tool, a person's living situation can be codified and then grouped into multiple categories (Rough sleeping, Temporary and/or unstable accommodation, Hidden homelessness, Institutional accommodation, Stable but insecure, and Stable and secure). To assess housing security IFF Research will assess the number of days IPS participants are in stable accommodation at 6- and 12- months post entry to the trial in comparison to participants in the control group. Additionally, for the IPS and comparison group IFF Research will compare the percentage of total number of days in stable accommodations from inclusion in the trial to 6 and 12 months in the trial.

A copy of all bespoke, or modified tools is included in Appendix D.

When it is measured and for who

This outcome will be measured 6- and 12-months post-baseline for both the treatment and control group.

Housing quality and satisfaction

Definition

Perceived quality and satisfaction with housing measures aspects of housing related to 1) Affordability, 2) Choice, independence, privacy, 3) Repair and maintenance, 4) Safety, 5) Amenities and proximity to such amenities.

Instrument

A measure of the perceived quality and satisfaction with housing was developed by CHI. This is a simplified and adapted tool, from Tsemberis (2003) and Toro (1997) which had also been used for Chez Soi in Canada, and the Housing First pilots in the UK (Aubry and Tsemberis, 2015; Department for Levelling Up, Housing and Communities, 2024). The tool has been simplified based on items with high loading, as well as adapted to UK language and context.

The tool includes 10 items with responses on a 5-point Likert scale from 'Very satisfied' to 'Very dissatisfied'. A copy of all bespoke, or modified tools is included in Appendix D.

When is it measured and for who

This outcome will be measured 6- and 12-months post-baseline for both the treatment and control group.

Overall wellbeing

Definition

The extent to which an individual is satisfied with their life, and feel that they have meaning and purpose.

Instruments

Overall wellbeing will be measured using two dimensions of ONS-4, which is a standardised measure of personal wellbeing. In the survey, individuals will be asked to self-report life satisfaction and the extent to which the things they do in life are worthwhile, on a scale of 0 to 10. This measure was developed through the ONS Measuring National Wellbeing (MNW) Programme and adopted as the harmonised standard for subjective wellbeing in 2015. This measure has been validated among similarly vulnerable audiences, such as care leavers, using psychometric methods, including item response theory (McGrane et al., 2024). It is widely used, including in the ONS Annual Population Survey since 2011.

When it is measured and for who

This outcome will be measured 6- and 12-months post-baseline for both the treatment and control group.

Mental wellbeing

Definition

Good mental health is a positive state of mental well-being that means individuals have good self-esteem, are able to cope with daily tasks and the stresses of life, and connect with other people.

Instrument

The Short Warwick Edinburgh Well-being Scale (SWEMWBS) is a shortened version of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) that will be used to monitor the level of well-being among participants. Survey participants will be asked to complete seven items. The total raw scores are then transformed into metric scores using the SWEMWBS conversion table. The total score can range from 7 to 35 with higher scores indicating higher positive mental wellbeing. The instrument has been validated for young people aged 15-21 and the general population (Tennant et al., 2007).

When and for who is it measured

This outcome will be measured at 6 and 12 months post-baseline for both the treatment and control group.

Loneliness

Definition

Loneliness is defined as individuals' perceptions of their social isolation: "a subjective, unwelcome feeling of lack or loss of companionship. It happens when there is a mismatch between the quantity and quality of social relationships, and those that someone wants to have." This is based on a definition first suggested by Perlman and Peplau in 1981.

Instrument

The UCLA loneliness three-item scale is well established internationally for measuring subjective loneliness. Although it uses negatively-phrased statements, it has also been found to perform well both in self-completion questionnaires and in telephone interviews (Hughes et al., 2004). UCLA, in combination with a direct question about self-perceived loneliness, is the Office for National Statistics recommended approach to measuring loneliness, and will be used here. This is in development as the ONS harmonised standard for measuring loneliness.

When and for who is it measured

This outcome will be measured at 6 and 12 months post-baseline for both the treatment and control group.

8. AUXILIARY INFORMATION

In addition to the outcomes detailed above, IFF Research will collect the following information via the survey:

- Current employment status (self-reported).
- Attitude towards paid work.
- Engagement with any training and volunteering,
- Frequency of contact with employment specialist (IPS participants only).
- Engagement with BAU support in the local area (all).

This information will add value to the study through:

- Providing further context for interpreting outcomes data (e.g., by providing information on distance travelled towards work) and sampling for qualitative participant interviews.
- Tracking compliance with IPS, and engagement with BAU support.

9. DATA COLLECTION

9.1. Data collection methods

Baseline data collection will take place when the participants are recruited for the trial after obtaining their consent. At the point of recruitment, baseline data (on employment status, wellbeing, housing stability and quality, and physical health) will be collected before

randomisation via participant survey (available online and via telephone, estimated to take around 20 minutes to complete) along with the sociodemographic characteristics of the individual taking part in the trial, including gender and ethnicity. Baseline data on earnings and employment to be obtained through individual data linkage with HMRC data will only be obtained later in the trial when analysis of outcomes at 12- and 18-months is taking place.

The participants survey will be used to collect outcome data at 6- and 12-months after inclusion in the trial. As mentioned above, outcomes based on earnings and employment data obtained through data linkage with DWP and HMRC data will be collected at 12- and 18-months after baseline.

Table 6: Data collection procedures and assessment timeline

Assessment point	Type of data	Data collection approach
Baseline	Baseline characteristics, Primary and Secondary outcomes (pre-intervention)	Survey by IFF Research (online or telephone)
Midline (6 months after randomisation)	Primary and secondary outcomes	Survey by IFF Research (online or telephone)
Endline (12 months after randomisation)	Primary and secondary outcomes	Survey by IFF Research (online or telephone) Data linkage to HMRC Real Time Information (RTI)
Long term (18 months after randomisation)	Primary outcome	Data linkage to HMRC Real Time Information (RTI)

9.2. Data linkage

As outlined in the table above, to estimate the primary and secondary employment outcomes IFF Research will obtain data through data linkage. Data linkage with HMRC data will be collected at 12 and 18 months after the baseline survey. IFF Research will use the trial participants' NI number to find them in the HMRC Real Time Information (RTI) dataset. Using NI numbers, it is expected that the matching rate will be c.80% based on feedback from the team who led the Alcohol and Drug IPS trial, who captured similar outcomes via data linkage. If the NI number is not available or is not recorded accurately then data-linkage will be attempted through the participant's given and family name, date of birth, sex at birth, and postcode if available. However, it is anticipated that using address will be problematic given the individuals involved in this trial, and result in a much lower matching rate.

This information will be shared with HMRC via secure transfer. With this information HMRC will be able to link participants to their data. HMRC will return the data to IFF Research pseudo-anonymized (using a random identifier assigned to each participant which allows identification of individual level data but does not allow information to be linked back to survey data by the IFF evaluation team). Initial discussions have taken place between HMRC via MHCLG, who have confirmed they are willing to undertake data linkage, and have done so on the trial of IPS in Drug and Alcohol treatment settings.

9.3. Retention strategies

There are a suite of actions to improve retention including:

Incentives

- Participants will be provided a £20 gift card per survey at each data collection point (baseline, midline, endline) as a token of appreciation for their time and engagement.

Modes of communication:

- Asking participants for their preferred channel for communication (e.g. email, WhatsApp, SMS) and matching our approach where possible.
- Offering support for people who speak a language other than English as their primary or only language by translating/interpreting key documents and the participant survey.
- Offering both online and telephone options for completing the survey. In particular, the telephone approach will be important in reaching participants that do not respond to the online survey invite.
- Ensuring all communications from IFF explain clearly who IFF Research are, are warm in tone, use simple language, and have a clear message/call to action. Messages will be sent ahead of time to ensure participants are 'flagged' of upcoming communication from IFF.
- Using a named phone number and/or providing the telephone number that will be called from in advance to reduce the risk of participants not picking up unknown or withheld numbers.

Multiple contact details:

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

Reminders:

- Using reminders to encourage participation, again matched to participants' preferred communication channel where possible.
- IFF will attempt to contact individuals who do not respond to the survey up to 9 times, before flagging them to the delivery partner for follow-up.

Call-back options:

- Sending a message/email to the participant before any calls are made to them to explain that IFF Research will be calling them in the next few days and what steps they should take.
- Sending a message/email to the participant after a missed call to confirm the call attempt, explain that IFF Research will try again in the next few days and what steps they should take.
- Option to book an appointment for a call back at a time that best suits the participant to complete the survey by phone.
- Leaving voicemails for participants to explain who IFF Research are and why IFF Research are calling, and to clearly explain what will happen next (e.g. they will be contacted again in the next few days).
- Providing participants with more information if they are unsure about taking part in the survey, and offering a call back in a few days.
- Efforts to leverage other local services supporting participants – including those who made the original referral to the trial where practicable – to support efforts to re-contact participants in the control group to attempt to avoid an imbalance in follow up rates by arm of trial.

Incentives

- Providing a £20 incentive (gift card) per participant at each data collection point (baseline, midline, endline).

Efforts will be made to leverage other local services supporting participants – including those who made the original referral to the trial where practicable – to support efforts to re-contact participants in the control group and avoid imbalance in follow up rates by arm of trial. However, given the transitory nature of referral organisations and participants imminently moving into a stable tenancy, this approach may have limited value and referrers may no longer be in contact with participants.

9.4. Data Management Procedures

Added in Appendix A.

10. SAMPLE SIZE AND POWER CALCULATION

10.1. Sample Size / Power Calculation

The maximum sample of people enrolling into the trial is 460 with equal assignment to the treatment and control condition (230 each). Power calculations are presented for competitive employment status (measured as a binary variable using linked HMRC administrative data) at 18 months and housing security at 12 months post inclusion in the trial (measured with the RTLFB inventory using the participant survey).

Across both outcomes, the power calculations assume:

- Intention to treat analysis
- Two-tailed statistical significance testing.
- A type one error rate of 0.05.

- Power (one minus the type two error rate) of 0.80.
- Variance explained by the pre-treatment covariate of 0, as all participants will be unemployed at that point.

Scenarios labelled Base, A, and B relate to the primary outcome of competitive employment. These scenarios differ only by the assumed level of attrition due to incomplete administrative data matching. Scenarios labelled C and D relate to the secondary outcome of housing security, measured via participant survey data, and differ by assumed survey response rates.

Competitive employment

The IPS study for adults in treatment for alcohol and drug dependence found that 25% of participants in the control group found competitive employment using HMRC data (Marsden et al, 2024). This value has been used as the estimate of the incidence rate for participants allocated to the control group. Three attrition scenarios have been considered for competitive employment:

- **Base Scenario:** 0% attrition (N = 460; 230 per arm)
- **Scenario A:** 15% attrition (N= 390; 195 per arm)
- **Scenario B:** 20% attrition (N=368; 184 per arm)

Under these assumptions, the study is powered to detect a minimum difference in competitive employment of approximately 12.5 % in the Base Scenario, increasing to 13.7 % under Scenario A and 14.1 % under Scenario B.

This suggests that the difference in competitive employment between conditions will need to be of the order of 12.5% or more to have statistical confidence in the observed impact.⁵ This magnitude of effect is broadly consistent with estimates reported in meta-analyses of IPS interventions. The meta-analyses evidence indicates somewhat larger effects (risk ratio= 1.63), corresponding to absolute differences in the range of approximately 15% to 19% depending on baseline rates⁶ (Frederick and VanderWeele, 2019).

Housing security

Housing security is measured using the Residential Time-Line Follow-Back (RTLFB) inventory collected via participant survey at 12 months post-inclusion. It is assumed that 30% of participants in the control group will be in stable accommodation at follow-up. Given uncertainty around survey response rates, two scenarios are considered for housing security:

- **Scenario C:** 30% attrition; (N = 322; 161 per arm)
- **Scenario D:** 50% attrition; (N =230; 115 per arm)

⁵ This value is derived from the assumed baseline employment rate in the control group (25%) and a minimum detectable risk ratio of approximately 1.5, implying an employment rate of 37.5% in the intervention group.

⁶ Frederick and VanderWeele (2019) report pooled effect sizes as risk ratios. Absolute percentage point differences are not directly reported and have been approximated here by applying the relative effect size to the assumed control group baseline rate (25%) for ease of interpretation.

Under these assumptions, the trial is powered to detect differences of approximately 15.7 percentage points (Scenario C) and 18.8 percentage points (Scenario D) between the intervention and control groups.

10.2. Attrition Assumptions

Final effective sample sizes are subject to uncertainty and may vary by outcome and data source. To reflect this, power calculations are presented across a range of plausible effective sample sizes rather than relying on a single attrition assumption.

For outcomes measured using linked HMRC administrative data (competitive employment), attrition reflects incomplete administrative data matching and is assumed to range from 0% to 20% across scenarios. For outcomes measured using participant surveys (housing security), attrition is higher as it reflects survey non-response and is assumed to range from 30% to 50% across scenarios.

The estimated sample size is informed by the estimates of the number of cases expected to participate in the IPS trial i.e. 460 participants in total. Depending on the start/end dates and rate of enrolment, it is unclear when the total required sample size would be achieved.

10.3. Software

The power calculations were conducted in Stata, using the 'power two proportions' command.

Table 7: Sample size calculations

		Base Scenario	Scenario A	Scenario B	Scenario C	Scenario D
Minimum Detectable Effects in Percentage Points (Odds ratio)		12.5	13.7	14.1	15.7	18.8
Risk Ratio		1.5	1.55	1.564	1.523	1.627
Incidence rate	level 1 (participant)	0.25	0.25	0.25	0.30	0.30
Alpha		0.05	0.05	0.05	0.05	0.05

Power		0.8	0.8	0.8	0.8	0.8
Alternative hypothesis: One-sided or two-sided		Two-sided				
Number of participants	Intervention	230	195	184	161	115
	Control	230	195	184	161	115
Expected attrition at individual level	%	0	15	20	30	50
Effective sample (Participants)	Total	460	390	368	322 [*]	230

11. ANALYTICAL STRATEGY

11.1. Analytic Sample

All Analytic Populations

The outcome analysis will be conducted on an intention to treat (ITT) basis (Fisher et al., 1990). The analysis will include all randomised participants in the groups to which they were randomly assigned, regardless of the treatment actually received, withdrawal from the IPS support post-randomisation, or deviations in programme implementation. The ITT approach is inherently conservative as it captures the averaged effect of offering IPS in comparison to business as usual, regardless of whether the participants complied with assignment.

Non-ITT Populations (if applicable)

As the ITT approach captures the averaged effect of offering IPS, treatment effects in the presence of compliance at the individual level will be looked at to capture the average effect of participation in IPS. Individuals will be expected to meet weekly with employment specialists for the first 4 months of support. If an individual does not attend meetings, the employment specialist will attempt to re-establish contact for up to 2 months, after which they will contact the individual to notify them their case has been closed, but that they are able to re-refer to the service.

11.2. Descriptive statistics

The following descriptive statistics will be reported:

- Baseline characteristics with regard to housing, wellbeing, and employment-related background including employment history in the past two and five years using descriptive statistics (mean, standard deviation, numbers, and percentages) for the sample as a whole, and for the intervention and control groups.
- The balance between the intervention and control group at baseline by comparing the magnitude of any differences between treatment/control in terms of effect sizes.
- The distribution of outcomes at follow up (i.e. at 6, 12 and 18 months) for the intervention and control group.
- Attrition for the intervention and control at each follow up point i.e. at 6, 12, and 18 months for all outcomes.
- Sample size at each data collection point for the treatment and control group.

11.3. Primary Analyses

To estimate the impact on the primary outcome (i.e. binary indicator on whether an individual is in competitive employment) IFF Research will use a mixed-effects logistic regression model. Data from all delivery providers will be pooled, and the model will include a random intercept for each site to account for stratification. The full model is as follows:

The level 1 (participant-level) random intercept model is described by:

$$Y_{ij} = \beta_0 + \beta_1(IPS_{ij}) + \beta_2 B_i + \beta_3 Site_j + \varepsilon_{ij}$$

- Y_{ij} is the outcome for participant i referred by delivery provider j
- IPS_i is a binary treatment indicator denoting whether a participant is assigned to IPS or the control
- B_i represents characteristics for participant i including gender and age
- $Site_j$ represents provider fixed effect reflecting that partner provider is a stratification variable
- ε_{ij} are the participant-level residuals, which are assumed to be clustered at the provider level

Alpha levels will be set to 5% (with associated 95% confidence intervals). Both the p-values and statistical significance level will be reported. Odds and relative risk ratio for the primary outcome analysis will be reported.

11.4. Secondary analyses

The modelling approach for secondary binary outcomes will follow the same approach described in the primary analysis i.e. a mixed-effects logistics model. To estimate the impact on secondary outcomes that are defined as continuous variables a linear mixed model will be applied. The analysis model will mirror the logistic model given above but the outcome variable will be a continuous measure. To estimate the impact on secondary outcomes that are ordinal/multinomial, a generalised linear model will be fitted with these assumptions.

The linear mixed model will incorporate a time function to make use of the fact that some measures will be collected at multiple time points, specified as:

$$Y_{ijt} = \beta_0 + \beta_1(IPS_{ij}) + \beta_2() + \beta_2 B_i + \beta_3 Site_j + \epsilon_{ij}$$

- Y_{ijt} is the value of the respective outcome measure (i.e. total time worked, duration of longest employment, housing stability and satisfaction, wellbeing and quality of life, reliance on social welfare, mental and physical health,) for participant i at time t referred by delivery provider j
- IPS_{ij} is a binary treatment indicator denoting whether a participant is assigned to IPS (1) or the control (0)
- Y_{ij0} is the baseline value of the outcome for participant i in delivery provider j
- B_i represents characteristics for participant i including gender and age
- $Site_j$ represents provider fixed effect reflecting that partner provider is a stratification variable

11.5. Sub-group Analyses

The sub-group under scope of analysis are:

- Gender;
- Age intervals i.e. 18-29; 30-39; 40 and 49; and over 50;
- Type of homelessness experienced (i.e., rough sleeping, staying in temporary/supported accommodation, temporary stays with others) given the variation in referral pathways for this trial;
- Physical and/or mental health conditions, given the historical focus of IPS, and that any disabilities or health conditions may present additional barriers to finding a job; and
- Employment history; a binary classification of some versus no employment history in the last two years^{7,8}. While HMRC data will be requested for up to five years prior to enrolment, the primary specification will focus on the two-year period, as this is considered a more relevant indicator of recent labour market attachment, particularly given the relatively young age profile of the study population.

A sub-group analysis will be conducted to estimate the conditional average treatment effects (CATE) by using interaction terms. This means that dummy variables for the sub-groups will be interacted with the binary treatment variable.

⁷ We will set a minimum threshold of 30 days or more of employment over the two-year period to define prior employment. This will help us distinguish participants with more substantial prior engagement in the labour market from those with only minimal or short-term employment. The final threshold will be determined after reviewing the distribution of employment duration in the HMRC data.

⁸ Although both two-year and five-year employment history measures will be constructed, only one will be used in outcome analyses. This reflects a balance between exploratory analysis and clarity of interpretation.

11.6. Sensitivity Analysis

The following sensitivity analysis will be undertaken:

- The primary outcome analyses on competitive employment will be based on employment data from HMRC, but sensitivity analyses using employment data collected from the participants surveys will also be conducted.
- To verify that trial participants are ‘unemployed or economically inactive at the time of being recruited to the trial’ we will be using HMRC data. If it is established that some trial participants were employed at baseline they will be excluded from analysis. We will run the primary and secondary analysis on a restricted sample that complies with the eligibility criteria.
- To include employment history in the last two years as a covariate in the primary mixed-effects logistic regression model for the primary outcome. The adjusted treatment effect would reflect the average effect conditional on prior employment history.
- The main framework of analysis for this trial is intention to treat, however, the effect for participants that were allocated to IPS and engaged with intensive and personalised high-quality employment support will also be explored, based on compliance with the programme. The precise definition of compliance and practical arrangements for measuring compliance was determined in conversation with IPS Grow. Compliance will be defined at individual participants level, based on whether a participant has a vocational profile as recorded by the delivery providers. It was agreed that having a vocational profile in place would suggest that the employment specialist is actively working with a participant. This will be a binary measure, indicating whether a participant is compliant or not. Delivery providers will share a record of whether a vocational profile is created for each participant. If a record is not available then participant would not be compliant. In a situation of imperfect compliance, we will undertake a complier average causal effect analysis (CACE), by drawing on an instrumental variable (IV) approach, and using a two-stage least squares (2SLS) estimation to recover the treatment effect for those who complied with IPS assignment. The results of this model will answer the research question: to what extent does compliance with IPS implementation requirements lead to improved competitive employment for participants. The model will be estimated for the primary outcome measure only.
- The regression model for the primary and secondary outcome analysis will be run with and without the addition of the characteristics for participants.

11.7. Missing data

If there is less than 5% missingness overall (i.e., the primary analysis model includes at least 95% of randomised participants), a complete-case analysis will be carried out.

If there is more than 5% missingness overall, analysis will be undertaken to understand if the data appears to be missing completely at random (MCAR), or whether the weaker Missing at

Random (MAR) assumption applies. The extent of missingness will be assessed, and then also explore the pattern of any identified missingness. To assess whether there are systematic differences between those who provide data and those who do not – and thus whether these factors should be included in analysis – missingness will be modelled through a logistic regression model at follow-up as a function of baseline covariates, including treatment. The analysis model for this approach will mirror the model given above but the outcome will be a binary variable identifying missingness (yes/no).

It is difficult to show in practice if data are MAR or missing not at random (MNAR) given the very data that is missing is needed to ascertain this. Therefore, if missing data are not MCAR a pattern mixture model should be run. This approach models for the observed and unobserved portion of the missing data jointly with a pattern mixture model, whereby the differences between the missing and observed data are modelled at the same time as the main effect is estimated (Carpenter and Kenward, 2012).

11.8. Interim Analyses and Data Monitoring (If applicable)

Interim analysis will be conducted using the survey data collected at midline i.e. 6 months after inclusion in the trial. This analysis will follow the same specification as our analysis at 12 and 18 months.

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

Given the number of secondary outcomes multiple comparison adjustments will be conducted using the Hochberg's step-up procedure (Huang, Y., & Hsu, J. C, 2007).

12. IMPLEMENTATION AND PROCESS EVALUATION (IPE)

12.1. Aims, Objectives and Research Questions

11.1.1. Aims and Objectives

Aims

The Implementation and Process Evaluation (IPE) aims to explore how IPS was set-up and implemented by delivery partners, how the support was experienced by participants and employers, and how this compares to business-as-usual employment support. It will seek to identify which elements of the programme contributed towards the outcomes observed in the impact evaluation, as well as challenges to delivery and how these can be overcome in the future. The secondary aim of the IPE is to generate qualitative evidence which can be used to describe the outcomes measured in the impact evaluation in further detail.

Objectives

The objective of the IPE is to explore how IPS was delivered through carrying out qualitative interviews with IPS service leads, employment specialists, IPS Grow, business-as-usual employment support providers, referral partners, and participants. This will be supplemented by analysis of fidelity reviews to provide detailed insight into the extent to which these IPS services achieved best possible fidelity with the IPS model in this novel context, and how this was experienced by delivery stakeholders and IPS participants.

The IPE activity is structured according to the three delivery partners:

- **South Yorkshire Housing Association**, who are delivering IPS in Sheffield, Rotherham, and Barnsley.
- **Enable from Shropshire Council**, who are delivering IPS in Shropshire and Telford and Wrekin.
- **BEAM**, who are delivering IPS in Barnet, Fareham, Wakefield and Gosport.

11.1.2. Research Questions

This IPE will seek to answer:

IPE1: To what extent did delivery partners implement IPS in line with the IPS model?

- IPE 1.1: What adaptations were made to the IPS model during delivery to allow it to be delivered in this novel context?

IPE2: What were the facilitators of successful set-up and delivery of IPS, and how were any challenges overcome?

- IPE 2.1: What was the experience of IPS participants of IPS set-up and delivery, and what determined this?
- IPE 2.2: What barriers did IPS participants experience to accessing the support delivered, and what support did they receive to overcome these?

IPE3: How did local context and pressures influence the delivery of IPS?

IPE4: What was the role of IPS Grow in helping delivery partners to implement IPS in this new context?

IPE5: How did specific elements of IPS services contribute towards the primary and secondary outcomes observed for participants?

- IPE 5.1: What factors influenced whether IPS could achieve the desired outcomes in this context?

IPE6: How, if at all, did IPS services change partners' expectations of the employment potential of people experiencing homelessness?

- IPE 6.1: To what extent were IPS services effectively integrated in housing-led teams?

IPE7: What was 'business as usual' employment support for control group participants? Was there any evidence that business-as-usual employment support was influenced by the IPS model?

- IPE 7.1: To what extent had IPS participants previously tried to engage with business-as-usual employment support, and what was their experience of this? What, if any, barriers to accessing support had they experienced in the past?
- IPE 7.2: For those who accessed business-as-usual employment support alongside IPS, what was their experience?

12.2. Research Design and Methods

IFF Research will use a range of methods to answer the implementation and process evaluation research questions, as summarised by table 8. The rest of this section expands on how each of these data collection activities will be carried out.

Table 8: Implementation and Process Evaluation Summary

Data collection methods	Research methodology	Target Populations	Main research questions addressed	Sample size and sampling approach	Analytical Approaches
Longitudinal participant interviews	Qualitative	IPS participants	IPE 1, 2.1, 5, 7	36 initial interviews, 36 follow-up	Thematic
Longitudinal IPS lead interviews	Qualitative	IPS service leads	IPE 1-6	3 initial and follow-up interviews	Thematic
Longitudinal delivery stakeholder mini-groups	Qualitative	Employment specialists, local referral partners	IPE 1-7	3 initial and follow-up mini-groups per site (1 per target population audience) – 9 total	Thematic

Longitudinal BAU support worker interviews	Qualitative	BAU support workers	IPE 7	12-15 in-depth interviews	Thematic
Longitudinal IPS Grow lead interviews	Qualitative	IPS Grow leads	IPE 1, 2, 4	3 initial and follow-up interviews	Thematic
Employer survey	Quantitative	Employers who have placed an IPS participant	IPE 1, 2, 3, 5, 6	Up to 50 survey completes	Descriptive statistics
Employer case study interviews	Qualitative	Employers who have placed an IPS participant	IPE 1, 2, 3, 5, 6	15 (5 per site)	Thematic
Analysis of fidelity reviews and routinely collected data	Qualitative	Delivery sites and participants	IPE 1, 3, 5	8 fidelity reviews (1 per Local Authority) Up to 45 case notes (5-6 per Local Authority)	Thematic and descriptive statistics

12.2.1. Longitudinal in-depth interviews with IPS participants

Methodology

Semi-structured in-depth qualitative interviews, taking place at two time points during IPS support.

Target population

IPS participants who have been receiving support for at least 6 months. No additional inclusion / exclusion criteria will be set, but a quota will be set on the number of people to be recruited who have been unsuccessful in finding employment 6-months into the trial, to ensure detail is captured on those who the intervention has worked less well for. It is suggested that learnings from this group around the effectiveness of IPS may be more substantial than targeting those who have stopped meeting with an employment support worker early in the trial and entirely, though this will be kept under review during the early phases of the trial. In the event of higher than expected proportions of participants who stop meeting with their support worker, the target population may be amended to include IPS participants who have received support for at least 3 months.

Sampling strategy

IFF Research will aim to interview 36 participants initially, and conduct a follow-up interview with all 36 (72 interviews in total). Purposive sampling will be used to ensure that interviews are split evenly across the 3 trial sites, and that interviews capture a range of relevant characteristics (such as type of homelessness experienced, employment status, those who have disengaged with IPS). This target sample frame will be developed using initial data from the baseline survey.

Recruitment

The 6-month participant survey will be the main tool of recruiting individuals to take part, with a question included at the end of this survey asking if they consent to being contacted about an interview. IFF specialist recruiters will make contact with individuals who opt in to deliver a screening questionnaire (collecting key contextual information needed for the interview, such as characteristics of interest and support needs), and book in a convenient time for an interview with an IFF researcher.

Incentives

Participants will be offered a £25 e-voucher for each interview they complete.

Data collection measures and indicators or data sources

Interviews with IPS participants will provide useful feedback on the experience of receiving IPS, and mainly seek to answer the following research questions⁹:

Main IPE research question	Relevant audience-specific research questions
<p>IPE1: To what extent did delivery partners implement IPS in line with the IPS model, and what adaptations, if any, were made to allow it to be delivered in this novel context?</p> <p>IPE 2:1: To what extent did IPS participants have a positive experience of IPS set-up and delivery, and what were the facilitators of this?</p> <p>IPE 2.2: What barriers did IPS participants experience to accessing the support delivered, and what support</p>	<ul style="list-style-type: none"> ● How did participants find out by IPS, and what were they initially told about the support? ● What appealed to participants about IPS, and why were they motivated to join the trial? ● What specific support did participants receive at each stage of their journey through IPS (from onboarding through to in-work support)? ● Which elements of IPS were seen to work well and less well from participants' perspective, and why?

⁹Research questions detailed in 11.1.2 have been adapted to indicate how lines of enquiry will be developed for each audience based on the overarching research questions for the IPE.

did they receive to overcome these?	
IPE5: How did specific elements of IPS services contribute towards the primary and secondary outcomes observed for participants?	<ul style="list-style-type: none"> ● What outcomes did participants experience that they associated with participating in IPS? ● What types of support did participants see as being most important for achieving these outcomes? ● Were certain participants more likely to experience more positive outcomes than others, and why?

IFF will develop two semi-structured discussion guides to elicit participant feedback relevant to these questions, using the IPE research questions as a starting point for potential lines of inquiry. This will be reviewed and approved by the Centre for Homelessness Impact and its lived experience network as appropriate. It is expected that these discussions will cover similar information to track how experiences and perceptions have changed over time, but the second discussion guide will have more emphasis on longer-term outcomes. These discussion guides will cover key topics, but allow interviewers to remain open and flexible to unexpected and new information.

Data Collection Procedures

Individuals will be identified via the 6-month impact survey, with the aim of initial interviews taking place around 9 months into IPS. IFF will then aim to follow-up individuals who participated in an interview around 6 months later (15 months into IPS). Interviews will be conducted remotely (telephone or online) or in-person, depending on participant preference. Interviews will be audio-recorded (and auto-transcribed in the case of Teams interviews), which will be used by researchers to write-up the interviews into the analysis framework.

12.2.2. Longitudinal in-depth interviews with IPS service leads

Methodology

Semi-structured in-depth qualitative interviews, taking place at two time points during IPS support.

Target population

Senior individual(s) who lead the implementation of IPS at the 3 trial sites.

Sampling strategy

This strand will use convenience sampling, interviewing at least 1 individual for each delivery site who belongs to the target population. It is expected that in most cases this will be the lead contact for the delivery partner, though there is potential to include multiple individuals in paired/triad interviews if appropriate.

Recruitment

Contact details (name, email, and telephone number) for IPS service leads will be provided by the Centre for Homelessness Impact, and IFF Research will contact the individual via email (and then telephone) to invite them to take part in an interview. While there are no screening criteria for IPS service leads, IFF Research will arrange a brief call with them to collect key details about their role and the service that will facilitate an effective interview, obtain their consent to be involved in the research, and to arrange a convenient time for the interview.

Incentives

No incentives will be offered to this audience.

Data collection measures and indicators or data sources

Interviews with IPS service leads will mainly seek to answer:

Main IPE research question	Relevant audience-specific research questions
<p>IPE1: To what extent did delivery partners implement IPS in line with the IPS model, and what adaptations, if any, were made to allow it to be delivered in this novel context?</p>	<ul style="list-style-type: none"> ● What were IPS service leads' prior knowledge and experience of IPS, and how was this used to inform delivery? ● What level of fidelity with the IPS model was achieved? ● If lower fidelity, what adaptations to the IPS model were made by IPS service leads, and why were these necessary?
<p>IPE2: What were the facilitators of successful set-up and delivery of IPS, and how were any challenges overcome?</p>	<ul style="list-style-type: none"> ● How did IPS service leads seek to engage and work with relevant (internal and external) stakeholders when setting up the IPS service? ● How did the IPS service lead promote the service to reach the target number of referrals? ● What were the skills and backgrounds of employment specialists, and what training was offered? ● Why did clients disengage, and what strategies were put in place to manage this?
<p>IPE3: How did local context and pressures influence the delivery of IPS?</p>	<ul style="list-style-type: none"> ● What are the characteristics of the local labour market, and how did that influence opportunities/challenges for IPS delivery? ● What relationships did the IPS service leads have with referral partners and local employers prior to the trial?
<p>IPE4: What was the role of IPS Grow in helping IPS service leads to implement IPS in this new context?</p>	<ul style="list-style-type: none"> ● What training and guidance was offered by IPS Grow when the service was being established, and how useful did service leads find this? ● What training and guidance was offered by IPS Grow after mobilisation, when the service was

	<p>established, and how useful did service leads find this?</p> <ul style="list-style-type: none"> • What were IPS service leads experiences and perceptions of the fidelity review process, and how did they respond to the feedback given? • What ongoing support was provided by IPS Grow both pre- and post-fidelity review, and how useful was this?
<p>IPE5: How did specific elements of IPS services contribute towards the primary and secondary outcomes observed for participants?</p>	<ul style="list-style-type: none"> • What do IPS service leads think is the most important feature of IPS for securing employment outcomes? • What other outcomes had IPS service leads observed, and what was the key enabler(s) of these?
<p>IPE6: How, if at all, did IPS services change partners' expectations of the employment potential of people experiencing homelessness?</p>	<ul style="list-style-type: none"> • What impact, if any, has IPS delivery had on the relationship between employment and housing-led teams within the local authority? • How, if at all, do service leads think IPS has influenced the perceptions and behaviours of local employers when it comes to hiring and managing people with experiences of homelessness?

IFF will develop two semi-structured discussion guides to elicit participant feedback relevant to these questions, using the IPE research questions as a starting point for potential lines of inquiry. This will be reviewed and approved by the Centre for Homelessness Impact. It is anticipated these discussions will cover similar information to track how experiences of implementation have evolved over time, but the second discussion guide will feature more emphasis on how the challenges of implementation have been overcome and on longer-term outcomes. In the second interview, questions will be tailored to each site depending on the results of its fidelity review (which will be carried out around 8 months into IPS delivery). These discussion guides will cover key topics, but allow interviewers to remain open and flexible to unexpected and new information.

Data collection procedures

The first interview will be conducted around 3 months into the trial, to provide timely feedback on their experiences of establishing the IPS service. The second interview will be conducted once the service has reached a 'steady state', around 12-15 months into delivery. Interviews will be conducted via telephone or online (Microsoft Teams). Interviews will be audio-recorded (and auto-transcribed in the case of Teams interviews), which will be used by researchers to write-up the interviews into the analysis framework.

12.2.3. Focus groups with employment specialists and referring organisations

Methodology

Semi-structured focus group involving 3-5 individuals, lasting up to 90 minutes, taking place at two time points during IPS delivery. Two focus groups with each of the 2 target populations in each trial site will be conducted (a total of 12 focus groups).

Target population

Employment specialists and representatives from organisations who refer participants to IPS for each trial site.

Sampling strategy

This strand will use snowball sampling, where contact details for relevant individuals will be gathered from the IPS service lead for each trial site initially, followed by asking these individuals for additional suggestions of relevant colleagues and partners to invite to the research.

Recruitment

2 focus groups will be conducted with each of the 2 target populations, in each trial site (a total of 12 focus groups). IFF recruiters will work with the sample list developed to contact individuals and to conduct a screening questionnaire to ensure their role is relevant to the research, and establishing convenient dates/times for a focus group.

Incentives

No incentives will be offered to this audience.

Data collection measures and indicators OR data sources

Focus groups with IPS delivery stakeholders will seek to answer:

Main IPE research question	Relevant audience-specific research questions
IPE1: To what extent did delivery partners implement IPS in line with the IPS model, and what adaptations, if any, were made to allow it to be delivered in this novel context?	<ul style="list-style-type: none"> • What were employment specialists' and referral partners' prior knowledge and experience of IPS, and how did this impact delivery? • How did referral partners refer people into IPS? • What support was actually delivered by employment specialists at each stage of the IPS journey? • What adaptations did employment specialists make to service delivery versus the model, and why were these necessary?
IPE2: What were the facilitators of successful set-up and delivery of IPS, and how were any challenges overcome?	<ul style="list-style-type: none"> • How did employment specialists and referral partners work together? • What were the skills and backgrounds of employment specialists, and what training was offered?

	<ul style="list-style-type: none"> • How did employment specialists go about building good working relationships with participants? • How did employment specialists approach employer engagement? • Why did participants disengage, and what strategies were put in place to manage this?
IPE3: How did local context and pressures influence the delivery of IPS?	<ul style="list-style-type: none"> • What resourcing and funding pressures, if any, did employment specialists experience, and how did these impact delivery? • How did local labour market characteristics impact their ability to find and engage with employers for participants' chosen job roles?
IPE5: How did specific elements of IPS services contribute towards the primary and secondary outcomes observed for participants?	<ul style="list-style-type: none"> • What do employment specialists think is the most important feature of IPS for securing employment outcomes? • What other outcomes had employment specialists observed, and what was the key enabler(s) of these?
IPE6: How, if at all, did IPS services change partners' expectations of the employment potential of people experiencing homelessness?	<ul style="list-style-type: none"> • What impact, if any, has IPS delivery had on the relationship between employment and housing-led teams within the local authority? • How, if at all, do employment specialists think IPS has influenced the perceptions and behaviours of local employers when it comes to hiring and managing people with experiences of homelessness? • How did IPS delivery partners engage with employers to encourage them to hire their participants? • What were the main motivators for employers to engage in the programme? • What concerns, if any, did employers raise about employing IPS participants, and how did delivery partners respond to these? • How, if at all, did employer engagement vary across types of employers (e.g. size, sector)?

IFF will develop two semi-structured discussion guides per audience to elicit participant feedback relevant to these questions, for review and approval by the Centre for Homelessness Impact. It is expected that these discussions will cover similar information to track how experiences of implementation have evolved over time, but the second discussion guide will feature more emphasis on exploring how implementation challenges have been navigated and outcomes observed. In the second focus group, the questions will be tailored to each site depending on the results of its fidelity review (which will be carried out around 8 months into IPS delivery). These discussion guides will cover key topics, but allow interviewers to remain open and flexible to unexpected and new information. After the first focus group with each sub-group within the delivery stakeholder audience, IFF will review

whether the discussion guide is working as expected, and whether any adjustments are needed.

Data collection procedures

The first focus group with each audience will be conducted around 3 months into the trial, to provide timely feedback on their experiences of establishing the IPS service. The second focus group will be conducted once the service has reached a 'steady state', around 12-15 months into delivery. Focus groups will be conducted online (Microsoft Teams). These sessions will be recorded and auto-transcribed through Microsoft teams, which will be used by researchers to write-up each session into the analysis framework.

12.2.4. In-depth interviews with BAU support workers

Methodology

Semi-structured in-depth qualitative interviews taking place a year after the launch with 12-15 support workers. The focus will be on the types of services to which referral partners are making the most referrals and the types of support the control group are receiving, based on data from the midline survey.

Target population

Support workers delivering business-as-usual employment support received by control group participants for each trial site.

Sampling strategy

This strand will use snowball sampling, where contact details for relevant individuals will be gathered from the IPS service lead for each trial site initially, followed by asking these individuals for additional suggestions of relevant colleagues and partners to invite to the research.

Recruitment

The plan is to conduct 12-15 in-depth interviews, which translates to speaking with about four BAU providers per site. IFF recruiters will work with the sample list developed to contact individuals and to conduct a screening questionnaire to ensure their role is relevant to the research, and establishing convenient dates/times for an in-depth discussion.

Incentives

No incentives will be offered to this audience.

Data collection measures and indicators or data sources

Interviews with BAU support workers will mainly seek to answer:

Main IPE research question

Relevant audience-specific research

questions

IPE 7: What was 'business as usual' for participants? Was there any evidence that business-as-usual employment support was influenced by the IPS model?

- To what extent were business-as-usual employment support workers aware of the IPS trial in their area, and what were their perceptions of this?
- What support was delivered by business-as-usual employment support workers, and how did this compare to IPS?
- What outcomes do business-as-usual employment support workers observe for the people they support, and how does this compare to the outcomes observed for IPS?

IFF will develop a semi-structured discussion guide to elicit participant feedback relevant to these questions, using the IPE research question as a starting point for potential lines of inquiry. This will be reviewed and approved by the Centre for Homelessness Impact. The focus of the interview will be on the types of services to which referral partners are making the most referrals and the types of support the control group is using, based on data from the midline survey. After the first interview, IFF will review whether the discussion guide is working as expected, and whether any adjustments are needed.

Data collection procedures

The interviews will be conducted around 12-15 months into delivery and, crucially, after fidelity reviews have taken place. Interviews will be conducted via telephone or online (Microsoft Teams). Interviews will be audio-recorded (and auto-transcribed in the case of Teams interviews), which will be used by researchers to write-up the interviews into the analysis framework.

12.2.5. In-depth interviews with IPS Grow leads

Methodology

Semi-structured in-depth qualitative interviews, taking place at two time points during IPS support.

Target population

Senior individual(s) from IPS Grow who support the implementation of IPS at the 3 trial sites.

Sampling strategy

IFF Research will seek to interview at least 1 individual for each site who belongs to our target population (though there is potential to include multiple individuals in paired/triad interviews if appropriate).

Recruitment

Contact details (name, email, and telephone number) for IPS Grow leads will be provided by the IPS Grow director of partnerships, and IFF Research will contact the individual via email (and then telephone) to invite them to take part in an interview. While there are no screening criteria for IPS Grow leads, IFF Research will arrange a brief call with them to collect key details about their role and the service that will facilitate an effective interview, obtain their consent to be involved in the research, and to arrange a convenient time for the interview.

Incentives

No incentives will be offered to this audience.

Data collection measures and indicators or data sources

Interviews with IPS service leads will mainly seek to answer:

Main IPE research question	Relevant audience-specific research questions
<p>IPE1: To what extent did delivery partners implement IPS in line with the IPS model, and what adaptations, if any, were made to allow it to be delivered in this novel context?</p>	<ul style="list-style-type: none"> ● What level of fidelity did delivery partners achieve with the IPS model? ● What elements of the IPS model did delivery partners appear to find more or less challenging, and why? ● What common adaptations did IPS Grow observe across sites?
<p>IPE2: What were the facilitators of successful set-up and delivery of IPS, and how were any challenges overcome?</p>	<ul style="list-style-type: none"> ● What were the common characteristics of services which achieved higher fidelity with the IPS model? ● What were the common characteristics (and challenges experienced) of services which achieved lower fidelity with the IPS model?
<p>IPE4: What was the role of IPS Grow in helping delivery partners to implement IPS in this new context?</p>	<ul style="list-style-type: none"> ● What training and guidance was offered by IPS Grow when the service was being established, and how well did delivery partners engage with this? ● How did IPS Grow communicate feedback from the fidelity reviews to delivery partners, and what was the response to the feedback given? ● What ongoing support was provided by IPS Grow both pre- and post-fidelity review, and how well did delivery partners engage with this?

IFF will develop two semi-structured discussion guides to elicit participant feedback relevant to these questions, using the IPE research questions as a starting point for potential lines of inquiry. This will be reviewed and approved by the Centre for Homelessness Impact. It is expected that these discussions will cover similar information to track how experiences of implementation have evolved over time, but the second discussion guide will feature more emphasis on the fidelity review process and how the challenges of implementation were overcome. These discussion guides will cover key topics, but allow interviewers to remain open and flexible to unexpected and new information. After the first interview, IFF will review whether the discussion guide is working as expected, and whether any adjustments are needed.

Data collection procedures

The first interview will be conducted around 3 months into the trial, to provide timely feedback on IPS Grow's experiences of supporting the establishment of the service. The second interview will be conducted once the service has reached a 'steady state', around 12-15 months into delivery and, crucially, after fidelity reviews have taken place. Interviews will be conducted via telephone or online (Microsoft Teams). Interviews will be audio-recorded (and auto-transcribed in the case of Teams interviews), which will be used by researchers to write-up the interviews into the analysis framework.

12.2.6. Survey of employers of IPS Participants

Methodology

15-minute telephone or online survey of up to 50 employers involved in delivering IPS.

Target population

The survey will target individuals who have line managed an IPS participant, ideally for at least 3 months at the point of being surveyed, to ensure they have worked with the IPS service and the participant for a reasonable length of time before providing feedback on the experience.

Sampling strategy

The survey sampling strategy will be an attempted census, with every employer who has employed an IPS participant included initially. As part of the questionnaire development, IFF Research will work with the Centre for Homelessness Impact to decide on any additional screening criteria that should be included.

Recruitment

Records of all employers (including name, role, email and/or telephone number) will be supplied to IFF Research by delivery partners, who will be recording this information as part of the routinely collected data. IFF will invite employers to the survey who have employed

participants for at least 3 months, and send 2 initial reminders via email, followed by targeted telephone contact for those who do not respond. The available sample will depend on the number of placements services have achieved.

Incentives

No incentives will be offered to this audience.

Data collection measures and indicators or data sources

Surveys with employers will mainly seek to provide insight into employers' perspective on the following research questions:

Main IPE research question	Relevant audience-specific research questions
<p>IPE2: What were the facilitators of successful set-up and delivery of IPS, and how were any challenges overcome?</p>	<ul style="list-style-type: none"> ● What were employers' main concerns about employing someone with experience of homelessness? ● How positively or negatively do employers feel towards the IPS service in general? (And why) ● How positively or negatively do employers feel towards the support they received from the IPS service? (And why) ● How positively or negatively do employers feel about their experience of employing someone with experience of homelessness? (And why)
<p>IPE3: How did local context and pressures influence the delivery of IPS?</p>	<ul style="list-style-type: none"> ● How do employer perceptions of IPS vary by business characteristics? (e.g., size) ● What support, if any, did employers provide to participants outside of IPS? (e.g., reasonable adjustments)
<p>IPE6: How, if at all, did IPS services change partners' expectations of the employment potential of people experiencing homelessness?</p>	<ul style="list-style-type: none"> ● What do employers see as the benefit of engaging with the IPS service? ● To what extent would employers be willing to employ people with experience of homelessness in the future? ● How different, if at all, do employers perceive IPS participants' productivity levels and support needs compared to other employees in similar roles?

IFF Research will develop a draft questionnaire, for review and comment by the Centre for Homelessness Impact and the Lived Experience network.

Data collection procedures

Survey data will be collected through an online or telephone survey questionnaire, hosted by IFF research. Survey fieldwork is anticipated to take place between October 2025 and December 2025, which should allow sufficient time for IPS participants to be placed with an employer (with recruitment to the trial ending in June 2025).

12.2.7. Case study interviews with employers of IPS Participants

Methodology

Semi-structured in-depth qualitative case study interviews, lasting up to 60 minutes

Target population

Employers who have had strong engagement with the IPS service (e.g., have employed an IPS participant for at least 3 months). Whilst less engaged employers could feed back on barriers, they will likely deliver less value overall and it is anticipated that services will be able to feedback on barriers to employer engagement.

Sampling strategy

These case studies will be selected using purposive sampling, aiming to include employers from a range of business sectors and sizes to represent a broad range of experiences within the target population (depending on available sample). IFF will aim to conduct interviews with 5 employers from each delivery site (15 in total).

Recruitment

Sample for this strand of work will be sourced from the employer survey; the end of the employer survey, survey respondents will be asked whether they consent to being contacted about a follow-up interview to provide further feedback on the scheme. IFF will make contact with those who have opted in via email and/or telephone to invite them to take part in the interview. Before an interview is booked, IFF will complete a short screening questionnaire with the employer to verify they are eligible to take part, and that their business profile matches the characteristics of interest.

Incentives

No incentives will be offered to this audience.

Data collection measures and indicators or data sources

Similar to the survey of IPS employers, these case study interviews will aim to collect further detail on employers' perspective on:

Main IPE research question	Relevant audience-specific research questions
IPE2: What were the facilitators of successful set-up and delivery of IPS,	<ul style="list-style-type: none"> What were employers' main concerns about employing someone with experience of homelessness?

and how were any challenges overcome?	<ul style="list-style-type: none"> • How did employment specialists help employers to overcome these concerns?
IPE3: How did local context and pressures influence the delivery of IPS?	<ul style="list-style-type: none"> • What was the wider business/economic context at the time when they decided to engage with IPS? • What features of their organisation enabled them to employ someone with experience of homelessness?
IPE5: How did specific elements of IPS services contribute towards the primary and secondary outcomes observed for participants?	<ul style="list-style-type: none"> • What were the successes and challenges of employing someone with experience of homelessness? • How did employers support IPS participants to stay (and progress) in their role? • Did IPS participants require additional support or staff time, compared to other employees in similar roles? • What changes did employers notice in participants during the course of their employment?
IPE6: How, if at all, did IPS services change partners' expectations of the employment potential of people experiencing homelessness?	<ul style="list-style-type: none"> • What do employers see as the benefit of engaging with the IPS service? • To what extent would employers be willing to employ people with experience of homelessness in the future?

IFF will develop one semi-structured discussion guide to elicit participant feedback relevant to these questions, using the IPE research questions as a starting point for potential lines of inquiry. The discussion guide will cover key topics, but allow interviewers to remain open and flexible to unexpected and new information. This will be reviewed and approved by the Centre for Homelessness Impact, and the Lived Experience network. After the first three interviews, IFF will review whether the discussion guide is working as expected, and whether any adjustments are needed.

Data collection procedures

These interviews will take place approximately 15 months after the start of the trial (and 1-2 months after the employer survey fieldwork has ended). Interviews will be conducted via telephone or online (Microsoft Teams). Interviews will be audio-recorded (and auto-transcribed in the case of Teams interviews), which will be used by researchers to write-up the interviews into the analysis framework.

12.2.8. Analysis of fidelity reviews and management information

For further detail on the planned approach to this analysis, see section 12.3.

12.3. Data Analysis

Analysis of qualitative data from in-depth interviews and focus groups

Throughout each interview and/or mini-group, researchers will continually weigh up the implications of what the participants said and devise relevant follow-up questions (where useful to draw out additional insight). Through this process of active listening and 'weighing up' feedback, the researcher will ensure they are clear on the implications of the discussion on the IPE questions.

Where given permission, researchers record the interviews on video-conferencing software on Microsoft Teams or via an encrypted digital recording device. Analysis of this data will then follow the principles of framework analysis (Gale et al., 2013), a type of thematic analysis which is a commonly used method in applied policy and health research. Researchers will use the recording to write-up a detailed summary of the interview into a bespoke excel-based framework, including verbatim quotes and non-verbal cues observed. This excel-based framework will be structured so that responses from each individual interview (rows) can be entered against each of the main questions asked in the topic guide (columns). This matrix will also include a number of 'classification' variables (e.g., trial site, type of homelessness experienced, previous employment history) so that the data can easily be analysed for subgroup differences. Where interviews are longitudinal, the first and second interview/focus group will be recorded side-by-side in the framework to facilitate analysis of change over time (and therefore identifying how and why changes occur, alongside outcomes). The framework is piloted with the first couple of interviews then revised to ensure it is fit for purpose. A senior researcher will check the framework coding of at least one interview per researcher, providing feedback to improve specificity and clarity.

Researchers will then systematically process the findings through abstraction and interpretation. The first stage is 'description', identifying the range of things said about a particular question; how this varies and the different types of responses that could be identified. Responses to key questions are then coded into themes inductively. Variation is measured against the sampling characteristics. Other unexpected or emerging patterns are also noted. Next, researchers undertake 'mapping linkage,' exploring the ways that different themes identified within the data are connected. This is followed by 'explanation': identifying the reasons for patterns observed in the data. During this stage, researchers look for both explicit accounts (reasons given directly by participants) and implicit accounts (where researchers infer an underlying logic based on participant views, power dynamics). Analysis will also consider how the characteristics of the individuals involved, their beliefs, social norms, and the local context of decision making influenced outcomes. Themes and narratives emerging from this analysis are then debated and refined in an analysis workshop, involving all members of the research team.

Analysis of fidelity reviews and programme management information

IFF will receive from IPS Grow the fidelity review for each delivery site, which will show the scores each has been given across 25 items on the fidelity scale, alongside summary feedback from the reviewer(s). These documents will be reviewed before the second qualitative interview/focus group, to understand where IPS appears to have been adapted for this audience and to tailor lines of questioning.

IFF will also be granted access to the IPS Grow Data Tool platform, which will show summary charts for a range of metrics relevant to the IPE and the 'outputs' within the Theory of Change (e.g., number of referrals, number of job placements achieved for participants). This data is not provided at the individual level, so it will not be possible for the evaluator to track individuals through the programme via the management information. This data will be included in the report alongside qualitative feedback on the implementation of IPS.

Analysis of employer survey data

Employer survey data will be transformed into a set of tables which will present descriptive statistics on the experiences, attitudes and outcomes for local employers participating in IPS. The data tables will include full significance testing (using t-tests for means and z-tests for percentages) to highlight where there are significant differences in results by particular sub-groups e.g., smaller and larger businesses. However, it should be noted that the expected sample size is small, and therefore sub-group analysis will be limited

13. ECONOMIC EVALUATION DESIGN

13.1. Aims, Objectives and Research Questions

13.1.1. Aims and Objectives

The overall aim of the economic evaluation is to understand the additional costs and benefits of IPS when delivered to people experiencing some form of homelessness compared to if it was not delivered.

13.1.2. Research Questions

- How much did it cost to deliver IPS to people experiencing some form of homelessness? Did costs vary across providers?
- What were the monetary benefits associated with IPS, and what are the other benefits that could not be valued in monetary terms?
- To what extent did the benefits of IPS exceed its costs over a period of 18 months?
- What are the potential benefits and costs associated with IPS delivery at 3 years following the point when participants were randomised to the IPS service?

13.2. Research Design and Methods

Overall Approach

The economic evaluation will employ a cost-consequences analysis (CCA) approach. CCA does not aggregate findings into a single metric as Cost Benefits Analysis (CBA), but it provides a disaggregated table of costs and benefits, some of which are quantified and monetised, but some are qualitative. The output of a CCA is essentially a table or matrix of costs and benefits quantifying what can be quantified and describing the rest, but not aggregating everything. Given IPS is being applied in a novel context, it is more likely that the full range of relevant costs and benefits is unknown, so CCA allows more flexibility to account for these.

Relevant Alternatives/ Counterfactuals

An overall single benefit-cost ratio is not an appropriate measure of the value for money (VfM) of the IPS given uncertainties about whether all benefits can be quantified and monetised. This challenge of using CBA (versus CCA) has also been recognised by the What Works Centre for Wellbeing in relation to accounting for the value of wellbeing outcomes (e.g., wellbeing benefits which are not adequately captured by life satisfaction measures) (Wright et al., 2017).

The economic evaluation is designed to assess the costs and benefits of delivering IPS in comparison to business-as-usual employment support delivered to people experiencing homelessness. This involves estimating the costs and benefits that result from delivering IPS to costs and benefits that would have been incurred if the trial had not taken place. The random assignment of individuals to IPS or business-as-usual employment support gives confidence that any observed differences in outcomes can be attributed to IPS.

Evaluation Perspective and relevant stakeholders

The CCA table will outline the range of costs and benefits evidenced (both monetary and non-monetary) as well as who received or incurred them (IPS participants, delivery providers, IPS Grow, DWP, HMRC, MHCLG, other public sector or other agencies). Thus, this could be used to build an estimate from a fiscal perspective or a wider societal perspective.

This offers greater flexibility to produce an output that will be of use to delivery providers, IPS Grow, national government and other stakeholders by identifying which are the benefits and costs that are relevant to them.

Time Horizon

The impact evaluation is designed to assess the impact of IPS on a range of outcomes for participants 12 and 18 months after randomisation. The economic evaluation will assess the benefits and costs for the same time period i.e. up to 18 months following inclusion in the trial.

It is likely that some effects can be sustained for a longer period of time, and therefore, the potential benefits should be attributed for that period. Some evidence suggests that many of the IPS participants maintain employment (Bond et al, 2020). Given the uncertainty, it is proposed to estimate benefits incurred from sustained employment for a 3 year period as a sensitivity analysis.

Costs

To ensure comprehensive cost identification, IFF Research will aim to provide detailed accounting of all resources required to implement IPS and to align these costs with the ToC. The evaluation will focus on the costs associated with delivering IPS and will exclude any costs related to the evaluation. The overall cost for IPS delivery will be calculated, and the unit cost per participant, and for each delivery provider. Cost data will be collected on the following categories:

- **Staff costs** including salaries, NIC, pensions for all employment specialists including temporary and contract workers dedicated to IPS delivery as needed to deliver the core model and additional support (If staff don't spend all of their time on IPS, confirm the time allocated for the year to IPS).
- **Costs incurred by IPS Grow** e.g. for sharing ongoing advice on implementation and costs incurred by other allied services (e.g. housing-led services, health practitioners, local job centres).
- **Other key start-up costs** including cost on recruiting new staff, training employment specialists, development of data tool, or time of allied services dedicated to IPS e.g. referral; co-creation and engagement with people with lived experience.
- **Volunteer time** used by delivery providers, if any.
- **Facilitation costs**, these include all of the costs for delivering the service including paying for travel budgets, venue hire, purchase of non-durable materials etc.
- **Overhead costs**- ideally per department (e.g. Finance) and an estimate of each team's time allocated to IPS management for the financial year.

Benefits (and averted costs)

IFF Research will incorporate assessments of benefits to the following outcomes:

- Higher net future income as a consequence of employment (to be monetised using data from HMRC).
- Higher taxes revenues (to be monetised using data from HMRC).
- Reduction in state benefits will be estimated using the difference in people receiving benefits between the intervention and control based on data from the participant survey. The reduction will be monetised using the number of people not receiving benefits and the average value of those benefits the Employment and Economy element of Unit Costs in the GMNCBA model¹⁰.
- Wellbeing benefits to participants will be estimates using the estimates from the ONS4 Measure of Personal welling in line with the Green Book wellbeing guidance (HM Treasury, 2021)¹¹.
- Avoidance of homelessness **to be monetised** using the data collected as part of the impact assessment and supplementing it with cost savings information as identified in existing studies i.e. using Pleace and Culhane (2016) or using information from MHCLGS's ongoing studies. Whilst the Pleace and Culhane (2016) study recognises the uncertainties in their estimates it remains the most comprehensive assessment

¹⁰ See [Research: Cost Benefit Analysis - Greater Manchester Combined Authority](#)

¹¹ The HM Treasury Green Book includes supplementary wellbeing appraisal guidance which advises the monetary value of a point increase in wellbeing: low estimate £11,830, central estimate £15,378 and high estimate £18,927 in 2024 prices. For more information, please see HM Treasury (2021).

of the associated cost savings with moving someone from homelessness to being homed. These include savings around homelessness-related services, Police and Criminal Justice and health-related services. IFF Research will consult with MHCLG and CHI to ensure the study incorporates the most up-to-date estimates on the costs of homelessness.

- Savings in other areas as a result of employment including increased business productivity and multiplier effect of higher economic output (to be monetised using existing economic studies or unit cost data in the GMNCBA).

Sensitivity Analyses

IFF Research will undertake sensitivity analyses to show how the cost- benefits and -effectiveness estimates vary with alternative assumptions or discount rates and compute the discount rate at which the present discounted value of monetary benefits just equals the present discounted value of costs (otherwise known as the internal rate of return).

Optimism Bias Assessment

It is important to note that the impact estimates are subject to statistical uncertainty, particularly those benefits derived from the survey as those will be based on self-reported outcomes.

As per Green Book Optimism Bias Supplementary guidance, to avoid the uncertainty in terms of calculating avoided costs it is recommended that an adjustment of 10 and 20% of Optimism Bias for survey outcome data is applied (HM Treasury, 2013).

Other considerations

Where possible findings will be compared against similar IPS studies. A mixed method approach as CCA allows us to compare findings on key outcomes across studies that employed different approaches (e.g. comparing with estimates derived in the evaluation of [IPS – Alcohol and Drug](#)) (Marsden et al., 2024).

IFF Research will follow the general principles and best practices in undertaking economic evaluations as outlined in the [Green Book](#) (HM Treasury, 2020). Costs and benefits (if monetised) will be shown in terms of their present discounted value (PDV). The consumer price index will be used to express all costs and benefits in present value pounds.

13.3. Data Collection

Data Sources

Data on costs will be provided by delivery providers and IPS Grow.

Data on benefits will be based on the impact data collected through participants surveys at 6 and 12 months and using records from HMRC at 18 months.

Data Collection Procedures

To collect costs, IFF Research will create a simple, clear, online tool, and accompanying guidance, for delivery organisations to input these costs at two time points: at 6 and 18

months, to show costs over time and to ensure cost data is being collected and the tool works for IPS at the end of delivery.

14. QUALITY CONTROL AND ASSURANCE

14.1. Data Quality and Assurance

IFF data quality and assurance processes uphold the principles of Part B of [HMT's Aqua Book](#) to deliver analysis that is: Repeatable, Independent, Grounded in reality, Objective, Uncertainty-managed and Robust. This means all of our research is transparent, subjected to peer and client challenge and can be repeated using the same research materials and analysis framework.

Quality Assurance(QA) is owned at Director-level. For this contract Lorna Adams is the Contract Lead. She will oversee Quality Assurance and will lead the formal set of quality sign-offs for key milestones. Our Quality Assurance procedures will be underpinned by a RACI Matrix, which outlines which of our team, at different stages of the project, are:

- *Responsible*: Involved in ensuring QA standards are met.
- *Accountable*: Makes final decisions around QA and is accountable for standards.
- *Consulted*: Involved in the decision making around the QA process.
- *Informed*: Needs to know about decisions surrounding QA.

Throughout the project IFF will maintain a 'live' QA log, in checklist form to ensure there is an audit trail for all QA activities undertaken.

14.2. Protocol Deviations and Non-Compliance

All proposed changes to the protocol will require CHI review. Any changes to the protocol will be logged internally by IFF Research in a decision log, and updated in the evaluation protocol to be published on the CHI website. Any other deviations made during the analysis phase will be outlined in evaluation reporting.

15. REGISTRATION

15.1. Register

Open Science Framework (OSF): include a link to the project page when it becomes available.

16. ETHICS

16.1. Ethical Approval

Ensuring ethical research practice will be vital for this trial, given the sensitivity of the subjects covered and the significant trauma experienced by participants through their

experiences of homelessness, and prior to homelessness. To secure ethical approval for the trial, the following process will be followed:

- Once a final draft of the evaluation protocol has been agreed, the IFF Research evaluation team will complete the Government Social Research (GSR) [ethical checklist](#), which is designed to help users ensure that research is conducted in line with the six ethical principles of the GSR outlined in this wider guidance. A copy of this is provided in Appendix C.
- This checklist, protocol and other supporting documents (including consent form, participant information sheet) will be reviewed internally by senior staff at IFF Research who are not part of the evaluation team. For this study, these individuals will be Angus Tindle (Director) and two members of IFF's safeguarding working group.
- The checklist and protocol will also be reviewed externally by three Centre for Homelessness Impact Expert Advisors. For this study, these individuals will be Prof. Michael Sanders, Prof. Suzanne Fitzpatrick and Rebecca Pritchard.
- Reviewers give written feedback on the ethical approach.
- A meeting will be held with everyone who has completed an ethical review to discuss feedback.
- Feedback will be implemented in revised versions of the ethical checklist, protocol, and other supporting documents by the IFF evaluation team.
- Feedback and response to feedback will be circulated to reviewers.
- The checklist and evaluation protocol are reviewed at each stage of the project design to ensure materials and research approaches are in line with the GSR ethical principles. Additional review by IFF's internal reviewers will be sought at each stage as required.

16.2. Informed Consent

There are three types of consent that will need to be collected from IPS participants in order for them to take part in the research:

- Consent 1: For personal data to be shared with the delivery partner.
- Consent 2: For delivery partners to share contact details with IFF Research to contact individuals to participate in surveys / interviews.
- Consent 3: To ask individuals to confirm they have read the information sheet/privacy notice and to provide consent to take part in this research project, including in the randomisation .

Consent from IPS participants to participate in the trial and impact evaluation will be obtained via the following process:

- Referring organisations will assess eligibility, briefly explain the trial to individuals, share the participant information sheet, and collect consent for personal data to be shared with delivery partners.
- Delivery partners will also explain the trial, re-share the participant information sheet, and collect consent for contact details to be shared with IFF and notional consent of interest in the study.

- IFF will ask individuals to confirm they have read the information sheet (inclu.privacy notice) and to provide consent.

Consent from IPS participants to take part in the IPE will be obtained through the following process:

- At the end of the 6-month survey, participants will be given further information about the follow-up qualitative interviews for the IPE and asked if they consent to be contacted about this stage of the research.
- IFF Research will then formally invite participants to an interview (via email), sharing an information sheet about the qualitative interviews. For those who express interest, a short call will be arranged to explain the purpose of the research, secure verbal Consent 3, and complete a brief profiling questionnaire.
- Before the interview, participants will also be sent a consent form to confirm their willingness to participate in the interview and acknowledge that their participation will not affect the broader trial (final confirmation of Consent 3).

To secure consent from delivery stakeholders (IPS service leads, IPS Grow leads, employment specialists, referral partners, and business-as-usual employment support workers) the following process will be followed:

- IFF will first contact IPS service leads and IPS Grow leads, inviting them to participate in an interview and obtaining verbal consent (covering Consents 1-3). Before the interview, a consent form will be provided to confirm Consent 3.
- After the interviews, IFF will work with the IPS service leads to engage employment specialists and referral partners, providing them with a participant information sheet. Once they provide consent for their contact details to be shared with IFF (Consent 1 and 2), IFF will contact them to secure verbal consent for Consent 3 and proceed with the interviews.

After the interview, IFF will collaborate with IPS service leads to contact employment specialists and referral partners and invite them to participate in the research.

IFF Research will provide IPS service leads with a participant information sheet that outlines the purpose of the research and details about what the interview or focus group will involve. IPS service leads will then share this information with referral partners and employment specialists.

Once referral partners and employment specialists give consent to IPS service leads to have their contact details shared with IFF (covering Consent 1: sharing personal data and Consent 2: sharing contact details with IFF), IPS service leads will securely pass this information on to IFF Research.

IFF will then contact referral partners and employment specialists directly to reintroduce the research and arrange a short call to:

- Check eligibility.

- Secure their verbal consent to participate in the research (Consent 3).

Prior to the interview, participants will also be sent a simple consent form to complete to confirm their participation (Consent 3).

This process will be repeated for business-as-usual support workers, with referral partners acting as the main source of contacts for this audience.

16.3. Ethical Challenges

Participant surveys

The target audience for this study is individuals who have experienced homelessness and rough sleeping. As such, they are likely to be facing a range of difficult circumstances including financial exclusion and mental health problems.

It is vital that they understand what the trial is about, that their participation is entirely voluntary, that they may be randomised into IPS and that if they choose not to take part – or drop out at any time – that they will still be entitled to receive whatever services were available to them locally. If they are not randomised into IPS, they will not have access to the IPS services. The consent procedures described above will ensure consent is voluntary. These processes will be described to referral organisations and to IFF who will take consent.

IFF Research will ensure that all documentation explaining this, such as information sheets and privacy notices targeted to participants, are written in simple and plain English so that they are easily understood by those taking part, including diagrams to aid understanding of how they will be assigned to the treatment or control group.

The concept of randomisation is something which some may find ethically challenging – the perception of withholding the IPS service to someone who is potentially eligible for it and may benefit from it. However, it is not known if this service will have the anticipated effects on the primary and secondary outcomes and in that respect, the trial is in a position of equipoise. The best way of determining effectiveness of an intervention is using an experimental design that accounts for the counterfactual, such as an RCT methodology. No one in the trial will receive less of a service due to being in the trial – those randomised to the control arm will receive the BAU services available locally, which is what they would have had available were the trial not operating. Additionally, as availability of IPS is limited and access is not an entitlement, randomisation is an ethical way to allocate scarce resources. Because there is equipoise, and because BAU is available to all regardless of participation, it is ethical to randomise.

IFF Research would seek to avoid the use of formal language in surveys. The questionnaire questions may cover topics that respondents may find sensitive or difficult to answer (e.g. experience of rough sleeping, or overall wellbeing). It is possible that participants could become upset. The IFF data collection team will be responsible for making sure no distress is caused to participants and will ensure all steps are in place to provide support and escalate concerns if needed.

IFF Research will clearly communicate in participant information sheets that the incentives are intended to respectfully thank participants for the time taken to participate in the trial, not to influence participants' decisions regarding their employment or engagement with the IPS services.

Participant interviews

IFF Research would seek to carry out qualitative interviews in safe, private locations (where interviews are being conducted face-to-face), and avoid the use of formal language in interview topic guides and discussions, drawing on the expertise of the lived experience network when developing topic guides. Similar to the challenges with surveys, the qualitative interviews will cover topics that respondents may find sensitive or difficult to answer (e.g. experience of rough sleeping, or overall wellbeing). All researchers are experienced and skilled interviewers, and will fully comply with the Market Research Society's (MRS) and GSR ethical guidelines. All researchers will be briefed on safeguarding and mitigating distress plans (detailed in Annex B) for the study before fieldwork and procedures will be in place to signpost people to support should they need it.

IFF Research will clearly communicate in participant information sheets that the incentives are intended to encourage participation and retention in the trial, not to influence participants' decisions regarding their employment or engagement with the IPS services.

During the interviews, the interviewers will ensure they act on any concerns by following the safeguarding and escalation process. All concerns will be reported immediately to the Project Director at the earliest opportunity so that the report can be assessed and action can be taken to protect the participant. If any person is at immediate risk of harm or requires medical attention, then the emergency services will be contacted by telephoning 999. At the end of the interview, all participants will be offered a **support leaflet** to avoid anyone feeling singled out and to ensure participants are signposted to relevant support services if the interview stirs up upsetting thoughts. For more details on our safeguarding policy, refer to Annex B at the end of this protocol.

Risks

Below are some key risks below which will be expanded into a full risk matrix when fieldwork commences.

Risk	Impact	Probability	Mitigations
Non-compliance with random assignment	High	Medium	<ul style="list-style-type: none"> • Definition of compliance and approach to monitoring compliance with treatment to be agreed at the outset. • Compliance to be monitored through interviews with IPS delivery organisations. • Compliance analysis will be undertaken in case of observed non-compliance.
Non-compliance with intervention	High	Medium	<ul style="list-style-type: none"> • Provide clear information on evaluation requirements and have a dedicated contact email/phone number. • Regular monitoring through liaison with sites including key touch points agreed

			to discuss progress and likely power of evaluation at conclusion of enrolment.
Higher than expected attrition between baseline, midline, and endline surveys	High	Medium	<ul style="list-style-type: none"> Regularly monitor survey responses and have 3 sets of reminders in place to boost recruitment.
Differential non-response to survey affecting validity and generalisability of impact evaluation findings	Medium	Medium	<ul style="list-style-type: none"> Survey sample sizes are based on realistic and evidence-based response rate assumptions. Communication around the survey and collecting respondent contact information will be agreed prior to survey work commencing. Conducting missing data analysis. Weekly monitoring of response rates and balance between treatment and control group rates, to allow opportunities for corrective action if early response patterns are problematic.
Limited buy-in from referral agencies (Project risk)	High	Medium	<ul style="list-style-type: none"> Delivery partners and CHI to work in partnership to build understanding of the programme and research approach. IFF to develop communications materials that help ease ethical concerns related to the randomised controlled trial.
Limited engagement from business-as-usual employment support workers	Low	Medium	<ul style="list-style-type: none"> Delivery partners and CHI to work in partnership to build understanding of the programme and research approach.
Discussion of topic causes distress (Evaluation risk)	Low	Low	<ul style="list-style-type: none"> Information sheets include details on topics discussed. Researchers will re-iterate the type of questions asked in interviews before the interview commences and the participant provides consent. Researchers will provide details of support services to participants (in participant information sheets, research invites, at the end of surveys/interviews, and through responses to disclosures of harm).
Convergence between IPS-Homelessness	Low	Low	<ul style="list-style-type: none"> Conduct regular fidelity assessments to ensure that the IPS-Homelessness services continue to adhere strictly to

<p>s and Business as Usual as IPS-PC is rolled out nationally</p>			<p>the core principles of the IPS model, even as the IPS-PC (Primary Care) is rolled out. This will help prevent the dilution of the model's effectiveness due to convergence with more traditional or generalised service approaches.</p> <ul style="list-style-type: none"> Clearly define the pathways and eligibility criteria for IPS-Homelessness and IPS-PC services.
<p>Potential for overlap between our role and that of IPS Grow around ensuring compliance resulting in increased burden for delivery partners</p>	Low	Low	<ul style="list-style-type: none"> Discussion with IPS Grow about roles up front (with IFF focussing on compliance with evaluation requirements and IPS Grow on compliance with delivery model). Making full use of IPS Grow fidelity reviews in our analysis to avoid re-asking the same questions. Co-ordinating timings of visits/interviews to reduce burden.

17. DATA PROTECTION AND SPONSOR INDEMNITY

17.1. Data Protection Statement

Personal data will be collected, processed, and stored in line with all applicable data protections legislation and requirements, including the following laws, codes and standards:

- UK Data Protection Act 2018
- The UK / EU General Data Protection Regulation (GDPR)
- Market Research Society's (MRS) Code of Conduct
- ISO/IEC 27001:2013 – Information Security Management quality standard (certified)
- UK Cyber Essentials Plus (certified)

Relevant information around data protection for this project is set out in the [Privacy Notice](#) published by MHCLG.

17.2. Legal Basis

The processing of personal data will be conducted under the legal basis of the UK General Data Protection Regulation (UK GDPR), specifically Article 6(1)(e). Article 6(1)(e) pertains to the processing of personal data necessary for performing a task in the public interest or exercising official authority vested in the controller.

The selected legal basis for processing personal data aligns with the public task basis under the UK GDPR – 6(1)(e) and 9(2)(j). Where IFF Research process data about criminal convictions, our additional legal basis for processing it is paragraph 6 of Schedule 1 of the Data Protection Act 2018. The evaluation team is committed to conducting the evaluation in the public interest and exercising official authority vested in the controller. The collection and

processing of personal data are essential for this trial's research and statistical purposes. The overarching goal is to contribute to the wellbeing of those at risk of homelessness.

Where special category data (sensitive personal data) is processed, the legal basis for processing it is Article 9(2)(g) of the UK GDPR, that processing is necessary for reasons of substantial public interest.

17.3. GDPR Compliance

All data collection will adhere to ethical practice ensuring the confidentiality of information shared and the secure handling of data in accordance with GDPR. The trial-specific privacy notice provided to potential participants (IPS staff, IPS Grow leads, referral organisations, business-as-usual employment support workers, and individuals receiving support from IPS) will clearly outline the purposes for which their data will be collected and processed.

IFF is registered with the Information Commissioner's Office under registration number Z5571698. IFF is accredited to ISO27001:2013, the international standard for information security, and certified under CyberEssentials Plus. Our server is located in a secure location in the UK, and IFF Research will create a secure folder exclusively for the use of this project. Personal information will be securely stored, and will only be used for the purpose for which it has been collected, before being destroyed when no longer required. All recordings and interview notes made will be password encrypted, and stored only in secure locations, accessible only to the interviewing and analysis team at IFF Research for this project and kept for no longer than necessary for the purposes of the research. All recordings will be made only with explicit permission from respondents both on consent forms and verbally during the interview, in line with GDPR requirements.

As set out by the privacy notice and trial-specific consent form, data collected by the IFF Research survey team will be linked with data from other governmental departments using name, National Insurance (NI) number, date of birth, and/or postcode, for the purpose of understanding the impact of the intervention over longer periods of time. Data on participants will be shared with departments (e.g., DWP, HMRC) securely, who will carry out data linkage and return the data pseudo anonymised: using a random identifier assigned to each participant which allows identification of individual level data but does not allow information to be linked back to survey data by the IFF evaluation team. Any transfers of data between IFF and the other research parties will be in accordance with the Data Sharing Agreements (DSAs).

A secure transfer method will be used for transfer of any personal or individual pseudonymised data, including of final data for storage in the MCHLG's archive. IFF uses FileXchange, an encrypted email and file transfer platform based on AES-256 encryption, but would be happy to use an alternative system subject to checks on its security level.

No identifiable data will be published regarding project participants; names and identifiers will be removed, and any piece of information which might identify an individual (including, for example, descriptions of individual situations, locations or personal stories which might be disclosive) will be checked for and removed prior to publication. For all research participants, all personal data will be destroyed three months after research ends, again in line with GDPR requirements.

17.4. Data Processing Roles

During the evaluation process of the trial, the roles of the data controller and any processors are as follows:

Data Controller: MHCLG assumes the role of the data controller and holds the responsibility for determining the purposes and means of processing personal data within the scope of the RCT.

Processors and sub-processors: CHI will act as a processor, with IFF Research (data collection and evaluation teams) acting as sub-processors under the instructions and on behalf of the data controller.

Delivery partners and MHCLG will act as independent data controllers for the delivery of the service, as set out by a relevant Data Sharing Agreement. With MHCLG acting as data controller, this enables the sharing of data with the processors and sub-processors for this project.

17.5. Data archiving

CHI and consortium members will securely store personal data for up to 3 months after the completion of the Test & Learn evaluation. All quantitative data will be archived by MHCLG. Data will be securely stored for up to 5 years after the completion of the evaluation, after which this will be further reviewed every 5 years.

18. REFERENCES

Aubry T, Nelson G, Tsemberis S. (2015). 'Housing First for People With Severe Mental Illness Who Are Homeless: A Review of the Research and Findings From the At Home-Chez soi Demonstration Project'. *Can J Psychiatry*. 60(11):467-74.

Bond, G.R., Drake, R.E. and Becker, D.R. (2020). 'An update on Individual Placement and Support'. *World Psychiatry*, 19(3), pp.390–391. Available at:
doi:<https://doi.org/10.1002/wps.20784> (accessed 10th October 2024).

Department of Levelling Up, Housing and Communities (2024). 'Evaluation of the Housing First Pilots', available at:
https://assets.publishing.service.gov.uk/media/65a1503ce96df5000df845ba/Housing_First_Pilots_report_on_clients_12-month_outcomes.pdf (accessed 10th October 2024).

Drake, RE, Wallach, MA. (2020) 'Employment is a critical mental health intervention, *Epidemiology and Psychiatric Sciences*', 29, p. e178. DOI:10.1017/S2045796020000906.

Drake, RE, Frey, W, Bond, GR, Goldman, HH, Salkever, D, Miller, A, Moore, TD, Riley, J, Milfort, R and Hale, T. (2013) 'Can Social Security Disability Insurance beneficiaries with schizophrenia, bipolar disorder, or depression return to work?' *American Journal of Psychiatry*, 170, 1433–1441.

Carpenter, J. and Kenward, M. (2012) 'Multiple Imputation and Its Application', Chichester: John Wiley.

Fisher, L. D., Dixon, D. O., Herson, J., Frankowski, R. K., Hearn, M. S., et al. (1990) 'Intention to Treat in Clinical Trials', in K. E. Peace (ed), *Statistical Issues in Drug Research and Development*, New York: Marcel Dekker, (pp. 331–350).

Frederick, DE, VanderWeele, TJ. (2019). 'Supported employment: Meta-analysis and review of randomized controlled trials of Individual Placement and Support'. *PLoS One*, 14(2) e0212208..

Gale et al. (2013) 'Using the framework method for the analysis of qualitative data in multi-disciplinary health research'. *BMC Medical Research Methodology*. DOI:
[10.7748/nr.2018.e1580](https://doi.org/10.7748/nr.2018.e1580)

HM Treasury. (2020). 'Magenta Book: Central Government Guidance on Evaluation.' Gov.uk. Available at [HMT_Magenta_Book.pdf \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/attachment_data/file/431212/HMT_Magenta_Book.pdf) (accessed 10th October 2024).

HM Treasury. (2013). 'Supplementary Green Book Guidance: Optimism Bias.' Gov.uk. Available at [Microsoft Word - GreenBook_optimism_bias.doc \(publishing.service.gov.uk\)](#) (accessed 10th October 2024).

HM Treasury. (2021). 'Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance'. Available at: https://assets.publishing.service.gov.uk/media/60fa9169d3bf7f0448719daf/Wellbeing_guidance_for_appraisal_-_supplementary_Green_Book_guidance.pdf (accessed 10th October 2024).

Hoffmann, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D.G., Barbour, V., Macdonald, H., Johnston, M., Lamb, S.E., Dixon-Woods, M., McCulloch, P., Wyatt,

J.C., Chan, A.-W. . and Michie, S. (2014) 'Better Reporting of interventions: Template for Intervention Description and Replication (TIDieR) Checklist and Guide'. *BMJ* [online], 348:g1687, 7th March. Available at: doi:<https://doi.org/10.1136/bmj.g1687> (accessed 10th October 2024)

Huang, Y., & Hsu, J. C. (2007). 'Hochberg's step-up method: cutting corners off Holm's step-down method'. *Biometrika*, 94(4), 965-975.

Hughes, M. E., Waite, L. J., Hawkey, L. C. and Cacioppo, J. T. (2004). 'A Short Scale for Measuring Loneliness in Large Surveys: Results from two population-based studies. *Research on Ageing*'. 26(6) pp.655-672.

Kawachi J. (2015) 'Supportive housing: A proven platform for employment. Corporation for Supportive Housing'. Available at: <https://www.csh.org/2015/11/supportive-housing-a-proven-platform-foremployment>

Marsden et al. (2024) 'Superiority and cost-effectiveness of Individual Placement and Support versus standard employment support for people with alcohol and drug dependence: a pragmatic, parallel-group, open-label, multicentre, randomised, controlled, phase 3 trial'. *EClinicalMedicine*, 68, pp.102400–102400. doi:<https://doi.org/10.1016/j.eclinm.2023.102400>.

Marshall, C. A., Boland, L., Westover, L. A., Goldszmidt, R., Bengall, J., Aryobi, S., Isard, R., Easton, C., & Gewurtz, R. (2022). 'Effectiveness of employment-based interventions for persons experiencing homelessness: A systematic review'. *Health & Social Care in the Community*, 30, 2142–2169.

McGrane, J., Selwyn, J., & Baker, C. (2024). 'The development and psychometric validation of a survey to measure the subjective well-being of care leavers'. *Children and Youth Services Review*, 107462. <https://doi.org/10.1016/j.childyouth.2024.107462>

Modini M, Tan L, Brinchmann B, Wang MJ, Killackey E, Glozier N, Mykletun A, Harvey SB. (2016). 'Supported employment for people with severe mental illness: systematic review and meta-analysis of the international evidence'. *Br J Psychiatry*, 209(1), 14-22.

NHS England (2023). 'Individual placement and support for severe mental illness'. Available at:
<https://www.england.nhs.uk/long-read/individual-placement-and-support-for-severe-mental-illness/>

Pleace, N., and Culhane, D. (2016). 'Better than Cure?: Testing the case for Enhancing Prevention of Single Homelessness in England. Research Report. Crisis, (London).
Social Security Administration (2022). 2022 ICAP Projects. Available at:
<https://www.ssa.gov/disabilityresearch/icap/2022projects.html> (accessed 10th October 2024).

Suijkerbuijk YB, Schaafsma FG, van Mechelen JC, Ojajärvi A, Corbière M, & Anema JR. (2017) 'Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis'. *Cochrane Database of Systematic Reviews*, Issue 9. Art. No: CD011867.

Tennant, R. et al. (2007) 'The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation,' *Health and Quality of Life Outcomes*, 5(1).
<https://doi.org/10.1186/1477-7525-5-63>.

Toro, P. A., Rabideau, J. M. P., Bellavia, C. W., Daeschler, C. V., Wall, D. D., Thomas, D. M., & Smith, S. J. (1997). 'Evaluating an intervention for homeless persons: Results of a field experiment'. *Journal of Consulting and Clinical Psychology*, 65(3), 476–484.

Tsemberis, S., Rogers, E. S., Rodis, E., Dushuttle, P., & Skryha, V. (2003). 'Housing Satisfaction for Persons with Psychiatric Disabilities'. *Journal of Community Psychology*, 31(6), 581–590.
Wright, L., Peasgood, T., MacLennan, S. (2017). 'A guide to Wellbeing Economic Evaluation,' *What Works Wellbeing*. Available at
<http://www.whatworkswellbeing.org/WWCW-Economic-Evaluation-Cost-Effectiveness-Version-1.2-For-website-1.pdf>
([whatworkswellbeing.org](http://www.whatworkswellbeing.org)) (accessed 10th October 2024).

Annex A: DATA MANAGEMENT PROCEDURES

Data Storage and Protection

IFF Research manages and stores research and personal data securely. Access to IFF systems is restricted to users with an approved Active Directory account. IFF Research also have an access rights policy that restricts access of personal data on an authorised basis with

privileged access by IT administrative staff only. Restricted areas of the system are subject to an access control policy and data controllers manage access on an as needed basis. A register is kept of those with access rights. Data relating to personal data will not be exported or transferred outside of the UK.

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

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

Privacy and Confidentiality

Once sample is provided to IFF from delivery partners, a unique identifier will be given to each sample record (participant). This will be tied to each unique survey link issued to service users and allow linking of survey responses across waves at an individual level. Explicit consent of the data subject will be established and documented at the start of each survey response / interview. This will be separately obtained in relation to sensitive categories of personal data. Our approach to establishing consent will include:

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

Annex B: IFF RESEARCH'S RESEARCH ETHICS AND SAFEGUARDING POLICY

Introduction

The purpose of this policy is to ensure that we do all we can to protect participants and researchers from any harm resulting from their participation in research.

It is also designed to enable researchers to identify all potential risks of harm to participants (and themselves) and to take appropriate action.

The policy has been conceived in line with relevant industry codes:

- 'Code of Conduct' (Market Research Society)
- Guidance on 'Ethical Assurance for Social Research in Government' (Government Social Research Service)
- Guidelines of the Social Research Association
- Best Practice Rules and Guidelines of the Association for Qualitative Research

These principles perhaps most obviously apply to qualitative research, particularly on sensitive topics or amongst vulnerable groups. However, these principles are designed to apply across all of our projects, whether qualitative or quantitative, regardless of channel (face to face, over the telephone or online), and including those with non-vulnerable adults.

Note while the broad principles apply to all of our projects, specific details, processes and risk assessments will be agreed on the basis of individual project need.

The term 'researcher' in this document is used to describe any employee who engages in research activities; this includes interviewers who work for IFF who do not necessarily have a broader role in analysing the results of the research.

Broad Principles

The principles covered in this document are:

- Respect and dignity for all
- A trauma informed approach
- Assessment and mitigation of risk
- Voluntary participation based on informed consent
- Non-disclosure of identity and personal information
- Minimisation of personal and social harm to participants and researchers
- Escalation in the event of safeguarding concerns
- Feedback and complaints
- Ongoing learning and improvements

Respect and dignity for all

We believe that all people – participants and researchers - have the right to be protected and safe, listened to and heard, valued and treated as individuals, respected for their individuality, encouraged and praised and involved in decisions that affect them.

As researchers, we hold a position of trust and it is important we demonstrate exemplary behaviour when interacting with participants, particularly those who are vulnerable or under the age of 18, as actions or words can be misinterpreted no matter how well-intentioned.

Examples include:

- Treating all people with respect and with due regard to all individual and unique characteristics.
- Not tolerating unacceptable (e.g. bullying or aggressive) behaviour or language – we will request that it stops, and escalate as agreed if it does not.
- Extreme care in our use of language / terminology / behaviour, with no unnecessary comments or actions that could ever be interpreted as unlawful harassment or having an inappropriate or offensive connotation.
- Not entering into any form of relationship with a participant outside of the research and not sharing a researcher's personal contact details with any participant with the intention of making contact outside of the research.
- Not allowing disclosures of harm or potential harm to pass unaddressed.

A trauma informed approach to ethics and safeguarding

Throughout our work we apply the principles of a trauma-informed approach. Following a trauma-informed approach means recognising the widespread prevalence of trauma and understanding the impact it has on participants' lives. Trauma can result from various experiences, such as abuse, violence, natural disasters, bereavement, accidents, and other distressing events.

Social research may focus directly on traumatic experiences, or on issues which do not knowingly have a focus on trauma but may involve participants who have had traumatic experiences. The aim of a trauma-informed approach is to avoid the re-traumatisation of participants and vicarious trauma in researchers.

Assessment and mitigation of risk

We assess potential risks at the project design stage, and these and mitigating actions will be written into our proposals.

Once a project has been commissioned, if it involves qualitative fieldwork or will involve vulnerable participants or sensitive subject matter, we will carry out a risk assessment using our risk assessment template. Led by a Director, the team identifies the risks and discusses and decides how to mitigate them.

Voluntary participation based on valid informed consent

For all of our research projects a key principle is that all participants should agree to participate voluntarily on the basis of adequate information ("informed consent").

In line with GSR ethics guidance and UK GDPR, the information we provide to participants will include the following:

A summary of what the research is about and what it is being used to inform.

Details on who is conducting the research and the organisation it is for.

That they have the option to refuse to answer any individual questions

IFF Research does not treat consent as a one-off decision, but an ongoing process. For instance, if some time has passed between a first and second interview, IFF checks that the participant is happy to take part in the second interview, even if formal consent for the whole process had been sought and given at the beginning. Similarly, IFF makes clear to participants that even if they have given consent at the beginning of the process, they are entitled to decline to answer any particular questions, or withdraw from the research, without needing to give a reason. IFF also makes it clear that they can ask for their data to be deleted from the study where possible (i.e. before analysis has taken place).

Annex C: ETHICAL CHECKLIST

The following checklist provides further detail on IFF Research's assessment of the potential ethical issues involved in this trial, and the mitigations put in place.



Government
Social Research

GSR Ethics Checklist

Purpose of the checklist

This checklist has been designed to help users ensure that research is conducted in line with the six ethical principles of the GSR outlined in this wider guidance. It is recommended that the checklist be completed as part of the research or project design process and should be referred to and updated, throughout the research management process. A separate copy can be found on [Gov.uk](https://www.gov.uk) and the [GSR members site](#).

This checklist is an example and is not intended to provide a fully comprehensive list of factors/issues to consider for all potential projects, nor does it replace any existing processes in place in individual government departments. Researchers may wish to add additional items to this checklist, so it is tailored to their project or for research more generally within a department. Researchers should refer to the relevant principle or section in the main GSR ethical guidance if they require further information or guidance.

It is important to note that it is the responsibility of those managing or conducting social research to uphold the six GSR ethical principles and put systems in place to manage the ethical issues that are identified whilst completing the checklist. This may include: adjusting the research design or

timing; seeking additional advice from relevant stakeholder groups; setting up an Ethical Advisory Group to which identified ethical issues can be escalated at the start and throughout the research; obtaining sign-off/approval for ethically sensitive projects; or, not going ahead with the research if the risks are deemed too high, cannot be sufficiently mitigated and outweigh the potential public benefit.

Using the checklist to assess ethical sensitivity

The checklist is structured under the six principles of the GSR ethical guidance. For each component of the principle, example questions have been provided to highlight what issues could be considered. For each of the sections you should describe in as much detail as possible the relevant considerations, along with the appropriate action that will be taken to manage and mitigate all the potential issues/risks identified.

The checklist requires you to make a judgement about the level of sensitivity for each issue that is identified. This should take into account the inherent sensitivity of the issue itself and the steps that can be taken to manage the issue appropriately.

A guide to the sensitivity ratings is as follows:

- **Red** – Highly Sensitive: The issue will need to be closely monitored and managed with remedial action likely to evolve throughout the project.
- **Amber** – Moderately Sensitive: The issue will require to be managed throughout the project, but initial identification of remedial action should ensure sensitivities are appropriately managed.
- **Green** – Not Sensitive: The issue has been assessed adequately as not being sensitive, and this has been documented in the checklist.

In addition to rating each issue, the project also needs to be given an 'overall' sensitivity rating once all elements are complete. In most cases, the 'overall' sensitivity rating should be the same as the most sensitively rated part of the project (i.e. if one section is marked as 'Red- Highly Sensitive', then the project's overall rating should be 'Red-Highly Sensitive' too). Where projects are highlighted as 'red' or 'high risk', it is recommended that users seek specialist guidance and/or independent ethical advice as appropriate.

Project Title: Evaluation of Individual Placement and Support for people experiencing homelessness

Project Manager: Helena Page/Sanyogita Singh

N.B. This research is composed of three evaluation strands:

- *A two-arm randomised control trial of IPS to evaluate the impact of IPS on employment and wider outcomes*
- *An implementation and process evaluation of IPS to understand the key factors in achieving the outcomes observed*
- *An economic evaluation to provide an assessment of value for money.*

As detailed in the protocol, this research will therefore engage a variety of different audiences in the research. However, the sensitivities identified for this project mainly relate to individuals experiencing homelessness who will receive IPS or business-as-usual as part of this trial.

GSR Principle 1: Research should have a clear and defined public benefit		
Principle components	Considerations and mitigations	Sensitivity rating
<p>a) Identifying a user need</p> <ul style="list-style-type: none"> - <i>Does the research aim to meet a clearly defined, legitimate and unmet user need?</i> - <i>Have you engaged with relevant stakeholders in order to fully establish the user need?</i> - <i>Is other research already taking place with the same groups, which could be amalgamated to prevent over-researching small populations?</i> 	<p>Individual Placement Support (IPS) is an intensive supportive employment programme which works by removing conditionality barriers to accessing employment. IPS is an alternative to the traditional ‘train-and-place’ employment model and flips it on its head – it focuses on helping people to access paid employment immediately, alongside the offer of ongoing in work support. IPS matches people with Employment Specialists who identify tailored employment opportunities and place the individual in the post. Crucially, Employment Specialists have close and ongoing relationships with local employers and are well versed in local labour markets. The rationale for implementing an IPS service in a homelessness context is based on the recognition that employment is a critical component of preventing the recurrence of homelessness. IPS has already been implemented in England for people experiencing mental ill health and for people in drug and alcohol dependency treatment, and shown positive results. However, there is yet to</p>	<p>Green</p>

	<p>be robust primary research testing the efficacy of this intervention among people experiencing homelessness. This randomised control trial (RCT) of IPS therefore presents a significant opportunity to address this evidence gap, and validate existing literature that it would be an effective intervention for improving employment outcomes for this group. This research is being sponsored by the Centre for Homelessness Impact (CHI) and the Ministry for Housing, Communities, and Local Government (MHCLG), and is part of a wider programme of trials and evaluations to test ways to reduce homelessness. The choice of projects to be evaluated was shaped by leaders of local authority homelessness and housing teams, through responses for a call for practice, a survey and a series of workshops for practitioners and policy-makers.</p>	
<p>b) Public benefit <i>- How will the findings from this research benefit the public?</i> <i>- Are there any risks that public benefits will not be realised?</i> <i>- Could the research disproportionately benefit or disadvantage a particular group?</i> <i>- Is it necessary to conduct this research in order to realise the public benefits?</i> <i>- Does the public benefit outweigh any identified risks?</i></p>	<p>The findings of this research will contribute to understanding how employment outcomes for people experiencing homelessness can be improved, and how this helps to prevent homelessness and rough sleeping. This will also contribute to CHI's systems-wide evaluation of how the homelessness and rough sleeping system in England works. Both of these will benefit the public in informing how scarce resources can be deployed most effectively, and inform how IPS can be implemented most efficiently in the future should it be found to have positive impact on outcomes for people experiencing homelessness.</p> <p>The trial avoids a missed opportunity of public funds being spent on the intervention without gathering evidence on how and why it is effective.</p> <p>Care is being taken to ensure the research does not disproportionately benefit or disadvantage a particular group.</p>	<p>Green</p>

	No risks to the public have been identified.	
<p>c) Transparency and Dissemination</p> <ul style="list-style-type: none"> - Have you got a clear dissemination strategy in place? i.e. where, when and how you will disseminate findings? - What is our role/responsibility to different stakeholders and research participants around dissemination? - Are there any accessibility or equality issues about how findings are made available or presented? - How will you ensure that research findings are brought to the attention of relevant stakeholders? - Will the research process be fully transparent? 	<p>Information about the Test and Learn programme, including the project brief for the IPS trial, is hosted on the CHI website: https://www.homelessnessimpact.org/test-and-learn.</p> <p>IFF will produce detailed written reports to CHI and MHCLG at three points in time:</p> <ul style="list-style-type: none"> • A lessons learned report in Spring 2025 (focusing on findings to date on trial set-up and the process evaluation) • An interim report in Spring 2026 • A final report in Spring 2027 <p>Alongside research findings, these reports will clearly / transparently communicate the research methods used, how data has been interpreted, and any limitations, so it can be subject to scrutiny and evaluation, as well as promoting best practice on conducting randomised control trials with people experiencing homelessness. All research reports will be produced in a format will be written in a format compatible with commonly-used assistive technologies.</p> <p>CHI will lead on communicating the findings of the research publicly. The final report will be published on the Centre for Homelessness Impact website (https://www.homelessnessimpact.org/).</p>	Green

GSR Principle 2: Research should be based on sound research methods and protect against bias in the interpretation of findings		
Principle components	Considerations and mitigations	Sensitivity rating
a) Proposed methodology	This project comprises an impact evaluation using a randomised controlled trial (RCT) design, and embedded	Amber

<p><i>- Is the research design appropriate to the groups being interviewed?</i></p> <p><i>- Is this level of respondent burden appropriate for the groups of people involved in the research?</i></p> <p><i>- How will the research consider the diverse perspectives of people according to their gender, disability, ethnicity, religion, sexual orientation, socio-economic status and age?</i></p> <p><i>- Is the proposed methodology the best and most cost-effective way of answering the research questions?</i></p> <p><i>-Have you considered all the possible potential biases in the data, methods and analysis techniques that will be used in the project?</i></p> <p><i>- Are you using new, emerging, or controversial methodologies or techniques? If so, what steps have been taken to ensure the integrity of the methods and results?</i></p>	<p>implementation and process evaluation (IPE) and economic evaluation of the IPS service. These three strands of research complement each other to provide a rounded judgement on the impact and value of the IPS model for people experiencing homelessness. The RCT will quantitatively measure the impact of IPS on employment and related outcomes compared to business-as-usual support. The IPE is undertaken to help the interpretation of the result of the RCT. This is particularly important in understanding additional considerations such as why and how IPS may, or may not, have an effect, and for whom. The economic evaluation seeks to understand to what extent the IPS programme is value for money. This strand will utilise impact estimates via the RCT to calculate a 'net social benefit'.</p> <p>To be eligible to participate in the IPS trial, the only requirements are that the person be over 18, and not to be currently receiving / have received in the past 3 years support from IPS. Three delivery providers will deliver IPS across eight local authority areas, to ensure a diverse range of people experiencing homelessness are represented in the research:</p> <ul style="list-style-type: none"> ● South Yorkshire Housing Association will deliver IPS in Sheffield, Rotherham, and Barnsley; ● Enable, in Shropshire and Telford and Wrekin; and ● BEAM in Barnet, Fareham, Wakefield and Gosport. <p>The concept of randomisation is something which some may find ethically challenging – the perception of withholding the IPS service to someone who is potentially eligible for it and may benefit from it. However, we do not know if this service will have the anticipated effects on the primary and secondary outcomes and in that respect, we are in a position of equipoise, the standard ethical</p>	
---	--	--

	<p>justification for running an RCT. The best way of determining effectiveness of an intervention is using an experimental design that accounts for the counterfactual, such as an RCT methodology. The availability of IPS slots is limited in any case, and access to them is not an entitlement. Random assignment, like a lottery, is an ethical way to allocate scarce resources, and likely a fairer way than other allocation options. No one in the trial will receive less of a service due to being in the trial – those randomised to the control arm will receive the BAU employment support services available locally through consistent support from their housing support worker, which is what they would have had available were the trial not operating. Because we are in equipoise, and because BAU is available to all regardless of participation, it is ethical to randomise.</p> <p>We will clearly communicate to participants (via participant information sheets and consent forms) that if they do not agree to take part in the research, they will not have a chance to receive IPS. We will also be clear that the research involves the commitment to take part in a 20-minute survey at 3 points in time – at entry to the trial, at 6 months post-randomisation, and at 12 months post-randomisation. They will complete the baseline survey prior to being randomised and therefore receiving support, as this is the key mechanism for giving consent to participate in the trial. While every effort will be made to encourage participants to complete the surveys 6 and 12 months later, not completing these will not impact the support they are receiving.</p> <p>We will also ask for consent to contact participants for a 60-minute interview, but make clear that this is entirely voluntary and will not impact their participation in the trial. Individuals can withdraw their survey responses from the research study until December 2025, after which time we</p>	
--	--	--

	<p>will have started to combine and analyse them. They can withdraw your personal data at any time (i.e., including information we would need to complete data linkage), until June 2027.</p> <p>We will ensure the data collection process is not unduly burdensome, by keeping interviews short and focused on key areas.</p> <p>We will provide adaptations to ensure all participants are able to participate despite gender, disability, ethnicity, religion, sexual orientation, socio-economic status and age (see Principle 5, a).</p> <p>We will seek to mitigate bias through:</p> <ul style="list-style-type: none">• Randomisation being conducted at the individual level to reduce bias and ensure that both groups (intervention and control) are similar in all aspects except for exposure to IPS support, and therefore that outcome data for each group can be reliably compared.• Monitoring uneven attribution across trial sites or between intervention and control group.• The personnel from IFF Research working on the evaluation remaining completely separate to those working on the data collection for the trial. Hence, anyone conducting data analysis from the evaluation team will be blind to intervention assignment when undertaking the analysis. The IFF data collection team will reveal intervention assignment after analysis is complete.• Having multiple experienced researchers conducting qualitative interviews to bring multiple perspectives. Topic guides for qualitative interviews will be reviewed by multiple stakeholders, including by	
--	--	--

	<p>CHI's Lived Experience group. Researchers will undertake individual analysis of the data (systematically coding and analysing the data thematically) and then come together in multiple analysis sessions to discuss different perspectives on the qualitative data.</p> <ul style="list-style-type: none"> • When using outcomes data in the economic analysis, it is important to note that the impact estimates are subject to statistical uncertainty, particularly those benefits derived from the survey as those will be based on self-reported outcomes. As per Green Book Optimism Bias Supplementary guidance, to avoid the uncertainty in terms of calculating avoided costs we suggest applying an adjustment of 10 and 20% of Optimism Bias for survey outcome data. <p>valuation is using standard methodologies rather than emerging or controversial ones.</p>	
<p>b) External ethical scrutiny - Has your project been subject to independent ethical review? - Does the project fall within the remit of the UK Policy Framework for Health and Social Care Research? (See section 3.13-3.15 in the main guidance for further information and links to decision making tools) - Will contracted partners be required to go through internal ethics committees?</p>	<p>Yes, the project will undergo independent ethical review from CHI Expert Advisors.</p>	<p>Green</p>

GSR Principle 3: Research should adhere to data protection regulations and the secure handling of personal data		
Principle components	Considerations and mitigations	Sensitivity rating

<p>a) Data Protection</p> <ul style="list-style-type: none"> - <i>What procedures are in place to ensure adherence to the GDPR, Data Protection Act (2018) and other government data security requirements?</i> - <i>What is your legal basis for processing of personal data?</i> - <i>How will you inform and assure participants that you will treat their data in accordance with the relevant data protection legislation (e.g. privacy notice)?</i> - <i>Do you need to complete a Data Protection Impact Assessment?</i> 	<p>The processing of personal data will be conducted under the legal basis of the UK General Data Protection Regulation (UK GDPR), specifically Article 6(1)(e). Article 6(1)(e) pertains to the processing of personal data necessary for performing a task in the public interest or exercising official authority vested in the controller.</p> <p>The selected legal basis for processing personal data aligns with the public task basis under the UK GDPR – 6(1)(e) and 9(2)(j). If and where we process data about criminal convictions, our additional legal basis for processing it is paragraph 6 of Schedule 1 of the Data Protection Act 2018. Processing this data is justifiable to enable understanding of the specific experience of homeless people with experience of the criminal justice system with IPS. The evaluation team is committed to conducting the evaluation in the public interest and exercising official authority vested in the controller. The collection and processing of personal data are essential for this trial's research and statistical purposes. The overarching goal is to contribute to the wellbeing of those at risk of homelessness.</p> <p>Where special category data (sensitive personal data) is processed, the legal basis for processing it is Article 9(2)(g) of the UK GDPR, that processing is necessary for reasons of substantial public interest.</p> <p>Relevant information around data protection for this project is set out in the Privacy Notice, published by MHLCG. Participants will be signposted to this privacy notice in the participant information sheet, which is shared by referral and delivering partners during onboarding to the trial.</p>	<p>Green</p>
--	--	---------------------

<p>b) Research findings</p> <p><i>- How can you ensure that the data collected during the research is not going to be used for any other than its originally defined purpose?</i></p> <p><i>- What checks are in place to ensure that no one can be identified in reporting? (for both quantitative and qualitative work)</i></p>	<p>IFF is registered with the Information Commissioner's Office under registration number Z5571698. IFF is accredited to ISO27001:2013, the international standard for information security, and certified under CyberEssentials Plus. Our server is located in a secure location in the UK, and we will create a secure folder exclusively for the use of this project. Personal information will be securely stored, and will only be used for the purpose for which it has been collected, before being destroyed when no longer required. All recordings and interview notes made will be password encrypted, and stored only in secure locations, accessible only to the interviewing and analysis team at IFF Research for this project and kept for no longer than necessary for the purposes of the research. All recordings will be made only with explicit permission from respondents both on consent forms and verbally during the interview, in line with GDPR requirements.</p> <p>Data collected by the IFF Research survey team will be linked with data from other governmental departments using name, National Insurance Number, date of birth, and/or postcode, for the purpose of understanding the impact of the intervention over longer periods of time. Data on participants will be shared with departments (e.g., DWP, HMRC) securely, who will carry out data linkage and return the data pseudo anonymized: using a random identifier assigned to each participant which allows identification of individual level data but does not allow information to be linked back to survey data by the IFF evaluation team. Any transfers of data between IFF and the other research parties will be in accordance with the Data Sharing Agreements (DSAs). A secure transfer method will be used for transfer of any personal or individual pseudonymised data, including of final data for storage in the Centre for Homelessness Impact research archive. IFF uses FileXchange, an encrypted email and file transfer platform</p>	<p>Green</p>
--	---	---------------------

	<p>based on AES-256 encryption, but we would be happy to use an alternative system subject to checks on its security level.</p> <p>No identifiable data will be published regarding project participants; names and identifiers will be removed, and any piece of information which might identify an individual (including, for example, descriptions of individual situations, locations or personal stories which might be disclosive) will be checked for and removed prior to publication. For all research participants, all personal data will be destroyed three months after research ends, again in line with GDPR requirements.</p>	
--	--	--

GSR Principle 4: Participation in research should be based on specific and informed consent		
Principle components	Considerations and mitigations	Sensitivity rating
<p>a) Consent to take part in primary research</p> <p><i>- What processes are in place to ensure that participants are informed and understand the project, the purpose, the client, topics and that their participation is voluntary? Will you ensure that participants have given fully informed consent before taking part in the research?</i></p> <p><i>- If you intend to follow up participants with further research, has this been made clear and consent given?</i></p>	<p>Three types of consent will need to be collected:</p> <ul style="list-style-type: none"> • Consent 1: For personal data to be shared with the delivery partner, IFF Research, and the evaluator for the purposes of the research project • Consent 2: For IFF Research to contact them to participate in surveys / interviews • Consent 3: to take part in this research project, including in the randomisation <p>Consent from intervention and control group participants to participate in the trial will be obtained via:</p> <ul style="list-style-type: none"> • Referral partners will recruit participants to the trial and explain the research project using the resources provided by the evaluator, including talking through the information sheet with detail relating to the three consents required. • The referral partner will then complete the referral form (hosted by the delivery partner), collecting consent 1. • The delivery partner will contact referred individuals to share more information on the trial, using the participant information sheet and consent form (shared by the evaluator) to collect consent 1 and 2, and notional consent to participate in the trial (consent 3). 	<p>Amber</p>

	<ul style="list-style-type: none">• Delivery partners will complete the sample collection form and share this form with the data collection team who will invite participants to take part in the baseline survey. The online survey landing page will include a section that can be expanded to show information about the research project, including a link to the information sheet and how to contact IFF Research's dedicated mailbox with any questions. This will include information on the surveys, as well as plans to link to HMRC data via national insurance number. Assuming they have no further questions about the research, they will be asked to provide consent 3 before continuing to the baseline survey.• Any participants who do not complete the baseline survey online will be transferred over to the telephone survey. Telephone interviewers will attempt to contact participants, and will recap key information from the information sheet. They will answer any questions covered by the information sheet developed by IFF Research, and signpost to IFF for any additional questions. Assuming they have no further questions about the research, they will be asked to provide consent 3 before continuing to the baseline survey. <p>Consent from IPS participants to participate in in-depth qualitative interviews (in support of the IPE) will be collected through:</p> <ul style="list-style-type: none">• At the end of the 6-month survey, participants will also be given more information about the follow-up qualitative interviews being conducted as part of the IPE, and asked whether they consent to be	
--	--	--

	<p>contacted about this.</p> <ul style="list-style-type: none">• IFF Research staff will make contact with participants (initially via email) to formally invite them to an interview. At this time, an information sheet on the qualitative interviews will be shared.• For those who express an interest in taking part, IFF Research will arrange a short call to explain the purpose of the research, secure verbal consent to participate in an interview, and complete a short profiling questionnaire.• Participants will be asked to confirm their willingness to participate in an interview through consent questions integrated into the baseline questionnaire.• At the end of the interview, additional reassurance on how data will be used will be provided. They will be reminded of their right to opt out of the research at any time before individual data is combined and analysed for the reports. <p>To secure consent from delivery stakeholders (IPS service leads, IPS Grow leads, IPS employment specialists, referral partners, and business-as-usual support workers) the following process will be followed:</p> <ul style="list-style-type: none">• IFF will first contact IPS service leads and IPS grow leads, to invite them to participate in an interview (verbal consent 1-3).	
--	--	--

	<ul style="list-style-type: none">• Prior to their interview, participants will also be sent a simple consent form to complete (to confirm consent 3). <p>After interview, IFF will work with IPS service leads to contact IPS employment specialists and referral partners and invite them to the research:</p> <ul style="list-style-type: none">• IFF Research will supply IPS service leads with a participant information sheet explaining the purpose of the research and what an interview/focus group involves, which service leads will share with referral partners and employment specialists.• Once referral partners and employment specialists give consent to IPS service leads to have their contact details shared and IFF to contact them (consent 1 and 2), IPS service leads will share these details with IFF research.• IFF will then contact referral partners and employment specialists directly, to re-introduce the research, and arrange a short call to check eligibility, and secure their consent to participate in the research (verbal consent for consent 3).• Prior to their interview, participants will also be sent a simple consent form to complete (to confirm consent 3).	
--	--	--

	This process will be repeated for business-as-usual support workers, with referral partners acting as the main source of contacts for this audience.	
b) Consent via gatekeepers or proxy <i>- Is this required? If so, what processes need to be in place?</i> <i>- What steps can be taken to ensure representativeness, i.e. to ensure that participants are not “hand-picked” by gatekeepers or that there is a minority view promoted?</i>	<p>As noted above, IFF will rely on IPS service leads to recommend IPS employment specialists and referral partners for interview. We expect there to be a limited number of staff in these posts (1-2 employment specialists in each of the LA areas, and a couple of referral partners) and so have accounted for including all staff in each focus group.</p> <p>IFF will also be reliant on referral partners recommending business-as-usual support workers to invite to focus groups. We are collecting information from IPS service leads about the full range of business-as-usual programmes control group participants will be referred to, which we will use to ensure a good mix of BAU services are represented in focus groups for each of the 3 delivery sites.</p>	Amber
c) Children and young people (aged 16 and under) <i>- What processes are in place to ensure consent from a parent or legal guardian has been sought for children under the age of 16 and how has this been done?</i> <i>- How can you ensure that the children are also adequately informed about the research?</i> <i>- What processes are in place to ensure, where required, an adult accompanies children and young people during an interview? Who is best to accompany the child(ren)?</i>	Not applicable - no one under the age of 16 will be involved in the trial.	Green
d) Vulnerable adults <i>- Are you interviewing participants who may lack the mental capacity to provide informed consent for themselves? If so, the successful contractor may be required to obtain clearance from an NHS Research Ethics Committee.</i> <i>- How can you ensure that participants are adequately informed about the work?</i>	We are cognisant that experience of homelessness and difficulties securing paid employment may co-occur with other vulnerabilities, including neurodiversity, learning disabilities, and mental and physical health conditions. To ensure that all participants, regardless of their disability/health condition, are able to give informed consent, we will take the following steps:	Amber

	<ul style="list-style-type: none">● The participant information sheets are designed in an accessible format, using simple language.● The participant information sheet for the main trial is read with a participant by the delivery partner, and the delivery partner also explains the wider trial and what will be required of them before capturing consent.<ul style="list-style-type: none">○ For qualitative interviews, a participant information sheet will also be provided and what is required will be explained by an IFF specialist recruiter during a pre-interview screening call.○ Before participating in surveys or interviews, participants will be reminded of the key points covered in the participant information sheet before giving final consent to participate.● Referral and delivery partners are able to signpost participants to IFF Research to answer any additional questions they have about the trial.● Following guidance from CHI, we will ensure to always flag concerns about capacity to give informed ethical consent. This should be escalated internally within IFF, and then a conversation should be had with the referrer and/or delivery partner. Following this a decision should be made and communicated clearly to the referral and delivery partners, the referrer should then have the appropriate and sensitive conversation with the participant.	
--	--	--

<p>e) Access protocols - Are there any particular access protocols for certain groups, does this apply to your respondent group? Access protocols could apply to: Courts, Police, Prisons, Schools</p>	<p>No access protocols are needed to reach the audiences involved in his trial.</p>	<p>Green</p>
<p>f) Secondary Research - Does the consent cover all potential future uses of the data? - If your legal basis for processing data is not consent, have you still considered whether individuals have been (or should be) given the choice of their data being included in this research?</p>	<p>As detailed above, a participant information sheet will be shared which covers all potential uses of the data and retention periods, including plans to link individuals in the treatment and control group to their HMRC record and for IFF to analyse a pseudo anonymised data set. Participants will be asked for consent based on having read the participant information sheet (and/or having this read to them by the referral and/or delivery partners).</p>	<p>Green</p>
<p>g) Incentives? - Is the use of incentives necessary? What evidence do you have that the use of incentives will significantly improve the research? - Is your use of incentives in keeping with the GSR ethical principles? (See section 2.33-2.35 in the main guidance for further information)</p>	<p>Individuals from the trial intervention and control groups will be given a £20 incentive (gift card) for each survey completed (baseline, midline, and endline). Any intervention and control group participants who go on to participate in a qualitative interview will be given a £25 incentive (gift card) for each interview. It is felt to be appropriate to offer an incentive to participants as a thank you for their time, particularly for the control group who are not receiving IPS, and minimise attrition which will be important to being able to reliably measure outcomes. Incentives will not be withdrawn if a participant chooses to withdraw consent at a later stage of the research, which will be made clear in participant information sheets.</p>	<p>Green</p>

GSR Principle 5: Research should enable participation of the groups it seeks to represent		
Principle components	Considerations and mitigations	Sensitivity rating

<p>a) Identifying and reducing the barriers to participation</p> <ul style="list-style-type: none"> - <i>What steps have you taken to identify potential barriers to participation?</i> - <i>What steps can be taken to encourage and widen participation?</i> (e.g. <i>travel costs, childcare, varying times and locations of interviews, accessibility of venues, advance letters in different languages etc</i>) - <i>Do you need interviewer assistance such as offering help with completion, or a translator?</i> 	<p>For the surveys (baseline, midline, and endline), the following measures have been put in place to reduce barriers to participation:</p> <ul style="list-style-type: none"> • Lived experience input: The Centre for Homelessness Impact have a lived experience network who have been actively involved in the steering group for the set-up of the trial, and therefore maximising the accessibility of the evaluation to participants. The steering group will help to identify and identify solutions for any barriers to participation. • Inviting the participants to complete the survey via multiple routes and attempts: email or SMS in the first instance, followed by telephone for anyone who hasn't been reached. • Offering the option to complete the survey via multiple modes: Participants will have the option to complete the survey either online, or face-to-face. • Accessible language: Surveys will be designed using accessible, simple language, predominantly drawing on validated scales that have been shown to be robust and easy to administer in previous projects. • Offering translated interviews: Participants who need to complete the interview in another language will be offered the opportunity to take part in an interpreted interview (where a telephone interviewer administers the survey, and it is translated in parallel for the participant by an interpreter). • Briefing of employment specialists alongside delivery partners: Where possible, individuals who will be working with intervention and control group participants directly (employment specialists or referral 	<p>Amber</p>
---	---	--------------

	<p>partners e.g., housing officers) will attend trial briefings, to equip them with information to explain the trial and also provide ad-hoc support with completing the surveys.</p> <ul style="list-style-type: none"> ● Follow-up with those who are uncontactable: After 9 attempts at contact have been made by the data collection team, they will send a sample queries report to delivery partners to continue to follow-up with the individual to confirm if they still want to be included in the trial. ● Capturing participants' accessibility needs at referral: the referral form includes the option to include accessibility requirements, including anything that would help people to participate in the research. Any additional accessibility measures can be identified as needed once referrals begin. <p>For qualitative interviews with IPS participants, the following measures have been put in place to reduce barriers to participation:</p> <ul style="list-style-type: none"> ● Accessible language: The topic guide used to structure the interview will be written in simple language/avoid using formal language. ● Lived experience input: The Centre for Homelessness Impact Lived Experience network will be asked to review IPS participant topic guides to further ensure questions are accessible and use appropriate language. ● Flexibility in how participants take part in interviews: It is expected that the majority of interviews will take place via telephone/online, but 	
--	--	--

	<p>during the screening conversation IFF’s recruiters will ask participants whether they have any support needs that would help them take part in an interview. This can include things such as: the interview being conducted face-to-face, the need for an interpreter, having a supporter attend an interview, or any accessibility needs related to a disability/health condition (e.g., the need for regular breaks or a shorter interview).</p> <ul style="list-style-type: none"> ● Participant incentives: Participants will be offered a £25 gift voucher for each interview they take part in (up to 2), as a thank you for their time. 	
<p>b) Ensuring that hard to reach groups are included <i>- Is the research and sample design appropriate?</i> <i>- Might the data collection method exclude some groups of people?</i> <i>- Do you need to consult with others (e.g. support groups, charities and other relevant stakeholders) so that barriers to participation for certain groups are fully identified and reduced?</i></p>	<p>All individuals who are referred to IPS by referral partners, and deemed eligible to receive the service, will be invited to participate in the trial and associated surveys (baseline, midline and endline). As detailed above, we have robust measures in place for follow-up contact with those who prove difficult to reach at each survey point to ensure their experiences are represented in the research. For the qualitative research, in-depth interviews will help ensure our approach can be tailored to individual circumstances. For both the surveys and qualitative research, the Centre for Homelessness Impact’s lived experience network will/has been consulted.</p>	<p>Amber</p>

GSR Principle 6: Research should be conducted in a manner that minimises personal and social harm		
Principle components	Considerations and mitigations	Sensitivity rating
<p>a) Research participants <i>- Do any of the research questions cover stressful or culturally sensitive subjects? If so, how will</i></p>	<p>The target audience for this study is individuals who have experienced homelessness and rough sleeping. As such they are likely to be facing a range of difficult circumstances, and past trauma. The survey questionnaire and topic guide may cover topics that respondents may find sensitive or difficult to answer (e.g. experience of rough sleeping, or overall</p>	<p>Amber</p>

<p><i>stress and sensitivities be minimised?</i></p> <p><i>- How can interview length be kept to the minimum?</i></p> <p><i>- Do you need to ensure that there is post-interview support?</i></p> <p><i>- How will you offer support to those that are approached but decide not to participate in the research?</i></p>	<p>wellbeing). The survey will be no more than c. 20 minutes in length, capturing only outcomes and essential supporting information defined by the protocol. In-depth interviews will last for approximately 45-60 minutes, and key questions will be clearly marked should a shorter interview be necessary. All survey interviewers and researchers are trained to manage difficult conversations sensitively, and how to identify signs a participant is becoming distressed. At the beginning of each interview, survey interviewers and researchers will reassure participants that they don't have to answer any questions they are not comfortable with, that they can pause the interview for breaks where needed, and withdraw at any time. Post-research support will be signposted to at the end of each survey/interview, regardless of whether disclosures of harm have been made. Those who decide not to participate in the trial will not receive IPS, but will continue to receive support from their housing office within the housing team at their Local Authority.</p>	
<p>b) Interviewers/ researchers</p> <p><i>- What procedures are in place to ensure interviewers are properly trained (for example in methods, relevant legislation such as the Equality Act)?</i></p> <p><i>- Do all interviewers /researchers have appropriate security clearance (e.g. criminal record checks or disclosure Scotland if interviewing/ working with children)?</i></p> <p><i>- What procedures are in place for handling disclosures of abuse, self-harm or suicidal ideation?</i></p> <p><i>- What procedures are in place to ensure the safety of the interviewer/ researcher?</i></p> <p><i>- Has consideration been given to exposure of researchers and analysts to sensitive topics? (e.g. potential for vicarious trauma)</i></p>	<p>During quantitative and qualitative interviews, researchers and interviewers will ensure they act on any concerns around disclosures of harm/self-harm by following the safeguarding and escalation process. They will be given training on this process prior to the trial beginning.</p> <p>The below information is provided to interviewers, to ensure they know what to do if anything concerning were to arise.</p> <p>Recognise: Be vigilant for indicators that a participant may be being abused, at harm to themselves or someone else. These may include, but are not limited to:</p> <ul style="list-style-type: none"> • Unexplained changes in behaviour during the interview, e.g., becoming very quiet, withdrawn or displaying sudden outburst of temper • Discloses abuse, suicidal thoughts and suicidal intent <p>For online interviews, the coding team will undertake weekly coding of data to identify any disclosures of harm more quickly. The email inbox is monitored daily.</p> <p>Respond: It can be difficult to hear about or witness harm or abuse. The following diagram can be used as guide as to how to respond depending on the severity or urgency of the harm disclosed.</p> <div data-bbox="893 1329 1574 1388" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">Are you concerned that they or someone else is in significant or immediate harm?</p> <div style="display: flex; justify-content: space-between; width: 100%;"> Yes No </div> </div>	<p>Amber</p>

	<p>Consider the following points if a participant discloses they are abused or at risk to themselves or someone else.</p> <ol style="list-style-type: none"> 1. Stay calm. Take a slow, steady breath. 2. Listen carefully to what is said and try not to interrupt. 3. Find an appropriate point early on to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets. 4. Allow them to continue at their own pace. 5. Ask questions for clarification only (to extent individual is willing to share) and avoid asking leading questions. 6. Reassure them that they have done the right thing in telling you. If the concern is serious, explain that you will need to get support from other trained people to help keep them or others safe. If appropriate, details of the support organisations from the support leaflet can be shared. 7. Ask what they would like to happen next with this disclosure and try to gain consent by asking if they are happy for you to share this information to your senior manager. If they do not want you to tell anyone, gently inform them this information must be shared even if they haven't given their consent. 8. Record the full name, address and phone number of the participant. 9. Tell them what you will do next and with whom the information will be shared. 10. Report the disclosure to the evaluation team (IPSEval@iffresearch) at the earliest opportunity. 	
--	--	--

	<p>For online interviews or disclosures made via the email inbox, the coding team should immediately report any verbatims which contain a disclosure of harm, and complete the 'report' and 'record' steps as outlined below.</p> <p>Upon receiving a report, the project lead or project manager will then take responsibility to contacting the participant via telephone in the first instance, and then via email if they cannot be reached by phone after 2 attempts over the first 24 hours.</p> <p>Report: It is not the responsibility of interviewers to decide if abuse, harm or criminal activity is occurring, but it is our responsibility to act on any concerns by reporting them.</p> <ul style="list-style-type: none"> o Report the concerns immediately to the evaluation team (IPSEval@iffresearch) at the earliest opportunity so the report can be assessed and action taken to protect the participant. o We should escalate any issues where we felt there was: <ul style="list-style-type: none"> ▪ An immediate risk of harm (e.g., an urgent mental health issue, or safeguarding concern) ▪ Feedback about the IPS service and/or referral team that needed to be dealt with o For control group participants we should share the report with the referral team member who referred them, unless the feedback is about them in which case we would escalate to the referral team lead. o For intervention group participants we should share the report both with the referral team member who referred them (unless the issue concerns them) and IPS service lead or team leader (will need them to indicate their preference). o If any person is at immediate risk of harm to themselves or others or requires medical attention, then you should the call emergency services on 999. In these cases, the delivery partner/referral partner should also be notified, as well as the escalation point at IFF. 	
--	--	--

	<p>When reporting, only report the information required to safeguard the participant, and only report to those individuals who need to know the disclosed information. Where possible the person will be informed that their confidentiality will be breached, though this will not always be possible.</p> <p>CHI will be notified of any significant safeguarding incidents.</p> <p>Record: Keep a record in a disclosures of harm log as soon as possible after the event/concern is raised, including:</p> <ul style="list-style-type: none"> ● Date and time of the observation/incident/disclosure/allegation. ● Who was involved? ● Names of person reporting and to whom the observation/incident/disclosure/allegation was reported. ● What was said or done by whom. ● What action (if any) was taken and by whom? ● When and to whom in the statutory agencies the information was passed <p>Where information is known, this record should also include:</p> <ul style="list-style-type: none"> ● Does the vulnerable adult have a disability? If so, what impact does it have on their ability to report, self-protect, etc? ● Does the vulnerable adult communicate in spoken English? If not, then how do they communicate, and is an interpreter required? <p>When a verbatim comment containing a disclosure of harm has been identified for online interviews and/or disclosures via the evaluation inbox, the IFF research team will attempt to make contact with the participant to assess the nature of the harm being experienced, and provide support as appropriate (following the steps listed under 'respond'). Contact will be attempted by telephone in the first instance, and then email if the participant</p>	
--	--	--

	<p>cannot be reached by telephone after 2 attempts over the first 24 hours. If we are unable to reach (or receive a reply from) a participant 24 hours after the disclosure has been identified by us, we will record this in the disclosures or harm log and escalate to delivery partners and the Centre for Homelessness Impact urgently.</p> <p>It can be difficult to hear disclosures of harm or experience participants being in distress. All researchers receive training in difficult conversations prior to conducting interviews with vulnerable audiences. We will also run a 'buddy system' throughout the research so each individual is paired with another person to contact following interviews if they wish to discuss how they are feeling. This involves the 'buddy' booking in time in their calendar at the same time as the interview, so they know to proactively check in with their paired researcher following interviews.</p> <p>We will also operate a buddy system for interviews conducted in person. In practice, this will mean either a) two researchers will travel to an interview, with one moderating and one taking notes or b) one researcher will travel to an interview, and contact their 'buddy' before an interview, and once an interview has ended. Their 'buddy' will also be briefed on how to respond in the event they do not hear from the researcher within a defined period of time. All face-to-face interviews will take place in the community settings as agreed with individual delivery partners (e.g., at the location where their regular IPS meetings take place) to further minimise risk of harm to researchers.</p> <p>As well as the buddy system, support to researchers will be provided as required by line or team managers, IFF mental health first aiders, IFF safeguarding steering group, and Employee Assistance Programme (EAP) services.</p>	
<p>c) Wider Social Groups <i>- How will you mitigate any potential for harm to those who have not taken part in the research? For example, research focussing on specific groups has the potential to impact the wider social group.</i></p>	<p>There are limited eligibility criteria for IPS, meaning most individuals who are experiencing homelessness and are receiving support from the housing team in the Local Authority areas included in the trial will have the chance to receive IPS. The main risk in this evaluation is that those in the control group will not receive IPS, but will be eligible to receive business as usual support. The availability of IPS slots is limited in any case, and access to them is not an entitlement. Random assignment, like a lottery, is an ethical way to allocate scarce resources, and likely a fairer way than other allocation options.</p>	<p>Green</p>

- Have you considered or sought the public's views on the research?		
---	--	--

Relevant legislation	
<p>Will your research comply with all relevant legislation? For example:</p> <ul style="list-style-type: none"> • Anti-Terrorism, Crime and Security Act (2001) • Crime and Disorder Act (1998) • Data Protection Act (2018) • Freedom of Information Act (2000) • General Data Protection Regulation (2016) • Health and Social Care Act (2012) • Human Rights Act (1998) • Mental Capacity Act (2005) • Equality Act (2010) - Public Sector Equality Duty <p>Do you need to ensure compliance with any additional legislation, policy, code of practice or guidance?</p>	<p>We confirm we will comply with all relevant legislation, policy code of practice and guidance. Research will also comply with the Market Research Society Code of Conduct.</p>

Summary	Overall sensitivity rating
<p>What are the key sensitivities?</p> <p>The key sensitivities of this project are:</p> <ul style="list-style-type: none"> • Ensuring control group participants can access business-as-usual support without delay • Risk of being excluded from the research if additional needs / individual circumstances aren't accounted for 	<p>Amber</p>

- Potential for distress caused during surveys and in-depth interviews with participants who have lived experience of homelessness
- Potential for disclosures of harm by research participants

How are you addressing them?

The mitigations for each of the key sensitivities are:

- Ensuring control group participants can access business-as-usual without delay: signposting to business-as-usual services in the allocation email sent to participants; individuals' housing officer will either be copied into the allocation email or also signposted to; a baseline completion report will be sent to delivery partners who can pass this on the referrers to ensure business-as-usual support is offered.
- Risk of being excluded from the research if additional needs / individual circumstances aren't accounted for: IFF Research has designed the survey so that it can be completed online or via telephone, to ensure those without access to the internet are still able to participate. Similarly, reminders to complete the surveys will be via SMS, email and telephone. Accessibility needs will be captured in the referral form. IFF Research will provide translation on demand for those who would find it difficult to provide informed consent in English. IFF Research will make 9 attempts to contact individuals to complete the survey, after which their details will be passed back to delivery partners for further follow-up to confirm they are still interested in having the chance to receive IPS.
- Potential for distress caused during surveys and in-depth interviews with participants who have lived experience of homelessness: surveys and interviews will briefly capture individuals' current circumstances, but will be careful not to make research participants explore these and past experiences in detail – instead, research questions will be oriented towards individuals' experience of receiving IPS and the difference it has made to them. In-depth interview discussion guides, where there is greater potential for sensitive topics to be raised, will be reviewed by the Centre for Homelessness Impact's lived experience network to ensure the subject matter and language used is appropriate. All interviewers working on the project receiving training in safeguarding and managing difficult conversations, to spot signs of participant distress and offer support (e.g., when to pause or end an interview, signposting to additional support). Post-research support will be signposted to at the end of each survey/interview, regardless of whether

disclosures of harm have been made. We will ensure signposted support is accessible and meaningful.

- Potential for disclosures of harm by research participants: IFF Research have an established disclosures of harm procedure, described in response to GSR principle 6, to ensure there is consistent guidance for assessing the risk a disclosure poses (e.g., if someone is at risk of immediate harm), and relevant individuals/organisations are informed in a timely manner as appropriate.

How often will you re-visit this research ethics assessment?

We will revisit this ethics assessment regularly throughout the project. The IFF Research project team meet weekly, providing a forum for ethical issues to be raised and discussed, in addition to our weekly meetings with the Centre for Homelessness Impact. We will take particular care to revisit this ethics assessment:

- At regular intervals during survey fieldwork, and in particular before the launch of the baseline, 6-month and 12-month surveys, to review if measures put in place need to be updated.
- When designing and conducting in-depth interviews with research participants, to ensure we can respond to any emerging or unforeseen issues where further mitigations and safeguards are needed.

Annex D: Data collection tools

Primary outcome measure (survey alternative): Competitive Employment

ASK ALL

Which of the following best describes your current employment status?

If you do more than one of these things, please choose the one that you spend the most time doing.

READ OUT. single code.

Full time paid work (35 hours per week or more)	1	
Part time paid work	2	
Full time education (school/college/university) or training	3	
Self-employed	4	
Unemployed – looking for work	5	
Not currently looking for work	6	
Other (PLEASE SPECIFY) (DNRO)	7	write in
Don't know (DNRO)	8	

ASK ALL

For approximately how long has this been your employment status? Please tell [IF CATI: me] [IF ONLINE: us] in years and months.

WRITE IN (NUMERIC IN YEARS AND MONTHS)		
Don't know	1	
Refused	2	

Secondary outcome measure: Receipt of welfare benefits

ASK ALL

Are you currently receiving any of the following tax credits or social security benefits?

READ OUT. MULTI CODE.

Universal Credit	1	
------------------	---	--

Employment and Support Allowance (ESA)	2	
Personal Independence Payment (PIP)	3	
Housing Benefit	4	
Attendance Allowance	5	
Disability Living Allowance (DLA)	6	
Council Tax benefit	7	
Other (please specify)	8	Write in
None of these	97	
Don't know	98	

Secondary outcome measure: Residential Timeline Follow Back Inventory (RTFLB)

ASK ALL

Which of these options best describes where you are staying now?

read out if necessary. single code

A place you rent or own (including with others)	1	go to a3
Staying with others, such as friends or relatives without a tenancy agreement	2	go to a4
In some form of temporary or supported accommodation	3	go to a5
Sleeping rough, for example on transport or in a transport hub (bus stop or train station), in a tent or car, or stairwells, barns, sheds, derelict boats or buildings.	4	
Somewhere else	5	go to a6
Don't know (DNRO)	6	
Prefer not to say (DNRO)	7	

Ask those staying in a place they own or rent (including with others) (a2 = 1)

Thinking about the place you rent or own, is it somewhere:

read out. single code

You rent from a private landlord (where you are the sole or joint tenant)	1	
---	---	--

You rent from your local council or housing association (where you are the sole or joint tenant)	2	
You own (as the sole or joint owner)	3	
Don't know (DNRO)	5	
Prefer not to say (DNRO)	6	

those staying with others (a2 = 2)

You said that you are staying with others. Please tell us if this place where you are staying is:
read out. single code

Owned or rented by friends or family where you live on a long-term basis, but do not have a tenancy agreement.	1	
Owned or rented by friends or family where you live on a short-term basis. This includes sofa surfing.	2	
Don't know (DNRO)	4	
Prefer not to say (DNRO)	5	

those in some form of temporary accommodation (a2 = 3)

Please could you tell us if this temporary accommodation is:
read out. single code

Emergency accommodation provided by a local council or charity, such as space in a night shelter or B&B.	1	
Temporary accommodation provided by or on behalf of your local council, such as a hostel.	2	
Supported accommodation, for example where there is a staff member on site or on call, and you are expected to stay long-term.	3	
Don't know (DNRO)	5	
Prefer not to say (DNRO)	6	

those who are staying somewhere else (a2 = 5)

Does the place where you are currently staying fit into one of the following options?
read out. single code

A prison, probation facility, hospital, asylum service property or similar.	1	
Squatting, including with others.	2	
Accommodation linked to your work or studies, for example student accommodation, military accommodation or accommodation linked to a business.	3	

Other (PLEASE SPECIFY) (DNRO)	4	Write in
Don't know (DNRO)	5	
Prefer not to say (DNRO)	6	

ASK ALL

When did you start staying there? If you're unsure about the exact date, your best guess is fine.

Use the calendar to enter the date. If you're taking the survey on a laptop or computer, there is a calendar icon on the right-hand side of the screen. If you're taking the survey on a mobile device, the calendar will pop out automatically when you start typing in a date.

WRITE IN (DAY/MONTH/YEAR)		
Don't know	1	
Prefer not to say	2	

ASK ALL

Thank you. Have you stayed in any other accommodation in the last six months, specifically since [DS: ENTER DATE (DAY, MONTH, YEAR) SIX MONTHS BEFORE INTERVIEW DATE]?

do not read out. single code

Yes	1	go to A9
No	2	go to a17
Don't know	3	
Prefer not to say	4	

Coding:

Level 1	Level 2	Level 3
Homeless	Rough sleeping	<ul style="list-style-type: none"> Rough sleeping, on transport or in transport hub (bus stop or train station), in a tent or car, or in stairwells, barns, sheds, derelict boats or buildings
	Temporary and/or unstable	<ul style="list-style-type: none"> Temporary accommodation provided by or on behalf of your local council, such as a hostel.

		<ul style="list-style-type: none"> Emergency accommodation provided by a local council or charity, such as space in a night shelter or B&B.
	Hidden	<ul style="list-style-type: none"> A place owned or rented by friends or family where you live on a short-term basis. This includes sofa surfing. Squatting, including with others.
Institution	Institution	<ul style="list-style-type: none"> A prison, probation facility, hospital or asylum support accommodation.
Not homeless	Stable but insecure	<ul style="list-style-type: none"> A place owned or rented by friends or family where you live on a long-term basis, but do not have a tenancy or legal right. Accommodation linked to your work or studies. Long-term accommodation classed as supported accommodation.
	Stable and secure	<ul style="list-style-type: none"> A place you own (where you are the sole or joint owner) A place you rent from a private landlord (where you are the sole or joint tenant) A place you rent from your local council or a housing association (where you are the sole or joint tenant)

Source: Modified version of the [Residential Timeline](#)

Secondary outcome measure: perceived quality and satisfaction

ASK ALL

Thank you for your answers so far. [IF CATI: I] [IF ONLINE: We] would like to ask you how you feel about the place you live in now. [IF CATI: I'm going to give you] [IF ONLINE: Below are] some statements about your current housing situation. [IF ONLINE: Please tick the box that best describes your current experience].

From 'Very dissatisfied' to 'Very satisfied' to, how satisfied would you say you are about...

READ OUT. single code for each row. RANDOMISE

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied or unsatisfied	Somewhat satisfied	Very satisfied	Don't Know/ NA (DNRO)
_1 Where you live now in general	1	2	3	4	5	6
_2 How affordable is the place you live in	1	2	3	4	5	6

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied or unsatisfied	Somewhat satisfied	Very satisfied	Don't Know/ NA (DNRO)
_3 The amount of choice you had selecting the place you live in	1	2	3	4	5	6
_4 How much control you have over who can come into the place you live in (e.g. children, pets and guests)	1	2	3	4	5	6
_5 How long you will be able to live there	1	2	3	4	5	6

ASK ALL

[IF CATI: Thank you. I have a few more statements to ask you about.]

From 'Very dissatisfied' to 'Very satisfied' to, how satisfied would you say you are about...

READ OUT. single code for each row. RANDOMISE

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied or unsatisfied	Somewhat satisfied	Very satisfied	Don't Know/ NA (DNRO)
_1 The amount of privacy you have in the place you live	1	2	3	4	5	6
_2 The level of fairness and respect shown by your landlord (if you have a landlord)	1	2	3	4	5	6
_3 The suitability of the place you live in to meet your (or your family's) needs	1	2	3	4	5	6
_4 The condition of the place you live in (such as appliances, plumbing, things needing to be repaired)	1	2	3	4	5	6
_5 The safety and security of the place you live in	1	2	3	4	5	6

Source: Modified version of the [Housing Satisfaction and Quality scale](#)

Secondary outcome measure: mental wellbeing

ASK ALL

IF CATI: I'm going to read out] [IF ONLINE: Below are some statements about feelings and thoughts. [IF CATI: Please can you tell me how [IF ONLINE: How] often have you experienced them specifically over the last two weeks?

READ OUT. single code for each line. randomise

	None of the time	Rarely	Some of the time	Often	All of the time	Don't Know
_1 I've been feeling optimistic about the future	1	2	3	4	5	6
_2 I've been feeling useful	1	2	3	4	5	6
_3 I've been feeling relaxed	1	2	3	4	5	6
_4 I've been dealing with problems well	1	2	3	4	5	6
_5 I've been thinking clearly	1	2	3	4	5	6
_6 I've been feeling close to other people	1	2	3	4	5	6
_7 I've been able to make up my own mind about things	1	2	3	4	5	6

Source: [Warwick-Edinburgh Mental Wellbeing Scale](#)

Secondary outcome measure: overall wellbeing

ASK ALL

A2 Thank you for that. Next, [IF CATI: I] [IF ONLINE: we] would like to ask you two questions about your feelings on aspects of your life. Again, there are no right or wrong answers. For each of these questions [IF CATI: I] [IF ONLINE: we] like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely"

READ OUT. single code for each line.

	0 – not at all	1	2	3	4	5	6	7	8	9	10 – completely	Don't Know
_1 Overall, how satisfied are you with your life nowadays?												
_2 Overall, to what extent do you feel that the things you do in your life are worthwhile?												

Source: [ONS-4](#)

Secondary outcome measure: loneliness

ASK ALL

[IF CATI: I'm going to read out some questions] [IF ONLINE: Below are some questions] about different aspects of your life. [IF CATI: Please can you tell me how [IF ONLINE: How] often have you experienced them specifically over the last two weeks?

	Hardy ever or never	Some of the time	Often or always	Don't Know
_1 How often do you feel you lack companionship?	1	2	3	99
_2 How often do you feel left out?	1	2	3	99
_3 How often do you feel isolated from others?	1	2	3	99
_4 How often do you feel lonely?	1	2	3	99

Source: [UCLA loneliness scale \(1-3\), plus a direct measure of loneliness](#)