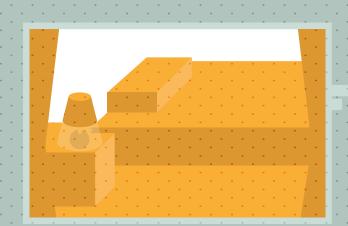


Towards a world-leading centre for homelessness impact

Outline business case and feasibility study

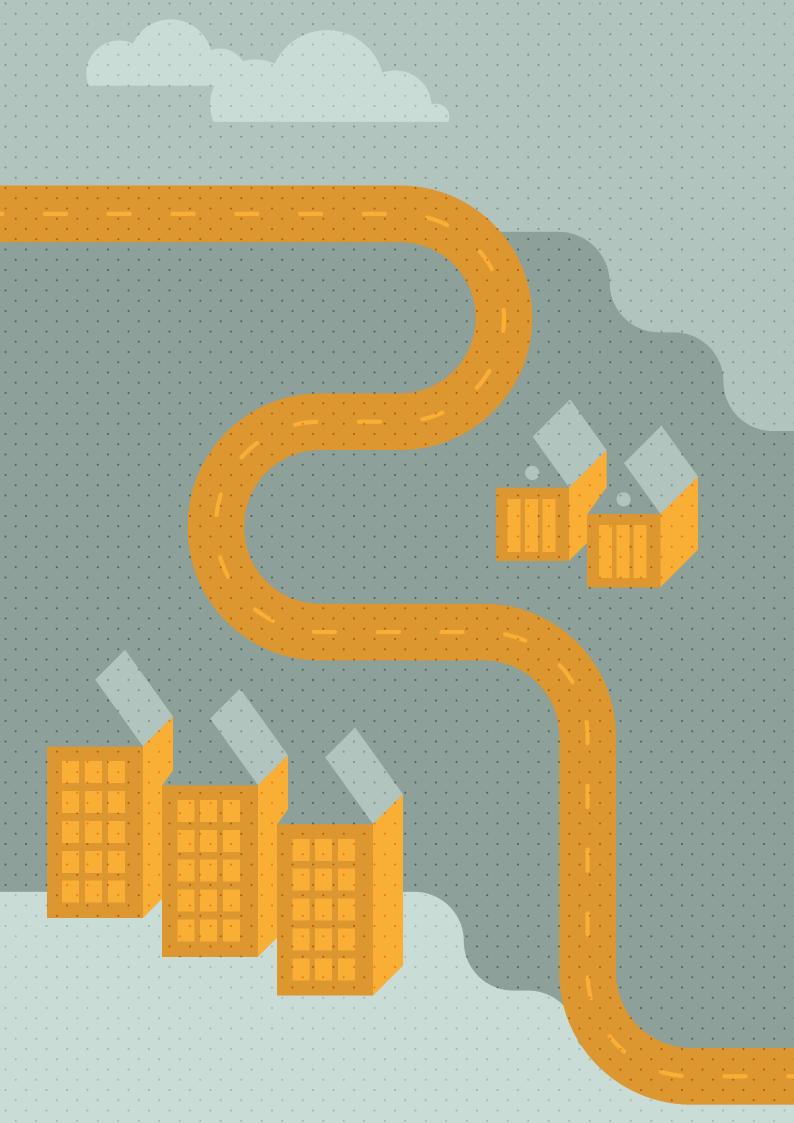
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The new Centre for Homelessness Impact aims to improve the lives of people affected by homelessness by instigating a shift of resources to evidence-based solutions.





Why do a feasibility study?

Changing the way we work won't be easy; the barriers to evidence uptake are many and complex. This is why Crisis and GHN believe that we need to create a dedicated body that is sector led and owned to help ensure evidence is at the heart of the solutions we develop to prevent or tackle homelessness.

Crisis and GHN knew that to make a difference the Centre would have to be shaped by the people and organisations who could potentially benefit from its activities from the very beginning. That's why a feasibility study was commissioned

Between April and September 2016 we travelled far and wide to get as many of your views as possible. We had hundreds of rich conversations with people working towards ending homelessness in Scotland, elsewhere in the UK and beyond. We also talked to changemakers working in the realm of evidence-based practice in other fields. We learned many valuable insights that shaped our proposals and which we share in this report.

This feasibility study shows that the project is necessary, that it is timely, and that delivering it is possible. We know that this is a bold and ambitious project. This report is but the first major step in a process of design, fundraising, and implementation

Contents

Foreword	9
. One simple idea	
1.1 Why is there a need for a centre for homelessness impact?	11
1.2 Centre for Homelessness Impact?	15
1.3 The Vision of How the Centre Could Create Change	21
1.4 Why now?	22
2. Putting the idea to the test	
2.1 What options did we consider?	27
2.2 How will we define success	29
2.3 Scotland: the perfect place to start	30
2.4 What people say they need (and don't need)	36
2.5 How the Centre Could Create Change	43
3. How could the vision become a reality?	
3.1 Project timeline	63
3.2 Governance model and funding plan	66
3.3 What are the conclusions and next steps?	68
Acknowledgements	71
Appendices	74
Indnotes	91





Foreword

In April 2016 Crisis and Glasgow Homelessness Network jointly announced our ambition to create a new Centre for Homelessness Impact, to help improve the outcomes of people with experience of homelessness by ensuring that policy and funding decisions are underpinned by the best possible evidence and knowledge.

Fifty years on from homelessness first entering the national consciousness as a major concern, we think there is an opportunity to move faster towards a future without it. By focusing on what works and using evidence and data we can make better, more grounded decisions.

Ending homelessness will not be easy. More truly affordable housing is needed and income from employment and benefits have to keep pace with housing costs, but we believe a Centre for Homelessness Impact is an essential part of the solution.

We carried out this feasibility study because we wanted to begin as we mean to continue - engaging with the widest possible range of views. We want the new Centre to exemplify a new style of collaboration between people and organisations because only by working in this way will we be able to achieve rapid progress.

We have been encouraged by the widespread support for our concept, and feel there's a unique opportunity to make this vision a reality right now. We have a compelling idea, practitioner, commissioner, and policy-maker demand, and the need to do more with less.

This report is a clear vision of what the Centre for Homelessness Impact could be and how it could be transformative. The author and the project team have worked intensively for six months to analyse different options and we believe we have identified a proposal that is not just feasible, but could be truly transformative for homeless people with the right backing. We will continue to consult widely with the sector as we move forward to raise the funds needed and deliver an outcome that will benefit everyone.

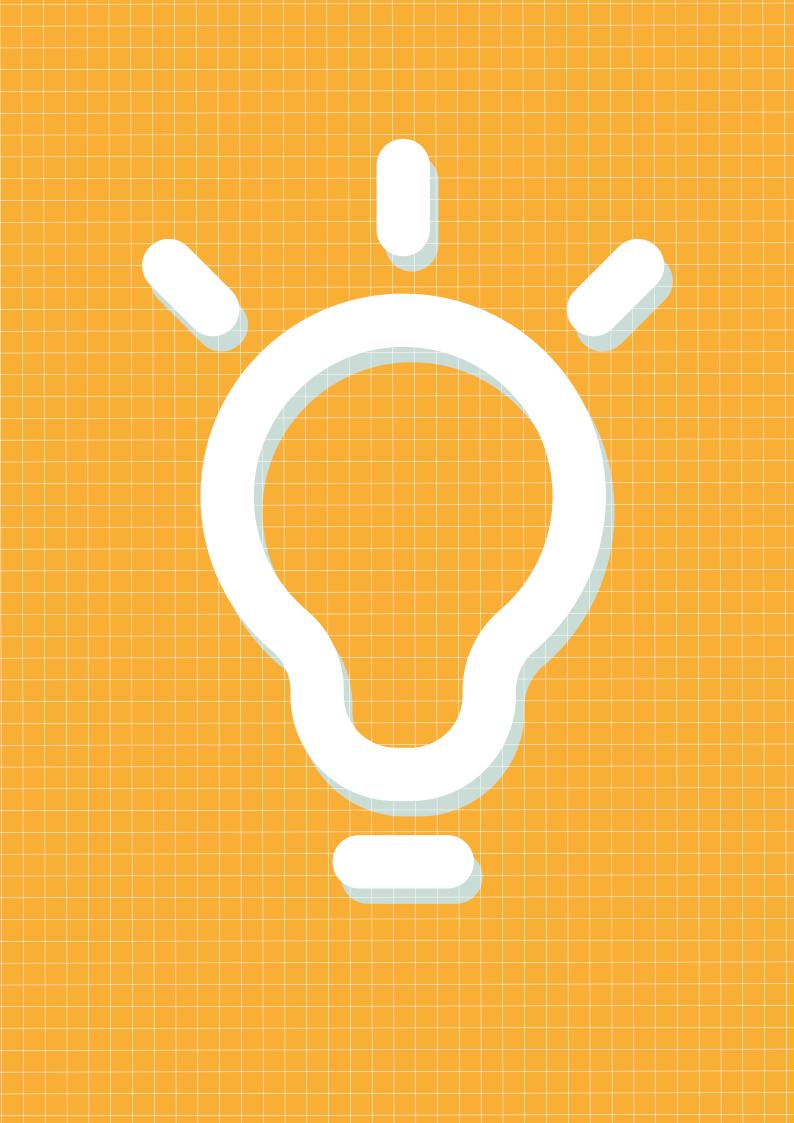
This is a bold plan for the future of tackling homelessness in Scotland. We hope it meets your aspirations for people affected by homelessness and that you will fully support its realisation.

Josh Me

Jon SparkesChief Executive Crisis

Margaret-Ann Brünjes

Director Glasgow Homelessness Network



One simple idea

1.1 Why is there a need for a centre for homelessness impact?

This is a decisive moment for homelessness in this country. There is an opportunity to improve outcomes for homeless people by focusing on what works, pushing for interventions to be evaluated, and helping to raise awareness about the need to use evidence and data to make better decisions.

All the elements are present to create and deliver a vision for a future where homelessness is only ever rare, brief and non-recurrent - we must seize that opportunity.

The UK has long been admired for the housing rights it gives people. By international standards our response to homelessness - whether in England, Northern Ireland, Scotland or Wales - is very progressive.

Scotland in particular is unique in that virtually every homeless person has a legal right to permanent housing. And over recent years in all UK nations there's been a growing awareness that the ideal solution would be to prevent people from losing their homes in the first place. The Recent developments in Wales - where local authorities now have a duty to help prevent homelessness regardless of priority - are setting an example for other countries to follow.

Also, thanks to the extraordinary work of so many third sector organisations, researchers, commissioners and others, we now have a better understanding of the root causes of homelessness than ever before.

But despite all this great work and significant investment in solving homelessness over the years, too many people remain without a home. They are not just sleeping rough on our streets, but also living in overcrowded housing, hostels and other temporary accommodation. This is happening despite a one billion pound a year infrastructure designed to deal with this problem. Why haven't we seen more progress in our fight to end homelessness?

A number of factors contribute to this. We face a lack of truly affordable housing, rising rent and poverty cuts to benefits and local services. These causes must be addressed.

One seldom talked about way of achieving a step change in our fight against homelessness is by focusing on what works by finding and funding solutions backed by evidence and data. We often know what problems need to be solved, but may not be making the right kinds of investments to address them because the evidence is weak or lacking. To improve positive impact we need to be able to do the right things well.

In other fields, from medicine to aeronautics, vii we've improved our understanding of what works by applying scientific methods. The same is increasingly being done to help address social problems, viii so why not homelessness? As illustrated by the great leaps forward we have seen in other fields like international development, education or policing, we could achieve significant results if we gradually shift attitudes and behaviour and use better information to guide vital investments. Especially as the consequences of not using evidencebased approaches go well beyond wasting scarce resources - the human cost is all too real.

But changing how we work won't be easy, which is why we need to create a new organisation to help us. Homelessness is complex and identifying the most effective solutions won't be simple. To date relatively few programmes or interventions have been rigorously evaluated, even at an international level. Fewer still have shown positive results. Another big challenge is that too often having a better sense of what works has

not translated into this evidence being used to shape policy or inform funding choices. ix

This is therefore a critical moment to consider what is needed to build on our international reputation for tackling homelessness, and to ensure we can make greater strides towards a future without homelessness in the 21st century.

This study - commissioned by Crisis and Glasgow Homelessness Network (GHN), with support from Clore Social - is part of an ambitious plan to ensure that we work more effectively in future. The agreed brief for the study was to consider the case for a new Centre for Homelessness Impact, including how it could be delivered, where the gaps in evidence are, and what the impacts and benefits would be not just for the sector but especially for people affected by homelessness.

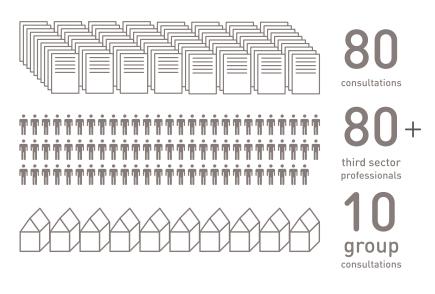
We carried out a large consultation exercise with a wide range of local, national and international stakeholders to inform the project. Between April and September 2016:

- > Over 80 individual consultations were completed
- > 80 third sector professionals from 50 third sector organisations participated in workshops in Edinburgh, Glasgow and Aberdeen.
- > 10 group consultations were undertaken with people affected by homelessness, at regional Local Authority Housing Options Hub meetings, sector meetings, and third sector professionals.

All the feedback we received was fed into the project and has informed the proposals for the Centre included in this report. A pre-publication draft of the study was also shared with 57 key stakeholders so we could get their input and refine the findings and our proposals.

This report will:

- set out the vision of a new Centre for Homelessness Impact, demonstrating that it can be delivered in a way that meets the objectives for the project
- show that the majority of stakeholders believe that it could deliver important benefits to people affected by homelessness and those working to end the problem, and
- > plan for the future realisation of the project





There is nothing fundamentally different about comparing the impact of varying treatments in maths tuition on attainment, or punishments on reoffending, versus comparing treatments on heart disease on years lived.

Ethical differences also don't offer a convincing explanation: is it really credible to say that systematic testing of medical treatments are ethically acceptable where the outcomes are measured in life and death, but that such methods are not to be used to test the efficacy of welfare and education?

David Halpern

National Adviser on What Works and CEO of Behavioural Insights Team

1.2 Why is there a need for a new Centre for Homelessness Impact?

Homelessness is devastating. The average age of death for someone who is homeless is just 47, 30 years younger than the national average. People affected by street homelessness are almost 17 times more likely to have been victims of violence and 15 times more likely to have suffered verbal abuse in the past year, and nine times more likely to take their own life than the general public.*

Despite the fact that by international standards our homelessness safety net is strong, despite all the great work of many campaigners and researchers, and despite significant investments in tackling homelessness, too many people remain without a home.

It's no surprise that there is public scepticism about our ability to end or even significantly reduce homelessness, or positively engage with homeless people who refuse 'standard offers' for help.

Making policy and funding decisions based on the best possible evidence would help restore confidence. There is a chance to improve outcomes by focusing on what works, by finding and funding solutions backed by evidence and data. This is not just about the present: it is a commitment to – and an investment in – a future without homelessness.

We have a lot to learn from other fields in this respect. In medicine there are more than 200,000 good quality trials of the effectiveness of different medical interventions. In the private sector one of the ways companies continually improve is by testing different approaches to their work constantly, in real time, without much fuss. Aviation is a great example. It's not by chance that the rate of aircraft accidents is at a historical low.xi And in

education, over recent years, evidenceinformed the system has shifted in the direction of evidence informed teaching - policy and practice, as well as active 'pull through' interest in research by classroom practitioners and school leaders.

It's time for the homelessness sector to catch up. We could be putting scarce resources to better use. Failing to have a positive impact is not the worst thing that can happen. Just look at an idea that's been around since the 1970s for how to reduce crime. The 'scared straight' programme brings teenagers who are getting into trouble into prisons to show them the harsh realities of life behind bars. It's such a compelling idea that it has been tried in a number of countries. The problem is 'scared straight'-style programmes don't work. In fact, they are pretty effective at increasing criminal behaviour, and by up to 60 percent according to some studies.xii The results have been ignored despite the weight of evidence clearly showing that the idea doesn't work.xiii

Something similar happened in the homelessness sector with Housing First, a model that was first developed in the USA in the 1990s.** The evidence showing that Housing First is more effective and cheaper than the dominant linear 'treatment first' is overwhelmingly positive, yet change has been slow both at home and abroad. After over two decades Housing First now forms a vital plank in the homelessness strategies of a number of developed countries -

including the US, Finland, Denmark and Canada - and while Glasgow has recently won a strategic commitment, it is yet to be introduced on a grand scale anywhere in the UK.**

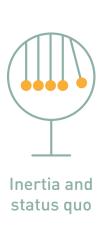
In Edinburgh a project to create a village for twenty homeless people has secured popular and celebrity support despite warnings from experts about congregate models of accommodation not being very effective. *vi* Another example is the inception and nationwide rollout of No Second Night Out in England, *vii* which largely happened in the absence of robust evidence on its impacts on rough sleepers. *viii

The Centre for Homelessness Impact initiative is all about ensuring that our values aren't only articulated in our efforts and intentions but in our outcomes. How else can we be confident that we are working towards ending - as opposed to managing - homelessness? And if we can bridge the gap between knowing what needs to be done and effecting change on the ground, then we can make great leaps in the results we get from our investments.

In a number of ways the sector has started to embrace evidence-based approaches, especially in the health inequalities realm^{xix} - so let's scale it up. Despite the fact that politicians of all parties can get behind the idea of investing in what works, change won't be easy. That is why we need a dedicated organisation to help us.

In a number of ways the sector has started to embrace evidence-based approaches, especially in the health inequalities realm - so let's scale it up. Despite the fact that politicians of all parties can get behind the idea of investing in what works, change won't be easy. That is why we need to create a dedicated body that is sector led and owned to help ensure that our investments are backed by evidence.

Barriers to evidence-based practice and policy







Limited frameworks for action

Inadequate data and disclosure



Funding challenges



Leadership



Political challenges



Poor workforce training



Rigid organisational culture



Cultural & geographical differences

The Centre would help create the infrastructure needed to get everyone working towards a future without homelessness, to pull in the same direction and galvanise enthusiasm and support for evidence-based approaches.

The time is right for the following reasons:

- The body of evidence about what works for different groups of homeless people is thin in most areas, but demand for evidence about what works is growing
- Ongoing austerity is creating further pressure to do more with less. But the push for (monetary) efficiency of local and national government will be a false economy unless it leads to improvements in the effectiveness of how homelessness is tackled
- A concern that decision-makers and practitioners don't receive information about evidence in a systematic or effective manner, and struggle to find the evidence they need to make informed decisions
- A concern that people with experiences of homelessness have been left out of much of the debates surrounding evidence for policy and practice, when in fact they're vital

- allies in helping to identify problems and devise solutions
- Rapid advances in technology and data tools have created new opportunities to understand the impact of investments more quickly and at a lower cost. The revolution in big data, analytics, and rapidcycle evaluation that is currently benefitting other sectors could equally help transform how we tackle homelessness
- > Growing awareness that a shared sense of commitment and collaboration is key to ending homelessness, and of the crucial role of leadership. (Data or evidence is only as good as the people who drive it forward). This is allied with a worry that our ever-present concern with 'impression management' (that is, a tendency to focus only on positives out of fear that it would reflect badly on the service and potentially affect funding) is stifling innovation and progress

Our goal

We envisage a society where the experience of homelessness - in instances it cannot be prevented - is only ever rare, brief, and non-recurrent.

HOME

Help Optimise Mobilise Empower

Help everyone working towards a future without homelessness make better use of evidence when designing and delivering interventions. Bring fresh thinking to the challenges and opportunities that we face

Optimise outcomes by building an evidence base about the behaviours, practices, policies and programmes that achieve the most effective - as opposed to efficient - results. And by directing funding to the ones with best evidence behind them Mobilise and support a strong, bi-partisan, cross-sector coalition of leaders who are strongly committed to an 'invest in what works' policy agenda

Empower people with diverse experiences of homelessness to be part of the conversation and approach

Project principles

Belief that homelessness is solveable and that the people effected hold the key to the answer

Aim to make the most of limited resources

Ensure the voices of people affected by homelessness are at the heart of all solutions

Impact

Improve the outcomes of people affected by homelessness and the effectiveness of services

1.3 The Vision of How the Centre Could Create Change

We envisage a society where the experience of homelessness - in instances it cannot be prevented - is only ever rare, brief, and non-recurrent. The Centre for Homelessness Impact could help achieve this by raising awareness about the need to generate and use evidence and data to make better, more grounded decisions about our practices and interventions.

Working with leaders and organisations across the sector at home and abroad, the Centre could drive changes with a four-pronged strategy, summarised by the mnemonic, HOME:

Help everyone working towards a future without homelessness make better use of evidence when designing and delivering interventions. Bring fresh thinking to the challenges and opportunities that we face

Optimise outcomes by building an evidence base about the behaviours, practices, policies and programmes that achieve the most effective - as opposed to efficient - results. And by directing funding to the ones with the best evidence behind them

Mobilise and support a strong, nonpartisan, cross-sector coalition of leaders who are strongly committed to an 'invest in what works' policy agenda **Empower** people with diverse experiences of homelessness to be part of the conversation and approach

This, in a nutshell, is the idea behind the new Centre. It's a simple idea but with the potential to make a significant impact.

The path laid out by this initiative offers a way to make a positive impact on the outcomes of people who are homeless or at risk of homelessness. It will be crucial to ensure that people affected by homelessness, who are experts by experience, play a key role in the conversation and are involved in this work; more than anyone they have the right to demand investment in what works.

1.4 Why now?

The idea of a new Centre for Homelessness Impact has been under consideration for some time, but the project has been given urgency and focus by a unique collaboration between two organisations that, though very different in size, have similar values and approach: GHN and Crisis. Working collaboratively with others they hope to galvanise support and funding for a new sector led and owned organisation.

There are concerns and developments that need an immediate response:

- > The fact that a surprising number of people continue to experience homelessness each year despite a one billion pound a year infrastructure designed to deal with the problem,
- The financial imperative to shift resources towards policies and practices that achieve the most effective rather than just efficient results
- Developments in the use of more empirical and low cost approaches in other social policy fields

Without change there is a danger that effective innovations will go unrecognised, while ineffective programmes continue to run or even expand further. Another reason to act now is the fact that over the past few years a whole movement has emerged to help find more ways to link research to practice. A number of dedicated organisations like Research in Practice, the National Coordinating Centre for Public Engagement, and Research to Action are committed to this endeavour. We have networks promoting the cause, such as the Society of Evidence Based Policing, researchED, the Alliance for Useful Evidence, the European Implementation Network, and the Africa Evidence Network. There has also been a push for new organisations to synthesise actionable research for decision-makers, such as the What Works Cities in the USA, and the What Works Centres in the UK (see Appendices 2 and 3).

These institutions focus on specific fields, such as international development, education, policing, or economic growth. However, none of them - at home or internationally - has a focus on homelessness.*** This shows that homelessness is not a high priority on the political agenda. Unless action is taken soon, the sector will be left further behind.

It was this growing movement that inspired the idea behind the Centre for Homelessness Impact. However, when developing the plan for the Centre - and this came out of the results from the extensive consultation exercise with experts by experience and others in the sector - the team should aim for the galvanising impact of researchEd or Results for America in the USA, combined with the excellence of a What Works Centre.

A further imperative to act now is the widespread support for this concept, and the number of change-makers and organisations at home and abroad who are keen to help make the project a success.

To achieve impact the Centre will have to instigate active 'pull through' interest

in evidence and 'bottom up' support for evidence-based approaches. It will help make evidence-use the right thing to do, so it becomes the new normal. This is where everyone we talked to felt the main gap is.

There is a need, a demand, and a financial imperative to focus on what works in preventing and tackling homelessness now, which all combine to make this the moment to act. And we have the vision to drive this strategy forward.

It won't be a silver bullet. The barriers to evidence-based practice are many and complex. But a new Centre that is sector led and owned nevertheless has the potential to significantly accelerate progress.

The Centre for Homelessness Impact will help make evidence-use the right thing to do, so it becomes the new normal.



Results for America

Results for America is helping decision-makers at all levels of government in the USA harness evidence and data to make progress on great challenges. Its mission is to make investing in what works the "new normal," so that when policymakers make decisions, they start by seeking the best evidence and data available, then use what they find to get better results.



researchED

researchED is a grass-roots, teacher-led organisation aimed at improving research literacy in the educational communities, dismantling myths in education, getting the best research where it is needed most, and providing a platform for educators, academics, and all other parties to meet and discuss what does and doesn't work in the great project of raising our children.

One simple idea



What Works Centre Network

From 2011 to 2015 What Works Centres (WWCs) have been established to identify how best to boost attainment in schools (the Education Endowment Foundation); reduce crime (in the College of Policing); intervene early (Early Intervention Foundation); and boost local growth (Centre for Local Economic growth). More recently, WWCs were added to identify how best to promote healthy and satisfying later life (Centre for Ageing Better); substantive wellbeing; and centres covering Wales (with a special focus on poverty) and Scotland (with a special focus on system reform). All of the Centres have been set up with independent governance, and with a range of funding including from the ESRC, the Big Lottery, and from government departments. New Centres are currently being considered in the areas of social care and criminal justice.

- · Option1: Do nothing
- Option 2: Createa society or loosenetwork
- Option 3: Createa new entity

Putting the idea to the test

2.1 What options did we consider?

We have considered the options for a new Centre for Homelessness Impact following discussions with stakeholders and change-makers in other fields.

Option 1: Do nothing

This would involve no changes to the current situation. This option would involve no upfront costs. It does not meet the objectives but it will provide a benchmark for value for money when the full business case is developed in the next stage of the project.

Option 2: Create a society or loose network

This option would involve creating a virtual society or network, such as the Society for Evidence Based Policing or researchEd. It would incur lower costs than if a new institution was created with modestly lower operating costs. Doing this could improve the status quo but would fail to have the desired impact.

Option 3: Create a new entity

This option would involve establishing a new entity, for example a Centre or Institution. This option would make it possible to deliver on all the original objectives provided adequate funding was available.

Only Option 3 meets the objectives set out for the initiative. Whilst Option 2 is preferable to doing nothing, and with adequate resourcing could help raise awareness and galvanise a movement around evidence-based approaches from the ground up, it would not address the gaps around investment in impact evaluations and capacity building or leadership development.

The vast majority of people we talked to felt a 'do nothing' option would risk of the sector lagging further behind other fields and lead to cuts being made blindly. They believed the investment in an independent institution could potentially unlock a number of benefits that would not be realised in the absence of the investment. These include improved outcomes for homeless people, the creation of a movement around evidence-based approaches and clear financial benefits. (We hope to produce an estimate once we proceed to the next stage of the project.)

Option 3, to create a new Centre, is therefore the preferred option for delivering the strategic objectives of the project.



2.2 How will we define success?

Impact is everything. Though it's early days we've made an initial attempt at mapping out what success would look like. We identified a series of critical success factors to help keep us on course and which we see as essential to the success of the Centre.

- 1 Synthesise what we know about what works and build the quality of the evidence
- 2 Improve the cost effectiveness of existing services and instigate a shift of funding towards interventions that have reliable evidence behind them
- Introduce new experimental and low cost methods of evaluating the impact of new homelessness interventions
- 4 Empower people with lived experiences to take part in debates about policies and practices that affect them and the design and evaluation of interventions as well as the training of professionals
- Generate interest and cross sector support for evidence-based approaches
- 6 Deliver high-quality opportunities for professional development on the use of evidence-based approaches

- 7 Enable full use of digital technologies for engagement and instigate active 'pull through' interest in evidence and 'bottom up' support for evidence-based approaches
- 8 Build close partnerships with organisations within the sector and in other fields, such as social care, health and early years, to maximise impact and increase the visibility of the issue in mainstream services
- 9 Ensure the initiative is deliverable and viable in the long-term
- 10 Produce a convincing programme of activities for raising funds

When the full business case is ready and the seed funding is in place we will prioritise setting key milestones to help keep us on course. And when the plan of activities has been agreed we will decide how we will evaluate progress and impact.

2.3 Scotland: the perfect place to start

We think Scotland is the ideal place to begin. If the Centre for Homelessness Impact works here it will provide a model for other countries to follow. ***iiii Once the Centre has been running for some time we will look at impact and explore whether to roll out to other parts of the UK.

Scotland has taken larger strides to end homelessness than any other nation in the UK. Its rights-based and assets-based approach to homelessness has been widely celebrated both at home and abroad as progressive, inclusive and ground-breaking. **xiii** Scotland serves as a model for how other developed countries view solutions. The country is also internationally recognised for its rich homelessness data and as a pioneer in the use of linked health service data for statistical research. **xiiv**

Moreover, Scotland's progressive social policies extend well beyond homelessness. Given the complex nature of the problem, this matters. Take for instance its agenda for tackling poverty,*** the Scottish government's commitment to public service reform*** - including the integration of health and social care**** - or the 'golden thread' of coproduction and community capacity that runs through a wide range of Scottish government policies and legislation.

An important driver behind all this great work is not only the desire to deliver better outcomes but a financial imperative. As the Commission on the Future Delivery of Public Services concluded '... unless Scotland embraces a radical new collaborative culture throughout our public services, both budgets and provision will buckle under the strain...'xxviii A recent Audit Scotland report highlights that the public spending budget has fallen by 9 percent between 2009/10 and 2014/15 and is likely to be further reduced over coming years. It calls for a 'rigorous' options appraisal based on sound information, including information from service users as this will help ensure good budget related decisions and help make clear why decisions are made.xxix

In the field of homelessness - as highlighted in Crisis' and JRF's recent research*** - the general consensus is that there's no room for complacency in Scotland. The fact that too many people remain without a home, despite Scotland's progressive policies and financial imperatives, drives the need to find out what works and what doesn't. Multiple and complex needs homelessness in particular is an area of concern.

A number of key stakeholders commented on the seeming lack of support for services for people affected by homelessness in their areas. As one of them put it, 'Let's not pretend that everyone, including some elected representatives is keen to prioritise homelessness, especially when linked to additions, etc. So evidence of techniques for getting wider community on board could be a shared goal.'

Better use of data and evidence needs to become essential to the way Scotland works if we are to achieve the public services which Christie envisioned: achieve better outcomes for people and communities and save money.**** We also need to go beyond public services given how many services homeless people engage with sit outside them.



In the current financial environment it is vital that neither cuts nor investments are made blindly. This involves shifting the debate from the current focus on the quantity of resources (as important as that is) to a discussion about the quality and effectiveness of those services.

I believe a strong robust evidence base is critical to developing and implementing effective policy. A central source of research and knowledge on homelessness, such as the Centre for Homelessness Impact can help inform the decisions of the Scottish government and its partners and contribute to improving outcomes for people experiencing homelessness in Scotland.

Kevin Stewart

MSP, Minister for Local Government and Housing

The idea behind the Centre for Homelessness Impact therefore brings together a number of key national and local agendas and policies in Scotland including a desire to:

- a refocusing of efforts on early intervention and prevention, which is especially relevant to the homelessness sector
- improve transparency and accountability to bring a stronger focus on value for money and achieving better outcomes for individuals and communities
- tackle fragmentation and complexity in the design and delivery of services by improving coherence and collaboration between agencies and sectors
- work closely with individuals and communities to understand their needs, using co-production to maximise talents and resources, support self-reliance, and build resilience
- focus on workforce development and the importance of outcomes in improving and measuring and improving performance

The Centre would also contribute to the Scottish Government's aims and objectives as set out in the National Performance Framework (Scotland Performsxxii),xxxiii including to:

- > tackle the significant inequalities in Scottish society
- > improve the life chances for children, young people and families at risk.
- have public services that are of high quality, continually improving, efficient and responsive to local people's needs
- Ensure Scots are better educated, more skilled and more successful, and renowned for research and innovation

I welcome the consideration of a Centre for Homelessness Impact for Scotland as a resource to provide sound evidence about the services and approaches that really work to prevent and alleviate homelessness.

Never in my experience have we needed to do more with less, be the most effective multi-agency partnership we can be, and invest most wisely in our people and communities than right here and right now.

The timing seems perfect and could be too good an opportunity to miss.

Julie Hunter
Housing Strategy Manager, North Lanarkshire Council



2.4 What people say they need (and don't need)

We carried out a large consultation exercise with a wide range of local, national and international stakeholders in order that findings could inform subsequent stages of the feasibility study (see Appendix 1). The purpose of the consultation was to capture the broadest range of views about the proposed Centre for Homelessness Impact, and to find out how stakeholders wish to be consulted through later stages of the project as it develops. Findings from the consultation work were fed into the project as they emerged and informed the proposals for the Centre included in this report.

Consultations were completed between April and September 2016. Over 80 individual consultations included change-makers in Scotland, homelessness experts at home and abroad, potential funders, and some of the many individuals working in the realm of evidence-based approaches in other fields - from education to policing to early years - so we could learn from their experiences, successes and failures. In addition, group consultations were undertaken with people affected by homelessness, at regional Local

Authority Housing Options Hub meetings, select sector meetings, and third sector professionals. Around 80 third sector professionals from 50 third sector organisations participated in the workshops in Edinburgh, Glasgow and Aberdeen.



Key findings from the consultation include:

- The Centre's vision including its commitment to have people affected by homelessness at the heart of its activities - has a strong level of appeal and support
- A view that the Centre should pay attention to the multi-disciplinary nature of most provision; there are now fewer 'single issue' homelessness organisations, with many of the big providers diversifying across other areas of social support and care
- Against a challenging backdrop of austerity and budget cuts it is getting harder to make decisions due to the lack of usable evidence about what works. 'With everyone claiming that what they do works how do you know who to believe?'
- The focus of debate currently besides UK government welfare policies - is the 'fight to keep services open', with local authorities generally being driven by efficiency rather than effectiveness imperatives and the third sector highlighting the need to preserve current numbers
- There is lots of data and evidence available but it is often not very reliable or difficult to access. We also cannot take for granted that people understand what is meant by 'reliable

- evidence' people also need support and guidance around assessing and using different types of evidence.
- Strong support for the availability of new resources - such as the toolkit, surgery sessions with analysts or engagement opportunities for people with lived experiences - were welcomed, often very enthusiastically (a common question was 'when can you start?')
- A view that competition between third sector agencies and their ever present concern with 'impression management' (both at least in part the result of predominant funding mechanisms) is stifling progress. Also a suspicion about standards, even if about the quality of evidence rather than services, as well as of impact evaluation or benchmarking
- A plea from small organisations that their voices weren't lost
- Significant interest from stakeholders elsewhere in the UK and abroad in the 'homelessness world', and support from change-makers in the realm of evidence-based approaches, opening up for interesting new partnerships and collaborations

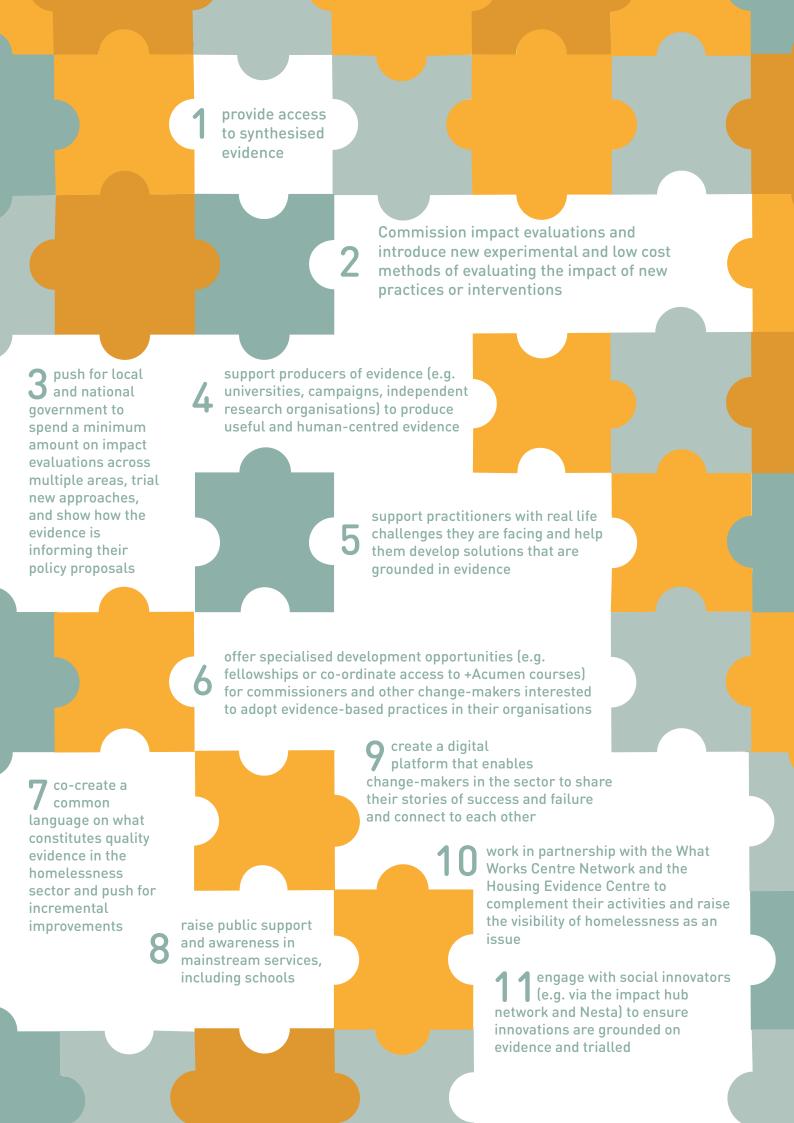
The concept of a new Centre for Homelessness Impact had a strong level of support. But a number of important issues and concerns were also expressed, the main one being about how the Centre for Homelessness Impact will need to convince stakeholders that it will be doing something different and in addition to existing initiatives. A few questioned whether a new institution is really needed to help address current challenges.

Some also queried whether there is a danger the Centre would be 'too academic' to be useful. There was a distinct feeling that what is needed is a greater focus on building knowledge and capacity, as well as producing useful evidence in the sense that it can more easily be taken away and used to continually improve practice.

A few Concerns were also expressed about how the Centre would be funded, particularly in regards how to find money for it in the current environment, especially in a small country like Scotland? One key stakeholder pointed out that if the Centre were partly funded from the public purse it might have the unintended consequence of starving other organisations of funding. But others felt that, as the work would be a public good, that it should at least be part funded by government.

Questions were also asked about the relationship with existing initiatives (e.g. What Works Centres or similar) or new initiatives (e.g. Evidence Centre on UK Housing). The new Centre will be constituted by a small team and the aim would be to fill the gaps identified during the consultation (see diagram on p40). There is an opportunity to ensure homelessness is given a greater priority by mainstream services, in particular as a whole government approach is vital to ending homelessness. Currently though not necessarily ignored homelessness often overlooked. The new Centre would help break down some of the existing silos.xxxiv

Findings from the consultations were fed into the project as they emerged and have been taken into consideration in developing proposals for the new Centre below. The points raised have been addressed throughout the report and a summary is included in Appendix 5 of the key themes and concerns.



To end homelessness we need to work with people who've experienced it so that we know that the things we are doing are the right things. The Centre can bring together information about what actually works so that people who are homeless and in crisis benefit most from what we are doing.

Raymond Moffat

GHN volunteer and expert by experience

We face ever greater challenges to make sure that our combined resources are used in the most effective way to prevent and combat homelessness. The HSEU already delivers an outcomes tool to assist those providing housing support services to demonstrate impact and now welcomes the chance to examine the merits of developing a centre which would bring together evidence about what does and does not work with a view to informing policy - across a number of related areas - and practice to minimise homelessness in the future.

Yvette Burgess
Director, Housing Support Enabling Unit

2.5 How the Centre Could Create Change

The Centre for Homelessness Impact would be a fresh initiative, providing an inspiring model of excellence and engagement, improving outcomes, demonstrating what works and value for money.

The potential activities for the Centre are set out below and though not an exhaustive list, they focus on addressing the main gaps identified and reflect the ideas of the many change-makers and organisations that contributed to the process: all underpinned by our four-pronged HOME strategy.

The plan, as soon as seed funding is available, is to start small and quickly build on the enthusiasm and support gained throughout the feasibility study.

These are all just ideas at this stage. The programme of activities will be determined by what people tell us the Centre's priorities should be and the level of funding available.

When considering what activities to prioritise it will also be important to think about which ones have been shown to deliver the best results when it comes to evidence use. Earlier this year the Alliance for Useful Evidence produced a report*** on the best evidence use mechanisms that we used to identify the potential focus and spread of the activities of the new Centre.

Evidence use mechanisms

- Awareness: building awareness and positive attitudes towards evidence use
- Agree: building mutual understanding and agreement on policy-relevant questions and the kind of evidence needed to answer them
- Access and communication: providing communication of, and access to, evidence
- Interact: facilitating interactions between decision-makers and researchers
- > **Skills:** supporting decision-makers to develop skills accessing and making sense of evidence
- > Structure and process: influencing decision-making structures and processes





Help

Help everyone working towards a future without homelessness make better use of evidence when designing and delivering interventions.

- Create online research portal (toolkit or system map) with access to synthesised evidence
- > Use storytelling to produce case studies to illustrate what 'good' looks like
- Explore whether changes could be made to existing outcome tools (eg. Better Futures) to help trial new interventions
- Offer training and skills development opportunities to ensure new ways of working can take place

- Respond to requests for evidence from the sector
- create and share targeted information that is highly specific and relevant to the context of change-makers in our various roles – decision makers, policy professionals, commissioners, advocates and practitioners



Case Studies

The Education Endowment Foundation's Teaching and

Social Services Knowledge
Scotland (SSKS) is a website and
digital library dedicated to social
care. Everything here relates
to policy, practice and personal
development within social services
in Scotland. SSKS was developed
in partnership with IRISS and
is built on NHS Education for
Scotland 's long-established
information technology, The
Knowledge Network.

The What Works Centre for Crime Reduction runs 'evidence base camps' for police officers to get to grips with the research summaries in the Crime Reduction Toolkit. It also runs free evidence surgeries in which analysts help professionals address specific bits of work they are currently working on. This can be advice on what is or is not effective, guidance on what counts as evidence at different stages, or the ways in which this can be measured. The Centre could provide similar types of support, and it should be done with people with experiences of homelessness.

Acumen use online tools (+Acumen) to scale the impact of its traditional leadership development programmes to equip more emerging leaders with the tools, knowledge, and networks to change the way the world tackles poverty

Better Futures outcomes tool is a web-based IT tool designed to enable housing support service providers working with individuals to record their support needs over a period of time. It provides a means to record a baseline when someone starts using a service, as well as plotting their aspirations using a scoring system. The online tool is also able to produce reports from the data held to enable organisations to measure the outcomes of their work with service users on a continuous basis

Help Desks. The Department for International Development provides a rapid evidence-on-demand help desk, through the Health and Education Advice Resource Team (HEART). A longer response period can also work; for instance, the Public Policy Institute for Wales (PPIW) responds to six-monthly requests for evidence asked for by Welsh government ministers and the What Works Crime Reduction Centre offers research surgeries once a month.******

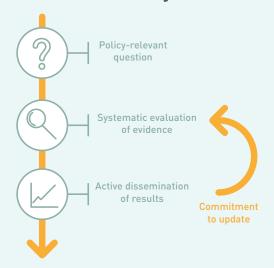
Methods

Systematic reviews synthesise findings from primary studies to build a composite picture of the evidence in a field. ***x*vi

The method is grounded in the principle that decision points in the research process should be reported in enough detail so they are transparent and replicable by others, and findings can be scientifically verified so as to mitigate the possibility of bias. Systematic reviews can be very costly, but it is possible to start small. For instance, EEF started with a £70,000 investment and continued to build it over time.

Before embarking in this type of exercise it's vital to be clear about what 'quality' looks like. Many organisations - the Cochrane Collaboration probably being the best known example - draw exclusively upon academically published literature. Such an approach would neither be possible or desirable in the homelessness field, as approaches that aren't on the radar of academia could be missed out. The new Centre would build on existing work and discussions about what constitutes 'good evidence' and use a co-production method, such as the Delphi Panel or Human-Centred Design model

Elements of systematic reviews₁



Question framing

Define what is to be examined and how; determine policy relevance with stakeholder involvement

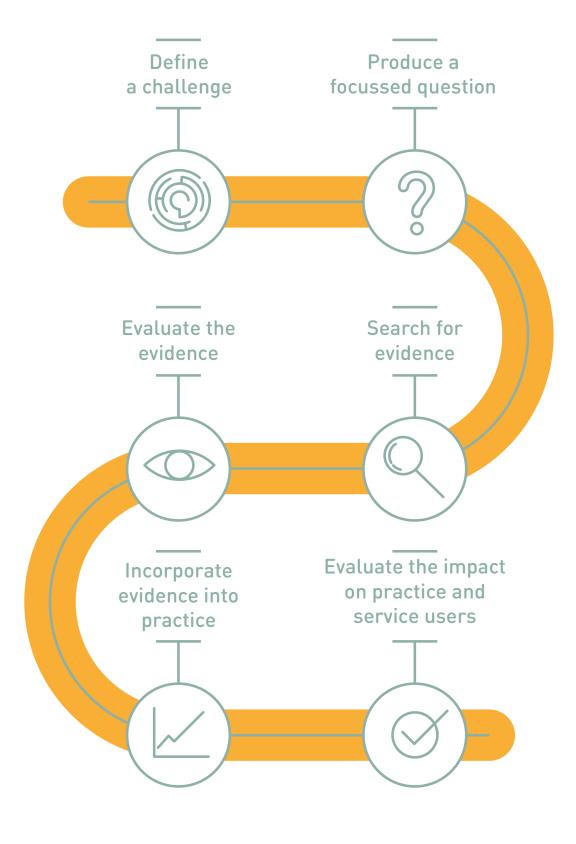
Rigorous review methodology

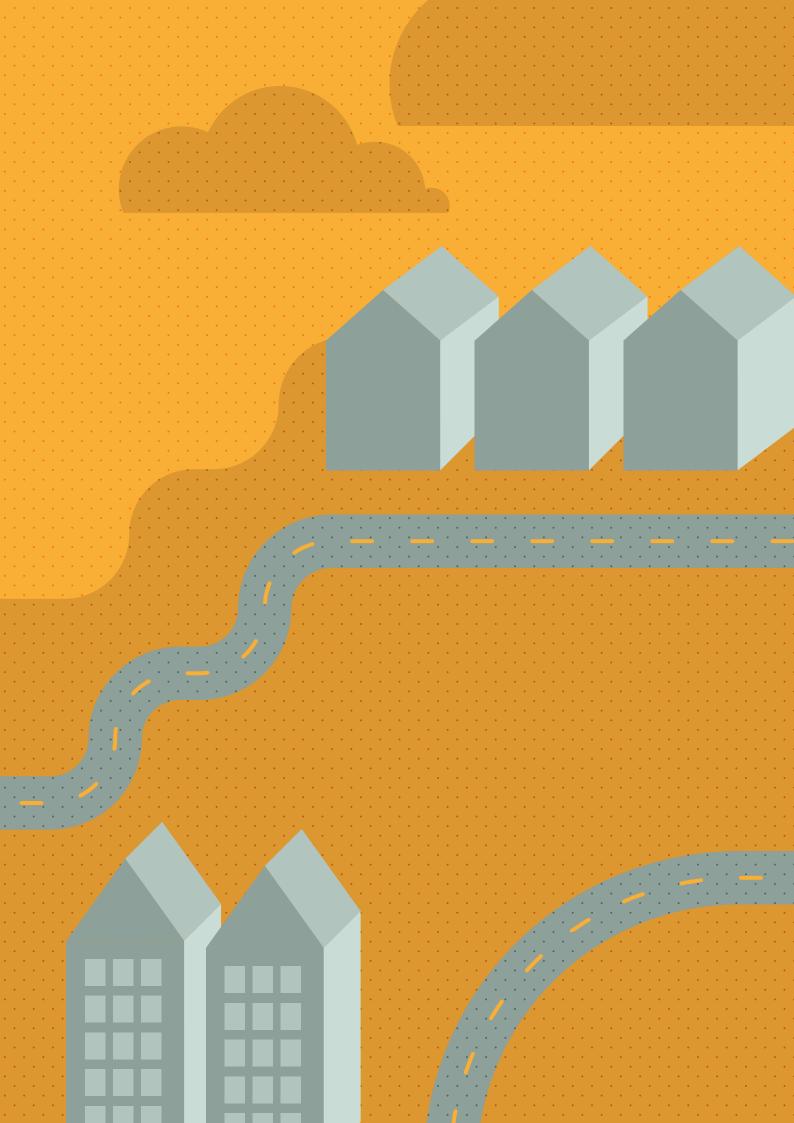
Comprehensive, transparent, and replicable

Engage wider community with findings

Policy makers, academics, and other stakeholder groups

Evidence-based practice road map₂





timise H O M E 51



Optimise

Optimise outcomes by building evidence about the behaviours, practices, policies and programmes that achieve the most effective results.

- > Use Delphi method or design thinking process to agree through a coproduction method on what quality evidence looks like.
- Identify and commission reviews of the evidence in a range of appropriate areas (e.g. prevention and multiple and complex needs)
- Create a homelessness system map to enhance understanding of the complex systematic nature of homelessness and serves as a tool that helps in the generation, definition and testing of possible policy options to respond to homelessness
- Commission the right type of evaluations and embed evaluation in IT systems. Identify timely and highly relevant demonstration project with early adopters
- If relevant develop standardised toolssuch as checklists and decision aids
 - to help practitioners use evidence

Build evidence of what works. Funding allowing, the Centre could carry impact evaluations (not because other types of evaluation aren't useful but because there's where the gap is). These would be commissioned and carried out by independent experts. This approach is used by EEF and it tends to match fund innovations that schools are themselves prepared to invest in. If the intervention is successful EEF helps scale it up and funds another round of testing, etc.xxxix

Other approaches include focusing on supporting agencies to carry out better evaluations and use evidence-based approaches (Project Oracle and Evaluation Support Scotland) or campaigning for organisations to allot a portion of their funding for robust evaluation (Results for America).

A key consideration is the kind of evidence that can inform policy decisions along a continuum. The Centre would help ensure that we rely on the best evidence available in the short run while simultaneously pushing for more rigorous analysis on either practices or on specific interventions.

Studies would ideally be carried out across different local authority areas or regions (e.g. on the effectiveness of triage systems and to identify opportunities for improvement), again because that's where the gap is. Also vital is to examine what works for different sub-groups of the population affected by homeless, probably with special focus given initially to those with complex needs.

Randomised control trials (RCT) may be the gold standard but if cost and time is and issue other types of impact evaluation can also provide useful, actionable insights. And it's important to remember that RCTs are not infallible and should be carefully examined.

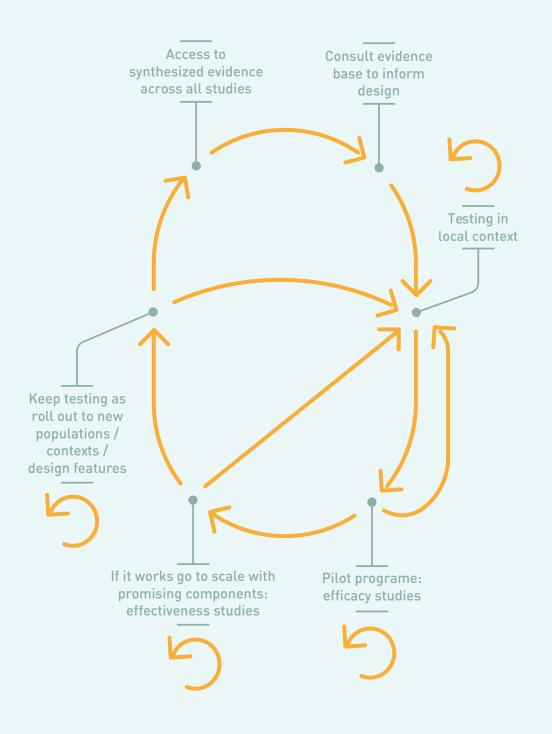
*I Used badly, such methods could become a bludgeon, killing services indiscriminately.

There is also an opportunity for the Centre to encourage the trialling of new interventions as this is not an approach commonly used. Too often in the homelessness sector, as in other fields, we come across what seems to be a good idea and instead of testing it we assume it will work.

To make greater strides towards ending homelessness we need to be able to find out what interventions are more effective and bring them effectively to scale. And with the right measurement tools we could also figure out impact at very low cost, rather than having to run complex RCTs over a number of years. The homelessness field is virtually 'virgin territory' in this area so the HIC could potentially play a vital, transformational role.

Optimise H O M E

Just keep testing: 5 principles for evidence-based policy and practice³

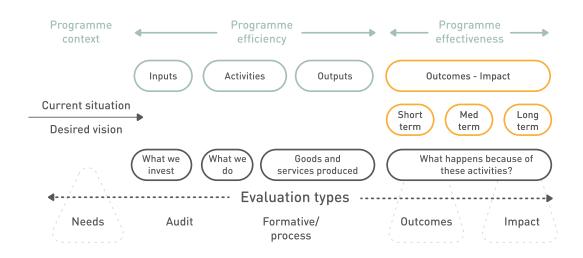


Case Studies

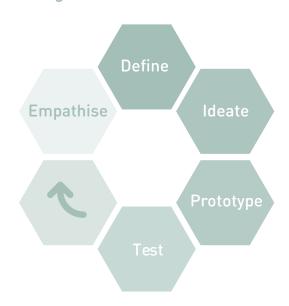
IDEO.org uses human-centred design to create products, services, and experiences that improve the lives of people living in poverty. The Design kit is IDEO.org's online learning platform with practical tips on applying human-centred design in any context.

The Delphi technique is a tried-and-tested way for groups to build a consensus. It uses a series of questionnaires, to collect data from a selected panel. These go through a number of versions, and are analysed and refined, so that the group starts to converge on an agreed decision. The What Works Centre for Wellbeing has used Delphi methods to choose its evidence topics relating to culture and sport. The Centre's team working on this is looking at wellbeing benefits of different culture and sport practices.** It is recommended the Centre also use the Delphi model as it helps us be more rigorous about agreeing what good evidence means or what our priority areas are.

Evaluation types4



Human centered design⁵



Delphi Method⁶



Facilitator seeks individual assessments from a pool of experts Experts respond to the request, receive feedback and revise their responses Facilitator compiles the responses and sends a revised set of questions to each expert. Several cycles of feedback may be needed

Facilitator produces report on experts' responses, noting key outliers



Mobilise

Mobilise and support a strong, non-partisan, crosssector coalition of leaders who are strongly committed to an 'invest in what works' policy agenda.

- > Promote evidence-based approaches, including investment in scientific evaluations (that's where the gap is) through the creation of a web platform that enables people to share their stories and connect
- Create a programme to support change-makers in the field, in the vein of the Results for America Moneyball All-Stars, or the Evidence-Based Practice Champions at the Society for Implementation Research Collaboration
- Develop third sector and local authority fellowship programmes to further embed the approach or create annual award for evidence-based approaches
- Engage with change-makers in schools to ensure the next generation is better informed about the causes, consequences and solutions

- Work with the 32 Third Sector interfaces in Scotland to create a movement for change: interfaces provide a single point of access for support and advice for the third sector within each local area, and have clear links to Community Planning Partnerships and Single Outcome Agreements.
- Instigate organisational change through practical tools or protocols or if appetite and funding exist an initiatives like the What Works Cities in the USA
- Hold What Works homelessness conference and develop partnerships and collaborations with similar organisations in other fields (e.g. early years, education, wellbeing, ageing better)
- Develop impactful brand and strong social media presence underpinned by a clear communications and marketing strategy

Case Studies

Stanford Health Care Evidence-



Empower

Empower people with diverse experiences of homelessness to be part of the conversation and approach.

- Invite (and pay) people with lived experiences of homelessness to contribute to evidence review user/coproduction panels.
- Ensure they can take part in coproduction groups in (scientific) evaluations, and help develop standardised tools for frontline practitioners.xiii
- Involve them in the design and evaluation of practices and interventions.
- Provide opportunities for experts by experience to deliver training that pushes behaviours, practices, and interventions that have been shown to work

- Involve them in disseminating findings, both face-to-face and online
 a powerful way of getting people to 'listen' to the evidence
- Offer impact officer traineeship opportunities





Case Studies

Peer Research

Studies conducted with peer researchers seem to have a positive impact on the research itself, and also appear to ensure the findings are more likely to be listened to, especially if dissemination is carried out by experts by experience.** When Crisis conducted a mystery shopping exercise of local authorities to examine the quality of the services they offer to single homeless people many councils fed back that findings 'sank in' a lot more when coming directly from the mystery shoppers.

Shadow a student challenge
The shadow a student challenge
is a journey that starts with
seeing school through students'
eyes, identifying meaningful
opportunities to improve the
school experience for students,
and then taking action to create

npower H O M E 61

Zambia Diva Centres

The Diva Centres—designed by IDEO.org in conjunction with Mari Stopes International in Zambia (MSZ) and the William and Flora Hewlett Foundation—are vibrant spaces just for girls.*\(^\times\) At the Diva Centres, girls do their nails while having informal conversations about boys and sex. They hang out with friends, learn about contraception in their own terms from trained peers, and, when they're ready, receive counselling and access to a variety of shortand long-term birth control methods in a safe and judgment-free environment from a trained professional. By taking a humancentred approach, and spending weeks immersed in the lives and aspirations of Zambian teens, IDEO.org designed a multi-touch point approach to getting girls the contraception they need.

During 2016 GHN worked closely with academic and other partners to support a group of people with experience of homelessness to design and deliver a research project that aimed to better understand the impact of social inequalities on our Right to Health. Taking a participative approach ensured that the research questions were grounded in the realities of homelessness, the methods were sensitive to the needs of people experiencing homelessness and the findings were 'reality checked' against lived experience. The research was highlighted by the Scottish Human Rights Commission as a project that helps Scotland to continue to build and embed a human rights culture.

This new centre represents an important opportunity to build on the range of evidence about homelessness and significantly improve how we put it to good use.

Scotland will be underlining its leadership role in tackling homelessness and other parts of the UK and beyond are following this development with great interest.

Professor Suzanne Fitzpatrick

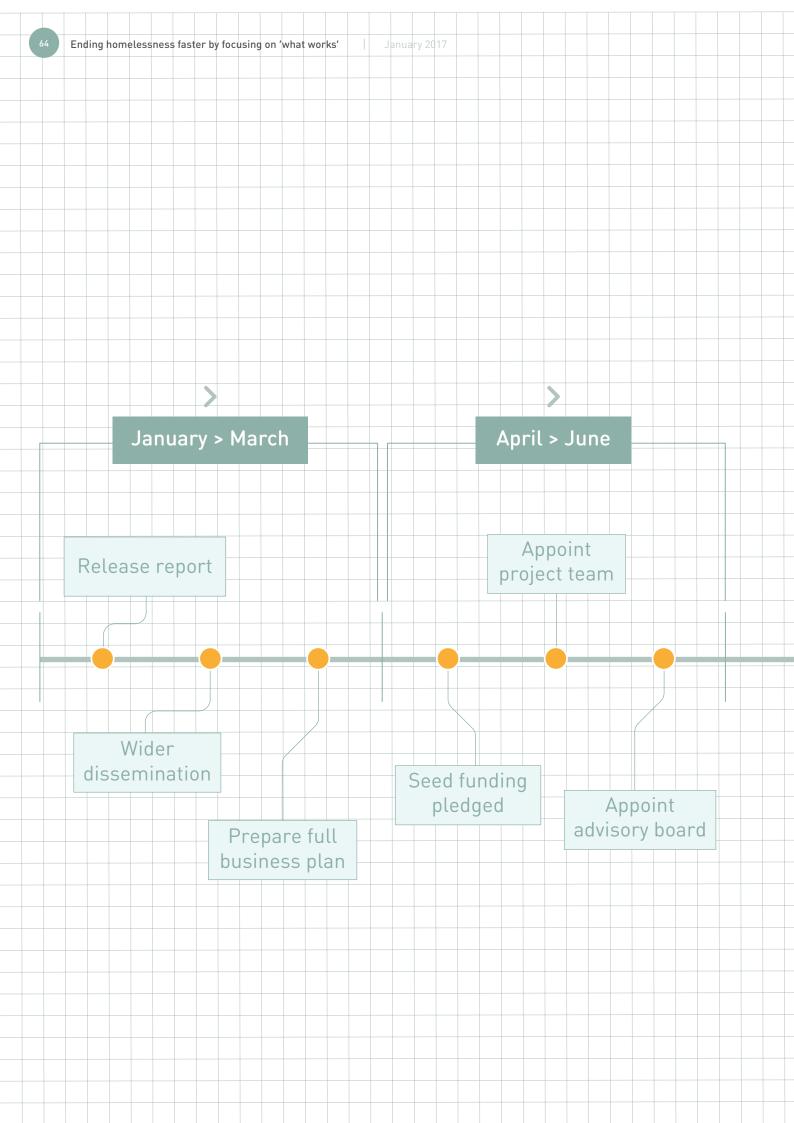
Director of Research Institute, Heriot-Watt University

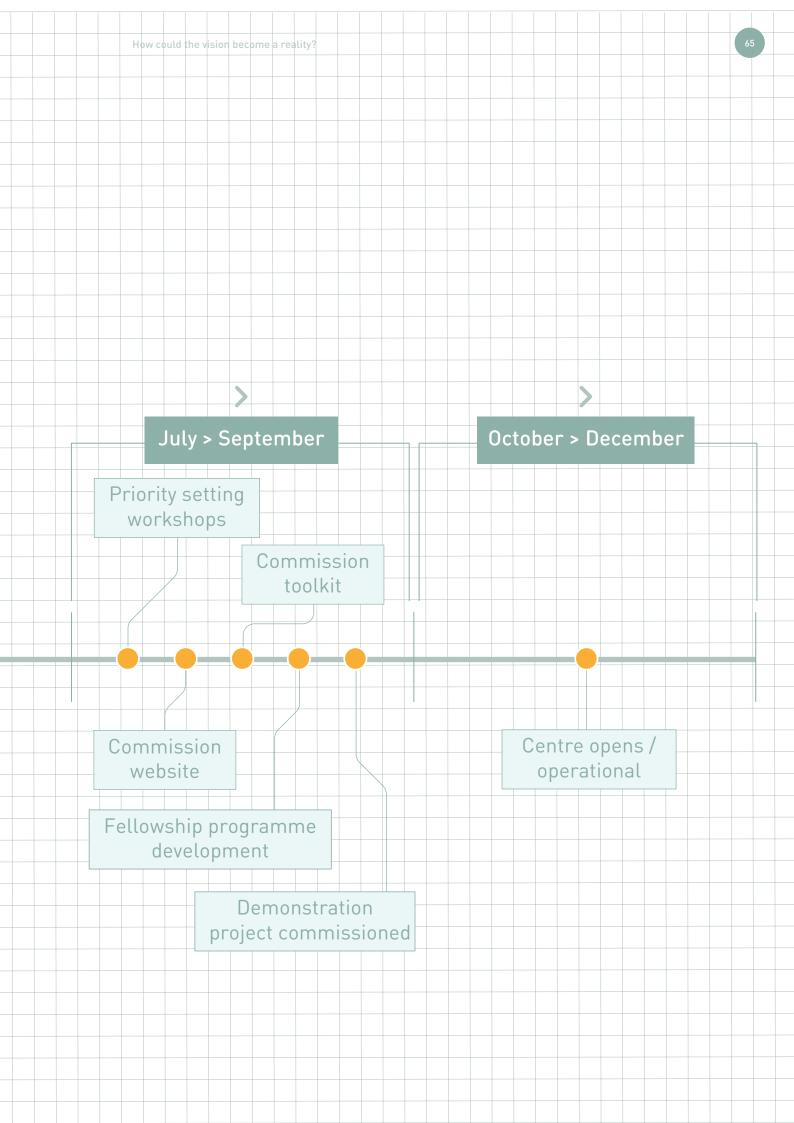
How could the vision become a reality?

3.1 Project timeline

The Centre for Homelessness Impact is a large and complex project of national importance. Creating this new organisation will involve significant financial investment and input from a multitude of stakeholders. The real success of the Centre can only be gauged in the years after it opens and the extent to which it is able to engage and inspire the sector in Scotland, elsewhere in the UK and internationally. The short term

success of the project will depend on how immediately visible the results are. It will be important to raise seed funding as soon as possible to maximise the opportunities to raise attention/interest and to begin to galvanise support for evidence-based approaches to an agreed budget and timescale. A draft timeline of activities is included overleaf.





3.2 Governance model and funding plan

Once seed funding is secured an interim project delivery organisation structure will be put in place as shown below.

The Project Board will be responsible for overseeing the work of the Project Team. The membership of the Project Board will include senior representatives from Crisis, GHN, and new partner organisations.

The Advisory Board will provide advice and guide the strategic direction of the project, including its programme of activities. The membership of the Advisory Board will include representatives of statutory and non-statutory bodies, as well as university experts.

The Project Director will lead the Project Team and be responsible for making decisions on a day-to-day basis on the project within the agreed brief, budget and programme. The Project Director will report to the Project Board.



The project delivery structure, governance and staff arrangements will be finalised at the beginning of the next phase. During the incubation period the Centre will be hosted by another organisation: options include Crisis or GHN but it could also be another organisation. There is also an option for the staff team to be constituted of people based in different partner organisations.

All these issues and options will be explored over the coming months as the full business plan is finalised.

The immediate priority is to secure seed funding to incubate the project for up to 24 months. The funding would cover the costs of a full-time Project Director and three part-time roles (an Engagement Lead, a Communications Designer, and a Co-Production intern) as well as the development of a programme of activities. For details see Appendix 4.

During this stage of the project, the team would also work to secure longer-term funding from new sources and more generally develop a sustainability plan for the Centre.

The goal is to have the funding in place as soon as possible and to open the Centre by the end of 2017. This will ensure we build on the momentum gathered during the feasibility study.

It's clear that in order to attract the optimum level of funding the project must be visionary and transformative. It will also need to be able to demonstrate impact. The success elements we've identified early in the project will continue to be refined and when the set of activities it will focus on are agreed the team will map what it will take for the new Centre to affect real change.

3.3 What are the conclusions and next steps?

When we started this project our ambitions were tremendous. This study is just the beginning of a long journey but it does show that there is both a need and a demand for a new organisation, as well as fundraising potential. Along the way, we've learned a lot by listening to what people are saying they need the most. This report provides a strong base for our collective ambitions to improve the outcomes for people affected by homelessness in Scotland and beyond.

The summary conclusions of this study are:

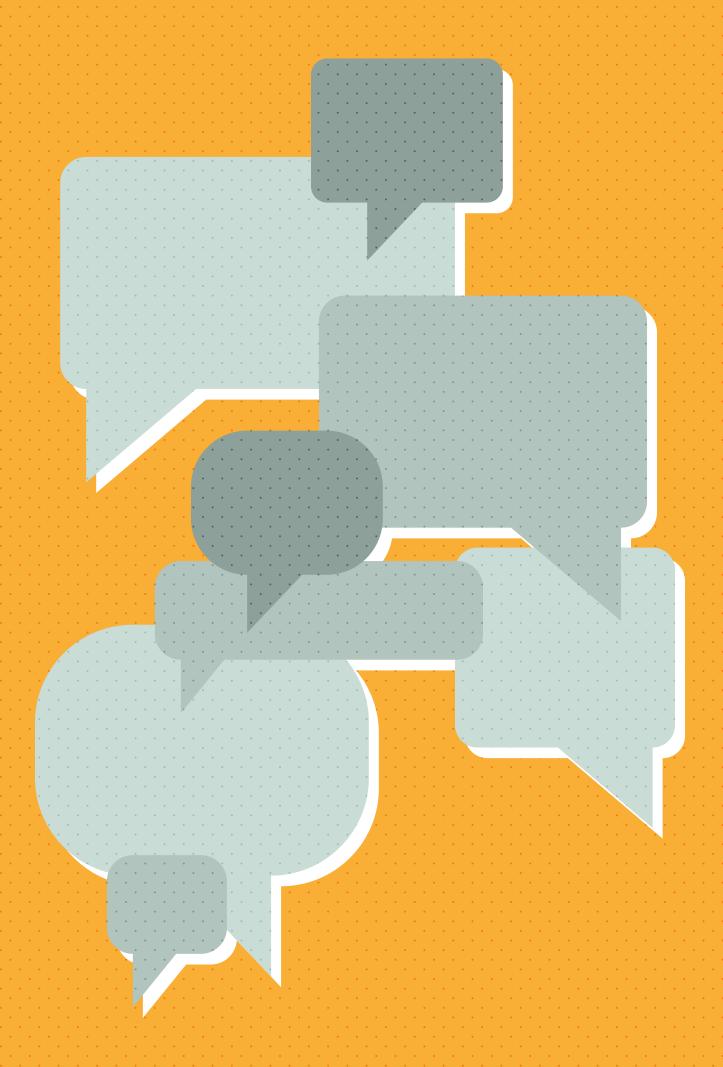
- > The sector needs a new approach if it is to achieve step change in its fight to end homelessness
- A new sector-led and owned institution that champions and rewards the uses of evidence in policy and practice is required
- It would offer free access to synthesised evidence and provide quidance/support to all
- > It would introduce new scientific methods to test and refine services used by homeless people, increasing the quality and usability of the evidence available (because that's where the main gap is)

- The project supports the delivery of key objectives for key stakeholders including the Scottish government, local authorities, and third sector organisations
- > It can unite a range of potential funders in delivering a major addition to Scotland's outstanding homelessness sector, one that excites change-makers in the sector, academics/researchers and people affected by homelessness alike

This report is the first step in a process of design and implementation and further detailed work will be required.

The project will now proceed to the next phase, which will complete the full business case for the project, and begin the fundraising with a view to securing seed funding in 2017. As part of this phase, the productive dialogue that has begun with stakeholders will continue.

This report provides a strong base for our collective ambitions to improve the outcomes for people affected by homelessness in Scotland and beyond.



We Can't Do This Alone

This report is the result of many rich conversations with people working towards a future without homelessness. They have helped us understand how the new Centre could become a reality and have a positive impact. So we close with a big thank you to them and to Clore Social for funding it.

Thank You

Robert Aldridge, Homeless Action Scotland

Isabel Baptista, Centro de Estudos para a Intervenção Social

Alex Bax, Pathways

Graeme Brown, Shelter Scotland

Yvette Burgess, Housing Support Enabling Unit, Coalition of Care & Support Providers in Scotland

Tony Cain, Association of Local Authority Chief Housing Officers

Alastair Cameron, Scottish Churches Housing Action

Michael Cameron, Scottish Housing Regulator

Louise Casey, Department for Communities and Local Government

Sonhie Catlin Cahinet Office

Martin Cawley, Turning Point Scotland

Julian Corner, Lankelly Chase

Fiona Cuthill, University of Edinburgh

Dennis Culhane, University of Pennsylvania

Anna Dixon, Centre for Ageing Better

Alice Evans, Lankelly Chase

Suzanne Fitzpatrick, Heriot-Watt University

Steve Gaetz, Canadian Homelessness Hub

Ann Gee, Crisis Trustee

Ken Gibb. University of Glasgow

Marion Gibbs, Scottish Government

lain Gordon. Bethany Christian Trust

Rosanne Haggerty, Community Solutions

Neil Hamlet, NHS Fife

Nancy Hay, What Works Centre for Wellbeing

Tim Hobbs, Dartington Social Research Unit

Val Holtom, South Lanarkshire Council

Julie Hunter, North Lanarkshire Council

Rikke Iversholt, Iriss

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Sarah Johnsen, Heriot-Watt University

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Gill Leng, Public Health England

Andrew McCall, Salvation Army

Lorraine McGrath, Simon Community Scotland

Mark McGreevy, DePaul International

Patrick McKay, Turning Point Scotland

Bethia McNeil. Centre for Youth Impact

Steve Martin, Public Policy Institute for Wales

Annie Mauger, CIH Scotland

Susanne Millar, Glasgow City Health and Social Care Partnership

Ken Milroy, Aberdeen Foyer

Julia Morris, What Works Centre for

Helen Morris, Department for Communities and Local Government

Carey Oppenheim, Early Intervention

Eileen O'Sullivan, Oak Foundatior

Henry Overman, What Works Centre of Local Economic Growth

Tim Richter, Canadian Alliance to End Homelessness

Nan Roman, National Alliance to End Homelessness

Jane Russell, Aberdeen Council for Voluntary Organisations

Christine Scullion, Robertson Trust

Duncan Shrubsole, Lloyds Bank

Freek Spinnewijn, FEANTSA

Eric Steel, Glasgow City Health and Social Care Partnership

Jeremy Swain Thamesreach

James Turner, Education Endowmen
Foundation

Alison Watson, Shelter Scotland

Catherine Wilkie, Wheatley Group

Greg Wilkinson. Policy consultant

Appendices

Appendix 1: Individual and group consultations

Individual interviews			
Public Sector	Third Sector	Academic Institutions What Works International	Funders
Association of Local Authority Chief Housing Officers (ALACHO)	Aberdeen Foyer	Alliance for Useful Evidence	LanKelly Chase
Convention of Scottish Local Authorities (CoSLA)	Bethany Christian Trust	Canadian Knowledge Hub	Oak Foundation
Glasgow City Health and Social Care Partnership	Chartered Institute of Housing	Community Solutions	Robertson Trust
NHS Health Scotland	Evaluation Support Scotland	Dartington Social Research Unit	
North Lanarkshire Council	Homeless Action Scotland	Early intervention Foundation	
North Ayrshire Council	Housing Support Enabling Unit	Education Endowment Foundation	
Scottish Government: > Homelessness Team > Joint Improvement > Statistics Division	Rock Trust	FEANTSA	
Scottish Housing Regulator	Scottish Churches Housing Action	Heriot-Watt University	
		Institute for Global Homelessness	
Scottish Prison Service	Scottish Federation of Housing Associations	National Alliance for Ending Homelessness	
Cabinet Office	Shelter Scotland	The Centre for Youth Impact	
Department for Communities and Local Government	Simon Community Scotland	University of Edinburgh	
Public Health England	SAY Women	University of Glasgow	
	The Institute for Research and Innovation in Social Sciences (IRISS)	University of Stirling	
	Turning Point Scotland	University of York	
	Wheatley Group	University of Pennsylvania	
	Pathways	What Works Centre for Local Economic Growth	
	BSHF	What Works Scotland	

Appendices

75

Housing Options	Sector Meetings	Experts by experience / Coproduction workshop
East Dunbartonshire Council	South Lanarkshire Council	Volunteers with lived experiences of homelessness and GHN Staff
East Renfrewshire Council	NHS Health Scotland	Volunteers with lived experiences of homelessness and GHN Staff
North Lanarkshire Council	Homeless Action Scotland	
South Lanarkshire Council	Shelter Scotland	
Renfrewshire Council	Glasgow City Health and Social Care Partnership	
Glasgow City Health and Social Care Partnership	Dumfries & Galloway Citizens Advice Service	
West Dunbartonshire Council	Social Work Scotland	
Glasgow Housing Association	Scottish Government	
City of Edinburgh Council	Scottish Prison Service	
Midlothian Council	NHS Lothian	
West Lothian Council	NHS Fife	
Scottish Borders Council	University of Stirling	
North Ayrshire Council	Heriot-Watt University	
Dumfries and Galloway Council	ALACH0	
Scottish Borders Council	Frontline Fife	
Inverclyde Council	University of Dundee	
	SHAPE attendance	
	East Dunbartonshire Council East Renfrewshire Council North Lanarkshire Council South Lanarkshire Council Renfrewshire Council Glasgow City Health and Social Care Partnership West Dunbartonshire Council Glasgow Housing Association City of Edinburgh Council Midlothian Council West Lothian Council Scottish Borders Council Dumfries and Galloway Council Scottish Borders Council	East Dunbartonshire Council East Renfrewshire Council North Lanarkshire Council North Lanarkshire Council South Lanarkshire Council Renfrewshire Council Renfrewshire Council Glasgow City Health and Social Care Partnership Glasgow City Health and Social Care Partnership West Dunbartonshire Council Glasgow Housing Association City of Edinburgh Council Scottish Government City of Edinburgh Council NHS Lothian West Lothian Council NHS Fife Scottish Borders Council NHS Fife Scottish Borders Council Dumfries and Galloway Council ALACHO Scottish Borders Council Inverclyde Council University of Dundee

Appendix 2: Institutions that champion evidence-based approaches

Name	Country	Institutional form	Head count	Budget
Experimentation Fund for Youth	France	Government funding stream	12 managing administration of fund	€230 million (€53 million of which come from 'private sources)
Campbell Collaboration	Based in Norway, but international scope	Network	~3 + ? Network	0.6m/year
NICE	UK	Regulatory body	~250	60m/year
EPPI Centre	UK	Academic Research Centre	~20	?
IRISS				
Center for Court Innovation (NB - Young Foundation incubating UK equivilant - Centre for Justice Innovation)	USA	NG0	175	\$17.6m in 2010
Inspiring impact				
Third Sector Research Centre	UK	Attached to University	>35	Funded for 5 years initially, by ESRC (£5 million), OCS (£5 million) and Barrow Cadbury Trust (£250,000)
Alliance for Useful Evidence				
Evaluation Support Scotland				
Project Oracle	UK	Accreditation body and capacity building programme led by Greater London Authority	3	TBC once funding confirmed

Funding Source	Staff	Area of focus/policy areas	What does it do?	Evaluation approach
?	Policy and academic researchers (Affiliate J-PAL Professors)	Youth services	Proposals are solicited for thematic calls (i.e. reducing school drop-out rates) from either a) NGOs who feel they have a particularly good intervention and an evaluator (of their choosing); or b) a stateled programme (in this instance there must be a national evaluation). They stress that there is no programme funding for the 'intervention', with the Experimentation Fund only funding the evaluation of it. They aim to "set strong methodological requirements for evaluations".	RCTs only
Administration and network of academics	Public bodies and private foundations (UK=Home Office)	Education, Crime and Justice, Social Welfare.	Provides statistical meta-analyses on education, criminal justice, health, and social welfare interventions.	Only findings from RCTs are included
Department of Health	Research analysts; project management	Health	To publically rule on what the most effective and cost effective options available to the NHS.	Using the Accreditation Mark
 Cochrane, ESRC, UK Govt Departments	Academic researchers	Education, Health and Social Policy.	Methodological programme of evidence-based work on social programmes to influence education policy.	Systematic reviews
87% government grants; 13% private foundations and check service contracts	Project managers, researchers, technical assistance	Justice	The Center has 3 primary areas of work: research, demonstration projects and expert assistance. The centre focusses on creating new programs that test innovative approaches to public safety problems.	There are experts from within the criminal justice field who test the effectiveness of the program. The line between 'practice' and 'research' is very blurred
 Economic and Social Research Council, Office of Civil Society and Barrow Cadbury Trust.	Academic researchers, knowledge exchange teams	Third sector research - across policy areas	TSRC commissions independent research that is then actively disseminated via the knowledge sharing website.	It commissions studies in social finance, service delivery, workforce and workplace development, impact and quantititye analysis.
GLA (now in second phase, money secured from local authorities and ESRC)	Research project management. Plus a 'match making service' between projects and academic researchers	Young people in London	Project Oracle aims to bring providers of youth services- many of which are small and chariatable - in line with academically rigorous standards of evidence.	Developed 'Standards of Evidence' with a theory of change at Level 1 to multisite, independent RCTs at level 5.

Name	Country	Institutional form	Head count	Budget
Knowledge Translation Network	Scotland	Network of organisations and website	?	?
SCDC	Scotland	Company Ltd by Guarantee and registered Charity	16	?
SCPHRP	Scotland	Core members of staff working collaboratively with members across a range of sectors	13 but with range of collaborative members	?
CRFR	Scotland	consortium research centre	9 core staff with other associated members	?
SUII	Scotland	Consortium of universities	?	?
Government Social Research Service	UK	Professional grouping within civil service	~1,000	?
University of Colorado Blueprints for Violence Prevention	USA	Academic Research	?	?

Funding Source	Staff	Area of focus/policy areas	What does it do?	Evaluation approach
Part Government funded and income generation from workshops	?	Champion the use of evidence from the third sector including how to ensure information is disseminated efficiently to the sector and what can be learnt from other sectors.	Facilitate and share learning about effective knowledge translation and dissemination activities.	?
?	Policy researchers, development managers	Community development	provide training and consultancy support in all aspects of community development. Also works to influence policy and contributes to government working groups.	?
The Medical Research Council and Chief Scientist Office	Mix of academics and policy makers	Public health research	encourage and facilitate collaborations between all sectors of the public health community in Scotland	?
Variety of sources including funding councils, central government, NHS, Big Lottery and EU	Academics, researchers and policy makers	Childhood, families and relationships; environment and consumption; gender-based violence; health and caring; work and institutions.	produce, support, stimulate and share, social research on families and relationships across the lifecourse	?
University and research council	Academics	Draw on wide- ranging knowledge of partner universities and international academic collaborators to deploy new insights and provide means for research to have impact.	Supports programmes of knowledge exchange which address and provide insight on substantial issues that face Scotland and the wider world, helping to improve decision making. Provide universities with pathways to impact their knowledge.	Regular evaluation of programmes supported
UK Government Departments	Social Researchers	Cross social policy.	The GSR provides evidence to understand, develop, implement, monitor and evaluate government policies and services.	?
University	Academics	Violence Prevention	The Blueprints mission is to identify truly outstanding violence and drug prevention programmes that meet a high scientific standard of effectiveness. This means the programme is used by governments as a resource.	Blueprints have evaluated over 900 programmes. Each programme is evaluated by Blueprints then by an independent advisory board.

Name	Country	Institutional form	Head count	Budget	
RAND Promising Practices Network	USA	Network	~8 + ? Network	?	
Washington State Institute for Public Policy	USA	Research Institute	~12	300k-700k per project	
EdLabs	USA	University department	?	?	
Coalition for Evidence Based Policy	USA	Not for profit research network	4 core staff and + advisory board	\$500,000	
J-PAL	USA based with 54 affiliate professors worldwide	Academic department and international network	~200	?	
Cochrane Collaboration	Worldwide	Network	? + 28,000 network	1.9m (core)+ 19m (group)	
Social Care Institute for Excellence (SCIE)	UK	Independent charity	80 staff	?	
Early Intervention Foundation	UK	TBC - currently being tendered for Department for Education (deadline for applications 31 May 2012)	TBC	<£3,500,000 To become self financing after 2 years	

 Funding Source	Staff	Area of focus/policy areas	What does it do?	Evaluation approach
Independent foundations; RAND corporation	Admin; experts	Various	The PPN is a group of individuals and organisations who are dedicated to providing quality evidence based information about what works to improve the lives of children, families, and communities.	A team of RAND researchers from different fields evaluate the network
Funded on a project-byproject basis, as directed by the legislature. A local college provides administrative support to the institute.	Academic and policy researchers	As directed by Washington State legislature	The aim of the institute is to provide impartial research to Washington State.	It has a multi stage model, starting with meta analyses and modelling using a econometric model. It produces 'Which?' style consumer reports that list different programme options.
University (and some matched funds)	Academic	Education research	EdLabs is an education research and development lab devoted to closing the achievement gap. It was set up by Harvard Univeristy.	Ed-Labs complete rigorous tests to ensure interventions work and are effective.
Philanthropic foundations (and small government contracts)	Researchers	Promoting the use of evidence in governmental decision making	Established to promote the use of evidence in policy and decision making by ensuring government implements policy that is proven to work and that is backed up by evidence. The UK is the Alliance for Useful Evidence is its sister organisation.	Classify according to 'top tier' criteria
Endowment	Research (90%); Operations (5%); Policy (5%)	Poverty alleviation	Research Evaluations; Policy.	Randomised evaluations are carried out by a team of professors who test the effectiveness of programmes.
State health research institutes in devleoped countries (UK NIHR equivalents), non-profits, universities	Academic researchers; Administration	Health	It is a network of more than 28,000 people who work together to promote the best available research evidence to healthcare providers.	The '8-point scale" explicitly asks for enough information for intervention to be replicable.
Department of Health and devolved administrations in Wales, Scotland and Northern Ireland	Various	Social care (including older people, disabilities, families)	SCIE gathers and analyses knowledge about what works and translate that knowledge into practical resources, learning materials and services including training and consultancy. It aims to improve the knowledge and skills of those working in care services, including managers, frontline staff, commissioners and trainers.	Studies available on Research Register for Social Care.
Department of Education for first two years only	TBC	Early years	It is currently being tendered for. The brief stipulates that it will provide advice and support to local commissioners on evidence, social finance and payment by results relating to early intervention to assist their own procurement and evaluation, and ii. build the evidence base on what works in early intervention in the UK.	To be determined by the successful applicant. It is likely that the approach will be based upon the standards of evidence outlined in the Allen Review

Name	Country	Institutional form	Head count	Budget	
Education Endowment Fund	UK	Charity	~7 staff	£125 million	
College of Policing What Works Centre for Crime Reduction	UK	A consortium from University College London (UCL), the Institute of Education (IoE), the London School of Hygiene and Tropical Medicine, Birkbeck College, and Cardiff, Dundee, Surrey and Southampton universities.	?	?	
What Works Centre for Local Economic Growth	UK	Attached to University	10 staff	?	
Centre for Ageing Better	UK	Research Institute	10 staff	£50 million endowment	
What Works Centre for Wellbeing	UK	Research Institute	7 staff	£3.5million	
Public Policy Institute for Wales	Wales	Hosted by the Welsh government	7 staff	?	

Funding Source	Staff	Area of focus/policy areas	What does it do?	Evaluation approach
Founded by the education charity the Sutton Trust, as lead charity in partnership with Impetus Trust, the EEF is funded by a £125m grant from the Department for Education. With investment and fundraising income, the EEF intends to award as much as £200m over the 15-year life of the Foundation.	Grant managers and researchers	Education	An independent grant-making charity dedicated to raising the attainment of disadvantaged pupils in English primary and secondary schools by challenging educational disadvantage, sharing evidence and finding out what works.	All projects are independently evaluated, where possible, using RCTs.
The College of Policing and the Economic and Social Research Council (ESRC).	Academic researchers	Crime reduction	Review research on practices and interventions to reduce crime; label the evidence on interventions in terms of quality, cost, impact, mechanism (why it works), context (where it works) and implementation issues; provide Police and Crime Commissioners (PCCs) with the knowledge, tools and guidance to help them target their resources more effectively.	Systematic reviews
Department for Business, Innovation and Skills, Department for Communities and Local Government and the Economic and Social Research Council.	Academic researchers; think tank researchers (LSE)	Local economic growth	Evidence reviews: review the existing evidence base relating to economic development policy areas. Drawing out findings that are backed by systematic, rigorous evaluation, capacity building: work with policymakers and delivery partners to build their capacity to incorporate measures of policy impact into their programmes at the earliest stage. Demonstration projects: design demonstration projects in partnership with Local Enterprise Partnerships (LEPs) and local councils to address particular gaps in the evidence base.	RCTs and quatitative/ statistical techniques
 Big Lottery Fund	Policy and academic researchers	Quality of life for older people	New analysis, research and evaluations; Scale up, spread and sustain proven approaches; Share learning about what works with people and organisations who can act on it.	Surveys and systematic reviews
Economic and Social Research Council, Public Health England, Department for Business Innovation and Skills, Department for Communities and Local Government, Department for Health, DCMS Arts Council England Historic England formerly English Heritage, Heritage Lottery Fund, Department for Work and Pensions, Arts and Humanities Research Council, Food Standards Agency, Cabinet Office, Local Government Association and Big Lottery Fund	Policy and academic researchers	Wellbeing	Public calls for evidence	Systematic review
 Welsh government	Academic researchers	Poverty	Respond to request for evidence from Welsh government	Literature reviews

Appendix 3: The What Works Centre Network

What Works Centre	1999	Policy area	Status	Funders
National Institute for Health and Care Excellence	2011	Heath and social care	Operationally independent non-departmental Public Body of the Department of Health	Department of Health
Education Endowment Foundation	2013	Educational attainment	Founded by parent charities, the Sutton Trust and Impetus-PEF, and funded by DfE grant	Department for Education
Early Intervention Foundation	2013	Early intervention	Independent charity	ESRC and Government Departments
What Works Centre for Crime Reduction	2013	Crime	Hosted by College of Policing	ESRC and Government Departments
What Works Centre for Local Economic Growth	2014	Local Economic growth	Collaboration between the LSE, Centre for Cities and Arup	College of Policing and ESRC
What Works Centre for wellbeing	2015	Well-being	Currently hosted by Public Health England	ESRC and Government Departments
> Centre for Ageing Better	2014	Ageing	Independent charity	Big Lottery Fund
What Works Scotland	2014	Public Sector reform	Edinburgh and Glasgow Universities	ESRC and Scottish Government
The Public Policy Institute for Wales		Poverty	Welsh government	ESRC and Welsh government

Appendix 4: Seed funding budget (draft 10.01.17)

Assumptions		Year 1 Year 2	Notes
	Director 1.0fte	£55,000	
	Engagement lead - 0.6FTE	£26,000	40000fte
Staff Salaries	Comms designer 0.6FTE	£26,000	30000fte
	Co-production intern 0.4FTE	£6,400	16000fte
	NI&pension multiplier	1.223	
General	Depreciation	No capital purchases over £1,000 are required therefore no depreciation	
assumptions	Governance Structure	Incubated organisation within a host organisation. Assumed Crisis is the host.	

Operating expenses	Year 1 (£)	Year 2 (£)	Notes
Salaries	128,904	131,482	Accounted for a 2% increase each year
Central Overhead	18,000	18,000	£9k pp general support costs per person - assumes 2x 1.0FTE and is assumed to be paid as a recharge to host org from CHI funding
Events Costs	5,000	5,000	Assumes three or four events will be held per annum
Staff Travel/subsistence	4,000	4,000	
Participation Costs	2,000	2,000	Includes service user involvement, training, travel & other expenses.
Marketing (Dissemination)	6,000	6,000	
Printing and Publishing	2,000	2,000	Assumes there is a book to print
Software	-	-	3 x Users for SPSS Standard and NVIVO pa SPSS Std Single User = £1913 pp pa (other options SPSS Basic = £875 pp pa and Professional = £3840 pp pa) NVIVO = 12 months at £1000 pp, renewal each year £400 pp pa. Software licenses within host budget

Operating expenses	Year 1 (£)	Year 2 (£)	Notes
Hardware (IT, Laptops, Phones, MS Office)	-	-	£1k per staff member per year
			Hardware costs within central overhead recharge
Paywalls/access to journals	-	-	This would initially be covered by host organisation since it is a flat fee and not per person - no extra costs incurred
Staff Development	-	-	£2K pp
			Since start up approach and assuming secondments, development budget not required in the first two years.
Office / FM costs – stationery	-	-	Business cards, headed paper, etc Included in central overhead
Rent Rates & service charge	-	-	Included in central overhead
Utilities	-	-	Included in central overhead
Connectivity and Bandwidth	-	-	Included in central overhead
Contingency	7,989	8,112	5% of total fixed costs.
	45/400	454.004	1

Project costs	Year 1 (£)	Year 2 (£)	Notes
Commissioning toolkit	70,000		Includes all the evidence that informs toolkit
Fellowship	70,000		
Website	20,000		
Demonstration project		100,000	
Fixed costs Total Expanditure	22 / 100	274 004	

Appendix 5: Consultation: Response to key themes and concerns

1 Role of the centre for homelessness impact

The Centre will assist all working towards a future without homelessness to achieve better outcomes. By collating and building the evidence base on what works and putting this synthesised evidence directly into the hands of practitioners and commissioners of services it would instigate active 'pull through' interest in evidence. In particular the Centre would seek to provide answers to current questions within the homelessness sector so as to instigate 'bottom up' support for evidence-based approaches. Change won't be easy - as seen above the barriers to evidence take up are multiple and complex. That's why the sector needs to create a dedicated organisation that is sector led and owned to help us champion evidence-based approaches.

There is a lot the homelessness sector can learn from other fields when it comes to this type of work, so from the very beginning the Centre would seek to forge innovative partnerships and collaborations with organisations elsewhere in the UK or internationally that are leading the way in other fields as well bring together change-makers in operating in the homelessness field.

It is intended that the Centre would rely on the best evidence available in the short run while simultaneously push for more rigorous analysis^{xlvi}, and ideally also commission impact evaluations. The homelessness field is virtually 'virgin territory' in this area - it's where the gap is.

2 Demand

In the main body of the report we set out the demand for the Centre for Homelessness Impact. This assumes that unless we shift investments towards practices and interventions that are effective as well as efficient Scotland will not meet its ambitious vision to give a settled home to everyone who become homeless through no fault of their own. There is currently no way for decision-makers and practitioners to receive information about evidence in a systematic or effective manner, and find it hard to find the evidence they need to make informed decisions. And though the body of evidence about what works for different groups of homeless people is thin in most areas, demand for evidence about what works is growing. Claims that we already know what works cannot be backed with robust evidence. The new Centre would address rising demand and also help overcome the many barriers to evidence-based practice.

Over recent years in other fields of social policy a number of institutions have been created to champion the use of evidence in decision-making but to date none of them at home or abroad focus specifically on homelessness.

3 Co-Production

There will be a 'golden thread' of coproduction running through all Centre activities. For far too long people affected by homelessness have been left out of much of the debates surrounding evidence for policy and practice. At the Centre they would be vital allies in helping to design, evaluate, disseminate and train professionals in the sector. A key priority will therefore be to integrate the unique insight of people with lived experience of homelessness - grounding the Centre, reality-checking efforts, transferring knowledge and ensuring what works never strays from what matters. It is important to acknowledge that not all experts are sold on the idea of co-production so we expect to be challenged by them and will challenge them in return.

More broadly a co-produced Centre for Homelessness Impact would also blend a wide range of other expertise and experiences, including:

- > Communities neighbours, friends and social networks
- > Service providers
- > Service planners and commissioners
- Integrated Local Authorities (social work and health)
- > Housing Providers
- Third sector organisations

Academics and researchers

We would link with the Scottish
Co- production Network to reach a
wide range of people, with a view to
identifying and working with as many
change- makers as possible. By taking
a co- produced approach, the Centre for
Homelessness Impact would support a
strong, bi-partisan, cross-sector coalition
of leaders who are strongly committed to
an 'invest in what works' policy agenda.

Especially important will be to identify change-makers at all levels of organisations and establish how best Centre activities could help them do their work more effectively and in turn use their support to galvanise support for evidence-based approaches.**

Funding

A plural funding model is likely to be appropriate for a major project of this nature. The total investment involved in the Centre will allow the realisation of the significant benefits that are described in this report. The immediate priority will be to secure seed funding to help get the project off the ground and give stakeholders an initial glimpse of what the potential is. We believe the initiative would generate significant returns on investment.





Endnotes

- See http://www.crisis.org.uk/news.php/1117/research-scale-of-violence-against-rough-sleepers-revealed; Housing (Homeless Persons) Act: http://www.legislation.gov.uk/ukpga/1977/48/pdfs/ukpga_19770048_en.pdf
- This matters as Crisis has estimated that it costs around £1,500 to intervene to stop someone becoming homeless and between £3-18,000 to deal with the consequences if they do. See Pleace, N. (2015) At What Cost? An Estimation of the Financial Costs of Single Homelessness in the UK: http://www.crisis.org.uk/data/files/publications/CostsofHomelessness Finalweb.pdf
- The UK government recently announced a £40 million homelessness prevention programme: https://www.gov.uk/government/news/40-million-homelessness-prevention-programme-announced. See also DCLG (2012) Making every contact count. In Scotland preventing homelessness and joint working are key priorities of the Scottish government/Convention of Scottish Local Authorities (COSLA) 2012 Steering Group. The Scottish Housing Options funding programme is providing approximately £500,000 of 'enabling funding' over the transition period. It encourages local authorities to make the changes needed to move towards a more holistic housing options approach to homelessness prevention.
- The annual cost to the state is estimated to be around £1 billion. And English local authorities' current expenditure on homelessness in 2010-11 totalled almost £345m. Of this around £100m is providing temporary accommodation; £70m homelessness prevention and the remainder the administration of homelessness functions. DCLG (2012) Evidence Review of the Costs of Homelessness.
- The homelessness charity sector includes more than 900 organisations excluding advice providers working across the UK, often with very vulnerable people. New Philanthropy Capital estimated that its income is over £1 billion annually. See Blake, S. et al (2008) Lost property: tackling homelessness in the U.K.: A guide for donors and funders. NPC.
- vi Nussle, J. & Orszag. eds. (2015) Moneyball for Government.
- See Syed, M. (2015) Black Box Thinking. Marginal Gains and the secrets of high performance. London.
- See Halpern, D. (2015) Inside the Nudge Unit. London; and Haskins, R. & Margolis, G. (2015) Show me the evidence. Obama's Fight for Rigor and Results in Social Policy. Washington, D.C.

- See Walter, I. (2004) Improving the use of research in social care; Thomson, C. (2005), 'Barriers to evidence-based practice in primary care nursing why viewing decision-making as context is helpful' Nursing and Health Management and Policy; Lum, C. (2012) 'Receptivity to Research in Policing', Justice and research policy, 14:1.
- Thomas, B. (2012) Homelessness Kills. Crisis; and Newburn, T. (2004) Living in Fear. Crisis.
- See http://www.iata.org/pressroom/pr/Pages/2016-02-15-01.aspx The number excludes the loss of Germanwings 9525 (pilot suicide) and Metrojet 9268 (suspected terrorism).
- Petrosino, A. Bueller, J., and Turpin-Petrosino, C. (2013) 'Scared Straight and Other Juvenile Awareness Programmes for Preventing Juvenile Delinquency: A systematic review.
- Even now What Works Centre for Crime reduction staff spend a considerable amount of time persuading police officers to stop (or start) doing such programmes.
- The premise behind the housing model first developed in the USA in the 1990s is both counterintuitive and strikingly obvious: give homeless people with complex support needs what they need most a home. The dominant approach to housing homeless people in developed countries can be described as linear in nature. It is founded on a 'treatment first' philosophy that assumes that sobriety and/ or psychiatric stability are necessary preconditions for independent living. This means that homeless people only get independent housing when they are deemed to be 'housing ready'. Housing First accommodation comes with wrap-round, multi-disciplinary support, but people access it on their own terms rather than it being in any way compulsory. See Johnsen, S. & Teixeira, L. (2010) Staircases and Elevators. Crisis.
- The first pilot was carried out by Turning Point Scotland in Glasgow. For the evaluation of the pilot see Johnsen, S. (2014) Turning Point Scotland's Housing First Project Evaluation. More recently nine small scale pilots (with varying degrees of fidelity to the original HF model) were carried out in England: see Bretherton, J. & Pleace, N. (2015) Housing First England. An Evaluation of Nine Services. York.
- See Mar Horne, 'Homelessness experts criticise charity's celebrity-backed village as ineffective', The Times, 6 January 2017: http://www.thetimes.co.uk/article/homelessness-experts-criticise-charitys-celebrity-backed-village-as-ineffective-mplr5l6f7. See also Kate Polson, 'Why we need to work together and use evidence-based methods to address homelessness', Rock Trust blog: http://www.rocktrust.org/blog-innovation-and-evidence/; Beth Watts, 'Homelessness: Altruism must be bust also be effective', Heriot-Watt blog, 22 December: https://www.hw.ac.uk/about/news/homelessness-altruism-must-also-be-effective.htm.

- DCLG (2011) Vision to end rough sleeping: No Second Night Out nationwide. London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6261/1939099.pdf
- The rationale behind the policy is sound: to maximise positive outcomes by assisting rough sleepers to return to areas where they have existing support or a 'connection', and prompt councils to take responsibility for 'their own' rough sleepers. However, recent research found that 'local connection' criteria are widely used in a blanket fashion to assess whether and where rough sleepers are entitled to services. Rough sleepers' personal views on where they consider to be 'home' are given little if any weighting in assessments. This is a major departure from the original intent of the policy. Also, no data on reconnections is collected at national level. What data there is is very limited; the only exception being London. In London reconnections are recorded on the Combined Homelessness and Information Network (CHAIN) database. See Sarah Johnsen (2015) The reconnection of rough sleepers in the UK. Crisis.
- For example, see http://www.pathway.org.uk/faculty/ and Neil Hamlet Hamlet, N. (2015) Measuring Health and Homelessness in Fife: www.gov.scot/Resource/0047/00476237.pptx
- The homelessness charity sector includes more than 900 organisations excluding advice providers working across the UK, often with very vulnerable people. New Philanthropy Capital estimated that its income is over £1 billion annually. See Blake, S. et al (2008) Lost property: tackling homelessness in the U.K.: A guide for donors and funders. NPC.
- It is also telling that at the first What Works Global Forum in London in September 2016, organised by the Campbell Collaboration, out of 120 sessions not a single one was about homelessness. See: https://www.wwgs2016.org/
- This is the view of a number of leading international experts and organisations, such as the Chief Executives of FEANTSA (Freek Spinnewijn), the NAEH (Kat Johnson), and Community Solutions (Rosanne Haggerty), the Director of the Institute of Global Homelessness (Kat Johnson), and of Professor Suzanne Fitzpatrick in Scotland/UK or Dennis Culhanne in the US.
- Pawson, H. (2008), Fitzpatrick, S. et al (2015) The Homelessness Monitor Scotland. Crisis & JRF; and Watts, B. (2014) 'Homelessness, Empowerment and Self-reliance in Scotland and Ireland: The Impact of Legal Rights to Housing for Homeless People', Journal of Social Policy, 43:4:793-810.
- Hamlet, N. (2015) Measuring Health and Homelessness in Fife: www.gov.scot/ Resource/0047/00476237.pptx
- See: http://www.gov.scot/Topics/People/fairerscotland/tacklingpovertyinscotland
- See Christie, C. (2011) Commission on the future delivery of public services: http://www.gov.scot/resource/doc/352649/0118638.pdf The Scottish Government (2011) took on the Christie Commission's recommendations and articulated the need for public service reform around four pillars: prevention; partnership; workforce development; and performance improvement. See Renewing Scotland's Public Services Priorities for reform in response to the Christie Commission http://www.gov.scot/Publications/2011/09/21104740/0.

- See http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration, and the important work of the Joint Improvement Team: http://ihub.scot/about/ and of the Health and Social Care Alliance Scotland: http://www.alliance-scotland.org.uk/what-we-do/our-work/health-and-social-care-integration/. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the legislative framework for integrating health and social care. A Housing Advice Note statutory guidance to Integration Authorities, Health Boards and Local Authorities was also produced. This is because its important housing services are coordinated with health and social care. But there is no legal requirement for local authorities to integrate their homelessness responses within their strategic plans for integration (though some have).
- Christie, C. (2011) Commission on the future delivery of public services: http://www.gov.scot/resource/doc/352649/0118638.pdf
- Audit Scotland (2014) 'Scotland's public finances A follow-up audit: Progress in meeting the challenges'. Edinburgh: http://www.audit-scotland.gov.uk/docs/central/2014/nr_140605_public_finances.pdf
- xxx Fitzpatrick, S. et al (2015) The Homelessness Monitor Scotland. Crisis & JRF.
- christie, C. (2011) Commission on the Future Delivery of Public Services.
- Scotland Performs measures and reports on progress of government in Scotland. It allows every citizen to judge for herself how Scotland is doing against a wide range of indicators set out in the National Performance Framework (NPF). See http://www.gov.scot/About/Performance/scotPerforms
- See Full list of Outcomes: http://www.gov.scot/About/Performance/scotPerforms/outcome
- NEW For instance, many local authorities' housing departments reported being frustrated at the lack of interest from other departments and how this impacted overall effectiveness. The What Works Scotland is yet to do a project about homelessness even though it's part of its remit. Housing and poverty is one of 6 key themes of the new Evidence Centre on UK Housing and the attention devoted to homelessness is therefore bound to be limited. But there is scope for the new Centre for Homelessness Impact to complement its activities. See ESRC, JRF, AHRC (2016) Evidence Centre on UK Housing: Call Specification. http://www.esrc.ac.uk/files/funding/funding-opportunities/uk-housing/evidence-centre-on-uk-housing-call-specification/
- NEW Alliance for Useful Evidence (2016) Using Evidence: What Works. London.
- See White, H. (2009) 'Scientific communication and literature retrieval', in H. Cooper, et al (eds.), The handbook of research synthesis. New York; and Gough et al. (2013). An introduction to systematic reviews. London.
- xxxvii Halpern, D. (2015) Inside the Nudge Unit.
- http://whatworks.college.police.uk/Support/Pages/Research-Surgeries.aspx

- Results for America they advocate Government sets aside 1 percent of programme funds for this purpose. The argument is that dedicating 1 percent of the existing budget for every agency to evaluate the effectiveness of its programmes could produce a radical return on investment.
- Nussle, J. & Orszag. eds. (2015) Moneyball for Government.
- The wellbeing benefits are over time; the cost-effectiveness of these activities; and how these benefits are distributed between different groups and user communities, including people of different gender, socio-economic status, ethnicity, age, stage of life course and with or without long-term physical and mental health problems.
- See: http://moneyballforgov.com/category/moneyball-all-stars/founding-all-stars/
- See for instance, Evaluation Support Scotland (2016) Why bother involving service users in evaluation? Edinburgh: http://evaluationsupportscotland.org.uk/media/uploads/resources/426_ess_involving_people_in_evaluation_web_-_final_web.pdf
- For instance, when Crisis carried out a mystery shopping exercise to examine the quality of support available for single homeless people, local authorities fed back that findings 'sank in' a lot more when they heard the findings directly from the peer researchers.
- xv See more at: https://www.ideo.org/project/diva-centres#sthash.fsUBabEJ.dpuf
- It's also important to remember that while RCTs may be the gold standard of evidence they are not infallible. Evaluations can be poorly designed, focusing on what is easy or quick to measure instead of what might be most important over time. Like the policy interventions they study, RCTs should be carefully examined themselves. Lack of expertise can also be an issue when EEF started very few RCTs had been carried in the area of education and it has taken years to build up expertise and quality. Used badly and this is an risk to bear in mind such methods could become a bludgeon, killing services indiscriminately. We should make sure that doesn't happen.
- Buchanan, D. and Boddy, D. (1992) The Expertise of the change agent. Public Performance and backstage activity.

Diagrams

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- Adapted from adapted from Petrokofsky. G. et al. 2011. http://www.ingentaconnect.com/content/cfa/ifr/2011/00000013/00000001/art00006
- http://learningforsustainability.net/evaluation-guestions/
- ³ Campbell Collaboration https://www.campbellcollaboration.org/

5 dschool.stanford.edu

⁶ The Delphi Technique, Heur and Pherson (2011)







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