

November 2018

# The Social and Economic Value of Dedicated-Site Supportive Housing in B.C.

A Social Return on Investment (SROI) Analysis BC Housing



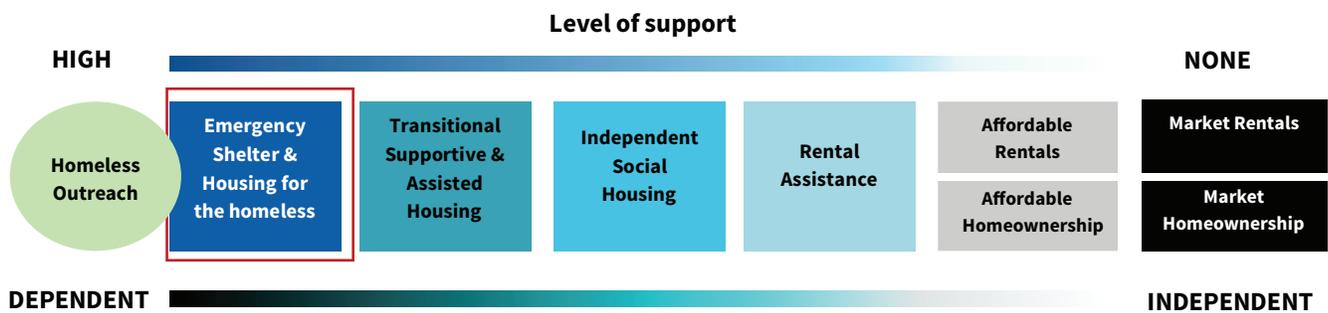
**BC HOUSING**

**RESEARCH CENTRE**

# Executive Summary

BC Housing seeks to make a difference in people’s lives and communities through safe, affordable and quality housing and supports for individuals experiencing - or at risk of experiencing – homelessness. Whether transitioning from the streets, shelters, or inadequate housing to long-term housing stability, BC Housing helps people experiencing homelessness by providing investment for community-based non-profits to operate supportive housing buildings across the province (dedicated-site supportive housing). Using BC Housing investment, partnering non-profits provide housing combined with non-clinical supports to help residents maintain their housing, and build skills to maintain housing into the future.

Dedicated-site supportive housing fits within the Housing Continuum as follows:



This study explores the Social Return on Investment (SROI) of operating dedicated-site supportive housing in B.C. Five case studies of dedicated-site supportive housing programs receiving investment from BC Housing are featured: The Budzey Building, Vancouver; Cardington Apartments, Kelowna; The Kettle on Burrard, Vancouver; Queens Manor, Victoria and Wesley Street, Nanaimo.

These case studies illustrate the range of supportive housing options across the province and the range of value created by supportive housing buildings in B.C., leading to a deeper appreciation of the overall social and economic value of investment.

# SROI Methodology

To understand the impact of investment in dedicated-site supportive housing, and to ensure continuous program improvement and accountability, BC Housing engaged accredited Social Return on Investment (SROI) practitioners at Constellation Consulting Group to assess the social and economic value created by dedicated-site supportive housing, using the internationally standardized SROI methodology.

SROI analysis combines quantitative, qualitative, and participatory research techniques to demonstrate the value of outcomes from different stakeholder perspectives. The end result is an SROI ratio that compares investment to the financial value of social outcomes achieved, showing — in monetary terms — the financial benefit of social investments. For example, an SROI ratio of 1:3 indicates that for every dollar invested in a social initiative, three dollars in social and economic value is created.

## Results

**For every dollar invested in dedicated-site supportive housing in B.C., approximately four to five dollars in social and economic value is created.**

Findings from the five dedicated-site supportive housing SROI case study analyses revealed a range of significant value is created when investment is made to provide individuals with affordable housing and supports to enhance housing stability. The current study took a conservative approach to determining the social and economic value created through dedicated-site supportive housing: the actual value created by these programs is likely higher.

Based on the findings across case studies, it is estimated that approximately half of the value generated through dedicated-site supportive housing returns to the government in cost reallocations due to decreased use of services such as emergency health services, justice services, hospital services, child welfare services, and other social services such as homeless shelters and basic needs supports.

Approximately 1% of the value is estimated to return to local communities and neighbourhoods where supportive housing buildings are located, through improved community wellbeing (such as fewer homeless individuals living on the streets) and increased local spending.

The remaining value is experienced by residents and their families through increases in personal wellbeing (including improvements in mental and physical health), improved personal safety, ability to engage in employment, more disposable income, and increased connection to community. Findings from these studies suggest that additional value is generated when supportive housing addresses the needs of vulnerable populations such as women, children, youth, individuals with disabilities, and families.

**SUMMARY OF DEDICATED-SITE SUPPORTIVE HOUSING CASE STUDY RESULTS:**

	The Budzey	Cardington Apartments	Kettle on Burrard	Queens Manor	Wesley Street
Location	Vancouver	Kelowna	Vancouver	Victoria	Nanaimo
Number of Units	147	30	140	36	36
Target Residents	Women & female-led families	Single adults (men, women)	Single adults (men, women); Youth 19-24; Youth under 19	Single adults (men, women)	Single adults (men, women)
SROI Ratio	1 : 5.04	1 : 4.74	1 : 4.42	1 : 3.64	1 : 3.96
Value Breakdown	50% to government; 49% to residents and their families; 1% to the local community	53% to government; 46% to residents; 1% to the local community	49% to government; 50% to residents; 1% to the local community	51% to government; 48% to residents; 1% to the local community	56% to government; 43% to residents; 1% to the local community

As governments increasingly seek cost-efficient ways to support citizens and communities and given the current housing situation in B.C., these findings suggest that investment in dedicated-site supportive housing can generate social and economic value for government, communities and citizens.

Based on these findings, the following recommendations are made:

- 1. Invest in dedicated-site supportive housing.**
- 2. Share the results of this study to contribute to learning and bolster support for dedicated-site supportive housing.**
- 3. Seek opportunities to gain further insights about the value of dedicated-site supportive housing.**

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Prepared by Constellation Consulting Group



## Acknowledgements

*We would like to sincerely thank all the residents who shared their perspectives and stories with us as part of the study.*

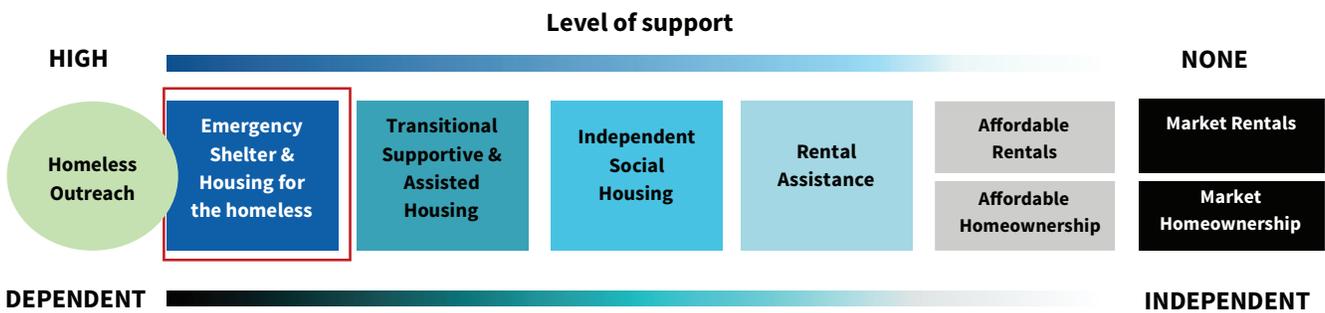
*We would like to extend our sincere appreciation to BC Housing and the five agencies selected as case studies for this analysis for sharing their insights and supporting the study. In particular, we would like to thank Deborah Kraus, Leigh Greenius, and Tammy Bennett at BC Housing; Nikki Scott, Kate Lumsdon, and Amelia Ridgway at RainCity Housing; Kiersten Stewart with CMHA Mid-island Branch; Candice MacDonald, Helma Libick, and Kathy Stinson at Victoria Cool Aid Society; Amanda Barrett at John Howard Society of Central South Okanagan; and Damian Murphy and Janet Smith with Kettle Friendship Society.*

## Recommended citation

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# 1.0 Introduction and Background

BC Housing seeks to make a difference in people’s lives and communities through safe, affordable, and quality housing. As an agency of the provincial government, BC Housing develops, manages and administers a wide range of subsidized housing options across the province that fall along the Housing Continuum.<sup>1</sup>



To support individuals experiencing — or at risk of experiencing — homelessness in transitioning from the streets, shelters, or inadequate housing to long-term housing stability in the community, BC Housing invests in community-based non-profits to operate supportive housing buildings across the province (dedicated-site supportive housing). Using BC Housing investment, partnering non-profits provide housing combined with non-clinical supports that help residents maintain their housing as well as build skills to support their ability to maintain housing into the future.

In the interest of better understanding the impact of investment into dedicated-site supportive housing and to ensure continuous program improvement and accountability, BC Housing engaged accredited Social Return On Investment (SROI) practitioners at Constellation Consulting Group to assess the social and economic value created using the SROI methodology. SROI analysis provides a framework for measuring and financially valuing social and economic outcomes from initiatives like supportive housing and provides a method for telling the story of change and value created by investment.<sup>2</sup>

This report examines the SROI of dedicated-site supportive housing investment by BC Housing using five case studies in communities across B.C. It provides a snapshot of the range of value created by dedicated-site supportive housing programs in the province and shows the overall value of investing in this type of housing.

<sup>1</sup> For more information about BC Housing see: <http://www.bchousing.org>

<sup>2</sup> For more information on the Social Return on Investment Methodology, see: Nicholls, Lawlow, Neitzert, & Goodspeed. (2012)

## 2.0 Methods

### 2.1 The Social Return on Investment Methodology

This report uses the internationally standardized SROI methodology. The methodology articulates the financial value of outcomes created through a social investment, revealing how much social and economic value is created for every dollar invested. Outcomes in this report are defined as changes for supportive housing residents, government, and the local community attributed to the housing program that received the social investment.

The SROI methodology goes beyond economic analysis by focusing on the value of outcomes experienced by key stakeholders, rather than focusing solely on investments and outputs.<sup>3</sup> This means that social outcomes, such as increased wellbeing, are represented in financial terms alongside more tangible cost savings for governments and individuals.

An SROI analysis combines quantitative, qualitative, and participatory research techniques to demonstrate the value of outcomes from different stakeholder perspectives. The result is an SROI ratio that compares the investment to the financial value of social outcomes that are achieved, showing — in monetary terms — the financial benefit of social investments.

While SROI enables analysis of the value of social outcomes in terms of financial returns, the social and economic value return calculated through an SROI analysis is not equivalent to a financial return in spendable dollars. It is better understood as an approach to valuing social outcomes through financial measures other than standard economic indicators, such as GDP.<sup>4</sup>

### 2.2 Understanding the Range of Value Created

This report includes case studies of five dedicated-site supportive housing programs that receive operational investment from BC Housing. They illustrate a range of dedicated-site supportive housing options available across the province. The SROI analysis of the programs show the range of value created by supportive housing buildings in B.C., leading to a deeper appreciation of the overall social and economic value of investment in supportive housing. (See Appendix B for more information on each building). The five case studies are:

Dedicated-Site Case Study	Operated By	Location	# of Units
The Budzey Building	RainCity Housing	Vancouver	147
Cardington Apartments	John Howard Society of Central & South Okanagan	Kelowna	30
The Kettle on Burrard	Kettle Friendship Society	Vancouver	140
Queens Manor	Victoria Cool Aid Society	Victoria	36
Wesley Street	CMHA Mid Island Branch	Nanaimo	36

<sup>3</sup> See for example: Treasury Board of Canada Secretariat. (2013)

<sup>4</sup> See for example: Ravi & Reinhardt. (2011). See also the work of economist Joseph Siglitz in relation to well-being valuation.

## 2.3 Application of the SROI Methodology

The SROI analysis of each case study follows the methods outlined in *A Guide to Social Return on Investment*, The Social Value Network International’s acknowledged international SROI methodology guidance document. The five steps outlined below are the standard process for conducting an SROI analysis and have been used across the case studies. Sections 4.1 through 4.5 provide details on the application of the SROI methodology within each case study.

### SROI STEP 1: ESTABLISHING SCOPE AND IDENTIFYING STAKEHOLDERS

This process involves determining:



Which **stakeholders** will experience outcomes due to the investment



Which aspects of the **investment** will be considered in the analysis



The **timeframe** over which outcomes and investment are considered

### Stakeholders

SROI examines the value that investment creates for a broad range of stakeholders (including governments, communities, and individuals). It identifies the stakeholders impacted by an investment, including direct beneficiaries, service providers, governments, communities, and neighbours.

Stakeholders for the five SROI case studies in this research were identified through in-depth conversations with supportive housing providers’ staff and BC Housing, interviews with residents, and interviews with key partners. Stakeholders for whom outcomes were mapped, measured, and valued include:

- › **Supportive housing residents** (possibly broken down by resident type, such as families and youth): In every case study, residents were considered the “primary stakeholder”, meaning they experience the most change due to the investment. All residents entered the supportive housing programs from homelessness or imminent risk of homelessness. They often experienced complex physical health, mental health, substance use, and other issues that impacted their ability to maintain housing in the past.
- › **Children of supportive housing residents:** This stakeholder group was included only in the Budzey SROI (see Section 4.1) as the Budzey is the only program providing supports, services, and housing specifically for families with children.
- › **Local communities and neighbourhoods:** In every case study, local communities and neighbourhoods were considered stakeholders because they are impacted by homelessness. When individuals who might otherwise face homelessness are housed in supportive housing, local communities and neighbourhoods have fewer individuals living in public spaces and experience the positive benefits of local spending by residents who have increased disposable income due to their change in housing status.
- › **Governments (all levels):** In every case study, governments (federal, provincial, and municipal) were considered stakeholders because they experience important service use reductions (such as emergency services, health services, and shelters) when individuals move from homelessness or precarious housing to stable, supportive housing. When service use is reduced, community members benefit from decreased wait times and increased efficiency of government-supported services, while taxpayers benefit from more efficient government expenditure on services via cost reallocations. In the five case studies, the value of these outcomes has all been attributed as value to government.

- › **Investors (including BC Housing):** In every case study, investors were included as stakeholders because they provide the inputs that make the valuable outcomes from supportive housing possible. For some organizations included in the study, BC Housing is the sole investor, while for others, multiple investors contribute funds towards program operation.

Other stakeholders that were identified include: partners or guests of supportive housing residents, supportive housing staff, and partner agencies. These stakeholders are important but have not been included as part of the valuation within the case studies, because their value is less tangibly attributable to the supportive housing programs and may have been experienced with or without supportive housing.

## Investment

The investment included in the analysis of each case study was the total 2016-2017 operational budget for the supportive housing building, which includes the total investment by residents contributed through the rent they pay. In some of the case studies, operational costs are covered entirely by BC Housing investment and resident rents, while for others, operational costs are covered by a blend of BC Housing and other investment (from the federal government, municipal governments, local United Ways, and local health authorities), as well as resident rents. Operational budgets include:

- › Staffing costs (including staff providing key programming and supports for residents)
- › Facility maintenance costs (including maintenance staff and materials)
- › Administrative costs
- › Security costs
- › Mortgage payments
- › Meals (if part of the program)
- › Pest control
- › Insurance
- › Furniture and equipment (if part of the program)
- › Heating and utilities

Resident rents for all five buildings are set at the resident’s shelter allowance amount if they are receiving income assistance or 30% of their income if they are working or have a different source of income (such as Canada Pension Plan).

## Timeframes

Outcomes have been considered in terms of average length of stay and whether outcomes would likely be sustained into the future without further investment. We used a conservative approach to the timeframes of outcomes, avoiding speculation about the duration of outcomes into the future without further investment. This means:

- › Outcomes have been estimated to last only one year (the investment year) if average length of stay is one year or longer and the outcome may not be possible if further investment was not available<sup>5</sup>
- › Outcomes have been estimated to last more than one year if the outcome would be likely to sustain into the future regardless of length of stay or further investment

<sup>5</sup> Nelson et al. (2017) for example suggest that many outcomes would not last into the future without continued investment in supportive housing.

## SROI STEP 2: MAPPING OUTCOMES

The next step in the SROI process involves mapping the links between the activities supported by an investment, such as housing with supports, and the outcomes or changes that these activities create. For each case study, outcome mapping was guided by:



Existing research  
(academic and  
grey literature)



Information from  
supportive  
housing providers



Information from supportive  
housing stakeholders (including  
residents and community partners)

**Existing research** was sought using the following search strategies:

- › Academic research was rigorously reviewed via electronic databases, focussing on other SROI and economic analyses of supportive housing
- › Grey literature was sought via government and organizational websites (including Social Value International’s database and supportive housing provider websites), focussing on other SROI and economic analyses of supportive housing
- › A snowball strategy was employed, following references from particularly rich research studies
- › Research and reports suggested by BC Housing and supportive housing providers were explored

Information from supportive housing providers was gathered through in-depth conversations with program staff (frontline and/or managers) about the outcomes they had observed among stakeholders.

The SROI methodology emphasizes involving stakeholders in articulating the outcomes they experience (both anticipated and unanticipated). This prevents the SROI analysis from over-claiming value due to incorrect assumptions about the outcomes experienced. For each case study, supportive housing residents (primary stakeholders) were engaged via in-depth interviews to better understand the outcomes they had experienced because of their housing.

This stakeholder engagement provided first-hand accounts of outcomes (both intended and unintended) produced by supportive housing and allowed residents to articulate, in their own words, the value supportive housing has created for them. Where possible, partners of supportive housing providers were engaged via interviews to better understand both outcomes for partners and communities as stakeholders and get perspectives on outcomes experienced by supportive housing residents. (See Appendix B for a list of stakeholders engaged across the five case studies.)

Based on research and the information gathered from stakeholders, a unique SROI outcome map was created for each case study. (See Sections 4.1 to 4.5 for details).

## SROI STEP 3: EVIDENCING OUTCOMES AND GIVING THEM A VALUE

This SROI step involves:



Determining how many stakeholders  
experience each mapped outcome  
(evidencing outcomes)



Establishing the financial value of  
each mapped outcome

## Evidencing Outcomes

In each case study, the number of stakeholders achieving each mapped outcome was determined based on:

- › Primary data gathered by supportive housing providers from resident stakeholders (including standardized information reported to BC Housing as well as other agency-specific information gathered for program evaluation and reporting purposes)
- › Primary data gathered through in-depth resident stakeholder interviews
- › Secondary data from robust research studies

Due to limited opportunities to engage a large sample of residents in the current research, academic research has bolstered evidence on the achievement of outcomes. We discuss the impact on the robustness of findings from this reliance on research in the “Limitations” section of this report.

## Valuing Outcomes

Mapped outcomes were financially valued based on feedback from residents and using financial proxies from academic and grey literature (including other SROI studies on supportive housing).<sup>6</sup> Outcome valuation methods included:<sup>7</sup>

- › Cost reallocation valuation (determining the reallocated costs of decreased government service use)
- › Intangible valuation techniques
  - Revealed preference valuation (also known as willingness to pay valuation)
  - Wellbeing valuation<sup>8</sup>
- › Valuing income from employment
- › Valuing changes in disposable income
- › Using economic multipliers to estimate the value from direct spending

Where possible, valuation information and methods from other SROI and economic studies were used, enabling some comparison between studies and ensuring results from the current study are aligned with other similar work. (See Appendix E for a comprehensive list of financial proxies used across the five SROI case studies.)

## SROI STEP 4: ESTABLISHING IMPACT

This step involves considering what other elements are part of the change experienced by stakeholders including:

- › Deadweight: The change that would have happened anyway
- › Displacement: The displacement of other positive activity
- › Attribution: The change attributable to others

It also considers how much an outcome that extends past the year of investment will drop off over time. These elements are applied as discounts to the value included in the SROI analysis (expressed as percentages). They help ensure that the SROI value is not over-claimed and provide a reality check on the actual impact of the social investment.

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<sup>6</sup> Financial proxies are estimates of financial value where it is not possible to know an exact value.

<sup>7</sup> For more information on valuation techniques, see for example Cohen. (2005)

<sup>8</sup> For a detailed explanation of wellbeing valuation techniques see: Fujiwara. (2013)

In the SROI analysis case studies included in the current research, these values were determined based on:

- › Feedback from supportive housing residents through resident interviews
- › Academic research and grey literature (non-academic research)
- › Reasonable estimations

In particular, the study leveraged findings from the 2014 At Home/Chez Soi Study<sup>9</sup> to determine deadweight for many outcomes. Displacement that accounts for possible increases in non-emergency service use by residents when they move from being homeless to housed has also been included in all case studies to ensure a realistic estimate of the social and economic value created. Where estimates were made, they were sensitivity tested to ensure estimated discounts were not over- or under-claimed. Overall, a 3.5% discount rate was applied to any value claimed into the future.<sup>10</sup>

## **SROI STEP 5: CALCULATING THE SROI RATIO**

The SROI ratio is calculated by multiplying the number of stakeholders achieving an outcome by the value of that outcome (financial proxy), and then discounting for impact. All outcomes are then added together for the total present value, which is divided by the total investment.

The SROI ratio indicates how much social and economic value is created for every dollar invested in a social initiative. For example, an SROI ratio of 1:3 would indicate that for every dollar invested in the initiative, three dollars is created in social and economic value (the value of outcomes achieved).

As part of this process, sensitivity tests were conducted to ensure the validity of any assumptions or estimations that were made as part of the analysis. (See Appendix G for further details.) The sensitivity tests for each case study explored the impact of estimations or assumptions around:

- › Number of stakeholders experiencing outcomes
- › Financial proxies used to represent the value of outcomes
- › Discounts applied
- › Duration of outcomes

## **STEP 6: REPORTING, USING, EMBEDDING**

The final part of an SROI analysis is creating an SROI report and other communications documents. Communications can involve presentations, executive summary reports, reports for government use, and reports for fundraising. This SROI activity also relates to using results on an ongoing basis for continuous program improvement. Each supportive housing provider involved in this study has received an SROI analysis they can use to show the annual value their program creates. BC Housing can also use this SROI report to consider future investment in supportive housing options.

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<sup>9</sup> Goering et al. (2014)

<sup>10</sup> Boardman, Moore & Vining. (2010)

## 2.4 Evaluative and Forecast SROI Approaches

An SROI analysis can be “evaluative” or “forecast”. An evaluative analysis provides a definitive statement of value based on rigorous primary research of outcomes achieved by stakeholders. A forecast analysis provides a projected value statement based on rigorous secondary research that reveals reasonable expectations of outcomes achieved by stakeholders. Both approaches are valid and powerful and can be used in combination based on the availability of stakeholder data.

This report used a combined forecast and evaluative approach leveraging primary research conducted as part of this project and collected on an ongoing basis by supportive housing providers, as well as rigorous secondary research on outcomes from supportive housing. (See Appendix B for further details.)

## 2.5 Privacy Considerations

To guarantee the privacy of stakeholders, and to safeguard against any potential harm caused by the research, a detailed Privacy Impact Assessment was developed as part of the project. This document was approved by the BC Housing Privacy Officer. It included details on the research approaches used with stakeholders and sought to anticipate any potential issues that participation in the research could cause for stakeholders. A research consent form was developed as part of this process and is included in Appendix D. For further details on privacy and ethical research considerations of this study, please contact Constellation Consulting Group.

*“I don’t have any family and I was homeless for six years. If not for [Cardington Apartments] and doctor close by I’d probably be dead.”*

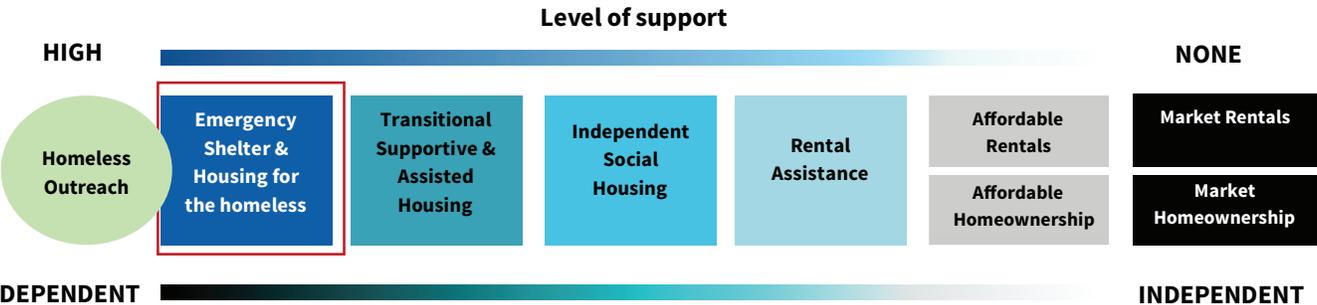
*– Cardington Apartments Resident*

# 3.0 Research Findings on Outcomes and Value Created by Supportive Housing

## 3.1 What is Dedicated-Site Supportive Housing?

In this report, supportive housing is defined as affordable housing that provides access to support staff who help residents experience stability, enhance their independent living skills, and reconnect with their communities.<sup>11</sup> The services and supports provided to residents through supportive housing are flexible, and may vary from program to program. They often include supports such as life skills training (including employment and housing skills) and connections to primary health care, mental health, substance use, or harm reduction services.

Supportive housing is part of the Housing Continuum. For many residents it provides a housing option that helps them move from street homelessness, an emergency shelter, or transitional housing towards increasing independence in housing.<sup>12</sup>



According to a 2010 review of supportive housing programs, supportive housing generally, though not always, includes:<sup>13</sup>

- › Choice in housing options
- › Resources in close proximity
- › Affordable rent (not more than 30% of income)
- › Limited requirements to maintain housing (such as sobriety, and housing is not jeopardized if hospitalized)
- › Individualized and flexible support
- › Crisis services available 24/7
- › Tenancy agreements similar to those used in the private rental housing market (but rent may be paid directly through a service provider, and involves a housing subsidy)
- › Private access to a unit and privacy in unit
- › Immediate placement into housing (i.e. no prerequisite conditions for receiving housing, such as sobriety)

<sup>11</sup> See supportive housing definitions set out by BC Housing and the City of Vancouver: <https://www.bchousing.org/> and <http://vancouver.ca/>

<sup>12</sup> CMHC. (2016)

<sup>13</sup> Tabol, Drebing, & Rosenheck. (2010)

Supportive housing can take different forms and may include:<sup>14</sup>

- › **Dedicated-site supportive housing** where a building exclusively offers supportive housing units, with supports directly available on-site as well as through outreach workers and connections to off-site services
- › **Mixed-site supportive housing** where a building offers a mix of supportive housing units and social or affordable housing units, with some supports directly available on-site but most support provided by outreach workers or connections to off-site services
- › **Scattered-site supportive housing** where residents are supported in securing market rentals scattered throughout the community (usually with a rent supplement) and supports are provided by an outreach worker to residents where they live or through supported connections to other services

The current study focuses on the value created through investment in dedicated-site supportive housing. Typically, dedicated-site supportive housing buildings offer:

				
Self-contained units with a lockable door in an apartment-style building	Access to support staff	Referrals to other community services	Life skills, employment, and other training	Access to laundry facilities

Dedicated-site supportive housing may additionally include:

			
A meal program	On-site medical supports, partnerships with health/mental health outreach teams who provide services to residents	On-site harm reduction	On-site child care

Dedicated-site supportive housing can be offered using a Housing First approach, but adherence to Housing First principles is not required. (See Appendix H for more information on Housing First.)

<sup>14</sup> City of Vancouver: <https://www.bchousing.org/> and <http://vancouver.ca/>

## 3.2 Who Lives in Dedicated-Site Supportive Housing?

Supportive housing funded through BC Housing specifically targets people who have experienced challenges with maintaining housing in the past and who might benefit from additional supports as they work to maintain their housing going forward. This includes:

- › Individuals and families who are homeless or at-risk of homelessness
- › Individuals and families living on low incomes
- › Individuals and families managing complex health, mental health, and substance use concerns

The services provided through supportive housing are geared towards ending homelessness by enabling individuals to access and maintain housing, despite the range of issues that could undermine their ability to stay housed. Multiple issues are usually present among individuals and families that supportive housing seeks to serve, including (though not limited to):<sup>15</sup>

- › Complex mental health issues (including diagnosed, undiagnosed, and co-occurring mental health issues)
- › Substance use issues or dependence
- › Physical health issues (including diagnosed, undiagnosed, and co-occurring)
- › Physical disabilities
- › Cognitive disabilities (including brain injury, FASD, and developmental delays)
- › Experiences of violent victimization (including domestic violence, assault, and sexual assault)
- › Childhood trauma and Adverse Childhood Experiences (ACEs)
- › Intergenerational trauma
- › A long history of homelessness
- › A history of criminal justice system involvement
- › Problematic behaviours (such as hoarding or aggression)
- › Sex trade involvement

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<sup>15</sup> Lawrence & Dover. (2015); Quinn et al. (2018)

### 3.3 What is the Need for Supportive Housing?

Across B.C., the high cost of housing, low rental vacancy rates, and rising rents have created a situation where housing is increasingly unaffordable, and which has been described as a “housing crisis”.<sup>16</sup> For individuals living on low or fixed incomes, including people receiving income assistance, this situation creates significant pressure and stress. Average rents in most B.C. communities have increased far beyond the shelter allowance amount of \$375 provided through B.C. income assistance.<sup>17</sup>

SROI Case Study Community	Average Studio Apartment Rent <sup>18</sup>	Rental Vacancy Rate <sup>19</sup>
Vancouver	\$1,108	0.9%
Victoria	\$854	0.8%
Kelowna	\$859	0.4%
Nanaimo	\$683	1.9%

In this type of low-vacancy, high-rent situation, obtaining and maintaining housing becomes particularly difficult for vulnerable groups, such as individuals living on fixed incomes and people living with complex issues that impact their ability to maintain housing.<sup>20</sup> Evidence indicating an increase in homelessness suggests that for many, the “housing crisis” has resulted in exclusion from housing entirely.<sup>21</sup> Beyond the individuals counted as homeless, numerous others face increasingly precarious housing situations or “hidden homelessness”, such as couch surfing. Supportive housing is a solution for people who need some extra help in stabilizing their housing situation and avoiding homelessness.

### 3.4 What is the Impact of Supportive Housing?

Research has repeatedly shown that supportive housing creates many positive outcomes for individuals and communities: not only supportive housing residents, but also their families, peers, friends, partners, local neighbourhoods, and communities.<sup>22</sup>

#### IMPACT ON SUPPORTIVE HOUSING RESIDENTS

Supportive housing most directly impacts the residents who experience multiple benefits from the combination of affordable housing and key supports.

<sup>16</sup> See for example: Chan, C. (2018, February 18); Meissner, D. (2018, February 18).

<sup>17</sup> See also: Currie, Moniruzzaman, Patterson & Somers. (2014)

<sup>18</sup> Based on information from: Canada Mortgage and Housing Corporation. (2017); verified by BC Housing

<sup>19</sup> Based on information from: Canada Mortgage and Housing Corporation. (2017); verified by BC Housing

<sup>20</sup> See for example: Wong, R. (2018, February 18); Robinson, M. (2016, August 22); Ivanova (2017)

<sup>21</sup> B.C. Non-Profit Housing Association and M.Thomson Consulting. (2017); Albert, Penna, Pagan & Pauly. (2016); Sharp. (2016); Defriend. (2016); Stueck. W. (2016, March 31); The Kelowna Homelessness Networking Group. (2004)

<sup>22</sup> See for example: Raine & Marcellin. (2007); Gaetz. (2012); Perlman & Pavensky. (2006); Falvo. (2009); DeWolff. (2008)



Research has repeatedly shown that supportive housing is effective in increasing **housing stability** for individuals who would otherwise have difficulty maintaining housing.<sup>23</sup>

Due to the stability fostered by supportive housing, residents experience numerous positive outcomes including:<sup>24</sup>



Positive changes in mental health, including decreased mental health crises, increased mental wellness and stability, decreased or managed mental illness, and decreased stress



Positive changes in physical health, including increased ability to address health conditions and manage chronic conditions, increased overall physical wellness, improved sleep, decreased emergency health system use, and reduced time spent in hospital



Improved medication adherence (for both mental and physical health conditions)



Improved personal safety and decreased exposure to unsafe situations



Decreased substance use, increased ability to engage in addiction management or treatment, or safer substance use (engagement in harm reduction activities)



Increased food security and better access to nutritional food



Decreased criminal justice involvement (such as arrests or jail time) and criminalized behaviours (such as loitering or sex trade)



Increased disposable income



Increased ability to engage in employment



Increased ability to engage in volunteering



Decreased social isolation, increased socialization and positive peer and community connections



Overall, supportive housing has been shown to **increase overall wellbeing** for individuals who were formerly homeless or precariously housed.

<sup>23</sup> Somers et al. (2017); Levitt et al. (2012); Goering et al. (2014)

<sup>24</sup> Raine & Marcellin. (2007); Gilmer et al. (2010); Sadowski, Kee & VanderWeele. (2009); Larmier et al. (2009); Perlman & Parvensky. (2006); Stock. (2016); Falvo. (2009); Dickson-Gomez et al. (2017); Kuehn. (2012); Lazarus et al. (2011); Levitt et al. (2012); Goering et al. (2014); Rog et al. (2014); Tabol, Drebing & Rosenheck. (2010)

For groups who are particularly vulnerable when experiencing homelessness, such as women, youth, children, and seniors, the positive outcomes from supportive housing are amplified:<sup>25</sup>

- › Women experience significant increases in safety from violence and avoidance of possible sex trade involvement when housed in supportive housing
- › Pregnant women experience increased ability to maintain positive health during pregnancy (such as decreased substance use and improved nutrition), which has a positive impact on their babies
- › Youth (particularly youth transitioning from foster care) experience increased safety from violence and decreased likelihood of becoming involved in sex trade, drug trade, or drug use. Youth also experience increased ability to engage in education, vocational training, and employment, reducing the opportunity cost otherwise experienced while homeless and precariously housed
- › Children experience significant improvements in health and wellbeing, increased ability to engage in school, and decreased adverse childhood experiences (including abuse, violence, and toxic stress)
- › Seniors experience increased safety, increased ability to maintain their health, and decreased likelihood of experiencing elder abuse

This report builds on the extensive and rigorous body of research investigating outcomes from supportive housing to ensure the correct outcomes are valued and the impact is not over-claimed in the SROI models. In particular, we leveraged learnings and results from the Vancouver findings in the rigorous Canada-wide National At Home/Chez Soi Study conducted in 2014.<sup>26</sup>

## IMPACT ON LOCAL NEIGHBOURHOODS AND COMMUNITIES

While supportive housing residents are the most direct beneficiaries of supportive housing, the positive outcomes they experience have ripple effects in local neighbourhoods and communities. According to Gaetz (2012), the benefits of supportive housing:

“...extend beyond [residents] and impact our communities as well. We know that the costs of homelessness are not just borne by those who directly experience it. Everyone pays at least some of the personal, health, social, economic and governmental costs of homelessness. Homelessness disrupts families, neighbourhoods and communities; thus reintegrating people through housing and supports can lead to family reunification and stronger bonds. Ex-prisoners discharged into homelessness are more likely to reoffend, and by rehousing them upon discharge we make our communities safer.” (Page 15)

The increase in disposable income resulting from affordable housing can translate directly into increased spending in local communities. According to Cohen & Wardrip (2011), “low- and moderate-income households are more likely than others to spend [their increased disposable income] on basic household needs such as food, clothing, healthcare, and transportation. Local businesses stand to gain from the increased buying power made possible by the availability of affordable housing.” (Page 2). This increased local spending can increase economic diversity and sustainability, while residents themselves may impact the social diversity of a neighbourhood.<sup>27</sup> According to DeWolff’s 2008 study of supportive housing in Toronto:

<sup>25</sup> Lazarus et al. (2011); Curry & Abrams. (2015); Hong & Piescher. (2012); Ivanova. (2017); Bassuk, DeCandia, Tsertsvadze & Richard. (2014)

<sup>26</sup> See Goering et al. (2014) for full results

<sup>27</sup> Scally. (2012)

“Tenants in these building contribute a modest but significant amount to their local economies; contribute to the vibrancy of their area through their street presence and watchfulness; contribute to the friendliness amongst neighbours; and contribute to the collective efficacy of their neighbourhoods through actions around noise and speed, tidiness and crime” (page 28)

While some have expressed concerns over the possibility that supportive housing negatively impacts neighbourhood property values and crime, DeWolff (2008) found that supportive housing in Toronto coincided with an increase in property value and a decrease in neighbourhood crime. Although these changes were not attributable to supportive housing, there was no objectively observed decrease in property values or increase in crime due to the provision of supportive housing in the neighbourhood.

## 3.5 What Value does Supportive Housing Produce?

The positive outcomes produced by supportive housing create not just a sense of increased overall wellbeing for residents and communities, but also significant social value for residents, governments, and communities. Since supportive housing targets individuals who are homeless or at-risk of homelessness, many studies examining the value of supportive housing consider the cost of homelessness and changes in service use once housed. The SROI methodology seeks to understand value creation more broadly, including the value created for governments through decreased service use, but also ensuring that value from multiple stakeholder perspectives is represented.

The SROI methodology emphasizes the value experienced by primary stakeholders: in this case, residents. This creates a more comprehensive understanding of the social and economic value created by supportive housing. This report builds on established research about the cost of homelessness and uses findings from other SROI studies and from stakeholders involved in our SROI study to show broadly the social and economic value created through supportive housing investment by BC Housing.

### **COST OF HOMELESSNESS STUDIES**

Literature on the social/government cost of homelessness is extensive. While some studies examine the cost of homelessness in terms of government-supported services that are used while someone is homeless, others consider the cost difference between service use while homeless and service use once housed. Many supportive housing residents continue to be high users of services (though often different services) once housed.<sup>28</sup>

The range of government service costs calculated in cost of homelessness studies vary widely, from \$4,000 per person per year at the low end to \$140,000 per person per year on the high end. Similarly, studies on the cost difference between government service use while homeless and government service use while housed vary significantly, from \$944 at the low end to \$97,000 at the high end.

This variability is largely due to differences in the types of costs included. For example, some studies consider the government cost of homelessness to include only a few health costs, while others include many health costs as well as justice and other service costs. The variability is also partly due to study method, with some studies using more rigorous methods to determine service use and changes in service use (such as a randomized control trial). Finally, the location of the study community may impact the costs calculated. For example, higher costs may exist in remote Northern communities compared to large urban centres. (Details on findings from these studies are included in Appendix C.)

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<sup>28</sup> See summary of studies listed in Appendix C

Rather than seeking to create new research on the cost of homelessness, this report leveraged existing research to understand the value to government of reduced service use when individuals move from homelessness to supportive housing. The At Home/Chez Soi findings as explored by Stergiopoulos, V. et al. (2015) were used to estimate government service cost savings due to supportive housing, because:

- › The research was based in Canada (most other cost studies are based in the United States)
- › It examines outcomes and costs local to B.C. (Vancouver, specifically)
- › It is one of the most recent studies available (2015)
- › It is based on rigorous methods (RCT)
- › It includes a thorough investigation of costs (including 400 cost data points)

Limitations of utilizing this research to understand government costs for the current study are explored in Section 6.0.

## **SOCIAL RETURN ON INVESTMENT STUDIES**

There are many SROI studies examining the social and economic value that is created through supportive housing investment. These studies generally examine not only the value to government, but also value to residents and other stakeholders, such as neighbours and communities.

The SROI ratios vary considerably in the studies reviewed, from the low end indicating that for every dollar invested supportive housing creates approximately three dollars in social and economic value to the high end indicating that for every dollar invested supportive housing creates approximately 15 dollars in social and economic value. The range of value is impacted by the rigorousness of the study, the local community context, intangible valuation techniques employed, and the range of discounts applied. (A detailed chart of findings from the reviewed is included in Appendix C.)

This report examined all outcomes, indicators, and financial proxies used in other SROI studies of supportive housing to inform decisions about inclusions and exclusions for our research. We also took a conservative approach to outcome valuation and discounts to ensure the current study is not at risk of over-claiming the value of supportive housing investments by BC Housing. This means that the SROI ratios uncovered through the current research are slightly lower than many existing SROI studies but are less at risk of over-claiming the value created by supportive housing. The lower SROI ratios do not mean that less value has been created. Instead, they represent a more tangible estimate of the social and economic value created by supportive housing in B.C. This report is a more conservative estimation of value because it includes:

- › Higher discounts based on rigorous local research to account for change that would have happened anyway (dead-weight), displacement of other positive outcomes (displacement), and change attributable to others (attribution)
- › Little valuation of outcomes into the future because many stakeholders indicated that without continued investment in supportive housing they would otherwise be homeless
- › No attempted valuation of certain intangibles that have contentious valuations in the literature, such as the value of human life

No existing SROI studies of dedicated-site supportive housing programs include the full capital cost of constructing the housing, looking instead at ongoing annual operational costs (often including mortgage payments). This report uses the same approach.

## 4.0 SROI Case Studies

This section presents the results from each of the five SROI case study analyses. A discussion of the implications of the findings across cases follows in Section 5.

### 4.1 SROI Analysis of the Budzey Building Operated by RainCity Housing

#### BACKGROUND

The Budzey Building (“the Budzey”) is a 10-storey building in Vancouver’s Downtown Eastside that is operated by RainCity Housing. Since July 1, 2015, the Budzey has offered safe, affordable, and secure housing with supports to women and women-led families who are homeless or at risk of being homeless. New Budzey residents are often already living in Vancouver’s Downtown Eastside either without housing or in inappropriate housing conditions. Some of the residents are living with mental health and/or substance use challenges.

The Budzey has 147 units. Of these, 41 are allocated to women-led families (one-, two- and three-bedroom apartments) and 106 are allocated to single women (studio apartments). Apartments are all self-contained with a personal kitchen, and bathroom. The building also has on-site laundry facilities, two elevators, common kitchen space, and common rooms.

If a woman or family’s source of income is income assistance, their rent is equal to the personal or family shelter allowance amount (\$375 - \$395). If a woman or family’s income is from another source, such as Persons with Disabilities benefits, Canada Pension Plan, or employment, they pay 30% of their gross household income for rent. Resident rents include heat, electricity, water, and security. Access to laundry facilities and a personal landline telephone costs \$20, charged by RainCity on top of rent. Residents pay all other costs, such as cable or Internet, directly to the service provider.

While partners and guests may stay at the Budzey, leases are always held by a female head of household to ensure housing stability in the event of a relationship breakdown. If a partner or guest is no longer welcome, they can be banned from the Budzey. Building security measures ensure that women are safe from unwanted guests and partners in their residence.

The Budzey is designed to help residents address issues that may have contributed to past homelessness and increase their ability to live independently. Key supports include:

- › Case management and life skills supports to assist with goal planning and achievement
- › Employment supports for residents, including entry-level employment opportunities
- › Connection to additional services including referrals to and advocacy for additional supports and resources
- › Home support, including life skills and cleaning supports for residents who may need additional support in maintaining the health and safety standards of their apartment

Of the 147 residents who moved into the Budzey when it first opened in 2015, 113 individuals were still residents as of May 2018. This indicates the stability the Budzey fosters for residents, who have an average length of tenancy of approximately 24 months. This average grows with each year that the Budzey serves the community.

Programming and housing at the Budzey are provided in a gender-responsive manner and applied to all activities and supports. A strengths-based approach is used to provide wraparound supports that empower and enhance women’s ability to thrive. Safety considerations are paramount at the Budzey, with important security measures embedded into structural and programming aspects of resident experiences.

To empower resident choice and safety, the Budzey uses a harm reduction approach, meaning residents can use substances and engage in potentially harmful behaviours while living there. The residents are supported in enhancing knowledge, skills, resources, and supports to lessen the harm associated with these behaviours.

**KEY ELEMENTS OF THE BUDZEY SROI MODEL**

<b>Inputs</b>	<ul style="list-style-type: none"> <li>› Investment by BC Housing and key donors in the total operating cost of the Budzey, including staffing, programming (including food programming), administration, maintenance, insurance, mortgage payments, and security</li> <li>› Rents paid by residents</li> </ul>
<b>Timeframe for Investment</b>	› 2016-2017 operating year
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>› Single, female residents at the Budzey (primary stakeholders)</li> <li>› Female-led family residents at the Budzey (primary stakeholders)</li> <li>› Children of Budzey residents</li> <li>› Local communities</li> <li>› Government systems (various levels)</li> <li>› Investors (BC Housing)</li> </ul>
<b>Duration of Outcomes</b>	With an average length of stay of 24 months, and 113 of 147 residents who moved into the Budzey when it opened in 2015 still living in the building as of May 2018, outcomes included in the SROI are expected to last at least one year. Since residents may not continue to experience positive outcomes if investment stops, (they could return to homelessness) most outcomes in this case study were not valued beyond one year. However, improved health during pregnancy was valued for five years into the future (conservative duration) as these benefits would likely continue at least this long, regardless of length of stay or further investment.
<b>Approach</b>	The SROI analysis of the Budzey employs a primarily evaluative approach with a small amount of forecasting based on primary and rigorous secondary research.

*I feel so safe living here and it’s really nice to have a place to call home.*  
 – Budzey Building Resident

## STAKEHOLDER ENGAGEMENT

The SROI analysis of the Budzey was informed by key stakeholders who were engaged via in-depth interviews, including:

- › 19 residents (13% of all residents) including a mix of single persons and families
- › One key community partner (Sheway Vancouver)

(See Appendix D for interview questions and Appendix B for a list of stakeholders engaged in each case study.)

## KEY OUTCOMES

Outcomes from the Budzey that have been included in the SROI analysis were mapped based on existing research, information from the Budzey staff, resident interviews, and an interview with a key partner (Sheway Vancouver).

As primary stakeholders, residents identified numerous positive outcomes they had experienced because of the Budzey and repeatedly emphasized the importance of the gender-based and client-centred support they and their families had received from RainCity staff in conjunction with their housing. Their comments included:

*“We are the priority and we really feel that.”*

*“The most valuable thing is the support – the [staff] are so non-judgemental regardless of where you’re at – that means a lot.”*

*“I just really love being here – they really help me here.”*

*“If I have any problems I can always talk to staff.”*

Most residents felt that the Budzey had increased their feelings of safety and stability, helping them build towards a sense of home that, for many, had not existed for years. Their comments included:

*“I feel so safe living here and it’s really nice to have a place to call home.”*

*“That’s the most positive – to have a home of my own that I call my own.”*

*“[Living at the Budzey] stabilized me – I have more stability.”*

*“For the first time in many years, I feel housing security.”*

*“I felt like I had no place to belong – housing security is optimal for living – if you don’t have a home you don’t have a place.”*

Residents highlighted the changes in health and wellbeing they had experienced while living at the Budzey and talked about positive social ties they had built with their neighbours and community. Their comments included:

*“Since I’ve been here, I’ve regulated my sleeping and eating. So I’m a lot healthier than I was before being here.”*

*“[Living at the Budzey] really helped my self-esteem.”*

*“It opens the channels of communication – I like having connection with people.”*

*“They’re like my sisters now.” (speaking of the other residents at the Budzey)*

And residents suggested that they were carrying the positive changes they had experienced at the Budzey back out into the community through increased community involvement and engagement and a desire to give back.

*“I can relax and plan to go to church and cultural events in safety.”*

*“I want to pay them back by doing good.”*

Women with children or family connections also spoke about the impact the Budzey had on the wellbeing of their families. They felt that due to living at the Budzey they were empowered to build on their own strengths to be excellent mothers to their children and that their children were benefitting from the stability and support resulting from living there. Several intergenerational families live in the Budzey, with younger families living in family apartments and their mothers or grandmothers living in studio apartments. Residents commented on the importance of this access to family connection and their ability to support one another while living in close proximity.

*“[The Budzey is] a community where I can raise my children.”*

*“[The Budzey] brings my family together.”*

*“I feel so fortunate every day that my family is not sleeping on a cot at the community centre.”*

Overall, women living at the Budzey articulated that their wellbeing had improved because of their housing. When asked to speculate about what the alternative would look like if they were not able to live at the Budzey, many residents painted a bleak picture, speculating that they would otherwise be in hospital, in violent relationships, involved with child welfare and/or living in unsafe or unhealthy situations. Some residents indicated that, without the Budzey, their situation would be so dire that they did not want to think about it, or that they could be dead.

Discussions with staff and Budzey partners revealed similar outcomes. For example, according to a key Budzey partner:

*“On the family side tenants benefit from the extra support for childcare, emotional support, helping tenants with getting kids to daycare/appts/groceries, being an extra hand for families, home support, advocacy support with [child welfare]. On the single side, the tenants benefit from emotional support, home support, advocacy support as well.”*

From these perspectives, there was also emphasis on the community-wide impact of the supportive housing the Budzey provides. Staff and partners spoke about the decrease in government service use by residents due to the positive outcomes they experience while living at the Budzey, including decreased emergency service use, decreased hospital use, decreased justice system involvement, and decreased child welfare involvement. In the local community and neighbourhood, Budzey partners and staff observed positive contributions by residents who, once housed, seek opportunities to give back to the community and are no longer using public spaces for things like sleeping or substance use. From the partner perspective, the Budzey adds a key component to the services available to vulnerable women in the community:

*“The Budzey provides extra housing support for our clients. We have been able to work closely with the Budzey staff to advocate on behalf of our families/women.”*

Based on resident, staff, and community partner perspectives, as well as a review of existing research, outcomes for the Budzey SROI analysis were identified and mapped. The number of stakeholders achieving outcomes was then determined based on resident and partner interviews, standard information submitted by the Budzey to BC Housing, program evaluation information collected by the Budzey, staff estimations based on daily interactions with residents, and existing research.

## FINANCIAL VALUATION OF OUTCOMES

The SROI analysis of the Budzey tries to capture, in financial terms, the value of key mapped outcomes from each stakeholder’s perspective. However, the financial value captured in the analysis is a conservative estimate of the social and economic value created through supportive housing. While many outcomes have been valued using financial proxies, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-saving nature of supportive housing at the Budzey, the value of a life has not been included in the SROI model. While some outcomes for intergenerational families, long-term partners, and children have been included in the SROI model, these are potentially undervalued because we have not estimated the longer-term impact of support for these stakeholders. Financial proxies used to value mapped outcomes include:

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Residents (all female lease holders)	<ul style="list-style-type: none"> <li>› Increased access to high-quality housing and decreased experiences of homelessness</li> <li>› Increased overall wellbeing, including positive changes in physical and mental health</li> <li>› Increased social support, socialization, and sense of community (decreased social isolation)</li> <li>› Increased safety and decreased experiences of violence (including sexual violence)</li> <li>› Decreased harm from risk involved with street-based sex-work</li> <li>› Increased ability to engage in employment</li> <li>› Decreased harm from substance use and increased ability to move towards reducing use</li> <li>› Increased ability to parent with supports and to stay connected or reconnect with family</li> <li>› Increased personal disposable income</li> <li>› Increased ability to be involved in community (e.g. volunteering)</li> </ul>	<ul style="list-style-type: none"> <li>› Revealed preference valuation: Cost of a studio apartment in Vancouver; Cost of a one-bedroom apartment in Vancouver</li> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles and families; Temporary accommodation to secure housing for singles and families</li> <li>› Wellbeing valuation: Talking to neighbours regularly</li> <li>› Personal cost of pain and suffering due to assault; sexual assault</li> <li>› Direct and indirect personal cost of involvement in the sex trade</li> <li>› Employment earnings</li> <li>› Amount in additional disposable income</li> <li>› Wellbeing valuation: personal value of addressing drug and alcohol problems</li> <li>› Wellbeing valuation: Ability to stay together as a family</li> <li>› Wellbeing valuation: value of regular volunteering</li> </ul>
Children of residents	<ul style="list-style-type: none"> <li>› Increased opportunity for families to stay together</li> <li>› Increased safety and decreased experiences of violence or abuse</li> <li>› Increased overall wellbeing, including positive changes in physical and mental health</li> </ul>	<ul style="list-style-type: none"> <li>› Revealed preference valuation: Cost of treatment for anxious children</li> <li>› Cost of child abuse to survivors</li> <li>› Other value included with mother (above)</li> </ul>

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Long-term guests (non-lease holders)	<ul style="list-style-type: none"> <li>› Increased connection to family and supports</li> </ul>	<ul style="list-style-type: none"> <li>› Wellbeing valuation: Ability to stay together as a family</li> </ul>
Local community/ neighbourhood	<ul style="list-style-type: none"> <li>› Improved local neighbourhood and community quality</li> <li>› Increased local economic activity due to resident spending</li> </ul>	<ul style="list-style-type: none"> <li>› Value of increased neighbourhood satisfaction</li> <li>› Economic multiplier for local spending</li> </ul>
Government (all levels)	<ul style="list-style-type: none"> <li>› Decreased use of emergency services by residents such as ambulances and emergency rooms</li> <li>› Decreased use of homeless shelters by residents</li> <li>› Decreased resident involvement in justice systems</li> <li>› Decreased long-term hospital stays by residents</li> <li>› Decreased service use related to resident substance use</li> <li>› Decreased child welfare involvement among resident families</li> <li>› Improved health during pregnancy</li> <li>› Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use)</li> <li>› Increased ability for children of residents to successfully engage in education</li> </ul>	<ul style="list-style-type: none"> <li>› Vancouver cost of homelessness (including health and social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters)</li> <li>› Alberta cost of family homelessness (including health, justice and community services)</li> <li>› Cost of hospitalization when homeless</li> <li>› Cost of substance abuse per person</li> <li>› Average cost of maintaining a child in foster care or formal kinship care</li> <li>› Value of improved health during pregnancy</li> <li>› Direct &amp; indirect public costs from sexual exploitation</li> <li>› Cost of health services for children</li> <li>› Cost of additional resource in schools for children</li> </ul>

Since the Budzey is a unique program that targets vulnerable women and woman-led families, additional financial proxies related to the unique experiences of homeless women and families have been included in the analysis. This means the Budzey program creates some additional value over other programs that work primarily with single adults (often mostly male). (For further discussion, see Section 5.0.)

*“The tenants benefit from emotional support, home support, advocacy support as well.”*

*– Budzey Community Partner*

## BUDZEY SROI RESULTS AND DISCUSSION

SROI analysis of investment in the operation of the Budzey revealed an SROI ratio of 1 : 5.04, meaning:

**For every dollar invested in the operation of the Budzey,  
approximately five dollars in social and economic value is created.**



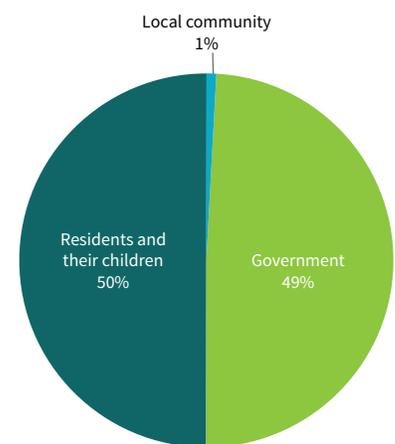
This ratio suggests that significant social and economic value is created through the operation of dedicated-site supportive housing for women and women-led families.<sup>29</sup> The Budzey creates added value through its support for families and specialized support for vulnerable women, who, without supportive housing, are at greater risk of experiencing violence, abuse, and long-term negative outcomes. The significant value revealed through the Budzey SROI reflects the possible longer-term and female-specific value generated by this specialized program.

The SROI analysis of the Budzey represents a conservative estimate of the total social and economic value created, since it was not possible to measure and capture the financial value of all potential outcomes for all potential stakeholders. Many outcomes were also not valued into the future, despite the possibility of longer term impacts generated through the life skills and experience of stability gained through housing at the Budzey. The actual social and economic value created by ongoing operation of the Budzey is likely much higher.

The SROI analysis revealed that approximately 49% of the social and economic value generated by the Budzey goes back to the government in cost reallocations related to decreased resident service use. In other words, for every dollar invested in operating the Budzey, approximately two and a half dollars is generated for government in cost reallocations due to decreased service use.

While the community as a whole benefits from decreased service use that increases efficiency, and reduces costs to taxpayers over time, an additional 1% of the value goes back to the local neighbourhood in which the Budzey is located. This value is generated through improved neighbourhood quality and local spending by residents. Although some value to the local community has been captured through the SROI analysis, this value is likely understated, because benefits from resident volunteering, more efficient delivery of services among community partners, and benefits for businesses (beyond benefits generated by local spending) have not been fully captured in the SROI model.

Approximately 50% of the social and economic value created by the Budzey goes back to residents and their children or families, through increases in wellbeing, employment earnings, disposable income, safety, and reduced harm. This indicates that, while dedicated-site supportive housing like the Budzey creates important value for the government, it also generates significant value for people living in supportive housing, whose lives are directly improved by the positive outcomes they experience. (See Appendix F for a summary of the Budzey SROI model.)



*Value Breakdown by Stakeholder Group*

<sup>29</sup> Sensitivity tests to determine the impact of assumptions and estimations made throughout the analysis suggest that the current model is a conservative representation of value creation that is not over claimed. See Appendix G for details on sensitivity tests.

## 4.2 SROI Analysis of Cardington Apartments Operated by John Howard Society of the Central & South Okanagan

### BACKGROUND

Cardington Apartments is a 30-unit dedicated-site supportive housing building located near Kelowna's downtown area and operated by the John Howard Society of the Central & South Okanagan. Established in 2008, Cardington Apartments was the first supportive housing site in the City of Kelowna, made possible through a funding partnership between BC Housing, Interior Health, the City of Kelowna and the Government of Canada. Before becoming supportive housing, the site was a municipal parking lot.

Most Cardington Apartments residents are living with mental health and/or substance use challenges which contribute to difficulties with maintaining housing in the community. While the program is facilitated by the John Howard Society, not all residents arrive directly from incarceration (though many have had encounters with the criminal justice system). Residents are often referred to Cardington Apartments from Interior Health, local shelters (such as Inn from the Cold), CMHA Kelowna, and other community service providers.

All 30 self-contained, furnished studio apartments at Cardington Apartments have a personal kitchen and bathroom. If a resident's source of income is income assistance, their rent is equal to the shelter allowance (\$375) amount plus \$5 for cable. If a resident's income is from another source, such as Persons with Disabilities benefit, Canada Pension Plan, or employment, they pay 30% of their gross household income for rent. Resident rents include cable, heat, electricity, water, and on-site laundry.

Residents may live at Cardington Apartments for up to two years (though there is flexibility for residents to stay longer) and are supported with transition planning when they are moving out. The average length of stay is approximately 18 months, though nearly 20% of residents have been living in the building for 24 months or longer, indicating how the program fosters housing stability.

Programming and supports at Cardington Apartments are designed to help residents work towards their goals and build skills that increase their ability to live independently as well as mitigate issues that may have led to homelessness in the past. Key supports include:

- › Case management and life skills supports to assist with goal planning and achievement
- › Employment supports through the John Howard Society
- › Connection to additional services including referrals to and advocacy for additional supports and resources
- › Regular suite inspections and support for building housing life skills

Substance use is prohibited in suites and common areas, but residents are supported with harm reduction through an on-site supervised consumption site and access to harm reduction supplies. If residents use substances off-site, they can return to the building under the influence but must go straight to their own suite. No guests or partners are allowed at Cardington Apartments. The only visitors allowed into suites are community support workers who are visiting residents.

## KEY ELEMENTS OF THE CARDINGTON APARTMENTS SROI MODEL

<b>Inputs</b>	<ul style="list-style-type: none"> <li>› Investment by BC Housing, Interior Health, City of Kelowna, and Government of Canada in the total operating cost of Cardington Apartments, including staffing, programming, administration, maintenance, insurance, mortgage payments, and security</li> <li>› Rents paid by residents</li> </ul>
<b>Timeframe for Investment</b>	<ul style="list-style-type: none"> <li>› 2016-2017 operating year</li> </ul>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>› Residents at Cardington Apartments (single male and female adults) (primary stakeholder)</li> <li>› Local communities</li> <li>› Government systems (various levels)</li> <li>› Investors (BC Housing, Interior Health, City of Kelowna, and Government of Canada)</li> </ul>
<b>Duration of Outcomes</b>	<p>With an average length of stay of 18 months, and nearly 20% of residents maintaining their housing for 24 months or longer, outcomes included in the SROI are expected to last at least one year. Since residents may not continue to experience positive outcomes if investment were to stop (they could return to homelessness), outcomes in this case study were not valued beyond one year.</p>
<b>Approach</b>	<p>The Cardington Apartments SROI analysis employs a primarily evaluative approach with a small amount of forecasting based on primary and rigorous secondary research.</p>

## STAKEHOLDER ENGAGEMENT

The SROI analysis of Cardington Apartments was informed by key stakeholders who were engaged via in-depth interviews, including:

- › Six residents (20% of all residents) including a mix of men and women
- › Three key contacts from community partners (two from Inn from the Cold Kelowna, and one from Interior Health)

(See Appendix D for interview questions and Appendix B for a list of stakeholders engaged in each case study.)

## KEY OUTCOMES

Outcomes from Cardington Apartments were mapped based on existing research, information from Cardington Apartments staff, resident interviews, and interviews with key partner contacts.

As primary stakeholders, Cardington Apartments residents identified numerous positive outcomes they had experienced due to their housing. Residents emphasized the importance of the support they had received from staff as well as the increased feelings of safety and stability they had experienced living at the building. Their comments included:

*“The staff here is like my family.”*

*“[Cardington Apartments] is a safe, sober living environment. I know I can come back and trust no one has been in my place or taken my things.”*

*“I feel happier and safer.”*

Residents indicated that due to their housing through Cardington Apartments, they could better work towards their goals, with many talking about making significant progress on personal goals such as reducing substance use. Residents also spoke about the positive health impacts of stable housing and their ability to better manage their finances, engage in the community, and build a life based on the stability they had established through housing at Cardington Apartments.

*“I’ve become a stronger adult.”*

*“[Cardington Apartments] gave me the chance to have a roof over my head. Help me with my addictions. Get my finances under control. Even have some savings.”*

*“The most valuable part is having a roof over my head. Having my own space. It’s warm. It’s dry. It’s safe. I really like it here.”*

When asked to speculate about what the alternative would look like if they were not able to live at Cardington Apartments, many residents speculated that they would otherwise be permanently homeless, in jail, in hospital, or living in unsafe or unhealthy situations. Some residents indicated that, without Cardington Apartments, their situation would be “terrible”, “horrible” or “scary”, or that they could possibly be dead.

*“Without Cardington I’d be living at the Mission Shelter or on the street. Living day to day. I’d be far blown in addiction living on the street.”*

*“I don’t have any family and I was homeless for six years. If not for [Cardington Apartments] and doctor close by I’d probably be dead.”*

Overall, Cardington Apartments residents reported being satisfied with the housing and supports they had received and felt their overall wellbeing had improved because of their housing at Cardington Apartments.

Cardington Apartments staff and key agency partners highlighted similar outcomes. Partners suggested that Cardington Apartments provides security and stability for vulnerable individuals in Kelowna, opening opportunities for learning, healing, and progress towards personal goals.

*“[Cardington Apartments] provides tenants with security, not only from the perspective of shelter and having a roof over their heads, but with supervision and staff support as well.”*

*“[Tenants] learn life skills, have a supportive community atmosphere, learn renting skills, have low cost housing and safe housing through Cardington.”*

From these perspectives, there was also emphasis on the community-level impact of positive outcomes garnered by Cardington Apartments. Shelters felt that Cardington Apartments enabled client success and avoidance of shelter use by providing a stable and supportive housing option in Kelowna while health systems indicated that they felt Cardington Apartments enables success for individuals with complex issues by providing a base where clinicians can work with clients.

*“All of the shelters in town are impacted, it takes a weight off them. [Cardington Apartments staff] advocate for permanent shelter and keeping people off the streets.”*

*“It has helped us to move many clients from our shelter into housing with the level of supports to help them be successful.”*

Partners and staff also spoke about the impact on the community through decreased homelessness in public spaces, decreased service use, such as hospitals, ambulance, and police, and more effective service use. Staff and partners suggested that, although there was initial trepidation about providing supportive housing in Kelowna’s downtown area, there had not been negative impacts on local communities. Instead, Cardington Apartments had decreased the number of individuals sleeping or living in public spaces, such as libraries and parks, which created more access to public space for the whole community.

*“[The most valuable thing about Cardington Apartments is] the large need they fill within the community. In terms of supportive housing on a larger scale they are able to house so many vulnerable clients that, otherwise, would not be able to acquire and maintain housing in the market rentals.”*

Based on resident, staff, and community partner perspectives, as well as a review of existing research, outcomes for inclusion in the SROI analysis were identified and mapped. The number of stakeholders achieving outcomes was then determined based on resident and partner interviews, standard information submitted by Cardington Apartments to BC Housing, program evaluation information collected by Cardington Apartments, staff estimates based on daily interactions with residents, and existing research.

## **FINANCIAL VALUATION OF OUTCOMES**

The SROI analysis of Cardington Apartments tries to capture, in financial terms, the value of key mapped outcomes from each stakeholder’s perspective. However, the financial value captured in the analysis is a conservative estimate of the total social and economic value created through supportive housing. While many outcomes have been valued using financial proxies to represent their financial value, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-saving nature of supportive housing at Cardington Apartments, the value of a life has not been included in the SROI model. In addition, while many residents and staff spoke about what they learned through their experience in supportive housing, the longer-term impacts of housing life skills have not been included in the SROI model. Financial proxies used to value mapped outcomes include:

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Residents at Cardington Apartments (all adult singles, mix of male and female)	<ul style="list-style-type: none"> <li>› Increased access to high quality housing and decreased experiences of homelessness</li> <li>› Increased overall wellbeing, including positive changes in physical and mental health</li> <li>› Increased social support, socialization, and sense of community (decreased social isolation)</li> <li>› Increased safety, decreased experiences of violence (including sexual violence)</li> <li>› Increased ability to engage in employment</li> <li>› Decreased harm from substance use and increased ability to move towards reducing use</li> <li>› Increased personal disposable income</li> <li>› Increased ability to be involved in community (such as volunteering)</li> </ul>	<ul style="list-style-type: none"> <li>› Revealed preference valuation: cost of a studio apartment in Kelowna</li> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles; temporary accommodation to secure housing for singles</li> <li>› Wellbeing valuation: Talking to neighbours regularly</li> <li>› Personal cost of pain and suffering due to assault; sexual assault</li> <li>› Employment earnings</li> <li>› Amount in additional disposable income</li> <li>› Wellbeing valuation: personal value of addressing drug and alcohol problems</li> <li>› Wellbeing valuation: value of regular volunteering</li> </ul>
Local community/ neighbourhood	<ul style="list-style-type: none"> <li>› Improved local neighbourhood and community quality</li> <li>› Increased local economic activity due to resident spending</li> </ul>	<ul style="list-style-type: none"> <li>› Value of increased neighbourhood satisfaction</li> <li>› Economic multiplier for local spending</li> </ul>
Government (all levels)	<ul style="list-style-type: none"> <li>› Decreased use of emergency services by residents such as ambulances and emergency rooms</li> <li>› Decreased use of homeless shelters by residents</li> <li>› Decreased resident involvement in justice systems</li> <li>› Decreased long-term hospital stays by residents</li> <li>› Decreased service use related to substance misuse by residents</li> </ul>	<ul style="list-style-type: none"> <li>› Vancouver cost of homelessness (including health and social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters)</li> <li>› Cost of hospitalization when homeless</li> <li>› Cost of substance abuse per person</li> </ul>

## CARDINGTON APARTMENTS SROI RESULTS AND DISCUSSION

The SROI analysis of investment in the operation of the John Howard Society’s Cardington Apartments revealed an SROI ratio of 1 : 4.74, meaning:

**For every dollar invested in operating Cardington Apartments, nearly five dollars in social and economic value is created.**

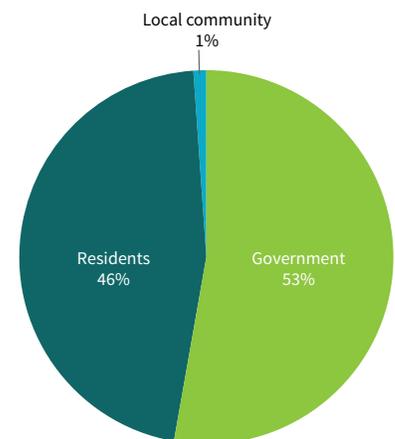


This ratio suggests that significant social and economic value is created through the operation of dedicated-site supportive housing for single men and women who face barriers to maintaining housing.<sup>30</sup> Cardington Apartments creates important added value through its successful work with residents to engage in employment, develop a sense of safety and create a caring community within the building (see further discussion in Section 5.0). The SROI analysis of Cardington Apartments represents a conservative estimate of the total social and economic value created, since it was not possible to measure and capture the financial value of all potential outcomes for all potential stakeholders. Many outcomes were also not valued into the future, despite the possibility of longer term impacts generated through the life skills and experiences of stability gained through housing at Cardington Apartments. The actual social and economic value created by ongoing operation of Cardington Apartments is likely much higher.

The SROI analysis revealed that approximately 53% of the value generated by Cardington Apartments goes back to the government in cost reallocations related to decreased service use by residents. In other words, for every dollar invested in operating Cardington Apartments, approximately two and a half dollars is generated for government in cost reallocations due to decreased service use.

While the community as a whole benefits from decreased service use that increases efficiency and reduces costs to taxpayers over time, an additional 1% of the value goes back to Cardington Apartments’ local neighbourhood. This value is generated by improved neighbourhood quality and local spending by residents. The value is experienced by community members who encounter less homelessness in their community, businesses that benefit from local spending, and public institutions like the library that have more actively engaged community members using their services. While some value to the local community has been captured through the SROI analysis, this value is likely understated, because benefits from resident volunteering, more efficient delivery of services among community partners, and benefits for businesses beyond local spending are not fully captured in the SROI model.

Approximately 46% of the social and economic value created by Cardington Apartments goes back to residents through increases in wellbeing, employment earnings, increased disposable income, increased safety, and reduced harm. This indicates that, while dedicated-site supportive housing such as Cardington Apartments creates important value for the government, it also generates significant value for people living in supportive housing, whose lives are directly impacted by the positive outcomes they experience as a result. (See Appendix F for a summary of the Cardington Apartments SROI model.)



Value Breakdown by Stakeholder Group

<sup>30</sup> Sensitivity tests to determine the impact of assumptions and estimations made throughout the analysis suggest that the current model is a reasonable representation of value creation that is not over claimed. See Appendix G for details on sensitivity tests.

## 4.3 SROI Analysis of Kettle on Burrard Operated by the Kettle Friendship Society

### BACKGROUND

The Kettle on Burrard is a 16-storey building operated by the Kettle Friendship Society. It is located on Burrard Street near Davie Street in Vancouver. Since May 2014, the Kettle on Burrard has offered safe and affordable housing with supports to single men, women, and youth who are homeless or at risk of being homeless. Most Kettle on Burrard residents are living with mental health and/or substance use concerns that often contribute to challenges with maintaining housing in the community. Many residents are connected to the Kettle Friendship Society and have fostered trusting and supportive relationships with staff.

The Kettle on Burrard is comprised of 140 units: 20 units are dedicated to youth ages 19-24 supported by the Inner City Youth program (ICY), 10 units are dedicated to youth under the age of 19 who are connected to the Ministry of Children and Family Development (MCFD) or Vancouver Aboriginal Children and Family Services (VACFAS), and 110 units are dedicated to single adults (men and women), including 12 fully accessible units for individuals with disabilities. The building features a lounge, commercial kitchen, TV room, library, and an outdoor space that includes a community garden.

Apartments at Kettle on Burrard are all furnished and self-contained with windows, personal kitchen, and bathroom. If a resident's source of income is income assistance, their rent is equal to the shelter allowance (\$375) amount plus \$45 for utilities and wireless internet. If a resident's income is from another source, such as Persons With Disabilities benefit, Canada Pension Plan, or employment, they pay 30% of their gross household income as rent. Resident rents include heat, electricity, water, and on-site laundry. Guests are allowed on-site and can stay a maximum of 14 nights (overnights) but must leave identification with the building security when they are in the building.

Supports and programming provided at the Kettle on Burrard are designed to help residents build on their strengths towards realizing their goals and to mitigate issues that may have led to homelessness in the past. Key supports include:

- › Case management and life-skills supports to assist with goal planning and achievement
- › Organized social activities (e.g. volunteer choir, community dinner every Saturday)
- › Connection to additional services including referrals to and advocacy for additional supports and resources
- › 24-hour wellness checks to mitigate harm from substance use

Of the 138 residents who moved into the Kettle on Burrard when it first opened in 2014, 73 individuals were still residents as of May 2018. This indicates the important stability the Kettle on Burrard fosters for residents, who have an average length of stay of approximately 24 months. This average grows with each year that the Kettle on Burrard serves the community. In total, 65% of current residents have lived at Kettle on Burrard more than two years.

To empower resident choice and safety, the Kettle on Burrard uses a harm reduction approach. Residents can use substances or engage in potentially harmful behaviours while living in the building, and are supported in enhancing knowledge, skills, resources, and supports to lessen the harm associated with them. This includes 24-hour wellness checks to mitigate harm from substance use, education for residents on harm reduction measures (such as not using substances alone), access to harm reduction supplies on-site, and training for residents in overdose prevention and Naloxone administration.

## KEY ELEMENTS OF THE KETTLE ON BURRARD SROI MODEL

<b>Inputs</b>	<ul style="list-style-type: none"> <li>› Investment by BC Housing as the sole investor in the total operating cost of Kettle on Burrard, including staffing, programming, administration, maintenance, insurance, mortgage payments, and security</li> <li>› Rents paid by residents</li> </ul>
<b>Timeframe for Investment</b>	<ul style="list-style-type: none"> <li>› 2016-2017 operating year</li> </ul>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>› Single, over 19-year-old residents (male and female) (primary stakeholder)</li> <li>› Under 19-year-old youth residents (male and female) (primary stakeholder)</li> <li>› Residents requiring accessible units at the Kettle on Burrard (primary stakeholder)</li> <li>› Local communities</li> <li>› Government systems (various levels)</li> <li>› Investor (BC Housing)</li> </ul>
<b>Duration of Outcomes</b>	<ul style="list-style-type: none"> <li>› With an average length of stay of approximately 24 months and nearly 65% of current residents maintaining their housing for 24 months or longer, most outcomes included in this SROI analysis are expected to last at least one year. Since residents may not continue to experience outcomes if investment stops (they could return to homelessness) outcomes in this case study were generally not valued beyond one year. However, outcomes for high school completion by youth residents under 19 were estimated to last more than one year and value was claimed for up to five years on the basis that the benefit of completing high school would likely continue, regardless of length of stay or further investment. For these residents, reconnection with family was also valued for up to five years into the future.</li> </ul>
<b>Approach</b>	<ul style="list-style-type: none"> <li>› The Kettle on Burrard SROI analysis employs an equally blended forecast and evaluative approach with forecasting based on primary and rigorous secondary research.</li> </ul>

## STAKEHOLDER ENGAGEMENT

The SROI analysis of Kettle on Burrard has been informed by key stakeholders who were engaged via in-depth interviews, including:

- › 11 residents (8% of all residents) including a mix of men and women
- › Two key contacts from community stakeholders (Downtown Vancouver Business Improvement Area (BIA) and St. Andrew’s-Wesley United Church (local faith community part of the Community Advisory))

(See Appendix D for interview questions and Appendix B for a list of stakeholders engaged in each case study.)

## KEY OUTCOMES

Outcomes from Kettle on Burrard were mapped based on existing research, information from staff, resident interviews, and interviews with key partner contacts.

As primary stakeholders, residents identified numerous positive outcomes they had experienced due to their housing at Kettle on Burrard, repeatedly emphasising the importance of the supports provided along with their housing. Most indicated that they had engaged in social activities, such as the choir, and that they were surprised by some of the social connections they had made during their time at the Kettle on Burrard.. Their comments included:

*“The choir was unexpected and I love it. It’s exciting, I love it.”*

*“I have a great opportunity to be in the choir here and the writing group. We are going to be in an opera. I am very grateful. I love it here.”*

*“The staff are fabulous. They notice me, talk to me if I look sad.”*

*“The support has been great. This is like a family here. It’s the next best thing.”*

*“My family is a lot happier now because they know I’m safe here, I have support here.”*

Many commented on the importance of harm reduction measures at the Kettle on Burrard, saying that their lives had been improved by safer substance use. Residents also highlighted the importance of the basic needs supports available through the Kettle on Burrard, particularly low-cost nutritional meals that are available. Residents identified the building’s location as a major benefit because it is away from Vancouver’s Downtown Eastside where many residents had previously been street-involved. Overall, residents felt that the Kettle on Burrard helped improved their health as well as their personal safety.

*“I love it here. Just the neighbourhood. I love the West End. In Hastings it was loud and people fighting — there was misery at my door.”*

*“I feel safe here. Security is good here.”*

*“The most valuable thing [about Kettle on Burrard] has been all the chances and opportunities. I can have a job, I can go to school because I have my own place. I have job opportunities, places to go shopping and a hospital is next door if you need it.”*

*“Away from the Eastside scene I can be more sober and keep away from trouble.”*

*“100% my health has improved so much. My blood pressure is better. On the streets it’s bad.”*

*“[Kettle on Burrard is] a nice, secure place. I don’t have to worry about stuff being stolen.”*

*“The most valuable thing [about Kettle on Burrard] is having a roof over my head. I didn’t like shelters — they pose challenges for physically disabled.”*

When asked about what might happen if they could not live at the Kettle on Burrard, many residents speculated their situation would be dire, including living in unsafe conditions, experiencing significant harm from substance use such as overdoses, being involved in the sex trade, and experiencing violence on the streets. Some residents indicated that without the Kettle on Burrard they could otherwise be dead. Overall, residents at the Kettle on Burrard felt their safety and wellbeing had improved because of their time at the Kettle on Burrard. In their own words, residents said things like:

*“I would still be on the streets. My life would be horrible. I like to work and wouldn’t be able to.”*

*“I’d be on the street because I couldn’t afford the rent. I’ve been homeless twice before.”*

Discussions with Kettle on Burrard staff and key community stakeholders pointed to similar positive outcomes. They also emphasized the community-level impact of positive outcomes garnered by the Kettle on Burrard. Although community stakeholders mentioned that the proposal for developing the Kettle on Burrard initially raised local community concerns, including concerns expressed by the business community, efforts to engage the community and residents in working together has resulted in positive outcomes. Police statistics have indicated no increase in neighbourhood crime. The business community commented that Kettle on Burrard has had a positive impact, saying:

*“The most valuable thing about Kettle on Burrard has been the support within the community, decentralizing homelessness, and reducing the stigma of addiction. Kettle on Burrard brings partner organizations together and we are supportive of their work...the only suggestion for improvement would be to have more funding, and expanded outreach and education efforts.”*

*Partners and staff also commented on the impact Kettle on Burrard has had on reducing emergency service use and redirecting clients to supports that help them avoid crisis. A community partner commented that:*

*“[Kettle on Burrard] means people don’t go to the hospital as often — they have support and health visits where they live.”*

Based on resident, staff, and community stakeholder perspectives, as well as a review of existing research, outcomes for inclusion in the SROI analysis were identified and mapped. The number of stakeholders achieving outcomes was then determined based on resident and partner interviews, standard information submitted by Kettle on Burrard to BC Housing, staff estimates based on daily interactions with residents, and existing research.

## **FINANCIAL VALUATION OF OUTCOMES**

The SROI analysis of Kettle on Burrard tries to capture, in financial terms, the value of key mapped outcomes from each stakeholder’s perspective. However, the financial value captured in the analysis is a conservative estimate of the total social and economic value created through supportive housing. While many outcomes have been valued using financial proxies to represent their financial value, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-saving nature of supportive housing at Kettle on Burrard, the value of a life has not been included in the SROI model. Although many residents and staff spoke about the learnings fostered through their experience in supportive housing, the longer-term impacts of housing life skills have not been included in the SROI. Some outcomes for youth who live at the Kettle on Burrard have been included in the SROI model, but these are potentially undervalued because we have not estimated the longer-term impact of changing life trajectories (early intervention) for these stakeholders. Financial proxies used to value mapped outcomes include:

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Single, over 19-year-old residents (male and female)	<ul style="list-style-type: none"> <li>› Increased access to high quality housing and decreased experiences of homelessness</li> <li>› Increased overall wellbeing, including positive changes in physical and mental health</li> <li>› Increased social support, socialization, and sense of community (decreased social isolation)</li> <li>› Increased safety, decreased experiences of violence (including sexual violence)</li> <li>› Decreased harm from risk involved with street-based sex work</li> <li>› Increased ability to engage in employment</li> <li>› Decreased harm from substance use and increased ability to move towards reducing use</li> <li>› Increased personal disposable income</li> <li>› Increased ability to be involved in community (such as volunteering)</li> </ul>	<ul style="list-style-type: none"> <li>› Revealed preference valuation: Value of Kettle on Burrard apartment if rented on the market</li> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles; temporary accommodation to secure housing for singles</li> <li>› Wellbeing valuation: Talking to neighbours regularly</li> <li>› Personal cost of pain and suffering due to assault; sexual assault</li> <li>› Direct and indirect personal cost of involvement in the sex trade</li> <li>› Employment earnings</li> <li>› Wellbeing valuation: Personal value of addressing drug and alcohol problems</li> <li>› Amount in additional disposable income</li> <li>› Wellbeing valuation: value of regular volunteering</li> </ul>
Residents requiring accessible units	<ul style="list-style-type: none"> <li>› Increased accessibility in housing</li> </ul>	<ul style="list-style-type: none"> <li>› Revealed preference valuation: Cost of accessibility upgrade for a studio apartment</li> </ul>
Under 19-year-old youth residents (male and female)	<ul style="list-style-type: none"> <li>› Increased access to high quality housing and decreased experiences of homelessness</li> <li>› Increased overall wellbeing, including positive changes in physical and mental health</li> <li>› Increased social support, socialization, and sense of community (decreased social isolation)</li> <li>› Increased safety, decreased experiences of violence (including sexual violence)</li> <li>› Decreased harm from risk involved with street-based sex work</li> <li>› Increased ability to engage in education</li> <li>› Increased personal disposable income</li> <li>› Reconnection with family</li> </ul>	<ul style="list-style-type: none"> <li>› Revealed preference valuation: Value of Kettle on Burrard apartment if rented on the market</li> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles; Temporary accommodation to secure housing for singles</li> <li>› Wellbeing valuation: Talking to neighbours regularly</li> <li>› Personal cost of pain and suffering due to assault; sexual assault</li> <li>› Direct and indirect personal cost of involvement in the sex trade</li> <li>› Personal and intangible value from high school completion</li> <li>› Amount in additional disposable income</li> <li>› Wellbeing valuation: Connection to family</li> </ul>

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Local community/ neighbourhood	<ul style="list-style-type: none"> <li>› Improved local neighbourhood and community quality</li> <li>› Increased local economic activity due to resident spending</li> </ul>	<ul style="list-style-type: none"> <li>› Value of increased neighbourhood satisfaction</li> <li>› Economic multiplier for local spending</li> </ul>
Government (all levels)	<ul style="list-style-type: none"> <li>› Decreased use of emergency services by residents such as ambulances and emergency rooms</li> <li>› Decreased use of homeless shelters by residents</li> <li>› Decreased resident involvement in justice systems</li> <li>› Decreased long term hospital stays by residents</li> <li>› Decreased service use related to resident substance use</li> <li>› Decreased child welfare involvement among youth</li> <li>› Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use)</li> <li>› Avoidance of high school dropout and associated public costs</li> </ul>	<ul style="list-style-type: none"> <li>› Vancouver cost of homelessness (including health and social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters)</li> <li>› Cost of hospitalization when homeless</li> <li>› Cost of substance abuse per person</li> <li>› Cost of regular visits by a child welfare worker</li> <li>› Direct and indirect public costs from sexual exploitation</li> <li>› Public costs of high school dropout</li> </ul>

*“The most valuable thing [about Kettle on Burrard] is having a roof over my head. I didn’t like shelters — they pose challenges for physically disabled.”*

*– Kettle on Burrard Resident*

## KETTLE ON BURRARD SROI RESULTS AND DISCUSSION

The SROI analysis of investment in the operation of the Kettle Friendship Society’s Kettle on Burrard supportive housing building revealed an SROI ratio of 1 : 4.42, meaning:

**For every dollar invested in operating the Kettle on Burrard, nearly four and a half dollars in social and economic value is created.**



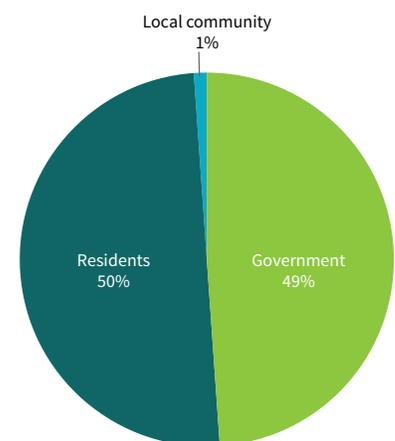
This ratio suggests that significant social and economic value is created through the operation of dedicated-site supportive housing for youth and single adults.<sup>31</sup> The SROI analysis of Kettle on Burrard represents a conservative estimate of the total social and economic value created, because it was not possible to measure and capture the financial value of all potential outcomes for all potential stakeholders. Many outcomes were not valued into the future, despite the possibility of longer term impacts generated through life skills and experience of stability gained through housing at Kettle on Burrard. The actual social and economic value created by ongoing operation of Kettle on Burrard is likely much higher.

The Kettle on Burrard creates important added value through its targeted support for vulnerable, under 19-year-old youth, who, without supportive housing, are at greater risk of experiencing violence, abuse, and long-term negative outcomes, such as not completing high school. The accessible units available through Kettle on Burrard provide an opportunity to engage individuals with disabilities or limited mobility who might otherwise have difficulties finding housing, which also adds value. The Kettle on Burrard SROI reflects the importance of addressing the needs of single adult populations as well as vulnerable youth and people with disabilities.

The SROI analysis reveals that approximately 49% of the social and economic value generated by Kettle on Burrard goes back to the government in cost reallocations related to decreased service use by residents. In other words, for every dollar invested in operating the Kettle on Burrard, approximately two dollars is generated for government in cost reallocations due to decreased service use.

While the community as a whole benefits from decreased service use that increases efficiency and reduces costs to taxpayers over time, an additional 1% of the value goes back to the local neighbourhood in which Kettle on Burrard is located. This value is generated through improved neighbourhood quality and local spending by residents. While some value to the local community has been captured through the SROI analysis, this value is likely understated, as benefits from resident volunteering, more efficient delivery of services among community partners, and benefits for businesses beyond local spending have not been fully captured in the model.

Approximately 50% of the social and economic value created by Kettle on Burrard goes back to residents, through increases in wellbeing, employment earnings, educational attainment, increased disposable income, increased safety, and reduced harm. While dedicated-site supportive housing like Kettle on Burrard creates important value for the government, it also generates significant and important value for people living in supportive housing, whose lives are directly impacted by the positive outcomes they experience. (See Appendix F for a summary of the Kettle on Burrard SROI model.)



<sup>31</sup> Sensitivity tests to determine the impact of assumptions and estimations made throughout the analysis suggest that the current model is a conservative representation of value creation that is not over claimed. See Appendix G for details on sensitivity tests.

## 4.4. SROI Analysis of Queens Manor Operated by the Victoria Cool Aid Society

### BACKGROUND

Queens Manor is a 36-unit dedicated-site supportive housing building located near downtown Victoria and operated by the Victoria Cool Aid Society. Formerly a Traveller's Inn property, the City of Victoria purchased Queens Manor in July 2010 and converted it into supportive housing units. These became available to residents through the Victoria Cool Aid Society in October 2012. Queens Manor provides safe and affordable housing with supports for adults (both men and women) currently without a home. It is part of a continuum of support services offered by the Victoria Cool Aid Society, with residents often considered 'most vulnerable', meaning they experience multiple complex issues, including mental illness and substance use, that impact their ability to maintain housing in the community.

Each of the 36 self-contained units at Queens Manor has a kitchenette and bathroom. There are also shared laundry facilities and social gathering spaces on-site. Queens Manor has security features and 24-hour staffing that ensures its residents have a safe, welcoming home and access to key supports.

If a resident's source of income is income assistance, their rent is equal to the shelter allowance amount (\$375). If a resident's income is from another source, such as Persons with Disabilities benefit, Canada Pension Plan, or employment, they pay 30% of their gross household income for rent. Resident rents include heat, electricity, water, and on-site laundry.

Supports available to Queens Manor residents are designed to help them mitigate issues that may have led to homelessness in the past and work towards increased independence and stability. Key supports include:

- › Case management supports to assist with goal planning and building life skills around maintaining housing
- › Employment supports, including entry-level employment opportunities at Queens Manor
- › Weekly suite inspections to help ensure residents maintain the health and safety standards of their apartments
- › Connection to additional services and supports, including Victoria Cool Aid Society services and referrals to other agencies

Queens Manor supports stable housing as evidenced by an average length of stay of more than two years (29.7 months). For individuals who have had difficulty maintaining housing in the past, this stability can enable movement towards positive outcomes and personal goals.

To empower resident choice and safety, Queens Manor uses a harm reduction approach: residents can use substances or engage in potentially harmful behaviours while living at Queens Manor, and are supported in enhancing knowledge, skills, resources, and supports to lessen the harm associated with high-risk behaviours.

## KEY ELEMENTS OF THE QUEENS MANOR SROI MODEL

Inputs	<ul style="list-style-type: none"> <li>› Investment by BC Housing as the sole investor in the total operating cost of Queens Manor, including staffing, programming, administration, maintenance, insurance, mortgage payments, and security</li> <li>› Rents paid by residents</li> </ul>
Timeframe for Investment	<ul style="list-style-type: none"> <li>› 2016-2017 operating year</li> </ul>
Stakeholders	<ul style="list-style-type: none"> <li>› Residents at Queens Manor (single male and female adults) (primary stakeholder)</li> <li>› Local communities</li> <li>› Government systems (various levels)</li> <li>› Investor (BC Housing)</li> </ul>
Duration of Outcomes	<ul style="list-style-type: none"> <li>› With an average length of stay of approximately 30 months, outcomes included in this SROI analysis are expected to last at least one year. Since residents may not continue to experience outcomes if investment stops (they could return to homelessness), outcomes in this case study were not valued beyond one year.</li> </ul>
Approach	<ul style="list-style-type: none"> <li>› The Queens Manor SROI analysis employs a primarily evaluative approach with some forecasting based on primary and rigorous secondary research.</li> </ul>

## STAKEHOLDER ENGAGEMENT

The SROI analysis of Queens Manor has been informed by key stakeholders who were engaged via in-depth interviews, including:

- › Nine residents (25% of all residents) including a mix of men and women

Unfortunately, no community or service partners were available for engagement as stakeholders during the study period. (See Appendix D for interview questions and Appendix B for a list of stakeholders engaged in each case study.)

## KEY OUTCOMES

Outcomes from Queens Manor were mapped based on existing research, information from Victoria Cool Aid Society staff, resident interviews, and statistics and program evaluation information collected by Victoria Cool Aid Society.

As primary stakeholders, residents identified numerous positive outcomes they had experienced due to their housing at Queens Manor. Many residents spoke about the importance of the harm reduction model supported by Queens Manor and indicated that they felt more safe, stable, and “at home” because of their housing at Queens Manor. Residents emphasized the value of supports they had received and connections they had made with Queens Manor staff and other residents. Their comments included:

*“The stability has given me peace in my life.”*

*“They give me harm reduction supplies, it’s very important.”*

*“I’ve been able to stay closer with friends because of allowing guests.”*

They spoke about being able to address important medical and personal needs, such as dental, because of the stability experienced at Queens Manor. Residents also appreciated the employment opportunities offered through Queens Manor:

*“I like that you can work here and get paid.”*

*“Once you get housing, things seem to fall into place.”*

*“The most valuable thing has been being able to access healthcare through Queens.”*

Queens Manor residents felt their wellbeing had improved because of their housing. When asked to speculate about what might happen if they could not live at Queens Manor, most said they would be homeless or living in unsafe and unhealthy situations because they would have no other choices. Some residents felt their situation would otherwise be so dire that they could be dead. For example, one resident said:

*“My life would be total chaos. I would be homeless – I couldn’t afford another place especially given rental increase and housing market.”*

Discussions with Queens Manor and Victoria Cool Aid staff, as well as a review of the literature, pointed to similar positive outcomes. The staff and literature also highlighted important community impacts such as decreased service use, more effective service use, and greater connection to and involvement in the community. Particular emphasis was placed on decreased emergency system use, such as ambulance and police, and decreased criminal justice system involvement.

Based on resident and staff perspectives, as well as a review of existing research, outcomes were mapped for inclusion in the SROI analysis. The number of stakeholders achieving outcomes was then determined based on resident interviews, standard information submitted by Queens Manor to BC Housing, results from the 2017 Victoria Cool Aid Society Annual Resident Survey, program statistics collected and analyzed by the Victoria Cool Aid Society, staff estimates based on daily interactions with residents, plus existing academic and grey literature research.

## **FINANCIAL VALUATION OF OUTCOMES**

The SROI analysis of Queens Manor tries to capture, in financial terms, the value of key mapped outcomes from each stakeholder’s perspective. However, the financial value captured in the analysis is a conservative estimate of the total social and economic value created through supportive housing. While many outcomes have been valued using financial proxies to represent their financial value, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-saving nature of supportive housing and harm reduction at Queens Manor, the value of a life has not been included in the SROI model. While many residents and staff spoke about what they learned through their experience in supportive housing, the longer-term impacts of housing life-skills gained through the program have not been included in the SROI model. Financial proxies used to value mapped outcomes include:

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Residents at Queens Manor (all male and female single adults)	<ul style="list-style-type: none"> <li>› Increased access to high-quality housing and decreased experiences of homelessness</li> <li>› Increased overall wellbeing, including positive changes in physical and mental health</li> <li>› Increased social support, socialization, and sense of community (decreased social isolation)</li> <li>› Increased safety, decreased experiences of violence (including sexual violence)</li> <li>› Decreased harm from risk involved with street-based sex work</li> <li>› Increased ability to engage in employment</li> <li>› Decreased harm from substance use and increased ability to move towards reducing use</li> <li>› Increased personal disposable income</li> <li>› Increased ability to be involved in community, such as volunteering</li> </ul>	<ul style="list-style-type: none"> <li>› Revealed preference valuation: cost of a studio apartment in Kelowna</li> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles; temporary accommodation to secure housing for singles</li> <li>› Wellbeing valuation: Talking to neighbours regularly</li> <li>› Personal cost of pain and suffering due to assault; sexual assault</li> <li>› Direct and indirect personal cost of involvement in the sex trade</li> <li>› Employment earnings</li> <li>› Amount in additional disposable income</li> <li>› Wellbeing valuation: personal value of addressing drug and alcohol problems</li> <li>› Wellbeing valuation: value of regular volunteering</li> </ul>
Local community/ neighbourhood	<ul style="list-style-type: none"> <li>› Improved local neighbourhood and community quality</li> <li>› Increased local economic activity due to resident spending</li> </ul>	<ul style="list-style-type: none"> <li>› Value of increased neighbourhood satisfaction</li> <li>› Economic multiplier for local spending</li> </ul>
Government (all levels)	<ul style="list-style-type: none"> <li>› Decreased use of emergency services by residents such as ambulances and emergency rooms</li> <li>› Decreased use of homeless shelters by residents</li> <li>› Decreased resident involvement in justice systems</li> <li>› Decreased long-term hospital stays by residents</li> <li>› Decreased service use related to resident substance use</li> <li>› Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use)</li> </ul>	<ul style="list-style-type: none"> <li>› Vancouver cost of homelessness (including health and social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters)</li> <li>› Cost of hospitalization when homeless</li> <li>› Cost of substance abuse per person</li> <li>› Direct and indirect public costs from sexual exploitation</li> </ul>

## QUEENS MANOR SROI RESULTS AND DISCUSSION

The SROI analysis of investment in the operation of Victoria Cool Aid Society's Queens Manor revealed an SROI ratio of 1 : 3.64, meaning:



**For every dollar invested in operating Queens Manor,  
over three and a half dollars in social and economic value is created.**

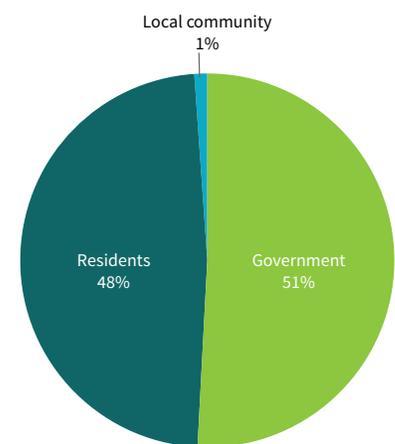
This ratio suggests that significant social and economic value is created through the operation of dedicated-site supportive housing for single men and women who face barriers to maintaining housing.<sup>32</sup> The SROI analysis of Queens Manor represents a conservative estimate of the total social and economic value created, because it was not possible to measure and capture the financial value of all potential outcomes. Further, many outcomes were not valued into the future, despite the possibility of longer term impacts generated through the life skills and experiences of stability gained through housing at Queens Manor.

Queens Manor works with a highly vulnerable group of residents. However, this nuance is not well reflected in the value assessed through the application of the SROI methodology. Although higher levels of investment may be needed when working with higher acuity clients, the additional value generated by working with extremely vulnerable people is not well reflected in the SROI result. The actual social and economic value created by ongoing operation of Queens Manor is likely much higher. (See Section 6.0 on limitations for further information.)

The SROI analysis revealed that approximately 51% of the value generated by Queens Manor goes back to the government in cost reallocations related to decreased service use by residents. In other words, for every dollar invested in operating Queens Manor, nearly two dollars is generated for government in cost reallocations due to decreased service use.

While the community as a whole benefits from decreased service use that increases efficiency and reduces costs to taxpayers over time, an additional 1% of the value goes back to the local community in which Queens Manor is located. This value is generated through improved neighbourhood quality and local spending by residents. The value is experienced by community members who encounter less homelessness in their community. The value is also experienced by local businesses that see dollars spent by residents locally. While some value to the local community is captured through the SROI analysis, this value is likely understated, as benefits from resident volunteering, more efficient delivery of services among community partners, and benefits for businesses beyond local spending are not fully captured in the SROI model.

Approximately 48% the social and economic value created by Queens Manor goes back to residents, through increases in wellbeing, employment earnings, disposable income, safety, and reduced harm. While dedicated-site supportive housing like Queens Manor creates important value for the government, it also generates significant value for people living in supportive housing, whose lives are directly impacted by the positive outcomes they experience. (See Appendix F for a summary of the Queens Manor SROI model.)



*Value Breakdown by Stakeholder Group*

<sup>32</sup> Sensitivity tests to determine the impact of assumptions and estimations made throughout the analysis suggest that the current model is a conservative representation of value creation that is not over claimed. See Appendix G for details on sensitivity tests.

## 4.5. SROI Analysis of Wesley Street Supportive Housing Operated by the CMHA Mid-island Branch

### BACKGROUND

The Wesley Street Supportive Housing project (“Wesley Street”) is a 36-unit dedicated-site supportive housing building located in Nanaimo. Established in 2012 through a partnership between CMHA Mid-island Branch and BC Housing, it offers safe and affordable housing with supports for single men and women who live on the street, and who need help to overcome addictions, mental health issues and/or other challenges that often contribute to difficulties maintaining housing in the community. Residents can invite guests to their home, and many guests are also provided with supports through Wesley Street and CMHA.

All the self-contained, furnished studio apartments at Wesley Street have a personal kitchen and bathroom. The building also has a courtyard and vegetable gardens, as well as additional space for counselling and individual or group programs. If a resident’s source of income is income assistance, their rent is equal to the shelter allowance amount (\$375). If a resident’s income is from another source, such as Persons With Disabilities benefit, Canadian Pension Plan, or employment, they pay 30% of their gross household income for rent. Resident rents include heat, electricity, water, and on-site laundry.

Programming at Wesley Street is provided through the CMHA and is designed to help residents work towards mitigating and addressing issues that may have caused homelessness in the past. Key supports include:

- › Case management and life skills supports to assist with building housing life skills
- › Employment programming
- › Social programming, including communal dinners and garden program
- › Connection to additional services including referrals to and advocacy for additional supports and resources
- › Access to on-site social centre operated through CMHA Mid-island Branch
- › Harm reduction is supported through Wesley Street, with Nanaimo’s safe consumption site located in the same building.

Wesley Street supports stable tenancies as evidenced by an average length of stay of 24 months, with 57% of current residents maintaining their housing for over 24 months. For individuals who have had difficulty maintaining housing in the past, this stability can help them achieve positive outcomes and personal goals.

*“I’ve been surprised by my improvement in health”*

*– Wesley Street Resident*

## KEY ELEMENTS OF THE WESLEY STREET SROI MODEL

<b>Inputs</b>	<ul style="list-style-type: none"> <li>› Investment by BC Housing as the sole investor in the total operating cost of Wesley Street, including staffing, programming, administration, maintenance, insurance, mortgage payments, and security</li> <li>› Rents paid by residents</li> </ul>
<b>Timeframe for Investment</b>	<ul style="list-style-type: none"> <li>› 2016-2017 operating year</li> </ul>
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>› Residents at Wesley Street (single male and female adults) (primary stakeholder)</li> <li>› Local communities</li> <li>› Government systems (various levels)</li> <li>› Investor (BC Housing)</li> </ul>
<b>Duration of Outcomes</b>	<ul style="list-style-type: none"> <li>› With an average length of stay of 24 months, and 57% of current residents maintaining their housing for two years or longer, outcomes included in this SROI analysis are expected to last at least one year. Since residents may not continue to experience positive outcomes if investment stops (they could return to homelessness), outcomes in this case study were not valued beyond one year.</li> </ul>
<b>Approach</b>	<ul style="list-style-type: none"> <li>› The Wesley Street SROI analysis employs an equally blended forecast and evaluative approach with forecasting based on primary and rigorous secondary research.</li> </ul>

## STAKEHOLDER ENGAGEMENT

The SROI analysis of Wesley Street has been informed by key stakeholders who were engaged via in-depth interviews, including:

- › Five residents (14% of all residents) including a mix of men and women

Unfortunately, no community or service partners were available for engagement as stakeholders during the study period. (See Appendix D for interview questions and Appendix B for a list of stakeholders engaged in each case study.)

## KEY OUTCOMES

Outcomes from Wesley Street were mapped based on existing research, information from CMHA Mid-island Branch, resident interviews, and statistics collected by CMHA.

As primary stakeholders, residents identified numerous positive outcomes they had experienced due to their housing at Wesley Street, emphasizing their increased feelings of safety. Their comments included:

*“I feel like they know me.”*

*“My life has changed from being homeless — I feel safer.”*

While residents felt their independence was respected (several mentioned they felt that they could ‘do their own thing’ at Wesley Street) they also highlighted the importance of supports provided on-site. Residents indicated that their housing at Wesley Street helped them address substance use issues, make positive social connections, access supports, and experience improvements in health:

*“I’ve been able to stop drinking; access food supports; feel safe; can ‘do my own thing.’”*

*“I’m not worried about where to stay; I feel healthier and more secure.”*

*“I’ve been surprised by my improvement in health.”*

*“I found a friend to help with budgeting; I learned to trust more.”*

Overall, Wesley Street residents felt their wellbeing had improved because of their housing:

*“I love living here, want to live here for the rest of my life.”*

When asked to speculate about what the alternative would look like if they were not able to live at Wesley Street, residents felt their housing situation would be much worse or they would be homeless. They emphasized that they would be experiencing greater instability, worse health and more difficulties with managing health and substance use concerns.

*“It would look like hell – not knowing day to day what will happen. Now I know day to day what will happen.”*

Discussions with Wesley Street staff, as well as a review of the literature, pointed to similar positive outcomes. These perspectives also emphasized the community-level impact of those outcomes garnered through supportive housing like Wesley Street. Important community impacts such as decreased service use, more effective service use, and a greater connection to and involvement in the community were referred to in the literature and by staff. Decreased emergency system use, such as ambulance and police, and decreased criminal justice system involvement were emphasized by both staff and the literature.

Based on resident and staff perspectives, as well as a review of existing research, outcomes for inclusion in the SROI analysis were identified and mapped. The number of stakeholders achieving outcomes was then determined based on resident interviews, standard information submitted by Wesley Street to BC Housing, staff estimations based on daily interactions with residents, and existing academic and grey literature research.

## **FINANCIAL VALUATION OF OUTCOMES**

The SROI analysis of Wesley Street tries to capture, in financial terms, the value of key mapped outcomes from each stakeholder’s perspective. However, the financial value captured in the analysis is a conservative estimate of the total social and economic value created through supportive housing. While many outcomes have been valued using financial proxies to represent their financial value, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-altering nature of supportive housing at Wesley Street, the value of a life has not been included in the SROI. Although many residents and staff discussed what they had learned through their experience in supportive housing, the longer-term impacts of housing life skills were not included in the SROI model. Financial proxies used to value mapped outcomes include:

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Residents at Wesley Street (all male and female single adults)	<ul style="list-style-type: none"> <li>› Increased access to high-quality housing and decreased experiences of homelessness</li> <li>› Increased overall wellbeing, including positive changes in physical and mental health</li> <li>› Increased social support, socialization, and sense of community (decreased social isolation)</li> <li>› Increased safety, decreased experiences of violence (including sexual violence)</li> <li>› Decreased harm from risk involved with street-based sex work</li> <li>› Increased ability to engage in employment</li> <li>› Decreased harm from substance use and increased ability to move towards reducing use</li> <li>› Increased personal disposable income</li> </ul>	<ul style="list-style-type: none"> <li>› Revealed preference valuation: cost of a studio apartment in Kelowna</li> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles; temporary accommodation</li> <li>› Wellbeing valuation: Talking to neighbours regularly</li> <li>› Personal cost of pain and suffering due to assault; sexual assault</li> <li>› Direct and indirect personal cost of involvement in the sex trade</li> <li>› Employment earnings</li> <li>› Wellbeing valuation: personal value of addressing drug and alcohol problems</li> <li>› Amount in additional disposable income</li> </ul>
Local community/ neighbourhood	<ul style="list-style-type: none"> <li>› Improved local neighbourhood and community quality</li> <li>› Increased local economic activity due to resident spending</li> </ul>	<ul style="list-style-type: none"> <li>› Value of increased neighbourhood satisfaction</li> <li>› Economic multiplier for local spending</li> </ul>
Government (all levels)	<ul style="list-style-type: none"> <li>› Decreased use of emergency services by residents such as ambulances and emergency rooms</li> <li>› Decreased use of homeless shelters by residents</li> <li>› Decreased resident involvement in justice systems</li> <li>› Decreased long-term hospital stays by residents</li> <li>› Decreased service use related to substance use by residents</li> <li>› Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use)</li> </ul>	<ul style="list-style-type: none"> <li>› Vancouver cost of homelessness (including health and social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters)</li> <li>› Cost of hospitalization when homeless</li> <li>› Cost of substance abuse per person</li> <li>› Direct and indirect public costs from sexual exploitation</li> </ul>

## WESLEY STREET SROI RESULTS AND DISCUSSION

The SROI analysis of investment in the operation of the CMHA's Wesley Street Supportive Housing project revealed an SROI ratio of 1 : 3.96, meaning:

**For every dollar invested in operating Wesley Street Supportive Housing, approximately four dollars in social and economic value is created.**

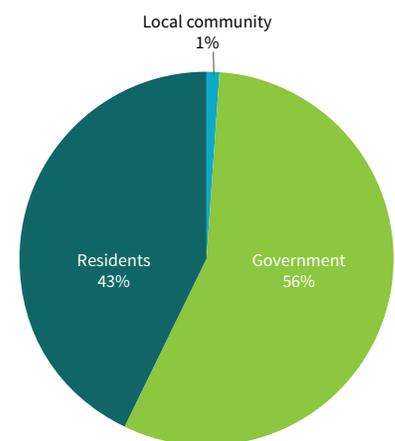


This ratio suggests that significant social and economic value is created through the operation of dedicated-site supportive housing for single men and women who face barriers to maintaining housing.<sup>33</sup> The SROI analysis of Wesley Street represents a conservative estimate of the total social and economic value created, because it was not possible to measure and capture the financial value of all potential outcomes for all potential stakeholders. Many outcomes were not valued into the future, despite the possibility of longer term impacts generated through the life skills and experience of stability gained through housing at Wesley Street. The actual social and economic value created by the ongoing operation of Wesley Street is likely much higher.

The SROI analysis revealed that approximately 56% of the value generated by Wesley Street goes back to the government in cost reallocations related to decreased service use by residents. In other words, for every dollar invested in operating Wesley Street, just over two dollars is generated for government in cost reallocations due to decreased service use.

While the community as a whole benefits from decreased service use that increases efficiency and reduces costs to taxpayers over time, an additional 1% of the value goes back to Wesley Street's local community. This value is generated through improved neighbourhood quality and local economic spending by residents. The value is experienced by community members who encounter less homelessness in their community. The value is also experienced by local businesses that see dollars spent by residents locally. While some value to the local community is captured through the SROI analysis, this value is likely understated. Benefits from resident community involvement, more efficient delivery of services among community partners, and benefits for businesses (beyond local spending) are not fully captured in the SROI model.

Approximately 43% of the social and economic value created by Wesley Street goes back to residents, through increases in wellbeing, employment earnings, increased disposable income, increased safety, and reduced harm. While dedicated-site supportive housing like Wesley Street creates important value for the government, it also generates value for people living in supportive housing, whose lives are directly impacted by the positive outcomes they experience as a result. (See Appendix F for a summary of the Wesley Street SROI model.)



*Value Breakdown by Stakeholder Group*

<sup>33</sup> Sensitivity tests to determine the impact of assumptions and estimations made throughout the analysis suggest that the current model is a conservative representation of value creation that is not over claimed. See Appendix G for details on sensitivity tests.

## 5.0 Case Study Comparison and Discussion

Findings from the five dedicated-site supportive housing SROI case studies show that a range of significant value is created when investment is made in the operation of affordable housing with supports for individuals who face challenges in maintaining housing. No matter the size or target population, dedicated-site supportive housing is a valuable investment.

The Budzey was found to generate the highest social return due its focus on women and families, where the impact of supportive housing is amplified due to its contribution to creating positive outcomes for children. This case study also suggests that greater social and economic value is created when housing is targeted to particularly vulnerable groups, such as women and children. Similarly, the Kettle on Burrard SROI results include additional added value for vulnerable groups such as people with accessibility needs and youth under 19 who have been in foster care. Cardington Apartments also generated a higher social return, partially due to lower investment costs for operation and partially due to key employment and socialization outcomes experienced by residents who live there.

Although the report found that the Budzey had the highest SROI ratio amongst the case studies examined, all case studies showed significant value creation for residents, communities, and governments. The range of that value is fairly narrow. Differences in the SROI ratios across the case studies are impacted by the operating costs of the programs, the community in which the building is located, and the number of residents experiencing outcomes. The SROI case study analyses suggest that:

**For every dollar invested in dedicated-site supportive housing, approximately four to five dollars in social and economic value is created.**

Based on the findings across the case studies, it is estimated that approximately half of the value generated through dedicated-site supportive housing is expected to go back to the government in cost reallocations due to decreased use of services, such as emergency health services, justice services, hospital services, child welfare services, and other social services, including homeless shelters and basic needs supports. Approximately 1% of the value is estimated to go back to local communities and neighbourhoods where the supportive housing buildings are located, due to overall increases in community wellbeing, such as fewer homeless individuals living on the streets, and increased local economic spending. The rest of the value is experienced by residents and their families through increases in personal wellbeing (including positive changes in physical and mental health), personal safety, ability to engage in employment, more disposable income, and connection to community.

Sensitivity tests of the SROI case study models revealed that the value captured through the models is a conservative estimate of the total social and economic value generated through dedicated-site supportive housing. This report took a conservative approach to estimating how long outcomes from supportive housing might last into the future without further investment, assuming, based on resident feedback, that outcomes would not last into the future without further investment and if the supportive housing programs were no longer available.

Sensitivity tests revealed that if outcomes were to last one year into the future without further investment, the total social value created could be higher, with every dollar invested generating between six and seven dollars in social and economic value. SROI returns of six to seven dollars for every dollar invested would be more closely aligned with existing SROI studies that include future value of outcomes based on the assumption that outcomes would endure without further investment. The conservative approach taken in this study ensures value is not over-claimed and that there are no assumptions about outcomes that have not been proven or measured. The five case studies revealed:

	The Budzey	Cardington Apartments	Kettle on Burrard	Queens Manor	Wesley Street
Location	Vancouver	Kelowna	Vancouver	Victoria	Nanaimo
Number of Units	147	30	140	36	36
Target Residents	Women & female-led families	Single adults (men, women)	Single adults (men, women); Youth 19-24; Youth under 19	Single adults (men, women)	Single adults (men, women)
SROI Ratio	1 : 5.04	1 : 4.74	1 : 4.42	1 : 3.64	1 : 3.96
Value Break-down	50% to government; 49% to residents and their families; 1% to the local community	53% to government; 46% to residents; 1% to the local community	49% to government; 50% to residents; 1% to the local community	51% to government; 48% to residents; 1% to the local community	56% to government; 43% to residents; 1% to the local community

## 6.0 Limitations

There are several identified limitations within the current report that impact the robustness of findings and the general applicability of results in a broader context:

- › **Limitations inherent in the methodology:** The SROI methodology is limited by its novelty and potential for biases. While the researchers that contributed to the current study are accredited SROI practitioners through the International and Canadian Social Value Networks and have tried to mitigate biases within the analysis, SROI inherently involves many assumptions that may impact the robustness of the current findings.<sup>34</sup>
- › **Limitations in the availability of primary data from residents:** During the development of the SROI case studies, all housing provider staff indicated that a widespread survey of residents would not be feasible, and that robust information would not likely be garnered using a survey method. Instead, this report has relied on information garnered through in-depth resident interviews and information gathered on an ongoing basis by housing providers, such as length of stay, previous housing status, and varied information on outcomes achievement, as well as robust research on anticipated impacts of supportive housing, particularly the At Home/Chez Soi Study. Since not all residents could be interviewed, the results of the study are not as robust or open to generalizations as they could be.
- › **Limitations in financial valuation and possible undervaluing:** Many supportive housing outcomes are not easily translated into financial terms, limiting the ability to fully capture the value of supportive housing using the SROI methodology. This report does not include a valuation of human life, despite many residents indicating that without supportive housing they would likely be dead. While all supportive housing providers included in the study emphasized the importance of improved mental or physical health for residents due to their housing, these important changes may be undervalued in the SROI models, because they have been included as part of changes in wellbeing and overall government service use without being broken out for separate valuation. At the same time, these limitations help ensure that value is not over-claimed within the SROI analyses.
- › **Limitations in Canadian research availability:** Where possible, the current study has used Canadian-based research to value outcomes. However, in some instances Canadian values were not possible to attain and research from other countries was used.
- › **Limitations in stakeholder inclusion:** To maintain a conservative approach in estimating the value of dedicated-site supportive housing, this report has included value for only direct stakeholders, without speculating about spin-off value creation for guests, peers, partners, and families that are not directly connected to supportive housing. The value for communities has also been conservatively estimated, without attempts to value the impact of resident volunteering, employment, safer substance use, and decreased street involvement on communities.
- › **Limitations in model sensitivity:** While research suggests that supportive housing impacts people differently over time — such as increased health care use in the first year of housing and then a drop off over time; or greater experiences of positive outcomes in the first year of housing and then drop off over time — the SROI models do not fully capture these nuanced changes, despite the inclusion of drop-off and displacement discounts. The SROI models are also not sensitive to some specific resident demographics. While some supportive housing buildings may seek to house individuals with higher acuity than others, this nuance is not well-reflected within the models beyond impacts on length of stay and likelihood to experience outcomes. Since housing providers require greater investment when working with higher

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<sup>34</sup> For further discussion of limitations of the SROI methodology, see for example: Fujiwara (2015).

acuity residents, this inability to capture acuity nuances may limit this report's findings. Similarly, the SROI models are not sensitive to differences in experiences for people from different cultural backgrounds or people with specific conditions, including schizophrenia, and physical disability, which limits the robustness of results garnered.

- › **Limitations in timeframes considered:** To maintain a conservative estimate of the value created through supportive housing, most outcomes valued in the SROI case studies are not considered to last beyond the year of investment, because many residents indicated that if the housing was not available they would otherwise return to homelessness. This potentially undervalues the important life skills that residents often develop through their supportive housing experiences. Those skills could support future success in housing, even if the current supportive housing was no longer available to them.
- › **Limitations due to current B.C. housing market:** The current study was undertaken during a time of high rents and low vacancy rates in the B.C. housing market. The report's findings may be limited in relevance for other communities that are experiencing different housing conditions, including B.C. communities in the future.

# 7.0 Conclusions & Recommendations

Using the internationally standardized SROI methodology, this report shows that for every dollar invested in the operation of dedicated-site supportive options in B.C., between \$3.64 and \$5.04 in social and economic value is created for residents, communities, and governments. As governments seek increasingly cost-efficient ways to support citizens and communities and given the current housing situation in B.C., these findings suggest that investment in dedicated-site supportive housing can help generate social and economic value for government, communities and citizens.

This report's findings are conservative compared with findings from the literature on the value of supportive housing. This conservative approach to valuation does not mean that less value is created through the case studies examined, but that the value presented through this report is not over-claimed. This report contributes to the existing literature by providing an estimate of the value of five investments in dedicated-site supportive housing in B.C.

Based on the report's findings, these three recommendations are put forward:

- 1. Invest in dedicated-site supportive housing.** The current study shows that investment in dedicated-site supportive housing creates significant social and economic value, not only for the various levels of government that may experience decreased service use, but also for residents and local communities. Further investment in dedicated-site supportive housing is expected to generate value while addressing a social need. In particular, investment in dedicated-site supportive housing for families and vulnerable individuals has been shown to create additional value.
- 2. Share the results of this report to contribute to learning and bolster support for dedicated-site supportive housing:** By sharing the results of this report, which show the multi-stakeholder value of dedicated-site supportive housing, greater understanding of the importance of this type of housing can be nurtured, fostering greater community support for existing supportive housing and the inclusion of supportive housing in communities in the future.
- 3. Seek opportunities to gain further insights about the value of dedicated-site supportive housing:** The five SROI analyses conducted through this research begin to show the depth of social and economic value created through dedicated-site supportive housing. However, limitations within the study mean that future opportunities to enhance robustness and expand into new areas of research could be beneficial for ongoing education and growth.

# Appendix A:

## Resource List

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## Appendix B: Summary of Supportive Housing Programs Included

	Budzey Building	Cardington Apartments	Kettle on Burrard	Queens Manor	Wesley Street
Total number of units	147	30	140	36	36
Details on unit break-down	106 studio apartments for single women; 41 1-3 bedrooms for female-led families	All studios for single adults	20 units for youth ages 19-24 with concurrent disorders; 10 units for youth under 19 (usually 17-18) referred from foster care; 111 units for adult singles, including 12 units for individuals with disabilities	All studios for single adults	All studios for single adults
Resident Gender Break-down (at time of study)	100% female lease holders (may have partners or male children live with them)	19% female; 81% male	35% female; 65% male	43% female; 57% male	24% female; 76% male
Staffing	6 staff during the day; 3 staff at night (Approx. 1:40 ratio daytime; 1:80 ratio nighttime) All female staff	2 staff during the day; 2 staff in the evening; 1 staff at night (Approx. 1:15 ratio daytime; 1:30 ratio nighttime)	3-5 staff at all times (Approx. 1:30 to 1:50 ratio)	2 staff on at all times (Approx. 1:18 ratio)	2 staff at all times (except a brief period in the night) (Approx. 1:18 ratio)
Rent	Shelter allowance or 30% of income	\$375 per month or 30% of income	\$375 per month or 30% of income	\$375 per month or 30% of income	\$375 per month or 30% of income
Additional charges	\$8 for phone line and laundry	\$25 per month for cable and laundry	\$45 for utilities and wi-fi	NA	NA

	Budzey Building	Cardington Apartments	Kettle on Burrard	Queens Manor	Wesley Street
Pets	Yes, except one pet-free scent-free floor	No pets in building	Yes	Yes	Yes, conditionally
Partners & Guests	Guests and partners allowed; they can stay long term but must sign in (with ID), and cannot participate in programs or be in common areas (unless approved). Lease always in woman's name even if partner moves in.	No children, guests or partners allowed except support workers from the community.	Guests and partners allowable for a maximum total of 14 nights per resident per year.	Allows guests and partners to visit but not to stay as long-term.	Allows guests and partners, some of whom may stay long-term.
Stakeholders Engaged in the SROI Study	<ul style="list-style-type: none"> <li>&gt; 19 residents (13% of residents)</li> <li>&gt; Sheway Vancouver (1)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 6 residents (20% of residents)</li> <li>&gt; Inn from the Cold Kelowna (2)</li> <li>&gt; Interior Health (1)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 11 residents (8% of residents)</li> <li>&gt; Downtown Vancouver BIA (1)</li> <li>&gt; St. Andrew's-Wesley United Church (local faith community) (1)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 9 residents (25% of residents)</li> <li>&gt; NA</li> </ul>	<ul style="list-style-type: none"> <li>&gt; 5 residents (14% of residents)</li> <li>&gt; NA</li> </ul>
SROI Approach Applied – Evaluative or Forecast	Primarily evaluative approach with a small amount of forecasting based on primary and rigorous secondary research.	Primarily evaluative approach with a small amount of forecasting based on primary and rigorous secondary research.	Equally forecast and evaluative approach with forecasting based on primary and rigorous secondary research.	Primarily evaluative approach with some forecasting based on primary and rigorous secondary research.	Equally forecast and evaluative approach with forecasting based on primary and rigorous secondary research as well as sensitivity tested estimations.

NOTE: SROI analyses conducted using a primarily evaluative approach provide a more definitive statement of value, while case studies conducted using a hybrid evaluative and forecast approach provide a more estimated projection of value. SROI analyses can evolve from using a forecast approach to using an evaluative approach with increased availability and use of primary data.

# Appendix C: Review of Findings from Cost of Homelessness & Supportive Housing SROI Studies

Findings from studies on the cost of government service use while homeless:

Study Name	Per Person Per Year Cost of Homelessness	Costs Included	Location
City of Toronto. (2009)	\$4,000 (Lowest service users)	Emergency and health services	Toronto, ON
Pleace. (2015)	£4,668-£20,128 (4 case studies)	Combined public sector costs (community services, health, justice, etc.)	UK
Mares & Rosenheck (2009)	\$6,832 (Chronic)	Health (medical care, dental care, mental health care, addiction rehab, hospitalization, outpatient clinic, etc.)	Various US cities
Poulin, Maguire, Metraux, & Culhane. (2010)	\$7,500 (Chronic)	Behavioural health, corrections, and homelessness services (NOT police, courts, emergency medical services, and health care not associated with behavioural health)	Philadelphia, USA
Fuerlein et al. (2014)	\$7,811 (Lowest service users, 30+ days homeless)	Medical, psychiatric, substance, homeless maintenance, homeless amelioration	United States
City of Toronto. (2009)	\$13,000 (Mid range service users)	Emergency and health services	Toronto, ON
McLaughlin. (2011)	\$18,629 (Chronic)	Government, insurance claims, emergency department, police contacts, prison, community services, indirect costs	Maine, US
Regional Municipality of Wood Buffalo. (2010)	\$25,920 (Employable)	Not clear	Northern Alberta, Canada
Mondello, Gass, McLaughlin & Shore. (2007)	\$28,045	Mental health, emergency services (emergency room and ambulance), police, health, incarceration, shelter visits	Maine, USA

Study Name	Per Person Per Year Cost of Homelessness	Costs Included	Location
Eberle et al. (2001)	\$30,000-\$40,000	Combined service (health, criminal justice, and social services) and shelter costs (including shelter stays)	BC
Perlman & Parvensky. (2006)	\$31,545 (Chronic)	Emergency room, inpatient medical or psychiatric, outpatient medical, Detox services, incarceration, shelter costs.	Denver, CO
Bamberger & Dobbins. (2015)	\$33,537 (Seniors)	Only health	California
Canadian Centre for Policy Alternatives and Common Knowledge Research & Consulting. (2014)	\$34,585 (Women & Children)	Jail, emergency shelter, and hospital/psychiatric admission	Halifax, NS
Kueln. (2012)	\$34,764	Unclear	LA, USA
City of Toronto. (2009)	\$36,000 (High service users)	Emergency and health services	Toronto, ON
Basu, Kee, Buchanan & Sadowski. (2012)	\$37,506	Hospitalizations, emergency department, community health clinics, drug and alcohol rehab centres, nursing homes, incarcerations, arrests & convictions	United States
Culhane et al. (2002)	\$40,451	Hospital, clinics, incarceration, shelter, permanent housing	New York, NY
Moore. (2006)	\$42,075	Health care and incarcerations	Portland, OR
Regional Municipality of Wood Buffalo. (2010)	\$47,616 (Transient)	Not clear	Northern Alberta, Canada
Parsell, Petersen & Culhane. (2017)	£25,776 (\$48,217 USD)	Police, prison, probation, parole, courts, emergency department, hospital-admitted patients, ambulance, mental health and homelessness services	UK
Larmier et al. (2009)	\$48,792	Insurance claims, detox, drug & rehab centres, emergency services, hospitalization, shelter, incarceration & permanent housing	Seattle, WA

Study Name	Per Person Per Year Cost of Homelessness	Costs Included	Location
Stergiopoulos et al. (2015)	\$52,786 (Vancouver only)	Health and social services, emergency department hospitalization (psychiatric and physical), visits to community health centres, visits to day centres, shelters, rehabilitation centres, Justice services, police contacts, arrests, court appearances, police cell, detention centres, prison, welfare and disability payments	Vancouver, Winnipeg, Toronto and Montréal
Patterson, Somers, McIntosh, Shiell & Frankkish. (2008)	\$54,833 (People with mental health and substance use issues experiencing absolute homelessness)	Health, corrections, and social services	BC
Calgary Homeless Foundation. (2008)	\$72,444 (Transient)	Emergency services, health care, housing, support, incarceration	Calgary, AB
Regional Municipality of Wood Buffalo. (2010)	\$83,520 (Families)	Not clear	Northern Alberta, Canada
Calgary Homeless Foundation. (2008)	\$94,202	Emergency services, health care, housing, support, incarceration	Calgary, AB
Fuerlein et al. (2014)	\$102,698 (High service users, 30+ days homeless)	Medical, psychiatric, substance, homeless maintenance, homeless amelioration	United States
Calgary Homeless Foundation. (2008)	\$134,642 (Chronic)	Emergency services, health care, housing, support, incarceration	Calgary, AB
Regional Municipality of Wood Buffalo. (2010)	\$137,820 (Chronic)	Not clear	Northern Alberta, Canada
Stapleton, Pooran & Doucet. (Open Policy & Chronicle Analytics) (2011)	\$396,652 (Homeless ex-prisoners not using shelters)	Mix of “lifetime” incarceration costs as well as per year social assistance costs	Toronto, ON
Stapleton, Pooran & Doucet. (Open Policy & Chronicle Analytics) (2011).	\$411,832 (Homeless ex-prisoners using shelters)	Mix of “lifetime” incarceration costs as well as per year social assistance costs	Toronto, ON

Findings from studies of the difference in the cost of government service use from homelessness to housed:

Study Name	Per Person Per Year Cost Savings	Costs Included	Location	Notes
Regional Municipality of Wood Buffalo. (2010)	\$97,020 (Chronic)	Not clear	Northern Alberta, Canada	\$137,820 when homeless compared to housing cost of \$40,800 * NOTE: 20% value add for cost of services in remote northern area
Regional Municipality of Wood Buffalo. (2010)	\$62,160 (Families)	Not clear	Northern Alberta, Canada	\$83,520 when homeless compared to housing cost of \$21,360 * NOTE: 20% value add for cost of services in remote northern area
MacKenzie, Flatau, Steen & Thielking. (2016)	\$35,736 (Youth)	Health, justice, community	Australia	* NOTE: only youth. Costs broken out as: \$8,505 on health; \$9,363 on justice; \$17,868 on community. Does not include opportunity cost or long-term cost of unemployment and missing out on schooling
Regional Municipality of Wood Buffalo. (2010)	\$30,816 (Transient)	Not clear	Northern Alberta, Canada	\$47,616 when homeless compared to housing cost of \$16,800 * NOTE: 20% value add for cost of services in remote northern area
Larmier et al. (2009)	\$29,388	Insurance claims, detox, drug and rehab centres, emergency services, hospital, shelter, prison & permanent housing	Seattle, WA	Total cost offset of \$29,388 for housed individuals
Bamberger & Dobbins. (2015)	\$28,646 (Seniors)	Only health	California	* NOTE: only health and only seniors. \$33,537 in healthcare costs spent prior to moving into supportive housing; \$4,891 in healthcare costs spent after moving into supportive housing = 15% of previous cost
Kueln. (2012)	\$27,504	Unclear	LA, USA	Study found that those placed in supportive housing cost the public \$605 each per month, compared with \$2,897 each for similar individuals who were not in such a program (cost of homelessness per year: \$34,764)

Study Name	Per Person Per Year Cost Savings	Costs Included	Location	Notes
Moore. (2006)	\$25,967	Health care and incarcerations	Portland, OR	For the first year following enrollment in services these costs were reduced from \$42,075 to an estimated \$16,108
Goering et al. (2014)	\$21,375 (High needs)	Justice, addictions, physical and mental health services	Montreal, Vancouver, Winnipeg, Moncton, and Toronto	Saved when housed with case management
Regional Municipality of Wood Buffalo. (2010).	\$18,720 (Employable)	Not clear	Northern Alberta, Canada	\$25,920 when homeless compared to housing cost of \$7,200 * NOTE: 20% value add for cost of services in remote northern area
Patterson, Somers, McIntosh, Shiell & Frankish. (2008)	\$17,985 (People with mental health and substance use issues experiencing absolute homelessness)	Health, corrections, and social services	B.C.	Supported housing results in service utilization net cost avoidance of \$17,985 per person per year
Parsell, Petersen & Culhane. (2017)	£7,003	Police, prison, probation, parole, courts, emergency department, hospital, ambulance, mental health and homeless services	UK	In the 12 months as residents of supportive housing, the cohort used on average, including the cost of supportive housing, \$35,117 (£18,773) in government services compared to £25,776 while homeless
Basu, Kee, Buchanan & Sadowski. (2012)	\$9,809 (Chronically homeless)	Hospital, emergency department, community health clinics, drug and alcohol rehab centres, nursing homes, incarcerations, arrests and convictions	United States	Savings per person when homeless have housing and case management

Study Name	Per Person Per Year Cost Savings	Costs Included	Location	Notes
Stergiopoulos et al. (2015)	\$9,481 (Vancouver only)	Health & social services, emergency department, hospitalization (psychiatric and physical), visits to community health centres, visits to day centres, shelters, rehabilitation centres, justice services, police contacts, arrests, court appearances, police cell, detention centres, prison, welfare and disability payments, employment	Vancouver, Winnipeg, Toronto, and Montréal	Cost per homeless person (Average net cost offset per participant per year = \$9,481)
Eberle et al. (2001)	\$8,000-\$12,000	Combined service and shelter costs (including shelter stays)	B.C.	The combined costs of services and housing for the individuals housed in supportive housing ranged from \$22,000 to \$28,000 per person per year compared to \$30,000-\$40,000 while homeless
Basu, Kee, Buchanan & Sadowski. (2012)	\$6,622 (Homeless with HIV)	Hospitalizations, emergency department, community health clinics, drug and alcohol rehab centres, nursing homes, incarcerations, arrests & convictions	United States	Savings per person when homeless have housing and case management
Basu, Kee, Buchanan & Sadowski. (2012)	\$6,307	Hospitalizations, emergency department, community health clinics, drug and alcohol rehab centres, nursing homes, incarcerations, arrests & convictions	United States	Savings per person when homeless have housing and case management
Stergiopoulos et al. (2015)	\$4,848	Health and social services, emergency department, hospitalization (psychiatric and physical), visits to community health centres, visits to day centres, shelters, rehabilitation centres, justice services, police contacts, arrests, court appearances, police cell, detention centres, prison, welfare and disability payments, and employment	Vancouver, Winnipeg, Toronto, and Montréal	Average net cost offset per participant per year = \$4,849

Study Name	Per Person Per Year Cost Savings	Costs Included	Location	Notes
Perlman & Parvensky. (2006)	\$4,745 (Chronic)	Emergency room, inpatient medical or psychiatric, outpatient medical, Detox services, incarceration, and shelter costs and utilization.	Denver, CO	Net cost savings of \$4,745 per person
Pleace. (2015)	£3,114-£18,702 (4 case studies)	Combined public sector costs (community services, health, justice, etc.)	UK	Cost savings of homeless compared with housed
Mares & Rosenheck. (2009)	\$3,372 (Chronic)	Health (medical care, dental care, mental health care, addiction rehab, hospitalization, outpatient clinic, etc.)	Various US cities	Health costs only (decreased by 50% with intervention to \$3,372)
Mondello, Gass, McLaughlin & Shore. (2007)	\$944	Mental health, emergency services (emergency room, ambulance), police, health, incarceration, shelter visits	Maine, US	Service cost after being housed = \$14,009; Housing cost = \$13,092 (49% ongoing service cost)

Findings from SROI analyses of supportive housing:

Study Name	SROI Ratio	Housing Type Details	Location	Notes
Lee. (2009)	3.13	Hostel providing supportive housing to those who are currently homeless and a community facility with supports.	Wisbech, UK	
Canadian Centre for Policy Alternatives and Common Knowledge Research & Consulting. (2014)	3.14	Second stage and supportive housing for women with children (dedicated site)	Halifax, Canada	1.09 for community; 2.05 for government
Bonellie & Maxwell. (2012)	3.69	Shared living accommodation with support for youth (16-30) (shared accommodation – dedicated site)	Rural UK	
Queens Manor SROI Case Study (current study)	3.64	Supportive housing for singles (dedicated site)	Victoria, B.C.	
Wesley Street SROI Case Study (current study)	3.96	Supportive housing for singles (dedicated site)	Nanaimo, B.C.	
Troy. (2011)	4.21	Supportive housing and addictions treatment for Indigenous women with children (dedicated site)	Ottawa, Canada	
Kettle on Burrard SROI Case Study (current study)	4.42	Supportive housing for singles and youth (dedicated site)	Vancouver, B.C.	
Dodds. (2014)	4.53	Supportive housing for young persons (dedicated site)	Sunderland, UK	
Cardington Apartments SROI Case Study (current study)	4.74	Supportive housing for single persons (dedicated site)	Kelowna, B.C.	
The Budzey SROI Case Study (current study)	5.04	Supportive housing for women and women-led families (dedicated site)	Vancouver, B.C.	
Martyres. (2013)	5.95	Range of supportive housing options for youth (21 spots total) (scattered & dedicated/communal sites)	Canterbury, UK	

Study Name	SROI Ratio	Housing Type Details	Location	Notes
Miller & Robertson. (2014)	6	Temporary supportive housing for homeless women who are pregnant or parenting (dedicated site)	Saint John, Canada	
Smirl. (2016)	7	Residents of The Madison have individual living quarters, shared dining facilities where meals are prepared by a kitchen staff, and shared bathroom facilities. There are 20 bathrooms for 85 residents. Meals are served seven days per week.	Winnipeg, MB	to 12.6
Durie. (2011)	8	Housing support for homeless families and single people (scattered site)	Dumfries & Galloway, UK (Scotland)	
Robertson & Miller. (2013)	8.25	Housing First at four housing programs (women, youth, two men's) (scattered site)	Region of Waterloo, ON	Men
Robertson & Miller. (2013)	9.37	Housing First at four housing programs (women, youth, two men's) (scattered site)	Region of Waterloo, ON	Youth
Robertson & Miller. (2013)	9.75	Housing First at four housing programs (women, youth, two men's) (scattered site)	Region of Waterloo, ON	Women
Robertson & Miller. (2013)	10.64	Housing First at four housing programs (women, youth, two men's) (scattered site)	Region of Waterloo, ON	Men
Young. (2016)	11.07	WPI works to build a secure future for disadvantaged women and their children by providing them with long-term, safe, high-quality and affordable (no more than 30% of income) homes.	Melbourne, Australia	
Boyle, Palmer & Ahmed. (2016)	15.06	Housing First for singles	Belfast, UK	

# Appendix D: Interview Questions & Consent Form

## RESEARCH CONSENT FORM

The Research Study: Social Return on Investment (SROI) analysis of supportive housing

### Through this research we will be trying to understand:

- › The economic and social impact of supportive housing that is funded by BC Housing
- › The impact on participants who access supportive housing

Your role, should you choose to participate, will be to let us know about your experience at [HOUSING PROVIDER]

This includes:

- › What was positive for you about your stay with [HOUSING PROVIDER]
- › What was negative or unexpected about your stay with [HOUSING PROVIDER]
- › What the alternative to living with [HOUSING PROVIDER] might have been like for you

This research is not anticipated to involve any risks or discomfort for you. Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer will not affect your receipt of service in any way. It will not affect the ongoing relationship you may have with the researchers or staff. If you decide to stop participating in the study, all associated data collected will be immediately destroyed wherever possible.

All information from you will be confidential and your name will not appear in any report or publication of the research. Notes will be taken during the interview, but no audio/video recordings will be made. Your data will be safely stored on an encrypted hard drive and only research staff will have access to this information. After the study your information will be kept for a maximum of six months before being destroyed (permanently deleted/shredded). Your information will not be used for any purpose other than the current research, including future research, without your consent.

If you have questions about the research in general or about your role in the study, please feel free to contact Anne Miller, lead consultant at Constellation Consulting Group. You can contact her either by telephone at 403-923-7611 or by e-mail at [anne@constellationconsulting.ca](mailto:anne@constellationconsulting.ca). For more information on Constellation Consulting Group, please visit [www.constellationconsulting.ca](http://www.constellationconsulting.ca).

For questions or concerns regarding the research purpose or uses please contact Deborah Kraus, Research Manager at BC Housing: [dkraus@bchousing.org](mailto:dkraus@bchousing.org) or 604-439-4781.

I \_\_\_\_\_, consent to participate in the Research Study outlined above. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent to participate in the research.

⇒ Participants were asked to provide a signature of verbal consent to participate in the study.

## RESIDENT INTERVIEW QUESTIONS

Interviewer reviews the research consent form with clients, ensures they understand the nature of the study and that their participation is entirely voluntary. The interviewer answers any questions regarding the research before beginning the interview.

1. How long have you been living at <Building/Agency Name>?
2. What benefits have you experienced from living here?  
*(Interviewer prompt: What has changed for you since getting your apartment here? Has this impacted just you or anyone else in your life? Do you feel safer, healthier, more comfortable...etc.?)*
3. Have there been any unexpected things about living here?  
*(Interviewer prompt: These could be positive or negative things)*
4. If you didn't have an apartment here, what do you think your situation would look like?  
*(Interviewer prompt: Can you speculate about where you would be living if you were not living here? Can you speculate about what your life might look like?)*
5. Is there anything that could be improved about your experience here?
6. For you, what has been the most valuable thing about living here?
7. Anything else to share?

## PARTNER INTERVIEW QUESTIONS

Interviewer explains the research study to partners and ensures they understand the nature of the study and that their participation is entirely voluntary. The interviewer answers any questions regarding the research. The interviewer receives verbal informed consent from the partner before beginning the interview.

1. What does your partnership with [HOUSING PROVIDER] involve?
2. What benefits, if any, has your organization experienced from working in partnership with [HOUSING PROVIDER]?  
*(Interviewer prompt: What has changed for your organization because of your work with [HOUSING PROVIDER]?)*
3. If you were to speculate, what benefits, if any, do you think [HOUSING PROVIDER] clients experience because of their involvement in the program?  
*(Interviewer prompt: What changes for [HOUSING PROVIDER] clients? Do their changes impact anyone else (individuals or systems)?)*
4. Is there anything that could be improved about your experience with [HOUSING PROVIDER]?
5. What would you say is the most valuable thing about the [HOUSING PROVIDER'S PROGRAM]?
6. Anything else to share?

## Appendix E: Summary of Financial Proxies

	Budzey	Cardington Apartments	Kettle on Burrard	Queens Manor	Wesley Street
Wellbeing valuation: rough sleeping to secure housing for singles	X	X	X	X	X
Wellbeing valuation: temporary accommodation to secure housing for singles	X	X	X	X	X
Personal cost of pain and suffering due to assault	X	X	X	X	X
Personal cost of pain and suffering due to sexual assault	X	X	X	X	X
Wellbeing valuation: personal value of addressing drug and alcohol problems	X	X	X	X	X
Increased disposable income	X	X	X	X	X
Government cost of homelessness in Vancouver (incl. 400 data points such as health & social services, emergency department, hospital (psychiatric and physical), visits to community health centres, visits to day centres, shelters, rehabilitation centres, justice services, police contacts, arrests, court appearances, police cell, detention centres, prison)	X	X	X	X	X
Government cost of harm from substance abuse per person (health cost, justice cost, gov't spending on research and prevention, lost productivity)	X	X	X	X	X
Wellbeing valuation: Talks to neighbours regularly	X	X	X	X	X
Value of increased neighbourhood satisfaction	X	X	X	X	X
Economic multiplier for local spending (\$35 per month per resident disposable income spent in local community, local economic multiplier of 1.46)	X	X	X	X	X
Additional government cost of hospital admission for homeless over housed individuals	X	X	X	X	X
Direct and indirect personal cost of involvement in the sex trade	X		X	X	X
Wellbeing valuation: regular volunteering	X	X	X	X	
Average amount earned through employment		X	X		X

	Budzey	Cardington Apartments	Kettle on Burrard	Queens Manor	Wesley Street
Direct and indirect government costs from sexual exploitation (justice, health, etc.)	X		X	X	X
Revealed preference valuation: Average cost of studio apartment in Nanaimo					X
Revealed preference valuation: Average cost of studio apartment in Victoria				X	
Total amount earned through employment across all residents of Queens Manor				X	
Revealed preference valuation: Average cost of studio apartment in Kelowna		X			
Average government cost of maintaining a child in foster care or formal kinship care with regular visits by child protection worker	X				
Total amount earned through employment across all residents of Budzey Building	X				
Revealed preference valuation: Average cost of studio apartment in Vancouver	X				
Revealed preference valuation: Average cost of one-bedroom apartment in Vancouver	X				
Wellbeing valuation: rough sleeping to secure housing for families	X				
Wellbeing valuation: temporary accommodation to secure housing for families	X				
Wellbeing valuation: ability to stay together as a family	X				
Revealed preference valuation: Cost of individual Cognitive Behavioural Therapy for anxious children	X				
Cost of child abuse to survivors	X				
Government cost of family homelessness in Alberta (incl. health, justice, community services)	X				
Value of improved health during pregnancy (including reduced substance use while pregnant)	X				
Cost of foster care placement	X				

	Budzey	Cardington Apartments	Kettle on Burrard	Queens Manor	Wesley Street
Cost reallocation: Government cost of walk in clinic health visit	X				
Government cost reallocation: High Needs Amount (HNA) provincial government grant per high needs student.	X				
Revealed preference valuation: Market rent value of apartments at Kettle on Burrard			X		
Revealed preference valuation: Minimum cost to upgrade unit for accessibility			X		
Personal and intangible value from high school completion			X		
Wellbeing valuation: connection to family			X		
Public costs of dropping out of high school avoided			X		
Cost of regular visits by a child welfare worker			X		

# Appendix F: Case Study SROI Model Summaries

## THE BUDZEY SROI MODEL SUMMARY

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents (female-only lease holders)	Increased access to high-quality housing and decreased experiences of homelessness	<ul style="list-style-type: none"> <li>Revealed preference valuation: Cost of a studio apartment in Vancouver</li> <li>Cost of a one-bedroom apartment in Vancouver</li> </ul>	<ul style="list-style-type: none"> <li>\$13,296 (studio)</li> <li>\$15,912 (one bedroom)</li> </ul>	CMHA data verified by BC Housing
	Increased overall wellbeing, including positive changes in physical and mental health	<ul style="list-style-type: none"> <li>Wellbeing valuation: Rough sleeping to secure housing for singles/families;</li> <li>Temporary accommodation to secure housing for singles/families</li> </ul>	<ul style="list-style-type: none"> <li>\$21,401 (rough sleeping single)</li> <li>\$8,019 (temp accommodation single)</li> <li>\$30,338 (rough sleeping family)</li> <li>\$8,036 (temp accommodation family)</li> </ul>	Fujiwara, D. & Vine, J. (2015).
	Increased social support, socialization, and sense of community (decreased social isolation)	Wellbeing valuation: Talking to neighbours regularly	\$4,511	Trotter, L., Vine, J. & Fujiwara, D. (2015).
	Increased safety, decreased experiences of violence (including sexual violence)	<ul style="list-style-type: none"> <li>Personal cost of pain and suffering due to assault;</li> <li>Personal cost of pain and suffering due to sexual assault</li> </ul>	<ul style="list-style-type: none"> <li>\$11,022 (assault)</li> <li>\$99,541 (sexual assault)</li> </ul>	Zhang, T. (2008).
	Decreased harm from risk involved with street-based sex work	Direct and indirect personal cost of involvement in the sex trade	\$43,734	Deriviere, L. (2005).
	Increased ability to engage in employment	Employment earnings	\$20,290	Program statistics
	Decreased harm from substance use and increased ability to move towards reducing use	Wellbeing valuation: Personal value of addressing drug and alcohol problems	\$24,257	Fujiwara, D. & Vine, J. (2015).

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents (female-only lease holders)	Increased ability to parent with supports and to stay connected or reconnect with family	Wellbeing valuation: Ability to stay together as a family	\$3,400	Fujiwara, D. & Vine, J. (2015).
	Increased personal disposable income	Amount in additional disposable income	\$420	Estimate only
	Increased ability to be involved in community (such as volunteering)	Wellbeing valuation: Regular volunteering	\$3,249	Trotter, L., Vine, J. & Fujiwara, D. (2015).
Children of residents	Increased opportunity for families to stay together	Revealed preference valuation: Cost of treatment for anxious children	\$2,872	Aos, S. et al (2011).
	Increased safety, decreased experiences of violence or abuse	Cost of child abuse to survivors	\$3,237	Bowlus, A., McKenna, K., Day, T., & Wright, D. (2003).
	Increased overall wellbeing, including positive changes in physical and mental health	Other value included with mother (above)	N/A	Valued with mothers under 'family' above
Long-term guests (non-lease holders)	Increased connection to family and supports	Wellbeing valuation: Ability to stay together as a family	\$3,400	Fujiwara, D. & Vine, J. (2015).
Local community/ neighbourhood	Improved local neighbourhood and community quality	Value of increased neighbourhood satisfaction	\$190	Saville-Smith, K., Dwyer, M., & Warren, J. (2009).
	Increased local economic activity due to resident spending	Economic multiplier for local spending	\$613	Pringle, A. (2013).
Government (all levels)	Decreased use of emergency services by single residents (e.g. EMS) Decreased single resident involvement in justice systems	Vancouver cost of homelessness (including health & social services, emergency department, visits to community health centres, justice services, police contacts, etc.)	\$55,929	Stergiopoulos, V. et al. (2015).

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Government (all levels)	Decreased use of emergency services by families such as ambulances and emergency rooms Decreased family involvement in justice systems	Alberta cost of family homelessness (including health, justice and community services)	\$77,813	Regional Municipality of Wood Buffalo. (2010).
	Decreased long-term hospital stays by residents	Cost of hospitalization when homeless compared with housed	\$1,183	Hwang, S., Weaver, J., Aubry, T., & Hoch, J. (2011).
	Decreased service use related to substance misuse by residents	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).
	Decreased child welfare involvement among resident families	Average cost of maintaining a child in foster care or formal kinship care	\$49,905	Zhang, T., Hoddenbagh, J. McDonald, S., & Scrim, K. (2012).
	Improved health during pregnancy	Value of improved health during pregnancy (including reduced substance use)	\$18,429	SROI Canada Financial Proxy Database (H39)
	Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use)	Direct & indirect public costs from sexual exploitation	\$14,867	Deriviere, L. (2005).
	Increased ability for children of residents to successfully engage in education	<ul style="list-style-type: none"> <li>› Cost of health services for children</li> <li>› Cost of additional resource in schools for children</li> </ul>	<ul style="list-style-type: none"> <li>› \$680</li> <li>› \$2,088</li> </ul>	<ul style="list-style-type: none"> <li>› SROI Canada Financial proxy database (H78)</li> <li>› Peel District School Board. (2012).</li> </ul>

## CARDINGTON APARTMENTS SROI MODEL SUMMARY

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents at Cardington Apartments (male and female adult singles)	Increased access to high-quality housing and decreased experiences of homelessness	Revealed preference valuation: cost of a studio apartment in Kelowna	\$10,308	CMHA data verified by BC Housing
	Increased overall wellbeing, including positive changes in physical and mental health	<ul style="list-style-type: none"> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles</li> <li>› Wellbeing valuation: temporary accommodation to secure housing for singles</li> </ul>	<ul style="list-style-type: none"> <li>› \$21,401 (rough sleeping)</li> <li>› \$8,019 (temporary accommodation)</li> </ul>	Fujiwara, D. & Vine, J. (2015).
	Increased social support, socialization, and sense of community (decreased social isolation)	Wellbeing valuation: Talking to neighbours regularly	\$4,511	Trotter, L., Vine, J. & Fujiwara, D. (2015).
	Increased safety, decreased experiences of violence (including sexual violence)	<ul style="list-style-type: none"> <li>› Personal cost of pain and suffering due to assault</li> <li>› Personal cost of pain and suffering due to sexual assault</li> </ul>	<ul style="list-style-type: none"> <li>› \$11,022 (assault)</li> <li>› \$99,541 (sexual assault)</li> </ul>	Zhang, T. (2008).
	Increased ability to engage in employment	Employment earnings	\$11,804	Part time (20 hours per week) employment at BC minimum wage
	Decreased harm from substance use and increased ability to move towards reducing use	Wellbeing valuation: personal value of addressing drug and alcohol problems	\$24,257	Fujiwara, D. & Vine, J. (2015).
	Increased personal disposable income	Amount in additional disposable income	\$420	Estimate only
	Increased ability to be involved in community, such as volunteering	Wellbeing valuation: regular volunteering	\$3,249	Trotter, L., Vine, J. & Fujiwara, D. (2015).

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Local community/ neighbourhood	Improved local neighbourhood and community quality	Value of increased neighbourhood satisfaction	\$190	Saville-Smith, K., Dwyer, M., & Warren, J. (2009).
	Increased local economic activity due to resident spending	Economic multiplier for local spending	\$613	Pringle, A. (2013).
Government (all levels)	Decreased use of emergency services by residents such as ambulances and emergency rooms Decreased resident involvement in justice systems	Vancouver cost of homelessness (including health and social services, emergency department, visits to community health centres, justice services, and police contacts)	\$55,929	Stergiopoulos, V. et al. (2015).
	Decreased long-term hospital stays by residents	Cost of hospitalization when homeless compared to housed	\$1,183	Hwang, S., Weaver, J., Aubry, T., & Hoch, J. (2011).
	Decreased service use related to substance use by residents	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).

## KETTLE ON BURRARD SROI MODEL SUMMARY

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Single, over 19-year-old residents (male and female)	Increased access to high quality housing and decreased experiences of homelessness	Revealed preference valuation: Value of Kettle on Burrard apartment if rented on the market	\$20,004	Value provided by Kettle on Burrard in November 2017
	Increased overall wellbeing, including positive changes in physical and mental health	<ul style="list-style-type: none"> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles</li> <li>› Wellbeing valuation: Temporary accommodation to secure housing for singles</li> </ul>	<ul style="list-style-type: none"> <li>› \$21,401 (rough sleeping)</li> <li>› \$8,019 (temporary accommodation)</li> </ul>	Fujiwara, D. & Vine, J. (2015).
	Increased social support, socialization, and sense of community (decreased social isolation)	Wellbeing valuation: Talking to neighbours regularly	\$4,511	Trotter, L., Vine, J. & Fujiwara, D. (2015).
	Increased safety and decreased experiences of violence, including sexual violence	<ul style="list-style-type: none"> <li>› Personal cost of pain and suffering due to assault</li> <li>› Personal cost of pain and suffering due to sexual assault</li> </ul>	<ul style="list-style-type: none"> <li>› \$11,022 (assault)</li> <li>› \$99,541 (sexual assault)</li> </ul>	Zhang, T. (2008).
	Decreased harm from risk involved with street-based sex work	Direct and indirect personal cost of involvement in the sex trade	\$43,734	Deriviere, L. (2005).
	Increased ability to engage in employment	Employment earnings	\$11,804	Part time (20 hours per week) employment at BC minimum wage
	Decreased harm from substance use and increased ability to move towards reducing use	Wellbeing valuation: personal value of addressing drug and alcohol problems	\$24,257	Fujiwara, D. & Vine, J. (2015).
	Increased personal disposable income	Amount in disposable income increase	\$420	Estimate only
	Increased ability to be involved in community (such as volunteering)	Wellbeing valuation: Regular volunteering	\$3,249	Trotter, L., Vine, J. & Fujiwara, D. (2015).

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents requiring accessible units	Increased accessibility in housing	Revealed preference valuation: Cost of accessibility upgrade for a studio apartment	\$2,025	Qualicum Park Village SROI BC Housing
Under 19-year-old youth residents at the Kettle on Burrard (mix of male and female)	Increased access to high quality housing and decreased experiences of homelessness	Revealed preference valuation: Value of Kettle on Burrard apartment if rented on the market	\$20,004	Value provided by Kettle on Burrard in November 2017
	Increased overall wellbeing (physical, mental, and spiritual)	Wellbeing valuation: Temporary accommodation to secure housing for singles	\$8,019	Fujiwara, D. & Vine, J. (2015).
	Increased social support, socialization, and sense of community (decreased social isolation)	Wellbeing valuation: Talking to neighbours regularly	\$4,511	Trotter, L., Vine, J. & Fujiwara, D. (2015).
	Increased safety, decreased experiences of violence, (including sexual violence)	<ul style="list-style-type: none"> <li>› Personal cost of pain and suffering due to assault</li> <li>› Personal cost of pain and suffering due to sexual assault</li> </ul>	<ul style="list-style-type: none"> <li>› \$11,022 (assault)</li> <li>› \$99,541 (sexual assault)</li> </ul>	Zhang, T. (2008).
	Decreased harm from risk involved with street-based sex work	Direct & indirect personal cost of involvement in the sex trade	\$43,734	Deriviere, L. (2005).
	Increased ability to engage in education	Personal and intangible value from high school completion	\$20,002	Hankivsky, O. (2008).
	Increased personal disposable income	Amount in additional disposable income	\$420	Estimate only
	Reconnection with family	Wellbeing valuation: Connection to family	\$3,400	Fujiwara, D. & Vine, J. (2015).
Local community/ neighbourhood	Improved local neighbourhood and community quality	Value of increased neighbourhood satisfaction	\$190	Saville-Smith, K., Dwyer, M., & Warren, J. (2009).
	Increased local economic activity due to resident spending	Economic multiplier for local spending	\$613	Pringle, A. (2013).

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Government (all levels)	<ul style="list-style-type: none"> <li>› Decreased use of emergency services by residents such as ambulances and emergency rooms</li> <li>› Decreased resident involvement in justice systems</li> </ul>	Vancouver cost of homelessness (including health and social services, emergency department, visits to community health centres, justice services, and police contacts)	\$55,929	Stergiopoulos, V. et al. (2015).
	Decreased long term hospital stays by residents	Cost of hospitalization when homeless	\$1,183	Hwang, S., Weaver, J., Aubry, T., & Hoch, J. (2011).
	Decreased service use related to substance misuse by residents	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).
	Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use)	Direct and indirect public costs from sexual exploitation	\$14,867	Deriviere, L. (2005).
	Decreased child welfare involvement among youth	Cost of regular visits by a child welfare worker	\$4,991	Zhang, T., Hoddenbagh, J. McDonald, S., & Scrim, K. (2012).
	Avoidance of high school dropout and associated public costs	Public costs of dropping out of high school	\$8,875	Hankivsky, O. (2008).

## QUEENS MANOR SROI MODEL SUMMARY

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents at Queens Manor (all adult singles, mix of male and female)	Increased access to high quality housing (decreased experiences of homelessness)	Revealed preference valuation: Cost of a studio apartment in Victoria	\$10,248	CMHA data verified by BC Housing
	Increased overall wellbeing, including positive changes in physical and mental health	<ul style="list-style-type: none"> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles</li> <li>› Wellbeing valuation: temporary accommodation to secure housing for singles</li> </ul>	<ul style="list-style-type: none"> <li>› \$21,401 (rough sleeping)</li> <li>› \$8,019 (temporary accommodation)</li> </ul>	Fujiwara, D. & Vine, J. (2015).
	Increased social support, socialization, and sense of community (decreased social isolation)	Wellbeing valuation: Talking to neighbours regularly	\$4,511	Trotter, L., Vine, J. & Fujiwara, D. (2015).
	Increased safety, decreased experiences of violence (including sexual violence)	<ul style="list-style-type: none"> <li>› Personal cost of pain and suffering due to assault</li> <li>› Personal cost of pain and suffering due to sexual assault</li> </ul>	<ul style="list-style-type: none"> <li>› \$11,022 (assault)</li> <li>› \$99,541 (sexual assault)</li> </ul>	Zhang, T. (2008).
	Decreased harm from possible sex-trade involvement while living on the streets	Direct and indirect personal cost of involvement in the sex trade	\$43,734	Deriviere, L. (2005).
	Increased ability to engage in employment	Employment earnings through Queens Manor	\$1,300	Queens Manor internal records
	Decreased harm from substance use and increased ability to move towards reducing use	Wellbeing valuation: Personal value of addressing drug and alcohol problems	\$24,257	Fujiwara, D. & Vine, J. (2015).
	Increased personal disposable income	Amount in additional disposable income	\$420	Estimate only
	Increased ability to be involved in community, such as volunteering	Wellbeing valuation: Regular volunteering	\$3,249	Trotter, L., Vine, J. & Fujiwara, D. (2015).

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Local community/ neighbourhood	Improved local neighbourhood and community quality	Value of increased neighbourhood satisfaction	\$190	Saville-Smith, K., Dwyer, M., & Warren, J. (2009).
	Increased local economic activity due to resident spending	Economic multiplier for local spending	\$613	Pringle, A. (2013).
Government (all levels)	<ul style="list-style-type: none"> <li>› Decreased use of emergency services by residents (e.g. EMS)</li> <li>› Decreased resident involvement in justice systems</li> </ul>	Vancouver cost of homelessness (including health and social services, emergency department, visits to community health centres, justice services, and police contacts)	\$55,929	Stergiopoulos, V. et al. (2015).
	Decreased long term hospital stays by residents	Cost of hospitalization when homeless compared to housed	\$1,183	Hwang, S., Weaver, J., Aubry, T., & Hoch, J. (2011).
	Decreased service use related to substance misuse by residents	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).
	Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use)	Direct and indirect public costs from sexual exploitation	\$14,867	Deriviere, L. (2005).

## WESLEY STREET SROI MODEL SUMMARY

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents at Queens Manor (all adult singles, mix of male and female)	Increased access to high quality housing (decreased experiences of homelessness)	Revealed preference valuation: cost of a studio apartment in Nanaimo	\$8,196	CMHA data verified by BC Housing
	Increased overall wellbeing, including positive changes in physical and mental health	<ul style="list-style-type: none"> <li>› Wellbeing valuation: Rough sleeping to secure housing for singles</li> <li>› Wellbeing valuation: Temporary accommodation to secure housing for singles</li> </ul>	<ul style="list-style-type: none"> <li>› \$21,401 (rough sleeping)</li> <li>› \$8,019 (temporary accommodation)</li> </ul>	Fujiwara, D. & Vine, J. (2015).
	Increased social support, socialization, and sense of community (decreased social isolation)	Wellbeing valuation: Talking to neighbours regularly	\$4,511	Trotter, L., Vine, J. & Fujiwara, D. (2015).
	Increased safety, decreased experiences of violence, including sexual violence	<ul style="list-style-type: none"> <li>› Personal cost of pain and suffering due to assault</li> <li>› Personal cost of pain and suffering due to sexual assault</li> </ul>	<ul style="list-style-type: none"> <li>› \$11,022 (assault)</li> <li>› \$99,541 (sexual assault)</li> </ul>	Zhang, T. (2008).
	Decreased harm from possible sex-trade involvement while living on the streets	Direct and indirect personal cost of involvement in the sex trade	\$43,734	Deriviere, L. (2005).
	Increased ability to engage in employment	Employment earnings	\$11,804	Part time (20 hours per week) employment at BC minimum wage
	Decreased harm from substance use and increased ability to move towards reducing use	Wellbeing valuation: Personal value of addressing drug and alcohol problems	\$24,257	Fujiwara, D. & Vine, J. (2015).
	Increased personal disposable income	Amount in additional disposable income	\$420	Estimate only

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Local community/ neighbourhood	Improved local neighbourhood and community quality	Value of increased neighbourhood satisfaction	\$190	Saville-Smith, K., Dwyer, M., & Warren, J. (2009).
	Increased local economic activity due to resident spending	Economic multiplier for local spending	\$613	Pringle, A. (2013).
Government (all levels)	<ul style="list-style-type: none"> <li>› Decreased use of emergency services by residents (e.g. EMS)</li> <li>› Decreased resident involvement in justice systems</li> </ul>	Vancouver cost of homelessness (including health and social services, emergency department, visits to community health centres, justice services, and police contacts)	\$55,929	Stergiopoulos, V. et al. (2015).
	Decreased long-term hospital stays by residents	Cost of hospitalization when homeless compared to housed	\$1,183	Hwang, S., Weaver, J., Aubry, T., & Hoch, J. (2011).
	Decreased service use related to substance misuse by residents	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).
	Decreased risk of sexual exploitation related to homelessness among residents and associated decreased government service use	Direct and indirect public costs from sexual exploitation	\$14,867	Deriviere, L. (2005).

## Appendix G: Sensitivity Tests

Eight to nine sensitivity tests were conducted on each case study SROI model to determine the impact of the assumptions and estimates made within the SROI calculation. The sensitivity tests for each case study explored the impact of estimates or assumptions around the financial proxies used to represent the value of outcomes, the number of stakeholders experiencing outcomes, and the discounts applied. Sensitivity tests included:

1. **Cost of homelessness:** Test of cost of homelessness to government using higher BC-estimated cost of homelessness from Patterson, M., Somers, J., McIntosh, K., Shiell, A., & Frankkish, C. (2008) Housing and Support for Adults with Severe Addictions and/or Mental Illness in British Columbia. Centre For Applied Research in Mental Health and Addiction.
2. **Wellbeing valuation vs QALY valuation:** Test of wellbeing valuation using higher Quality Adjusted Life Year (QALY) estimates from Holdgrave, D. et al. (2013). Cost-Utility Analysis of the Housing and Health Intervention for Homeless and Unstably Housed Persons Living with HIV. AIDS Behaviour, 17, 1626-1631 and Enns, A. et al. (2015). Potential cost-effectiveness of supervised injection facilities in Toronto and Ottawa, Canada. Addiction, 111, 475-489.
3. **Amount in resident disposable income:** Test of estimate for how much additional income residents would have from dedicated site supportive housing and resulting spending in the community.
4. **Impact on community members:** Test of the number of community members impacted by dedicated site supportive housing.
5. **Higher discount estimates:** Test of estimated deadweight, attribution, displacement — added 10% to all estimates
6. **Research based outcomes:** Test removing additional discount applied to research-based outcomes
7. **Future Value for Children:** Testing longer-term impact of housing on children (The Budzey case study only)
8. **Timeframes of outcomes:** Testing the impact of outcomes possibly lasting into the future for one year (50% drop off) without further investment.
9. **Lower discount estimates:** Test of estimated deadweight, attribution, displacement – decreased all estimates by 10%

Site	Calculated Ratio	Sensitivity Tests	Sensitivity Test Results
The Budzey	5.04	1 – Cost of homelessness	5.19
		2 – Wellbeing valuation vs QALY valuation	6.55
		3 – Amount in resident disposable income	5.05
		4 – Impact on community members	5.05
		5 – Higher discount estimates	4.73
		6 – Research based outcomes	5.04
		7 – Future value for children	7.79
		8 – Timeframes of outcomes	7.43
		9 – Lower discount estimates	5.35

Site	Calculated Ratio	Sensitivity Tests	Sensitivity Test Results
Cardington Apartments	4.74	1 – Cost of homelessness	5.11
		2 – Wellbeing valuation vs QALY valuation	6.84
		3 – Amount in resident disposable income	4.83
		4 – Impact on community members	4.86
		5 – Higher discount estimates	4.51
		6 – Research based outcomes	4.76
		7 – Timeframes of outcomes	7.02
		8 – Lower discount estimates	5.12
Kettle on Burrard	4.42	1 – Cost of homelessness	4.61
		2 – Wellbeing valuation vs QALY valuation	6.14
		3 – Amount in resident disposable income	4.37
		4 – Impact on community members	4.37
		5 – Higher discount estimates	4.05
		6 – Research based outcomes	4.47
		7 – Timeframes of outcomes	6.18
		8 – Lower discount estimates	4.67
Queens Manor	3.64	1 – Cost of homelessness	3.86
		2 – Wellbeing valuation vs QALY valuation	5.11
		3 – Amount in resident disposable income	3.65
		4 – Impact on community members	3.67
		5 – Higher discount estimates	3.30
		6 – Research based outcomes	3.92
		7 – Timeframes of outcomes	5.39
		8 – Lower discount estimates	3.93
Wesley Street	3.96	1 – Cost of homelessness	4.22
		2 – Wellbeing valuation vs QALY valuation	5.54
		3 – Amount in resident disposable income	3.98
		4 – Impact on community members	4.00
		5 – Higher discount estimates	3.70
		6 – Research based outcomes	4.26
		7 – Timeframes of outcomes	5.87
		8 – Lower discount estimates	4.22

Overall, the sensitivity test results suggest that the final SROI ratios presented in this report represent a conservative estimate of the social and economic value created by dedicated-site supportive housing initiatives in B.C.

For those SROI models with more estimates, greater differences across sensitivity tests are seen, proportional to the level of uncertainty due to assumption and estimates in the models.

## Appendix H: Housing First Key Elements

“Housing First” is an approach to addressing homelessness that centres around supporting people experiencing homelessness in gaining independent and permanent housing. Additional supports and services are provided on an as-needed basis, to ensure the best possible chance of maintaining safe and secure housing. The foundational principle of Housing First is that individuals and families are better equipped to move forward once they are housed. Housing First has five core principles:<sup>35</sup>

1. There are no conditions to providing safe, secure and permanent housing as quickly as possible. Individuals and families do not have to prove their “readiness” to be housed.
2. Housing First uses a client-centred approach, allowing clients to make decisions about their housing and supports.
3. The focus is on recovery, in order to reach holistic well-being. This includes harm reduction services for those who require it.
4. It is recognized that each client has unique needs, so supports and services are provided on an individualized basis.
5. Housing First helps people connect with their community through opportunities to engage socially and participate in meaningful activities.

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<sup>35</sup> Homeless Hub (2017)