
Accelerating Learning – Lessons and Reflections from the First Randomised Controlled Trials in Homelessness in the UK

Guillermo Rodriguez-Guzman, Susannah Hume, Peter Mackie, Chiamaka Nwosu, Hannah Piggott and James White

Centre for Homelessness Impact, UK

Policy Institute and Department of Political Economy, King's College London, UK

School of Geography and Planning, Cardiff University, UK

Policy Institute and King's Business School, King's College London, UK

Policy Institute, King's College London, UK

Centre for Trials Research, Cardiff University, UK

Introduction

Preventing homelessness has increasingly become one of the key policy objectives for the UK nations. These objectives include a commitment to end street homelessness by 2024 in England; an ambitious plan to end all types of homelessness and make the transition to a housing-led model in Scotland; a plan to prevent all forms of homelessness in Wales, and where it cannot be prevented ensure it is rare, brief, and un-repeated; and in Northern Ireland an overall vision of eliminating long term homelessness and street based sleeping, with prevention and early intervention at the core. Homelessness prevention is also identified as a priority in national homelessness strategies of many countries in the European Union, North America, and Australia (Mackie et al., 2017). Despite these commitments, the numbers of people experiencing homelessness remain stubbornly high across the UK nations. These trends add urgency to the need for proven policy interventions that can effectively reduce the number of people experiencing homelessness, and prevent cases in the future.

There is a wealth of research that can help us to understand the drivers and triggers of homelessness and the population sub-groups most at-risk (Bramley and Fitzpatrick, 2018), but comparatively less evidence on 'what works' in tackling home-

lessness, compounded by significant challenges in finding evidence that is reliable, understandable, and accessible (Teixeira and Cartwright, 2020). The Centre for Homelessness Impact's (CHI) mapping of the international evidence on homelessness interventions revealed that despite a body of evidence that encompasses almost 700 studies, the gaps in the evidence base are vast: while some interventions like Housing First have been thoroughly examined internationally, there are many other commonly used approaches (e.g. soup runs, reconnections) that lack causal evidence of their effectiveness. Seventy percent of the intervention categories in CHI's evidence and gap maps have been evaluated fewer than 10 times, with over 88% of the effectiveness studies conducted in North America, while the UK represents less than 7%, Australia 3%, and the Netherlands 2% (White et al., 2020).

This lack of causal evidence of homelessness interventions means that we know very little about the impacts of most of our actions with people experiencing or at risk of homelessness; including the potential for some interventions to even cause harm (Keenan et al., 2021; McMordie, 2021). Many of the interventions targeted at this group that have been tested found causal evidence that they worked (e.g. Keenan et al., 2021; Hanratty et al., 2020), but even if every intervention improves outcomes, some may work better than others or may achieve similar outcomes at a lower cost. Thus, we need a better understanding of the relative effectiveness and cost effectiveness of these interventions: not only if something works, but how well it works.

Expanding this understanding will mean that we reduce the chances of potentially misallocating precious resources into ways of working that could be improved and optimised to ensure people receive the services they need and achieve better outcomes for all.

Central and local governments, as well as multiple organisations in the sector trying to articulate their value to funders, have been rallying behind the need to understand 'what works' and make the best use of limited resources (Teixeira and Cartwright, 2020).

This also echoes the demand from the public. For example, a recent poll representative of the UK population conducted by CHI in collaboration with Ipsos Mori (Marshall and Day, 2021) found that a majority would like to see important decisions about homelessness made based upon evidence of what works, as well as the views of those affected by or at risk of homelessness (57% and 55% respectively).

A more robust evidence infrastructure will be a key enabler to identify practices and interventions that deliver better outcomes for people, and the most cost-effective ways of doing so. This requires investments both on primary studies, for example, using Randomised Controlled Trials (RCTs); as well as robust syntheses using internationally recognised methods for systematic reviews. Introducing these methodologies in Europe will help us accelerate impact, but we do not have a tradition

of such approaches. The Centre for Homelessness Impact commissioned several systematic reviews in those areas where sufficient evidence of effectiveness was identified (Hanratty et al., 2020; Keenan et al., 2021; Campbell UK and Ireland et al., 2021). Given the substantial gaps in our knowledge and the very limited number of RCTs in homelessness interventions in Europe, in this paper we explain the potential value of RCTs before reflecting on the experience of commissioning and running some of the first RCTs in homelessness in the UK.

Why do we need Randomised Controlled Trials?

RCTs offer a solution to what is called the fundamental problem of causal inference (Rubin, 1977) and thus are often credited as the ‘gold standard’ to evaluate the impact of an intervention.

Imagine that you want to assess whether programme A helps to reduce homelessness and improve mental health: what would the comparison be? Ideally, we would like to compare the outcomes of people who received the programme and those same people’s outcomes if they had not received it. Of course, this is not possible – once someone has received a programme, it is impossible to know what their outcomes would have been if they had not received it. This latter outcome is often called a ‘counterfactual’. To try and approximate the counterfactual, we need to find another group of people – a comparator group – who didn’t receive the programme, and whose outcomes can be a credible approximation of the outcomes the treated group would have had without treatment.

The problem with most options for comparator groups is that the individuals might be different from those in the treated group in ways that affect the outcomes they achieve. This is called ‘selection bias’. They might be in a different location, they might have other demographic characteristics, or motivations that explain why they did not receive the programme, and also affect their outcomes. For example, if one group has volunteered for an employment programme, they may be more motivated to gain employment than those who did not, which would likely also affect their chances of getting a job. Therefore their chances of getting a job would likely be higher than a comparator group who did not volunteer, and this comparison would overestimate the impact of the employment programme.

In an RCT, whether someone receives an intervention is determined by chance. If done properly, the treatment and comparison groups can be seen as equivalent (there is no selection bias) and the comparator group can be assumed to be a ‘true’ reflection of what the treated group’s outcomes would have been without treatment.

While there are other alternatives to create a comparison group, RCTs can be more intuitive to understand and offer a higher standard of evidence of the likely impact of an intervention on the outcomes of interest.

As part of an RCT it is usually necessary for the intervention being tested to be withheld from some participants. This is a reality of the world: people miss out on potentially beneficial opportunities all the time. However, an RCT generally modifies the way in which people are chosen to receive the intervention or not, and it is important to think through the ethical implications of this. In the context of clinical trials, the concept of ' equipoise ' is often used as an ethical guide. A community is in ' equipoise ' about an intervention if there is genuine uncertainty or disagreement among experts about its advantages and disadvantages in comparison to alternatives (Beauchamp and Childress, 2009; Freedman, 1987). In this context, it is not unethical to withhold the intervention or offer an alternative in order to test effectiveness. This principle can also be applied to social policy and government interventions (MacKay, 2018; 2020) where there is an agreement on the goals of action (e.g. reducing homelessness), but uncertainty as to the effectiveness of the potential intervention. As we described above, the evidence base for homelessness interventions remains scant, and thus, in many cases, there is a lack of evidence that would enable the community to reach an informed consensus about the benefits and disadvantages of a given intervention. From a societal perspective, uncertainty over the cost-implications of a given intervention to achieve certain goals (i.e. cost-effectiveness) may also create a case for testing. We need better mechanisms to ascertain the value for money of different interventions: not only whether something works, but what works best, pound-by-pound.

We also often find that potentially beneficial opportunities are capacity-constrained. If there is more demand for the intervention than there is capacity to deliver it, then randomisation does not change the number of people who receive the opportunity; it just changes the mechanism by which they are chosen. In this case, randomisation could be a fairer way of choosing who will have access to the intervention than other selection methods, e.g. first-come, first-served or prioritisation potentially affected by unfairness or implicit bias (Stone, 2011). It is worth noting that policy makers sometimes use randomisation as a fairer method of determining who receives what; for instance in the US it is used in school placements (Unterman, 2018); Medicaid cover (National Bureau of Economic Research, n.d.); and even conscription into the armed forces (Angrist, 1990). Lastly, it is often possible to conduct RCTs without preventing access to the intervention. For example, randomly selecting some participants to be encouraged to take part by using a reminder phone call or letter. This approach is usually called an ' encouragement design '; or

‘waitlisting’ some people to receive the intervention later than others. RCTs can also compare variations of similar interventions; for example, a standard model of support vs an enhanced model that includes an additional component.

Because RCTs affect people’s everyday lives, it is particularly important to consider informed consent. If people have had the RCT explained to them, and given free, informed consent to participate, then this provides a strong ethical foundation for the research. However, there is often a case for scaling back or omitting informed consent, either because it will affect people’s behaviour in a way that harms the validity of the trial (or puts them at risk), or because gaining the consent would be more intrusive and unnatural than the intervention itself – for example, if the intervention is a letter or set of text messages (List, 2008). With vulnerable groups, such as people experiencing homelessness, we also need to be concerned about pressure to participate as they may not view themselves as being able to decline to participate if they do not want to participate, and may be concerned about the effect of declining to participate on their standing with project partners such as Local Authorities (LAs) or charities (Welch et al., 2017). We also need to be mindful of the extent to which they have had time and opportunity to understand the information about the study. There are no easy answers to these considerations, but as with all research it is important to prioritise what is best for participants, and to calibrate the consent process to the risks of harm or distress.

As with any research method, there are ethical dimensions that need to be incorporated into the design. However, in many contexts, an RCT is both ethical and can generate evidence to help accelerate practices that are effective and shift resources away from ineffective interventions which may be causing harm. Indeed, it could be considered more unethical to roll out an intervention that could be ineffective or doing harm instead of investing some resources to test it robustly, learn, and adapt accordingly.

In this paper we reflect on the experience of commissioning and running three of the first RCTs in homelessness in the UK context:

- Testing the impact of providing a one-off payment of £2 000 to people currently in temporary accommodation (a ‘Personal Futures Grant’);
- Understanding the impact of providing support to people who wish to voluntarily move from a high-cost, high-demand housing area to a lower-cost and demand area; and
- Evaluating whether settled accommodation more effectively prevents COVID-19 infection and reduces housing instability compared to temporary accommodation.

Introducing New Practices: ‘Personal Futures Grants’

Direct cash transfers involve providing cash directly to people living in poverty. Most interventions in homelessness involve other people deciding how to spend the funding to support individuals, or at best working with the individual to identify ‘approved’ ways for them to spend financial assistance. Cash transfers recognise the right of those in poverty to choose for themselves how to improve their lives. There is a very strong evidence base across the globe in support of cash transfers. For example, the Overseas Development Institute (Bastagli et al., 2016) reviewed 165 studies of 56 different programmes and found evidence of improvements in household expenditure, poverty measures, education, health and nutrition, and savings and investment; with mixed effects on employment.

However, this evidence arises mainly in the field of international development – cash transfers remain an underutilised tool for poverty reduction in the Global North, and particularly in the field of homelessness. In homelessness, the New Leaf project (Foundation for Social Change, 2021) was an RCT testing the impact of providing a one-off unconditional cash transfer of CA\$7 500 (about GB£4 250). The sample for this project was 115 individuals who were aged over 18; newly homeless and living in either temporary accommodation or shelters; Canadian citizens or permanent residents; and who had low risks of mental health challenges and problematic substance use. Preliminary findings suggest that those who received the cash transfer reported moving into stable housing faster, increasing their spending on food, clothing, and rent, reducing their spending on ‘temptation’ items (such as alcohol and tobacco), and reduced their reliance on shelter accommodation (Foundations for Social Change, 2020). Importantly, this research also demonstrates the feasibility of both providing cash transfers to people experiencing homelessness and rigorously evaluating their impact via RCT.

The Personal Futures project is being led by the Centre for Homelessness Impact, and researchers at King’s College London are conducting the evaluation. The project is a collaboration between them and researchers at Cardiff and Heriot-Watt Universities; the Greater Manchester, Swansea, and Glasgow Local Governments; and the charities St Martin-in-the-Fields, the Wallich, Simon Community Scotland, and Great Places. We are undertaking a pilot to test the impact of what we are calling Personal Futures Grants with 180 people currently in temporary accommodation, evenly distributed across three sites: Swansea, Glasgow, and Manchester. The design is an RCT, clustered at the postcode level. This means that everyone at the same accommodation postcode who is in the project will be allocated to the same condition – they will all either receive the cash transfer, or not. This reduces the risk that ‘control’ participants become aware of who has received the cash transfers. Those allocated to ‘treatment’ will receive a one-off cash

transfer of £2000 to their bank account. In order to mitigate risks around the provision of a cash lump sum, the delivery partners in each city will screen potential participants to ensure that they are not at risk of increased harm from receiving the transfer (e.g. because of drug use/alcoholism, poor mental health, or vulnerability to exploitation). As part of the trial, participants will have the option of speaking to a support worker about how to spend the cash transfer, but it will be up to them whether they want to take this up or not. We will contact all treatment and control participants at three, six, and 12 months to conduct a phone survey about their financial and housing security, their social connections, their use of services, and their contact with the criminal justice system (as a victim or perpetrator). By comparing these outcomes for those who received the transfer and those who did not, we will be able to estimate the impact of the transfer.

We hope to launch the Personal Futures Grants RCT in late-2021, and to report on its impact at the 6-month mark and the 12-month mark. We see the Personal Futures Grants project as a programme of work that, considering the findings of this first phase, could be expanded to support other cohorts like people leaving prison, families in Temporary Accommodation, or young people aging out of care, among others. We also hope in future to explore aspects like the magnitude of the grant or the frequency of payments that achieve better outcomes.

Working with Organisations to Assess their Impact: Homefinder UK

Under the Housing Act 1996, when making a housing offer to an applicant experiencing homelessness, LAs should try to secure housing within the applicant's local area (Housing Act, 1996). However, demand far exceeds supply in the social rented sector across England: UK government data suggests that over one million households were waiting for social housing in 2020, with almost 250 000 of those households on waiting lists for social housing in a London borough (Ministry of Housing, Communities and Local Government, 2020a). Paired with affordability problems in the Private Rented Sector, LAs in high-demand, high-cost areas often struggle to place homeless households within their own area. Given these limitations, LAs may offer applicants housing outside of their local area. The number of UK households in temporary accommodation outside of the placing authority rose by 391% in the 10 years between June 2010 and June 2020, with almost all of these placements being offered by London boroughs (Barton and Wilson, 2020). These out of area placements have received criticism within the homelessness sector, yet there is a lack of robust evidence about the impacts of such moves on individuals and households to inform any debate about the policy and practice.

For some people, moving to a new borough might be the best option, if it is what they wish to do, and if their needs and agency are respected. Homefinder UK, a housing mobility service managed by Home Connections, works with individuals and families in high-cost, high-demand areas, who are at risk of or experiencing homelessness and are willing to move to a lower-cost, lower-demand area. Homefinder UK enables applicants to express interest in housing in lower demand areas, and provides applicants with case management to understand their needs, identify suitable properties in lower cost and lower demand areas, and supports them to submit successful applications. Understanding the impact of (voluntary) out-of-area moves via Homefinder UK contributes to the conversation about out-of-area moves more generally.

The Centre for Homelessness Impact commissioned King's College London to undertake this research, working with Home Connections. The Homefinder UK service offered by Home Connections is oversubscribed – they receive more applications than they can support with their existing capacity, which provides an opportunity to use randomisation to identify those who are offered support within the limited resources available. Although we can assign people to either work with Homefinder UK or to the comparison group (who would not receive the same type of support), we could not (and would not) randomly assign people to either move out-of-area or stay put. This means we are using what is called a 'randomised encouragement' design, where we randomly allocate people to Homefinder UK or the comparison group. Even in the comparison group, some people (e.g. those who are more resourceful or motivated) might move out-of-area themselves or with support (e.g. from their LA). In this type of analysis, we focus on those who 'complied' with their assignment; that is, we compare those who were allocated to Homefinder UK and then moved out of area with those who were in the comparison group and stayed put. This gives us what is known as the 'complier average causal effect'¹, an estimate of the effect of voluntarily moving out-of-area (with the support of Homefinder UK) on outcomes such as housing stability, social connectedness, and wellbeing.

People can either be referred to Homefinder UK by their LA, or self-refer if they are in an LA who is a member of the scheme. In order to recruit participants for the evaluation, for a six to eight week period, all individuals who are referred to or self-refer to Homefinder UK and are eligible for the service will be randomly allocated to Homefinder UK or the comparison group, and then we will approach them regarding the evaluation. We expect that this will be approximately 320 indi-

¹ To estimate the Complier Average Causal Effect there are other assumptions that need to be met such as the absence of 'deniers', i.e. people that would move out of area *only if they are assigned to the comparison group*. For a more detailed discussion of Complier Average Causal Effects see Angrist and Imbens (1995) and Gerber and Green (2012).

viduals. Home Connections is currently experiencing excess demand for the service, both in terms of the team's capacity to screen self-referring applicants and confirm their eligibility, and in terms of the casework support they provide to applicants to help them apply for properties and move successfully. By randomising, we are changing the mechanism by which Home Connections prioritises who they work with, but we are not leaving Home Connections with excess capacity.

Participants will be contacted for three phone surveys (at enrolment, three, and nine months) to understand their housing and general situation. Individuals allocated to the control will be able to access Homefinder UK once the final data collection is complete; however, anyone whose housing need is urgent (e.g. they are sleeping on the street or experiencing domestic violence) will be outside the randomisation and able to access support immediately.²

We hope to launch the evaluation in late-2021 and report on outcomes in late-2022.

Leveraging Opportunities to Understand Existing Practice: Moving On

The onset of the COVID-19 pandemic elicited a historic swift and determined effort to ensure people experiencing homelessness in the UK were safely accommodated (Fitzpatrick et al., 2021). Quick action was taken to commission a very wide range of new temporary accommodation; including: hotels, B&Bs, holiday lets, university accommodation, and RSL properties to ensure everyone had space to self-isolate and to reduce the risk of transmission of COVID-19. In England, between March and September 2020, as part of this initial 'Everyone In' government response to COVID-19, 10 566 people were living in emergency accommodation and nearly 18 911 people had been moved on to settled accommodation (Ministry of Housing, Communities and Local Government, 2020b). The Government committed to prevent people from going back to the streets (Ministry of Housing, Communities and Local Government, 2020c) but the limited supply of settled accommodation meant that swift access to settled accommodation would not be possible for all households. Within this context, we secured funding from the Economic and Social Research Council to undertake an RCT to evaluate whether Settled Accommodation

² We also considered participants who declined to participate in the research. Every person will be randomised. People will still be able to work with Homefinder UK if they are allocated to the treatment, even if they decline to participate but in that case they will not take part in the data collection. This approach was put forward by Welch et al. (2017) for situations where the randomisation related to allocation to a service and there might be a higher risk of individuals perceiving that participation in the research would increase their ability to influence service-related decisions made about them.

(SA) more effectively prevents COVID-19 infection and reduces housing instability compared to Temporary Accommodation (TA). The study is important, not only for its contribution to understanding responses to the pandemic, but more broadly to understand the impacts of temporary and settled housing in the UK homelessness system, which differs markedly to the North American context where most existing trials have been undertaken.

The 'Moving On' study is led by Cardiff University and CHI, bringing together homelessness researchers and a team with experience in RCTs (the Centre for Trials Research), as well as Alma Economics, and the additional support of leading trials and homelessness experts from North America and King's College London.

The study aimed to recruit approximately 1 200 people experiencing homelessness, and temporarily accommodated, across up to six local authorities in England between October and December 2020. Participants would be randomly allocated to either settled accommodation or to remain in temporary accommodation (treatment as usual). This was considered a fair allocation because even if LAs had wanted to move everyone to settled housing immediately, it was not possible due to limited supply. Importantly, all participants would continue to receive the levels of support that were deemed relevant regardless of the type of accommodation they were allocated to.

The intention was to quickly administer an adapted version of an existing Ministry of Housing, Communities & Local Government survey by telephone, with follow up surveys to be completed at three, six, and 12 months. The process evaluation would include interviews with three individuals using services and three members of staff in each of the participating LAs and the economic evaluation would draw on participant survey data and costs provided by LA homelessness teams. Despite support for the project at the proposal stage from several LAs, recruiting LAs proved challenging. The study team reached out to approximately 144 English LAs, held detailed meetings with 10 of these, and ultimately recruited two authorities into the study.

Given this was the first RCT with people experiencing homelessness in the UK, and the lessons to be learned were of potential value, the study design was amended to become a pilot RCT. Having recruited 50 participants into the study from the two LAs, the objectives now focus on the feasibility and acceptability of randomising participants to Settled Accommodation (SA) or Temporary Accommodation (TA), delving deeper into the learning from attempts to recruit LAs and participants, and developing an understanding of retention rates. As part of the pilot RCT, the study team is also undertaking additional exploratory work on the potential use of linked administrative data in homelessness trials.

Efforts to recruit LAs into the 'Moving On' study provide important lessons for future RCTs and trials in this field in the UK. The study demonstrates the importance of engaging with staff at different levels within LAs. The research team often had excellent buy-in at higher levels of the organisation, but those on the frontline either had greater reservations about randomisation, often because they would be the ones ceding control over accommodation allocation, or they were able to identify operational issues that would render randomisation implausible. As an example of the latter, one LA was keen to engage in the study until a member of the frontline team identified that individuals randomised to settled accommodation could not be guaranteed accommodation – private landlords are presented with five potential tenants and the landlord then chooses who will be offered the tenancy.

Final remarks

The homelessness sector needs a robust and extensive evidence base to identify practices and interventions that deliver better outcomes for people. Introducing new ways of thinking is never a simple endeavour. However, as the three projects discussed in this paper highlight, it is possible to work collaboratively across the academic community, central government, LAs, and third sector organisations to bring about these new methodologies to the homelessness sector. Across these initiatives, there are three key themes that stand out.

Firstly, investing in relationships within the homelessness sector is key. We need to understand the aspirations, challenges, and realities of organisations working to alleviate and reduce homelessness as a key mechanism to identify promising practice and harness opportunities, navigate challenges, and collaboratively address concerns; but most importantly, to forge partnerships with the common objective of improving services for people.

Secondly, we need to continue building capacity in the academic sector. This requires bringing together homelessness academics and impact evaluation expertise locally; and learning from international experiences identifying promising practices to be adapted and tested in the UK and running robust evaluations targeted at people experiencing homelessness. Building on these experiences and knowledge is helping us foster collaboration across borders, both geographical and epistemological.

Thirdly, these trials are laying the groundwork for future UK trials in the homelessness sector, but there is still much to learn. Until now we were dependent on experiences of studies from other regions, primarily North America, or from other disciplines to inform our first UK trials. In the process, we have started to accumulate lessons around the feasibility and ethics of randomisation; recruitment and retention rates; strategies to increase both recruitment and retention; the

development of locally appropriate data collection tools, etc. This knowledge is crucial to the success of robust future studies that will inform policy and practice and help end homelessness.

As these three examples highlight, there are many considerations when running RCTs in the homelessness sector in the UK. We have been making strides to address some of these challenges, and have started to gather momentum across policymakers, academics, and delivery organisations to bring about the changes that are needed to transform the homelessness sector in the UK. We knew that introducing robust evaluation methodologies, particularly RCTs, into the UK homelessness sector would be a journey. These three studies are a promising start.

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