



GoodMeasure Homes

Report for Visionwest Waka
Whakakitenga

Visionwest's Housing First Chronic



SOCIAL VALUE

\$17,955,025

The combined social value for all 606 participants engaged was \$17,955,025.

Key outcomes

- Increase employment
- Improve mental health
- Reduce offending

SROI

Gross SROI

\$1:\$1.20

Income-Adjusted SROI

\$1:\$2.80-\$4.60

For every \$1 invested net of public and/or private income, an estimated \$4.60 of social value is returned to Aotearoa New Zealand.

Gross SROI compares social value to total costs, while income-adjusted SROI uses net costs after public and/or private income.

Executive summary

Visionwest Waka Whakakitenga’s Housing First Chronic programme aims to respond to homelessness by making it rare, brief and non-recurring. Housing First is designed to deliver a pathway to exit homelessness and to provide a system of support that is needed to sustain housing.

In February 2025, Visionwest wanted to better understand their impact and learn how they could do even more good. They partnered with ImpactLab to **estimate the social value of their programme**. Social value is an estimate of the impact a programme achieves for the people it supports over their lifetime, measured in dollar terms. It is calculated using academic evidence, government population data and Visionwest’s programme data.

This report summarises what we learnt together, looking at data for whānau who were supported through the programme between 1st March 2023 to 29th February 2024. Excluded from the scope of this measurement are other housing programmes delivered by Visionwest (e.g., Rapid Rehousing).

The GoodMeasure Homes analysis estimates that this programme creates a total **social value of \$17,955,025, and a social value per person of \$29,629**. Compared to the total annual costs, that results in a gross SROI of \$1:\$1.20 and an income-adjusted SROI range of \$1:\$2.80-\$4.60. This means that for every \$1 invested, an estimated \$1.20 of social value is returned to Aotearoa New Zealand. When measured net of public and/or private income, the return increases to an estimated \$4.60 in social value for every \$1 invested. The key outcomes contributing to this value are: increase employment, improve mental health, and reduce offending. There were also important outcomes that couldn’t be quantified directly, so the true social value may be even higher.

GoodMeasure Homes has been developed from our core tool, GoodMeasure, with input from sector experts and relevant research to demonstrate the social value generated through housing people adequately.

Nga mihi nui,

The ImpactLab Team

GoodMeasure Homes Report - Visionwest Housing First



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Who Housing First Chronic serves

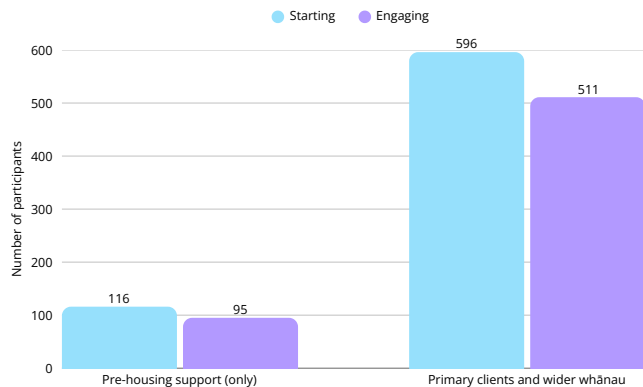
Housing First Chronic supports individuals and whānau in Auckland facing chronic homelessness and complex needs, including mental and physical health challenges, addiction, substance abuse, experiences of domestic violence, prolonged homelessness, negative care experiences, and other multi-faceted issues. Between 1st March 2023 to 29th February 2024, Housing First Chronic reached 712 individuals.

Population

Between 1st March 2023 to 29th February 2024, Housing First Chronic supported 712 individuals - 116 with pre-housing support and 596 with housing support.

Of those receiving pre-housing support, 82% were still enrolled or had over 4.5 months of support at discharge. Among primary clients and whānau, 86% were still enrolled, successfully graduated, or housed for at least 6 months at discharge.

Population of starting participants (all)

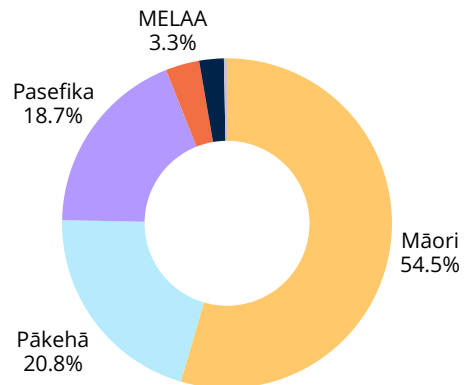


Demographics

55% of Housing First Chronic's primary participants are Māori.

A further 21% are Pākehā, 19% are Pasefika, 3% are MELAA, and 2% are Asian.

Ethnicity of starting primary participants

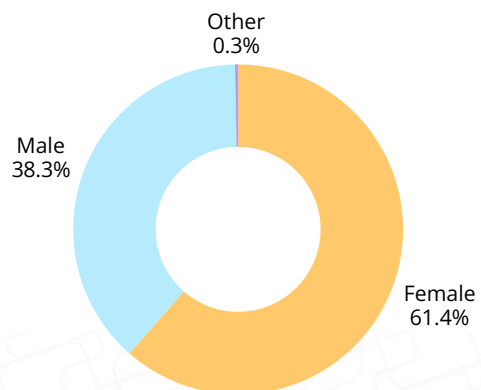


~60% of primary participants are female.

Of the 596 primary clients and wider whānau members starting (housed), 55% were children (under 18).

Among the remaining 45% who were adults, 96% were of working age, while the remaining 4% were either retirees or in the final year of life.

Gender of starting primary participants



Source: Housing First Chronic internal data.

Note: This data is based on the 332 primary clients who were receiving either pre-housing support only or the full support i.e. wider whānau members are not reflected in this demographic data. There were 216 households reached (and 204 households engaging) during the period in scope.

Who Housing First Chronic serves

Housing First Chronic supports individuals and whānau in Auckland facing chronic homelessness and complex needs, including mental and physical health challenges, addiction, substance abuse, experiences of domestic violence, prolonged homelessness, negative care experiences, and other multi-faceted issues. Between 1st March 2023 to 29th February 2024, Housing First Chronic reached 712 individuals.

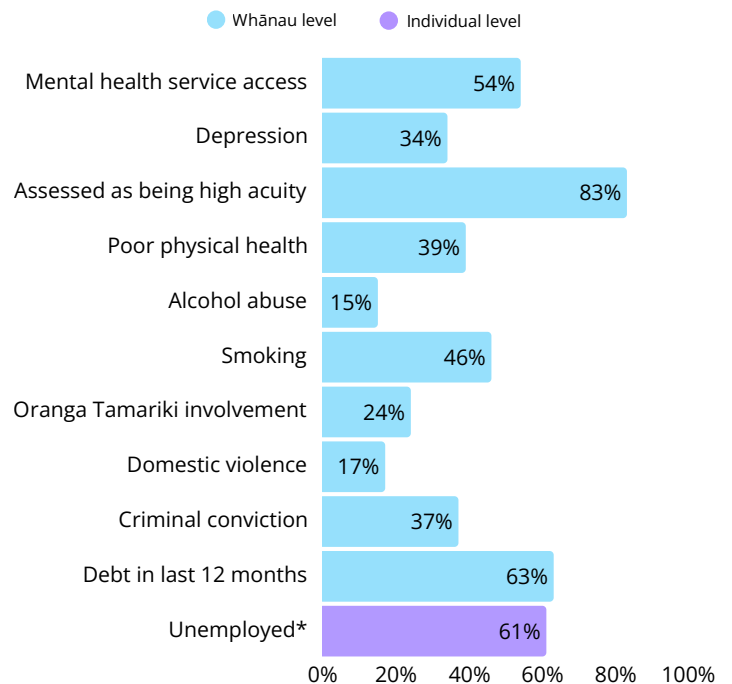
Opportunity

Participants faced a number of barriers before engaging with the programme

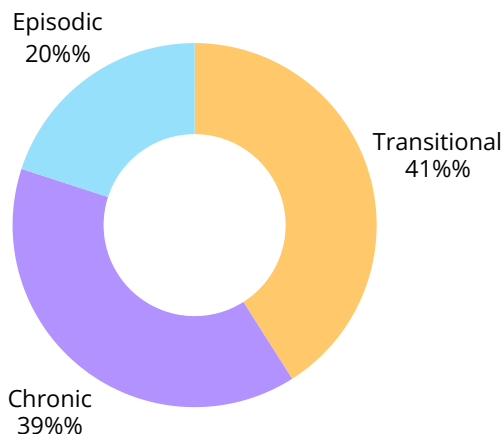
Sample size data reveals that many Housing First Chronic participants faced complex challenges prior to joining the programme, including poor mental and physical health, unemployment, financial hardship, addiction and family violence. By providing an alternative through stable housing and wraparound support, Housing First Chronic offers a different pathway for these individuals. The most prevalent factors participants experienced were high acuity needs (83%), prior debt (63%) and unemployment (61%).

Additionally, housing instability was widespread, with majority of whānau (80%) previously experiencing transitional or chronic homelessness. There was significant variation in both previous living situations and the circumstances that led to them. The most prevalent prior primary living situations were emergency housing (29%) and temporary sharing (27%).

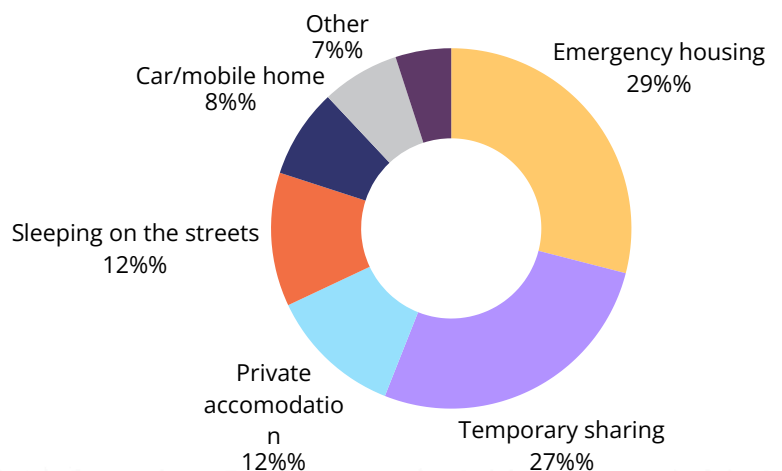
Whānau situation at programme start*



Prior homelessness experience



Prior primary living situation



Source:
Housing First Chronic internal data.

Note:
1. This data is based on a sample size of 41 whānau (131 individuals).
2. Education and employment data is recorded post-housing.

Definitions:

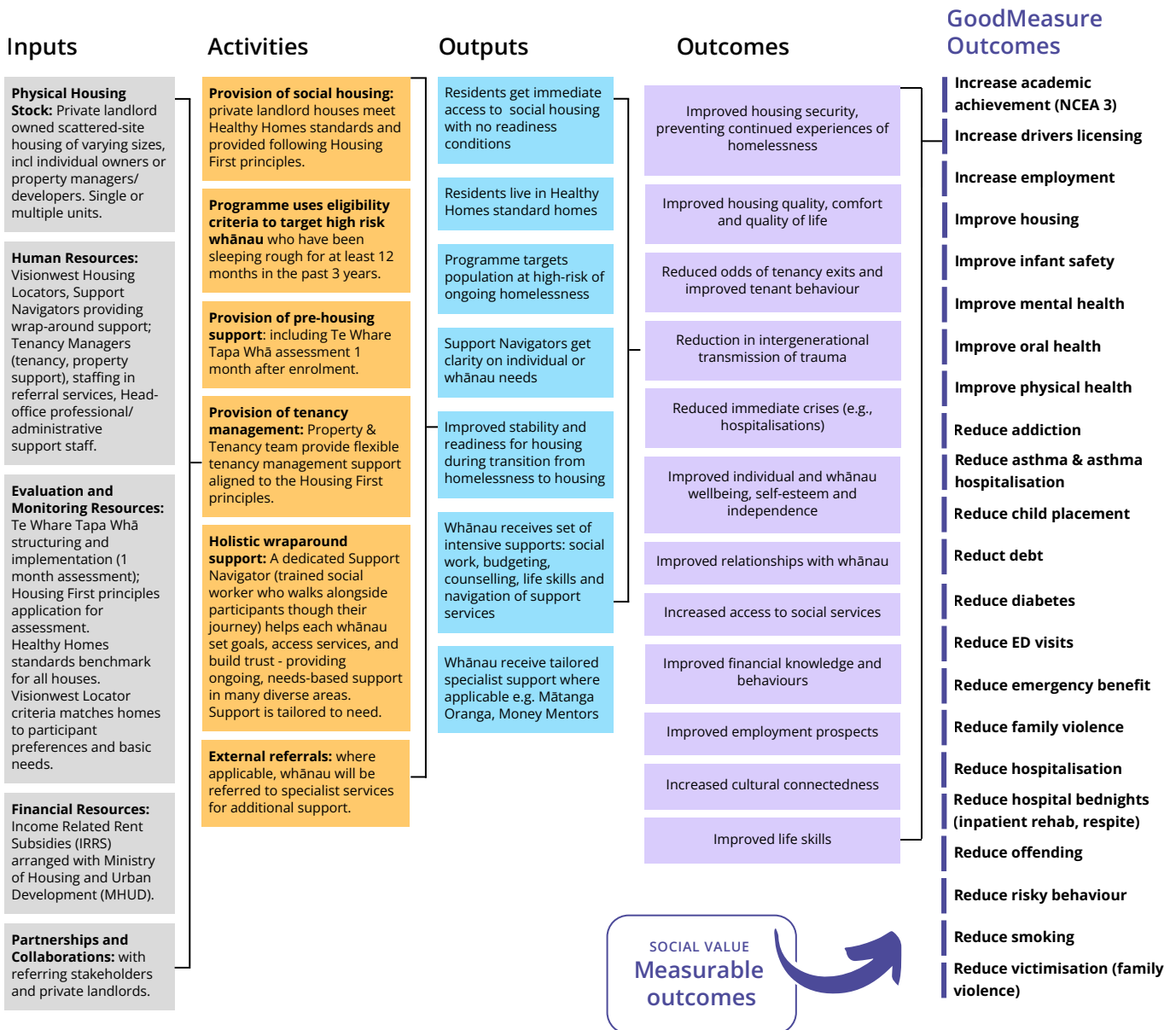
- **High acuity:** Refers to a person's complex needs that require more intensive support and resources to obtain and maintain housing. This may involve serious health issues, cognitive challenges, difficulty with daily tasks, past trauma, lack of support networks, or a history of homelessness.
- **Poor physical health:** Diagnosed with a physical health condition.

How Housing First Chronic creates change

Following the internationally recognised Housing First model, the programme prioritises immediate housing alongside comprehensive, wraparound support. The programme aims to respond to homelessness by making it rare, brief and non-recurring. Housing First is designed to deliver a pathway to exit homelessness and to provide a system of support that is needed to sustain housing.

This intervention logic shows how Housing First Chronic aims to create change:

Visionwest's Housing First Chronic Programme



Inputs: Core elements and features used to implement the programme

Activity: Actions associated with delivering programme goals

Output: Direct short-term changes associated with the programme

Outcomes: Positive medium and long-term results that are enabled by the outputs

GoodMeasure Outcomes: Measurable outcomes where impact can be quantified in dollar terms through GoodMeasure

Outcomes Housing First Chronic helps to create

Housing First Chronic supports whānau towards positive change in their lives. ImpactLab has identified 23 outcomes which are measurable in dollar terms and can be linked with evidence to the activities in this programme.

GoodMeasure Outcomes

These outcomes are measurable in dollar terms and can be linked with evidence to this programme.

Increase academic achievement (NCEA 3)	Reduce addiction
Increase drivers licensing	Reduce asthma & asthma hospitalisation
Increase employment	Reduce child placement
Improve housing	Reduce debt
Improve infant safety	Reduce diabetes
Improve mental health	Reduce ED visits
Improve oral health	Reduce emergency benefit
Improve physical health	Reduce family violence
	Reduce hospitalisation
	Reduce hospital bednights (inpatient rehab & respite/residential)
	Reduce offending
	Reduce risky behaviour
	Reduce smoking
	Reduce victimisation (family violence)

Additional Outcomes

These outcomes cannot be valued directly, but are also an important part of how this programme aims to drive change.

Increase cultural connectedness

Definitions of each outcome can be found in the appendix.

Evidence of Housing First Chronic’s effectiveness at achieving outcomes

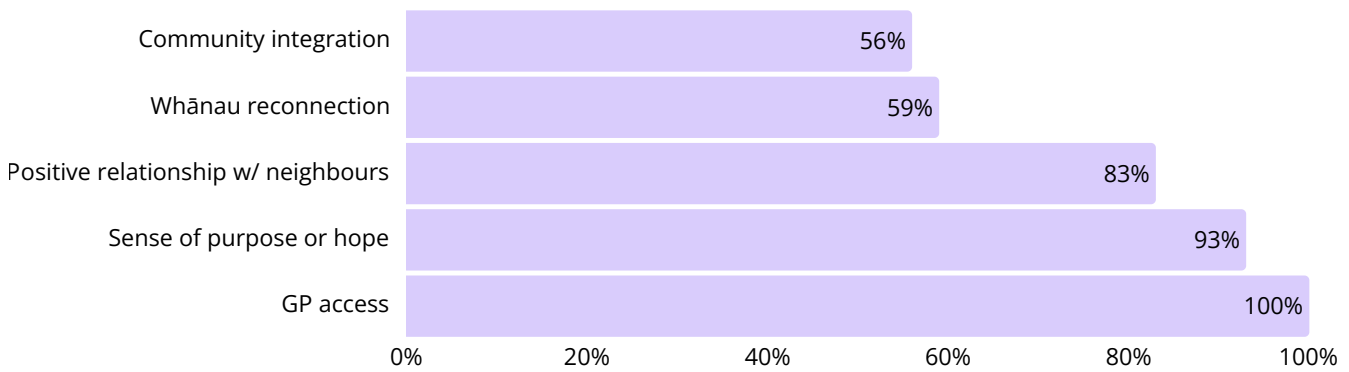
It is worth noting that many whānau are still actively engaged with the programme, so this data highlights the early but promising outcomes of sustained support and connection. The lack of consistent pre- and post-programme data limits our ability to attribute outcomes directly to the programme.

Key insights from Housing First Chronic’s data

Sample size data collected by Housing First kaimahi shows that all primary participants had GP access and a significant proportion experienced a sense of purpose or hope (93%) and a positive relationship with neighbours (83%).

Other outcomes experienced included whānau reconnection (59%) and community integration (56%).

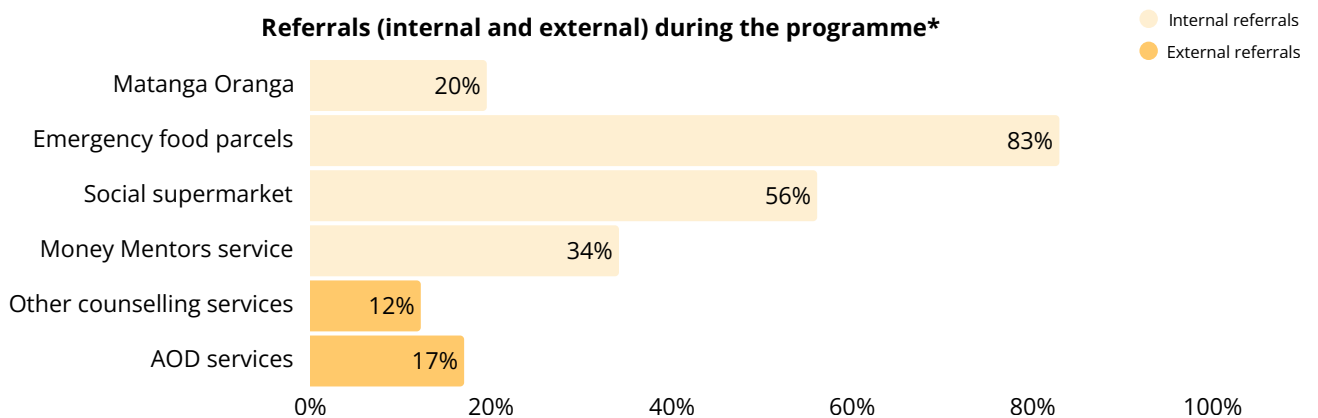
Whānau outcomes at mid-programme stage*



Sample size data shows that a significant proportion of primary participants received emergency food parcels (83%) and used social supermarkets (56%). One fifth were referred to Visionwest’s trauma-informed, kaupapa Māori counselling service.

The team also supported with specialist referrals to an internal financial capacity programme called Money Mentors (34%) and external AOD support (17%).

Referrals (internal and external) during the programme*



To understand effectiveness, Housing First Chronic and ImpactLab explored two kinds of data: data that Housing First Chronic collect themselves, and findings from relevant academic studies in Aotearoa New Zealand and around the world.

Source:
Housing First Chronic internal data.

Note:
1. This data is based on a sample size of 41 whānau (131 individuals).
2. Some referral data points informed the opportunity rate as they exceed pre-housing situational data. For example, pre-housing addiction data is categorised by type (e.g., alcohol, cannabis, other substances), so we assumed that referral rates to AOD specialist services best reflect the opportunity rate for individuals receiving addiction-related support.

Key insights from academic research

Stable, quality, and suitable housing is a critical driver of wellbeing across a wide range of outcomes - including physical and mental health, education, employment, substance use, and risky behaviour - for individuals, whānau, and communities. In Aotearoa Aotearoa New Zealand, a lack of adequate housing is shown to impact long-term wellbeing for many, but evidence shows that addressing this gap has wide-reaching benefits for our communities.

Housing Stability

Stable housing is foundational to stable living, providing whānau with the security and safety that they need to thrive. While we expect that whānau will move houses in their lives, experiencing high rates of residential mobility can provoke stress, economic and material hardship, scarred educational and employment outcomes, and poor psychological wellbeing (Desmond and Gershenson 2016; Fowler et al., 2015; Rodriguez-Perez and Castellanos 2024). These negative effects are felt differently across household members, impacting children's socioemotional development and adult's mental and physical wellbeing. Whānau with stable housing have the security and agency to choose their future pathways and nurture them.

GoodMeasure Outcomes

- Improve mental health
- Improve housing
- Increase employment
- Increase academic achievement
- Reduce child placement

Housing Quality

Quality housing ensures that whānau are warm, dry and clean. More than just providing comfort, a house that is warm, dry and clean keeps whānau healthy. Poor quality housing is strongly associated with increased utility and heating costs, and increased rates of illness and bad health, with the risk of respiratory illnesses and unnecessary hospitalisations rising as housing quality lowers (Pierse et al., 2024; Plagmann et al., 2021). Those who are the most at-risk are some of our most vulnerable, such as children, older adults, or people with disabilities or chronic illnesses. Providing whānau with high quality housing ensures that they can properly care for their health and wellness, and that their home is a place of nurturing, not hardship.

GoodMeasure Outcomes

- Improve physical health
- Reduce asthma & asthma hospitalisation
- Reduce ED visits
- Reduce hospitalisation

Housing Suitability

Suitable housing ensures that whānau have housing that is appropriate to their unique needs and lives, encompassing aspects like the size and number of bedrooms, location and local amenities, as well design aspects that create usable environments for all. A lack of access to appropriate housing can isolate whānau and limit them from participating fully in their communities. Providing whānau with access to appropriate housing helps to promote physical wellbeing, while fostering strong, inclusive communities where households from all walks of life can participate in society with agency and freedom (Aule et al., 2019; Grieman et al., 2024).

GoodMeasure Outcomes

- Improve physical health
- Improve mental health

Key insights from academic research

Housing First interventions, which offer immediate, unconditional access to permanent housing with intensive, needs-based wraparound support, consistently show positive outcomes for people with chronic homelessness and complex needs. Evidence from Aotearoa NZ and international research highlights improved housing stability, enhanced quality of life and safety, and reduced costs from hospitalisations and other public services.

Key programme insights

Immediate housing access

A core tenet of the Housing First model is the provision of immediate access to permanent, safe housing without preconditions such as sobriety or service engagement. In Aotearoa New Zealand, evaluations of Housing First initiatives demonstrate that rapid access to housing significantly improves housing stability and reduces time spent homeless (Ombler et al, 2024). One study (Pearson et al 2007) finds that 84% of clients across three Housing First programmes remained enrolled at 12-months, despite all clients having a history of homelessness and severe mental illness in the cohort population. This approach challenges traditional models that require individuals to demonstrate "housing readiness" and instead affirms that stable housing is the foundation from which other issues can be addressed (O'Campo et al, 2022).

For children, housing instability often leads to disrupted schooling, difficulty forming stable peer and support networks, and is linked to higher risks of substance use and risky behaviours (McKinnon et al 2023). Greater housing stability supports academic engagement, socioemotional development, self-esteem, mental health, and future labour force participation.

Key Outcomes

- Improve mental health 
- Reduce hospitalisation 
- Increase academic achievement 

Navigator support

Housing First interventions are often integrated with comprehensive, individualised wraparound and case management support. Because of the highly variable and complex challenges facing many Housing First tenants, placing the individual's needs at the centre of service-delivery can be integral to creating long-term, sustainable impact (Smith et al, 2022). For example, Saldanha et al (2024) argue that housing should be just one part of an integrated model that offers additional support services and case management for substance users to address the underlying determinants of homelessness and better support not only housing outcomes, but also outcomes related to social connectedness, quality of life, and health and wellbeing.

Key Outcomes

- Reduce addiction 
- Reduce risky behaviour 
- Reduce offending 

Culturally-grounded approach

Programmes that embed te ao Māori frameworks can support better outcomes for Māori with complex needs (Muriwai et al, 2015; Te Puni Kōkiri, 2015). Interventions that embed these components within their recovery plans and services help to guide the journey of recovery towards personal growth and strength. The culturally grounded design is not only ethically imperative but enhances outcomes, particularly for Māori, who are disproportionately represented among the homeless population (Ombler et al, 2025).

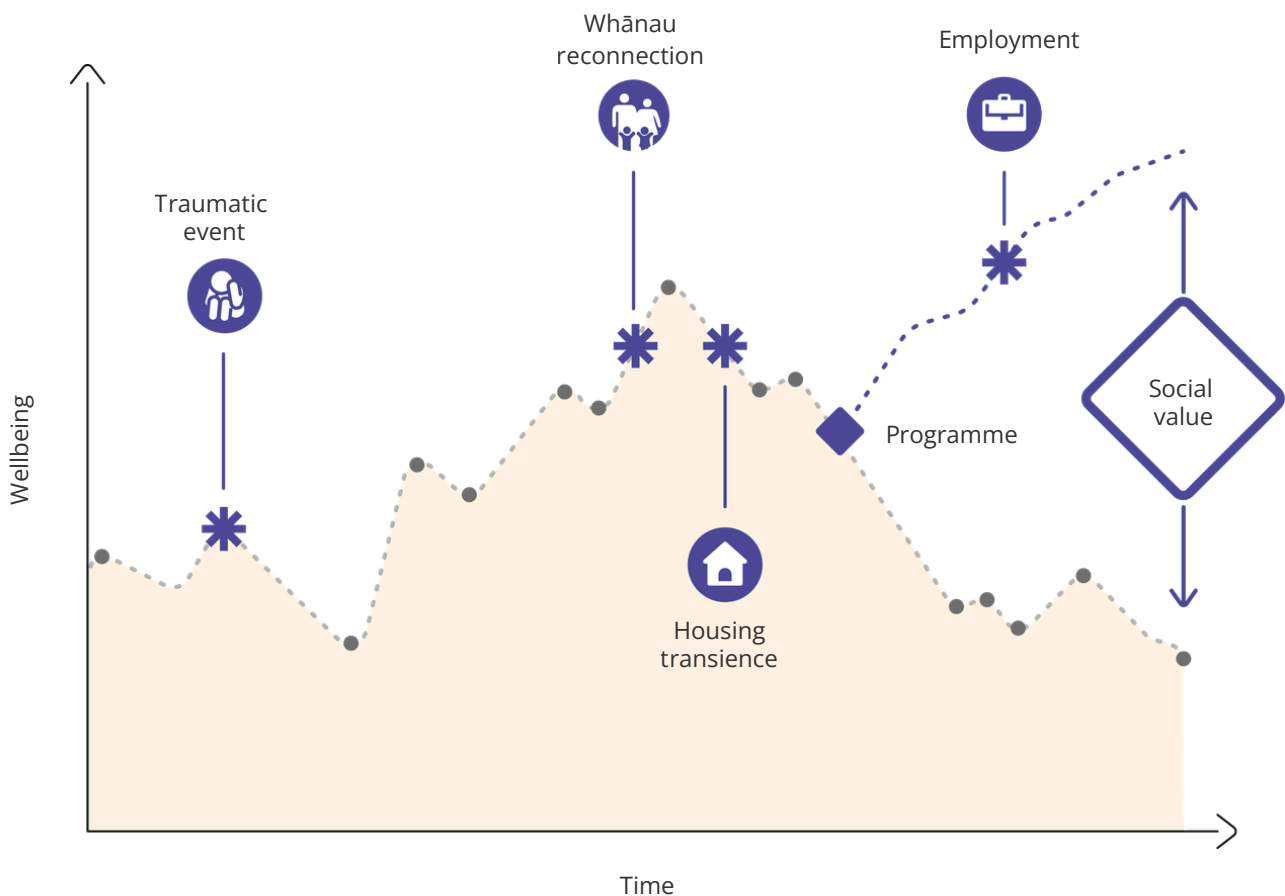
Key Outcomes

- Improve mental health 
- Increase cultural connectedness 

How ImpactLab calculates social value

Some of the long-term outcomes the programme helps create can be measured in dollar terms. ImpactLab does this by quantifying the 'social value' of a programme in terms of income impacts, future government cost savings and improved wellbeing.

Social value is the estimated social impact in dollar terms that a programme achieves for participants over their lifetime.



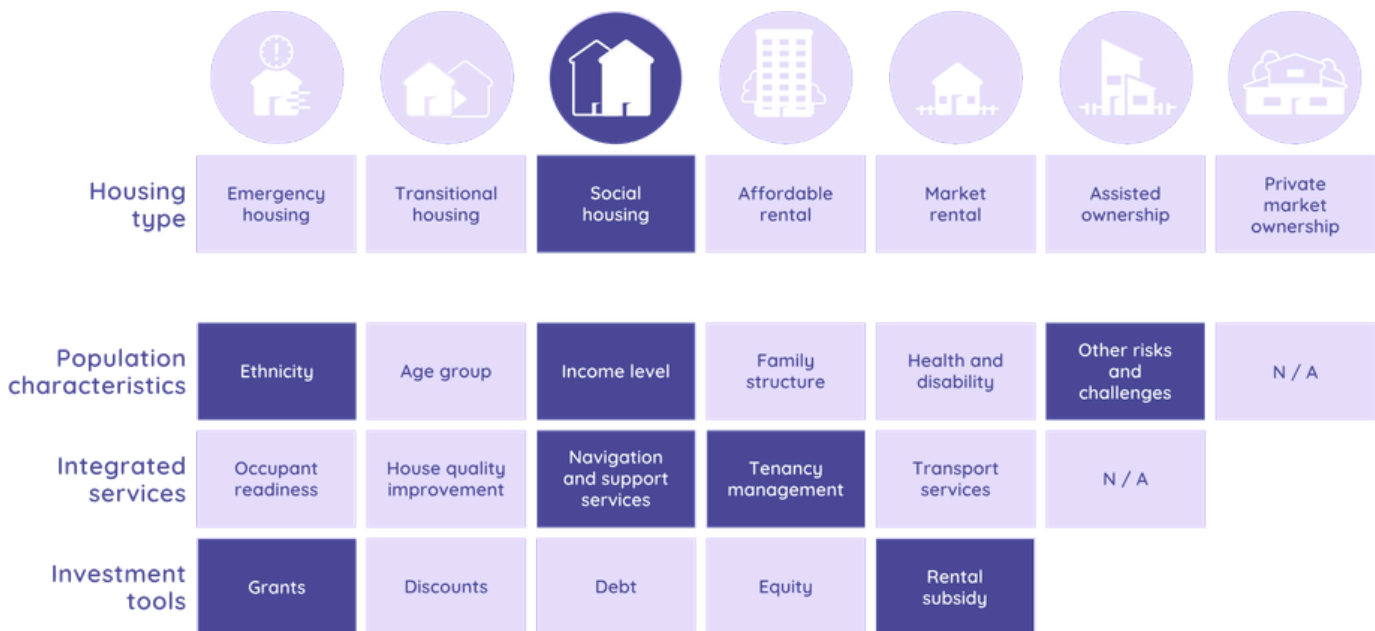
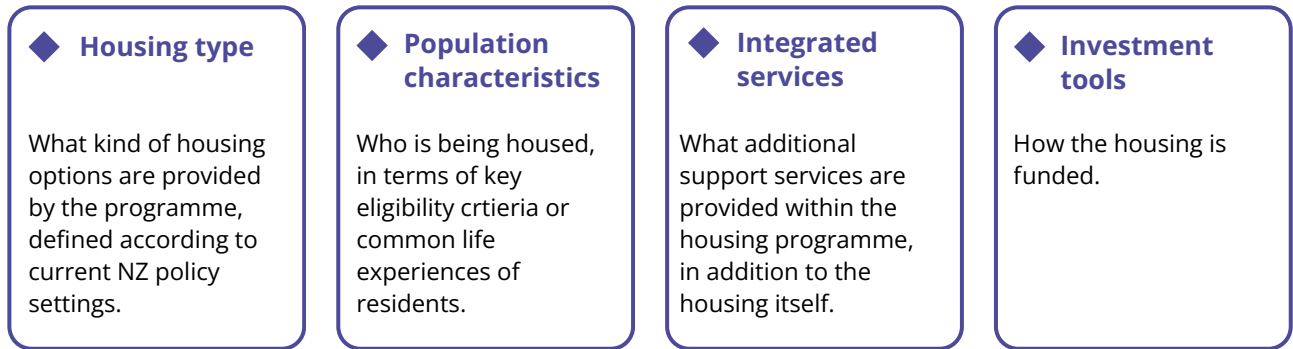
Throughout our lives, different events occur that impact our overall wellbeing journey. ImpactLab estimates how a programme supports positive changes in a person's life and measures the impact on their wellbeing across multiple domains. For each domain, we establish an expected outcome.

ImpactLab quantifies outcomes in terms of both positive benefits (such as increased income or wellbeing) and avoided costs to government.

It's important to note that there are many things we can't measure in dollar terms, so this reflects just part of the value this programme is creating. But it enables us to compare the outcomes to the investment that goes into the programme, which is useful for decision making. ImpactLab has developed a method for doing this that is conservative, consistent and uses the best available data.

GoodMeasure Homes Impact Framework

The below framework provides a snapshot of where this housing programme is focused, across several important dimensions. These dimensions represent the ways in which this provision of housing support can drive long-term impact for residents.



Data used to estimate Housing First Chronic's social value

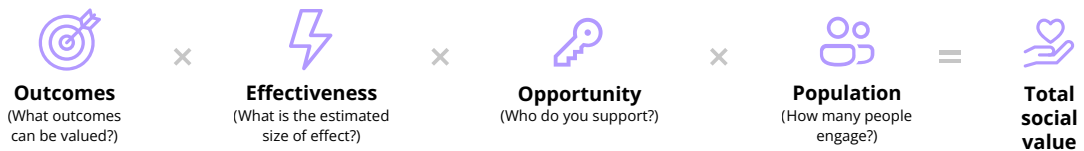
Outcomes, effectiveness, population and opportunity have been estimated specifically for Housing First Chronic to produce a quantified social value.

To calculate social value, ImpactLab assesses for each outcome:

- Effectiveness - evidence from frontline data and global literature about how effective a programme can be;
- Opportunity - the size of the opportunity for the people a programme serves to achieve more positive outcomes; and
- Population - the number of people supported.

By combining these inputs, the social value calculation helps us understand how a programme or intervention helps change lives for the better. We combine the social value with cost information to calculate a programme's social return on investment.

The table below illustrates how ImpactLab calculated Housing First Chronic's social value:



	Outcomes (What outcomes can be valued?)	Effectiveness (What is the estimated size of effect?)	Opportunity (Who do you support?)	Population (How many people engage?)	Total social value
Pre-housing support (only)	Increase driver's licensing	Very small	100% of adults had the opportunity to benefit from drivers licensing support.	95 participants engaged	\$1,430,046
	Increase employment	Small	61% of adults were unemployed.		
	Improve mental health	Medium	83% of participants were assessed as being high acuity which was deemed an effective proxy indicator for poor mental health status.		
	Improve oral health	Medium	The sub-population rate for Māori and Pasefika was used for 73% of participants. General population data was used for the remaining 27%.		
	Improve physical health	Small	39% of participants were identified as having poor physical health.		
	Reduce addiction*	Small	17% of participants were referred to AOD support.		
	Reduce child placement*	Small	The sub-population rate for OT involvement was applied to the 10% of participants with prior experience. General population data was used for the remaining 30% of parents.		
	Reduce ED visits	Small	The sub-population rate for Māori and Pasefika was used for 73% of participants. General population data was used for the remaining 27%.		

*Outcome applied at whānau/household level.

Note: For some outcomes, this was due to sample size data limitations. See appendix page 28 for more detail.

Definitions:

- High acuity: Refers to a person's complex needs that require more intensive support and resources to obtain and maintain housing. This may involve serious health issues, cognitive challenges, difficulty with daily tasks, past trauma, lack of support networks, or a history of homelessness.
- Poor physical health: Diagnosed with a physical health condition.

Data used to estimate Housing First Chronic's social value

Outcomes, effectiveness, population and opportunity have been estimated specifically for Housing First Chronic to produce a quantified social value.

Pre-housing support (only)	Reduce hospitalisation	Small	Research on average hospitalisation events for a similar population in a Housing First context was used to inform opportunity.	95 participants engaged	\$1,430,046
	Reduce offending*	Small	37% of participants were previously involved in a criminal offence, but did not go to prison.		
	Reduce risky behaviour	Small	General population data.		
	Reduce smoking	Small	46% of whānau experienced problematic nicotine use.		
Primary clients and wider whānau members	Increase academic achievement (NCEA 3)	Small	41% of participants were currently in education and had the potential to improve their engagement.	511 participants engaged	\$16,524,979
	Increase drivers licensing	Very small	All adults (45%) had the opportunity to benefit from drivers licensing support.		
	Increase employment	Large	Of the adults housed (49%), 61% were unemployed.		
		Medium	General population data was used for the remaining adults.		
	Improve housing*	Large	100% of whānau had an opportunity to experience improved housing.		
	Improve infant safety	Medium	15% of all participants housed were infants.		
	Improve mental health	Large	83% of participants were assessed as being high acuity which was deemed an effective proxy indicator for poor mental health status.		
	Improve oral health	Large	The sub-population rate for Māori and Pasefika was used for 73% of participants. General population data was used for the remaining 27%.		
	Improve physical health	Large	39% of participants were identified as having poor physical health.		
Reduce addiction*	Large	17% of participants were referred to AOD support.			
Continued					

*Outcome applied at whānau/household level.

Note: For some outcomes, this was due to sample size data limitations. See appendix page 28 for more detail.

Definitions:

- High acuity: Refers to a person's complex needs that require more intensive support and resources to obtain and maintain housing. This may involve serious health issues, cognitive challenges, difficulty with daily tasks, past trauma, lack of support networks, or a history of homelessness.
- Poor physical health: Diagnosed with a physical health condition.

Data used to estimate Housing First Chronic's social value

Outcomes, effectiveness, population and opportunity have been estimated specifically for Housing First Chronic to produce a quantified social value.

Primary clients and wider whānau members	Reduce asthma & asthma hospitalisation	Large	15% of participants experienced asthma.	511 participants engaged	\$16,524,979
	Reduce child placement*	Large	The sub-population rate for OT involvement was applied to the 10% of participants with prior experience. General population data was used for the remaining 30% of parents.		
	Reduce debt	Medium	63% of participants experienced debt in the last 12 months. The average debt level was \$27,000.		
	Reduce diabetes	Small	7% of participants experienced diabetes.		
	Reduce ED visits	Large	The sub-population rate for Māori and Pasefika was used for 73% of participants. General population data was used for the remaining 27%.		
	Reduce emergency benefit	Small	The sub-population rate for those unemployed was used for the 61% of adults unemployed. General population data was used for all remaining adults.		
	Reduce family violence*	Medium	17% of whānau experienced a domestic violence situation.		
	Reduce hospital bednights	Large	Research on average hospital bednights for a similar population in a Housing First context was used to inform opportunity.		
	Reduce hospitalisation	Large	Research on average hospitalisation events for a similar population in a Housing First context was used to inform opportunity.		
	Reduce offending*	Large	37% of participants were previously involved in a criminal offence, but did not go to prison.		
	Reduce risky behaviour	Large	General population data.		
	Reduce smoking	Small	46% of whānau experienced problematic nicotine use.		
	Reduce victimisation (family violence)*	Medium	17% of whānau experienced a domestic violence situation.		

*Outcome applied at whānau/household level.

Note: For some outcomes, this was due to sample size data limitations. See appendix page 28 for more detail.

GoodMeasure metrics for Housing First Chronic

ImpactLab estimates that for individuals and whānau who engaged in the programme between 1st February 2023 to 29th March 2024, the positive shifts this programme creates in the lives of whānau generates ~\$18 million of social value for Aotearoa New Zealand, a gross Social Return on Investment of \$1 : \$1.20 and an income-adjusted SROI range of \$1 : \$2.80 - \$4.60.



Total estimated social value

\$17,955,025

Social value

The estimated lifetime social value that this programme generates for participants during the measurement period.



Average social value per person

\$29,629

Pre-housing support (only): \$15,053
Primary clients & whānau: \$32,339

Social value per person

The total social value divided by the total number of people that meaningfully engage in the programme.



Average cost per person

\$20,999

Total costs: \$14,951,341
Direct costs: \$13,317,148
Indirect costs: \$1,634,193

Cost per person

The total annual operating and financing cost of the programme divided by the total number of people that start the programme.



This equates to an estimated gross SROI of

\$1 : \$1.20

and an income-adjusted SROI range of

\$1 : \$2.80 - \$4.60

Gross SROI

The measurable social value as a proportion of programme cost. This is calculated from the total social value divided by the total operating and financing costs, and rounded to the nearest 10c.

Income-adjusted SROI

Accounts for costs net of public and/or private income. When total income exceeds costs, housing operates as a profit-generating intervention, meaning an SROI cannot be produced.

For every dollar invested in the programme net of public and/or private income, an estimated \$4.60 of social value will be returned to Aotearoa New Zealand in terms of better lives, higher incomes and reduced government costs.

Income-adjusted SROI

While housing has a cost, there are also various income flows associated with housing provision. In addition to looking at 'gross cost', it can be useful to consider these income flows to understand the SROI in housing from a 'net cost' perspective. Given diverse income sources across housing types, we provide a range of SROI estimates based on deductions such as government subsidies and tenant rent.

◆ Gross SROI

Measures social value relative to all operating and financing costs. The gross SROI figure is based on annual costs only, not accounting for one-off capital costs and annual revenue flows. This means the SROI should be considered alongside and in addition to the market value of the assets and any annual commercial returns.

◆ Income-adjusted SROI

Accounts for costs net of public and/or private income. When total income exceeds costs, housing operates as a profit-generating intervention, meaning an SROI cannot be produced.



Annual income definitions

- ◆ **Public income**
Annual revenue from government sources (e.g., subsidies, grants, funding) to support housing operations and affordability (excluding additional services).
- ◆ **Subsidised private income**
Annual revenue from individuals or households, partially covered by external financial support (e.g., charity, government, or third party).
- ◆ **Non-subsidised private income**
Annual revenue from individuals or households, paid in full without external support.
- ◆ **Other annual income**
All other programme-related annual revenue. This is not considered for the income-adjusted SROI.

Guidance for funders on using this report

Through GoodMeasure Homes, organisations undertake a demanding, independent process to understand the long-term outcomes of their work. The resulting SROI metrics provide one useful lens through which to understand the impact your funding can have.

How to use this

- ✔ To build a better understanding about how an organisation aligns with your focus communities and priorities.
- ✔ To understand from a data-driven perspective what an organisation does and the long-term outcomes your funding can help create.
- ✔ To help grow the data capability of the organisations you fund and activate conversations around opportunities for growth and improvement to do even more good.

How not to use this

- ✘ For de-contextualised comparison between organisations. It's critical to ask the 'why' behind the metrics and understand an organisation's broader context.
- ✘ As the only way to measure the quality of an organisation. SROI should be used alongside other tools such as participant feedback and team engagement.
- ✘ Without consideration of time period. Metrics may become less relevant over time due to improvements in ImpactLab methodology, changes in the organisation's core service model or external factors.

Case study: Rātā Foundation

“ What we have seen as success is when an organisation reflects on the information and makes enhancements to services, data collection, or even pivots their whole approach as they better understand their own impact.”



Kate Sclater, Head of Community Investment

Rātā Foundation has used GoodMeasure Homes to help understand the impact of funded organisations and to support organisations to build their impact data capability. According to Head of Community Investment Kate Sclater, what Rātā focuses on isn't so much the numbers, but how the GoodMeasure process can improve understanding of the theory of change and the assumptions behind the calculation.

Exploring the “why” behind the SROI

GoodMeasure Homes applies a consistent and standardised approach to impact measurement across diverse interventions. But when comparing Social Return on Investment (SROI) metrics from different organisations, it's important to exercise caution as SROI figures can vary widely based on a variety of factors, including differences in housing type, data quality, scoping decisions, improvements to methodology over time and limitations in the available academic literature and public data. Each organisation operates in a unique environment and measures outcomes using distinct approaches. Without understanding these underlying differences, comparisons can be misleading. It's crucial to consider the story behind the SROI—how organisations measure, learn, and adapt to create meaningful change.

2025

Insights Report

for Visionwest's Housing First Chronic



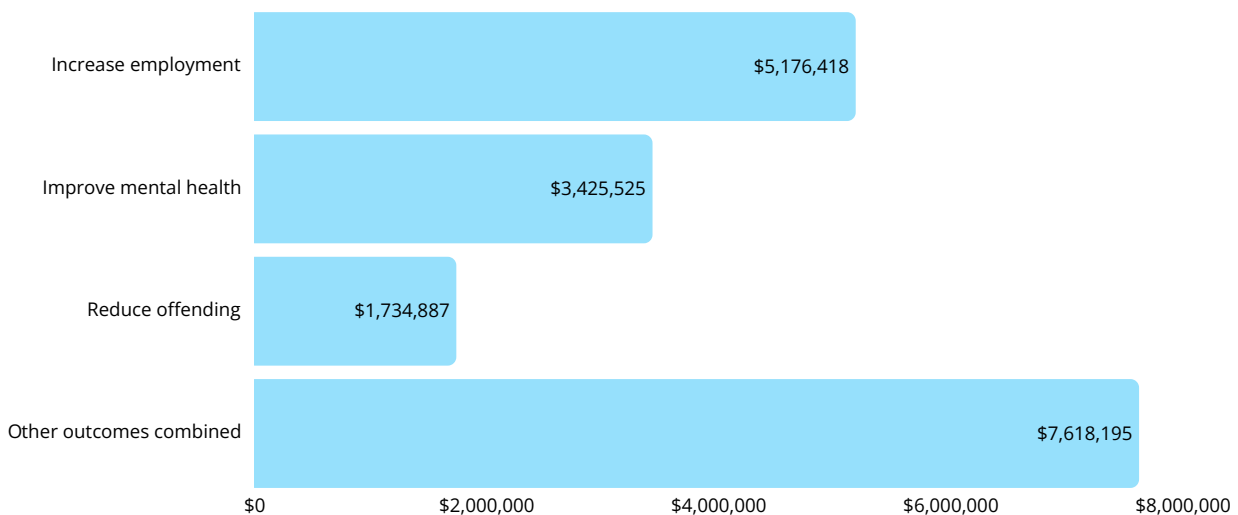
Outcomes that drive social value

The majority of the estimated measurable social value for Housing First Chronic comes from 3 outcomes: increase employment, improve mental health and reduce offending. A number of other outcomes important to the programme are not able to be measured due to data limitations but are important to note, including increase cultural connectedness.

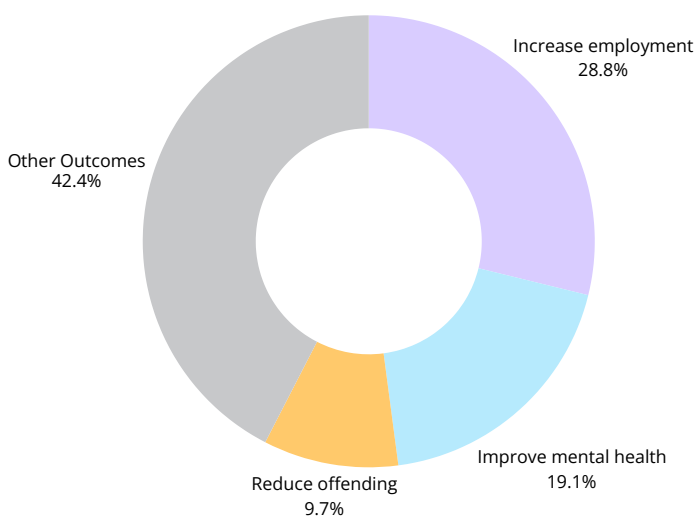
Outcomes and social value

The following graphs illustrate the dollar value assigned to each GoodMeasure outcome, and what percentage of the total social value each of these outcomes contributed.

Social value per GoodMeasure outcome



% Total social value per GoodMeasure outcome

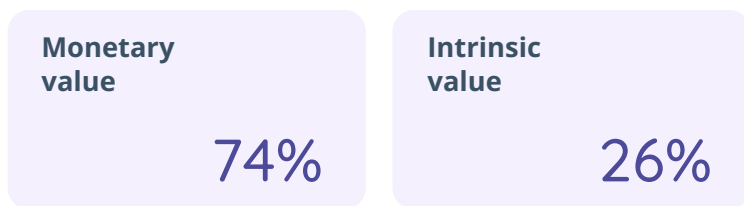


Monetary vs Intrinsic Benefits

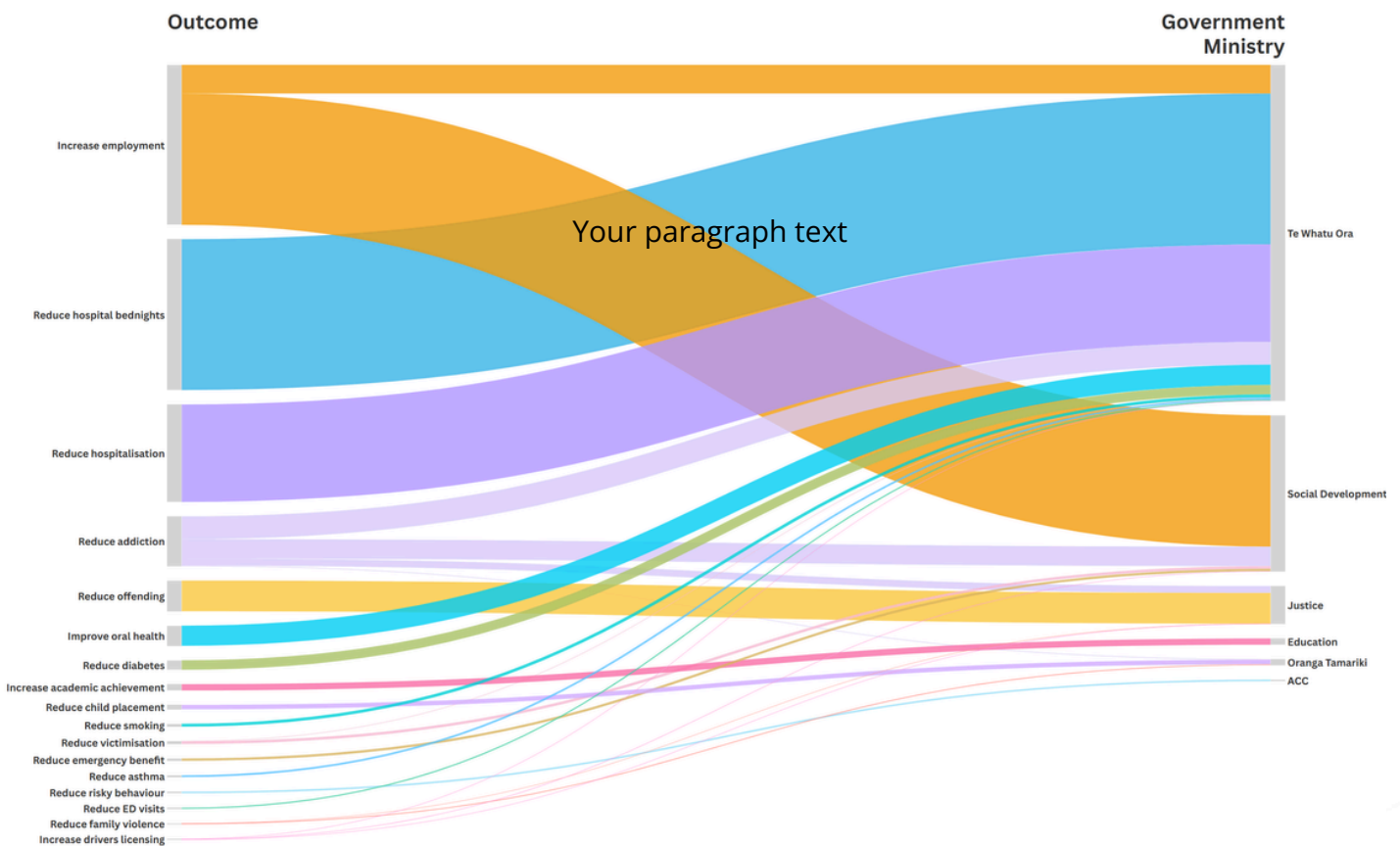
There are two types of social value estimated in your SROI: monetary and intrinsic. Both are important. We can link monetary benefits to government departments who may experience cost savings in the future because of improvements in people’s lives. Intrinsic benefits reflect improvements in peoples’ subjective wellbeing.

Monetary and intrinsic benefits

74% of the social value is monetary value made up of estimated avoided government cost and income benefits to families. 26% is what we call intrinsic value - it’s a theoretical value to reflect an improvement in people’s subjective well being.



Monetary benefits include future cost savings for 6 government ministries.



Important:

Monetary impacts are based on estimates of future potential government cost and income effects associated with identified outcomes, using the data that was available for this GoodMeasure. These should be treated as indicative only and confidence around these estimates will vary widely depending on the quality of data available (see appendix) and the stability of government cost structures and policy.

How Housing First Chronic compares to other programmes

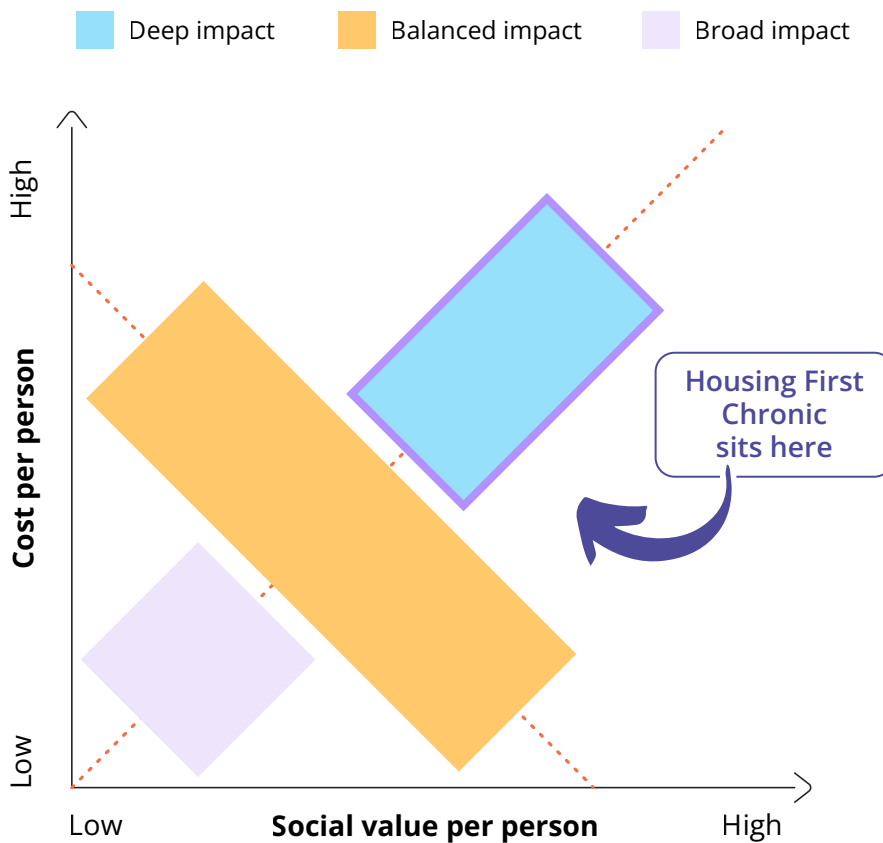
Across the social impact sector, programmes are delivered on a spectrum of scale, depth and breadth of need. Different initiatives can deliver the same SROI, but through different pathways and with different trade-offs. Three distinct investment approaches are emerging from the programme set, with deeper impact generally requiring significantly more investment per person.

Social value and cost

Relative to other programmes measured, Housing First Chronic sits in the deep impact range for cost and social value per person.

These are higher investment programmes that deliver **intensive support** to people with **high complexity** to achieve significant social change. These programmes typically provide bespoke support to a smaller number of people.

As a deep impact programme, **Housing First Chronic sits towards the upper end of programmes in terms of cost and social value per person, and towards the mid-range in terms of scale.**







Coverage of measurement
Across all types, where data quality is lower there is higher uncertainty of impact.

How Housing First Chronic can improve data collection

Building on the data already collected, there is some data that could be useful to help further understand Housing First Chronic's impact and demonstrate more of the value the programme creates.

Possible impact boosters

Potential action	Driver it affects
<p>Improve demographic data for wider whānau</p> <p>Regularly collecting demographic data for all households members (e.g., age, ethnicity) will enhance the ability to analyse outcomes by specific sub-populations. This will enable deeper insights as some outcomes are age-specific (e.g., increase academic achievement) or have distinct trends by ethnicity (e.g., increase employment).</p>	 <p>Opportunity (Who do you support?)</p>
<p>Strengthen situational data for primary participants (and wider whānau)</p> <ul style="list-style-type: none">• Implement a core set of consistent, structured indicators (e.g., employment situation, financial stress, health challenges) to be collected for all primary participants (and whānau members). This will reduce reliance on case-note sampling and improve data completeness and comparability.• Shift from household-level or aggregated data to individual-level records to gain a more precise understanding of each participant's needs and experiences.• Ensure alignment in how data is collected before and after interventions (e.g., individual vs. whānau level) to enable accurate assessment of participant improvements over time.	 <p>Opportunity (Who do you support?)</p>
<p>Establish standard data definitions</p> <p>Consider introducing clear, shared definitions for all key metrics across teams to reduce variation in interpretation and ensure data consistency, especially for qualitative or case-note-derived information.</p>	 <p>Opportunity (Who do you support?)</p>
<p>Strengthen outcomes data collection</p> <ul style="list-style-type: none">• Systematically track longer-term outcomes such as sustained employment, education re-engagement, or mental health improvements. Consider using follow-up surveys or interviews to assess the durability of impact.• Document and analyse reasons for participant exits to identify trends and inform programme design and retention strategies.	 <p>Effectiveness (How effectively are outcomes enabled?)</p>



Frontline team insights

~50% of organisations make improvements to their programme after going through the GoodMeasure process. Knowing what you know about your unique community, team and context, are there other improvements you see could be made to help grow impact for the people you serve?

Appendix

General Definitions	
Effectiveness	The terminology for effect size of 'very small', 'small,' 'medium,' and 'large' are used to indicate the estimated magnitude of effect attributable to an outcome in the social value calculation. They should be interpreted relative to each other as well as the specific content of the research for this programme.
Intervention	An intentional process through which a defined group of people have the opportunity to create a positive change in their life trajectory.
Intervention type	A categorisation to group similar interventions based on their activities (i.e. how resources are used). These categories have been developed by ImpactLab based on academic literature and the input of organisations participating in the SROI process.
Organisation	The organisation delivering the programmes measured.
Programme	The unit of measurement of an SROI which consists of one or more interventions.
Participant	A person or group of people for whom a programme exists to make a positive difference.
Sector	The part of the charity or social sector within which the organisation primarily operates. This is an organisation-level categorisation.
Social value	The social impact in dollar terms that the amount invested achieves for participants over their lifetime. The social value is calculated by combining outcome values with a service delivery quality score, the size of the opportunity to support a population, and the number of people supported.
Gross SROI	Gross Social Return on Investment. The measurable social value as a proportion of total programme cost. This is calculated from the total social value divided by the total annual operating and financing costs, and rounded to the nearest 10c.
Income-adjusted SROI	The measurable social value as a proportion of the organisation's net investment. It accounts for additional housing-related income sources, such as government subsidies and resident contributions, that help support the cost of housing.

Note on methodology comparison:

In comparison to international methodologies, the method used for this report is distinguished by:

- Incorporating a wider and more complete range of costs, including all financing and operating costs associated with delivery of housing and associated services. This means cost per person is often higher than in other methodologies.
- A focus on those the programme is designed to support over society at large, ensuring a clear link between the service and its impact.
- Less emphasis on intrinsic wellbeing measures, which are often subjective and overlapping in nature, making them more difficult to quantify accurately.

Appendix

Outcome Definitions	
Increase academic achievement	measures increased income and government savings associated with different levels of academic attainment.
Increase driver's licensing	measures increased income and government savings associated with holding a full licence.
Increase employment	measures income and government savings associated with moving to employment.
Improve housing	measures cost savings associated with increased housing quality.
Improve infant safety	measures hospital costs associated with infant safety
Improve mental health	is an intrinsic measurement of an improvement in mental health
Improve physical health	is an intrinsic measurement of an improvement in physical health
Improve oral health	measures health costs associated with the treatment of dental disease
Reduce addiction	measures government costs associated with addiction
Reduce asthma	measures income and healthcare costs associated with asthma.
Reduce asthma hospitalisation	measures hospitalisation costs associated with asthma
Reduce child placement	measures government costs associated with child placement
Reduce debt	measures income impact of servicing interest on debt
Reduce diabetes	measures health costs associated with having type-2 diabetes
Reduce ED visits	measures the health cost associated with emergency room visits
Reduce emergency benefit	measures increased income and government costs associated with emergency benefit payment
Reduce family violence	measures government costs associated with family violence
Reduce hospital bed nights	measures health costs associated with inpatient hospital visits
Reduce hospitalisation	measures the health cost associated with inpatient hospital visits
Reduce offending	measures increased income and government savings associated with reduced offending
Reduce risky behaviour	measures government costs associated with risky behaviour
Reduce smoking	measures government costs associated with smoking
Reduce victimisation (family violence)	measures hospitalisation and emergency accommodation costs associated with family violence

Appendix

Summary of inputs and assumptions

	Inputs to this SROI	Key Assumptions
Outcomes	<ul style="list-style-type: none"> ImpactLab's library of quantified outcomes and opportunity rates 	<ul style="list-style-type: none"> 'Lifetime' value of an outcome is conservatively valued over a 5-year period
Effectiveness	<ul style="list-style-type: none"> Programme effectiveness data for 'Housing First Chronic' whānau Findings from programmes in the global evidence base 	<ul style="list-style-type: none"> Research is analogous to your programme
Opportunity	<ul style="list-style-type: none"> Customer data was used for opportunity data for 22 outcomes applied to primary participants and whānau members ImpactLab's library of quantified outcomes and opportunity rates 	<ul style="list-style-type: none"> Referrals to external services are indicative of a need in that area Sample size data is indicative of need for the total population (see next page for more detail on sample size approach)
Population	<ul style="list-style-type: none"> Programme participation data 	<ul style="list-style-type: none"> Wider whānau engagement matches primary participant engagement
Cost and income	<ul style="list-style-type: none"> Total annual housing costs (operating and financing) and housing-related revenue 	<ul style="list-style-type: none"> Excluded one-off capital costs related to build or set up of housing
Exclusions	<ul style="list-style-type: none"> Other housing programmes delivered by Visionwest e.g., Rapid Rehousing 	
Limitations		
	<ul style="list-style-type: none"> The themes analysed in this report are based on observed correlations and provide broad conclusions rather than tight causative claims. Programme intervention practices are determined via narrative and operational data provided by an organisation. It does not include direct observation of programmes, and as such social value forecasts do not capture variation in programme practice e.g., in workforce skills or programme fidelity across locations. Comparisons should be considered indicative only, as metrics can be influenced by a variety of factors, including differences in data quality, scoping decisions, improvements to methodology over time and limitations in the available academic literature. Many aspects of social impact cannot appropriately be quantified in dollar terms, and SROI findings should be considered alongside other important sources of information such as participant feedback and more bespoke forms of evaluation. 	<ul style="list-style-type: none"> GoodMeasure Homes is a standardised measurement model — different interventions are treated as consistently as possible to enable comparability, which means the uniqueness of each intervention is not fully reflected. Cost and participant data inputs are provided by the organisation. Responsibility sits with each organisation to ensure their data is accurate and genuinely reflects the programme. Estimates have varying confidence levels due to differing quality and availability of data inputs. The GoodMeasure Homes methodology takes the approach of using the data that is available in order to support ongoing data improvement. The lifetime (dollar) value of an outcome is conservatively valued over a 5-year period. This is aligned with Aotearoa New Zealand Treasury's approach of measuring impact within a contained period.

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GoodMeasure Homes Report - Visionwest Housing First

Appendix

Summary of sample size approach

- Individuals and whānau included in this sample were currently engaged in Housing First (Chronic) at Visionwest in the year in scope.
- Of the 85 whānau who were currently engaged in Housing First (Chronic) at Visionwest between March 2023 – February 2024, 50 whānau were randomly selected, representing 58.8% of the population group.
- Of the 50 whānau that were randomly selected, we received data from support navigators for 41 whānau (82% response rate).
- Programme start: This data comes from two sources, 1) current situation and history of homelessness form & 2) housing need and wellbeing assessment. This information is for the client, rather than the whole whānau.
- Programme end: This data comes from a survey completed by the Support Navigators. This information includes members of the whole whānau who are housed. This data is limited by a) what the support navigator knows about a client & b) the length of time a support navigator has been with a client.
- Some data points are collected at a whānau level and so the denominator is 41 whereas some are collected at the individual level in which case the denominator is 131.

Appendix

Income-adjusted SROI FAQ

This guide is designed to help housing providers understand and explain Income-Adjusted Social Return on Investment (SROI) to external stakeholders. It outlines how we calculate this metric, why it is valuable in the housing sector, and how it complements gross SROI. The content is based on common questions from providers we have worked with so far, and we will continue to refine and expand the guide over time.

What is income-adjusted SROI?

Income-adjusted SROI measures the social value relative to the housing provider's net investment. It accounts for additional housing-related income sources, such as government subsidies and resident contributions, that help support the cost of housing.

This metric accounts for the fact that every dollar invested in housing also attracts other predictable income flows. This is similar to the "leverage effect" in global impact measurement, which refers to how an initial investment attracts further funding or resources.

What income flows do we consider, and why?

We include:

- Public income (e.g., government funding) – Governments provide housing subsidies because housing is a fundamental human need, and market forces alone often fail to make adequate housing affordable for everyone.
- Private income (e.g., resident contributions) – Housing follows a user-pays model. While some types receive government subsidies, most still require tenants to contribute a portion of their income (e.g., 25-30%), with subsidies covering the rest.

We exclude:

- Non-housing income (e.g., funding for support services) – Unlike housing, support services do not have an inherent financial return mechanism. While providers may seek external funding for these services, the income flows are less predictable and not directly tied to the asset.

Why do we consider income for GoodMeasure Homes?

Housing is an income-generating asset. Unlike other social programmes focused on service-based delivery, housing has a built-in, relatively predictable revenue stream. Regardless of whether the home is owned or leased, the income flow is tied to the asset itself, not just who holds it. Recognising these housing-related income flows ensures that we provide a view of the investment needed beyond what the asset can fund itself.

Why is Income-Adjusted SROI important?

Housing is among the most expensive social investments due to high upfront and ongoing operating costs. However, as an income-generating asset, housing can offset some of these expenses through rental income or other revenue streams, whether it is used primarily for social or market-driven purposes.

Income-adjusted SROI accounts for the social value created relative to the additional investment, after subtracting the revenue generated by the asset itself, providing a more accurate assessment of the return on investment from a social impact perspective.



Appendix

Income-adjusted SROI FAQ (continued)

Why do we share this metric alongside Gross SROI?

Housing programmes have varied funding structures, making it important to provide different perspectives for SROI:

- Gross SROI reflects society's view, comparing social value to the total annual costs of providing housing and related support services. Due to housing's high costs, it can sometimes be negative.
- Income-Adjusted SROI shows the provider's view, measuring returns based on additional investment after subtracting housing-related income flows.

Should we always communicate the Income-Adjusted or Gross SROI ratio?

Not necessarily. Sometimes, other social value metrics (e.g., total social value or social value per resident) better illustrate impact without cost complexity. These can complement financial and environmental metrics for a well-rounded assessment.

When housing generates more income than it costs, it becomes profit-generating. When there are no net costs against which the social return can be measured, SROI cannot be calculated. In such cases, social value metrics provide more meaningful insights.

Which housing types benefit most from Income-Adjusted SROI?

This metric is most useful for housing models with significant government support, such as:

- Emergency & Transitional Housing: Often fully funded and integrated with social services.
- Social & Affordable Rentals: Funded through a mix of direct government support, non-profit involvement, and subsidies.
- Shared Equity Models: Designed to help low- and middle-income households transition to homeownership with government assistance.

Appendix

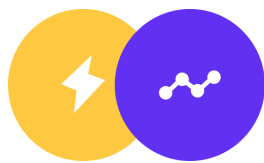
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