Measurement Ideas

Relevant to Organizations that address Homelessness, Housing Insecurity and Affordable Housing

Introduction

The Measurement Ideas are organized according to 'what you want to know and show' about the work your program, organization or initiative undertakes and its impact (your 'Information Needs'). The measures you choose need to support operational and strategic decision-making and can be used in show accountability and engage your stakeholders in the work that you do (partners, community members, funders, staff, volunteers, to name a few). Measures are presented in the following areas:

Your Program's Rationale/Design 2
Accessibility / Engagement in Program 2
Individualized Support 4
Personal Transformation 5
Housing Placement 7
Housing Quality 8
Housing Stability 9
Housing Loss Prevention / Diversion 9
Systems Change 11

In the tables below we use the term *individuals*. Adjust your measures to refer to the specific people that you work with in the way you refer to them, e.g., participants, clients, tenants, residents, beneficiaries, households, families, adults, among others.

Remember that these are only measurement ideas, and what you choose to measure should be based on your needs for learning, engagement and reporting. Don't forget to prioritize measurement based on the importance of the information to you and the challenge of collection.

If you have suggestions for Measurement Ideas, get in touch with us and we will add them!

Your Program's Rationale/Design

We understand the challenge and needs of the population	Evidence of participation by those with lived experience in program design and delivery
	Diagram that illustrates the uniqueness/appropriateness of the intervention model
	Summary findings from a Needs Assessment

Accessibility / Engagement in Program

We are successful in engaging people in our program(s)	# of positions available
	# of people served
	Average length of time involved
	Demographic profile of those you serve
	Completion (and placement rate)
We need to reach more people and/or reach people in more timely way	Potential demand for services in region, relative to current program capacity
	# delays in receiving a service
	Wait times (days)
We reach those who are inequitably served	Comparison of demographics served to the demographics in the community
	Progress in reaching specific demographics that are underserved
We are building trust with individuals who may engage in our program in the future	# individuals that you are engaging with outreach, but who may not be ready (yet) to be supported to connect with services/support
We are supporting individuals/families in a culturally appropriate way	Demonstration of how the design of services and supports are informed by those served by the program
	Demonstration of how leadership, staffing and partnerships in your organization reflects the community served
	Paid peer support positions
	Reported experiences of racism
	Involvement of Elders (for Indigenous programs)

Accessibility / Engagement in Program (continued)

	# individuals that access traditional teachings and cultural activities
	Improved cultural pride - changes in individual perceptions of themselves as members of the cultural group
	Perceptions of community members of the program
We do not present barriers to access	Degree of knowledge/awareness about existing services, supports, or programs in the community (by community partners, individuals withing the community)
	Examples of flexibility in 'rules' in order to access services, supports, or housing
	# of points of entry, including face to face contact at different agencies, call or text, and web-based applications
	List of measures to support access (e.g., provision of childcare, transit tickets, operating hours that meet people's needs, stipends, language translation/interpretation, etc.)
	List of accessibility measures in housing and program space to enable those with disabilities and/or or chronic health issues to participate

Individualized Support

We offer individualized, flexible support that meets people where they are at, and supports them with the issues that are important to them.	# individuals who are contacted/enrolled/receive 1 or more services
	Examples of barriers removed (e.g., in accessing a government and other services)
	Staffing ratio (e.g., # individuals per staff)
	Service Staff Caseloads
	Face-to-face contact time per month
	Degree to which individuals trust and feel supported by staff (qualitative methods or self-reported)
	Examples of different ways individuals are supported
	# of referrals by type of referral (clinical/health/treatment, educational opportunities, economic opportunities, parenting support…), % of people that followed up,% that found referral useful
	# persons that are served by multiple services
	Supports available/used at location
	# individuals who develop goals/action plan
	Qualitative information about the nature, extent and context of individual's needs, challenges and progress

Personal Transformation

Individuals building skills, abilities and competencies	List of skills (and perhaps frequency of attainment).
	List of training opportunities, qualifications and certifications and frequency of attainment
	# Individuals who increased their level of engagement and responsibility while connected to the program
	# of individuals who leave to pursue a new opportunity, by type of opportunity
	Examples of goals and steps made towards those goals
	Level of functioning scale – rating individual's functioning or performance in particular domains on a scale from low level functioning to competent, independent functioning
	Behavioral count – counts of frequency and/or duration of specific behaviours
	Quotes from participants that highlight achievements
	Examples of individuals putting into practice what they've learned
Individuals are moving beyond 'survival mode' to greater stability and independence	Observed changes in an individual's involvement in meaningful daytime activity
	Use of public and other community supports and services
	# of people that an individual can rely on for support in times of need
	Self-efficacy scales (Belief in yourself that you can do something)
	ID in possession by type of ID
	Living situation
	Monthly income / Primary income source
	Level of support
	Examples of life changes
	Retention rate/ absenteeism rate in program

Personal Transformation (continued)

Individuals are moving beyond 'survival mode' to greater stability and independence	Sustainable Livelihoods (A framework to understand what 'assets' an individual has (not just financial), and how they are developing these 'assets' further to escape poverty on a sustainable basis.)
Individuals are improving their well-being / quality of life	Share of people who report that they are "satisfied or very satisfied" with their lives
	Quality of Life Scale (Examples of scales: Multi-purpose: Short Warwick- Edinburgh Mental Well-being Scale; Health focused: SF-36 / SF-12, WHOQOL-BREF, GENCAT Scale, Quality of Life for Homeless and Hard to House Individuals (QoLHHI), and many other instruments)
	Most Significant Change (An approach to systematically generate and analyze personal accounts of change and deciding which of these accounts are the most significant – and why)
	A case study that shows a particular situation in depth. This could be a person, a site, or a project. It often uses a combination of quantitative and qualitative data.
	Social Network Mapping /Personal Network Visualization (This is a graphic representation or visualization of an individual or a family's linkages to the larger social system including informal supports.)
Individuals are managing their health and are on a path to self-actualization	# individuals supported to establish meaningful goals
	The extent to which individuals' case management goals are achieved at case closure
	Number/Percent of individuals that attend / complete high school (or equivalent)
	Number/Percent of individuals that enroll / complete training program / post-secondary education
	Number/Percent of individuals that are reunited with family (and/or their community)
	Change in interactions with justice system (police, days in jail, convictions)
	Health status (various instruments available to measure this)

Personal Transformation (continued)

Individuals are managing their health and are on a path to self-actualization	% of participants who experience (psychiatric) hospitalization in last 6 months
	Number of people who increased their income or income stability
	Number of people who increased their employment stability or started part-time or full-time employment
	Domain rating tools - Tools that cover a range of domains including income, living skills, health, mental health, housing / homelessness and a series of others.

Housing Placement

We are successful in placing individuals who are homeless in housing	Number of individuals placed in housing
	Percentage of individuals who remained housed (at 6 months, 12 months, or other intervals)
	Number of days to move an individual into permanent housing
	Percentage of individuals who require re-housing
	Percentage of individuals who return to homelessness
	% of individuals who have successfully exited the program to a positive housing situation
Our housing inventory is aligned with the real-time needs and preferences of people experiencing homelessness.	# individuals offered options around housing placement
	Breakdown of current housing inventory relative to desired housing options
We are implementing Housing First with a high degree of fidelity	Pathways to Housing - Housing First Self-Assessment Survey (internally-led process)
	Have fidelity evaluated by external teams (e.g., Mental Health Commission of Canada (MHCC))

Housing Quality

Our housing/ unit is in good condition	Building / unit condition assessments
	Regular maintenance tracking (e.g., work order completion rates
	Satisfaction ratings on work completed
	individuals who report their new housing is in better condition than their previous housing
	Existence of specific negative aspects of housing (e.g., mold, infestation, etc.)
	Overall satisfaction with housing (rating scale)
Households are not overcrowded	Household composition in relation to unit size
Building/site is well-designed and operated	Description of ventilation, illumination, noise levels/sound-proofing
	Description and size of communal spaces
	Description of design, features and policies that meet needs of residents (e.g., family-oriented, cultural group, age)
	Description and size of outdoor amenity spaces
Housing is in a good location	Distance to amenities and services, employment and personal development opportunities, social network
	Walkability score
	Access to transit, and (accessible) car sharing
Housing is Safe	Neighbourhood and building crime statistics
	Tenant perceptions of safety of neighbourhood, building and unit

Housing Stability

Individuals/Households are experiencing more stability	Unit turnover rate and eviction rate
	Length of residency
	Tenant moves as a percentage of all tenants
	Exit tracking, both positive and negative reasons (exit interviews)
	Retrospective housing mobility (e.g., number of moves in previous given time period)
	Self-report of how stable a person believes their housing is
The risk of tenancy breakdown is reduced	Instances of 'warning signs' of breakdown (e.g., arrears, subject to Notice to Vacate, has received breach notice etc.)
	Skills developed to navigate interpersonal difficulties and conflict
Housing situations are more affordable	A rating of how much a household's rent burden has decreased
	Housing costs as a share of total income (housing often is considered affordable if participants pay less than 30%)
Housing costs will not rise significantly in the future	Type of housing (public, private)
	Length of housing subsidies
	Tenancy protection against rent increases and enforcement

Housing Loss Prevention / Diversion

We provide targeted and timely crisis intervention to avert imminent eviction or loss of housing	# landlords that agree to arrears repayment agreement that is reasonable for the tenant to maintain
	Factors identified as helping individuals keep current housing
	Continuation of tenancy (# individuals that remain housed after certain intervals)
	# individuals that receiving a Housing Loss Prevention Intervention
	Reduction in eviction orders

Housing Loss Prevention / Diversion (continued)

More landlords rent to individual who may have barriers to tenancy (safe, adequate, affordable housing)	# landlords connected to the program
	Landlord experience with the program
	List of support(s) (and frequency of use) provided to tenant / landlord
Individual/households are at a lower risk for losing their housing situation	Self-reported anxiety about housing situation
	Increased knowledge of tenancy rights and responsibilities
	Reduction in the # late rent payments
	Increased knowledge of housing options (test scores, self-reported, observed)
	Ability to complete rental application form
	Fewer reported challenges to keeping housing
	Adequacy of employment income, housing subsidy and/or social payment supports relative to housing costs
	Improvement in reported ability to manage conflict (e.g., family, roommate, landlord, spousal…)
Youth can transition into adulthood in a secure and supported way.	# youth who have on-going access to a support worker/ mentor
	# informal supports a youth can draw on in times of need
	Connection to income supports, safe and adequate housing and educational / employment opportunities
We are preventing homelessness for those released from institutions (e.g., health, corrections)	Housing situation of individuals when they exit any part of the system
	Depiction of how supports and services are coordinated post-discharge
We strengthen connection to family and existing natural supports (friends, co-workers, neighbours, school staff...)	Resources provided to family and natural support
	Mapping of individuals support network and changes to that network over time
	# Individuals who maintain family connections (where their health and safety will not be endangered)
	# people who leave the community

Systems Change

We are working on systems solutions with others to address the structural factors that affect homelessness in our community.	Examples of leadership/participation in initiatives to understand the issue from a systems-perspective and to identify, test and scale solutions
	Examples/Evaluation results of specific projects and actions to address homelessness at a systems level (e.g., this could relate to addressing the impact of colonialism on Indigenous Peoples, disconnect between land and housing market and income, poverty, racism and discrimination)
Our program addresses structural factors that lead to homelessness	# Adverse childhood experiences (sexual abuse, parental neglect, household substance abuse, and exposure to physical violence)
	Timely access to adequate treatment for trauma, injury, addictions and mental-health challenges
	Reduction in the # children placed in foster care
	Evidence of changes to policies and procedures that strengthen equity and decolonization
	Reduction in the # of foster or group home placements break down,
We are influencing legislation, policy, and investment to address risks of homelessness and increase social equality	Changes in how an issue is being presented and addressed (by the public, media)
	Changes in rhetoric, position and actions of those you are targeting with your advocacy efforts
We are breaking down barriers and enhancing coordination and access in the delivery of services and supports	Existence of shared assessment and data-sharing protocols/systems
	# and complexity of administrative steps to access support
	# of individuals that successfully access services
	Length of time to access services
	Understanding individuals' path and experience of the system (qualitative techniques such as interview, journey mapping), and improvements to that path

Systems Change (continued)

We are addressing inequity, systemic racism and discrimination in housing and other services	Degree of access to housing and services by population that suffers from inequity and discrimination
	Share of resources and decision-making power directed to organizations whose leadership reflects the population being served
	Improved awareness about homelessness and reduction in negative stereotypes (survey, media scan)
	Degree of representation in systems (e.g., justice, child welfare, etc.)
	Health Equity indicators (see Health Authority statistics)
We are reducing homelessness in the community and the costs associated with homelessness	Research that estimates the costs of homelessness in your region
	Social Return on Investment or Cost Benefit Analysis
	# people who are experiencing homelessness
	% population in core housing need
	% in core housing need that can access affordable housing