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Preventing homelessness, improving health for people leaving prison

Submission date
10/10/2022

Recruitment status
No longer recruiting

Registration date
14/10/2022

Overall study status
Completed

Last Edited
02/01/2026

Condition category
Other

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
People who have been in prison and are released back into the community are at a high risk of homelessness. Nearly 1 in 2 who are released do not have a settled home and 1 in 3 are homeless or are in unsettled housing one year later. The life expectancy of people without a stable home is much lower and they have a worse quality of life. There are also wider societal impacts of homelessness such as lower community wellbeing, more crime and higher healthcare and justice costs. Crisis (a national charity for people experiencing homelessness) has calculated that on average the yearly cost of one-person rough sleeping could cost £20,128. Although there are good interventions to stop homelessness, they are mostly from the US, and we do not know how these work for people who have been in prison. Critical Time Intervention (CTI) is the name of a type of intervention which aims to support those most in need in society during times of important life changes. They help people at risk of homelessness stabilise their housing situation, particularly those people who are leaving institutions (like prisons). Homelessness services think that this type of intervention works best when it is 'housing-led'. This is where people are given housing quickly without conditions. There have been no studies which have looked at how good housing-led CTIs are at stopping homelessness and better the health of people with prison experience in the UK and if they are good value for money. Working with Crisis we will carry out a pilot randomised controlled trial (RCT) (where people are randomly allocated to one of two groups: CTI or usual care) in four prison populations in England and Wales. In the long term, we plan to test if a housing-led CTI betters people's health-related quality of life and housing ('effectiveness') and is 'cost-effective' (i.e., its good value for money), but first, we need to find out if the intervention and study design (research methods) are acceptable.

Who can participate?
Adult males who are ready to leave one of four prisons (HMP Liverpool, HMP Altcourse, HMP Risley and HMP Swansea) who are at risk of subsequent homelessness

What does the study involve?
Participants will be asked to complete a survey asking about their health-related quality of life, housing stability, substance misuse, alcohol consumption, re-incarceration, and support networks etc. We will also ask their permission to access anonymous routinely collected health,

educational and aggregated criminal justice information. Participants will then be randomly allocated to either get the CTI or usual care. We will follow up with participants at 3, 6, 9 and 12 months. Some participants, prison staff and intervention staff will also be asked to take part in face-to-face interviews to find out more about their experiences of taking part to find out if they think the intervention and recruitment methods are feasible and acceptable to them. Some of their sessions with their CTI worker will also be observed to see how the CTI intervention is being delivered.

What are the possible benefits and risks of participating?
By taking part researchers can work out how best to support this kind of research. This means in the future we will look at which type of support can help people who are leaving prison and who are at risk of being homeless settle into the community better. By taking part in an interview, participants might find it helpful to talk to someone about their experiences. If in the intervention group, the experiences shared will help us make the intervention better for people in the future. We hope that the results will help CRISIS to improve how they work with people who are leaving prison and are at risk of being homeless.

Taking part will take some of your time. In total there will be 5 appointments over the next 12 months, and they will take around 30 minutes. The first appointment will take around 45 minutes. If you also take part in an interview this will take 30 minutes.
If you take part in an interview, some people find it helpful to think or talk about their experiences, but you may find talking about this upsetting.

Where is the study run from?
School of Health & Wellbeing at the University of Glasgow (UK)

When is the study starting and how long is it expected to run for?
June 2022 to September 2024

Who is funding the study?
The National Institute for Health and Care Research (NIHR) (UK)

Who is the main contact?
1. Prof Jim Lewsey (Chief Investigator), jim.lewsey@glasgow.ac.uk (UK)
2. Adam Williams (PHaCT Trial Manager), phact@cardiff.ac.uk (UK)

Contact information

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Additional identifiers

Integrated Research Application System (IRAS)
319937

National Institute for Health and Care Research (NIHR)
134281

Study information

Scientific Title
Preventing Homelessness, improving health for people leaving prison: a pilot randomised controlled trial of a Critical Time intervention - PHaCT

Acronym
PHaCT

Study objectives
To conduct a pilot randomised controlled trial of housing-led critical time intervention (CTI) for male prison leavers at risk of homelessness to determine if a full-scale randomised control trial is warranted

Ethics approval required
Old ethics approval format

Ethics approval(s)

Approved 11/01/2023, Wales REC 3 (postal address not available; +44 (0)2922 941107, +44 (0) 2922 940954, +44 (0)2922 940963; wales.rec3@wales.nhs.uk), ref: 22/WA/0347

Primary study design
Interventional

Study design
Pilot randomized controlled study

Study type(s)
Other

Health condition(s) or problem(s) studied
Preventing homelessness among prison leavers.

Interventions
The intervention group will receive the Critical Time Intervention (CTI) delivered by Crisis charity case workers to improve an individual's engagement with treatment and community services through developing problem-solving skills. The stages of the intervention are:
1. Pre-CTI (in-prison): this stage focuses on relationship building, understanding housing and support needs and agreement on the areas for focus and support
2. Phase 1 Transition (0-3 months after release from prison): Intense period of forming the links and relationships, shared goal setting and deciding on the areas of focus for each person
3. Phase 2 Try out (3-6 months post-prison): Testing out of the links, agreeing on other areas for support and focus, facilitating and trying out participants' problem-solving skills
4. Phase 3 Transfer (6-9 months post-prison): Reducing support until full termination of CTI services once support is in place.
The control arm would receive standard care provided during this time.
Participants will complete a survey at baseline and follow up at 3, 6, 9 and 12 months post-randomisation. A subsample of intervention participants (n=12 (x 2 interviews)), control participants (n=16) prison staff (n=6) and interventionists (n=6) will be sampled to maximise variability (based on age, prison, caseworker, differing levels of engagement with the trial (and the intervention specifically), and phases of delivery) to take part in repeated (intervention participants only)/one-off interviews. Consent will be sought to link with participants routinely collected electronic health records via SAIL and NHS digital as well as augmented Criminal Justice data via the Ministry of Justice DataLab.
Participants will be randomised to receive CTI or usual care following gaining informed consent and completion of the baseline assessment by the CRN/R&D staff. Randomisation will be on a 1: 1 ratio and stratified by prison, using random blocks, and generated by the trial statistician and checked by the senior statistician. Allocation will be revealed to participants by the CRN/R&D staff by opening a sequential sealed envelope and communicated to the participant by the CRN /R&D staff (using a prepared script). Owing to the nature of the intervention, it will not be possible to blind participants, CRN/R&D Staff or CTI staff to the treatment allocation.

Intervention Type
Behavioural

Primary outcome(s)
Meeting progression criteria to run a full-scale trial:
1. Recruitment of 50% of those approached at baseline measured using the enrolment

/withdrawal logs at 12 months post-randomisation
2. Retention of 60% of those enrolled measured using the enrolment/withdrawal log at 12 months post-randomisation
3. Acceptability of intervention delivery to participants and staff explored through interviews at 3 and 12 months
4. Intervention delivered with fidelity explored through interviews at 3 and 12 months

Key secondary outcome(s)
1. Health-related quality of life measured using questionnaires SF-12 (total, physical and mental health scores), EQ-5D and ICECAP-A at 3, 6, 9, and 12 months
2. Housing stability (i.e., number of days in a stable accommodation) measured using ad-hoc questions at 3, 6, 9, and 12 months
3. Substance use and hazardous alcohol consumption measured using the AUDIT-C and ad-hoc questions of drug use at 3, 6, 9, and 12 months
4. Deaths (including the cause of death) measured using data linkage records at 12 months

Completion date
30/09/2024

Eligibility

Key inclusion criteria
1. Aged 18 years old and over
2. Released into the Swansea or Liverpool local authority areas and have a local connection (e.g., lived their previously; close relatives living in these areas)
3. Recourse to public funds
4. Have experienced prison and homelessness at least once
5. Mental health or substance use support needs

Participant type(s)
Other

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
100 Years

Sex
Male

Total final enrolment
40

Key exclusion criteria
1. Individual under the Multi-Agency Public Protection arrangements 3 (MAPPA 3)
2. Those benefitting from Housing First

Date of first enrolment
13/10/2023

Date of final enrolment
30/07/2024

Locations

Countries of recruitment
United Kingdom

England

Wales

Study participating centre
Hmp Liverpool
68 Hornby Road
Liverpool
England
L9 3DF

Study participating centre
Hmp Altcourse
Higher Lane
Fazakerley
Liverpool
England
L9 7LH

Study participating centre
Hmp Risley
Warrington Road
Risley
Warrington
England
WA3 6BP

Study participating centre

Hmp Swansea
200 Oystermouth Road
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Wales
SA1 3SR

Sponsor information

Organisation
University of Glasgow

ROR
https://ror.org/00vtgdb53

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		17/12/2025	02/01/2026	Yes	No
Other publications	Process evaluation	17/12/2025	02/01/2026	Yes	No
Protocol file	version 2.2	11/04/2024	10/01/2025	No	No