Centre for
Homelessness Impact

Randomised Controlled Trial of the Homefinder UK Intervention: the impact of voluntary out-of-area moves on housing security

July 2025

Key findings

Although Homefinder UK (HFUK) is designed as an out-of-area mobility scheme, very few participants actually relocated during the trial. Most participants assigned to the intervention group reported receiving limited support from HFUK.

The evaluation measured six key outcomes—housing security, social connectedness, physical health, mental health, employment, and financial security—but found no statistically significant improvements for those assigned to receive the intervention. This was expected, as very few participants moved out of area, and most reported receiving limited support.

Interviews revealed widespread housing instability, poor living conditions, and frustration with HFUK's service.

Participants consistently reported:

- Minimal contact with HFUK staff

- Inability to access suitable properties

- Confusion about how the service worked

- Mismatch between expectations and actual support received

Despite this, many participants remained hopeful that HFUK could help them secure stable housing, which underscores the urgent demand for more effective support mechanisms.

Participants who were technically eligible and initially willing to relocate often set conditions for relocation (e.g. job opportunities, school access, health needs, or proximity to support networks). This highlights the complexity of voluntary relocation decisions, particularly in the context of housing insecurity.

Recommendations in brief

As LAs pay for access to HFUK, they should review whether applicants are receiving the level of support contracted and expected. The evaluation found that participants in the trial perceived little to no support from HFUK.

HFUK should assess why the intervention was not delivered consistently by staff, as specified—which includes offering personalised case management and support in identifying and applying for properties in lower-demand areas. The evaluation found a considerable variation in the level of support received as perceived by participants.

HFUK should strengthen communication at the outset to align applicants' expectations with the actual service. Interviewees often believed HFUK would resolve their housing crisis and felt let down by the limited engagement and property availability on the website.

HFUK's website was a common source of confusion and frustration. This included reports that the website had few listings available, properties which had eligibility restrictions, and challenges with the navigation overall. HFUK should clarify the role of its website, ensure it is regularly updated, and better explain how applicants can engage with listings.

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About the Centre for Homelessness Impact

This evaluation was funded by the Centre for Homelessness Impact (CHI). CHI champions the creation and use of better evidence for a world without homelessness. Our mission is to improve the lives of those experiencing homelessness by ensuring that policy, practice and funding decisions are underpinned by reliable evidence.

About the Policy Institute, KCL

The Policy Institute at King's College London works to solve society's challenges with evidence and expertise. We combine the rigour of academia with the agility of a consultancy and the connectedness of a think tank.

Person-first language
This report uses person-first language, putting a person before their circumstances. This is to avoid defining an individual by homelessness, which should be a temporary experience.

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About Homefinder UK

Homefinder UK (HFUK) is a national housing mobility scheme that helps individuals and households who want or need to move. The scheme is available to those willing to move out-of-area including homeless households, applicants living in temporary accommodation, private sector tenants threatened with homelessness, victims and survivors of domestic abuse and grooming through Revive project, overcrowded families and social tenants, and ex-offenders and veterans. Operating within an environment where waiting lists for some London boroughs are over 100 years long (National Housing Federation, 2025) the scheme has rehoused 1,800 households, of which over 200 were domestic abuse survivors looking for a fresh start. Annually, the scheme rehouses between 225 and 250 households.

Key Personnel and Team Contributions

Staff	Affiliation	Contribution
Susannah Hume	King's College London	PI, overall responsibility for study design, Impact Lead
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1. Summary

1.1 Background

Under the Housing Act 1996, Local Authorities (LAs) should try to offer housing to people in the housing register within their local area (Housing Act, 1996, s.208). However, there is a shortage of social housing in many LAs across England, particularly in London. High living costs and low housing benefits limit the properties that LAs in high cost of living areas can offer through the private rented sector. Given these limitations, LAs, particularly in London, may offer individuals housing outside their local area, despite the "detrimental social, economic and health impacts" that people placed in a new area by their LA may experience (Hardy & Gillespie, 2016).

In this context, Homefinder UK (HFUK) works with individuals and families in high cost, high demand areas who are at risk of experiencing housing insecurity and are willing to move to a lower cost, lower demand area. HFUK is a scheme that enables applicants to express interest in housing in lower demand areas and provides applicants with case management to understand their needs, identify suitable properties, and support them in submitting successful applications. HFUK is a voluntary scheme and applicants are under no pressure to accept the service. This evaluation aims to test the impact of voluntary moving out-of-area (with HFUK support) on improvements to housing security and several other outcomes of interest.

1.2 Methods

The evaluation was originally designed as an impact evaluation consisting of a two-armed randomised controlled trial (RCT), an implementation and process evaluation (IPE) and an economic evaluation. The impact evaluation consisted of baseline, midline and endline telephone surveys with treatment and control participants. A total of 262 participants were randomised with 132 people randomised into the treatment group and 130 in the control group. A total of 181 participants responded to the second wave, reflecting an attrition rate of approximately 31%. By the final wave, 147 individuals responded, corresponding to an attrition rate of around 19% from midline to endline, and therefore an overall attrition rate of 44% from baseline to endline. The trial started in July 2022 and finished in June 2024.

Due to early findings suggesting the intervention was not being delivered as intended, the design was updated to remove the economic evaluation, some aspects of the IPE, other than carrying out 30 interviews with service users in the treatment group.

1.3 Findings

Impact Evaluation

Despite being an out-of-area mobility scheme, our findings suggest that very few people moved out-of-area. Consequently, the planned primary analysis (complier average causal effect) was not carried out. This was because an insufficient number of participants in the treatment group relocated out-of-area during the trial period or received the intended support from the service to do so.

The secondary analysis (intention to treat) did not show any meaningful relationships between being assigned to receive the intervention and any of the six outcomes of interest (Housing Security, Social Connectedness, Physical Health, Mental Health, Employment and Financial Security). We expected no difference in these outcomes given that very few people moved out of area. The theory of change expected changes in these outcomes to happen if someone moved areas, not necessarily from the HFUK support itself."

This lack of observable differences is most likely attributed to the intervention not being delivered as intended, with trial participants receiving minimal to no support from HFUK.

Implementation and process evaluation

Findings from the qualitative interviews with service users suggest that HFUK applicants in the trial received little to no support. They had very limited contact with HFUK case workers or staff, and they reported being unable to bid for stable housing due to the perceived limited availability of properties on the HFUK's website.

Interview findings emphasise the need for support — service users frequently experienced poor living conditions and housing instability. The most common reasons applicants sought support from HFUK were the need for permanent, stable housing — often because they were living in temporary accommodation at the time — and the need for larger housing due to overcrowding.

Qualitative findings suggest that moving to a different area was not necessarily fully accepted among all applicants, regardless of their poor housing situation. Reluctance was shown to move away from the current area if participants had children attending local schools, were employed locally, or needed access to their support networks to for sharing childcare responsibilities or due to health reasons. Participants had to indicate twice that they were willing to move out-of-area in order to join the study; nonetheless, for a subset of those interviewed this was not their preference.

Economic evaluation

The economic evaluation was not carried out, due to early findings which demonstrated participants in the treatment group had received very minimal support from HFUK staff and had largely not moved out-of-area.

1.4 Recommendations

A number of key recommendations came out of this evaluation.

- As HFUK is a service paid by LAs to offer the option to homeless applicants or residents to find better housing out of their current location, LAs should interrogate the level of support being offered by HFUK. Our findings suggest that little to no support from HFUK was perceived by those who were included in the trial.

- HFUK should review their processes to understand why participants in the trial did not receive the intervention as described in the Template for Intervention Description and Replication (TiDIER). HFUK was designed to allow applicants to express interest in properties located in lower-demand areas, while also offering case management support to help them assess their needs, identify suitable options, and submit successful out-of-area applications. However, qualitative findings suggested participants felt that few properties were actually available, and most participants reported receiving minimal support from HFUK staff.

- Applicants would benefit from more expectation-setting at the outset of their engagement with the HFUK service. During interviews, participants expressed hope that HFUK would help them resolve their housing situation and conveyed disappointment at the disconnect between these expectations and the limited support they received. This need for better communication is reflected in the high demand that HFUK receives — as seen in the number of participants registering on their website — compared to the small number of cases effectively served. Despite several attempts to clarify during sign-up, participants also expressed some confusion over whether working with HFUK would require them to move out of London. This lack of clarity can lead to frustration and contribute to a sense of distrust not only in HFUK but wider housing support services.

- The website, its content, and its role in the HFUK service could be improved and clarified. Participants frequently expressed confusion about the website and whether it was up to date, as participants reported only being able to view a very limited number of properties on the website, which were frequently available to specific groups (e.g., over 55s).

2. Introduction

The evaluation of the Homefinder UK (HFUK) intervention consisted of a Randomised Controlled Trial (RCT) and an Implementation and Process Evaluation (IPE) involving baseline, midline and endline surveys, as well as qualitative interviews. The evaluation was carried out in a way that differed from the original protocol established at the outset. The changes were largely driven by challenges in the delivery of the intervention and concerns about compliance with randomisation conditions. This is discussed in more detail in the methodology section below. The section below sets out the background, rationale and intervention. This is followed by a description of the evaluation approach as proposed, and as carried out.

2.1 Background

Under the Housing Act 1996, when making a housing offer to an individual on the housing register, Local Authorities (LAs) should, so far as is reasonably practicable, secure housing within the applicant's local area (Housing Act, 1996, s208). However, demand far exceeds supply in the social rented sector in many LAs across England, particularly in London. UK government data suggests that over one million households were waiting for social housing in 2023, with almost 300,000 of those households on waiting lists for social housing in a London borough — an increase of approximately 50,000 from 2020 to 2023 (MHCLG, 2024a). In comparison to the level of demand in London, the availability of social housing is low. In 2022/23, only about 9% of social housing stock in London was re-let, compared to about 16% of social housing properties in the Northwest (MHCLG, 2024b).

LAs may discharge their duty by offering private rented sector tenancies, so long as the tenancy is for a minimum of 12 months (Housing Act, 1996, s193). The authority may also discharge its duty by offering advice and assistance that allows the applicant to secure accommodation themselves. However, rates of Local Housing Allowance (LHA) — the amount of Housing Benefit an individual can claim based on the size of the property and their local area — have not kept pace with changes in the housing market. Rates were set at the 30th percentile of rents in a local market in 2011, and only experienced a 1.7% shift up to April 2020 (DWP, 2020a). In 2020/21 the LHA rates were adjusted to reflect the 30th percentile of rents in a local market (DWP, 2020b). However, they have been frozen at these rates for 2021/22 and 2022/23 (Statutory Review of Benefits and Pension Rates, 2021).

From 2020 to 2024, LHA rates were completely frozen until April 2024, when they were finally adjusted to match the bottom 30% of local rent prices for the first time in four years (Citizens Advice, 2024). Analysis by the housing charity Shelter has found that in a third of areas across England, despite the rate being set to cover the lower 30% of the private rented sector, the rates do not even cover the bottom 10% of two-bedroom homes advertised for private rent (Pennington & Kleynhans, 2020). This significantly limits the properties that LAs in high cost of living areas can offer through the private rented sector.

Given these limitations, LAs, particularly in London, may offer individuals housing outside of their local area. The number of UK households in temporary accommodation outside of the placing authority rose by 391% in the ten years between June 2010 and June 2020, with almost all of these placements being offered by London boroughs (Barton & Wilson, 2020). The magnitude of out-of-borough moves is reflected in the UK's statutory homelessness live tables, which show a rising trend in the number of households in temporary accommodation outside their LA. In the first quarter of 2020, 27% of such households were placed out-of-area, increasing to 31% by 2024 (DLUHC, 2024).

As well as using temporary out-of-area accommodation, LAs may also offer out-of-area private rented sector accommodation as a permanent solution to discharge their housing duty to an applicant. A 2015 Supreme Court decision established that while placing an individual in accommodation out of their local area is lawful, decisions must be made on a case-by-case basis with consideration of the individual's circumstances, and these decisions must be evidenced and explained to the individual (UKSC, 2015).

Following the Supreme Court judgment, the National Homeless Advice Service released best practice guidance on placing homeless households out-of-area (National Housing Advice Service, 2016). However, there is emerging evidence that LAs do not always follow this guidance. Deviations include giving individuals no time to consider moving out of their local area and no choice in terms of location, offering out-of-area placements other than as a last resort, and failing to consider individual-level needs, such as schooling or employment (Hardy & Gillespie, 2016; House of Commons, 2017). Further, interview-based research into out-of-area placements by London boroughs has found that people placed in a new area by their LA may experience "detrimental social, economic and health impacts" due to poor quality temporary housing and lack of agency experienced by individuals during the process (Hardy & Gillespie, 2016).

2.2 Rationale

HFUK works with individuals and families who are at risk of or are experiencing housing insecurity and are willing to move out-of-area. HFUK is a voluntary scheme, where applicants are under no pressure to accept the service. HFUK seeks to support applicants to make positive out-of-area moves and provides additional relocation support.

This research aimed to test the impact of voluntarily moving out-of-area (with HFUK support) on improving housing security for applicants who are at risk of or experiencing housing insecurity.

2.3 Intervention: Homefinder UK

HFUK seeks to reduce the number of people across the UK who are at risk of or experiencing homelessness, by helping them voluntarily move to a new area with more secure housing options. HFUK works with individuals and families in high cost, high demand areas, who are willing to move to a lower cost, lower demand area.Through its application system and website, HFUK allows applicants to express interest in properties located in lower-demand areas. It offers case management support to help individuals assess their needs, identify suitable options, and submit successful applications. Users can register online to receive login details, browse available properties, and submit expressions of interest directly through the platform.

HFUK seeks to support applicants to make positive out-of-area moves and provides additional relocation support such as connecting applicants to key services in their new area. While many out-of-area placements by LAs are into the private rented sector, HFUK supports applicants into secure tenancies in the social rented sector.

The scheme operates on a membership model, with LAs paying a fee to allow housing applicants in their area to access the service. Though HFUK is an out-of-area mobility scheme, it is voluntary, and working with HFUK does not discharge an LA's housing duty to an individual.

Table 1: TIDieR Framework

Brief Name	Homefinder UK
Why	In many high-density areas across the UK there is high demand for the limited supply of social housing stock, while in other areas there are units of social housing that are classified as hard-to-let. Though internal migration could be a valid option for many people who need a home, the UK has low rates of internal migration and people often struggle to imagine living in a new area, and then successfully move. HFUK seeks to support applicants who wish to move to a new area to successfully apply for, and relocate to, housing in lower-demand areas.
What (Materials)	Access to HFUK's online property advertising system.

What (Procedures)	Access to HFUK's case management support including: • HFUK builds relationships with LAs to ensure suitable individuals are referred for support; • HFUK builds relationships with housing providers to ensure a steady supply of housing stock; • Case managers build relationships with applicants to understand their individual needs; • Case managers provide applicants with information about new areas they are interested in, and educate applicants in key tenancy sustainment skills like paying rent on time; • Case managers support applicants to identify and bid for suitable properties; • Case managers support applicants to complete Housing Association's applications and sign tenancy agreements; • Case managers connect applicants with key services in their new area; • Case managers support applicants to access grants to help cover relocation costs; • Case managers advocate for applicants to LAs; • Case managers liaise with other support agencies to provide wrap-around support for applicants.
Who provided	HFUK is a service provided by Home Connections, a not-for-profit UK-based organisation.
How	Case managers work with applicants one-to-one over the phone. Applicants can access HFUK's advertising platform online.
Where	Support is provided across the UK.
When and how much	HFUK will work with an applicant for as long as required, with frequency of contact determined on a case-by-case basis.

Tailoring	Case managers work with applicants on a case-by-case basis, so elements such as frequency of contact may vary between applicants.
Control condition	The control condition was being put on a 6-month waiting list before being able to access HFUK. In this time, participants were signposted to other support services and received business as usual support from all other services they are eligible for. Control group applicants were anticipated to receive support from HFUK immediately once their time on the waitlist was complete.

2.4 Theory of change

During the early stages of the project, the KCL evaluation team led a Theory of Change workshop with Home Connections and CHI. The Theory of Change developed during that workshop is included below.

Figure 1: Theory of Change

Situation:

In many high density areas across the UK there is high demand for limited supplies of social housing stock, while in many lower density areas there is an over supply of social housing stock that is classified as hard-to-let. Through internal migration could be a valid option for many people who are in need of a home, the UK has low rates of internal migration and people often struggle to imagine living in a new area, and to then successfully transition to a new area, without comprehensive support.

Aims:

- Reduce the number of people experiencing homelessness and/or insecure housing
- Facilitate mobility from high demand areas to harness the availability of housing stock in lower demand areas
- Increase equality in access between the social housing sector and the private rented sector
- Ameliorate pressure on local authorities to provide temporary accommodation
- Reduce bureaucratic barriers for people accessing social housing
- Influence changes in housing policy and how resources are allocated

Inputs → Activities → Outputs

Process

Inputs

- Funding through local authority subscriptions
- Homefinder UK staff team
- Applicant referrals
- Buy-in from local authorities
- Organisational knowledge in key subject areas
- Staff training and development
- Person-led and empathetic internal culture
- Advertising to local authorities and direct to potential applicants
- References from landlords

Activities

- Relationship building with local authorities to ensure referrals
- Relationship building with housing providers to procure properties
- Relationship building with applicants to understand their individual needs
- Supporting applicants to select and apply for properties
- Educating applicants about new areas and tenancy sustainment skills
- Connecting applicants to other support services and grants
- Advocating for applicants to local authorities
- Liasing with applicants' support workers in other agencies

Outputs

- Applicant is matched with a house
- Applicant is connected to core services in their new area
- Applicant has means to pay for transition to new area and to furnish new home
- Applicant's housing debts and eliminated
- Reduced reliance on local authority temporary accommodation

Outcomes → Impact

Outcomes

- Applicants are able to sustain stable housing over time and are less likely to experience repeated homelessness and/or housing insecurity
- Applicants are safer and less likely to experience harm
- Applicants have improved mental health and wellbeing
- Applicants experience improved family cohesion
- Applicants have an increased connection to their local community
- Applicants have increased access to stable funds
- Applicants and their families are more able to access and sustain work and education
- Applicants are more able to access health services and other relecant support services
- Yount applicants have reduced contact with the criminal justice system
- Young applicants have a reduced risk of being victim to a violent crime
- Vulnerable applicants are less likelt ro experience repeated harms
- Local authorities have reduced caseloads and increased capacity in temporary accommodation

Impact

- Reduced risk of children being exposed to homelessness and/or housing insecurity
- Applicants' children experience improved long-term life outcomes through increased stability
- Young applicants have improved long-term life outcomes through reduced exposure to violence and the criminal justice system
- Applicants and their families are more able to sustain long-term meaningful employment
- Applicants have improved self-worth and are more likely to remove themselves from negative situations
- Applicants have more positive attituded towards support from the social housing.homelessness sector
- Reduced stigma around social housing
- Internal migration is seen as a valid option for more people in need of a home
- Local authorities take a more person-centered approach to housing allocation
- Creation of a comprehensive national social mobility scheme
- Increased building and improved allocation of social housing stock

Rationale and assumptions:

- Stable housing will improve life outcomes
- Social housing can be high quality and can meet applicants' needs
- Homefinder UK can save local authorities money through reduced need for temporary accommodation
- People can thrive living outside of their local area
- The journey to social housing can be simplified by reducing bureaucracy
- Providing case management can increase rates of internal migration for people who are in need of a home

2.5 Evaluation objectives

The objective of the research was to contribute to the evidence base around effective support for people experiencing housing insecurity and homelessness, by conducting a robust test of the impacts of voluntarily moving from a high-demand to a low-demand region of the UK. The primary outcome was housing security, measured via the Housing Security Scale (Frederick et al., 2014). Secondary outcome measures included social connectedness via the ENRICHD social support instrument (Vaglio et al., 2004), mental health via the WHOQOL-BREF (The WHOQOL Group, 1998), physical health via the EQ5D-5L (EuroQol Research Foundation, 2019), as well as access to public services, contact with the justice system, employment and financial security via self-report.

The evaluation design included an impact evaluation, an implementation and process evaluation, and an economic evaluation. However, as discussed below, due to issues around fidelity, the design of the evaluation was significantly changed.

2.6 Protocol and Registration

The evaluation was registered on the Open Science Framework. The registration is available at osf.io/42yx5.

2.7 Ethics

The evaluation was approved by the King's College London Social Science, Humanities and Law Research Ethics Sub-Committee (Reference number: HR/DP-21/22-21403), following a high-risk application review. A high-risk application was appropriate in this case for a number of reasons, including because randomisation was being used in the provision of a service, and due to the vulnerability of the participants involved in the intervention.

3. Methods

The evaluation as implemented differed significantly from the methodology outlined in the original evaluation protocol and pre-registration. While the impact evaluation was largely conducted as planned, some of the proposed analyses were not completed; the implementation and process evaluation (IPE) was scaled back; and the economic evaluation was not conducted. This was due to a combination of the impact evaluation ultimately being more complex and time-consuming, and a view that given the emerging findings of the impact evaluation, the IPE and economic evaluation were of limited value and the resourcing was better deployed elsewhere.

Early findings from the impact evaluation — which took place between June 2022 and July 2024 — suggested that very few of the trial participants had moved out-of-borough during the trial. Early findings from the IPE also suggested that the majority of participants in the treatment group had not received the intervention as set out in the TiDIER Framework (See Table 1). This meant the evaluation would not be able to provide data on the impacts of voluntarily moving from a high-demand to a low-demand region of the UK, as participants on the whole had not moved. It would also have limited insights to provide on the effectiveness of the intervention, as largely participants in the treatment group had not received it as expected per the TiDIER framework. Given this and earlier delays to the timeline, it was felt that continuing to carry out the evaluation as set out in the protocol was not the best use of resources.

The sections below outline the methods initially proposed, and how the evaluation was carried out in practice.

3.1 Recruitment

Participants for the study were recruited from individuals who signed up to receive HFUK during the trial period. HFUK assesses the eligibility of individuals via a screening tool on their website. The tool checks whether applicants are:

- Currently resident in a partner LA;
- Willing to move away from their local area
- Not seeking a four-or five-bedroom house; and
- Do not fall under any exclusion criteria based on high-risk/vulnerable groups added during the trial[1]

1 The participant would be excluded if: they are a victim or survivor of domestic abuse, grooming or trafficking; are currently rough sleeping; do not have conversational-level fluency in spoken English.

During the trial period, the screening tool was adapted to facilitate recruitment for the trial. At the end of the tool a link was added directing participants to a KCL-managed site where they received information about the evaluation and were asked to consent for the sharing of their contact details with KCL and our data collection partner, QA Research. Eligibility was then verified with the LA in which the individual resided. The LA then confirmed whether the applicant is on the Housing Register and is suitable for support (e.g., not undergoing medical treatment that means they should not relocate). If an individual was eligible, they were then contacted by Qa Research to enrol them in the study. Upon consent, a baseline survey was conducted on the same phone call. Participants were then randomised to either receive the intervention immediately (treatment), or to the control group, who were able to receive support from HFUK after six months (control). A few participants (<5) randomised in the control group were also moved to the treatment group if their degree of vulnerability increased during the research, and required a quicker response from HFUK.

Recruitment for the trial took place between 9 September 2022 and 14 November 2023. Midline surveys were collected 3-months after randomisation, and endline surveys were collected 9-months after randomisation.

Descriptive statistics about the characteristics of participants are included in Section 3.1

3.2 Impact evaluation

The Impact Evaluation was carried out via a randomised controlled trial, which collected outcome data via self-reported survey data. Surveys were administered over the phone by trained and supervised researchers at QA Research, at three time-points during the study (baseline, and 3 and 9 months after randomisation). These surveys included questions related to the outcomes of interest, in addition to demographic questions, questions related to service use, and in the endline survey questions about interactions with HFUK staff. The original research questions are below:

The primary research question for the impact evaluation was:

- What impact does moving to a new area via HFUK have on applicants' self-reported housing security (as measured by the Housing Security Scale)?

The secondary research questions assess impact both on the ex-ante intent-to-treat (ITT, i.e. as randomised, regardless of whether they moved) and ex-post compliance (CACE) levels, and were as follows:

- What impact does moving to a new area via HF UK have on applicants' social connectedness (as measured by the ENRICHD social support instrument)?
- What impact does moving to a new area via HF UK have on applicants' mental health (as measured via the psychological health module of the WHOQOL-BREF)?

- What impact does moving to a new area via HF UK have on applicants' physical health (as measured via the EQ5D-3L)?
- What impact does moving to a new area via HF UK have on applicants' level of access to public services (as measured by self-report of access to services in the last three months)?
- What impact does moving to a new area via HF UK have on applicants' contact with the justice system (as measured by self-report of contact with police in the last three months)?
- What impact does moving to a new area via HF UK have on applicants' employment and financial security (as measured by self-report of hours worked and receipt of benefits)?

As outlined below, because relocation to a new area was rare among participants, the analytical approach specified in the original protocol was no longer appropriate. As a result, certain planned analyses — such as the Complier Average Causal Effect (CACE) analysis — were no longer appropriate and were not carried out.

Given this, this study addresses a modified set of research questions, as follows.

The primary research question for the impact evaluation was:

- What impact does being assigned to the treatment group, to receive support moving to a new area via HFUK, have on applicants' self-reported housing security (as measured by the Housing Security Scale)?

The secondary research questions assess impact both on the ex-ante intent-to-treat and are as follows:

- What impact does being assigned to the treatment group, to receive support moving to a new area via HFUK, have on applicants' social connectedness (as measured by the ENRICHD social support instrument)?
- What impact does being assigned to the treatment group, to receive support moving to a new area via HFUK, have on applicants' mental health (as measured via the psychological health module of the WHOQOL-BREF)?
- What impact does being assigned to the treatment group, to receive support moving to a new area via HFUK, have on applicants' physical health (as measured via the EQ5D-3L)?
- What impact does moving to a new area via HFUK have on applicants' employment and financial security (as measured by self-report of hours worked and receipt of benefits)?

We note that the impact of HFUK on a range of outcomes is expected to operate through successful relocation to more secure housing in a different area (See Theory of Change, in section 2.4). As this was very rare in our sample, we do not expect being assigned to the treatment group to have an impact on the outcomes outlined.

Table 2: Randomised Controlled Trial Design

Trial design	Randomised Controlled Trial
Number of arms	Two arms
Allocation ratio	1:1
Allocation method	Initially, the randomisation was done on a fortnightly batch basis throughout the recruitment period, as long as there were more than 20 people in the batch. As the recruitment progressed, we switched to probabilistic randomisation on a rolling basis, to avoid delaying participants' allocation for too long, as the number of referrals started to reduce.
Randomisation technique	Randomisation in batches: stratified randomisation, randomisation on a rolling basis: simple probabilistic randomisation.
Stratification variable(s)	Local Authority (only applied to randomisation in batches)
Unit of randomisation	Randomisation would be conducted at the individual level
Blinding	Researchers collecting surveys from participants were blinded to treatment allocation, but researchers conducting analysis were not.
Primary outcome(s)	Housing security, measured via the Housing Security Scale (HSS) (Frederick et al., 2014)

Secondary outcome(s)	Social connectedness (ENRICHD social support instrument, Mitchell et al., 2003); Mental health (psychological health module of the WHOQOL-BREF); Physical health (EQ-5D-3L, EuroQol, 2019); Employment & financial security (measured by number of hours worked in formal employment in the preceding week, and whether they are in receipt of any benefits)
Sample size	262
Follow-up period	Three- and nine-months post-randomisation

3.3 Implementation and process evaluation

The IPE was originally designed to include interviews with service users; online surveys with HFUK staff and partner organisation staff; follow-up interviews with senior HFUK and Home Connections staff and partner organisations; and descriptive analysis of Home Connection's administrative data sets.

The research questions for the process evaluation were:

- To what extent does the delivery of HFUK adhere to the Theory of Change?
- What are the key facilitators and barriers to successful implementation of HFUK?
- How can the experiences of people who have received the HFUK inform our understanding of the services' effectiveness and accessibility?
- How do the experiences of people who have received HFUK services, staff who deliver the service and partner organisations inform our understanding of the strengths and weaknesses of the service and how generalisable are these findings for similar schemes?
- How do those moving to a new area via HFUK differ in their perception of their outcomes, such as access to services, community connectedness and reported wellbeing, to those who have received other types of statutory placements by LAs?

Due to early findings from the endline surveys and interviews with service users, the design was altered. Qualitative interviews were carried out with 30 service-users who were assigned to the treatment group and so should have immediately received the intervention. All other aspects of the implementation and process evaluation were not carried out. As noted above, the intervention — according to the specifications outlined in the TiDIER framework — did not appear to have been delivered as intended to the treatment group. Due to this and earlier delays, it was felt that continuing to carry out the rest of the IPE as set out in the protocol was not the best use of resources.

The analysis of the IPE therefore focuses on participants' experiences of HFUK.

3.4 Economic evaluation

The economic evaluation aimed to assess the comparative value for money of the HFUK scheme; and assess how moving to a new area via HFUK affects resource pressures in origin and destination LAs. This would involve an analysis of the incremental resource implications of voluntary out-of-area moves via HFUK. Questions designed to facilitate this analysis were included in the repeated surveys. The economic evaluation was not carried out, because participants in the trial had not moved out-of-area, and therefore it would not be possible to assess the effect of this on the resources of LAs.

4. Results

4.1 Impact evaluation

Participant flow

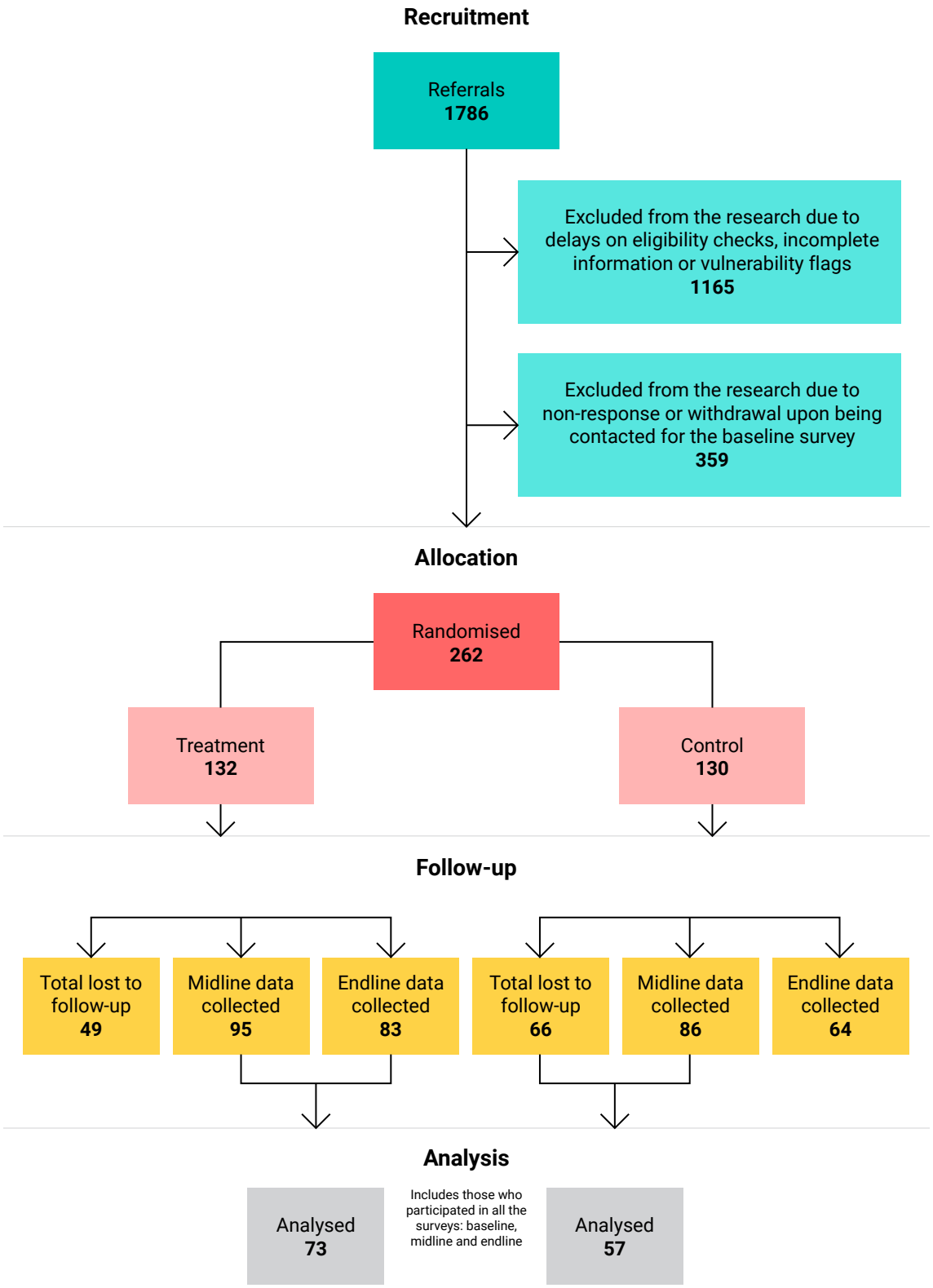
The RCT spanned three data collection waves: baseline (pre-randomisation), midline (3 months post-randomisation) and endline (9 months post-randomisation). The trial commenced with 262 participants, with 132 people randomised into the treatment group and 130 in the control group. In the second wave, 181 participants responded, reflecting an attrition rate of approximately 31%. By the final wave, the number of respondents was 147, corresponding to an attrition rate of around 19% and therefore an overall attrition rate of 44% from baseline to endline. Overall, 130 participants were present across all three waves of the data collection — 73 from the treatment group and 57 from the control group.

Table 3: Response rates and attrition

Wave	Total Participants	Response Rate (%)	Cumulative Attrition Rate (%)
Baseline	262	100	NA
Midline	181	69.1	30.9
Endline	147	56.1	43.9
Number of Complete Cases	130 out of 262 randomised participants		

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

Figure 2: CONSORT diagram



Sample size

This section presents the expected sample size and the associated Minimum Detectable Effect Size (MDES) while developing the trial protocol and how these values change across the subsequent phases of the study.

Table 4: Sample size and MDES calculation at protocol, randomisation and analysis stage

		At protocol	At randomisation	At analysis
Pre-test/ post-test correlations		0.3		
Alpha		0.05		
Power		0.8		
Alternative hypothesis: One-sided or two-sided		One-sided		
Number of participants	**Intervention**	120–160	132	73
	Control	120–160	130	57
	Total	240–320	262	130
Expected attrition at individual level (%)		25	–	–
Effective sample (Total Participants)		180–320	262	130
Minimum Detectable Effect Size (MDES)		0.26–0.35	0.29	0.41

As shown in Table 4, we initially aimed to recruit between 240 and 320 participants for the trial. Accounting for an anticipated attrition rate of 25%, the effective sample size was expected to range between 180 and 240 participants, corresponding to a MDES between 0.26 and 0.35. We successfully recruited and randomised 262 participants, falling within our expected range and achieving an estimated MDES of 0.29. However, by the time of analysis, 130 participants (73 in the treatment group and 57 in the control group) had completed all survey rounds. This attrition resulted in a reduced effective sample size, which in turn increased the MDES to 0.41. This, therefore implies a reduction in the statistical power to detect smaller effect sizes.

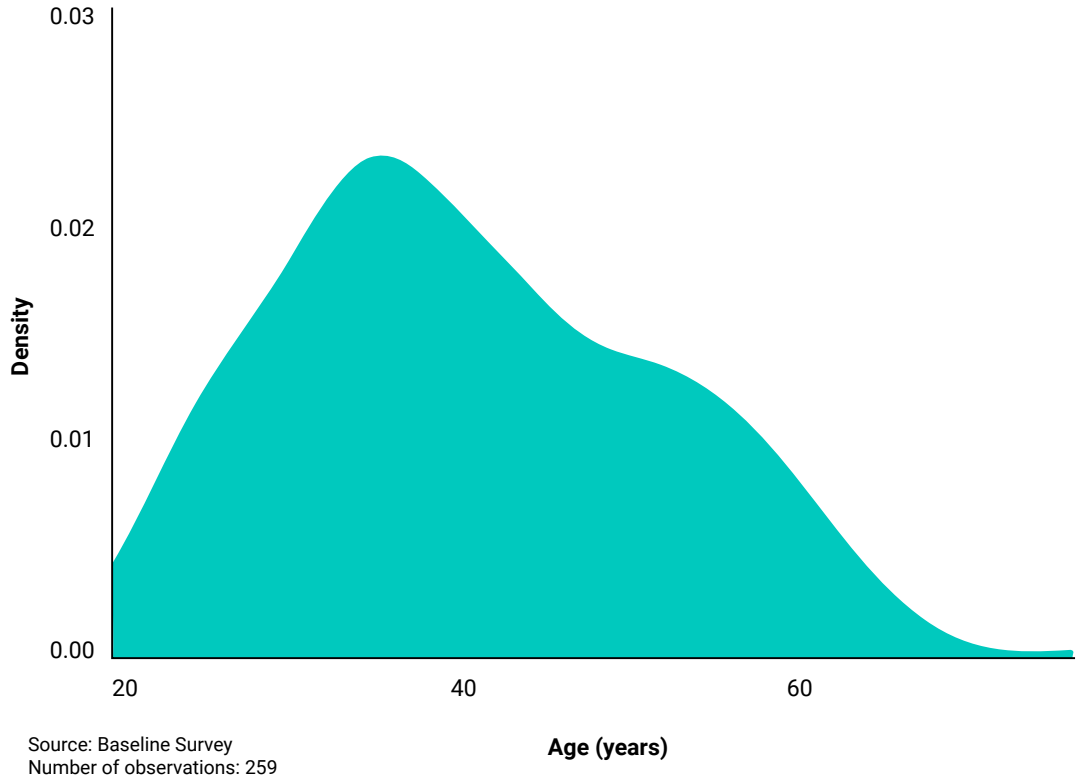
Sample Characteristics

An analysis of the demographic characteristics of participants has been presented below and is based on the responses gathered via the baseline survey (262 participants).

Age

The average age of the trial participants is 41 years, with a range of 20–77 years. Figure 3 below presents the distribution of the participants' age.

Figure 3: Participants' age distribution at baseline

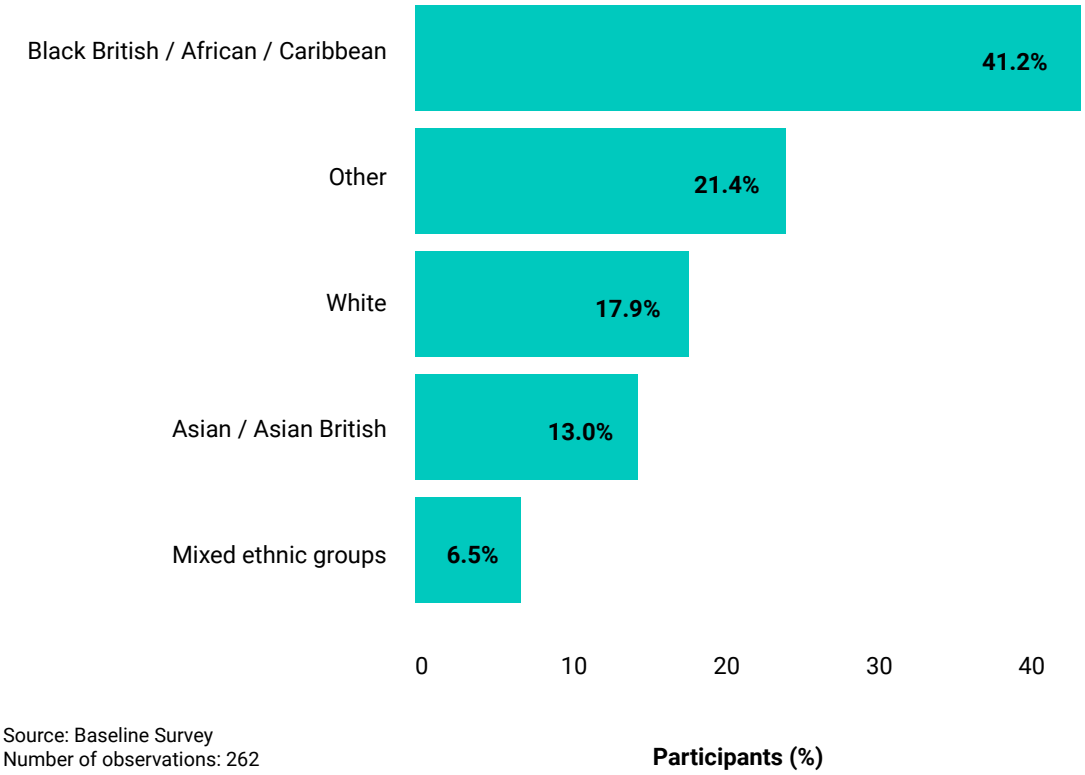


Source: Baseline Survey
Number of observations: 259

Ethnicity

A large proportion, equalling 41% of the sample, reported their ethnicity as Black British/African/Caribbean. Participants who did not share their ethnicity status or whose ethnicity options were not present (such as Portuguese, African and Hispanic), have been grouped under the "Other" category, comprising of 21% of the sample. Next, 18% of the sample reported their ethnicity as White, 13% as Asian/Asian British and the remaining came from mixed ethnic groups

Figure 4: Participants' self-reported ethnicity distribution

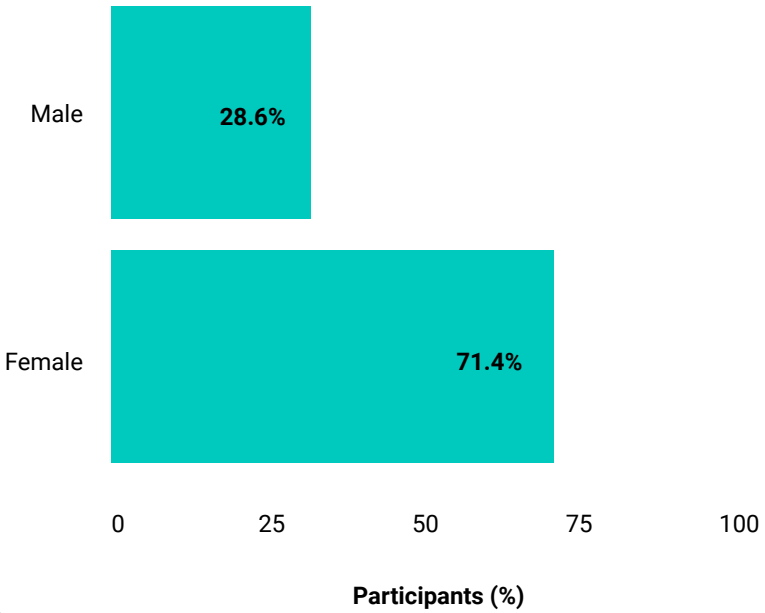


Source: Baseline Survey
Number of observations: 262

Gender

More than half the sample are women (71%). This distribution is consistent across treatment and control groups, indicating balanced representation, as presented in Table 7. A small number of participants self-identify as “Other” or refused to respond to the question, and have been grouped within the male category, to avoid privacy concerns on small numbers.

Figure 5: Participants’ gender distribution

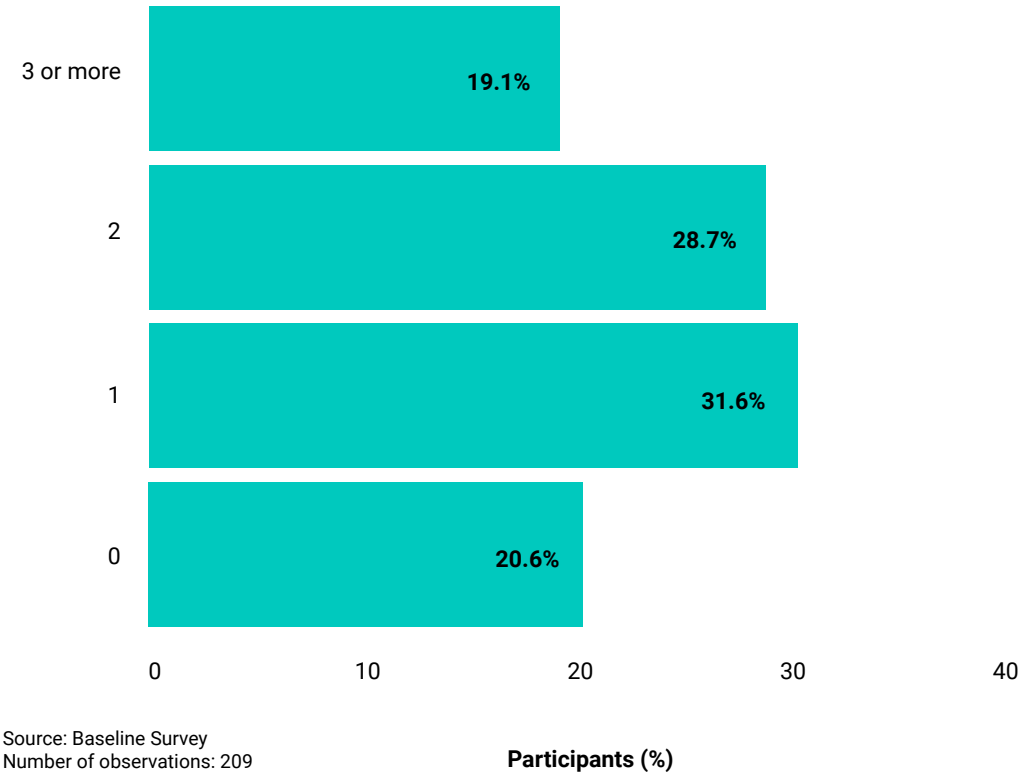


Source: Baseline Survey
Number of observations: 262

Number of children in the household

In terms of family structure, the average number of children per participant is 1.5, and the number ranges between zero to six children in the household. Figure 6 below shows that the largest proportion of participants have one child.

Figure 6: Distribution by number of children in household

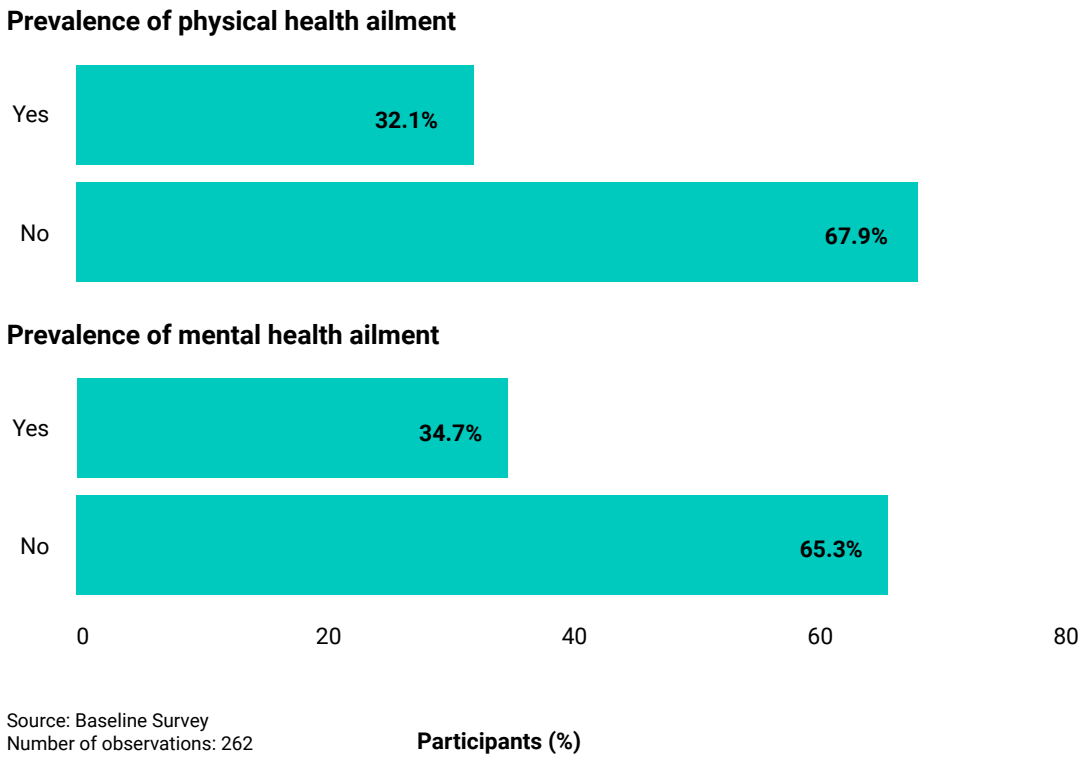


Source: Baseline Survey
Number of observations: 209

Physical and Mental Health Status

Around one third of the sample report having a long-standing physical impairment, illness or disability. Similarly, mental health status was assessed and 35% of the participants revealed being affected by conditions like panic attacks, dissociative disorder, post-traumatic stress disorder, insomnia, and depression, amongst others.

Figure 7: Participants' physical and mental health status distribution



Source: Baseline Survey
Number of observations: 262

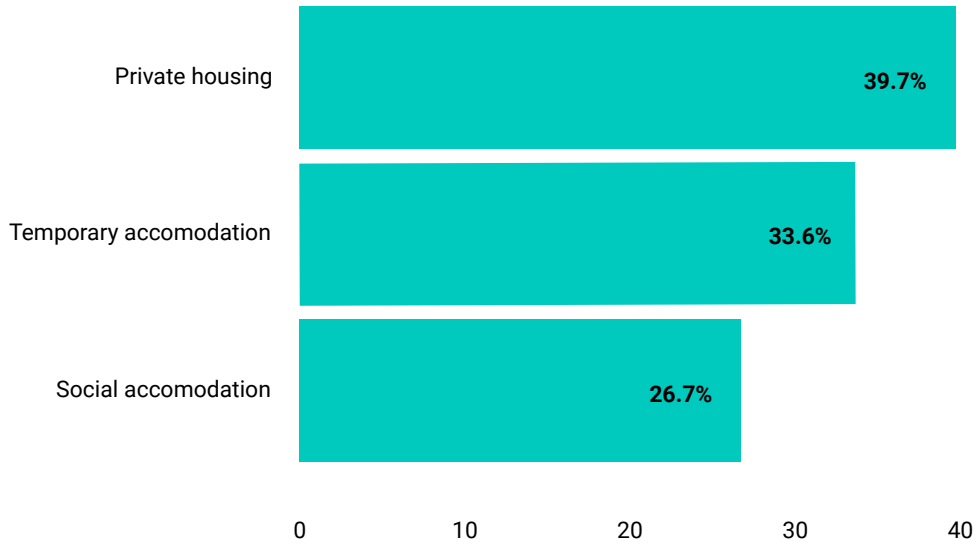
Housing Status

Participants' housing status at baseline is reported below. As presented in Figure 8, private housing (including hostels, flats owned or rented by relatives, as well as private accommodation provided/paid by council) is the most common type of accommodation. This is followed by temporary accommodation (34%), which is an overarching category including people who are 'sofa surfing', living in emergency accommodation,

B&B or night shelters and winter shelters. In this category, we also include participants who own a house but have reported to become homeless soon, as well as those who are living in an unconsented sublet of a private flat.

Finally, around 27% of the sample is living in social housing (sheltered accommodation, socially rented accommodation provided by council/housing association).

Figure 8: Distribution by accommodation type



Source: Baseline Survey
Number of observations: 262

Outcome Variables

As noted in earlier sections, the outcomes of interest for this study are assessed as follows:

- **Housing security:** this was measured through the Housing Security Scale (HSS) developed by Frederick et al. (2014). It is a thirteen-question scale, with responses measured on a Likert scale, and captures the degree of housing security. It assesses dimensions like housing type, recent housing history, current housing tenure, financial status, standing in the legal system, education and employment status, and subjective assessments of housing satisfaction and stability. Participants were asked to give a score between 1–5 for each of the sub-questions in the scale, with 5 representing the highest possible score.

- **Social connectedness:** this was assessed by the ENRICHD social support instrument (Mitchell et al., 2003). This is a seven-item, self-reported measure, with responses measured on a Likert scale. The scale captures whether the participant receives emotional support and affection, has someone to confide in, has someone to share daily chores with and who can provide advice when needed. Participants were asked to give a score between 1–5 for each of the sub-questions in the scale, with 5 representing the highest possible score.

- **Mental health:** this was captured via the psychological health module of the WHOQOL-BREF (Vahedi, 2010). It is a 26-item instrument consisting of four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental health (8 items). However, in this study, 5 items which directly align with the dimensions of mental health relevant to the study's focus, have been used. Participants were asked to give a score between 1–5 for each of the sub-questions in the scale, with 5 representing the highest possible score.

- **Physical health:** this was measured using the EQ-5D-3L scale (EuroQol, 2019). Participants were asked to rate their health based on the following dimensions: mobility, self-care, usual activities, pain/discomfort and sense of anxiety/depression. The responses are then measured on a 3-point Likert scale. Participants were asked to give a score between 1–3 for each of the sub-questions in the scale, with 3 representing the highest possible score.

While each of the scales mentioned above have specific guidelines to compute the scores, missing responses in the survey made it difficult to adopt the exact methodology specified in the literature. This is specifically in reference to the EQ-5D-3L scale for capturing physical health, where responses for each question creates a health index to be mapped to a particular numerical value. Due to missing data on sub-questions, it became difficult to effectively map the index to the specified number. As a result, in this study, we have instead computed an average score for each outcome, ranging between 1–5.

Responses for each sub-question were summed within each instrument and then divided by the number of items that the participants responded to in that instrument. This way of computing the average response, while limiting the opportunity to make comparisons across other reports and journals (due to a different methodology) was seen as a pragmatic way to capture outcomes for the purposes of this study. This is because it allowed us to retain data for individuals who had responded to some but not all the items in a domain without biasing the results to a large degree.

All the outcomes were measured on a 5-point scale other than physical health which was measured on a 3-point scale. Thus, to ensure improved comparability across the outcome measures, the average scores for physical health were rescaled to 1–5. Overall, we get a continuous measure for the four outcomes described above.

Finally, we explore the effect of being assigned to the HFUK intervention on employment and financial security. This was captured by whether the participant worked 15 hours or more in the preceding week, and whether they were in receipt of any state benefits. Thus, we obtain a binary measure (1- Yes, 0- No) for these measures.

Outcomes at Baseline

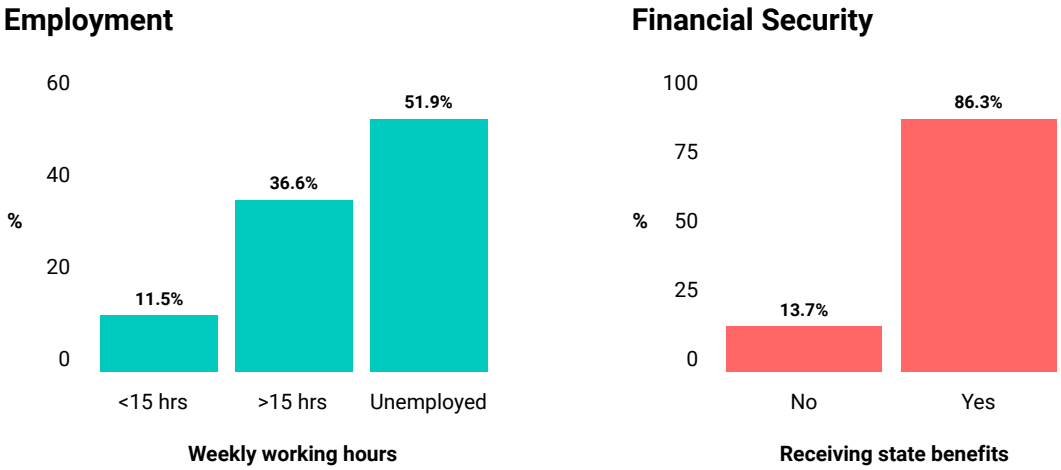
Figure 9 presents the overall distribution of the four outcomes graphically to provide an overview of the starting point of the participants. We can see that the graphs for social connectedness and physical health are skewed to the higher end of the distribution, with a considerably large proportion of the participants with scores above 3.5 out of 5. Housing security and mental health scores, on the contrary, show that participants concentrate between 2.5–3.5 for much of the sample, towards the lower end.

The distribution of outcomes at baseline shows some interesting insights. Overall, the sample in the trial seems to have good physical health, which shows that at least for 70% of the sample, their housing instability has not yet affected how they feel about their health broadly. Regarding social connectedness, 62% of the participants scored 3 or more out of 5 in the scale. This is in contrast to what is expected given the nature of the intervention which involved moving out-of-borough, with potential to change people's social connections.

Figure 9: Participants' distribution of outcomes at baseline

Number of observations: 262

Figure 10: Employment and financial security distribution at baseline



Number of observations: 262

Employment, measured by the number of hours worked weekly, and financial security, captured by access to state benefits, are two other measures of interest. At baseline, a substantial proportion of participants report working more than 15 hours per week and approximately 14% of participants indicate that they have access to state benefits. Looking at the graphs collectively, the data suggests that limited access to benefits may be due to the participants earning above the threshold to be eligible for them. However, assessing financial stability remains challenging, since more than 15 hours of work per week could still mean participants are working part-time (since full-time work is typically defined as 35 hours or more per week) and thus are not earning enough to feel financially secure.

Table 5 presents the summary statistics of the outcome scores, produced based on the responses of the trial participants in the baseline survey. Low levels of housing security, social connectedness and poor physical and mental health were prevalent among a large proportion of participants.

Overall, most of the outcomes report average values corresponding to the middle of the scale. The lowest average scores were reported for housing security and mental health (3.15 and 3.16 respectively out of 5), however, some participants reported high scores on these outcomes, with maximum values of 4.50 and 4.83 respectively. Physical health reports the highest average score (3.96) and has a median of 4.20. This means that at least 50% of the participants have a score of 4.20 or more which is indicative of an overall good physical health status in this cohort.

Table 5: Summary statistics of outcomes at baseline

Outcome	Mean	Median	Minimum	Maximum	Standard Deviation	Observations
Housing Security	3.15	3.17	1.80	4.67	0.44	262
Social Connectedness	3.38	3.50	1.00	5.00	1.08	262
Physical Health	3.96	4.20	1.00	5.00	0.87	262
Mental Health	3.16	3.17	1.00	4.83	0.62	262

The scores computed for each outcome can vary between 1 (minimum) to 5 (maximum) points.

On social connectedness, the data shows a standard deviation of 1.02, the highest among all measured outcomes — indicating a moderate level of variability in the scores around its mean of 3.38. This suggests that participants' experiences of social connectedness vary considerably. While some individuals expressed feeling socially connected, others may still face challenges on this front, highlighting the diverse range of experiences and the potential need for targeted interventions to improve social support for those facing isolation. Despite shared vulnerabilities in housing security, the diversity in perceptions of social connectedness highlight how personal factors, such as individual temperament, coping mechanisms and past experiences, can influence one's sense of connection, illustrating that emotional resilience and therefore the need for social support can vary widely even in similar contexts.

We further assess the relationship between housing security score and type of accommodation held by the participants at baseline, presented in Table 6.

Table 6: Summary statistics of housing security at baseline by accommodation type

Accommodation	Mean	Median	Minimum	Maximum	Standard Deviation	Observations
Private housing	3.18	3.17	2.33	4.50	0.43	104
Temporary Accommodation	3.09	3.04	1.80	4.67	0.49	88
Social accommodation	3.18	3.17	2.33	4.18	0.39	70

The scores computed for each outcome can vary between 1 (minimum) to 5 (maximum) points.

As anticipated, the mean housing security score for individuals in temporary accommodation is the lowest at 3.09, signifying a high level of housing instability. This finding underscores the precarious living conditions faced by this group. However, the notably high standard deviation suggests that there is significant variability in the experiences of individuals within this category. The aggregation of various types of temporary accommodation — such as emergency shelters, transitional housing, and other temporary living situations — likely contributes to this. Some individuals may experience relatively more secure forms of temporary accommodation, while others may face higher levels of instability. This variation calls for a more nuanced interpretation, as it highlights the need to consider the specific circumstances within different housing types to fully understand the range of experiences.

Another point to note is that individuals in private housing and social accommodation exhibit broadly similar values across various summary statistics figures, suggesting individuals in these housing types have similar levels of housing security and feel more stable. However, the higher standard deviation observed in the private housing group requires critical examination. This suggests that while the average experience of individuals in private housing may be relatively secure, there is considerable variation in their scores. The broader spread could reflect differences in the quality of housing, rental agreements, or personal circumstances within this group. For example, some individuals may enjoy more stable, secure living arrangements, while others might face higher levels of insecurity due to factors such as relatively costly rent, insecure tenancy agreements, or substandard living conditions.

Balance Checks

We conducted tests for balance on key demographic characteristics and outcome measures at baseline, to verify the comparability of the treatment and control groups. We have considered that there is an imbalance on a covariate if there is more than a 5 percentage point (%p) absolute difference in the proportions of respondents in each category for the categorical variables (gender and ethnicity).

For continuous variables (age and number of children in the household), imbalance on a covariate is considered if the absolute difference in the means between the two groups as a proportion of the sample standard deviation, equivalent to a Z-score within a Standard Normal Distribution, is more than 0.1.

The results from the balance checks are summarised in the section below.

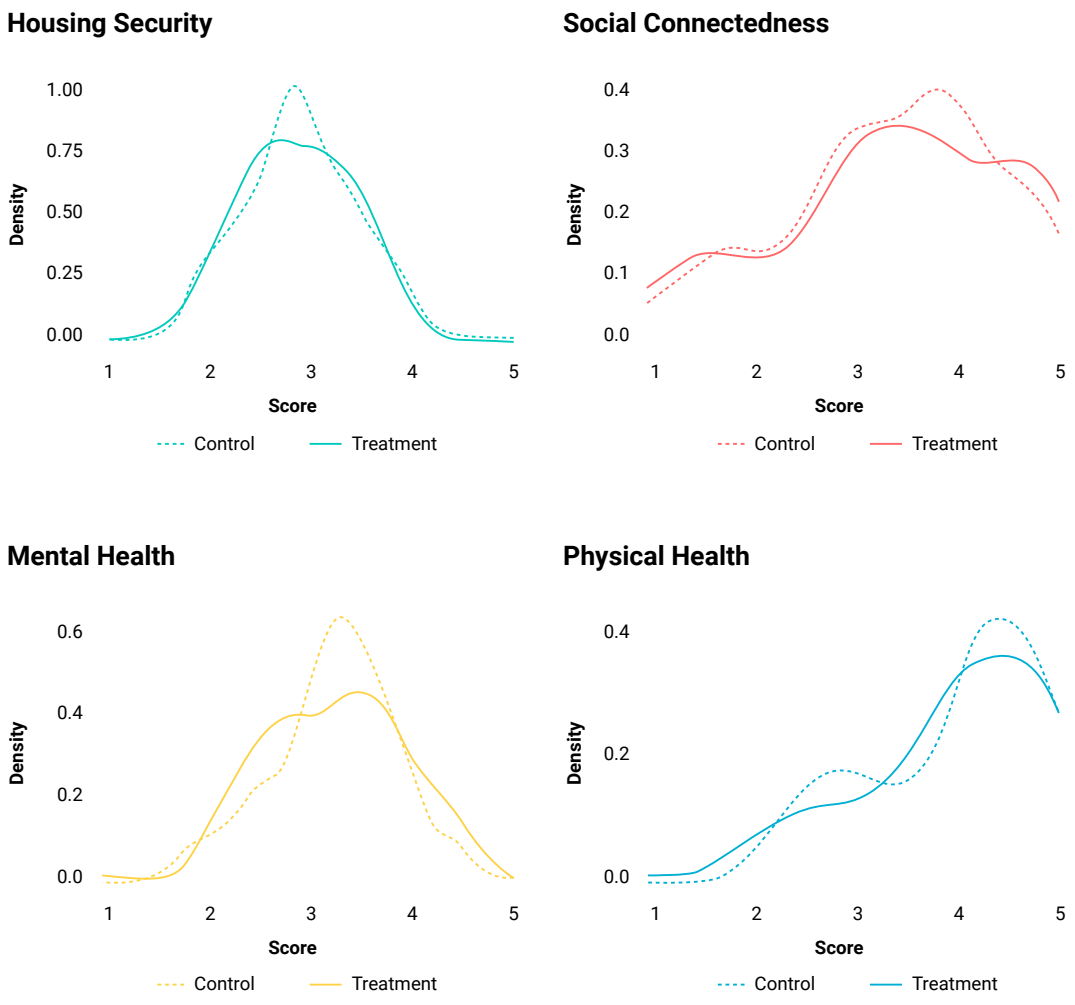
Table 7: Balance checks

Variable	Control	Treatment	Difference
Gender: Proportion of male participants	25.4%	31.8%	6.4%p*
Ethnicity: Proportion of participants self-identified as White	19.2%	16.7%	2.5%p
Age	40.4	41.3	0.08
Number of children in the household	1.5	1.5	0.01

In Table 7, we present the split of allocation by gender, ethnicity, age and number of children in the household and the absolute mean differences. With regards to gender, there were slightly more men in the control group, compared to the treatment group, while more women were in the treatment as opposed to in the control group; the difference is 6.4 %p which exceeds our threshold. This difference may be random as the likelihood of random variation increases with a lower sample size. Nonetheless, to address this potential source of bias we have included gender as a covariate in our analysis.

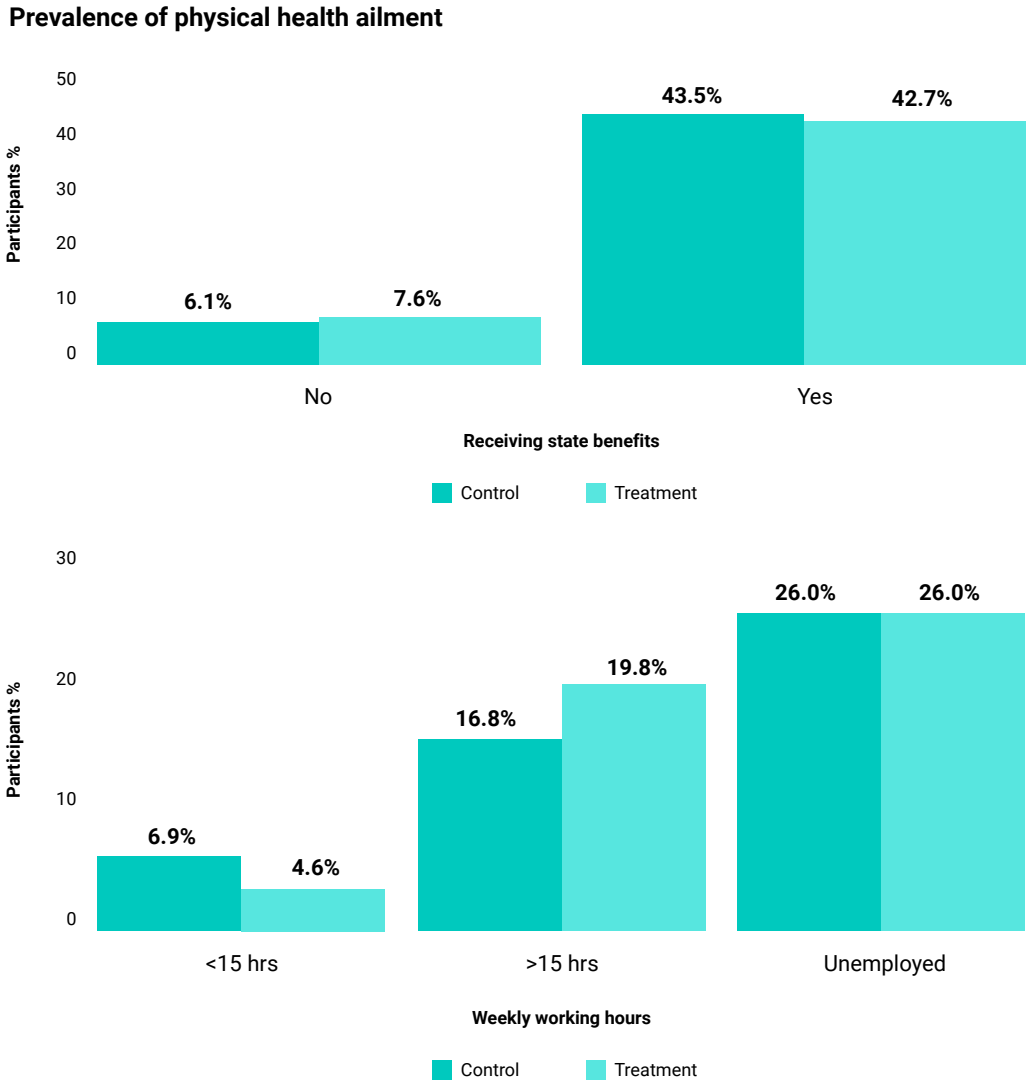
For age, ethnicity and number of children, there is a balanced representation and can be seen by both the contingency table and by the fact that the difference is not statistically significant.

Figure 11: Distribution of continuous outcome measures by treatment assignment at baseline



Number of observations: 262

Figure 12: Distribution of binary outcome measures by treatment assignment at baseline



Both treatment and control groups follow similar outcome measure trends as illustrated in Figure 11 and Figure 12. Some minor differences seem to appear with respect to housing security and mental health scores. However, upon testing for differences in the distribution of the outcomes across treatment and control groups using the Kolmogorov-Smirnov test[2] (see Appendix), no statistically significant differences were detected for any of the outcomes. It may be suggested then, that slight differences visible in the trajectories of the outcome measures might be reflective of the sensitivity to the small sample sizes and present no harm to the overall balance between treatment and control groups at baseline.

2 Kolmogorov-Smirnov test is used for comparing the distributions of two datasets and it computes a test statistic called D which refers to the maximum absolute difference between the two cumulative distribution functions.

Intention to Treat analysis

In this section we present the findings from the Intention to Treat (ITT) analysis. This analysis was conducted using complete cases for a given outcome; and the responses from the midline and endline have been pooled (i.e. for each outcome, the average value of the two have been computed), in line with the protocol.

Around 42% of the trial participants reported contact from HFUK staff to offer support for relocating to a new home. However, fewer than 5% of those contacted reported receiving support, and fewer than 2% relocated. While we have access to data from individuals who responded to the surveys, the very small number of participants who moved because of the intervention meant that we were unable to perform a CACE analysis. Instead, we focused on analysing the effect of treatment assignment on the outcomes of interest. It remains possible that HFUK provided support to individuals who either declined to participate in the trial or did not respond to the survey. We have worked closely with HFUK to emphasise the importance of ensuring that those assigned to the treatment group receive the intended support.

An OLS regression model has been used (linear probability model for employment and financial security where the data is binary in nature) and the specification used is as follows:

$$Y_i = \alpha + \beta_1 R_i + \beta_2 A_i + \beta_{3:6} X_i + \delta_i + \epsilon_i$$

Where:

- Y_i is the outcome of interest (pooled midline-endline), including secondary outcomes, for individual i;
- R_i is the treatment assignment indicator that represents whether individual has been allocated to either a treatment or control group, independent of whether they complied and took up the treatment.
- A_i is individual i's outcome at baseline measurement.
- X_i is a vector of the characteristics of individual i including age, gender, ethnicity and number of children under 16 who spend at least 50% of time in the household.
- δ_i is an area fixed effect for the LA individual i is resident in at baseline.
- ϵ_i is a robust standard error term

The results of the regression analyses are presented in Table 8. For each of the six outcomes, the relationship between being assigned to the treatment group and the outcomes was examined. We note that the impact of HFUK on a range of other outcomes is expected to operate through a successful relocation to a different area (See Theory of Change, in section 1.3). As this was very rare in our sample, we do not expect being assigned to the treatment group to have an impact on these other outcomes.

Table 8: Regression Estimates

Outcome	Estimate	p-value	Confidence interval	Effect size	Statistically significant
Housing Security	0.14	0.07	[-0.01; 0.30]	0.40	No
Social Connectedness	-0.23	0.15	[-0.56; 0.09]	-0.25	No
Physical Health	-0.04	0.38	[-0.13; 0.05]	-0.15	No
Mental Health	0.07	0.52	[-0.15; 0.30]	0.14	No
Employment	-0.05	0.62	[-0.24; 0.15]	-0.10	No
Receiving Benefits	0.02	0.29	[-0.01; 0.05]	0.06	No

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Data on outcomes have been collected via surveys with responses in midline and endline survey pooled; covariates used in the regression include baseline measure of outcome, age, gender, ethnicity, number of children in the household and local authority; effect size has been computed using Cohen's d which provides a standardised measure of how different the means of the treatment and control group are; full regression tables in Appendix.

We find no significant impacts of being assigned to receive support from HFUK on any outcome. On housing security — the primary outcome of interest — the point estimate obtained is 0.14. This means that those assigned to receive HFUK had a housing security score that was 0.14 points higher on average than those assigned to the control (on a 1–5 scale). However, this difference is not statistically significant at the 95% level and the wide confidence interval indicates uncertainty about the true effect size, including the possibility of no effect or a small negative impact. While the sign of the coefficients may suggest the direction of the relationship, particularly for housing security, where $p < 0.1$, the confidence intervals consistently cross zero suggesting a high degree of uncertainty as to the direction and magnitude of any effect. Overall, we find no evidence of an impact of being assigned to access the HFUK intervention and any of the outcomes.

We also conducted sensitivity analyses for both midline and endline responses, and the results, which are presented in the Appendix, show that the coefficients are consistently not statistically significant, suggesting that the results are robust across different time points. Overall, the findings from the analysis are as expected given that the main impact was expected to arise from moving house, which largely didin't occur, we expected to see no statistically significant differences.

Sub-group analyses

Subgroup analysis as pre-specified is presented in the Appendix. The subgroups are:

- Mental health issues;
- Physical health problems; and
- Presence of children in the household.

Analysis is conducted for any subgroup differentials in treatment effect for housing stability only. Due to the low sample sizes in the subgroups of interest, this analysis is provided for completeness only.

Missing data

Consistent with the protocol and EEF's statistical guidance (Education Endowment Foundation, 2018), it was initially decided that all available covariates would be regressed on the likelihood of missingness using a binary logistic regression to explore the type of missingness in the data and the best approach to address it. However, as it was detected during the evaluation that the intervention was not implemented as intended, it was agreed that missing data imputation and other sensitivity analyses would not be performed.

Imputing missing data would not have contributed valuable insights to the overall findings, and would risk obscuring the findings or introducing noise into the analysis. Additionally, it is possible that attrition and non-responses were driven by the lack of effective programme delivery, especially if participants felt frustrated due to the perceived lack of support/contact from HFUK. In this case, imputing missing data was not seen as appropriate as this could possibly skew the dataset in ways that would not reflect the true outcomes of the study and obscure the true limitations of the study. Nevertheless, we run balance checks on key observable covariates to assess whether the characteristics of those retained and lost at follow up differ significantly, by treatment assignment.

As presented in Table 9, while demographic characteristics among the remaining sample are balanced between treatment and control, we observe some imbalance among participants who dropped out, suggesting that attrition has not been random. However, since the core analysis is conducted on a balanced sample (i.e. the participants who completed all three surveys), this helps in preserving internal validity.

Table 9: Balance checks on covariates

Baseline Variable	Remaining participants		Difference	Lost to follow-up		Difference
	Treat	Control		Treat	Control	
Gender: Male (%)	25%	23%	2%p	41%	27%	14%p*
Ethnicity: White (%)	19%	16%	3%p	14%	22%	8%p*
Number of children in the household	1.6	1.5	0.1	1.5	1.6	0.1
Age	39.3	40.9	0.1	43.9	40.0	0.3*

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

4.2 Implementation and process evaluation

This section presents the findings of the implementation and process evaluation and explores HFUK users' experiences of the application process and when looking at a property through HFUK's system. As discussed above in the methods section, the implementation and process evaluation consisted of 30 qualitative interviews with HFUK service users. The findings below are based on these 30 qualitative interviews and, where relevant, complemented with findings from the survey. Findings are complemented with information received from HFUK on engagement with applicants and their internal processes.

The Application process

During the trial some small adjustments were made to the HFUK application process to allow for recruitment procedures. This is outlined in more detail in Section 2, but a summary is provided below to aid interpretation of the following sections.

During the application process, applicants were required to complete an online form to confirm their eligibility for the programme and the evaluation. After the resident's LA confirmed their eligibility for the trial, they were contacted for consent to be involved in the trial and the baseline survey was conducted. Participants were then randomised, those in the treatment group provided with a link to register on HFUK's website, and HFUK was notified of participants' treatment conditions, so they could work with those in the treatment group immediately. Those in the control group were added to a 6-month waiting list to receive support (participants in the control group did not take part in the interviews).

Finding out about Homefinder UK

The most common channel through which interview participants had heard of HFUK was through their Local Authority. Participants reported finding out either online (e.g., through Council's website or when bidding for a Council house), or through their housing officer.

Findings suggest that online searches were in general a common way of finding out about the service, with word of mouth playing a much lesser role.

Applicants' experiences of the application process

Insights from applicant interviews indicate a consensus that the online application process was easy to understand and straightforward.

"It [application process] wasn't difficult, I found, like, the council one needed more documents, things like that but then with the [HFUK] one, it was quite straightforward".

(Service user 12)

Despite this, several challenges during the application process were raised by applicants, including the length of time from the initial application to receiving login details; the unsuitability of the application process for people without computer skills or experience using websites; and a lack of clarity around eligibility.

Overall, the initial application process was regarded as straightforward (e.g., it didn't require extensive information, and information requested was clear), users commonly faced issues receiving and using their login details to access HFUK's website once their eligibility was confirmed. These findings are consistent with survey responses, where 19% of respondents also reported issues with their login details, which prevented them from looking for properties.

"In the beginning, it [application process] was fine. It was pretty smooth, online. We received a lot of details (…) And then the next time I tried to log in, it said that our login details of our case was closed, they couldn't find us in the system."

(Service user 8)

Participants' reasons for applying for Homefinder UK

Interview participants mentioned various reasons for seeking support from HFUK. The most common were the need for permanent, stable housing — since they were living in temporary accommodation at the time of application, and the need for a bigger place due to overcrowding. Those who reported living in overcrowded places frequently reported sharing their bedrooms with other family members, or 'sofa-surfed'.

"Living with your daughter in the same room is really, really hard. Yeah, that's why I applied for [HFUK]"

(Service user 6)

Participants living in temporary accommodation or overcrowded places commonly expressed frustration and concerns about their living conditions, including the lack of safety of their area or accommodation (especially of hostels or hotels), the lack of privacy in their current accommodation, and the presence of mould and damp in their rooms. The sense of danger and lack of safety was especially emphasised by a participant who was currently living in a hostel with their children after having been left in extreme financial difficulty by their ex-partner:

"The hostel itself is not safe. It's not managed correctly. So even the security guards and the management, they basically tell us that they can't do anything. We've got residents, teenagers, they're beating up other children.

You've got residents that are selling drugs, taking drugs. You've got people, walking inside the building and outside with knives. (…). You know, where we live, you wouldn't put your animals in. This is the council that's running the place."

(Service user 8)

Among those living in temporary accommodation or 'sofa-surfing', some raised that they had experienced homelessness in the past, or were at immediate risk of homelessness, and others reported having faced evictions or escaping abusive relationships.

Other common reasons for seeking HFUK's assistance include applicants being unable to afford housing costs or meeting landlord's financial requirements (e.g., earning above a certain threshold), or being asked to leave their accommodation as landlords claimed their properties back.

"I honestly thought that I was going to be able to find a property. But as it turns out, nearly 98% of landlords now, and I totally understand this, want to ensure their tenant against nonpayment of rent, and to do that, you personally have to have an income of 40,000 plus or have a guarantor in full time employment, earning that amount, who will guarantor for you and that's just impossible for me."

(Service user 7)

Other applicants sought support from HFUK as they were unable to receive support from their Councils, given the lack of properties available or the long waitlist they had to go through to receive a property.

4.3 People's experiences when looking for property through Homefinder UK

This section explores HFUK applicants' experiences and views of moving to a different area, the type of housing they were looking for, and their experiences navigating the website and interacting with HFUK's team.

Feelings towards moving to a different area

Findings from interviews with HFUK applicants suggest that views towards moving to a different area are diverse and largely depend on participants' personal circumstances. The HFUK programme is intended to be voluntary. However, participants' responses highlight the complexity of whether this choice can be truly voluntary in light of housing insecurity.

Our findings suggest that only a handful of participants were willing and keen to relocate anywhere in the UK. Much more commonly, participants were willing to relocate as long as their new area met certain conditions. One of the most common conditions mentioned by participants was relocating to somewhere they could find a new job, or commute to their current workplace to ensure job security.

"I'm hoping that at least I will be able to get my allowance in terms of one bedroom flat and obviously affordable rent and in terms of area. The area that I am able to find a job so that I'll be able to pay my rent. (…) In this case, moving out of [city] is not an issue. But if I was offered to [go] somewhere out of nowhere [were] there is no possibility to find any job, then that wouldn't work."

(Service user 1)

Another common condition among families with children was finding a property in an area with childcare access and close to schools. Specifically, all interview participants who reported having children were either not sure about moving to another area, or just willing to do so if the area met specific criteria (e.g., childcare access).

Other commonly reported conditions included good public transport connections or being relatively near specific areas where other relatives lived.

"It [the house] would have to be somewhere where I can use public transport, but I don't want to be too far. I've got family in [City] but I need to be local, obviously due to childcare as well, yes."

(Service user 3)

Qualitative findings suggest that applicants' willingness to move to other areas was not influenced by whether they had social networks in their current area. Some participants reported having close relationships with their friends and families where they lived, yet they were still keen to relocate. Others who were willing to move to other areas did not have strong social networks where they lived. Similarly, the perceived quality of, and accessibility to, health and wellbeing services in their current area was not seen as deterrents to moving out.

There were also participants reluctant to relocate to other areas. Findings from qualitative interviews suggest that HFUK users with children were less willing to relocate as they wanted to stay close to their relatives to receive childcare support, or they did not want to disrupt their children's education by moving schools.

"I'm not too confident about it [reallocating]. Only because having your first child, you do want the support of family and friends. And I'm going to be too far from my community. It will be a bit of a struggle, so I would want to have a bit closer, but not too far away."

(Service user 5)

Other reasons for being unsure about moving out include needing a relative's support due to health reasons, having found a job in their current area, or generally wanting to stay near their support networks. In this case, those who expressed reluctance to relocate generally reported having strong social networks in their current area and were satisfied with the quality of and access to social and wellbeing services.

Total opposition to moving out was not frequent, yet two participants expressed their opposition towards it. One of them was not aware of this requirement when they signed up to HFUK and another participant did not want to move away from their emotional and support networks, yet was willing to consider it in the future.

"All my entire emotional network and support network is in [city]. Plus, you know what? I don't mind moving. I wouldn't mind moving if one day I make a decision to explore this area but I think my life is in [city]. (…) I need to do the best to keep myself safe, not to be isolated. And, yeah, that's the best way to be"

(Service user 19)

Types of housing people were looking for

The type and size of housing that applicants hoped to secure through HFUK varied depending on the number of family members needing a new place, as well as applicants' accessibility needs, if any. Participants interviewed expressed interest in both smaller properties (up to two bedrooms) and larger properties (up to four bedrooms). Those looking for larger properties generally had more than one child.

Generally, HFUK applicants hoped to find a property with an outdoor space, and those with school-age children also emphasised the importance of living in a place with easy access to nurseries or schools.

"It [the property] would possibly have to be enough for three beds or two beds so that I have a spare room for my son, because obviously he's going to need his own room. It will have to be ideal for childcare. It has to be maybe with a garden and stuff like that, so that the little one can get out, because we are quite outgoing people. Somewhere where it's easy for me to get to a nursery or schooling."

(Service user 3)

The accessibility of properties was also a key feature frequently mentioned by those participants with disabilities or mobility issues. For instance, one participant with medical needs mentioned that their bedroom should have enough space for their medical equipment, and others needed raised toilet seats, and showers instead of baths.

Navigating the website to look for properties

With their login details, applicants had access to HFUK's platform. This platform is intended to show the properties available as well as their size, location, and any specific eligibility requirements. Participant interviews showed frustration with HFUK's website, with some viewing it as poorly managed and outdated.

"There's nothing on it [the website]. It's a website that has no, it's got no information. There's nothing there. It's useless."

(Service user 29)

Participants' frustrations grew due to the lack of housing options available on the website. Frequently, participants interviewed reported that they were not able to find properties that met their needs. Findings suggest that the number of properties available were very limited and participants' options were constrained due to specific eligibility requirements such as properties available only for people over 55 years old, and the lack of variety of housing in terms of size. As of April 2025, the Homefinder UK website listed 38 available properties. Of these, 21 had specific eligibility restrictions: 19 were only available to people over 45 or 55 years old, and two of them were only available to veterans with a support need or disability. Although the properties listed on the website would have changed since qualitative interviews were conducted, the current snapshot suggests a majority of properties with specific eligibility criteria. In terms of size, 17 of the 38 properties were one-bedroom or studio flats, which would not be suitable for families, 13 were two-bedroom properties, and eight had three bedrooms.

"But it [the website] is not working. It's not up to date, there's nothing. I mean, over the whole of the UK, 20 properties, I found it a little bit weird. Maybe (..) there aren't. So that actually is quite more depressing, anyway."

(Service user 1)

These findings are consistent with survey responses, where people frequently mentioned in open-box responses the lack of housing options available to them on the website. One survey participant flagged their Council's website had more properties available than HFUK:

"They're either not serious or they don't have a plan in place to help people; they don't even send updates, so it's been the same as not having signed up.

By comparison with [name] Council, you can stay on the waiting list for twenty years, but at least there are properties to bid on every week. With HFUK there has been nothing".

(Survey respondent, 113)

Only 10% of survey respondents in the treatment group reported having bid at least for one property, and 99% of respondents had not moved. This is consistent with the lack of properties available for bidding reported by both survey and interview respondents. Some participants also flagged that the website only showed "example properties" which were not available and were used to see if people were interested in them, making searches even more frustrating.

"I looked today and there was like, a couple two or three that were up there that were flats. But they said that they weren't available, they just wanted to see if people were interested, if that makes sense, so they weren't available. And I've looked before and like, the only housing situation that is put up is for over 55. So, there's nothing really for me."

(Service user 27)

Among the few interview participants that reported having applied for a property through the website, none had secured a house yet, as they had not received a response on their application.

HFUK applicants interviewed suggested various ways of improving HFUK's service, with improvements to the website being the most common recommendation. Users claimed the website could be clearer and more informative (e.g., by including more pictures of properties), and it should be updated regularly.

Another common recommendation was to provide more information on the application process and securing a property through the website. Some interview participants expressed appreciation for more clarity around how HFUK could help them, receive information on what they can expect from the service, and how the bidding process works.

"I don't really know how they operate (…) I wouldn't want to judge but comment on how they operate because I've not had that much experience with them. I just feel like if there's room for support it's more than welcome.

Because at the end of the day, if I don't have accommodation, it affects everything. I can't go to work, I'm worried about my safety, job and all of that. It's really important, I just want a place where I can say, This, is my place, I'm safe here, I have some control, and I can afford it."

(Service user 24)

Applicants' interactions with HFUK staff

Overall, interview participants' contact with HFUK staff was very limited. Participants frequently reported having had no interaction at all with HFUK, despite being part of the treatment group — that is, those who should have immediate access to support after their registration. These findings are consistent with survey responses, where 65% of respondents in the treatment group claimed that they had not been in contact with a case worker or staff member from HFUK. At the same time, 18% of overall survey respondents mentioned the lack of contact with HFUK as the key reason for not having moved out of their area. These figures differ from the records provided by HFUK, which suggest that 80% of participants in the treatment group had been contacted. This discrepancy could be due to recall bias from participants or due to differing interpretations of what constitutes contact.

HFUK further reported that internal staff changes had affected their ability to assign case workers and reach out to applicants appropriately. HFUK also reported that applicants who were only interested in moving within London were not assigned a case worker. They reported this as 19 participants in total. Prior to joining the trial, participants had to confirm both to HFUK (via their screening tool) and to the research team that they were unwilling to move out of London; those who answered "no" at either stage were screened out of the trial. However, our qualitative research does suggest that many participants still had a preference to remain in London, where, as explained in Section 1.1, in comparison to the level of demand, the availability of social housing is low.

Survey findings show that, among respondents who had interacted with HFUK staff via phone or email (35% of treatment group respondents), 65% reported having interacted over five times, and 26% reported having interacted between one and three times.

Interview participants who had interacted with HFUK staff did so through a case worker. Participants' experiences with HFUK case workers varied, with just a few participants having had multiple conversations with them to identify suitable properties, and most having received light touch support from them to discuss their needs. One participant was particularly positive about their interaction with the case worker.

> ***"She's [case worker] wonderful (…). She contacted me, 'so if you have any issues (…), you know, contact me'. She gave me her email address, then three days later she said, 'Oh, we got a property in [area]"***
>
> (Service user 6)

Those who received light touch support commonly reported having spoken with a case manager over the phone. The purpose of the conversation also varied substantially among participants, with some mentioning that during the call, case workers only introduced themselves, while others discussed their housing needs and the type of property they aimed to secure. During calls, some participants shared a list of preferred areas, and others provided further details about their current housing situation. Overall, these applicants felt that the housing worker understood their housing needs after talking to them, yet almost nobody received information about financial support available to cover relocation costs.They also mentioned they were waiting for their case workers to get in touch with them again with further information or updates.

"Yesterday was the first time she [case worker] called me, it was just to introduce herself but I'm guessing she'll be helping me find a place, I guess. I don't know how that's gonna go, but yeah, it was just to introduce herself."

(Service user 11)

There was a consensus that HFUK should reach out to applicants regularly to check on them and offer further support. Participants reported they would appreciate more communication via email or phone with HFUK staff to receive updates on properties or check on their current living situation, which would help them increase their confidence in the process.

During interviews, participants had mixed views on whether HFUK could help them achieve their goals in relation to finding and settling into a stable place. A participant reported having more hope in HFUK than in any other agency, and others trusted HFUK as they were confident in the organisation's ability to find available properties.

"I think they [HFUK] can help because they know where these properties are and they have access to properties that are cheap. If they are able to find such properties for me it will help me a lot. I think they can. And then if they could work with me to say, 'What's your plan, how much do you have in mind?' (…). I believe in their support and help."

(Service user 24)

At the same time, hopeless feelings and uncertainty around whether HFUK support could address housing needs were also common among participants. Some mentioned they did not think HFUK could help, as they had not received support for months, and others mentioned that the lack of properties available on their website made them sceptical of HFUK's ability to help them. One participant reported not having high hopes in any of the schemes available to find stable housing, a feeling that reflects the many challenges people experience when looking for support in this sector.

"I believe it's a possibility [that HFUK can help], but I don't have high hopes for any of the schemes that are out there. That's why I signed up so many. I don't have high hopes, but you know, you never know."

(Service user 17)

5. Discussion

The section below includes interpretations of the findings outlined above, and limitations of the evaluation.

5.1 Interpretation

The aim of this evaluation was to test the impact of voluntarily moving out-of-area (with HFUK support) on housing security, and other key outcomes for applicants. However, during the trial window, very few participants assigned to receive the intervention moved out-of-area with HFUK's support. Therefore, it was not possible to test the impact of voluntary moving out-of-area. Instead, the evaluation tested the impact of being assigned to the treatment group (i.e. of receiving support from HFUK).

As discussed in the impact evaluation findings section, assignment to receive the intervention did not have any effect on any of the outcomes of interest (housing security, social connectedness, mental health, physical health, access to services, contact with the justice system, and employment). The most plausible explanation is that there were no significant effects because the intervention was not delivered as expected: despite being largely willing to relocate, participants reported receiving little to no support to help them move. We note that the impact of HFUK on a range of other outcomes is expected to operate through a successful relocation to a different area. As this was very rare in our sample, we do not expect being assigned to the treatment group to have an impact on these other outcomes.

Findings from both the qualitative and quantitative streams of the evaluation suggest that HFUK applicants in the trial received little of what they considered support, as they had very limited contact with HFUK case workers or staff, and they were unable to bid for stable housing due to the limited availability of properties on the HFUK's website. This lack of support makes it unlikely that being assigned to receive the intervention would have an effect on the outcomes of interest.

The failure to delivery the intervention means this evaluation cannot assess its impact when delivered in accordance withthe TiDIER framework (See Table 1). This study is not able to conclusively answer the questions of why participants in the trial did not receive the intervention as intended and did not move out-of-area.

While the evaluation is not able to address its original aims, there are important findings.

It is concerning that participants in the trial reported receiving little to no support in an environment where resources to support people experiencing housing insecurity are limited. This is particularly concerning given participants' vulnerability and the challenging personal and housing situations they are facing when applying for the service. As mentioned in the report, applicants' circumstances are varied, but they share common challenges, including housing and financial insecurity, often poor living conditions in their current accommodations — such as lack of safety and overcrowding —, and frequent mental health challenges, often exacerbated by their situation.

Qualitative findings indicate that, despite having received minimal to no support from HFUK, some applicants remained hopeful that the service would help them secure stable housing. If this hope is unmet, it could have serious implications for applicants, especially those who remain optimistic and rely on the hoped-for service, as this could lead to increased feelings of distress and prolonged housing instability. The lack of delivery of the HFUK service has the potential to contribute to distrust in services — an issue highlighted in interviews, where a participant specifically expressed having no "high hopes for any of the schemes out there". Other studies have also noted that those experiencing housing insecurity and homelessness often do not trust service providers, or accept offers of help due to a feeling that services make empty promises (Kryda & Compton, 2008). In this sense, one of the outcomes we explored in the quantitative analysis was mental health, and given the qualitative interviews with the participants, we were curious about whether feelings would lead to a worse mental health outcome. While we did not find this effect, further research should explore the impact on individuals' mental health, trust and related outcomes of the failure to set realistic expectations on service delivery.

More broadly, given the original aim of the study concerned understanding voluntary moves out-of-area, it is worth considering here some findings from the descriptive analysis and from the qualitative research on moving out-of-area.

As stated above, participants faced several significant challenges in their current situation. The extent of the problem is shown by the fact that the research was able to quickly receive referrals from more than 1700 individuals in a limited period of time (See Figure 2). This highlights the substantial demand for support among those with housing needs. Moreover, even though the majority of the sample reported medium-to-high scores in the social connectedness outcome, they all expressed interest in a programme that would relocate them away from their existing connections. This finding underscores the depth of housing insecurity and the potential for social or economic pressures to outweigh the protective benefits of social networks.

However, as the qualitative findings demonstrate, moving to a different area was not necessarily fully accepted among applicants, regardless of their poor housing situation. Reluctance was shown to move away from their current area if participants had children studying in local schools, were employed locally, or needed access to their support networks to help them with childcare responsibilities or due to health reasons. Although willingness to move to areas that met specific conditions was common, our findings suggest that housing options distant from big cities — where housing options are more likely to be available — or areas with limited links to schools, employment opportunities, or public transport are unlikely to lead to voluntary relocations, as these will not meet participants' needs. Although the HFUK programme is intended to be voluntary, interview participants' responses highlight how housing insecurity can complicate the idea of true choice in such decisions. While these findings highlight the barriers to relocation, they also underscore the need for mobility schemes that are flexible and responsive to the complex needs and realities of applicants.

5.2 Limitations

There were a number of limitations to this evaluation.

The study had a relatively small sample size, particularly when complete cases are considered. A small sample reduces the power of the analysis, that is, it makes it difficult to detect smaller but meaningful effects if they exist. While the study started with 262 randomised participants, the regression analysis was run on complete cases which amounted to only 130 participants. As a result, if a small effect was present, it is possible that the low sample size prevented the evaluation from capturing it.

It is also worth noting that the sample used in the study is not representative of the population of individuals facing housing insecurity in London or of the type of applicants of HFUK. While the research received a considerable number of applicants, many prospective participants declined to join the study. Furthermore, several applicants were excluded due to delays during the LA eligibility check phase, for reasons such as presenting a high risk of vulnerability, being unreachable during the baseline survey, and declining to join the study.

These conditions make the sample analysed likely different to the overall individual targeted by HFUK. We can only comment on the support reported to be received by those who joined the study and completed fieldwork.

Our data suggests the intervention was not delivered as expected and limited the findings the evaluation could provide. This highlights the value of short feasibility studies, particularly in this area. These can be used to test whether an intervention is ready to be evaluated via a full trial and would highlight issues such as fidelity to intervention design. This type of study could also help identify how to better embed the research when support from frontline workers is required, to guarantee buy-in into the evaluation aims, as well as mitigate any extra burden associated with the research.

The IPE analysis may have been limited by the fact that participants who agreed to take part in an interview may have had different experiences to those who did not. Additionally, only interviewing service users limited the ability of the evaluation to understand why the intervention was not delivered as intended. This limitation was accepted during the re-design phase, as answering why the model was not delivered as intended was not the key aim of the evaluation.

6. Conclusions

In conclusion, this evaluation is not able to answer the original research questions about the impact of moving out-of-area via HFUK. This is because treatment participants on the whole did not report receiving support from HFUK, and very few moved out-of-area. In fact, findings from both streams of the evaluation suggest that treatment participants had limited interaction with HFUK case managers during the trial.

Given this, it was not possible to test the impact of voluntary moving out-of-area. Instead, the evaluation tested the impact of being assigned to the treatment group (i.e. to receiving support from HFUK to move out-of-area). The ITT analysis did not reveal statistically significant relationships between being assigned to receive the intervention and any of the six outcomes of interest. Since these outcomes were expected to be affected primarily by moving out of area, and participants reported limited interactions with HFUK case workers, this finding is as expected.

The qualitative findings highlight the range of disadvantages and challenges faced by the cohort of the trial. In this context, there is a clear need for support, and it is clear that they experienced disappointment in the level of support they had from HFUK. Findings from the interviews also highlight participants' confusion about how the HFUK service worked, and varying views about moving out-of-area, which reveals the complexity of truly voluntary moves when participants are experiencing housing insecurity.

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Appendix

Appendix Table 1: Kolmogorov-Smirnov test for assessing balance in the outcomes' distribution

Outcome	D-statistic estimate	p-value	Statistically significant
Housing Security	0.09	0.73	No
Social Connectedness	0.08	0.78	No
Physical Health	0.05	0.99	No
Mental Health	0.11	0.40	No

*** p < 0.001; ** p < 0.01; * p < 0.05; D-estimate shows the maximum difference between the distance of the distributions is statistically insignificant for each outcome at baseline suggesting balanced representation across treatment and control group

Regression Tables

Regression tables report the point estimates for impact of assignment to treatment (HFUK support) on the outcomes, reported on the outcomes' natural scale. Covariates used in the regressions are baseline measure of outcome, age, gender, ethnicity, and number of children in the household. Local authority is included as a fixed effect.

Appendix Table 2: Impact of assignment to HFUK on housing security

	Pooled responses	3-month response	9-month response
Treatment	0.14 [-0.01; 0.30]	0.10 [-0.04; 0.25]	0.12 [-0.03; 0.27]
Number of observations	102	144	119

Appendix Table 3: Impact of assignment to HFUK on social connectedness

	Pooled responses	3-month response	9-month response
Treatment	-0.23 [-0.56; 0.09]	0.07 [-0.24; 0.38]	-0.04 [-0.41; 0.34]
Number of observations	102	144	119

Appendix Table 4: Impact of assignment to HFUK on mental health

	Pooled responses	3-month response	9-month response
Treatment	0.07 [-0.15; 0.30]	-0.06 [-0.26; 0.15]	-0.00 [-0.20; 0.19]
Number of observations	102	144	119

Appendix Table 5: Impact of assignment to HFUK on physical health

	Pooled responses	3-month response	9-month response
Treatment	-0.04 [-0.13; 0.05]	-0.03 [-0.12; 0.07]	-0.02 [-0.09; 0.06]
Number of observations	102	142	119

Appendix Table 6: Impact of assignment to HFUK on likelihood of being in employment

	Pooled responses	3-month response	9-month response
Treatment	-0.05 [-0.24; 0.15]	0.05 [-0.10; 0.21]	0.10 [-0.08; 0.29]
Number of observations	102	144	119
Note: this outcome is coded as 1 if the participant reported working at all at either 3-month or 9-month follow-up and 0 otherwise.			

Appendix Table 7: Impact of assignment to HFUK on likelihood of receiving benefits

	Pooled responses	3-month response	9-month response
Treatment	0.02 [-0.01; 0.05]	0.05 [-0.06; 0.15]	0.03 [-0.04; 0.11]
Number of observations	102	144	119
Note: this outcome is coded as 1 if the participant reported receiving any state benefits at 3-months or 9-months, and 0 otherwise.			

Subgroup analysis

Subgroup analysis was pre-specified for the impact of being assigned to receive the HFUK intervention on housing security scores and three sub-groups of interest. Sample sizes for the subgroups are very small, limiting usefulness, and therefore we present this analysis here for completeness only. The subgroups are:

- whether a participant has a mental health diagnosis,
- whether the participant has a physical disability, and
- whether they have at least one dependent/child living in the household more than half the time.

We looked to investigate how these variables affected initial housing security itself and how they then interact with the treatment effects relative to the control group. Regressions were run separately for each subgroup, where only the sub-group indicator, S_i, will varied, and thus took the following specification:

$$Y_i = \alpha + \beta_1 R_i + \beta_2 S_i + \beta_3 (R_i \times S_i) + \beta_4 A_i + \beta_{5:8} X_i + \delta_i + \epsilon_i$$

Where:

- S_i is a binary sub-group indicator which indicates whether individual i belongs to a given sub-group for the appropriate regression. This is coded to be 1 if an individual is in that given sub-group of interest and 0 if an individual is not.
- All other variables are the same as in the above ITT analysis specification.

The β_3 coefficient size indicated how much housing security changed for the given sub-group that was treated relative to the control group. In a context where individuals relocated due to HFUK support, this analysis would give an estimate of which types of participants show the greatest effect in outcomes from being assigned to the intervention allowing us to predict who in the sample is driving the overall treatment effect found in the main analysis.

Appendix Table 8: Sub-group regression estimates

	Estimate	p-value	Confidence interval
Subgroup 1: Whether person is facing mental health issues (n = 30 total)			
Yes x Treatment	-0.09	0.59	[-0.44; 0.25]
Subgroup 2: Whether person is facing physical health problems (n = 22 total)			
Yes x Treatment	-0.42	0.01*	[-0.74; -0.09]
Subgroup 3: Whether children are present in the household (n = 83 total)			
Yes x Treatment	0.18	0.49	[-0.33; 0.69]

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