

November 2018

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

A Social Return on Investment (SROI) Analysis



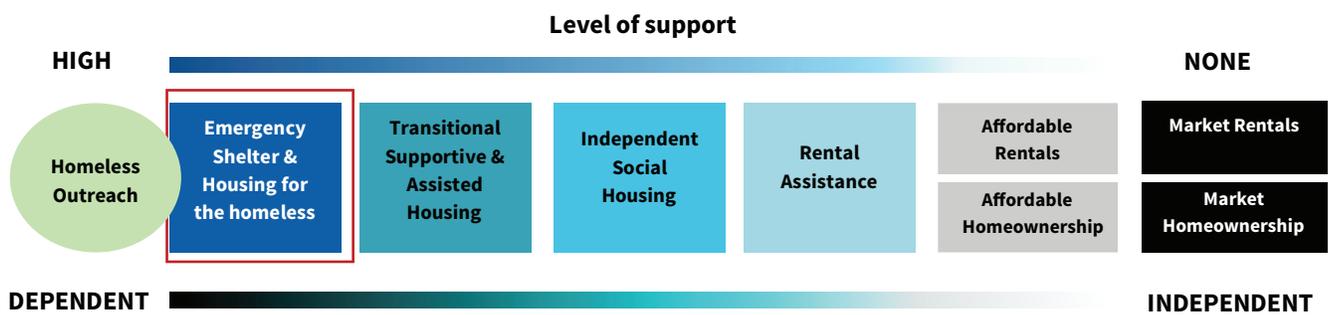
BC HOUSING

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 provide programming and rent supplements for market housing (scattered-site supportive housing) through the Homeless Outreach and Homeless Prevention Programs (HOP and HPP).

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



This study explores the Social Return on Investment (SROI) of operating scattered-site supportive housing in B.C. Five case studies of scattered-site supportive housing programs receiving investment from BC Housing are featured: CMHA Kelowna, Kelowna; CMHA Mid-island, Nanaimo; Lookout Housing and Health Society, Surrey; MPA Society, Vancouver and Pacifica Housing, Victoria.

These case studies illustrate the range of supportive housing options across the province and the range of value created by scattered-site supportive housing 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 scattered-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 scattered-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 scattered-site supportive housing, approximately three to five dollars in social and economic value is created.

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

Based on the findings across case studies, it is estimated that a little more than half of the value generated through scattered-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 1-2% of the value is estimated to go back to local communities and neighbourhoods through improved community wellbeing (such as fewer homeless individuals living on the streets) and increased local resident spending.

An additional 1-2% of the value returns directly to landlords due to positive and stable tenancies and decreased loss of income and time spent due to rent arrears, repairs or evictions.

The remaining value is experienced by scattered-site residents and their families through increases in personal wellbeing (including improvements in mental and physical health), direct benefits such as rent supplements, improved personal safety, ability to engage in employment, more disposable income, and increased connection to community.

SUMMARY OF SCATTERED-SITE SUPPORTIVE HOUSING CASE STUDY RESULTS:

	CMHA Kelowna	CMHA Mid-Island	Lookout Society	MPA Society	Pacifica Housing
Location	Kelowna	Nanaimo	Surrey	Vancouver	Victoria
Number of Residents Supported	54	30	75	160	286
SROI Ratio	1:4.77	1:3.34	1:4.56	1:3.43	1:3.77
Value Breakdown	55% to government; 43% to residents and their families; 1% to the local community; 1 % to landlords	55% to government; 42% to residents; 2% to the local community; 1 % to landlords	61% to government; 37% to residents and their families; 1% to the local community; 1 % to landlords	53% to government; 44% to residents; 1% to the local community; 2% to landlords	64% to government; 34% to residents; 1% to the local community; 1% to landlords

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

Based on findings from the study, the following recommendations are made:

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

Contents

- Executive Summary ii
- 1.0 Introduction and Background 1
- 2.0 Methods 3
 - 2.1 The Social Return on Investment (SROI) Methodology 3
 - 2.2 Understanding the Range of Value Created 3
 - 2.3 Application of the SROI Methodology 4
 - 2.4 Evaluative and Forecast SROI Approaches 9
 - 2.5 Privacy Considerations 10
- 3.0 Research Findings on Outcomes and Value Created by Supportive Housing 10
 - 3.1 What is Scattered-Site Supportive Housing? 12
 - 3.2 Who Lives In Scattered-Site Supportive Housing? 13
 - 3.3 What is the Need for Supportive Housing? 13
 - 3.4 What is the Impact of Supportive Housing? 16
 - 3.5 What Value does Supportive Housing Produce? 18
- 4.0 SROI Case Studies 18
 - 4.1 SROI Analysis of CMHA Kelowna’s Scattered-Site Supportive Housing 24
 - 4.2 SROI Analysis of CMHA Mid-island’s Scattered-Site Supported Housing 29
 - 4.3 SROI Analysis of Lookout Housing and Health Society’s Scattered-Site Supportive Housing 36
 - 4.4. SROI Analysis of MPA Society’s Scattered-Site Supportive Housing (SOLO Program) 44
 - 4.5. SROI Analysis of Pacifica Housing’s Scattered-Site Supportive Housing 51
- 5.0 Case Study Comparison & Discussion 53
- 6.0 Limitations 55
- 7.0 Conclusions & Recommendations 51
- Appendix A: Resource List 56
- Appendix B: Summary of Supportive Housing Programs Included 61
- Appendix C: Review of Findings from Cost of Homelessness & Supportive Housing SROI Studies 63
- Appendix D: Interview Questions & Consent Form 71
- Appendix E: Summary of Financial Proxies 74
- Appendix F: Case Study SROI Model Summaries 76
- Appendix G: Sensitivity Tests 87

This study has been completed with funding support from BC Housing.



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.

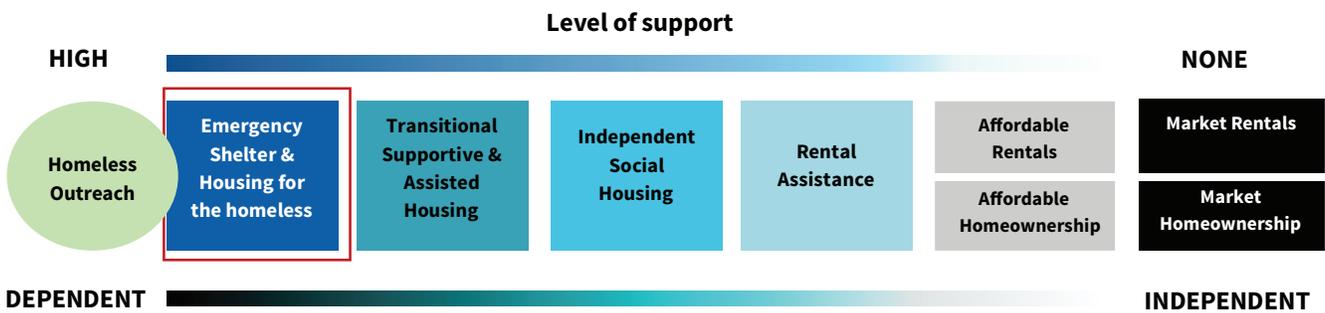
We would like to extend our sincere appreciation to BC Housing and the five agencies selected as case studies for this analysis for sharing their insights and supporting the study. In particular, we would like to thank Deborah Kraus, Leigh Greenius, and Tammy Bennett with BC Housing; Mike Gawliuk, Jen Kanters, Katie Forsstrom, and Shelagh Turner with CMHA Kelowna; Kiersten Steward with CMHA Mid-island Branch; Megan Kriger, Dave Brown, and Keir Macdonald with Lookout Housing and Health Society; Sarah Blindheim and Sue Baker with MPA Society; and Asha Congdon and Angela McNulty-Buell with Pacifica Housing.

Recommended citation

Miller, A., Rosales, A., Mang-Wolley, H., Bolton C., & Peck, C. (2018). *The Social and Economic Value of Scattered-Site Supportive Housing in BC: A Social Return on Investment (SROI) Analysis*. Calgary, AB: Constellation Consulting Group.

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.¹



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 provide programming and rent supplements through the Homeless Outreach and Homeless Prevention Programs (HOP and HPP respectively). Under these programs, approximately 50 organizations across the province receive investment from BC Housing to help individuals and families avoid homelessness through supportive housing options scattered in market rental units throughout the community, (i.e. scattered-site supportive housing). The programs have no physical connection with any particular buildings or housing developments; they provide options for residents in private market rentals community-wide.

Under HPP and HOP, portable rent supplements are available to individuals or families through funded service providers. Rent supplements may be disbursed as a one-time payment or on an ongoing basis. Although there is no set time limit on rental supplement disbursements, they are generally intended to be temporary. These supplements can be used to help with:

- › Paying rent
- › Paying a damage deposit
- › Costs associated with gaining housing (e.g. getting identification)
- › Transportation to housing opportunities
- › Storage for belongings during a move
- › Utilities (e.g. heat, hot water)
- › Moving costs
- › Home start-up items

HOP and HPP are targeted to individuals and families who are homeless or at risk of homelessness. HPP focuses on providing support to people leaving corrections and hospital systems with no other place to stay, women who have experienced violence or are at risk of experiencing violence, youth transitioning out of the foster care system, and people of Indigenous descent. HPP operates in many instances as an enhancement to HOP and serves individuals at transition points that put them at greater risk of homelessness.

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

In the interest of better understanding the impact of investment in scattered-site supportive housing options through HPP and HOP 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 such as HPP and HOP and provides a method for telling the story of change and social value created by investment.²

This report examines the SROI of scattered-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 scattered-site supportive housing programs in the province and shows the overall value of investing in this type of housing.

² 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. This report defines outcomes 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.³ 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 of an SROI analysis 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.⁴

2.2 Understanding the Range of Value Created

This report includes case studies of five scattered-site supportive housing programs receiving HOP and/or HPP investment from BC Housing. They illustrate a range of scattered-site supportive housing options available across the province. The SROI analysis of the programs shows the range of value created by housing outreach and rent supplements in B.C., leading to a deeper appreciation of the overall social and economic value of investment in scattered-site supportive housing. (See Appendix B for more information on each program.) The five case studies are:

Scattered-Site Supportive Housing Provider	Location	Number of Residents Supported in One Year
CMHA Kelowna	Kelowna	54
CMHA Mid-island Branch	Nanaimo	30
Lookout Housing and Health Society	Surrey	75
MPA Society	Vancouver	160
Pacifica Housing	Victoria	286

³ See for example: Treasury Board of Canada Secretariat. (2013)

⁴ 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, youth, etc.). 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.
- › **Supportive housing landlords.** Scattered-site supportive housing programs work with market rental landlords to secure housing options throughout the community, and usually include support for landlords in managing tenancies and resident relations. This means landlords experience change due to the programs and they have been included as stakeholders in every case study.
- › **Local communities/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 enjoy local spending by residents who now 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, neighbours 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 scattered-site supportive housing program budget, including the total rent supplements provided, staffing costs, administrative costs, landlord liaison costs, and any other costs incurred by the program, such as repairs in units
- › The rents paid by residents (including, though not always limited to, the shelter component of B.C. income assistance)

For some of the programs included in the study, operational costs are covered entirely by BC Housing investment, while for others, operational costs are covered by a blend of BC Housing and other investment (e.g. from the federal government, municipal governments, local United Ways, and local health authorities), as well as resident rents.

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 understanding 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 available⁵
- › Outcomes have been estimated to last less than one year (the investment year) if average length of stay is less than one year and the outcome may not be possible if further investment was not available
- › 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

⁵ 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)

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, landlords, property managers or community partners were engaged via interviews to better understand both outcomes for them as stakeholders and perspectives on outcomes experienced by 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 and Appendix F 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

For the current 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).⁶ Outcome valuation methods included:⁷

- › 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 valuation⁸
- › 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.

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

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

⁸ 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 At Home/Chez Soi Study⁹ to determine deadweight for many outcomes. Since current vacancy rates across B.C. are low, a displacement discount has been applied in each case study to account for possible displacement of other renters by supportive housing residents housed in market rentals throughout the community. Displacement that accounts for possible increases in non-emergency service use by residents when they move from homeless to housed has also been included to ensure a realistic estimation 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.¹⁰

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.

⁹ Goering et al. (2014)

¹⁰ 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

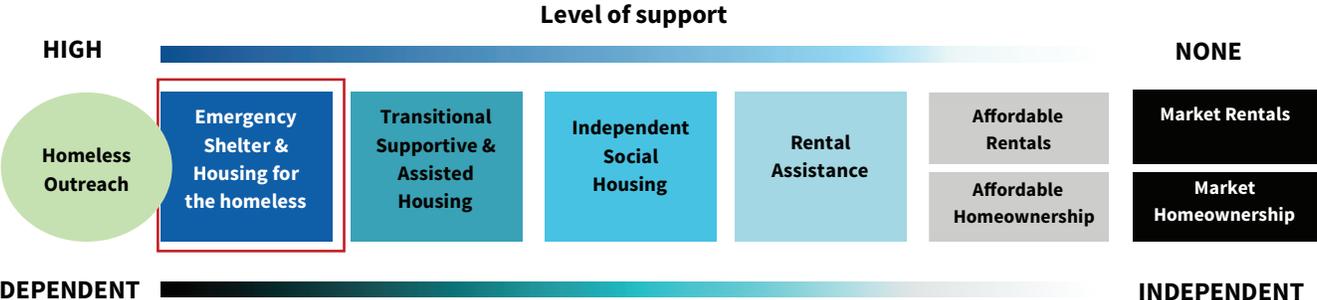
To guarantee the privacy of stakeholders, and to safeguard against any potential harm caused by the research, a detailed Privacy Impact Assessment was developed as part of the project. This document was approved by the BC Housing Privacy Officer. It included details on the research approaches used with 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.

3.0 Research Findings on Outcomes and Value Created by Supportive Housing

3.1 What is Scattered-Site Supportive Housing?

For the purposes of this study, 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.¹¹ 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.¹²



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

- › 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)

¹¹ See supportive housing definitions set out by BC Housing and the City of Vancouver: <https://www.bchousing.org/> and <http://vancouver.ca/>
¹² CMHC. (2016)
¹³ Tabol, Drebing, & Rosenheck. (2010)

Supportive housing can take different forms and may include:¹⁴

- › **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 by BC Housing investment in scattered-site supportive housing through the HOP and HPP programs.

Typically, scattered-site supportive housing is facilitated by community-based non-profits who help secure market rental opportunities across the community for individuals who have difficulties finding or maintaining housing. Once housed, residents are provided with key outreach supports to enable them to maintain their housing and work on personal goals. This can include support with:



Addressing immediate physical and safety needs	Maintaining positive landlord & neighbour relationships	Referrals to other programs or community services	Life skills, employment or other training	Support for addressing health or mental health issues
--	---	---	---	---

Outreach support may also help individuals in addressing problematic substance use and/or reducing harm from substance use. In the current study, residents housed through scattered-site supportive housing also have access to rent supplements provided through BC Housing HOP and HPP investment (and possibly other investors) to support and enhance resident stability.

Scattered-site supportive housing programs often employ a Housing First approach. Housing First is “a recovery-oriented approach to homelessness that involves moving people who experience homelessness into independent and permanent housing as quickly as possible, with no preconditions, and providing them with additional services and supports as needed.”¹⁵ The foundational principle of Housing First is that individuals and families are better equipped to move forward once they are housed. There are five core elements of Housing First:¹⁶

1. Immediate access to permanent housing with no housing readiness requirements
2. Resident choice and self-determination
3. Recovery orientation, focusing on individual well-being, harm reduction
4. Individualized and client-driven supports
5. Social and community integration

The case studies included in the current research all implement Housing First principles and proven Housing First best practices to some degree. (See Appendix B for details.)

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

¹⁵ Gaetz, S., Scott, F., & Gulliver, T. (2013).

¹⁶ Gaetz, S., Scott, F., & Gulliver, T. (2013).

3.2 Who Lives in Scattered-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):¹⁷

- › 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

The scattered-site supportive housing case studies in the current research specifically target people who are homeless or at immediate risk of homelessness, particularly people leaving the corrections and hospital systems; women who have experienced violence or are at risk of experiencing violence; youth (including those leaving the care system); and people of Indigenous descent.

¹⁷ 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”.¹⁸ 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.¹⁹

SROI Case Study Community	Average Studio Apartment Rent ²⁰	Rental Vacancy Rate ²¹
Vancouver	\$1,108	0.9%
Victoria	\$854	0.8%
Kelowna	\$859	0.4%
Nanaimo	\$683	1.9%
Surrey	\$840	0.5%

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.² Evidence indicating an increase in homelessness suggests that for many, the “housing crisis” has resulted in exclusion from housing entirely.²³ 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.²⁴

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.

¹⁸ See for example: Chan, C. (2018, February 18); Meissner, D. (2018, February 18).

¹⁹ See also: Currie, Moniruzzaman, Patterson & Somers. (2014)

²⁰ Based on information from: Canada Mortgage and Housing Corporation. (2017); verified by BC Housing

²¹ Based on information from: Canada Mortgage and Housing Corporation. (2017); verified by BC Housing

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

²³ 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)

²⁴ 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.²⁵

Due to the stability fostered by supportive housing, residents experience numerous positive outcomes including:²⁶



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.

²⁵ Somers et al. (2017); Levitt et al. (2012); Goering et al. (2014)

²⁶ 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:²⁷

- › 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 2014.²⁸

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.²⁹ According to DeWolff’s 2008 study of supportive housing in Toronto:

²⁷ Lazarus et al. (2011); Curry & Abrams. (2015); Hong & Piescher. (2012); Ivanova. (2017); Bassuk, DeCandia, Tsertsvadze & Richard. (2014)

²⁸ See Goering et al. (2014) for full results

²⁹ 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.³⁰

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.)

³⁰ 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 studies 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

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 CMHA Kelowna's Scattered-Site Supportive Housing

BACKGROUND

With low rental vacancy and high average rents in Kelowna, finding housing is difficult for many, and extremely difficult for people living on fixed incomes and experiencing multiple complex issues that impact their ability to maintain housing. These complex issues can include substance use, mental health conditions, and physical health conditions. CMHA Kelowna believes everyone should have access to safe and affordable housing and recognizes that navigating the many resources to find housing, financial assistance, health care, and specific services to promote wellness and recovery can be extremely problematic without help.

Through their scattered-site supportive housing program, CMHA Kelowna supports people who are homeless or at risk of homelessness in finding and maintaining housing in the community. Through the program, staff work closely with local landlords to lease apartments throughout the city. CMHA Kelowna then sublets the apartments to individuals who are ready to live independently, working in collaboration with the community to ensure that residents have supports to maintain their housing. Rent supplements through BC Housing and federal funding are available to support housing stability and can provide additional support for individuals as they move into housing. CMHA Kelowna has secured approximately 40 units throughout the city for scattered-site supportive housing. If a resident moves out of a unit that has been secured, another resident is able to move in.

CMHA Kelowna offers three streams of scattered-site supportive housing, addressing the unique needs of different community members:

1. The **Housing First** stream works with individuals who are chronically or episodically homeless and identified as most vulnerable using the Vulnerability Assessment Tool (VAT). This stream adheres to the Pathways model of Housing First, employing lower caseload ratios and providing more intensive supports for residents. Generally, individuals housed through the Housing First stream are experiencing multiple complex issues that have impacted their ability to obtain or maintain housing in the past, resulting in recurring experiences of homelessness.
2. The **Youth** stream works with young people up to the age of 24 who are homeless or at risk of homelessness. This stream is connected to the Foundry multi-service hub for youth. Young people housed through this stream are more likely to be housed in roommate situations than other residents of CMHA's scattered-site supportive housing programs.
3. The **Community Navigation** stream works with individuals aged 19 and older, couples, and families with children who are homeless, or at imminent risk of homelessness. While these participants present with lower vulnerability than Housing First participants, outreach support and rent supplements are nevertheless key for ensuring housing can be maintained.

While specific struggles may vary for each person who is connected to CMHA Kelowna’s scattered-site supportive housing, the support approach is similar for all individuals served, focusing on immediate housing without prerequisites, followed by ongoing support for maintaining housing. Overall, the average length of stay through the program is nearly 15 months, with Housing First residents typically experiencing approximately nine months of stable housing, Youth residents typically experiencing approximately 12 months of stable housing, and Community Navigation residents typically experiencing approximately 19 months of stable housing.

The average length of stay for the Housing First stream is less than a year, in part because the program has only been operating for two years. Individuals have joined the program at different times over the two year period and may have been housed by the program for only a few months at the time of this study, bringing down the average length of stay. CMHA Kelowna reports that the program has a 90% housing maintenance rate, with 10% of individuals returning to homelessness when their stay in scattered-site supportive housing ends. The duration of outcomes included in the SROI model for Housing First residents present a conservative estimate of the program’s impact.

KEY ELEMENTS OF THE CMHA KELOWNA SCATTERED-SITE SUPPORTIVE HOUSING SROI MODEL

<p>Inputs</p>	<ul style="list-style-type: none"> › Investment by BC Housing (through HOP and HPP) and the federal government (including through the Homelessness Partnering Strategy) in total program costs, including staffing, programming, administration, unit repairs, landlord liaison/housing locator costs, and rent supplements › Rents paid by residents
<p>Timeframe for Investment</p>	<ul style="list-style-type: none"> › 2016-2017 operating year
<p>Stakeholders</p>	<ul style="list-style-type: none"> › Housing First residents (male and female single adults) (primary stakeholder) › Youth residents (up to age 24, male and female) (primary stakeholder) › Community Navigation residents (male and female single adults, couples, and families) (primary stakeholder) › Landlords › Local communities › Government systems (various levels) › Investors (BC Housing, federal government (HPS))
<p>Duration of Outcomes</p>	<p>With an average length of stay of 19 months for individuals housed through the Community Navigation stream, and 12 months for individuals housed through the Youth stream, outcomes are expected to last at least one year without further investment. This means that outcomes are valued for one year without value into the future because, without further investment, residents may not continue to experience outcomes and may instead return to homelessness. For individuals housed through the Housing First stream, where the average length of stay is approximately nine months - in part because the program has been operating for only two years – outcomes have been estimated to last a maximum of nine months. We have not speculated about value into the future for these residents, even though some residents may remain housed for one year or longer. In addition, some residents may move on to other independent housing after they leave the program; therefore, the duration of outcomes included in the SROI model are a conservative estimate.</p>
<p>Approach</p>	<p>The SROI analysis of CMHA Kelowna’s scattered-site supportive housing employs a primarily evaluative approach with some forecasting based on primary and rigorous secondary research.</p>

STAKEHOLDER ENGAGEMENT

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

- › 11 residents, including a mix of men and women from different CMHA Kelowna housing streams

Unfortunately, no community stakeholders, such as service providers or business community members, were available for engagement 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 for the SROI were mapped based on existing research, information from CMHA Kelowna staff, resident interviews, and program statistics collected by CMHA Kelowna.

As primary stakeholders, residents identified numerous positive outcomes they had experienced due to their housing through the program. They spoke of positive changes in mental and physical health that had happened due to their housing, and emphasized the importance of housing in their ability to set and achieve personal goals. Their comments included:

“I get to think about other things besides my basic needs so I can start working on my other problems.”

“My health is getting better.”

“I get to cook, get to go to the doctor. [CMHA Kelowna] help me make and keep appointments.”

“[Staff] are looking for better options for my medications and I have been able to cut down.”

“The most valuable thing is not being homeless. I was homeless for years. The support from CMHA is a big plus. My health has changed.”

Residents also emphasized the increased safety they had experienced because of the program:

“When I was homeless it was a nightmare. Feeling like you’re human again is so valuable. I used to carry my bags everywhere, now I can feel like it’s safe.”

Residents spoke of the trust and connection they had built with CMHA staff, and the benefits of ongoing support in maintaining housing and working towards their goals. They felt that their personal relationships had improved because of their access to supportive housing and that they experienced less shame and stigma than when they were homeless, couch surfing, or in transitional housing. Their comments included:

“My family doesn’t have to help me as much as they used to need to.”

“I’m feeling more normal — that I belong.”

“I’m not at women’s shelter. I’m not looking for housing. I have my life back. My children can visit me now. Friends can come over for dinner.”

“I love my friends in my building and feel more comfortable with myself.”

Overall, individuals supported through CMHA Kelowna’s scattered-site supportive housing programming felt their wellbeing had improved because of their housing through the program. When asked to speculate about what the alternative would look like if they had not been supported in obtaining or maintaining housing in the community, most residents indicated that they would otherwise be homeless or at serious risk of homelessness. Many residents painted a bleak picture of their alternatives, speculating that without housing supports they might be in jail, in hospital, in shelters, or in unsafe or unhealthy situations, such as exposed to the elements in winter. Some residents indicated that without supportive housing their situation would be so dire that they could be dead. Their comments included:

“I’d likely be in jail, or in a hospital.”

“I’d be homeless, or in a women’s shelter, or under a bridge.”

“I’d be dead. I’d be on the streets.”

Discussions with CMHA Kelowna staff, as well as review of the literature, pointed to similar positive outcomes. These perspectives also emphasized the community-level impact of positive outcomes garnered through scattered-site supportive housing. Important community impacts like decreased service use, more effective service use, benefits for landlords, and greater connection to and involvement in the community were highlighted in the literature and by staff. In particular, decreased emergency system use (such as ambulance or emergency room) and decreased health and 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 were identified and mapped. After mapping outcomes from CMHA Kelowna’s scattered-site supportive housing, the number of stakeholders achieving outcomes was determined based on resident interviews as well as standard information submitted by CMHA Kelowna to BC Housing, program statistics collected and analyzed by CMHA Kelowna, staff estimations based on frequent interactions with residents, and existing research.

FINANCIAL VALUATION OF OUTCOMES

The SROI analysis of CMHA Kelowna’s scattered-site supportive housing program 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, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-saving nature of the programming, the value of a life has not been included in the SROI model. Further, while many residents and staff spoke about the learnings fostered through their experience in supportive housing, longer-term impacts of housing life-skills have not been included in the SROI model. Although some outcomes for youth have been included in the SROI model, these might be undervalued because we have not estimated the longer-term impact of changing life trajectories (early intervention) for these stakeholders because long-term follow up data on resident pathways is not available. Finally, while tangible value for landlords, such as decreased time managing tenancies, have been included, the potential intangible value experienced by landlords, who may feel fulfilled knowing they are contributing to the wellbeing of the community, has not been captured in the SROI. Financial proxies used to value mapped outcomes include:

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
All residents (adults, youth, couples, families)	<ul style="list-style-type: none"> › Increased access to high-quality housing and decreased experiences of homelessness › Increased overall wellbeing including positive changes in physical and mental health › Increased safety and decreased experiences of violence › Decreased harm from risk involved with street-based sex work › Decreased harm from substance use and increased ability to move towards reducing use › Increased personal disposable income › Increased ability to stay together as a family (Community Navigation family residents) 	<ul style="list-style-type: none"> › Value of rent supplements › Wellbeing valuation: Rough sleeping to secure housing for singles and families; Temporary accommodation to secure housing for singles and families › Personal cost of pain and suffering due to assault; sexual assault › Direct and indirect personal cost of involvement in the sex trade › Wellbeing valuation: Personal value of addressing drug and alcohol problems › Amount in additional disposable income › Wellbeing valuation: Ability to stay together as a family
Youth residents	<p><i>Youth experienced the outcomes listed above, as well as two additional outcomes:</i></p> <ul style="list-style-type: none"> › Increased peer connections and support › Reconnection with family 	<p><i>Youth experienced the value listed above, as well as additional value from outcomes:</i></p> <ul style="list-style-type: none"> › Wellbeing valuation: Talking to neighbours regularly › Wellbeing valuation: Connection to family
Landlords	<ul style="list-style-type: none"> › Decreased time spent managing tenancies (such as evictions, repairs, and resident relations) 	<ul style="list-style-type: none"> › Cost savings to private landlords
Local community/ neighbourhood	<ul style="list-style-type: none"> › Improved local neighbourhood and community quality › Increased local economic activity due to resident spending 	<ul style="list-style-type: none"> › Value of increased neighbourhood satisfaction › Economic multiplier for local spending
Government (all levels)	<ul style="list-style-type: none"> › Decreased use of emergency services by residents such as ambulances and emergency rooms › Decreased use of homeless shelters by residents › Decreased resident involvement in the justice system › Decreased hospital use by residents › Decreased service use related to resident substance use › Decreased child welfare involvement among youth › Decreased risk of sexual exploitation related to homelessness experienced by residents (and associated decreased government service use) 	<ul style="list-style-type: none"> › Vancouver cost of homelessness (including health and social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters) › Cost of substance abuse per person › Cost of regular visits by a child welfare worker › Direct and indirect public costs from sexual exploitation

CMHA KELOWNA SCATTERED-SITE SUPPORTIVE HOUSING SROI RESULTS AND DISCUSSION

The SROI analysis of investment in CMHA Kelowna’s scattered-site supportive housing programming revealed an SROI ratio of 1:4.77, meaning:

For every dollar invested in scattered-site supportive housing through CMHA Kelowna, 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 scattered-site supportive housing for adults, families, and youth who have had experiences of homelessness or difficulties maintaining housing.

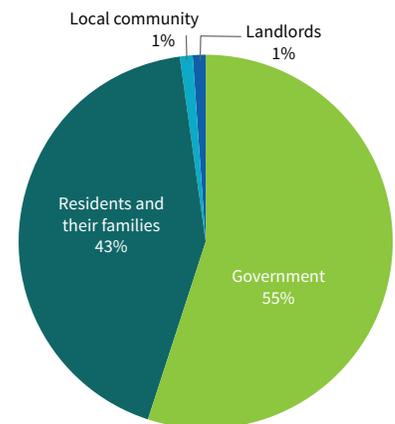
CMHA Kelowna’s scattered-site supportive housing creates important added value through its support for families and specialized support for vulnerable youth, who, without supportive housing, are at greater risk of experiencing violence, abuse, and long-term negative outcomes. The SROI analysis reflects the importance of addressing the needs of single adult populations as well as the specialized needs of vulnerable youth and families.

However, the SROI analysis 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. Further, many outcomes were not valued into the future, despite the possibility of longer term impact generated through the housing life skills and experiences of stability developed through housing in community-based market rentals. The actual social and economic value created by CMHA Kelowna’s scattered-site supportive housing is likely much higher.

The SROI analysis revealed that approximately 55% of the social and economic value generated through CMHA Kelowna’s scattered-site supportive housing goes back to the government in cost reallocations related to decreased service use by residents. In other words, for every dollar invested in CMHA Kelowna’s scattered-site supportive housing, just over 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 community. This value is generated through improved community quality and local resident spending. 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 was captured through SROI analysis, this value is likely understated because benefits from more efficient delivery of services among community partners and benefits for businesses (beyond local spending) were not fully captured in the SROI model.

Approximately 1% of the social and economic value generated by CMHA Kelowna’s scattered-site supportive housing goes back to landlords who support program success. Landlords experience value through positive and stable tenancies supported through the program and decreased loss of income and time spent due to rent arrears, repairs or evictions. While some value



Value Breakdown by Stakeholder Group

to landlords was captured in the analysis, this value is likely understated because some benefits, such as the value to landlords of knowing they are contributing to community wellbeing through their program involvement, were not fully captured in the model.

Approximately 43% of the value goes back to residents, through increased wellbeing, safety, and disposable income coupled with reduced harm. This indicates that while scattered-site supportive housing creates important value for the government, it also generates significant value for people living in supportive housing.

4.2 SROI Analysis of CMHA Mid-island's Scattered-Site Supportive Housing

BACKGROUND

On Vancouver Island, CMHA Mid-island serves residents between Ladysmith and the Comox Valley. Programs and services include housing, employment programs, a social centre, vocational training, housing supplements, homeless outreach, an overdose prevention site, wellness, and public education, including suicide prevention training, which is delivered throughout Vancouver Island, neighbouring islands, and Powell River. CMHA Mid-island believes everyone should have access to safe and affordable housing and recognizes that navigating the many resources to find housing, financial assistance, health care, and specific services to promote wellness and recovery can be extremely problematic without help.

CMHA Mid-island offers scattered-site supportive housing through its HOP outreach program in response to the low-vacancy, high-rent housing situation on Vancouver Island. This scattered-site supportive housing program provides outreach services, rent supplements, and supports as well as connection to community resources for individuals who are homeless or at risk of homelessness so that they are supported in successfully maintaining market rental housing in the long-term. The HOP program includes one trained outreach worker who works directly with approximately 30 residents to support them in maintaining housing stability in the community.

Individuals served through the program are male and female single adults who are homeless or at risk of homelessness. Most experience complex health, mental health, and substance use concerns that impact their ability to maintain independent stable housing in the community. The supports provided by CMHA Mid-island help residents maintain housing stability and work towards achievement of their personal goals. Through the program, most residents experience stable housing situations for at least one year, with 90% of residents maintaining their housing for one year or longer.

KEY ELEMENTS OF THE CMHA MID-ISLAND SCATTERED-SITE SUPPORTIVE HOUSING SROI

Inputs	<ul style="list-style-type: none"> › Investment by BC Housing (through HOP) as the sole investor in total program costs, including staffing, programming, administration, and rent supplements › Rents paid by residents
Timeframe for Investment	<ul style="list-style-type: none"> › 2016-2017 operating year
Stakeholders	<ul style="list-style-type: none"> › Residents (single male and female adults) (primary stakeholders) › Landlords › Local communities › Government systems (various levels) › Investor (BC Housing)
Duration of Outcomes	<p>Most residents maintain their housing for a year or longer with support from CMHA Mid-island, but information is not available on length of stay for all residents. For this reason, outcomes are valued for all stakeholders for 90% of one year. This means that outcomes are valued for 90% of a year without value into the future because, without further investment, residents may not continue to experience outcomes and may return to homelessness.</p>
Approach	<p>The SROI analysis of CMHA Mid-island’s scattered site supportive housing (HOP) employs a primarily forecast approach based on basic primary and rigorous secondary research.</p>

STAKEHOLDER ENGAGEMENT

Efforts were made to engage key stakeholders to inform the development of the SROI model, including residents and community partners. Unfortunately, limited stakeholder engagement was possible, with only one resident and no community stakeholders available for engagement via in-depth interview. Since few stakeholders were engaged in the development of this SROI model, the analysis has been conducted using a primarily forecast approach leveraging existing research, program statistics, and information from staff. In the future, if stakeholders become available for engagement, the SROI model can be evolved from a forecast model (projection of value) to a more robust evaluative model (definitive statement of value).

As the current analysis includes several forecast estimations, discounts have been applied to account for the uncertainty around research-based outcomes and numbers of stakeholders experiencing outcomes. Where estimations were made, they were sensitivity tested to ensure estimated discounts were not over – or under-claimed. (See Appendix G for details.)

KEY OUTCOMES

Through in-depth discussions, program staff highlighted numerous positive outcomes they had observed among the residents that they had supported in the community. They noted positive changes in safety, health, and wellbeing, including reduced harm from substance use. Based on their daily experience working with residents, staff highlighted the importance of the stability fostered through the supports provided by their program. This stability enabled residents to work towards their personal goals and avoid experiences of homelessness.

Staff also emphasized the community-level impact of positive outcomes generated by the housing stability supported through their work. Important community impacts such as decreased service use and more effective service use were highlighted, in particular decreased emergency system use (such as ambulance and emergency room). Positive outcomes for landlords were also articulated because the housing model results in stable housing situations and better relationships with landlords while providing landlords an opportunity to give back and contribute to ending homelessness in their communities.

The one resident engaged in the study via an in-depth interview reiterated the views expressed by staff, indicating that the housing support they had received had helped them become healthier, make new social connections, eat healthier food and maintain their housing.

“I believe if I did not have the support of CMHA staff I would still be homeless.”

The extensive body of existing research on supportive housing also suggests that these positive outcomes for residents, landlords, and communities are typically produced by the scattered-site supportive housing model provided through CMHA Mid-island Branch (see Section 3).

Based on resident and staff perspectives, as well as review of existing research, outcomes were identified and mapped. After mapping outcomes, the number of stakeholders achieving outcomes was forecast based on standard information submitted by CMHA Mid-island to BC Housing, program statistics collected and analyzed by CMHA Mid-island, staff estimations based on frequent interactions with residents, and existing research.

FINANCIAL VALUATION OF OUTCOMES

The SROI analysis of CMHA Mid-island’s HOP scattered-site supportive housing attempts to capture, in financial terms, the value of key mapped outcomes from each stakeholder’s perspective. However, the financial value captured 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 the financial value of outcomes, others have not been fully captured in financial terms, such as the value of a life. Further, possible longer-term impacts of housing life skills that may be developed as a result of the program have not been included in the SROI model. Although tangible value for landlords, such as decreased time managing tenancies, have been included, the potential intangible value experienced by landlords, who may feel fulfilled in the knowledge that they are contributing to the wellbeing of the community, has not been captured in the SROI. Financial proxies used to value mapped outcomes include:

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Residents (adults, primarily single, mix of male and female)	<ul style="list-style-type: none"> › Increased access to high quality housing and decreased experiences of homelessness › Increased overall wellbeing including positive changes in physical and mental health › Increased safety and decreased experiences of violence › Decreased harm from risk involved with street-based sex work › Decreased harm from substance use and increased ability to move towards reducing use › Increased personal disposable income 	<ul style="list-style-type: none"> › Value of rent supplements › Wellbeing valuation: Rough sleeping to secure housing for singles; Temporary accommodation to secure housing for singles › Personal cost of pain and suffering due to assault; sexual assault › Direct and indirect personal cost of involvement in the sex trade › Wellbeing valuation: Personal value of addressing drug and alcohol problems › Amount in additional disposable income
Landlords	<ul style="list-style-type: none"> › Decreased time spent managing tenancies (such as evictions, repairs, and resident relations) 	<ul style="list-style-type: none"> › Cost savings to private landlords
Local community/ neighbourhood	<ul style="list-style-type: none"> › Improved local neighbourhood and community quality › Increased local economic activity due to resident spending 	<ul style="list-style-type: none"> › Value of increased neighbourhood satisfaction › Economic multiplier for local spending
Government (all levels)	<ul style="list-style-type: none"> › Decreased use of emergency services by residents such as ambulance and emergency rooms › Decreased use of homeless shelters by residents › Decreased resident involvement in justice systems › Decreased hospital use by residents › Decreased service use related to resident substance use › Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use) 	<ul style="list-style-type: none"> › Vancouver cost of homelessness (including health & social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters) › Cost of substance abuse per person › Direct and indirect public costs from sexual exploitation

CMHA MID-ISLAND SCATTERED-SITE SUPPORTIVE HOUSING SROI RESULTS AND DISCUSSION

The forecast SROI analysis of investment in CMHA Mid-Island's HOP scattered-site supportive housing revealed an SROI ratio of 1:3.34, meaning:

For every dollar invested in scattered-site supportive housing through CMHA Mid-island, over three dollars in social and economic value is created.



This ratio suggests that important social and economic value is created through the operation of scattered-site supportive housing for adult singles (both male and female) who have had experiences of homelessness or difficulties maintaining housing in the past. Although the SROI ratio suggests a significant amount of value is generated by the program for every dollar invested, the value expressed through the SROI ratio is likely less than the actual value being created by the program, since discounts were applied throughout the model to account for the uncertainty inherent when using a forecast approach.

If additional information from residents and community stakeholders does become available, the SROI analysis model developed as part of this study can be evolved to use an evaluative approach, and discounts applied due to uncertainty can be reduced or removed. An evolution of the SROI analysis from a forecast to a more evaluative analysis might result in a more comprehensive articulation of value.

Further, the SROI analysis 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. Many outcomes were not valued into the future, despite the possibility of longer term impacts generated through the housing life skills and experiences of stability obtained through housing in community-based market rentals. The value of some intangible outcomes has also not been fully captured in the analysis. The actual social and economic value created by CMHA Mid-island's HOP scattered-site supportive housing is likely much higher.

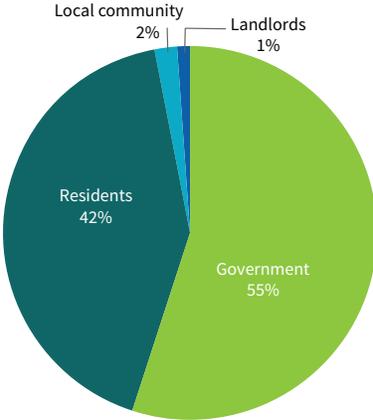
The SROI analysis revealed that approximately 55% of the social and economic value generated through CMHA Mid-island's HOP scattered-site supportive housing is expected to go back to the government in cost reallocations related to decreased service use by residents. In other words, for every dollar invested in CMHA Mid-island's scattered-site supportive housing, 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 2% of the value is expected to go back to the local community. This value is generated through improved community quality and local spending by residents. The value is experienced by community members who encounter less homelessness in their community and businesses that benefit from local spending. While some value to the local community has been captured through the SROI analysis, this value is likely understated, because benefits from resident community engagement and benefits for businesses beyond local spending are not fully captured.

Approximately 1% of the social and economic value generated by CMHA Mid-island's scattered-site supportive housing is forecast to go back to landlords who partner to support the program. These stakeholders experience value through positive and stable tenancies supported through the program as well as decreased loss of income and time spent due to

rent arrears, repairs or evictions. While some value to landlords has been captured through the SROI analysis, this value is also likely understated, because benefits such as the value to landlords of knowing they are contributing to community wellbeing through their involvement are not fully captured in the model.

Approximately 42% of the social and economic value goes back to residents through increases in wellbeing, increased safety, increased disposable income, and reduced harm. This indicates that, while scattered-site supportive housing 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.



Value Breakdown by Stakeholder Group

I believe if I didn't have the support of CMHA I would still be homeless.

- CMHA Mid-island Resident

4.3 SROI Analysis of Lookout Housing and Health Society’s Scattered-Site Supportive Housing

BACKGROUND

Lookout Housing and Health Society (“Lookout”) is a charitable organization that provides housing and support services to adults with low or no income who have few, if any, housing or support options. Recognizing that the people served through Lookout programming have challenges meeting basic needs and goals, efforts to reduce and eliminate barriers are paramount. Lookout serves 11 communities in the Lower Mainland of British Columbia, including Vancouver, Surrey, New Westminster, West Vancouver, North Vancouver, Burnaby, Langley, Abbotsford, Mission, and Maple Ridge.

Since 1971, Lookout’s community outreach programs have provided short-term bridging and follow-up services to at-risk people. These individuals are often chronically homeless and experiencing repeated emergency life crises. By providing support and intervention, outreach workers help individuals achieve and maintain greater stability and better health outcomes. Outreach workers liaise closely with other Lookout services, community partners, and community health professionals to provide immediate and ongoing treatment and support. Outreach programs through Lookout include mobile harm reduction, support for individuals living with HIV/AIDS, scattered-site supportive housing (HPP, Housing First), support for offenders integrating back into the community, and youth outreach programming.

The current study has examined the social and economic value created by Lookout’s Homeless Prevention Program (HPP): scattered-site supportive housing outreach activities that are largely located in Surrey (though clients can be supported in obtaining housing in the community of their choice). This program helps individuals who are at high risk of homelessness in obtaining and maintaining housing in the community (such as people leaving institutions, who have lost their job or housing, with illness, aging out of care, or living in unsafe accommodations). Outreach staff support individuals and families with children in searching for safe, affordable housing in the community as well as making connections to community services and can provide rent supplements (HPP) to support housing stability. Program staff work with landlords to secure community-based market rentals, but there is not a landlord liaison or housing locator role as part of the program.

Approximately 75 individuals are supported through this component of Lookout’s outreach programming. The average length of stay through the program is seven months, after which residents may move on to other independent housing in the community without supports (though program statistics are not available on resident housing status post-program).

“When I got out of recovery, I left an abusive relationship...This program helped me to change my life.”

– Lookout Resident

KEY ELEMENTS OF THE SROI MODEL FOR LOOKOUT’S HPP OUTREACH PROGRAM

Inputs	<ul style="list-style-type: none"> › Investment by BC Housing (through HPP) as the sole investor in the total program cost, including staffing, programming, administration, repairs, and rent supplements › Rents paid by residents
Timeframe for Investment	<ul style="list-style-type: none"> › 2016-2017 operating year
Stakeholders	<ul style="list-style-type: none"> › Residents (single men & women adults, couples without children and families with children) (primary stakeholders) › Landlords › Local communities › Government systems (various levels) › Investor (BC Housing)
Duration of Outcomes	<p>Average length of stay in Lookout’s scattered-site supportive housing is approximately seven months, so outcomes were estimated to last a maximum of seven months. We have not speculated about future value because information is not available on resident housing status after the program and without further investment, residents may not continue to experience program-related outcomes. However, anecdotal evidence suggests that some residents move on to other independent housing in the community after receiving HPP outreach support, so the duration of outcomes included in the SROI model present a conservative estimate of the program’s impact.</p>
Approach	<p>The SROI analysis of Lookout’s HPP scattered-site supportive housing employs a primarily evaluative approach with some forecasting based on primary and rigorous secondary research.</p>

STAKEHOLDER ENGAGEMENT

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

- › Five residents, including a mix of men, women and families

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

“I feel really safe now.”

– Lookout Resident

KEY OUTCOMES

Outcomes for the SROI were mapped based on existing research, information from Lookout staff, resident interviews, and program statistics collected by Lookout.

As primary stakeholders, residents identified numerous positive outcomes that they had experienced with support from Lookout's HPP outreach program. They indicated they had experienced increased safety (including safety from domestic violence), improved health, and better access to basic needs and nutritional food. Their comments included:

“When I got out of recovery, I left an abusive relationship...This program helped me to change my life.”

“I feel really safe now.”

“I have heart problems, [Lookout] helps me with rent and with food and any medical concerns.”

“Because of Lookout I don't starve — it's a big stress relief.”

“Now I can buy groceries. Helps feed me and my daughter.”

“My life has changed for the better. I want to give back and move into a career in mental health and addictions.”

Residents indicated they experienced greater social connectedness because of the program. They emphasized the importance of the caring relationships they had developed with Lookout staff, expressing significant gratitude for the support they had received. Their comments included:

“Because of positive relationships with male staff [in the program], I'm less afraid of men.”

“Staff at Lookout goes above and beyond.”

“My friends have also been helped by Lookout.”

“They really do care. It's not just for financial support, they helped when my grandson passed away. They called our landlords. Staff are very passionate.”

“[The most valuable thing is] help with the rent. Also knowing that there are people who really do care. They visit. They call.”

“My worker is not biased. She's a support for me. She came into my life at the right moment.”

Overall, individuals and families supported through Lookout's HPP scattered-site supportive housing program felt their wellbeing had improved because of their housing. When asked what the alternative would look like if they had not been supported in obtaining and maintaining housing in the community, most residents indicated that they would otherwise be homeless or at serious risk of homelessness. Some residents speculated that they would be at risk of experiencing domestic violence, while others speculated that their situation could be so dire that they might be dead. Residents with families suggested that without support they might otherwise have lost the opportunity to parent their children. Their comments included:

“I would not have my daughter. It would have been too much. I wouldn't have probably been here today.”

“I'd probably be homeless. It would not be good at all.”

“If Lookout wasn’t there, life would be worse for lots of people.”

“I would probably on the street or something very close to it...My life would not be as good.”

“I would have lost my daughter.”

Discussions with Lookout staff, as well as a review of the literature, pointed to similar positive outcomes. These perspectives also emphasized the community-level impact of positive outcomes garnered through scattered-site supportive housing. Important community impacts such as decreased service use, more effective service use, benefits for landlords, and greater connection to and involvement in the community were highlighted in the literature and by staff. Decreased emergency system use (such as ambulance and emergency room) and decreased health and 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 were identified and mapped. After mapping outcomes, the number of stakeholders achieving outcomes was determined based on resident interviews, as well as standard information submitted by Lookout to BC Housing, program statistics collected and analyzed by Lookout, staff estimations based on frequent interactions with residents, and existing research.

FINANCIAL VALUATION OF OUTCOMES

The SROI analysis attempts 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 the financial value of outcomes, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-saving nature of the programming, the value of a life has not been included in the SROI model. Further, while many residents spoke about what they had learned through their experience in supportive housing, the longer-term impacts of housing life-skills have not been included in the SROI model.

Although some outcomes for families have been included, speculation about increased safety from domestic violence and the broader and longer-term impact for children within these families have not been included in the analysis. Finally, while tangible value for landlords, such as decreased time managing tenancies, have been included, the potential intangible value experienced by landlords, who may feel fulfilled by contributing to the wellbeing of the community, has not been captured in the SROI. Financial proxies used to value mapped outcomes include:

“They really do care. It’s not just for financial support, they helped when my grandson passed away. They called our landlords. Staff are very passionate.”

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Residents (single male & female adults, couples, families)	<ul style="list-style-type: none"> › Increased access to high quality housing and decreased experiences of homelessness › Increased overall wellbeing including positive changes in physical and mental health › Increased safety and decreased experiences of violence › Decreased harm from risk involved with street-based sex work › Decreased harm from substance use and increased ability to move towards reducing use › Increased personal disposable income › Increased ability to stay together as a family › Increased ability to engage in employment › Increased ability to be involved in community (such as volunteering) 	<ul style="list-style-type: none"> › Value of rent supplements › Wellbeing valuation: Rough sleeping to secure housing for singles and families; Temporary accommodation to secure housing for singles and families › Personal cost of pain and suffering due to assault; sexual assault › Direct and indirect personal cost of involvement in the sex trade › Wellbeing valuation: Personal value of addressing drug and alcohol problems › Amount in additional disposable income › Wellbeing valuation: Ability to stay together as a family › Amount in employment income › Wellbeing valuation: Regular volunteering
Landlords	<ul style="list-style-type: none"> › Decreased time spent managing tenancies (such as evictions, repairs, and resident relations) 	<ul style="list-style-type: none"> › Cost savings to private landlords
Local community/ neighbourhood	<ul style="list-style-type: none"> › Improved local neighbourhood and community quality › Increased local economic activity due to resident spending 	<ul style="list-style-type: none"> › Value of increased neighbourhood satisfaction › Economic multiplier for local spending
Government (all levels)	<ul style="list-style-type: none"> › Decreased use of emergency services by residents/families such as ambulances and emergency rooms › Decreased use of homeless shelters by residents › Decreased resident involvement in justice systems › Decreased hospital use by residents and families › Decreased service use related to resident substance use › Decreased child welfare involvement experienced by families › Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use) 	<ul style="list-style-type: none"> › Vancouver cost of homelessness (including health and social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters) › Cost of substance abuse per person › Cost of regular visits by a child welfare worker › Direct and indirect public costs from sexual exploitation

LOOKOUT'S SCATTERED-SITE SUPPORTIVE HOUSING SROI RESULTS AND DISCUSSION

The SROI analysis of investment in the operation of Lookout's HPP scattered-site supportive housing programming revealed an SROI ratio of 1:4.56, meaning:

For every dollar invested in Lookout's scattered-site supportive housing, approximately 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 scattered-site supportive housing for single adults and families who have had experiences of homelessness or difficulties maintaining housing.

Lookout's HPP program creates important added value through its support for families, who, without supportive housing, are at greater risk of experiencing violence, abuse, and long-term negative outcomes. The program also generates added value through its work towards enabling residents to engage with employment and volunteering opportunities once stably housed. The SROI analysis reveals the importance of addressing the needs of single adult populations, as well as the specialized needs of vulnerable families.

However, the SROI analysis 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. Further, since the SROI analysis captures the value of outcomes only during the seven months residents are, on average, housed through the program because there is no relevant data available after the program, the analysis possibly undervalues longer-term change residents could experience. The actual social and economic value created by Lookout's HPP scattered-site supportive housing is likely much higher.

The SROI analysis revealed that approximately 61% of the social and economic value generated goes back to the government in cost reallocations related to decreased service use by residents and families. In other words, for every dollar invested in Lookout's HPP scattered-site supportive housing, nearly three dollars is generated for government in cost reallocations due to decreased service use.

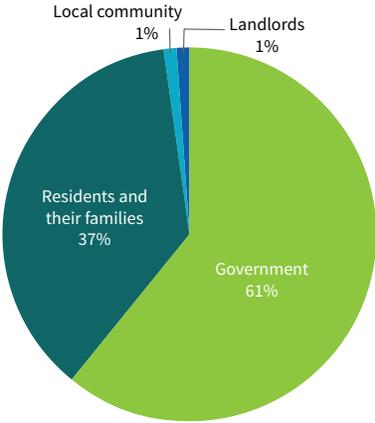
Due to Lookout's work with families, the proportion of government value revealed through the SROI is higher than in other case studies, because costs of family homelessness are significantly higher and families avoid important and costly government services related to child welfare due to the housing stability supported by Lookout.

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. This value is generated through improved community quality and local economic spending by residents. It is experienced by community members who encounter less homelessness in their communities and businesses that benefit from local spending. While some value to the local community has been captured through the SROI analysis, this value is likely understated, because benefits from resident community engagement, volunteering, and benefits for businesses (beyond local spending) were not fully captured in the analysis.

Approximately 1% of the social and economic value generated by Lookout's HPP scattered-site supportive housing also goes back to landlords who partner with the program. These stakeholders experience value through positive and

stable tenancies supported through the program as well as decreased loss of income and time spent due to rent arrears, repairs or evictions. While some value to landlords has been captured through the SROI analysis, this value is also likely understated, because benefits such as the value to landlords of knowing they are contributing to community wellbeing through their involvement with the program are not fully captured.

Approximately 37% of the social and economic value goes back to residents and their families, through increased wellbeing, safety, disposable income, employment income, and reduced harm. This indicates that, while scattered-site supportive housing 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.



Value Breakdown by Stakeholder Group

4.4. SROI Analysis of MPA Society’s Scattered-Site Supportive Housing (SOLO Program)

BACKGROUND

MPA Society is an award-winning, non-profit service agency that has supported people living with mental illness for more than 45 years. Created on the principle of self-empowerment, MPA Society programs promote the dignity and wellbeing of people with mental illness by inspiring hope and supporting their recovery. MPA Society operates over 30 social, vocational, recreational, advocacy, and housing programs that support people in their own communities. Communities served include five cities: Vancouver, Burnaby, Surrey, Port Coquitlam, and Maple Ridge.

MPA offers a continuum of support services, including scattered-site supportive housing programs such as: Supported Independent Living program (SIL), Super SIL (SIL with additional supports), and the Supported Outreach Living Opportunities (SOLO) program. This analysis examines the social and economic value created by the SOLO program as it is supported by HPP and HOP investment through BC Housing.

SOLO supports people who are homeless or at-risk of homelessness, including individuals coming out of hospital who would be discharged into homelessness. Portfolio development officers at MPA Society act as landlord liaisons, securing housing opportunities in the community, while specialized MPA Society mental health outreach workers work directly with clients to stabilize housing and maintain housing stability. Supports that are offered as part of the program include:

- › Life skills training
- › Recreation, leisure and social connections
- › Vocational, volunteer, and educational planning
- › Financial planning, budgeting, and money management skill-building
- › Advocacy
- › Support with tenancy issues and apartment searches
- › Accessing community resources
- › Health management and emergency intervention

The average length of stay for clients engaging in the program is approximately four years, which shows the significant stability enabled through SOLO program supports. For individuals who have struggled to maintain housing in the past and who may have experienced homelessness as a result, the stability developed over a four-year stable housing situation can be life-altering, enabling greater independence and ability to maintain housing independently in the community in the future.

While the SOLO program was not initially designed as a Housing First model, it now operates using a Housing First approach after Housing First’s effectiveness was shown by the Vancouver At Home/Chez Soi study, in which MPA Society was involved. SOLO’s goal is to support participants in maintaining as high a level of independence as possible while residing in the community of their choice. Currently, SOLO works with 160 participants across Greater Vancouver.

KEY ELEMENTS OF THE SOLO PROGRAM SROI MODEL

Inputs	<ul style="list-style-type: none"> › Investment by BC Housing (through HOP and HPP) as the sole investor in total program costs, including staffing, programming, administration, housing locator staff position, repairs, and rent supplements › Rents paid by residents
Timeframe for Investment	<ul style="list-style-type: none"> › 2016-2017 operating year
Stakeholders	<ul style="list-style-type: none"> › Residents (single male and female adults) (primary stakeholder) › Landlords › Local communities › Government systems (various levels) › Investor (BC Housing)
Duration of Outcomes	<p>Average length of stay in SOLO scattered-site supportive housing is four years, so outcomes were expected to last at least one year without further investment. Outcomes are valued for one year without value into the future as, without further investment, residents may not continue to experience outcomes (e.g. they may return to homelessness). While speculation about future outcomes for residents is not included in the SROI model, the experience of four years of stable housing likely enables residents to build important housing and life-skills leading to positive future outcomes regardless of continued program investment.</p>
Approach	<p>The SROI analysis of the SOLO program employs a primarily evaluative approach, with some forecasting based on primary and rigorous secondary research.</p>

STAKEHOLDER ENGAGEMENT

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

- › 10 residents, including a mix of men and women
- › Three service and community partners (Ministry of Social Development and Poverty Reduction; St. Paul’s mental health team through Providence Health; Coordinated Access through BC Housing)
- › Two landlords/property managers

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

KEY OUTCOMES

Outcomes for inclusion in the SROI were mapped based on existing research, information from MPA Society staff, resident interviews, landlord interviews, community partner interviews, and program statistics collected by MPA Society.

As primary stakeholders, residents identified numerous positive outcomes they had experienced because of the housing they had obtained and maintained through MPA Society’s SOLO program. They emphasized the importance of the safety and stability they experienced because of their housing and spoke of their increased ability to address physical and mental health concerns, as well as problematic substance use because of this safety and stability. Their comments included:

“I feel more safe. I don’t have to worry about people bothering me. I can come and go.”

“Having my own kitchen I can cook my own food. It helps me take care of my diabetes.”

“It’s nice to be behind a locked door.”

“We meet regularly and [MPA Society staff] check on me. They make sure I eat and get to doctor’s appointments.”

“This is the first time I’ve straightened out. Before that I was in and out of jail....I even have savings.”

“For the first time in my life I feel safe...I’m sure there are a few friends who breathe a little bit easier knowing that I’m okay.”

“I don’t have to worry about rent. I am so grateful and I feel it every time I go home.”

“I managed to get off drugs. I work now...my common law wife doesn’t worry about me as much, which has made our relationship better. My health has improved, I’m less sick.”

Residents also spoke about the importance of their involvement in the SOLO program in terms of increasing their social connectedness and social inclusion:

“I feel safer. I know people in the area and my son is only two blocks away. That helps. I am able to go for walks without worrying about being homeless.”

“[The most valuable thing is] having someone to talk to because I don’t talk to anyone about my problems. I don’t talk to my friends.”

“[MPA staff] understand that it takes time to recover. Having meetings with MPA staff help you get up and gets you reconnected with others and society.”

Some residents also indicated that their involvement in the program, and the housing stability they had experienced as a result, enabled them to consider furthering their education or engaging in employment. They said things like:

“I got back to work. I didn’t think I could get a legitimate job. They helped me be motivated...now I pay my bills, Hydro, cable, I can go shopping.”

“They are the first ones that helped me get a job....I’m really glad that I did.”

“When you have a home you feel like you can settle down. You’re not on the run. My building feels safe and people work and it inspired me to work too. I was not working for 10 years and now I do. ...Now I want to go back to school and find a full time job. I went on my first vacation. I can now get medication. Now I have healthier ways of eating and exercising.”

Residents highlighted the deep and trusting relationships they had built with MPA Society staff, whom they felt were non-judgmental supporters of their journey towards greater housing stability and independence. Their comments included:

“MPA is there for you. They are very caring people.”

“I am happy with MPA society...The staff is very helpful they help with food bank and calendar. It’s unbelievable the support I get. It’s awesome.”

“It’s nice to have someone who is not family, who can help me. MPA staff always have a smile. They are friendly. They always answer the phone.”

“MPA workers are the most excellent [people].”

“My worker really cares and wants the best for me. It has also impacted my other half — my common law partner.”

Individuals supported through MPA Society’s SOLO program felt their wellbeing had improved because of their housing. When asked to speculate about what the alternative would look like if they had not been supported in obtaining and maintaining housing in the community, most residents felt they would otherwise be homeless, in hospital or in jail. Many suggested that they would be experiencing more harm from substance use, including possible overdoses. Several residents suggested that, without supportive housing through MPA Society, their situation would be so dire that they might be dead. Their comments included:

“I don’t even want to think about it. The alternative is death. Being on the streets, no friends, no family. When your husband kicks you out there’s nothing. People out there lie. MPA doesn’t lie.”

“I wouldn’t be here. I wouldn’t be alive. I’m not connected to anyone. I’d like to return the favour one day. I respect what [MPA Society] does.”

“I don’t know. I can’t think of that. I’d probably be dead to tell the truth. I did heroin a lot by myself. Drugs are bad downtown right now.”

“Without MPA I could not afford a place. I’d be outside.”

“It would be terrible. I would still be living in awful housing. I might be dead.”

Discussions with MPA Society staff, partnering landlords and property managers, and community service partners, as well as a review of the literature, pointed to similar positive outcomes. Landlords and property managers spoke about the positive outcomes they saw residents experiencing such as improved social connection. One landlord said:

“The benefits MPA Society clients experience are: being heard and treated like they are a somebody. That they count as a person with rights and importance. They also benefit by having a second chance at life — at survival for some. I also believe they create bonds and friendships with their workers that they can trust. Most [MPA Society clients] never have had that trusting relationship with anyone...MPA plays an important role in their lives. I see the change in my residents from when they first move in to as the months pass and how different they are. It’s a good thing.”

Beyond benefits experienced by residents, landlords and property managers highlighted the benefits that working with MPA Society has had for them personally. They spoke of decreased time and resources spent managing resident relationships and how they feel they are contributing to their community’s wellbeing through their involvement in the program:

“Just knowing that I am helping someone by giving them a safe warm place to live, a home. That’s very important.”

“It’s good to just call a worker. This way I do not have to fight with a resident.”

“One of the benefits of working with MPA is knowing that I have their support and they have mine as we work together as a team to try and help the less fortunate people and help them have a chance at life. The other benefit I have as a landlord by working with MPA Society is knowing that I play a role in the community and every bit counts.”

From the perspectives of community service partners, (such as health and housing partners, MPA Society’s SOLO program helps create efficiency within systems and fills important service gaps within the community. These stakeholders also emphasized the benefits to clients of having ongoing support to enable housing stability:

“The most valuable thing is the opportunity they give to clients to obtain and maintain appropriate and more independent housing – the normalizing of housing.”

These stakeholders also emphasized the community-level impact of positive outcomes garnered through the SOLO program, suggesting that positive outcomes experienced by residents also lead to decreased service use, more effective service use, and more efficient systems. They emphasized decreased emergency system use (such ambulance and emergency room), decreased health system use and housing system efficiency:

“Most of the clients are doing quite well and the system impact is positive. There is less rehospitalization, better engagement with mental and physical health care systems, people are getting back to work, reconnecting with family, economic benefits, societal benefits, and fewer homeless people on the streets.”

“As our supported housing system is made up of a number of different housing providers, all of these housing providers benefit as their residents have access to the SOLO Program. Health also benefits as SOLO provides continued outreach support to their residents; both mental health supports and linking with primary care. This ability to identify and intervene with residents early prevents need for emergency services, hospitalization.”

Based on resident, staff, landlord, and community partner perspectives, as well as a review of existing research, outcomes were identified and mapped. After mapping outcomes from MPA Society’s SOLO Program, the number of stakeholders achieving outcomes was determined based on resident and landlord interviews, as well as standard information submitted by MPA Society to BC Housing, program statistics collected and analyzed by MPA Society, staff estimations based on frequent interactions with residents, and existing research.

FINANCIAL VALUATION OF OUTCOMES

The SROI analysis attempts 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 the financial value of outcomes, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-saving nature of the SOLO program, the value of a life has not been included in the SROI model.

Although the program supports long stays in scattered-site supportive housing (average of four years), the value of the stability garnered over the entirety of a housing stay is not well represented in financial terms through the SROI model. While longer stays can result in longer-term impacts from the development of independent housing and life-skills, we have not speculated about the value of this longer-term impact in the SROI model because data is not available to show resident trajectories if further investment in the program did not happen. Finally, while tangible value for landlords, such as decreased time managing tenancies, have been included, the potential intangible value experienced by landlords, who may feel fulfilled by contributing to the wellbeing of the community, has not been captured in the SROI. Financial proxies used to value mapped outcomes include:

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

MPA SOCIETY SOLO PROGRAM SROI RESULTS AND DISCUSSION

The SROI analysis of investment in MPA Society’s scattered-site supportive housing SOLO Program revealed an SROI ratio of 1:3.43, meaning:

For every dollar invested in scattered-site supportive housing through the SOLO Program, nearly three and a half dollars in social and economic value is created



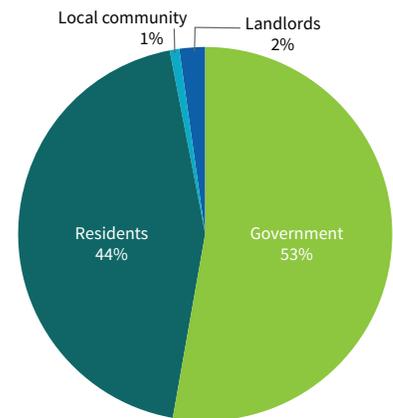
This ratio suggests that significant social and economic value is created through the operation of scattered-site supportive housing for single adults who have had experiences of homelessness or difficulties maintaining housing. Although the SROI ratio represents important value that is created through the SOLO program, the SOLO program model produces longer stays in scattered-site supportive housing, the value of which is not well-captured through the SROI analysis.

This level of stability often requires more resources so that clients receive greater depth of support. These additional resources are included as inputs within the SROI analysis and possibly lower the SROI ratio, despite the achievement of many positive outcomes for residents. Section 6.0 discusses this, and other limitations within the current study. Overall, the SOLO program SROI analysis 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. The actual social and economic value is likely much higher.

The SROI analysis revealed that approximately 53% of the social and economic value goes back to the government in cost reallocations related to decreased service use by residents. In other words, for every dollar invested in MPA Society’s SOLO Program, 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. This value is generated through improved community quality and local economic 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, such as the library, that have more actively engaged community members using their service. While some value to the local community has been captured through the SROI analysis, this value is likely understated, because benefits from resident community engagement, more efficient delivery of services among community partners, and benefits for businesses (beyond local spending) were not fully captured in the analysis.

Approximately 2% of the social and economic value generated by the SOLO program goes back to landlords who partner with the program. These stakeholders experience value through positive and stable tenancies supported through the program as well as decreased loss of income and time spent due to rent arrears, repairs or evictions. While some value to landlords has been captured through the SROI analysis, it is also likely understated because benefits, such as the value to landlords of knowing they are contributing to community wellbeing through their involvement with the program, are not fully captured in the model.



Value Breakdown by Stakeholder Group

Approximately 44% of the social and economic value goes back to residents, through increases in wellbeing, safety, disposable income, ability to engage in employment and volunteering, and reduced harm. This indicates that, while scattered-site supportive housing 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.

“I am happy with MPA society...The staff is very helpful they help with food bank and calendar. It’s unbelievable the support I get. It’s awesome.”

- SOLO Program Resident

4.5. SROI Analysis of Pacifica Housing’s Scattered-Site Supportive Housing

BACKGROUND

Pacifica Housing (“Pacifica”) is a registered charity serving lower Vancouver Island (including Greater Victoria). Its mission is to be a leading innovative provider of affordable homes and support services that contribute to the independence of individuals and families. Using a Housing First approach, Pacifica helps people find safe, secure, and permanent housing, so that health, family, and other personal matters can then be addressed. Pacifica’s vision is to build better lives through affordable homes and community connections, with the goal of working towards breaking the cycle of homelessness by enabling families and single adults to achieve permanent housing so they can live with dignity, safety, and stability.

Pacifica provides a range of programs and supports, including affordable housing options, community programs (such as community garden, community kitchen, peers support, and youth groups), downtown outreach services for individuals who are currently homeless or at risk of becoming homeless (including a drop-in service centre in downtown Victoria), and scattered-site supportive housing, including Housing First through the Streets to Homes program.

The current study examines the social and economic value created by Pacifica’s scattered-site supportive housing program funded through BC Housing via HOP and HPP. This program helps individuals who are homeless or at risk of homelessness in obtaining and maintaining housing in the community, despite complex needs and issues that may have caused barriers to maintaining housing in the past (such as mental health concerns and problematic substance use).

Scattered-site supportive housing through Pacifica is supported by two staff (landlord liaisons) who maintain a database of landlord connections to facilitate market-rental placements for clients. Approximately 286 individuals receive supportive housing through this component of Pacifica’s services. The average length of stay for clients engaging in this program is approximately three years, which shows the significant stability produced by Pacifica’s supports. For individuals who have struggled to maintain housing in the past and who may have had experiences of homelessness as a result, the stability garnered over a three-year tenancy can be profound, enabling numerous positive outcomes and progress towards personal goals.

KEY ELEMENTS OF THE PACIFICA SCATTERED-SITE SUPPORTIVE HOUSING SROI MODEL

Inputs	<ul style="list-style-type: none"> › Investment by BC Housing (through HOP & HPP), the federal government, United Way, and the City of Victoria in the total program costs, including staffing, programming, administration, repairs, landlord liaison/housing locator costs, and rent supplements › Rents paid by residents
Timeframe for Investment	<ul style="list-style-type: none"> › 2016-2017 operating year
Stakeholders	<ul style="list-style-type: none"> › Residents (primarily single men & women adults, some couples) (primary stakeholder) › Landlords › Local communities › Government systems (various levels) › Investors (BC Housing, federal government, United Way, City of Victoria)
Duration of Outcomes	<p>Average length of stay for Pacifica HPP/HOP residents is three years, so outcomes were expected to last at least one year without further investment. Outcomes are valued for one year without value into the future as, without further investment, residents may not continue to experience outcomes (e.g. they may return to homelessness). While speculation about future outcomes for residents is not included in the SROI model, the experience of three years of stable housing likely enables residents to build important housing and life-skills leading to positive future outcomes regardless of continued program investment</p>
Approach	<ul style="list-style-type: none"> › The SROI analysis of Pacifica’s HPP/HOP scattered-site supportive housing employs a primarily evaluative approach with some forecasting based on primary and rigorous secondary research.

STAKEHOLDER ENGAGEMENT

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

- › 10 residents, including a mix of men and women
- › Three landlords and property managers

No community stakeholders (such as service providers or business community members) were available for engagement 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 for the SROI were mapped based on existing research, information from Pacifica staff, resident interviews, landlord interviews, and program statistics collected by Pacifica.

As primary stakeholders, residents identified numerous positive outcomes they had experienced due to the housing they had obtained and maintained. They highlighted the importance of the independence they could develop by living in the community with support from Pacifica, and how this arrangement allowed them to work towards achieving their

personal goals and moving forward in their lives. Residents spoke about improvements in their health and mental health that they had experienced and suggested that they could better manage substance use once housed. Their comments included:

“I’m a lot healthier, and working on feeling safer.”

“[Market rental housing] allows for distance from drugs and the street lifestyle so I can stay clean and be a functional member of society.”

“It has given me more stability in my life.”

“I feel safer, healthier, much better about the future, able to relax and get my composure back.”

“If you need help you can get it, but they also allow for independence.”

Residents also spoke about the personal impact of having stable housing on their feelings of belonging and self-worth:

“I feel like I’m getting my life back.”

“Having housing has restored my self-worth.”

“Feeling like a functioning person in society is so valuable.”

“I go away feeling good about myself.”

Residents emphasized the value of the relationships they had developed with program staff, suggesting a deep and trusting connection had been fostered. They felt the support they had received through Pacifica was respectful and enabled life-altering changes to emerge. Their comments included:

“This is the best organization in the city.”

“They’ve helped me in every way imaginable.”

“They make it easy to ask for help, they don’t act like it’s a big deal to help you out.”

“There are unselfish people who are willing to help you.”

“They’ve helped me out a lot.”

“One of the greatest things about these people is that they are humane.”

Overall, individuals supported though Pacifica’s HPP/HOP scattered-site supportive housing programming felt their wellbeing had improved because of their tenancy. When asked what the alternative would look like if they had not been supported in obtaining and maintaining housing in the community, most residents indicated that they would otherwise be homeless, couch surfing or living in unsafe or unhealthy conditions. Some thought that they might be in the hospital, while several others felt that without this housing support their situation would be so dire that they might be dead. Their comments included:

“Without the supplement, I don’t think I’d be living anywhere. I’d be homeless, definitely.”

“I’d be in the graveyard – I was in really bad shape.”

“I’d be dead. Straight up. That’s the truth.”

“I would probably still be out there, fighting to stay warm, and only having food when the soup kitchens are open — if you get hungry at night, too bad, you have to wait until the next day.”

Discussions with Pacifica staff and partnering landlords and property managers, as well as a review of the literature, pointed to similar positive outcomes. Landlords and property managers spoke about the positive outcomes they saw residents experiencing, particularly when there is low vacancy and high rents in Victoria. One landlord said:

“Clients can have safe housing. There may be some people that are hesitant in the city to house them because of the perception and stigma towards them. Through Pacifica they have a much better chance to secure an apartment.”

Beyond benefits experienced by residents, landlords and property managers highlighted the benefits that working with Pacifica creates for them personally. They spoke of how support from Pacifica creates more positive and stable tenancies and they indicated they felt that they are contributing to their community’s wellbeing through their involvement in the program:

“The most valuable thing is there’s support if tenant issues arise.”

“The tenants that they’ve given us are guaranteed to pay rent on time and have someone kind of backing them up if there are any issues.”

“I think everybody benefits from this program – I think this is the best program that I’ve come across as far as housing goes.”

“The calibre of tenants we’ve been getting has been awesome.”

Review of the literature and conversations with staff also highlighted the community-level impact of positive outcomes garnered through scattered-site supportive housing. Important community impacts, such as increased feelings of community safety, decreased service use and more effective service use, were emphasized, including decreased emergency system use (such as ambulance and emergency room), decreased health system use, and decreased criminal justice system involvement.

Based on resident, staff, and landlord perspectives, as well as review of existing research, outcomes were identified and mapped. After mapping the outcomes, the number of stakeholders achieving outcomes was determined based on resident and landlord interviews, as well as standard information submitted by Pacifica to BC Housing, program statistics collected and analyzed by Pacifica, Pacifica resident satisfaction and outcome surveys, staff estimations based on frequent interactions with residents, and existing research.

FINANCIAL VALUATION OF OUTCOMES

The SROI analysis 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 the financial value of outcomes, others have not been fully captured in financial terms. For example, while many residents and staff spoke about the life-saving nature of Pacifica’s support, the value of a life has not been included in the SROI model. Although the program supports long tenancies (average of three years), the value of the stability garnered over the entirety of a tenancy is not well-represented in financial terms through the SROI model.

While longer tenancies can result in longer-term impacts from the development of independent housing and life skills, we have not speculated about the value of this longer-term impact in the SROI model because data is not available to show resident trajectories if further investment in the program was not available. While tangible value for landlords, such as decreased time managing tenancies, has been included, the potential intangible value experienced by landlords, who may be fulfilled by contributing to the wellbeing of the community, has not been captured in the SROI. Financial proxies used to value mapped outcomes include:

Stakeholder	Key Outcomes Included in the SROI	Key Financial Proxies Used to Value Outcomes
Residents (single male and female adults, couples)	<ul style="list-style-type: none"> › Increased access to high quality housing and decreased experiences of homelessness › Increased overall wellbeing including positive changes in physical and mental health › Increased safety and decreased experiences of violence › Decreased harm from risk involved with street-based sex work › Decreased harm from substance use and increased ability to move towards reducing use › Increased personal disposable income › Increased ability to engage in volunteering › Increased ability to engage in employment 	<ul style="list-style-type: none"> › Value of rent supplements › Wellbeing valuation: Rough sleeping to secure housing for singles; Temporary accommodation to secure housing for singles › Personal cost of pain and suffering due to assault; sexual assault › Direct and indirect personal cost of involvement in the sex trade › Wellbeing valuation: Personal value of addressing drug and alcohol problems › Amount in additional disposable income › Wellbeing valuation: Regular volunteering › Amount in income from employment
Landlords	<ul style="list-style-type: none"> › Decreased time spent managing tenancies (such as evictions, repairs and resident relations) 	<ul style="list-style-type: none"> › Cost savings to private landlords
Local community/ neighbourhood	<ul style="list-style-type: none"> › Improved local neighbourhood and community quality › Increased local economic activity due to resident spending 	<ul style="list-style-type: none"> › Value of increased neighbourhood satisfaction › Economic multiplier for local spending
Government (all levels)	<ul style="list-style-type: none"> › Decreased use of emergency services by residents such as ambulances and emergency rooms › Decreased use of homeless shelters by residents › Decreased resident involvement in the justice system › Decreased long-term hospital stays by residents › Decreased service use related to resident substance use › Decreased risk of sexual exploitation related to homelessness among residents (and associated decreased government service use) 	<ul style="list-style-type: none"> › Vancouver cost of homelessness (including health and social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, and shelters) › Cost of substance abuse per person › Direct and indirect public costs from sexual exploitation

PACIFICA'S SCATTERED-SITE SUPPORTIVE HOUSING SROI RESULTS AND DISCUSSION

The SROI analysis of HPP/HOP investment in Pacifica's scattered-site supportive housing programming revealed an SROI ratio of 1:3.77, meaning:

For every dollar invested in scattered-site supportive housing through Pacifica, nearly four dollars in social and economic value is created.

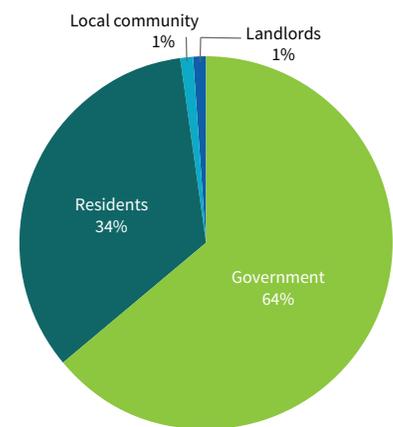


This ratio suggests that significant social and economic value is created through the operation of scattered-site supportive housing for adult singles who have had experiences of homelessness or difficulties maintaining housing. Although the SROI ratio represents important value that is created, Pacifica's program produces longer tenancies, the value of which is not well-captured through the SROI analysis. This level of stability often requires more resources so that clients receive greater depth of support. These additional resources are included as inputs within the SROI analysis and possibly lower the SROI ratio despite the achievement of many positive outcomes for residents. Section 6.0 discusses this, and other limitations within the current study. Overall, the SROI analysis 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. The actual social and economic value created by Pacifica's scattered-site supportive housing programming is likely much higher.

The SROI analysis revealed that approximately 64% of the social and economic value that is created goes back to the government in cost reallocations related to decreased service use by residents. In other words, for every dollar invested in Pacifica's HPP/HOP scattered-site supportive housing, nearly two and a half dollars is generated for government in cost reallocations due to decreased service use. Pacifica generates a higher proportion of value for government due to the high volume of clients served and housed per year.

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. This value is generated through improved community quality and safety, as well as local economic spending by residents. The value is experienced by community members who encounter less homelessness in their communities and businesses that benefit from local spending. While some value to the local community has been captured through the SROI analysis, this value is likely understated, because benefits from resident community engagement and volunteering, and benefits for businesses (beyond local spending) were not fully captured in the analysis.

Approximately 1% of the social and economic value generated by Pacifica's scattered-site supportive housing program also goes back to landlords who partner to support the success of the program. These stakeholders experience value through positive and stable tenancies supported through the program and decreased loss of income and time spent due to rent arrears, repairs or evictions. While some value to landlords has been captured through the SROI analysis, this value is also likely understated, because benefits, such as the value



Value Breakdown by Stakeholder Group

to landlords of knowing they are contributing to community wellbeing through their involvement with the program, are not fully captured in the model.

Approximately 34% of the social and economic value goes back to residents, through increases in wellbeing, safety, disposable income, ability to engage in employment and volunteering, and reduced harm. This indicates that, while scattered-site supportive housing 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.

“[Market rental housing] allows for distance from drugs and the street lifestyle so I can stay clean and be a functional member of society.”

– Pacifica Client

5.0 Case Study Comparison and Discussion

Findings from the five scattered-site supportive housing SROI case study analyses indicate that a range of significant value is created when investment is made to ensure individuals who face challenges to maintaining housing have access to affordable housing with supports that enhance housing stability. With significant value revealed in all five case studies, it is apparent that scattered-site supportive housing is a valuable investment. This is consistent with the Canada-wide At Home/Chez Soi study that found scattered-site supportive housing initiatives create positive outcomes and value for citizens, governments, and communities.

The scattered-site supportive housing programs facilitated through CMHA Kelowna and Lookout Society had slightly higher SROI ratios. These ratios are likely higher due to the additional value that is generated through the support that these programs provide for vulnerable families with children. With few other housing options available in the community, supporting families in need can generate significant additional value.

As discussed in Sections 4.4 and 4.5, MPA Society and Pacifica Housing also likely generate additional value not captured through the current SROI analyses due to the longer tenancies achieved by participants. With average lengths of tenancy within these programs of approximately four years and three years respectively, residents can likely establish more permanent stability through the development of housing- and life-skills supported by MPA Society and Pacifica. The current research took a conservative approach to outcome valuation, avoiding speculation about value into the future if investment was no longer available. This means that while many MPA Society and Pacifica residents may sustain their housing without further investment or support through HPP/HOP, this value has not been captured in the SROI analyses. Since more intensive case management requires greater investment of resources, the SROI ratios for these two case studies may be lowered due to greater investment that leads to tenancies that are sustained for longer.

While the HOP scattered-site supportive housing programming provided through CMHA Mid-island revealed a slightly lower SROI ratio, the social return uncovered through the analysis is nevertheless significant. Discounts applied throughout this case study analysis to eliminate the potential for over-claiming due to the forecast approach applied may have lowered the SROI ratio despite significant value created by the program. Future exploration of the program's social and economic value creation using an evaluative SROI approach may ultimately reveal a higher SROI ratio.

Although we found differences among the case studies, they all showed significant value creation for residents, local communities, landlords, and governments, and the range of value that has been demonstrated is narrow. Differences in the SROI ratios across the case studies are impacted by the operating costs of the programs, the community in which the program operates, as well as the number of residents experiencing outcomes. Overall, the SROI case study analyses suggest that:

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

Based on the findings across case studies, it is estimated that a little more than half of the value generated through scattered-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 (e.g. homeless shelters, basic needs supports, etc.). Approximately 1-2% of the value is estimated to go back to

local communities and neighbourhoods through improved community wellbeing, such as fewer homeless individuals living on the streets, and increased local economic spending. An additional 1-2% of the value returns directly to landlords due to positive and stable tenancies and decreased loss of income and time spent due to rent arrears, repairs or evictions. 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), direct benefits (such as rent supplements), personal safety, ability to engage in employment, more disposable income, and connection to community.

Sensitivity tests revealed that the value captured through the SROI case study analyses provide a conservative estimate of the total social and economic value generated through scattered-site supportive housing. The current study 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 (i.e. outcomes would not sustain 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 five and eight dollars in social and economic value. SROI returns of five to eight 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 nature of the current study ensures value is not over-claimed and there are no assumptions about outcomes that have not been proven or measured.

	CMHA Kelowna	CMHA Mid-Island	Lookout Society	MPA Society	Pacifica Housing
Location	Kelowna	Nanaimo	Surrey	Vancouver	Victoria
Number of Residents Supported	54	30	75	160	286
SROI Ratio	1 : 4.77	1 : 3.34	1 : 4.56	1 : 3.43	1 : 3.77
Value Break-down	55% to government; 43% to residents and their families; 1% to the local community; 1 % to landlords	55% to government; 42% to residents; 2% to the local community; 1 % to landlords	61% to government; 37% to residents and their families; 1% to the local community; 1 % to landlords	53% to government; 44% to residents; 1% to the local community; 2% to landlords	64% to government; 34% to residents; 1% to the local community; 1% to landlords

6.0 Limitations

There are a number of identified limitations within the current study 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.³¹
- › **Limitations in the availability of primary data from residents:** During the development of the SROI case study analyses, 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, the current study has relied on information garnered through in-depth resident interviews and information gathered on an ongoing basis by housing providers (e.g. length of tenancy, varied information on outcomes achievement, etc.) as well as robust research on anticipated impacts of supportive housing, particularly the At Home/Chez Soi Study. In some case studies, only a few residents were available for interview. Since not all residents could be interviewed, the results of the study are not as robust or generalizable 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. In particular, the current study does not include a valuation of human life, despite many residents indicating that without supportive housing they would likely be dead. Further, while all supportive housing providers included in the study emphasized the importance of improved mental and/or physical health for residents due to their tenancy, these important changes may be undervalued in the SROI models, as they have been included as part of changes in wellbeing and overall government service use, without being broken out for separate valuation. For landlords, the intangible benefits of contributing to their communities through the provision of housing have not been captured in financial terms. 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 communities was used.
- › **Limitations in stakeholder inclusion:** In order to maintain a conservative approach to estimating the value of scattered-site supportive housing, the current study has included value only for direct stakeholders, without speculating about spin-off value creation for neighbours, program staff, residents' guests, residents' peers, residents' partners, and residents' families that are not directly served through scattered-site supportive housing. Further, the value for communities has 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 (e.g. 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 over time, despite inclusion of drop off and displacement discounts. Further the SROI models are not

³¹ For further discussion of limitations of the SROI methodology, see for example: Fujiwara (2015).

sensitive to some specific resident demographics. In particular, while some supportive housing programs may seek to house individuals with higher acuity than others, this nuance is not well-reflected within the models beyond impacts on length of tenancy and likelihood to experience outcomes. Since housing providers require greater investment when working with higher acuity residents, this inability to capture acuity nuances may limit the findings from the current study. Similarly, the SROI models are not sensitive to differences in experiences for those 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:** In order 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, since many residents indicated that if supportive 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, which may support future success in housing, even if the current supportive housing was no longer available to them. This limitation is particularly relevant for scattered-site supportive housing programs that are producing longer, more stable tenancies (i.e. MPA Society and Pacifica Housing).
- › **Limitations due to current BC 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 experiencing different housing conditions, including B.C. communities in the future.
- › **Limitations in ability to account for displacement from scattered-site supportive housing:** While the current study has allocated value discounts to account for the displacement of other renters by scattered-site supportive housing residents, this displacement has been estimated and sensitivity tested without deeper research into the possible impact of this arrangement on rental markets. While other renters in the community may seek housing that is different from what supportive housing residents seek (e.g. different communities, different amenities nearby, etc.), there is nevertheless the potential that scattered-site supportive housing displaces renters, and the current SROI analyses only roughly estimates this possible displacement.

7.0 Conclusions & Recommendations

Using the internationally standardized SROI methodology, the current study has revealed that for every dollar invested in the operation of scattered-site supportive options in B.C., between \$3.34 and \$4.77 in social and economic value is created for residents, communities, landlords, and government. 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 scattered-site supportive housing can generate social and economic value for government, communities and citizens.

The findings from this study 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 rather that the value presented is not over-claimed. This study contributes to the literature by providing an estimate of the value of five investments in scattered-site supportive housing in B.C.

Based on findings from the study, the following recommendations are put forward:

- 1. Invest in scattered-site supportive housing.** The current study shows that investment in scattered-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, landlords, and communities. Further investment in scattered-site supportive housing is expected to generate value while addressing a social need. Investment in scattered-site supportive housing for families with children has been shown to create additional value.
- 2. Invest in increasing the supply of affordable housing.** The value shown through this study has been discounted to account for the displacement of other renters in the community in need of affordable housing who may be displaced by scattered-site supportive housing residents for whom housing connections are facilitated. Investment into the development of affordable housing stock could help alleviate rental market pressures, decreasing the displacement discount on the social and economic value created by scattered-site supportive housing, thereby maximizing the total social and economic value created by scattered-site supportive housing investment.
- 3. Share the results of this study to contribute to learning and bolster support for scattered-site supportive housing.** By sharing the results of this study, which shows the multi-stakeholder value of scattered-site supportive housing, greater understanding of the importance of this housing option can be nurtured, possibly fostering greater community and landlord support for supportive housing and inclusion of supportive housing in properties/communities in the future.
- 4. Seek opportunities to gain further insights about the value of scattered-site supportive housing.** The five-case study SROI analyses conducted through this research study show the depth of social and economic value created through scattered-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 learnings and growth.

Appendix A: Resource List

- Albert, M., Penna, T., Pagan, F., & Pauly, B. (2016). *More than a number: 2016 Greater Victoria point in time count summary report*. Canada: Homelessness Partnering Strategy.
- Aos, S., Lee, S., Drake, E., Pennucci, A., Klima, T., Miller, M., Burley, M. (2011). *Return on investment: evidence-based options to improve statewide outcomes*. (Document No. 11-07-1201). Olympia, WA: Washington State Institute for Public Policy.
- Bamberger, J. & Dobbins, S. (2015). A research note: Long-term cost-effectiveness of placing homeless seniors in permanent supportive housing. *Cityscape: A Journal of Policy Development and Research*, 17(2), 269-277.
- Bassuk, E.L., DeCandia, C, J., Tsertsvadze, A., & Richard, M.K. (2014). The effectiveness of housing interventions and housing and service interventions on ending family homelessness: A systematic review. *American Journal of Orthopsychiatry*, 84(5), 457-474.
- Basu, A., Kee, R., Buchanan, D., & Sadowski, L. (2012). Comparative cost analysis of housing and case management program for chronically ill homeless adults compared to usual care. *Health Services Research*, 47(1), 523-543.
- BC Housing. (2018). Glossary. Retrieved from <https://www.bchousing.org>
- BC Housing. (2018). Mission, vision, values. Retrieved from <https://www.bchousing.org>
- BC Non-Profit Housing Association and M. Thomson Consulting. (2013). *Factsheet: affordable housing in BC*. Vancouver, BC: BC Non-Profit Housing Association.
- Boardman, A., Moore, M., and Vining, A. (2010). The social discount rate for Canada based on future growth in consumption. *Canadian Public Policy*, 36(3), 325-343.
- Bonellie, J., & Maxwell, S. (2012). *An evaluation of social added value for West Bridge Mill accommodation with support*. UK: Link Group.
- Bowlus, A., McKenna, K., Day, T., & Wright, D. (2003). *The economic costs and consequences of child abuse in Canada*. Canada: Law Commission of Canada.
- Boyle, F., Palmer, J., & Ahmed, S. (2016). *The efficiency and effectiveness of the housing first support service piloted by Depaul in Belfast, funded by Supporting People: An SROI evaluation*. UK: North Harbour Consulting.
- Calgary Homeless Foundation (2008) *Report on the cost of homelessness in the city of Calgary*. Calgary, AB: RSM Richter & Associates Inc.
- Canadian Centre for Policy Alternatives and Common Knowledge Research & Consulting (2014). *Home economics: findings from a cost-benefit analysis of housing and support services provided by Adsum for women and children*. Halifax, NS: Adsum for Women and Children.
- Canada Mortgage and Housing Corporation. (2016). About affordable housing in Canada. Retrieved from: <http://www.cmhc-schl.gc.ca/en/>
- Canada Mortgage and Housing Corporation. (2017). Rental market report: British Columbia highlights. Retrieved from <https://www.cmhc-schl.gc.ca>
- Canada Mortgage and Housing Corporation. (2017). Rental market report: Kelowna CMA. Retrieved from <https://www.cmhc-schl.gc.ca>
- Canada Mortgage and Housing Corporation. (2017). Rental market report: Vancouver CMA. Retrieved from <https://www.cmhc-schl.gc.ca>
- Canada Mortgage and Housing Corporation. (2017). Rental market report: Victoria CMA. Retrieved from <https://www.cmhc-schl.gc.ca>
- Canada Mortgage and Housing Corporation. (2005). *Research Highlight: Cost of Eviction Prevention programs*. Socio-Economic Series 05-035.
- Chan, C. (2018, February 18). Advocates demand government action on BC 'crisis.' *Vancouver Sun*. Retrieved from <https://www.vancouversun.com>
- City of Surrey. (2017). *Surrey housing profile*. Retrieved from <https://www.surrey.ca>

- City of Surrey. (2018). *Master plan for housing the homeless*. Retrieved from <http://www.surrey.ca/community/14275.aspx>
- City of Toronto (2009). *Summary: Cost savings analysis of the enhanced Streets to Homes program*. Ottawa, ON: Acting Deputy City Manager and Chief Financial Officer office.
- City of Vancouver. (2018). Supportive housing for homeless and at-risk residents. Retrieved from <http://vancouver.ca>
- Cohen, M. (2005). *The costs of crime and justice*. London, UK: Routledge.
- Culhane, D.P., Park, J.M., & Metraux, S. (2002). The patterns and costs of services use among homeless families. *Journal of Community Psychology*, 39(7), 815-825.
- Currie, L. Moniruzzaman, A., Patterson, M. & Somers, J. (2014). *At Home/Chez Soi project: Vancouver site final report*. Calgary, AB: Mental Health Commission of Canada.
- Curry, S., & Abrams, L. (2015). Housing and social support for youth aging out of foster care: State of the research literature and directions for future inquiry. *Child Adolescent Social Work Journal*, 32, 143-153.
- Defriend, C. (2016). *Continuing and shifting patterns in Nanaimo's homeless population: Based on the February 9, 2016 First Nation-wide point in time count*. Nanaimo, BC: The Nanaimo Homeless Coalition.
- Deriviere, L. (2005). A human capital methodology for estimating the lifelong personal costs of young women leaving the sex trade. *Feminist Economics*, 12(3), 367-402.
- DeWolff, A. (2008). *We are neighbours: The impact of supportive housing on community, social, economic, and attitude changes*. Toronto, ON: University of Toronto Wellesley Institute.
- Dickson-Gomez, J., Quinn, K., Bendixen, A., Johnson, A., Nowicki, K., Ko, T., & Galletly, C. (2017). Identifying variability in permanent supportive housing: A comparative effectiveness approach to measuring health outcomes. *American Journal of Orthopsychiatry*, 87(4), 414-424.
- Dodds, T. (2014). *Gentoo living young persons supported housing service – STEPs*. UK: The SROI Network.
- Durie, S. (2011). *Shelter Scotland's 'More than Housing': An evaluation of the shelter housing support services in Dumfries and Galloway, using the principles and framework of social return on investment*. UK: Haldane Associates.
- Eberle, M., Kraus, D., Pomeroy, S., & Hulchanski, D. (2001). Homelessness causes and effects - the cost of homelessness in BC (Volume 3). Vancouver, BC: *British Columbia Ministry of Social Development and Economic Security, and BC Housing Management Commission*.
- Expatisan. (2018). Cost of living in Kelowna, Canada. Retrieved from <https://www.expatisan.com/cost-of-living/kelowna>
- Expatisan. (2018). Cost of living in Victoria, Canada. Retrieved from <https://www.expatisan.com/cost-of-living/victoria-canada>
- Falvo, N. (2009). *Homelessness, program responses, and an assessment of Toronto's Streets to Homes program*. Toronto, ON: Canadian Policy Research Network.
- Fuerlein, B.S., Cowell, A.J., Pollio, D.E., Cupps, L.Y., Balfour, M.E., & North, C.S. (2014). Deriving the cost of service use among an urban homeless population. *Journal of Substance Abuse Treatment*, 46, 491-497.
- Fujiwara, D. (2015). *The seven principle problems of SROI*. London, UK: SIMETRICA.
- Fujiwara, D. & Vine, J. (2015). *The wellbeing value of tackling homelessness*. London, UK: HACT.
- Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting Communities to End Homelessness*. Canadian Homeless Research Network and the Homeless Hub: Ottawa, ON.
- Gaetz, S. (2012). *The real cost of homelessness: Can we save money by doing the right thing?* Ottawa, ON: Canadian Homeless Research Network.
- Gilmer, T., Stefancic, A., Ettner, S., Manning, W., & Tsemberis, S. (2010). Effect of full service partnerships on homelessness, use and costs of mental health services, and quality of life among adults with serious mental illness. *American Medical Association Journal of Psychiatry*, 67(6), 645-652.
- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Aubry, T. (2014). *National At Home/Chez Soi final report*. Calgary, AB: Canadian Mental Health Commission of Canada.
- Hankivsky, O. (2008). *Cost estimates of dropping out of high school in Canada*. Canada: Canadian Council on Learning.

- Homeless Hub. (2017). Housing first. Retrieved from <http://homelesshub.ca>
- Hong, S., & Piescher, K. (2012). The role of supportive housing in homeless children's well-being: An investigation of child welfare and educational outcomes. *Children and Youth Services Review, 34*, 1440-1447.
- Hwang, S., Weaver, J., Aubry, T., & Hoch, J. (2011). Hospital costs and length of stay among homeless patients admitted to medical, surgical, and psychiatric services. *Medical Care, 49*(4), 350-354.
- Ivanova, I. (2017). *Poverty and inequality among British Columbia's seniors*. Ottawa, ON: Canadian Centre for Policy Alternatives.
- The Kelowna Homelessness Networking Group. (2004). Census of homeless individuals in Kelowna. Retrieved from <http://homelesshub.ca>
- Kueln, B. (2012). Supportive housing cuts costs of caring for the chronically homeless. *Journal of the American Medical Association, 308*(1), 17-19.
- Kresky-Wolff, M., Larson, M., O'Brien, R., & McGraw, S. (2010). Supportive housing approaches in the collaborative initiative to help end chronic homelessness (CICH). *Journal of Behavioural Services and Research, 37*(2), 213-225.
- Kuehn, B. (2012). Supportive housing cuts costs of caring for the chronically homeless. *Journal of the American Medical Association, 308*(1), 17-19.
- Larmier, M., Malone, D.K., Garner, M.D., Atkins, D.C., Burlingham, B., Lonczak, H.S., Marlatt, G.A. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *Journal of the American Medical Association, 301*(13), 1349-1357.
- Lawrence, T.B., & Dover, G. (2015). Place and institutional work: Creating housing for the hard-to-house. *Administrative Science Quarterly, 60*, 371-411.
- Lazarus, L., Chettair, J., Deering, K., Nabess, R., & Shannon, K. (2011). Risky health environments: Women sex workers' struggles to find safe, secure and non-exploitative housing in Canada's poorest postal code. *Social Science & Medicine, 73*, 1600-1607.
- Lee, K. (2009). *Social return on investment analysis: A forecast of Octavia View's social added value*. UK: Social Enterprise East of England.
- Levitt, A., Jost, J., Mergl, K., Hannigan, A., DeGenova, J., & Chung, S. (2012). Impact of chronically street homeless tenants in congregate supportive housing. *American Journal of Orthopsychiatry, 82*(3), 413-420.
- MacKenzie, D., Flatau, P., Steen, A. & Thielking, M. (2016). *The cost of youth homelessness in Australia*. Australia: Research Briefing.
- Mares, A.S., & Rosenheck, R.A. (2009). Twelve-month client outcomes and service use in a multisite project for chronically homeless adults. *Journal of Behavioural Health Services and Research, 37*(2), 167-184.
- Martyres, R. (2013). Porchlight young persons' service Canterbury forecast SROI. UK: CANImpact.
- McLaughlin, T.C. (2011). Using common themes: Cost effectiveness of permanent supported housing for people with mental illness. *Research on Social Work Practice, 21*(4), 401-411.
- Meissner, D. (2018, February 18). No one measure will fix BC housing crisis, but budget will start: Ministers. *CBC*. Retrieved from <http://www.cbc.ca>
- Miller, A., & Robertson, S. (2014). *First steps housing project Inc: Final SROI and evaluation report*. Toronto, ON: SiMPACT Strategy Group.
- Mondello, M., Gass, A., McLaughlin, T., & Shore, N. (2007). *Cost of homelessness: Cost analysis of permanent supportive housing*. Portland, ME: Corporation for Supportive Housing.
- Moore, T.L. (2006). *Estimated cost savings following enrollment in the Community Engagement Program: Findings from a Pilot Study of Homeless Dually Diagnosed Adults*. Portland, OR: Central City Concern.
- Nelson, G., Caplan, R., MacLeod, T., Macnaughton, E., Cherner, R., Auvry, T.,...Goering, P. (2017). What happens after the demonstration phase? The sustainability of Canada's At Home/ Chez Soi housing first programs for homeless persons with mental illness. *American Journal of Community Psychology, 59*, 144-157.

- Nicholls, J., Lawlor, E., Neitzert, E., & Goodspeed, T. (2012). *A guide to social return on investment: U.S. edition*. The SROI Network. Parsell, C., Petersen, M., & Culhane, D. (2017). Cost offsets of supportive housing: evidence for social work. *British Journal of Social Work*, 47, 1534-1553.
- Patterson, M., Somers, J., McIntosh, K., Shiell, A., & Frankish, C. (2008) *Housing and support for adults with severe addictions and/or mental illness in British Columbia*. Vancouver, BC: Centre For Applied Research in Mental Health and Addiction.
- Perlman, J., & Parvensky, J. (2006). *Denver housing first collaborative: Cost benefit analysis and program outcomes report*. Denver, CO: Colorado Coalition for the Homeless.
- Peel District School Board (2012). *Fix the formula: Fund Peel students fairly*. Region of Peel, ON: Woodgreen Community Services Homeward Bound Program SROI.
- Pleace, N. (2015). *At what cost? An estimation of the financial costs of single homelessness in the UK*. York, UK: Centre for Housing Policy, University of York.
- Poulin, S., Maguire, M., Metraux, S., & Culhane, D. (2010). Service use and costs for persons experiencing chronic homelessness in Philadelphia: A Population-Based Study. *Psychiatric Services*, 61(11), 1093-1098.
- Pringle, A. (2013). *The Power of purchasing: The economic impacts of local procurement*. Vancouver, BC: Columbia Institute, LOCO BC, and ISIS Research Centre at the Sauder School of Business.
- Quinn, K., Dickson-Gomez, J., Nowicki, K., Johnson, A.K., & Bendixen, A.V. (2018). Supportive housing for chronically homeless individuals: Challenges and opportunities for providers in Chicago, US. *Health and Social Care in the Community*, 26, e31-e38.
- Raine, L & Marcellin, T. (2007) *What housing first means for people: Results of Streets to Homes 2007 post- occupancy research*. Toronto, ON: Toronto Shelter, Support & Housing Administration.
- Ravi, A. & Reinhardt, C. (2011). *The social value of community housing in Australia*. Sydney, AU: Net Balance.
- Regional Municipality of Wood Buffalo. (2010). *Heading home: The right thing to do. 10 year plan to end homelessness 2010-2020*. Regional Municipality of Wood Buffalo, AB.
- Rehm, J., Ballunas, S., Brochu, B., Fischer, W., Gnam, J., Patra, J.,...Taylor, B. (2006). *The cost of substance abuse in Canada, 2002*. Ottawa, ON: Canadian Centre on Substance Abuse and Addiction.
- RentBoard. (2018). Apartment rental rates in Nanaimo. Retrieved from <https://www.rentboard.ca>
- RentBoard. (2018). Apartment rental rates in Vancouver. Retrieved from <https://www.rentboard.ca>
- Robertson, S., & Miller, A. (2013). *Region of Waterloo STEP home SROI roll-up report: The story behind the number: Uncovering hidden value in STEP Home's Intensive Support programs*. Waterloo, ON: Regional Municipality of Waterloo.
- Robinson, M. (2016, August 22). Eviction complaints soar in BC's hot rental market as landlords break rules to secure higher rent. *Financial Post*. Retrieved from <http://www.business.financialpost.com/>
- Rog, D.J., Marhsall, T., Dougherty, R.H., George, P., Daniels, A.S., Ghose, S.S., & Delphin-Rittmon, M.E. (2014). Permanent supportive housing: Assessing the evidence. *Psychiatric Services*, 65(3), 287-294.
- Sadowski, L., Kee, R., & VanderWeele, T. (2009). Effect of a housing and case management program on emergency department visits and hospitalizations among chronically ill homeless adults: A randomized control trial. *Journal of the American Medical Association*, 301(17), 1771-1778
- Saville-Smith, K., Dwyer, M., & Warren, J. (2009). *Valuing sustainable neighbourhoods*. New Zealand: Beacon Pathway Limited and the Foundation for Research, Science and Technology.
- Scally, C.P. (2012). The nuances of NIMBY: Context and perceptions of affordable rental housing development. *Urban Affairs Review*, 49(5), 718-747.
- Sharp, P. (2016). *Kelowna point-in-time count: Community report*. Kelowna, BC: Central Okanagan Foundation.
- Smirl, E. (2016). *Summary evaluation of the Madison Congregate Housing*. Ottawa, ON: Canadian Centre for Policy Alternatives.
- Social Planning and Research Council of BC. (2009). *Still on our streets: Results of the 2008 Metro Vancouver homeless count*. Vancouver, BC: Greater Vancouver Regional Steering Committee on Homelessness.

Somers, J. Moniruzzaman, A., Patterson, M., Currie, L., Rezansoff, S., Palepu, A. & Fryer. (2017). A randomized trial examining housing first in congregate and scattered-site formats. *Plos One*.

Stapleton, J., Pooran, B. & Doucet, R (Open Policy & Chronicle Analytics). (2011). *Making Toronto safer: A cost-benefit analysis of transitional housing supports for men leaving incarceration*. Toronto, ON: The John Howard Society Toronto & Toronto Community Foundation.

Stergiopoulos, V. et al. (2015). Effect of scattered-site housing using rent supplements and intensive case management on housing stability among homeless adults with mental illness: A randomized trial. *Journal of the American Medical Association*, 313:9, 905-915. — As cited in Ly, A. & Latimer, E. (2015). Housing first impact on costs and associated cost offsets: A literature review. *Canadian Journal of Psychiatry*, 60:11, 475-487.

Stock, M. (2016). *Ending homelessness? A critical examination of housing first in Canada and Winnipeg*. Ottawa, ON: Canadian Centre for Policy Alternatives.

Stueck, W. (2016, March 31). Number of homeless people in Vancouver reaches 10-year high. Retrieved from <https://www.theglobeandmail.com>

Tabol, C., Drebing, C., & Rosenheck, R. (2010). Studies of “supported” and “supportive” housing: A comprehensive review of model description and measurement. *Evaluation and Program Planning*, 33, 446-456.

Treasury Board of Canada Secretariat. (2013). *Assessing program resource utilization when evaluating federal programs*. Ottawa, ON: Her Majesty the Queen in Right of Canada.

Trotter, L., Vine, J. & Fujiwara, D. (2015). *The health impacts of housing associations' community investment activities: Measuring the indirect impact of improved health on wellbeing*. London, UK: HACT.

Troy, C. (2011). *Social return on investment (SROI) case study: Minwaashin Lodge addictions treatment centre*. Ottawa, ON: Minwaashin Lodge.

Wong, R. (2018, February 18). Youth pay the price for British Columbia's real estate crisis. *The Globe and Mail*. Retrieved from <https://www.theglobeandmail.com>

Young, S. (2016). *Visible changes: A social return on investment evaluation of women's community housing*. Australia: Think Impact. Zhang, T. (2008). *Cost of crime in Canada*. Ottawa, ON: Department of Justice Canada.

Albert, M., Penna, T., Pagan, F., & Pauly, B. (2016). More than a number: 2016 Greater Victoria point in time count summary report. Canada: Homelessness Partnering Strategy.

Appendix B: Summary of Supportive Housing Programs Included

	CMHA Kelowna	CMHA Mid-island	Lookout Housing and Health Society	MPA Society	Pacifica Housing
Total number clients	54 (15% Housing First; 25% youth; 60% community navigation)	30	75	160	286
HPP or HOP	Both HPP and HOP	HOP	HPP	Both HPP and HOP	Both HPP and HOP
Staffing/ Caseload	Depends on client acuity. In Housing First, caseload of 10-15; for Youth and Community Navigation programs, caseload of 20-25	Caseload of 30 (1 staff for all residents)	Caseload of 20-25 (depending on stage of housing)	Caseload of 20 (balanced high, mid, low needs)	Caseload of 20-25 (balanced high, mid, low needs)
Landlord Liaison	Has a landlord liaison/ housing locator role to help secure units	No landlord liaison role, staff working directly with landlords to secure spaces	No landlord liaison role, relationships built throughout programming	Has a landlord liaison role to help secure units	Has 2 landlord liaisons (and a database of landlords)
Landlords	40 apartments across multiple landlords	Mostly renting in apartment buildings rather than individual suites (mid-rise apartment buildings)	Small core number of landlords in local region (always reaching out to engage more in wider geographic region)	28 property management companies with 64 apartment buildings; No more than 20% of a building with supportive housing residents	Working with approximately 90 landlords
Housing First?	Fidelity to Housing First model for 15% of units	Not a Housing First model	Not a Housing First model (though Housing First is administered through another program at Lookout)	Housing First model based on success demonstrated through Vancouver At Home/Chez Soi study	Housing First approach employed
Singles/ Families	17% families; otherwise singles	Mostly singles	58% singles; 9% couples; 34% families	95% singles; may support partners/ families if connected	Singles or couples with no children (mostly singles)

	CMHA Kelowna	CMHA Mid-island	Lookout Housing and Health Society	MPA Society	Pacifica Housing
Rent Arrangement	Rent supplement paid by CMHA Kelowna (lease through CMHA Kelowna) + \$375 from client shelter allowance	Rent supplement up to \$300 + \$375 from client shelter allowance (or 30% of income)	Rent supplement up to \$450 + \$375 from client shelter allowance (or 30% of income)	Rent supplement \$425 or \$550 + \$375 from client shelter allowance (or 30% of income); Floating rent cap	\$50-\$450 rent supplement + \$375 from client shelter allowance
Average Length of Stay	8.7 months for Housing First residents; 12.2 months for youth residents; 18.63 months for Community Navigation residents	90% remain housed 1 year or longer	7 months	Approximately 4 years	3 years 1 month
Stakeholders Engaged in the SROI Study	<ul style="list-style-type: none"> › 11 residents interviewed 	<ul style="list-style-type: none"> › 1 resident interviewed 	<ul style="list-style-type: none"> › 5 residents interviewed 	<ul style="list-style-type: none"> › 10 residents interviewed › 3 community partners interviewed including: the Ministry of Social Innovation and Poverty Reduction; St. Paul's Mental Health Team through Providence Health; Coordinated Access through BC Housing › 2 landlords/ property managers interviewed 	<ul style="list-style-type: none"> › 10 residents interviewed › 3 community landlords interviewed
SROI Approach Applied – Evaluative or Forecast	Primarily evaluative approach with some forecasting based on primary and rigorous secondary research.	Primarily forecast based on basic primary and rigorous secondary research.	Primarily evaluative approach with some forecasting based on primary and rigorous secondary research.	Primarily evaluative approach with some forecasting based on primary and rigorous secondary research.	Primarily evaluative approach with some forecasting based on primary and rigorous secondary research.

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/Family 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, ED, 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 (ER, Ambulance), Police, Health, Incarceration, Shelter visits	Maine, USA

Study Name	Per Person/Family Per Year Cost of Homelessness	Costs Included	Location
Eberle et al. (2001)	\$30,000-\$40,000	Combined service 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, ED, 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, EMS, hospitalization, shelter, incarceration & permanent housing	Seattle, WA

Study Name	Per Person/Family Per Year Cost of Homelessness	Costs Included	Location
Stergiopoulos et al. (2015)	\$52,786 (Vancouver only)	Health and social services, ED, 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 & Frankish. (2008)	\$54,833 (Absolute homeless)	Health, corrections, and social services	BC
Calgary Homeless Foundation. (2008)	\$72,444 (Transient)	Emergency services, health care, housing, support, incarceration	Calgary, Canada
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, Canada
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, Canada
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 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, EMS, 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 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 & Frankkish. (2008)	\$17,985 (Absolute homeless)	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, ED, hospital, ambulance, mental health and homeless services	UK	In the twelve months as tenants 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, ED, 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 Cost Savings	Costs Included	Location	Notes
Stergiopoulos et al. (2015)	\$9,481 (Vancouver only)	Health & social services, ED, 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, ED, 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, ED, 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, ED, 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	Average net cost offset per participant per year = \$4,849

Study Name	Per Person 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 to 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 (ER, 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	
Troy. (2011)	4.21	Supportive housing and addictions treatment for Indigenous women with children (dedicated site)	Ottawa, Canada	

Study Name	SROI Ratio	Housing Type Details	Location	Notes
Dodds. (2014)	4.53	Supportive housing for young persons (dedicated site)	Sunderland, UK	
Martyres. (2013)	5.95	Range of supportive housing options for youth (21 spots total) (scattered & dedicated/communal sites)	Canterbury, UK	
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 with [HOUSING PROVIDER]

This includes:

- › What was positive for you about the support you received from [HOUSING PROVIDER]
- › What was negative or unexpected about the support you received from [HOUSING PROVIDER]
- › What the alternative to living with support from [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. For more information on Constellation Consulting Group, please visit 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 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 in an apartment supported by [HOUSING PROVIDER]?
2. What benefits have you experienced from living in an apartment supported by [HOUSING PROVIDER]?
(Interviewer prompt: What has changed for you since getting the apartment supported by [HOUSING PROVIDER]? 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 in an apartment supported by [HOUSING PROVIDER]? (Interviewer prompt: These could be positive or negative things)
4. If you didn't have an apartment supported by [HOUSING PROVIDER], 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 in your current apartment? Can you speculate about what your life might look like?)
5. Is there anything that could be improved about your experience with [HOUSING PROVIDER]?
6. For you, what has been the most valuable thing about the arrangement with [HOUSING PROVIDER]?
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?

LANDLORD/PROPERTY MANAGER INTERVIEW QUESTIONS

Interviewer explains the research study to landlords/property managers 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 landlord/property manager before beginning the interview.

1. How long have you been working with [HOUSING PROGRAM]?
2. What benefits, if any, have you as a landlord/property manager experienced from working with [HOUSING PROGRAM]?
(Interviewer prompt: What has changed for you since you started working with [HOUSING PROGRAM]?)
3. Are there any other people or systems that you think might benefit from the arrangement with [HOUSING PROGRAM]?
(Interviewer prompt: Are others in your property impacted? Do you see community benefits from your work with [HOUSING PROGRAM]? Are your residents who are [HOUSING PROGRAM] clients impacted?)
4. Have there been any unexpected things about working with [HOUSING PROGRAM]?(Interviewer prompt: These could be positive or negative things)
5. Is there anything that could be improved about your experience with [HOUSING PROGRAM]?
6. For you, what has been the most valuable thing about the arrangement with [HOUSING PROGRAM]?
7. Anything else to share?

Appendix E: Summary of Financial Proxies

	CMHA Kelowna	CMHA Mid-island	Lookout Society	MPA Society	Pacifica Society
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
Direct and indirect personal cost of involvement in the sex trade	X	X	X	X	X
Estimated minimum \$35 per month per resident increased disposable income	X	X	X	X	X
Wellbeing valuation: personal value of addressing drug and alcohol problems	X	X	X	X	X
Economic multiplier for local spending, estimated minimum \$35 per month per resident increased disposable income spent in local community, local economic multiplier of 1.46	X	X	X	X	X
Value of increased neighbourhood satisfaction	X	X	X	X	X
Cost savings to private landlords	X	X	X	X	X
Vancouver cost of homelessness (including health & social services, emergency department, hospitalization (psychiatric & 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
Direct and indirect public costs from sexual exploitation (justice, health, etc.)	X	X	X	X	X
Cost of substance abuse per person (health cost, justice cost, gov't spending on research and prevention, lost productivity)	X	X	X	X	X
Average amount in rent supplement received per client per year	X	X	X	X	X
Value of income earned through employment			X	X	X
Wellbeing valuation: Regular volunteering				X	X

	CMHA Kelowna	CMHA Mid-island	Lookout Society	MPA Society	Pacifica Society
Wellbeing valuation: ability to stay together as a family	X		X		
Average cost of maintaining a child in foster care or formal kinship care with regular visits by child protection worker	X		X		
Wellbeing valuation: Rough sleeping to secure housing for families	X		X		
Wellbeing valuation: Temporary accommodation to secure housing for families	X		X		
Alberta cost of family homelessness (including health, justice, community services)	X		X		
Cost of hospital admission for homeless compared to housed individuals				X	
Wellbeing valuation: Talks to neighbours regularly	X				
Wellbeing valuation: Connection to family	X				

Appendix F: Case Study SROI Model Summaries

CMHA KELOWNA

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
All residents (adults, youth, couples, families)	Increased access to high-quality housing and decreased experiences of homelessness	<ul style="list-style-type: none"> Value of rent supplements 	\$2,903	Internal program budget
	Increased overall wellbeing, including positive changes in physical and mental health	<ul style="list-style-type: none"> Wellbeing valuation: Rough sleeping to secure housing for singles Wellbeing valuation: Rough sleeping to secure housing for families Temporary accommodation to secure housing for singles Temporary accommodation to secure housing for families 	<ul style="list-style-type: none"> \$21,401 (rough sleeping single) \$8,019 (temporary accommodation single) \$30,338 (rough sleeping family) \$8,036 (temporary accommodation family) 	Fujiwara, D. & Vine, J. (2015).
	Increased safety and decreased experience of violence	Personal cost of pain and suffering due to assault; sexual assault	<ul style="list-style-type: none"> \$11,022 (assault) \$99,541 (sexual assault) 	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 stay together as a family (Community Navigation family residents)	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
	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
Additional outcomes & value for youth residents	Increased peer connections and support	Wellbeing valuation: Talks to neighbours regularly	\$4,511	Fujiwara, D. & Vine, J. (2015).
	Reconnection with family	Wellbeing valuation: Connection to family	\$3,400	Fujiwara, D. & Vine, J. (2015).
Landlords	Decreased time spent managing tenancies (such as evictions, repairs, resident relations)	Cost savings to private landlords	\$6,600	CMHC. (2005).
Local community/ neighbourhood	Improved local neighbourhood/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 such as ambulances and emergency rooms Decreased single resident involvement in justice systems	Vancouver cost of homelessness (including health & social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, etc.)	\$55,929	Stergiopoulos, V. et al. (2015).
	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 & community services)	\$77,813	Regional Municipality of Wood Buffalo. (2010).
	Decreased child welfare involvement experienced by youth	Cost of regular visits by a child welfare worker	\$49,905	Zhang, T., Hoddenbagh, J. McDonald, S., & Scrim, K. (2012).

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Government (all levels)	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).
	Decreased service use related to resident substance use	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).

CMHA MID-ISLAND

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents (all adult singles, mix of male and female)	Increased access to high quality housing and decreased experiences of homelessness	Amount in rental supplements	\$1,500	Internal program budget
	Increased overall wellbeing, including positive changes in physical and mental health	<ul style="list-style-type: none"> › Wellbeing valuation: Rough sleeping to secure housing for singles › Wellbeing valuation: Temporary accommodation to secure housing for singles 	<ul style="list-style-type: none"> › \$21,401 (rough sleeping) › \$8,019 (temporary accommodation) 	Fujiwara, D. & Vine, J. (2015).
	Increased safety and decreased experiences of violence	Personal cost of pain and suffering due to assault; sexual assault	<ul style="list-style-type: none"> › \$11,022 (assault) › \$99,541 (sexual assault) 	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 personal disposable income	Amount in additional disposable income	\$420	Estimate only
	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).
Landlords	Decreased time spent managing tenancies (such as evictions, repairs, resident relations)	Cost savings to private landlords	\$6,600	CMHC. (2005).
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)	Decreased use of emergency services by residents such as ambulance and emergency rooms Decreased resident involvement in justice system Decreased hospital use by residents	Vancouver cost of homelessness (including health & social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, etc.)	\$55,929	Stergiopoulos, V. et al. (2015).
	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).
	Decreased service use related to resident substance use	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).

LOOKOUT SOCIETY

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents (single male and female adults, couples, families)	Increased access to high quality housing and decreased experiences of homelessness	Value of rent supplements	\$1,440	Internal program budget
	Increased overall wellbeing, including positive changes in physical and mental health	<ul style="list-style-type: none"> › Wellbeing valuation: Rough sleeping to secure housing for singles/families › Wellbeing valuation: Temporary accommodation to secure housing for singles/families 	<ul style="list-style-type: none"> › \$21,401 (rough sleeping) › \$8,019 (temporary accommodation) › \$30,338 (rough sleeping family) › \$8,036 (temporary accommodation family) 	Fujiwara, D. & Vine, J. (2015).
	Increased safety and decreased experiences of violence	Personal cost of pain and suffering due to assault; sexual assault	<ul style="list-style-type: none"> › \$11,022 (assault) › \$99,541 (sexual assault) 	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 personal disposable income	Amount in additional disposable income	\$420	Estimate only
	Increased ability to stay together as a family	Wellbeing valuation: Ability to stay together as a family	\$3,400	Fujiwara, D. & Vine, J. (2015).
	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 ability to be involved in community (such as volunteering)	Wellbeing valuation: Regular volunteering	\$3,249	Trotter, L., Vine, J. & Fujiwara, D. (2015).
	Increased ability to engage with employment	Amount in employment income	\$11,804	Part time (20 hours per week) employment at BC minimum wage

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Landlords	Decreased time spent managing tenancies (such as evictions, repairs, resident relations, etc.)	Cost savings to private landlords	\$6,600	CMHC. (2005).
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 such as ambulance and emergency rooms Decreased resident involvement in justice system Decreased hospital use by single residents	Vancouver cost of homelessness (including health & social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, etc.)	\$55,929	Stergiopoulos, V. et al. (2015).
	Decreased use of emergency services by families such as ambulance and emergency rooms Decreased family involvement in justice system Decreased hospital use by families	Alberta cost of family homelessness (including health, justice & community services)	\$77,813	Regional Municipality of Wood Buffalo. (2010).
	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).
	Decreased child welfare involvement experienced by families	Cost of regular visits by a child welfare worker	\$49,905	Zhang, T., Hoddenbagh, J. McDonald, S., & Scrim, K. (2012).
	Decreased service use related to resident substance use	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).

MPA SOCIETY

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents (single male and female adults)	Increased access to high quality housing and decreased experiences of homelessness	Value of rent supplements	\$7,190	Internal program budget
	Increased overall wellbeing including positive changes in physical and mental health	<ul style="list-style-type: none"> › Wellbeing valuation: Rough sleeping to secure housing for singles › Wellbeing valuation: Temporary accommodation to secure housing for singles 	<ul style="list-style-type: none"> › \$21,401 (rough sleeping) › \$8,019 (temporary accommodation) 	Fujiwara, D. & Vine, J. (2015).
	Increased safety and decreased experiences of violence	Personal cost of pain and suffering due to assault; sexual assault	<ul style="list-style-type: none"> › 11,022 (assault) › \$99,541 (sexual assault) 	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 personal disposable income	Amount in additional disposable income	\$420	Estimate only
	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 ability to engage in employment	Amount in employment income earned	\$11,804	Part time (20 hours per week) employment at BC minimum wage
	Increased ability to be involved in community (such as volunteering)	Wellbeing valuation: Regular volunteering	\$3,249	Trotter, L., Vine, J. & Fujiwara, D. (2015).
Landlords	Decreased time spent managing tenancies (such as evictions, repairs, resident relations)	Cost savings to private landlords	\$6,600	CMHC. (2005).

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 system	Vancouver cost of homelessness (including health & social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, etc.)	\$55,929	Stergiopoulos, V. et al. (2015).
	Decreased long-term hospital stays by residents	Cost of hospital stay homeless versus housed	\$1,183	Hwang, S., Weaver, J., Aubry, T., & Hoch, J. (2011).
	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).
	Decreased service use related to resident substance use	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).

PACIFICA HOUSING

Stakeholder	Outcomes	Financial Proxy (or Proxies)	Value Per Person Per Year	Source
Residents (single male and female adults)	Increased access to high quality housing and decreased experiences of homelessness	Value of rent supplements	\$2,820	Internal program budget
	Increased overall wellbeing including positive changes in physical and mental health	<ul style="list-style-type: none"> › Wellbeing valuation: Rough sleeping to secure housing for singles; › Wellbeing valuation: Temporary accommodation to secure housing for singles 	<ul style="list-style-type: none"> › \$21,401 (rough sleeping) › \$8,019 (temporary accommodation) 	Fujiwara, D. & Vine, J. (2015).
	Increased safety and decreased experiences of violence	Personal cost of pain and suffering due to assault; sexual assault	<ul style="list-style-type: none"> › 11,022 (assault) › \$99,541 (sexual assault) 	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 personal disposable income	Amount in additional disposable income	\$420	Estimate only
	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 ability to engage in volunteering	Wellbeing valuation: Regular volunteering	\$3,249	Part time (20 hours per week) employment at BC minimum wage
	Increased ability to engage in employment	Amount in income from employment	\$11,804	Trotter, L., Vine, J. & Fujiwara, D. (2015).
Landlords	Decreased time spent managing tenancies (such as evictions, repairs, resident relations)	Cost savings to private landlords	\$6,600	CMHC. (2005).

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 ambulance and emergency rooms Decreased resident involvement in justice systems Decreased hospital use by residents	Vancouver cost of homelessness (including health & social services, emergency department, hospitalization, visits to community health centres, justice services, police contacts, etc.)	55,929	Stergiopoulos, V. et al. (2015).
	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).
	Decreased service use related to resident substance use	Cost of substance abuse per person	\$45,720	Rehm, J. et al. (2006).

Appendix G: Sensitivity Tests

Ten sensitivity tests were conducted on each case study SROI model to determine the impact of assumptions/estimations made within the SROI calculation. The sensitivity tests for each case study explored the impact of estimations or assumptions around:

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

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., & Frankish, 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 scattered-site supportive housing and resulting spending in the community.
4. **Impact on community members:** Test of the number of community members impacted by scattered-site supportive housing.
5. **Impact on landlords:** Test of the estimated number of tenancies otherwise causing challenges for landlords. Increase from 20% to 50%.
6. **Higher discount estimates:** Test of estimated deadweight, attribution, displacement – added 10% to all estimates.
7. **Research based outcomes:** Test removing additional discount applied to research based outcomes.
8. **Valuation of resident receipt of rent supplement:** Test of the valuation used to understand the value to residents of rent supplements for housing; rent supplement amount compared with average apartment value (as otherwise would not likely be accepted as a resident).
9. **Timeframes of outcomes:** Testing the impact of outcomes possibly lasting into the future for one year (50% drop off) without further investment.
10. **Lower discount estimates:** Test of estimated deadweight, attribution, displacement — decreased all estimates by 10%.

Sensitivity test results revealed:

Site	Calculated ratio	Sensitivity tests	Sensitivity test results
CMHA Kelowna	4.77	1 – Cost of homelessness	5.01
		2 – Wellbeing valuation	6.30
		3 – Amount in resident disposable income	4.80
		4 – Impact on community members	4.81
		5 – Impact on landlords	4.85
		6 – Higher discount estimates	4.09
		7 – Research based outcomes	5.06
		8 – Valuation of resident rent supplement	5.08
		9 – Timeframes of outcomes	6.82
		10 – Lower discount estimates	5.53
CMHA Mid-island Branch	3.34	1 – Cost of homelessness	3.54
		2 – Wellbeing valuation	4.41
		3 – Amount in resident disposable income	3.36
		4 – Impact on community members	3.39
		5 – Impact on landlords	3.40
		6 – Higher discount estimates	2.89
		7 – Research based outcomes	4.13
		8 – Valuation of resident rent supplement	3.71
		9 – Timeframes of outcomes	4.95
		10 – Lower discount estimates	3.82
Lookout Housing and Health Society	4.56	1 – Cost of homelessness	4.99
		2 – Wellbeing valuation	6.21
		3 – Amount in resident disposable income	4.81
		4 – Impact on community members	4.81
		5 – Impact on landlords	4.86
		6 – Higher discount estimates	4.15
		7 – Research based outcomes	5.03
		8 – Valuation of resident rent supplement	5.14
		9 – Timeframes of outcomes	7.85
		10 – Lower discount estimates	5.47

Site	Calculated ratio	Sensitivity tests	Sensitivity test results
MPA Society	3.43	1 – Cost of homelessness	3.83
		2 – Wellbeing valuation	5.28
		3 – Amount in resident disposable income	3.61
		4 – Impact on community members	3.60
		5 – Impact on landlords	3.68
		6 – Higher discount estimates	2.98
		7 – Research based outcomes	3.66
		8 – Valuation of resident rent supplement	3.91
		9 – Timeframes of outcomes	5.09
		10 – Lower discount estimates	3.91
Pacifica Housing	3.77	1 – Cost of homelessness	4.06
		2 – Wellbeing valuation	4.86
		3 – Amount in resident disposable income	3.79
		4 – Impact on community members	3.77
		5 – Impact on landlords	3.84
		6 – Higher discount estimates	3.61
		7 – Research based outcomes	3.95
		8 – Valuation of resident rent supplement	4.24
		9 – Timeframes of outcomes	5.59
		10 – Lower discount estimates	4.64

Overall, the sensitivity test results suggest that the final SROI ratios presented in this report represent a conservative estimation of the social and economic value created by scattered-site supportive housing initiatives in BC. For those SROI models with more estimation, greater differences across sensitivity tests are seen, proportional to the level of uncertainty due to assumptions/estimations in the models.