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Final Report

SROI: Integrated Case Management

Prepared for

ICM

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Introduction

In this report, we present the results of a Social Return On Investment (SROI) study of the Integrated Case Management (ICM) pilot program in the Department of Justice of the Government of the Northwest Territories in Yellowknife, NT. An SROI is a research methodology that aims to quantify the net social value created by the money invested into a program, by converting program outcomes into monetary values, and computing a ratio of investment return by comparing these outcome values to the initial investment inputs.

The ICM program “aims to create, foster and deliver a coordinated, collaborative, multi-departmental and client-centered approach that removes system barriers and service gaps for individuals with complex needs” (Public Safety Canada, 2018). Over the course of this research, DS also aimed to identify integrated service delivery inefficiencies that may exist, and patterns of service delivery that can be utilized to maximize the use of program resources. We investigated services delivered to residents of the Northwest Territories by multiple departments including but not limited to: public housing, income support, and medical and legal services.

Our results are based on four sources of data:

1. Data collected by ICM Pathfinders and staff detailing support provided to ICM participants from late 2015 until August 15, 2019 when the entirety of the data management software data was downloaded by DS;
2. Semi-structured third-party interviews conducted by DS from October 2019 to December 2019 with ICM participants, ICM staff and individuals on a general acceptance list waiting to be assigned a Pathfinder;
3. A front-line service provider survey, delivered to individuals from departments and organizations that regularly interact with ICM;
4. Two interviews with front-line service staff managers and an interview with a staff psychiatrist at Stanton Territorial Hospital conducted in December 2019 and January 2020.

The findings presented in this report have been carefully determined following a conservative and research-based approach. SROI studies are sometimes criticized for estimating the value of intangible outcomes, and for injecting subjectivity based on researchers’ judgment. To ensure the credibility of our results, DS has abided by the accepted best-practices of a SROI framework. These gold-standards include: avoiding over-claiming outcomes, being transparent in our method, and valuing only the outcomes that matter (Cabinet Office, 2009). Only evidenced outcomes have been included here, and ‘inconclusive’ examples of these outcomes have been removed from our calculations. In the final SROI, we include multiple sensitivity tests to control for under- or overestimation of ICM’s role in bringing about the outcomes considered. Further, our results are carefully couched in research and all sources are provided so as to increase transparency in approach and even encourage replication attempts. By doing so, DS wishes to ensure that this analysis serves as a reliable base for a conservative value derived from the program, on which more values can be imagined, and none subtracted.

The ICM Pilot Program

Program Description

The ICM pilot program provides integrated case management services designed to assist individuals with complex needs, but who have been so far unable to access the government services required (Government of Northwest Territories, 2017). ICM supports their participants by employing a skilled team of Pathfinders who work to coordinate and liaise with other government services to help participants achieve their self-identified life goals. The work of the ICM program is summarized by the following objectives:

- Problem-solving for individuals with complex needs
 - For participants in crisis situations, moving quickly to help them rectify their issues and get participants back on their feet
- Improving access to necessary services and programs
 - Identify barriers to accessing services and helping participants overcome these barriers
- Creating an individualized service plan by:
 - Working with participants to identify their goals
 - Accounting for the participant's needs and any barriers to access
 - Outlining a path via which their goals can be achieved with ICM's support and guidance
- Empowerment
 - Improving self-sufficiency for participants in navigating government services and programs

Each participant is matched with a Pathfinder who is their primary point of contact within the program. The Pathfinder-participant relationship begins with a core screen interview that identifies the participant's needs, skills, goals, risks, and barriers (Government of Northwest Territories, 2017).

The details of the actual work conducted by ICM staff are more colourful than its list of official objectives. The support provided by Pathfinders varies greatly in accordance with the diverse and unique needs of each participant, and the program's person-centered approach, i.e. they aim to develop "paths" for participants comprised of actions or steps that participants are comfortable and capable of taking (Northwest Territories - Department of Justice, 2017). One of the defining features of the ICM program is its ability to support participants in almost all areas of their lives, connecting them with the right resources and providing assistance through different means summarized below in **Table 1**.

Table 1: Methods of participants support

Category of support provided	Assistance with:
Income stability	<ul style="list-style-type: none"> ● Income assistance (IA) applications and issues ● Documentation required for applications (i.e. tax documents, bank statements, IDs, etc.) ● Monthly reporting of income to maintain income assistance program status ● Homelessness Assistance Fund (HAF) applications: one-time help to avoid homelessness ● Sixties Scoop Settlement applications ● Other governmental programs: CPP, EI, etc.
Housing	<ul style="list-style-type: none"> ● Securing adequate housing through public or private housing options ● Maintaining housing and avoiding eviction ● Improve stability by addressing arrears ● Arranging emergency shelter ● Moving and pre-occupancy walk-thrus ● Helping participants get home or back to family
Mental & Physical Health	<ul style="list-style-type: none"> ● Arranging, providing transport to, suggesting, and answering questions about counselling and wellness camp ● Applications to treatment programs for trauma ● Social support, informal counselling, and life-coaching ● Medication and treatment plan maintenance
Substance Use	<ul style="list-style-type: none"> ● Applications to southern treatment programs for addictions ● Applications to treatment programs in Yellowknife ● Coordination of services and resources ● Arranging housing and life plans that support participants' sobriety goals
Justice	<ul style="list-style-type: none"> ● Legal aid coordination ● Post-incarceration reentry support upon release ● Involvement with Children and Family Services (CFS) ● Probation compliance and coordination ● Options for alternative justice: DVTO and Wellness Court ● Victims Services applications
Everyday Supports	<ul style="list-style-type: none"> ● Reminders for appointments, medication ● Accessing recreation and transportation in Yellowknife ● Food rescue ● Obtaining identification ● Access to computers for communication and job hunting ● Educational attainment ● Employment and volunteering help ● Translation and interpretation

ICM participants in numbers

Over the course of the program, ICM has served a total of 248 participants¹ out of the 324 individuals who were referred into the program.² While all 248 participants completed the core screen interview, 31 participants had little further interaction with ICM beyond the core screen—the reason for lost contact with ICM is unclear for 22 out of these 31 people, 8 were deemed unsuitable for the ICM program,³ and 1 participant left town shortly after their core screen. All results presented in this report are based on the **217 participants** who had significant interactions with ICM. Nearly half of the participants' files have been closed (46%), while 54% remain active.

Demographically, in the ICM participant pool:

- Women are slightly overrepresented: 54% of the participants are female and 46% are male. By comparison, women make up 50% of the population of Yellowknife (Government of Canada, 2017).
- The median age is 44 years old, not far from the territorial median of 41 years old.
- Over half of participants (55%) were either born and raised in Yellowknife or have been in Yellowknife for more than five years, 32% are from a Northern community outside Yellowknife, 10% from the South, and 3% did not provide any information on where they are from.
- Indigenous people are overrepresented among ICM participants: 78% of ICM participants self-identify as Indigenous among the ICM participant pool, while Indigenous people make up 24% of Yellowknife's city residents (City of Yellowknife, 2019). Among ICM participants, 20% of participants self-identify as Inuit or Inuvialuit, 52% self-identify as First Nations, and another 6% self-identify as Metis.
- ICM participants tend to have lower educational attainment than the general NWT population: a much higher proportion of ICM participants have no high school certificate or other equivalent degree (39%) compared to the territorial proportion (14%), and only 12% have post-secondary education (compared to 41% territory-wide).

¹ While initially there appeared to be more than 248 ICM participants, a thorough examination of the core screen and case file data revealed a small number of duplicated and empty cases. After removing these cases, the total number of participants who completed a core screen interview stands at 248.

² This number refers to unique individuals who were referred to the ICM program, not the total number of referrals (some individuals were referred multiple times).

³ Of these 8 participants, 3 agreed to close their files because they felt they were able to navigate services without ICM's help, 2 had service duplications, 1 was beyond the scope and mandate of ICM, and 1 did not fit the criteria of the ICM program.

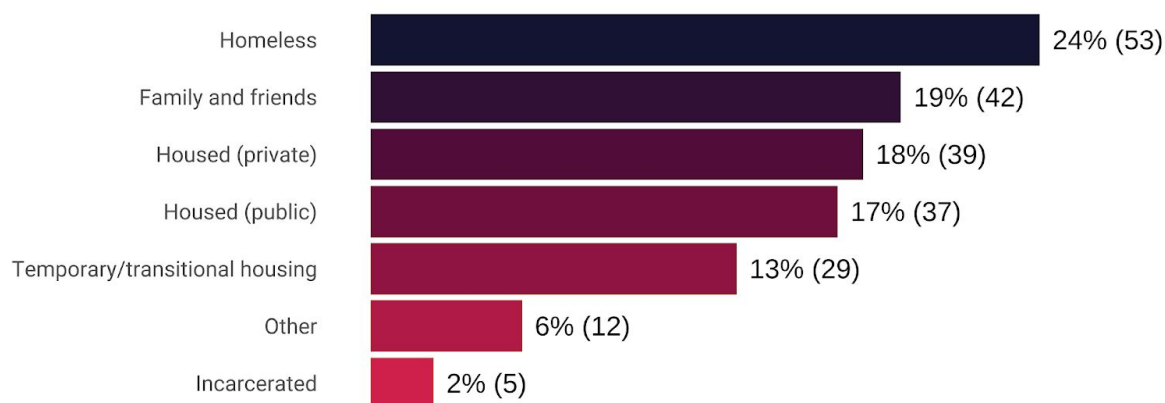
Importantly, ICM participants are individuals facing serious challenges at the beginning of their interactions with the program:

- 80% were unemployed.
- One in four were homeless.
- 97% of participants who entered the ICM program said they had experienced life-changing event(s) recently, such as the death of someone close to them or a housing crisis.
- More than half self-identified as having mental health issues and up to 70% were later identified as experiencing mental health issues, with anxiety and depression being the most common reported experiences. Most have struggled with problematic substance use in their lifetime, whereas a quarter said they were struggling with alcohol or drug use at the time of their referral to ICM.
- For most ICM participants, the legacy of residential schools in the North is personal: 65% are either residential school survivors themselves or have family that attended residential schools.

Service providers most commonly refer ICM participants for issues related to housing:

- 70% of participants are referred for issues related to housing - this is by far the most common reason for referral to ICM.
- Other reasons for referral include: income support (47%), mental health support (16%), issues with substance use (12%), employment/school support (11%), and legal issues (6%).

Figure 1: Distribution of participants by housing status at time of referral



However, participant referral needs are often incongruent with their actual needs expressed throughout their tenure in the ICM program:

- Overall, ICM supports 89% of participants with housing needs, and 83% of participants require some help with income assistance.^{4,5}
- Other common reasons for support identified in the case file data include: physical health concerns and support (52%), legal (40%), mental health (31%), identification (28%), and treatment (27%).

The focus of our present investigation is centered on theories and research literature pertaining to the primary forms of support provided by ICM, and the outcomes for participants most commonly identified in the case files provided. By nature of the work ICM does, these supports and outcomes are incredibly varied. We endeavoured to provide the same multifaceted approach by considering all of the many ways in which Pathfinders and ICM staff support participants; for example, we do not limit the scope of our analysis to the impacts of arranging adequate housing for people facing homelessness, even though this is the most prevalent challenge ICM helps participants address. The scope of our analysis aims to be as broad as the support provided. We observe outcomes related to addressing: homelessness, poverty, legal challenges, mental health and substance use issues, lack of social support, medical issues, debt, conflicts with other service providers, and domestic violence and family issues.

⁴ These percentages are calculated by taking the percentage of respondents whose needs are addressed more than once for the given category in the case file data. For instance, 89% of participants have their income needs addressed in more than one (2 or more) case file data entries.

⁵ Housing and income needs are usually related—among participants referred to ICM for issues related to housing, 83% also received support with income. Among participants referred for income support, 92% also received support with housing.

The 9 types of ICM participants

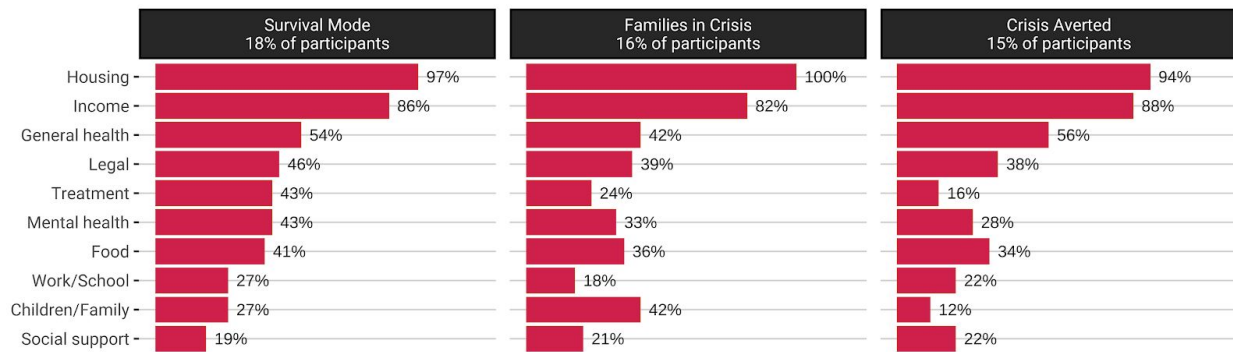
We compute SROIs in three different ways. For full explanation, **please see section ‘The calculation’ in Method**. In order to properly weight the values in one of these calculations – namely our interview-based SROI analysis – it was necessary for us to determine how many groups of similar participants exist in the population, and their relative proportion. The ICM participant population is diverse in many ways, yet some participants do experience similar life challenges, and require similar forms of support. For example, participants with dependents often need different types of support than participants who are single. Determining the functional groupings of ICM participants also enabled us to minimize results bias towards a particular type of participant and increase the representativeness of our sample of interviewees. We did so by randomly selecting participants for interviews within each participant ‘type’. To determine grouping ‘types’, or functional clusters of individuals that exist in the ICM participant population, we conducted a hierarchical clustering analysis. This statistical technique uses an algorithm to detect groups of similar cases (i.e. participants) and parse them into progressively smaller, mutually exclusive groups until the most parsimonious number of groups is identified. We input the following variables into our analysis as a means to cluster our participants: gender, age, indicators of mental health status, indicators of substance use issues, involvement in the justice system, health status, needs expressed throughout their tenure in ICM (i.e. whether they need housing, income support, mental health support, etc.), family situation indicators (i.e. if they have dependents living with them), and whether they use ICM for social support.

The results of our hierarchical clustering analysis revealed that the ICM population is most parsimoniously divided into nine different groups of participants:

1. Participants who are likely to experience hidden or visible homelessness and have multiple complex life challenges that are ‘put on the back-burner’ until they are able to find safe and stable housing (**‘Survival Mode’**; 18%)
2. Participants with dependents, and who are either falling behind, facing a housing crisis, or experiencing family challenges (**‘Families in Crisis’**; 16%)
3. Participants who were on the verge of a major life crisis, usually following a recent change in life situations, such as a divorce or losing one’s job (**‘Crisis averted’**; 15%)
4. Participants requiring support for mental health issues (**‘Mental Health Support’**; 13%)
5. Participants needing housing with less complex needs (**‘Simply Housing’**; 11%)
6. Participants over 50 with less specific needs, mostly requiring general support for well-being (**‘Wellbeing over 50’**; 11%)
7. Participants transitioning out of the justice system back into the community (**‘Transitioning’**; 9%)
8. Participants who have recently come through a period of turmoil and need support to move forward with their life goals (**‘Ready to Recover’**, 5%)
9. Participants who have limited contact with ICM after an initial referral (**‘Limited Intervention’**; 2%)

Figure 2 draws on the case files data to illustrate how each cluster varies in the types of support that its participants receive from ICM. Each of the bars in **Figure 2** represent the proportion of participants that receive support in that category.

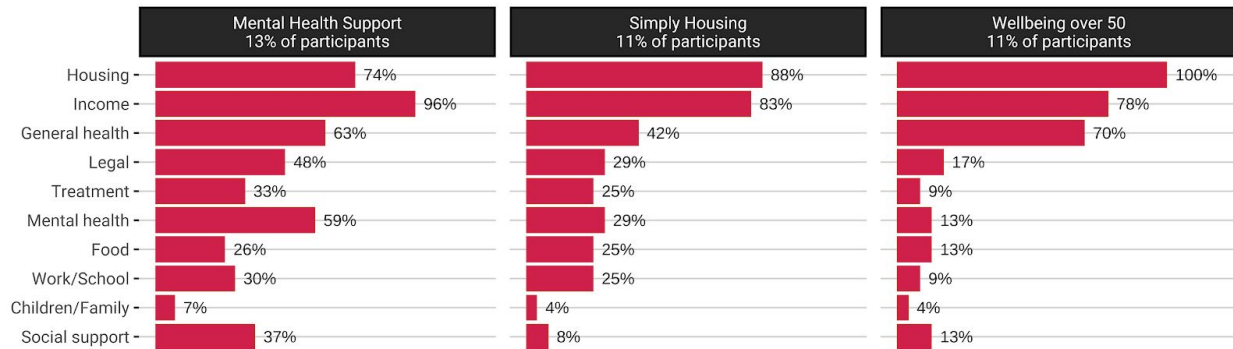
Figure 2: Frequency of participant needs, by cluster



More likely to be referred by **adult services** or a **physician** than other clusters, survival mode participants are people struggling with **major life challenges**. However, they are defined by a need to **first access stable and safe housing**.

Mostly women with dependents who either need **stable housing** for their **families** and/or have had recent **family challenges** they need help addressing. ~35% experienced **domestic violence** and 23% are coping with a recent **death in the family**.

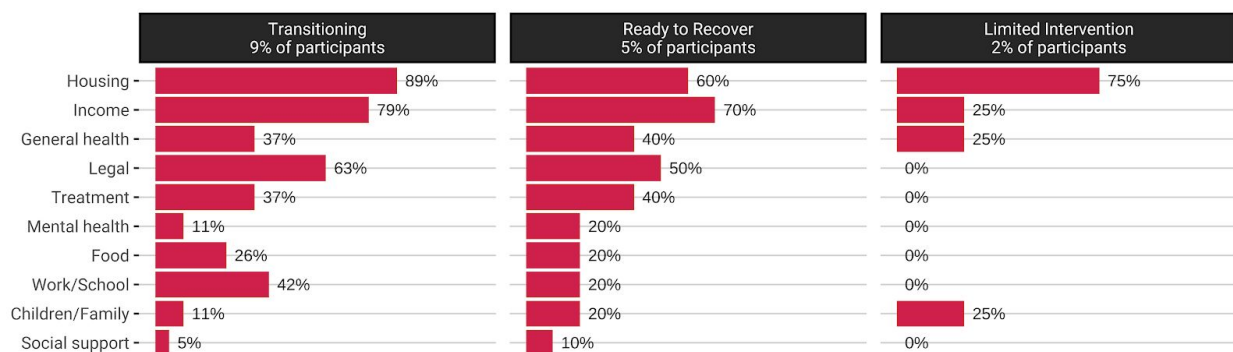
Individuals who were **housed** when coming to ICM, and are **'higher capacity'** but were **falling behind financially** and facing potential crisis. Many of these individuals access **IA programs** or deal with **arrears** or **eviction threats** and then close their file in a relatively short time-frame. Less likely to miss appointments.



Participants living with debilitating **mental health issues**, who often require a mix of different kinds of support, including first and foremost access to **treatment**, **income assistance**, help with **housing-related issues**, **arrears** (43%) or **legal challenges** (24%).

Participants who need housing, but are less likely to struggle with complex issues such as substance use, health issues or mental health challenges. They tend to be under 65 and are less likely to miss appointments than other participants.

Older ICM participants with housing needs that are more nuanced than other participants (e.g. needing help getting into long-term care), more typically men, many of whom have **health issues** (70%).



Mostly young men transitioning out of the **legal system** (22% are in **jail** at time of referral, and 66% are on **probation**) who need **housing** and/or **treatment**, and/or **income assistance**. Many struggle with **substance use** (77%). This group is the hardest for ICM to help, they are less likely to achieve their goals and very likely to miss appointments.

A small but significant group of participants, this group has come to ICM looking for help getting into treatment or finding **employment** following some **turmoil** in their lives. Compared to other clusters, they have more **stable living conditions** and are ready to take the **next step**. Most likely to miss appointments.

A small group of ICM participants do not really work with Pathfinders following the core screen. Some **fall off the map**, others **move away**, and a few are able to **achieve their goals themselves** following some guidance.

Research Perspectives

The cost of homelessness, poverty and inability to access important services

Addressing or avoiding significant life challenges such as homelessness, poverty or substance abuse confers significant personal benefits to the individual and mitigates considerable economic costs to public systems.

One of the most complex and prevalent challenges faced by the pool of ICM participants and their families is **homelessness**. In Canada, homelessness is associated with negative health outcomes, including a higher probability of contracting infections, experiencing malnutrition, and developing chronic medical conditions (Frankish et al. 2005). Canadians facing homelessness are also at a greater risk of death, mental illnesses, substance use, unplanned pregnancies, and exposure to violence and sexual assaults (Frankish et al. 2005). As a result, homelessness puts a significant financial strain on public services. For example, homeless patient admissions to hospitals in Toronto cost on average \$2,559 more than other admissions (Hwang et al., 2011). For families, homelessness also means higher rates of involvement with child protective services (Inn from the Cold, 2018) leading to higher public costs for foster care and/or visits from child protection workers (Zhang et al., 2009). As such, it is estimated that homelessness costs the Canadian economy 7.05 billion dollars annually (Gaetz et al. 2013). Many ICM participants experience **housing insecurity**: while some are visibly homeless (e.g. sleep in stairwells and/or use emergency shelters), others are 'invisibly homeless' – that is, living in temporary, unstable, and sometimes dangerous situations (e.g. couch surfing). Insecure housing increases risk for other less obvious negative outcomes for individuals and communities as well, including: greater stress and anxiety leading to mental health issues, an inability to obtain the life stability needed to seek employment or address substance

abuse, or public consequences such as time lost in eviction processes, housing disputes, and decreased neighbourhood quality (Inn from the Cold, 2018).

Nearly all ICM participants experience **poverty**, which carries with it a unique set of negative consequences for individuals, even beyond housing instability and its downstream negative impacts. Most significantly, poverty leads to food insecurity. Aside from the personal stress and emotional dysregulation caused by lack of sufficient nutrition (Chiu et al. 2017), the physical and mental consequences of food insecurity on children and adults are also costly to public systems. For example, one Canadian study found that malnutrition costs the healthcare system an additional 16%-76% per year, per person for families with marginal to severe food insecurity (Chiu et al. 2017). Based on this estimate, food insecurity in the Northwest Territories would translate into an increase in healthcare costs from \$2,080 to \$9,880 per person per year (Trochu, 2017).

Mental health issues are common among ICM participants. Many suffer from the intergenerational trauma of colonialism and its vestiges, and have faced abuse, neglect, or general life instability throughout their lives. Mental health issues and illnesses carry significant economic costs in Canada when healthcare and productivity losses are considered; a conservative estimate finds \$50 billion in costs to Canada annually (Lim et al. 2008). Costs of mental health issues in the Northwest Territories are likely extremely high as the cost of hospitalization for mental health concerns is two times higher than the national average and mental health issues approach epidemic levels (Omura et al., 2013; Elman et al., 2019; NWT Health and Social Services, 2018). The estimated cost of hospitalizations due to mental health issues in the NWT is \$15.3 million (NWT Health and Social Services 2013). Approximately 50% of this cost can be attributed to dementia, mood disorders, schizophrenia, and anxiety, and the other half is attributed to substance use issues (NWT Health and Social Services, 2013). Indeed, **substance use problems or addiction issues** represent a large portion of overall mental health issues: the Northwest Territories has one of the highest per person costs attributable to substance use among Canadian provinces and territories (only Nunavut is higher), with \$2,329 overall costs per capita. Even this estimate under-represents the problem, as it does not take into account the other economic burdens associated with substance use, such as losses in productivity and the expenses of the criminal justice system for crimes involving substance misuse (Costs 2018).

Violence also incurs significant costs to systems. Homelessness, financial precarity, substance use and mental health issues often push high-risk individuals into violence or breaking the law, often resulting in police intervention, legal fees, and sometimes incarceration. As an example, it was estimated that the annual public costs of maintaining an individual in prison or another detention centre can range from \$66,000 to \$120,000 (Pomeroy, 2005). Domestic violence itself is extremely costly for victims, perpetrators, and in third-party costs; it was estimated in 2009 that the total economic impact of spousal violence was \$7.4 billion in Canada (Zhang et al., 2009). This is especially problematic in the NWT, where the rate of violence against women has been estimated to be nine times the national average (Statistics Canada, 2013). Furthermore, domestic violence often increases the workloads of Child and Family Services officers, and increases the number of children placed into foster care. Foster care placements are often traumatic for families and children, and also tremendously costly for systems: the immediate costs of foster care placement are approximately \$51,000 (Zhang et al., 2009) per child per year, and it is estimated that each child who grows up in foster care costs Canada \$126,000 more than the average Canadian over their lifespan,

due to the increased likelihood that these individuals will require social assistance and contribute less taxes (Bounajm et al., 2014).

There are **other challenges** faced by ICM participants that cause both significant personal strain and similarly cost systems and communities by eroding social capital and increasing the use of public services: personal debts, social isolation, discrimination, conflictual relationships with service providers, and family issues. In short, any service or program that helps individuals access services or provides support that increases an individual's life stability has the potential to create significant social capital for both those individuals, and the community and systems within which they operate.

The impact of case management

Many of the costs associated with social inequity are exacerbated by the fact that individuals with complex needs are often unable to access services. Individuals with complex needs often lack the knowledge of systems and programs, literacy or life stability required to access services on their own (Herman et al. 2007). As such, simply offering formal services *in itself* is not always enough to ensure that programs and services achieve their intended impact on society (Dorwart and Hoover 1994; Olfson et al. 1998). For example, transitional housing programs don't necessarily prevent individuals from experiencing homelessness again after being cut off from high level of support (Caton et al. 1992; Gounis and Susser 1990). Case management programs have been developed to fill this gap in public service goals, and ensure continuity of support for high-risk individuals, most commonly among vulnerable populations such as the homeless or mentally ill. Traditionally, case management assigns a worker (or sometimes a team) to a participant to coordinate, integrate, and allocate resources to participants (Thorncroft, 1991). Case management in its most basic form represents the idea of a single point of contact for participants, yet the model has evolved through fields and over time, gaining new labels (e.g. Assertive Community Treatment, Critical Time Intervention) and extending to different aspects of a participant's life such as everyday living skills or socialization (Rapp and Goscha, 2004).

Meta-reviews of research literature on case management demonstrate that these programs are largely successful across diverse settings. Across different contexts, case management is consistently found to increase positive outcomes such as: improved housing stability, decrease in time spent in hospital, increase in family satisfaction or relief in family members' burden of care (Benston, 2015; Ziguras et al., 2000; Mueser et al., 1998; Latimer, 1999). Case management programs have been found to both directly and indirectly reduce the public costs of these social issues (Vroomen et al., 2016; Hudon et al., 2016; Latimer, 2019; Shumway et al., 2008). For example, case management provides support that sometimes lifts individuals out of homelessness, or functions to relieve other services such as emergency departments – thereby freeing access for other users (Latimer 1999; Shumway et al. 2008).

The ICM program draws from these case management programs and their experiences, but is unique in two key ways: (1) participants are eligible for the program when they are facing complex needs, not necessarily because they all share a specific life challenge such as homelessness or severe mental illness, and (2) ICM support does not necessarily end when participants achieve self-defined goals (e.g. securing housing). First, this broader selection of participants represents a more natural fit for Yellowknife's social landscape, in which problems are often multi-dimensional and where restricting program entry to specific situations would risk overlooking individuals with

dramatic personal experiences such as domestic violence or legal challenges. Similarly, while most case management programs focus primarily on addressing basic needs such as housing and income support, research also recognizes that these needs are typically a starting point for positive change, and that higher order needs (e.g. employment, community integration, leisure activities, etc.) usually gain importance once basic needs have been met (Nelson et al., 2007). If they want to, ICM participants can maintain the link with their Pathfinder after their short-term goals are met, and many benefit from the program's fluidity in order to work on these higher order needs afterwards, and ultimately reach a higher level of stability by doing so.

Participant and Stakeholder Perspectives

Participants feel that ICM is the cause of changes in their lives

During interviews, participants provided their own perspectives on the value that case management through ICM has brought to their lives. We asked participants a series of questions, including whether they would have been able to access services without ICM, what the barriers were in accessing those services before ICM, where they think they would be today if they hadn't decided to join the ICM program, as well as how important ICM is to them and individuals like them. Their answers reveal how ICM's program is able to impact the lives of their participants.

71% of ICM participants who tried to access government services on their own relayed that they had had 'major problems' in doing so: 35% of these participants expressed distrust in government, 28% mentioned a lack of person-centered service with income assistance, and 7% were frustrated by language barriers when trying to access these services. Another 15% had minor issues when it came to accessing services on their own.

Only 8% of interviewees felt that they were successful in accessing government services before ICM.

"Low-income people, they do not get the respect that they should from the government. They are not given the same respect as if [they were] high-class working people. I've seen both sides of that road, I went down that bad road and now I'm in recovery, I'm working. I have to admit, I have my days and I do even have my relapses, still. I've been in recovery for two years and I still relapse every now and then because of the frustration that I have to go through in dealing with the government and never getting ahead."

"The people that have gone down a bad road, they don't need somebody there to judge them or look at them as if they're scum. They need help. They need that support."

"I don't want to live in a government house. I lived in a government house all my life. It's really hard for people like me to ask anybody for help."

Others relayed how the level of support they receive from their Pathfinder has been essential to their personal success in accessing services and gaining life stability:

"Even when we have really tough conversations with things. And [Pathfinder's name] is like, 'It's okay, it's going to be okay, we've got this.'"

"They treat me much better than anybody else."

"Day to day help — that's what I needed and that's what she gave me."

"When you get into an accident, everything funnels down to such a very small window. And they were just that person that kept that window open and the air circulating. So I was very dependent on [Pathfinder] for a while for everything. I couldn't understand stuff, ridiculous things, and they'd help out."

"It's the little things that add up to a lot. I needed to build confidence and make changes to my life."

"The service here is great. They have a lot of sympathy for your situation. Not only do they ask you about your problems ... they give you options about how to deal with it. [...] Almost like counselling and therapy thrown into one. It helps them get self-empowered and helps people realize they can actually do these things by themselves, while getting help at the same time."

Only one participant we spoke to felt that the ICM approach was not able to provide them with the support they needed:

"I never felt that I got helped that much; I got some help, but not that much.... We should be able to see [each other] more times. A lot of the time, I can only catch them as they are going from appointment to appointment. A lot more time with them would have been better."

Pathfinders also helped many participants build self-efficacy, confidence and life stability over time, which translates into longer-term positive impacts on participant motivation and their ability to create positive changes in their own lives as well:

"I was able to find a job relatively quickly with them as a Pathfinder"

"If I fail or succeed, I just continue with the next step. [My Pathfinder] showed me that."

"I have confidence to deal with the problems that come my way now."

"They remind you that this is just temporary and that things will get better as long as you work at it."

"I have people I can rely on. I'm better at advocating for myself too."

"[Pathfinder] will get me going, and then it's up to me to see if I can follow through with it, which makes me feel better. [Pathfinder] got me going and now I've accomplished something within myself to do it. But I have help for guidance. So if I fall, I'll go in with my paperwork. And

if I can't figure that out, I know there's someone there that will help me. And that's nice to know."

"[My Pathfinder] has put ideas into my head daily [about] the life [my child] is living and that he can change. I want off this path of destruction. I realized that it's not my life I'm living but it's the life of my family – and I don't want to give my kids that life. I need to break the cycle and now I know I can."

"I have so many plans. My plans are so big. I want to do so many million things [...], my life has been on hold for so many years."

In most cases, the support provided by Pathfinders enabled participants to build a capacity to access services and maintain stability without the same level of support. 56% of participants interviewed demonstrated some improvement in self-efficacy, and 17% experienced a significant increase in self-efficacy. 22% were not able to build self-efficacy (5% could not be classified; Importantly, these individuals live with complex mental health issues and/or still feel disempowered by the challenges in their lives. We address this finding in **section 'The Calculation' in Method** and include this consideration in our analysis of outcomes.

Finally, it is important to note that the support provided by Pathfinders is for services that are fundamental for an individual's life stability. Safe housing and the means to pay for this housing forms the basis upon which individuals can self-actualize and pursue other life goals, and thus has significant positive downstream impacts on an individual's life. One interviewed participant, who was incarcerated at the time of the interview, summarized it as such:

"My only experience is surviving on my land. Knowledge of my land, my people, is always with me and I take it with me, even in here. [Interviewer asks what knowledge he keeps with him]: No matter whether you are hunting, trapping, fishing - the first thing you always have to have is shelter. [Interviewer asks what shelter would provide him with the ability to do]: Forgive myself for the things I've done and deal with the problems of my past."

Many ICM participants revealed during interviews the dramatic and profound ways in which ICM has impacted their lives:

"[If it weren't for ICM] I would probably have no kids right now... I probably would have lost my kids, honestly... and [today] I could have been sitting at home with no power."

"I would have committed suicide, but they give me hope."

"These people are like guardian angels."

"Because if I didn't meet these people, I don't know where I'd be. I'd be continuing using drugs, drinking, not finance money, no unit, nothing. [...] And I've never seen any team like this, never in my entire life. Anywhere. Not even with the social services, no."

"I would have probably lost my apartment if it hadn't been for [them]. [They] helped me out with arrears and stuff like that. [...] [They] got me through this mess. If I hadn't had [them], I wouldn't even have known who to turn to."

Part of the success of the program is built on the person-centered approach ICM takes with their participants, and the rapport that is built between Pathfinders and ICM staff and participants. This is especially important for individuals who have had negative experiences in trying to access services in the past who are generally distrustful of government representatives, and thus often feel like 'giving up'. 44% of participants say their Pathfinder feels like family, and another 33% say they feel very close to their Pathfinder.

"It's my family here. They make you feel at home."

"It's hard to explain. We have a good camaraderie. We like to joke around and stuff like that."

"I feel welcome."

Pathfinders & ICM staff perspectives

Pathfinders also have a unique insight into the barriers that the most vulnerable members of the Yellowknife community face when accessing GNWT, federal, and community services and programs. By nature of the close relationships they build with their participants, they have valuable perspectives on the challenges to well-being and life stability for this population. We asked Pathfinders about the realities their participants face and the results provide important context for understanding why certain individuals require case management services to reach their life goals.

Homelessness and housing are ongoing issues in Yellowknife (Falvo, 2011). Pathfinders regularly relate long waitlists with public housing, lack of person-centered service and a dearth of suitable units, especially one-bedroom units for single people and couples as barriers to life stability for participants. In turn, homelessness makes it difficult to access services, maintain sobriety, or even stay motivated enough to push through the bureaucracy of improving their situation.

"There's so many misconceptions about the homeless population. So many misconceptions about why they're homeless and living on the streets and why they drink or do drugs. And if you actually could sit down and listen to their stories, they're really good people who have just been handed a really, really crappy hand in life. They care about our community, they're invested in what happens here in the city and in the North. They want to do better for themselves, they just don't know how. And because their lives are so unstable, there's no incentive for them to get better."

Securing public housing also requires the participants to complete a substantial amount of paperwork and reporting with government departments that are often described as 'not person-centered' with service providers who 'act as the gatekeepers of resources' rather than guides to the system. Pathfinders mentioned that negative interactions and inconsistent service from representatives in housing and income assistance are considerable barriers to life stability and a source of significant anxiety for their participants.

"[During initial contact with participants]: I get a lot of the, for instance, 'I went to income assistance and the caseworker told me that it's not my money, I shouldn't be expecting it on time...' I get comments like that from participants all the time. We have one participant that can't even go into the income assistance office because they were treated so badly, they have trauma from it. And going into the income assistance office gives them extreme anxiety. So when they go there, they either have to take their Pathfinder or they drop their stuff off and we submit it for them via email."

All Pathfinders agree that ICM is especially important for participants with complex needs or those who need long-term care. Yellowknife, they argue, has a vulnerable population of people that need the unique support and person-centered approach provided by the program to navigate situations that could destabilize their housing and income security.

"Some people call it hand-holding, but some people just need that additional support."

Pathfinder perspectives align with participant testimonies to clearly communicate that – for various reasons – ICM participants require the support of a Pathfinder in order to achieve their goals. Although the intensity and amount of support required varies sometimes dramatically between participants, the positive outcomes achieved by participants and considered in our analysis can very often be attributed to their participation in the program – not only as a result of the direct Pathfinder help received, but indirectly as well when a small amount of initial support acts as a catalyst in a person's life that empowers them to achieve outcomes independently. In accordance with our conservative approach though, we estimate when appropriate the relative degree of Pathfinder vs. participant input in achieving outcomes and weight outcomes accordingly. For example, Pathfinders do assist in helping participants find employment, but it is the participants themselves that maintain employment long-term. As such, the social value we assign to full-time employment in our analysis is mostly attributed to participants, and only a small portion is weighted to represent the role of ICM has played in achieving this outcome.

Other front-line service provider perspectives: ICM is an agent for service integration

Liaising and coordinating with other government services is at the very core of ICM's mission, and Pathfinders are interacting daily with other service providers to manage their participants' cases. Online surveys conducted among other government service providers offer insight into these service providers' assessments of their relationship with ICM staff, the program and the way it has impacted their ability to provide services to members of the public.

These online surveys were distributed via email to service providers who are likely to interact with ICM and were completed on a voluntary basis. The sample collected is comprised of 24 individuals from an overall target population of 49 service providers who received the survey link. Subsamples within each department range in size from 1 to 7 within each service area. As with any opt-in study, this survey suffers from self-selection bias, and we can expect that individuals with strong opinions about ICM are more likely to have completed the survey than others.

Despite this limitation, our survey results indicate that – by account of other service providers – the ICM program has facilitated the integration of government services and service delivery for individuals with complex needs; and, in doing so, enabled those service providers to better serve other members of the community (see **Figure 3**). The majority of the service providers sampled interact with ICM either at least once a week (30%) or once every few weeks (30%). 75% of respondents disagree or strongly disagree that ICM has created a lot of work for them ($M=3.2/10$, strongly disagree to strongly agree). Most believe that ICM Pathfinders lighten the load (63% agree, $M=6.5/10$), feel that it is often easier to coordinate with a Pathfinder than an individual with complex needs directly (75% agree, $M=7.1/10$), and believe that individuals with complex needs are more likely to achieve their goals when a Pathfinder is supporting them (71%, $M=7.2/10$). The ICM program significantly alleviates pressure from service providers in other government departments.

“Our system is complex with too many service silos, anyone in chaos or a lower level of functioning simply cannot navigate the system on their own. Having someone who can help navigate and fill out papers, help look up who to call or where to go is so important. Furthermore, many people do not have contact numbers; having an ICM Pathfinder means there is a way to contact hard to reach clients.”

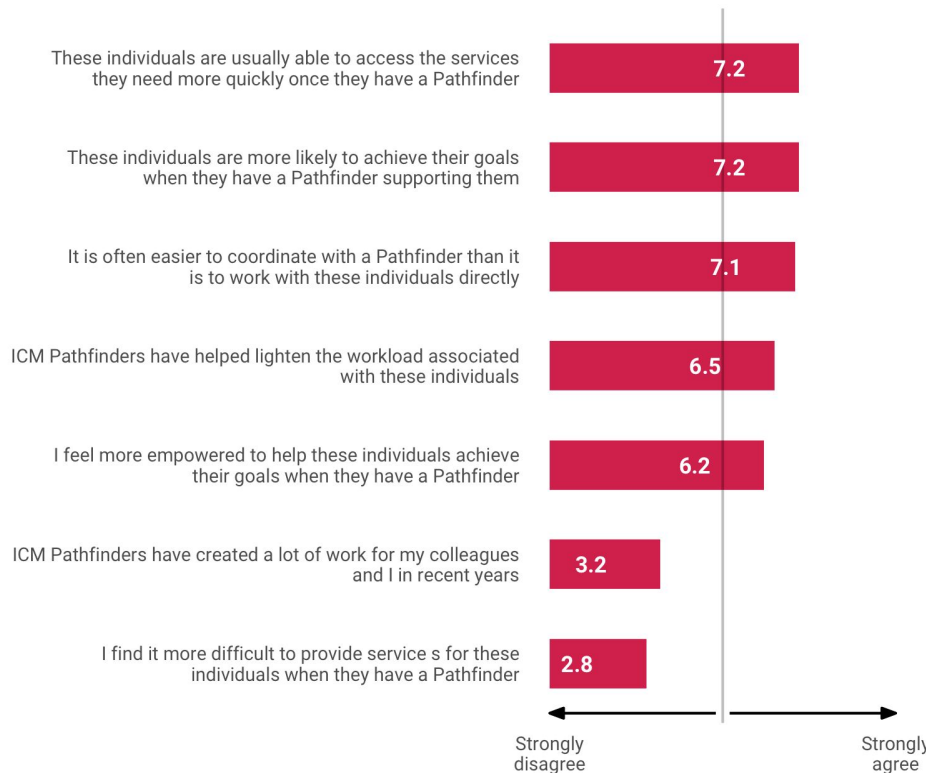
- Government service provider, online interview

Service providers also believe that ICM has improved the integration of these government services. Most respondents agree that ICM has improved their understanding of the services and programs outside their department (63%, $M=6.2/10$), and that working with ICM has improved their understanding of the barriers that exist to service delivery for some NWT residents (67% agree, $M=6.5/10$).

“They are shifting the narrative for how we deliver services and providing home-grown evidence for how we can do better for the most marginalized people we serve.”

- Government service provider, online interview

Figure 3: Average agreement to statements about ICM among NWT service providers



Unsurprisingly, most respondents describe their relationship with ICM as a positive one: 67% of respondents report little to no conflict with ICM ($M=6.1$), 83% feel respected in their interactions with ICM ($M=8.0$), and 75% feel like they are on the same team as ICM staff ($M=7.3$). It is important to note however that not all service providers sampled share these perspectives. For example, one in four say that they do not really feel they are on the same team (average among this group of 4.2/10) or fully respected (average of 4.6/10), and 67% of those who don't feel on the same team as ICM report frequent conflicts with ICM staff (7/10 or higher). We address this finding in more detail in the 'Trends and Recommendations' section of this report.

However, even those who maintain conflictual relationships with ICM say they respect the work done by the program ($M=7.0/10$), a feeling that other service providers share as well ($M=9.0/10$). Despite the challenge areas that may remain when it comes to integrating services between certain departments, it is clear that improvements in service delivery for individuals with complex needs and some improvement in the integration of government services has been achieved by virtue of the ICM pilot program. These documented improvements to service integration in the NWT are considered in the present analysis, and included as an additional outcome achieved as a result of the ICM program.

Method

Scope of analysis

To evaluate the social value created by the ICM pilot program, this report employs an evaluative type of SROI, which is conducted retrospectively and observes the outcomes already generated by the program (Cabinet Office 2009).

To supplement data from the participant case files with qualitative insights from the different types of stakeholders, DS conducted in-person interviews in Yellowknife in November and December, 2019 among:

- 17 ICM participants representing 18 participants who agreed to be interviewed, randomly selected from each group of participants identified in our hierarchical clustering analysis (**see section 'The 9 types of ICM participants'**)
- 2 individuals on the waiting list for the ICM program
- 4 Pathfinders working for ICM
- 1 ICM staff member
- 2 individuals who manage front-line service providers in the GNWT
- 1 psychiatrist at Stanton Territorial Hospital

Additional online interviews were conducted among 24 front-line workers from different government and community services in Yellowknife. These individuals represent perspectives from:

- The Northwest Territories Health and Social Services Authority (NTHSSA)
- The Department of Health and Social Services (DHSS)
- The Department of Justice
- The NWT Housing Corporation
- Stanton Territorial Hospital
- The Income Assistance program at the Department of Education, Culture, and Employment, and;
- Outreach and shelter services.

Stakeholders

The SROI method specifically seeks to examine how inputs and outcomes may vary between different stakeholders, and adopts a holistic approach to simultaneously look at individuals, organizations, and communities. We consider the impacts of ICM on the following list of stakeholders:

- ICM participants and their families
- The community of Yellowknife
- The Government of the Northwest Territories, including other service providers

Theory of Change & Impacts Map

ICM staff provide guidance and person-centered case management services to Yellowknifers struggling with complex life challenges, with the aim of supporting them in achieving their goals. By nature of the program's guiding principles, ICM participants are individuals who have not been able to successfully access services or navigate requirements for program applications on their own. Although most services (i.e. public housing) are not directly administered by ICM, participants who are able to access those services through the program are unlikely to have met program or service requirements otherwise. Thus, the outcomes considered in the present analysis can be mostly attributed to the existence of the ICM program, and support from ICM staff members.

Additionally, most participants become better able to navigate services and systems, and maintain program status on their own as a result of their tenure in the ICM program (**please see section 'Breaking Down Barriers'**). Those who require continued support maintain some form of contact with the program. For this reason, we consider the impacts evaluated here to be robust.

Valuing ICM's input and impacts

In order to measure the social value created by the ICM program, we assigned monetary values to outcomes that are the result of ICM's efforts. Our monetary values – or financial proxies – were gleaned from research, grey literature and first hand sources of the value of certain outcomes. These values represent one of the following:

- **Well-being valuations** which translate life-satisfaction among individuals who experience positive outcomes into the average amount of income required to generate the same effect on life-satisfaction (e.g. well-being associated with avoiding an assault). For information on how this is calculated please see Trotter (2013).
- **Preference-based valuations** which use market price proxies for values of services or outcomes where they exist (e.g. the value of a one-bedroom apartment in Yellowknife).
- **Willingness to accept valuations** which use the average amount of money individuals are willing to pay to avoid a negative outcome, or willing to pay to receive a positive outcome (e.g. the amount of money residents of a neighbourhood are willing to pay to reduce crime in their area).

In applying these valuations, we consider both favourable outcomes achieved, and unfavourable outcomes avoided, where it is reasonable to make such an assumption.

We consider the investment (or input) of our calculation to be the cost of running the ICM pilot program from its inception up until December 2019. Other types of government fundings provided directly to the participants are not included as either inputs or outputs of the program, this is because the net impact on our calculation from these costs and benefits would be zero. For this reason we do not consider the direct monetary value of income support or HAF payments paid to or on behalf of participants by the government: the amounts paid by the government are equal to those received by participants. It is important to note, however, that the ICM program has helped at least 71 participants directly in accessing income assistance, and provided guidance or support for maintaining program status to at least 100 more. This reduction in income insecurity supported by ICM also translates into significant social value to participants (e.g. food security), and it is these

secondary impacts of basic income security, not the actual money received by participants from income assistance itself - that are taken into account in our evaluation. Similarly, for those who have received

Special note on valuing relief to other service providers

In our online interviews of non-ICM front-line service providers, a majority agreed that ICM lightens their workload and a number of respondents expressed a belief that ICM alleviated pressure from service providers in other departments. Accordingly, we value the time saved for non-ICM service providers in the the SROI analysis. In the SROI impacts map (described below), we conservatively calculate the amount of work that ICM takes off the plate of other service providers (Income Assistance, Housing, healthcare professionals, RCMP, and Child and Family Services). Each estimate is calculated differently based on the nature of assistance that ICM provides and the service provider whose time is saved:

- **Income assistance:** ICM staff support participants with income assistance in many ways, including initial applications, requirements gathering, communicating with income assistance service providers and assisting in monthly reporting. The latter is by far the most time consuming task for Pathfinders, and is estimated to take two hours a month for each participant accessing income assistance (Interviews, 2019). When Pathfinders take this on for individuals who need the support, they relieve the burden of monthly reporting assistance from income assistance representatives. For this reason, we calculated the time saved for income assistance service providers by (1) identifying the number of months that each participant received help with monthly reporting, (2) multiplying this number by two hours of a Client Service Officer's (CSO's) time .
- **Housing:** The decreased workload for Housing associated with ICM's involvement was calculated using the number of participants identified as having received assistance with HAF, public housing, or YK Housing waitlist applications. This number was then multiplied by the cost of two hours of a Homelessness Program Officer's time (the estimated amount of time it takes to complete one of these applications).
- **Healthcare professionals** The decreased workload for healthcare professionals associated with ICM's involvement was calculated using the number of participants who received help from ICM filling out treatment applications, multiplied by two hours of a Clinical Mental Health Coordinator's time. The two hour time estimate is based on data collected from a manager of healthcare professionals and is considered to be on the lower end of a possible range of values for the number of hours required to complete an application of this kind. It is worth noting that ICM staff also send out reminders for appointments and transport participants to appointments, as well as help with requirements gathering for treatment applications completed by healthcare professionals. These hours were not counted in our final tally, as they were more difficult to identify or assign hour values.
- **Child and Family Services:** To determine the decreased workload for Child and Family Services associated with ICM's involvement, we counted the number of case file entries where ICM helps with CFS-related issues, and only for participants who receive a large amount support in this area (more than three case file entries). We then multiplied this number of entries by one hour of a Child, Youth and Family Counsellor's time.

Special note on suicide prevention valuations

In our case studies impacts map, we apply a valuation for suicide prevention as an impact that can be attributed to the work of ICM staff. This is because some (7) of the participants we interviewed clearly communicated that without ICM, they would have committed suicide or would have continued to experience suicidal ideation. Consultation with a long-term locum psychiatrist at Stanton Territorial Hospital provided important insight into this finding. They affirmed that this is not an overestimation of the program's impact in participant's lives, and while it's true that many ICM participants receive social support and informal counselling from their Pathfinders or ICM staff, it is more likely the sum of outcomes achieved for some participants that have provided the relief from suicidal ideation:

"Beyond crisis level rates of schizophrenia in the North, we are dealing with a epidemic of suicide. Mental health systems can acutely reduce the intensity of the suicidal urge, but we can't resolve the issues in people's lives that cause suicidal ideation. Suicide is actually a social issue. It is financial and socio-economic. [ICM] resolves the issues in peoples' lives that cause suicidal ideation. The trust and support they provide is important – but I think it's actual stuff that they are doing - resolving the issues - that has the impact. This program has helped [people who use psychiatric services] more than any other program I've seen in the North. Of any of the programs that are in the NWT, this is the one that should be expanded, emphasized and improved further. "

- Psychiatrist at Stanton, in-person interview

They went on to explain why they do not believe that participants were exaggerating:

"No when you see the rates of suicide here you know they aren't being dramatic. I bet that there is not one person on the ward right now who hasn't had their closest friend or relative die of suicide. The trauma associated with that is overwhelming. Most deaths by suicide in the NWT are traumatic to witness. They are violent – they are not overdoses. People live with that."

- Psychiatrist at Stanton, in-person interview

This expert opinion supports the inclusion of suicide prevention as an outcome that can be attributed to the ICM program in some cases, and that doing so would not represent a case of 'overclaiming' outcomes, a key principle fundamental to our conservative approach.

The calculation

In order to avoid overstating the value of ICM, it is crucial to acknowledge that not all outcomes are directly attributable to ICM and, therefore, it is necessary to discount the changes that ICM did not produce (Solórzano-García et al., 2019). The SROI methodology accounts for this with the application of deadweight, attribution, and displacement attributions. It is worth noting that some other SROI studies also apply drop-off rates to express the length of duration of outcomes; as this study is evaluative in nature and does not seek to calculate ICM's ROIs over coming years, drop-off is not considered here.

Deadweight is defined as the “amount of outcome that would have happened even if the activity had not taken place” and is calculated as a percentage (SROI Network 2012, 56). This SROI considers two types of deadweight based on the nature of the outcome: capacity and risk-based deadweight. Capacity-based deadweight seeks to express the probability that participants would have been able to achieve that same outcome without ICM's support, and are based on individual capacity scores computed from the full data analysis (*see explanation below*). Risk-based deadweight represents the probability that participants would have been able to avoid outcomes, and are based on professional opinions obtained during the course of our research about the preponderance of these incidents in Yellowknife and the probability it would affect individuals in the same situation as participants.

Participants vary in their capacity to navigate government services and advocate for themselves—while some participants rely heavily on ICM for support in many aspects of their lives, others are relatively self-sufficient and require only limited support. We categorize participants according to their capacity along these lines. To generate a quantifiable measure, we combine a number of indicators associated with capacity and grouped participants into low, medium, and high-capacity categories. Participants with low capacity are more likely to: struggle with problematic substance use and serious mental health challenges, have trouble keeping up with appointments, be involved in the justice system during their time in ICM, require multiple touchpoints in most interactions with ICM,⁶ and rely on ICM for things like social support and rides.⁷ Participants with higher capacity struggle with relatively few of these challenges, while those with medium capacity are somewhere in between. DS uses this capacity scale to adjust **deadweight** values in the SROI. For example, some participants who are homeless when they come into ICM would not have found housing without ICM's help (i.e. they are lower capacity). In these cases, the majority of this outcome (securing housing) will be attributed to ICM. In contrast, some participants are more capable of finding housing, but need help with certain aspects (e.g. understanding programs or dealing with arrears) but then do more of the paperwork and planning themselves. To remain as conservative in our estimation as possible, we attributed less of the outcome to the intervention of ICM in these cases.

⁶ Pathfinders typically do more follow up for these individuals (i.e. send more emails or make more phone calls on their behalf); we found that this is often an indication of an individual's likelihood to access services on their own

⁷ One element that factors heavily into a participant's capacity is literacy. Unfortunately, literacy is not measured in the core screens and is not easily identifiable in the PCF entries, so we do not include this measure in our scale of capacity.

To get a better sense of how participants are categorized by capacity, consider the following three cases:

- *Low capacity:* An ICM participant who struggles with schizophrenia, problematic substance use, multiple suicide attempts and suicidal ideation. This participant relies heavily on ICM for social support and ICM helps them make it to their appointments with reminders, rides, and taxi vouchers. The ICM program is crucial for this participant’s stability.
- *Medium capacity:* A homeless woman whose children and mother are living in another Northern community. She struggles with addiction and needs help with income and finding a place to live. ICM helps her find housing, attend treatment, and secure income assistance, though she does not require the level of social support and everyday assistance of lower capacity participants.
- *High capacity:* A retired man who is already on public housing and accessing income assistance when he comes to ICM. ICM helps find him a companion dog and with repairs to his home. He does not miss any appointments during his seven months in the program and is able to take on many tasks himself.

In the full pool of ICM participants, as Figure 4 demonstrates, a majority of (55%) fall into the medium capacity category, 34% are in the high capacity category, and 11% are in the low capacity category.

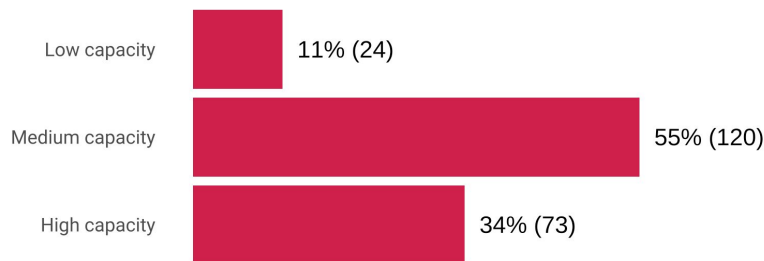


Figure 4: Distribution of participants by capacity

Attribution is a percentage that expresses how much of the outcome “was caused by the contribution of other organisations or people” (SROI Network, 2012, 59). In ICM’s case, attribution corresponds to the help that ICM staff receives in managing participant cases from the government services that they frequently interact with: Income Assistance (ECE), health and social services professionals (NTHSSA, DHSS, Stanton Territorial Hospital), and colleagues at the Justice Department outside of ICM, such as probation officers. Attribution rates were based on responses from these partner service providers regarding the level of their cooperation with ICM in helping individuals with complex needs. Bearing in mind that ICM participants were by definition unable to access these services without ICM’s support previously, we categorize attributions by service provider as: lower than average cooperation services (5% of outcome value attributed to other services); average cooperation services (10% of outcome value attributed to other services); and higher than average cooperation services (15% of outcome value attributed to other services).

Finally, **displacement** estimates how much of each outcome displaces other possible outcomes (SROI Network, 2012). By nature, it relies on assumptions and does not apply to each outcome, seeing how many of the recorded outcomes of this research have few negative consequences on other individuals. For example, because there is limited space in public housing, ICM participants achieving public housing displace others from obtaining it.

Estimating value

The **first method** of generating a SROI ratio is carried out by identifying outcomes from the case file data:

After reading through each participant’s entire case file, we were able to identify many of the tangible outcomes associated with ICM’s involvement in participants’ lives.⁸ To calculate the SROI ratio, we multiplied the financial proxy of a given outcome by the number times that outcome occurred, adjusting for deadweight, attribution, and displacement.⁹ After calculating the value of each outcome and adding the results together, we are left with the total estimated value that the ICM program has created (the Net Value of Outcomes). This value is divided by the total cost of the ICM program, resulting in the SROI ratio. The calculation of this SROI ratio is described more formally below.

To calculate the Net Value of Outcomes, we use the following formula:

$$\sum_{i=1}^N (FinancialProxy_i \times Instances_i) \times \frac{1}{1 - Deadweight_i} \times \frac{1}{1 - Attribution_i} \times \frac{1}{1 - Displacement_i}$$

For each outcome i , the financial proxy (*FinancialProxy*) of the outcome is multiplied by the number of times the outcome occurs (*Instances*) and adjusted for the deadweight, attribution, and displacement values of the outcome. This process is repeated for all N outcomes, and the results are summed. At this point, the SROI can be calculated by dividing the Net Value of Outcomes by the total cost of the ICM program:

$$SROI = \frac{Net\ Value\ of\ Outcomes}{Cost\ of\ ICM\ Program}$$

A **second method** of generating a SROI ratio is carried out by identifying outcomes from the participant case studies:

First, we calculated the overall value that ICM created for interviewed participants. For each participant, we listened to their interview and their Pathfinder’s interview to identify all of the

⁸ To be clear, tangible outcomes are those that could be clearly identified from the case file data. For instance, it was clear in the case files when ICM helped participants with goals like securing housing, attending treatment, or accessing counselling. On the other hand, a number of potential outcomes were either intangible or imperceptible in the case file data and thus were not valued in this first method of generating an SROI ratio (e.g. participants whose children were able to stay in school because of ICM’s intervention). Some outcomes remained intangible in both the case file and interview data, and thus were not valued in any of the SROI calculations. See “**Limitations in identifying outcomes**” in the **Limitations** section for a more detailed description.

⁹ Deadweight, attribution, displacement and dropoff vary based on an individual’s capacity score (described above) and the cluster that they are grouped in.

outcomes mentioned by either the participant or their Pathfinder. These outcomes were then: (1) multiplied by their associated financial proxies, (2) adjusted for the deadweight, attribution, and displacement values specific to that participant, and (3) added together. This leaves us with the Net Value of Outcomes for each interviewed participant.

The next step involves an assumption that each of the participants interviewed is representative of their cluster. Because there is at least one participant case study for each cluster, we go through each cluster and multiply the number of participants in the cluster by the Net Value of Outcomes for the number of total ICM participants associated with that cluster. In cases where there is more than one participant case study within a cluster, case study values were divided to represent the same proportion of total ICM participants within each cluster. Adding these results together gives us another approximation of the net value of the ICM program.

There are trade offs to be considered with the first and second method. Basing our SROI on case files data – in some cases – provides a more accurate representation of the numbers of outcomes achieved. For example, we are able to estimate the number of participants who have achieved housing. However, this number is in some cases an under-representation of outcomes due to inconsistencies in data collection or incomplete data. When collecting case file data ICM staff are careful not to over-claim impacts in participants' lives. Other times, even Pathfinders are unaware of the profound impact that their intervention has had on their participants' lives. A comparison of case file data and interview data demonstrates that Pathfinder's often do not know the private realities of their participant's and their families. For example, suicide ideation is not mentioned in case file data of participants who shared during interviews that the ICM program relieved suicidal ideation for them. In those cases, the negative social outcomes avoided or positive social outcomes achieved for participants is better represented by their own perspectives. As such, the most accurate calculation of the social value created by the ICM program would be an amalgamation of both sources of data.

A **third method** for calculating SROI is carried out by combining 'visible' outcomes that are best identified in the case file data, and interview data that are more accurate representations of 'hidden' outcomes that only participant perspectives can accurately provide. These outcomes are calculated in the same manner as the first method for 'visible' outcomes from case file data, and the second method for 'hidden' outcomes from participant interviews. In some cases we are able to detect outcomes in both ways. In this case, we select the data source deemed to most accurately represent the outcome in question. Each category of outcomes are identified in **Tables 2 to 5**.

Comparing the SROI ratios from each method of calculation provides a natural sensitivity test of our analysis. Specifically, we can estimate that the real social value generated by the ICM program lies between the ratios computed with each method.

Valuation of outcomes

Table 2: Valuation of outcomes for *full participants* stakeholder group

Category	Outcomes identified	Indicator	Total	Financial proxy	Value	Source	Total value*
Housing	Decreased risk of physical assault (female participants)	Participants who were homeless and secured housing with ICM's help	10	Personal cost of pain and suffering due to assault	\$11,032	Zhang (2009)	\$93,772
	Decreased risk of physical assault (Male participants)		14	Personal cost of pain and suffering due to assault	\$11,032	Zhang (2009)	\$123,558
	Decreased risk of sexual assault (female participants)		14	Personal cost of pain and suffering due to sexual assault	\$97,068	Zhang (2009)	\$1,046,393
	Mental and physical health benefits of moving from homelessness to secure housing (single adults)		17	Increased overall wellbeing of moving from homelessness to secure housing (including positive changes in physical and mental health) for single adults	\$36,381	Fujiwara and Vine (2015)	\$432,942
	Mental and physical health benefits of moving from homelessness to secure housing (adults with dependent children)		7	Increased overall wellbeing of moving from homelessness to secure housing (including positive changes in physical and mental health) for adults with dependent children	\$51,574	Fujiwara and Vine (2015)	\$237,191
	Secure or maintained access to long-term assisted living placements	The number of months participants were housed in long-term assisted living, among those who were housed in long-term assisted living placements through ICM. (Perspective-only)	420	Average cost of government-run assisted living facility ranges used for nursing homes and long-term living placement in Edmonton.	\$2,708	Healthcare of Ontario Pension Plan (2018)	\$796,250.00
	Improvement in wellbeing due to improvement in conditions of home	Participants that ICM helps with solving problems related to the conditions of their dwelling (Perspective-only)	27.7	Preference valuation: Resolution of problems with condition of dwellings	\$591	HACT (2018)	\$9,822
	Benefits of receiving help in moving process	Participants who receive help from ICM to move out of their units and clean behind them. (Perspective-only)	10.7	Amount paid by ICM to cover the fees of cleaning and emptying that apartment (PCF data)	\$100	Amount determined from case file data	\$642
Mental health	Decreased harm from substance use and increased ability to move towards reducing use	The number of participants addressing addictions or reducing harm from substance use.	69	Wellbeing valuation: personal value of addressing drug and alcohol problems	\$25,517	Fujiwara and Vine (2015)	\$1,232,471
	Mental health benefits of addressing mental health issues/trauma	Number of months participants access counselling, among participants who access counselling through ICM	217	Cost of counselling sessions for one month (based on the average cost of counselling sessions and average number of sessions per month)	\$300	Therapy Toronto (N.D.)	\$46,807

Category	Outcomes identified	Indicator	Total	Financial proxy	Value	Source	Total value
Mental health (continued)	Relief from suicidal ideation or severe depression	Participants who are relieved of suicidal ideation or depression throughout their time at ICM	16	Relief from depression	\$63,252	HACT (2018)	\$695,272
	Improvement in management of personal life and appointments	Heavy service users—Number of months of life management support from ICM through all of: (1) reminders, (2) accompaniment appointments, or (3) social support	395	Value of 3 life-coaching sessions a month for one month	\$600	One Life Counselling & Coaching (N.D.)	\$162,582
		Medium service users—Number of months of life management support from ICM through two of: (1) reminders, (2) accompaniment appointments, or (3) social support	458	Value of 2 life-coaching sessions a month for one month	\$400	One Life Counselling & Coaching (N.D.)	\$130,255
		Low service users—Number of months of life management support from ICM through one of: (1) reminders, (2) accompaniment appointments, or (3) social support	1400	Value of 1 life-coaching session a month for one month	\$200	One Life Counselling & Coaching (N.D.)	\$206,640
	Mental relief from having to deal directly with non person-centered services	Participants who encounter problems due to a lack of a person-centered approach in services	82	Average cost of a six-sessions CBT therapy to address anxiety created by lack of person-centered approach	\$1,200	CBT Associates (N.D.)	\$78,622
Domestic violence	Increased safety from domestic violence	The number of women who are fleeing an abusive relationship	14	Personal cost of pain and suffering due to assault, combined with the personal cost of moving to flee an abusive relationship	\$12,032	Zhang et al. (2009)	\$114,376
Legal issues	Increased support for parents leading to possible decreased Child and Family Services involvement, avoidance of apprehension	Participants with active or potential Children's Services involvement who were able to keep their children and stay together as a family (Perspective-only)	58	Wellbeing valuation: ability to stay together as a family	\$3,400	Fujiwara and Vine (2015)	\$121,672
	Decreased risk of incarceration	Participants who have been to jail several times at time of referral, and do not have legal issues during their time in ICM	13	Well-being benefits of transitioning back into society following conviction	\$20,065	Howel & McArt (2014)	\$171,637
	Access to alternative justice means	Participants who attend programs such as DVTO/Wellness Court with ICM's help	4	Well-being benefits of transitioning back into society following conviction	\$20,065	Howel & McArt (2014)	\$56,182
	Support throughout legal issues	Participants connected to legal aid by ICM or supported with legal issues in other ways	32	The cost of addressing everyday legal issues	\$6,100	Farrow et al. (2016)	\$130,003

Category	Outcomes identified	Indicator	Total	Financial proxy	Value	Source	Total value
Legal issues (continued)	Increased access to services due to proper identification	Participants receiving help from ICM to secure new valid pieces of identification	80	Average cost of IDs in Yellowknife	\$51		\$2,864
	Appropriate guardianship secured for participant with ICM's help	Participants receive help from ICM on other legal matters: securing appropriate guardianship (Perspective-only)	12.5	Wellbeing valuation: ability to rely on family (individuals over 50 years old)	\$11,461	Fujiwara and Vine (2015)	\$14,327
Income security	Increased ability to engage in employment and ensure one's financial stability	The number of months working for participants who are helped by ICM for their resume/job applications, and are employed full-time by the end of their file with ICM.	202	Monthly amount earned through full-time employment	\$5438	Based on average monthly amount earned by full-time employees in Yellowknife, adjusted for inflation (City of Yellowknife 2011)	\$805,190
		The number of months working for participants who are helped by ICM for their resume/job applications, and are employed part-time by the end of their file with ICM.	120	Monthly amount earned through part-time employment	\$1077	Based on minimum wage and 20 hours per week, 4 weeks per month	\$95,490
	Stress relief provided by income stability	Participants who access/secure Income Assistance with the help of ICM.	71	Wellbeing valuation: the ability to pay for housing	\$12,490	HACT (2018)	\$652,677
	Stress relief provided by being freed of large arrears	Participants who are provided money from the Homelessness Assistance Funds (HAF) to relieve their debt burden.	20	Wellbeing value of the relief from being heavily burdened by debt	\$16,027	HACT (2018)	\$230,797
	Additional income from the Canada Pension Plan; increase in income security	The number of months participants are on CPP, among those who access CPP funding with the help of ICM	118	Average monthly amount of CPP in Canada for participants with disability	\$917	Government of Canada (2019a)	\$85,170
	Value of the food rescue provided to participants	The number of food hampers/food rescue received by ICM participants	368	Cost of two days worth of food in Yellowknife (food hampers); value of grocery store gift cards or of IMC food voucher.	\$64	Yellowknife Street Services Guide (2017)	\$2,355
		Grocery store gift cards provided to participants	10	Value of the gift card	\$20		\$180.00
		Food vouchers provided to participants by ICM	10.7	Value of ICM food voucher	\$80		\$599.20
	Stress relief provided by being freed of minor arrears	Participants who are helped by ICM in ways other than securing HAFs, to relieve themselves of minor debts (Perspective-only)	24	Relief of being debt-free (minor debts)	\$2708	HACT (2018)	\$45,496

Category	Outcomes identified	Indicator	Number of instances	Financial proxy	Value	Source	Total value
Income security (continued)	Increased ability to manage own budget and become financially secure	Participants who receive help from ICM for personal budgeting (Perspective-only)	10.7	Maximum amount of assistance provided by the Transitional Rent Supplement Program (which offers a course on budgeting)	\$500	NWT Housing Corporation (N.D.)	\$4,548
	Additional income from Guaranteed Income Supplements; increase in income security	Participants who access Guaranteed Income Supplement funding through ICM (Perspective-only)	10.7	Annual GIS amount (if maximum OAS pension claimed)	\$908	Government of Canada (2019b)	\$5829
	Ability to provide Christmas gift to children through ICM advertising and connecting participants to a gift program	Participants who access a funding program through the intermediary of ICM and are able to provide gifts to their children (Perspective-only)	9.5	Average household expenditure on children's toys in 2017	\$170	Statista (2020)	\$485
Education and community	High school diploma	Participants who achieved high school with ICM's help or are on their way to do so	11	Personal and intangible value from high school completion	\$20,002	Hankivsky (2008)	\$163,036
	Increased ability to be involved in community and help others	Participants who volunteer or help in the community	14	Wellbeing valuation: Regular volunteering	\$4,007	Trotter et al. (2015)	\$42,465
	Increased social support, socialization, and sense of community; decreased social isolation	Participants with a history of social isolation who are connected to groups and services through ICM (e.g. Wellness camps, other social encounters, etc.) (Perspective-only)	37.5	Wellbeing valuation: talking to neighbours regularly	\$7,669	HACT (2018)	\$153,278
	Increased connection to and understanding of society	Participants who come to the ICM office to use computers	30	Direct wellbeing valuation of accessing internet	\$3,188	Trotter et al. (2015)	\$79,082
	Increased access to transportation and physical activity	The number of months that participants use Access/Recreation for All passes, who were helped by ICM to obtain their passes.	791	Cost of a monthly recreation activity pass (individual) and bus pass	\$136	City of Yellowknife (2019)	\$85,903
	Increased ability to access services and increased understanding of society	The number of months participants receive support with translation, among Participants who receive translation services through their Pathfinder (Perspective-only)	586	Cost of hiring a translator for one hour a month	\$43	Indeed (2020)	\$16,223
	Increase in self-empowerment due to enhanced capacity to work and launch own business	Participant receives help from ICM to set up and start own business in Yellowknife (Perspective-only)	11	Social and personal asset growth	\$3838	Momentum (2012)	\$27,442
Indigenous issues	Increased personal disposable income	Participants who receive ICM's help to complete and submit 60s Scoop settlement application.	7	Amount awarded in 60s Scoop settlement	\$25,000	Class Action Sixties Scoop Settlement (N.D.)	\$5,075

Category	Outcomes identified	Indicator	Total	Financial proxy	Value	Source	Total value
Indigenous issues (continued)	Improvement in ability to self-actualize and connect with Indigenous culture	Indigenous participants whose personal situation improves by securing housing and income stability through ICM	51	One Indigenous language course in Yellowknife	\$300	Collège Nordique Francophone (N.D.)	\$7,665
Health	Access to healthcare coverage for vision	Participants receive help from ICM to secure healthcare card and access coverage for new glasses. (Perspective-only)	10.7	Coverage for glasses in the NWT	\$150	Alternatives North (2015)	\$963
	Increased ability to access necessary surgery	Participant for whom ICM secures a majority of necessary funds for upcoming surgery (Perspective-only)	10	Amount secured by ICM to cover surgery of participant	\$1,000	Amount determined from case file data	\$8,000

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Table 3: Valuation of outcomes for family members of ICM participants stakeholder group

Category	Outcomes identified	Indicator	Total	Financial proxy	Value	Source	Total value*
Housing	Improved emotional regulation	Children benefiting from a more stable housing/living situation.	90	Revealed preference valuation: Cost of Individual CBT for Anxious Children	\$3,184	Aos et al. (2011)	\$183,685
	Mental and physical health benefits of moving from homelessness to secure housing	Adult relatives of ICM participants who are housed as a result of their relatives' participation in the program (Perspective-only)	24	Increased overall wellbeing of moving from a shelter/temporary situation to secure housing (including positive changes in physical and mental health)	\$13,632	Huck (2018)	\$229,023
Legal issues	Increased safety, decreased experiences of violence and/or abuse	Children who were exposed or at risk of violence and/or abuse and are safely rehoused	12	Personal cost of child abuse to survivors	\$3,309	Bowlus et al. (2003)	\$27,796
	Decreased involvement in criminal activities	Children who are not involved in criminality because of their parents' involvement with ICM. (Perspective-only)	70	Wellbeing valuation: Never been arrested among individuals under 25 years old	\$3,757	HACT (2018)	\$144,645
Mental health	Decreased harm from substance use and increased ability to move towards reducing use	Teenagers of ICM participants who attend treatment with ICM's support (Perspective-only)	5.7	Wellbeing valuation: personal value of addressing drug and alcohol problems (<25 years old)	\$52,076	HACT (2018)	\$177,059
	Increased capacity to benefit from stable parenting and to rely on family	Children of ICM participants who are addressing their mental health issues (counselling or treatment)	52	Wellbeing valuation: ability to rely on family to a greater extent (<25 years old)	\$18,454	HACT (2018)	\$651,556
	Mental health benefits of addressing mental health issues/trauma	Children of ICM participants who access counselling with ICM's help (Perspective-only)	17	Cost of counselling sessions for two years, assuming two sessions a month	\$4585	Firefly Counselling (2018)	\$46,764

Category	Outcomes identified	Indicator	Total	Financial proxy	Value	Source	Total value*
Mental health (continued)	Mental health benefits of accessing family treatment	Families who access family treatment with ICM's help (Perspective-only)	17	Cost of family treatment	\$10,556	Huck (2018)	\$107,671
	Relief from suicidal ideation or depression	Relatives of participants who are provided relief due to ICM (e.g. from a caregiver's role) and can address mental health issues (Perspective-only)	12.5	Relief from depression	\$63,253	HACT (2018)	\$474,394
	Mental and physical health benefits of receiving support	Relatives of ICM participants who receive social support from ICM through reminders and accompaniment appointments and / or social support (Perspective-only)	23.2	One hour of a care coordinator in Yellowknife	\$45	GNWT Finance (2016a)	\$675
Education and community	Increased ability to engage in education	Teenagers (aged 16-18) able to attend school because of housing or supports received through ICM (Perspective-only)	0	Personal and intangible value from high school completion	\$20,002	Hankivsky (2008)	\$0
	Improvement of children's physical condition, health and emotional condition	The number of children whose parents procure Access for All/Recreation for All passes for them with the help of ICM.	27	Wellbeing valuation: Value of frequent moderate exercise (<25 years old)	\$6,542	HACT (2018)	\$138,826

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Table 4: Valuation of outcomes for Yellowknife community stakeholder group

Category	Outcomes identified	Indicator	Total	Financial proxy	Value	Source	Total value*
Housing	Decrease in time spent managing late rent payments	The number of months housed among participants who become more financially stable because of ICM (through IA or employment) and who are privately housed	807	One hour of property manager's time lost on late rental payments each month.	\$64	Salary.com (2019)	\$34,449
	Decrease in number of completed evictions from private housing	The number of participants in private housing who face eviction threats that are not carried out.	10	Cost of eviction to private landlord in Toronto (2004)	\$3,000	Canada Mortgage and Housing Corporation (2005)	\$18,000
	Decrease in number of completed evictions from public housing	The number of participants in public housing who face eviction threats that are not carried out.	32	Cost of eviction from public housing in Toronto (2004)	\$772	Canada Mortgage and Housing Corporation (2005)	\$14,822
	Decrease in landlord maintenance costs	Landlords who avoid having to pay for bed bug decontamination due to ICM helping participant sort out that problem (Perspective-only)	10.7	Average cost of treating a bed bug contamination	\$2,310	Amount determined from Pathfinder interview	\$14,830

Category	Outcomes identified	Indicator	Total	Financial proxy	Value	Source	Total value
Economic activity	Increased local economic activity due to resident spending	The number of months working for participants who are helped by ICM for their resume/job applications, and are employed (full-time or part-time) by the end of their file with ICM	322	Economic multiplier for local spending based on an estimated amount of \$35 per month of disposable income spent in local community multiplied by a local economic multiplier of 1.46	\$613	Pringle (2013); BC Housing (2018)	\$17,173

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Table 5: Valuation of outcomes for *Government of the Northwest Territories* stakeholder group

Category	Outcomes identified	Cases included	Total	Financial proxy	Value	Source	Total value*
Housing	Emergency room visits associated with homelessness	Participants who were homeless and are no longer homeless.	49	Cost of two emergency room visits (average amount among homeless people is three, assuming 1 per non homeless people)	\$3,600	Falvo (2011)	\$132,300
	Relief in shelters		49	Government funding provided to shelters (based on rate of using shelters 80% of the time during the colder months)	\$8,106	Falvo (2011)	\$176,646
	Decreased risk of pregnancy complications due to homelessness	Pregnant participants who were homeless and are no longer homeless.	3	Typical cost per antepartum care patient admitted to hospital without complicating diagnoses	\$1,400	Canadian Institute for Health Information (2006)	\$2,940
	Decrease in shelter use by friends of participant	Friends of ICM participants who are provided a safe haven by ICM participant housed and maintained into housing by the program (Perspective-only)	12.5	Cost of a bed in a shelter for one night a month for a year	\$504.00	Falvo (2011)	\$3,780
	Avoided ambulance costs	Participants securing long-term assisted living placement and thus decreasing emergency visits to the hospital due to inappropriate living situation (Perspective-only)	75	NWT ambulance costs	\$255	Edge North (2016)	\$11,475
Mental health and support	Decreased emergency health service use by adult participants due to increased access to appropriate health services to promote wellbeing	Heavy service users—Participants who receive life management support from ICM through all of: (1) reminders, (2) accompaniment appointments, or (3) social support	13	The cost for the government of three emergency room visit to Stanton Territorial Hospital.	\$5,400	Falvo (2011)	\$51,808
	Decreased emergency health service use by children due to increased access to appropriate health services to promote wellbeing	Children of participants who are identified as having ICM help them organize, schedule, arrange rides, etc. to doctors appointments for their children.	12	The cost for the government of one emergency room visit to Stanton Territorial Hospital.	\$1,800	Falvo (2011)	\$17,280

Category	Outcomes identified	Cases included	Total	Financial proxy	Value	Source	Total value
Mental health and support (continued)	Decrease in public costs (productivity losses, healthcare costs, criminal justice costs, and other direct costs) due to less substance use	Participants that successfully achieve or maintain sobriety with ICM's assistance.	27	Overall per person costs attributable to substance use in the Northwest Territories (2014 - adjusted for inflation)	\$2,533	Canadian Centre on Substance Use and Addiction (2014)	\$46,580
	Decrease in healthcare costs related to suicide attempts interventions	Participants who were suicidal or depressed at the beginning of the program and have now their goals met and a stable situation	16	Average healthcare costs for suicide attempters	\$13,502	Vasiliadis et al. (2015)	\$148,414
	Decrease in visits to the psych unit because of improvements in participants' health	Participants with a history of mental health crises and psych ward visits who improve significantly because of their interactions with ICM (Perspective-only)	38.5	Cost of one trip to the psych ward	\$15,000	Interview with psychiatrist at Stanton Territorial Hospital	\$404,250
Legal issues	Decreased foster and/or family care placements amongst clients (or increased number of children returned to parents' care)	Children whose parents were identified as having active involvement with, or at risk of involvement with Child and Family Services (CFS) in the form of home visits, child apprehension or care placement, or ongoing case follow-up, and were identified as being successful in keeping custody of their children or getting their children back from care placements (after reaching housing, income, or substance use goals at least partially) (Perspective-only)	74.5	Average cost of maintaining a child in foster care or formal kinship care with regular visits by a child protection worker	\$36,942	Zhang et al. (2012)	\$1,835,717
	Decreased number of participants being incarcerated	Participants who have been to jail several times at time of referral, and do not commit crimes during their time in ICM (after one year in ICM).	13	Public cost of prison/detention in Vancouver multiplied by the average number of days spent in jail (here estimated as a year)	\$51,100	Pomeroy (2005)	\$437,109
	Decrease in the number of participants committing offences	Participants who were involved in the criminal justice system at the time of referral to ICM, and have no involvement during their stay in the program.	12	Combined cost of average police cost (Ellingwood, 2018) and average court fees (Zhang, 2008).	\$337	Ellingwood (2018)	\$2,662
	Decreased risk of breaching probation	Participants that do not breach the conditions of their legal probation order with ICM's assistance.	16	Average cost of prosecuting administration of justice cases for breached probation	\$946	Department of JusticeCanada (2013)	\$4,541
	Decreased length of incarceration	Participant recalls how he would likely have been in long-term incarceration in the South had it not been for ICM (Perspective-only)	10	Public cost of prison/detention in Vancouver multiplied by the average number of days spent in jail	\$96,600	Pomeroy (2005)	\$724,500

Category	Outcomes identified	Cases included	Total	Financial proxy	Value	Source	Total value
Domestic violence	Decreased use of victims services for spousal violence	Female participants who are fleeing an abusive relationship.	14	Cost to victims services per client due to spousal violence	\$453	Zhang et al. (2012)	\$3,989
Financial security	Decreased reliance on unemployment assistance	Participants who are helped by ICM for their resume/job applications who find employment during the program, and who are not on IA.	6	Cost of income assistance for one year for a single person who is considered employable	\$22,163	Tweddle and Aldridge (2018)	\$97,606
	Avoiding hunger or malnutrition	Participants and children who avoid hunger and malnutrition by accessing food hampers and/or achieving a stable income through ICM.	113	Increased healthcare costs in NWT associated with malnutrition	\$4,160	Trochu (2017) and Tarasuk et al. (2015)	\$142,434
Education and community	Public costs of dropping out of high school avoided	Participants who achieved high school with ICM or on their way to do so that are still in school at last point of contact, and ICM either helped them achieve housing goals, helped them achieve income stability, or provided social support	6	Cost per dropout per year (public costs only)	\$7,515	Hankivsky (2008)	\$32,330
Economic activity	Decrease in productivity losses associated to informal caregiving	Participant secures long-term assisted living placement and the informal role of his sister as a full-time caregiver stops (Perspective-only)	12.5	Annual productivity losses associated to a family caregiver over one year	\$2,037	Battams (2016)	\$15,278
	Economic benefits of volunteer activities	Months of volunteering (not because of IA-related purposes) that was enabled by ICM (Perspective-only)	396.5	Wages of an outreach worker corresponding to 8 hours a month (\$20/hour)	\$160	GNWT Finance (2016b)	\$15,860
Decrease in govt services workload	Decrease in workload for IA	Months per number of participants who are IA recipients that ICM assists with monthly reporting	388	Cost for two hours of a client service officer	\$86	GNWT Finance (2010)	\$24,787
	Decrease in workload for public housing staff	Participants who receive help from ICM with HAF, housing, or YK waitlist applications.	135	Cost for two hours of a homelessness program officers' time	\$90	GNWT Finance (2018a)	\$8,227
	Decrease in workload for medical staff	Participants who receive help from ICM filling out treatment applications.	17	Average cost of two hours of a clinical mental health coordinator's time at the GNWT	\$94	GNWT Finance (2018b)	\$1,154
	Decrease in workload for CFS staff	Number of Case file entries where ICM helps with CFS-related issues, for participants who receive a lot of CFS related support.	194	Average hourly wage of a Child, Youth and Family Counsellor at the GNWT, 49.10 per hour	\$49	GNWT Finance (2019c)	\$6268
	Decrease in project management tasks for government workers	One (1) time: the ICM program improves service integration across government services	1	Annual wages of a project management in the GNWT	\$100,016	GNWT Finance (2017b)	\$85014

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Results

Hard data analysis

Table 6 displays the main results from the SROI analyses across methods. The inputs represent the total sum of government funding for the ICM program between 2015 and today: these are constant across SROI methods. Within each SROI calculation, and following the methodology detailed in the previous section, we estimate the total value created by the program for each stakeholder group (*Outputs by stakeholders*) as well as a total sum of all the value created (*Total outputs*). Dividing the total outputs by the total inputs delivers a SROI ratio for each method, representing the social value created by each dollar invested in the ICM program.

Our SROI analyses reveal that for each dollar invested in ICM, approximately \$3 to \$9 of social value are created. As expected, our different methods provide lower and upper-bounds to the SROI calculations. The case file data method (1) uses only visible and documented outcomes but evaluates each participant individually, without assuming that some specific cases are representative of others: its ratio is the lowest (2.9). The perspective-based method (2) includes all visible and hidden outcomes for a small group of participants who shared their experiences with ICM in detail, unveiling many impacts that were invisible in the case file data. However, this method assumes that those participants are representative of their respective clusters, and that together they provide a good estimation of the larger ICM pool. Based on that assumption, the perspective-based method delivers a SROI ratio of 8.7, almost three times the size of the first method’s ratio. Finally, our mixed-methods approach (3) offers a middle-ground, combining visible outcomes when values are found, and using the hidden outcomes’ values when the first model lacks values: the mixed-methods SROI ratio falls between the others, at 4.5.

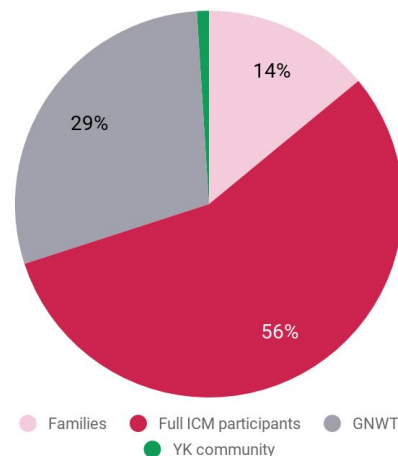
Table 6: SROI ratios across methods

	Method of SROI calculation		
	(1) Case file data	(2) Perspective-based	(3) Mixed-methods
Total inputs	\$3,357,469.73 (funding of the ICM program from 2015-2019)		
Outputs by stakeholders:			
ICM participants	\$7,216,476	\$20,818,031	\$8,422,232
Family members	\$1,001,863	\$2,312,970	\$2,182,094
YK community	\$84,444	\$142,339	\$99,274
GNWT	\$1,405,267	\$5,923,350	\$4,433,407
Total outputs	\$9,708,050	\$29,196,690	\$15,137,006
SROI Ratio	2.9	8.7	4.5

Among stakeholder groups, participants collect the most social value from their participation in the program, followed by the Government of the Northwest Territories. This is true across the three chosen SROI models, although the proportion of value created by participants varies from 56% (mixed-methods approach) to 74% (case file data method). In comparison, the value collected by the Yellowknife community is smaller when estimated with these SROI models.

In addition, in the mixed-methods approach - a compromise between two very distinct methods - the Government of the Northwest Territories collects nearly one third of total outputs, family members of ICM participants receive 14% of the total value, and the Yellowknife community collects approximately 0.65% (see **Figure 5** to the right).

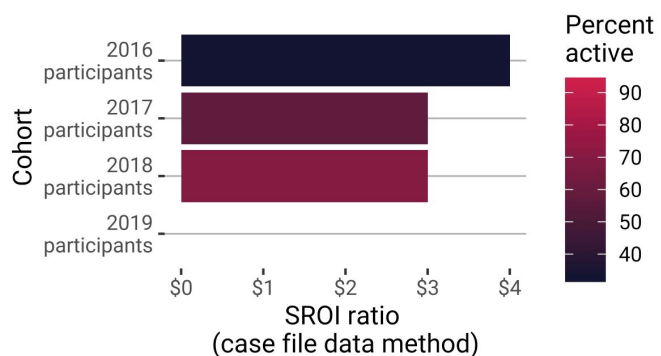
Figure 5: Proportion of total value created for each stakeholder group in the mixed-methods approach



Most of the difference in outputs between the different methods is accounted for by the participants as stakeholder group: their outputs are estimated at almost 21 million dollars in the perspective-based method compared to slightly over 7 million dollars in the case file data method (almost three times less). These discrepancies are explained by a greater number of cases identified among interviewees than within case file data: for instance, when we weight our interviewee sample to represent the ICM participant pool, 59% of participants accessed IA and thus acquired the capacity to pay for housing, whereas only 33% were identified as such in the case file data method. To remain as conservative as possible in our estimations and account for the fact that some cases can be overrepresented within the sample of interviewees, we used only visible visible sources of data when possible to calculate the mixed-methods SROI ratio, our “best estimation” of the value of the SROI ratio.

Dividing the outputs of the *case file data method* (Method 1) into yearly cohorts reveals that on average, **ICM truly begins to create value for participants who have been in the program more than one year.** Among participants who entered the program in 2016, the SROI ratio is 4\$ and for those accepted between 2017 and 2018, it is 3\$.

Figure 6: SROI ratios across ICM participant cohorts



For the newest cohort of participants who entered the program in 2019, there is yet to see a return on investment. However, this doesn't mean that no value was created - the ratio of investment input to outcome input is currently equal.

To be clear, the fact that the cohort-based SROI ratios decrease from 2015 to 2019 is not an indication that ICM is producing less value as the program matures. Instead, it speaks to the evolution of participants' in the program and the length of time it takes for outcomes to materialize. For example, many of the participants from the 2016 cohort went on to meet their goals or achieve certain outcomes only after two or three years in the program. Participants who joined in 2019, on the other hand, may still be in the process of achieving their goals and this may take a number of years to accomplish.

As additional participants join active participants from previous cohorts, ICM's workload will increase. For instance, 32% of participants who entered the ICM in 2016 were still active in the program when the entirety of the data management software data was downloaded by DS in mid-August 2019, compared to 57% of participants from 2016, 69% of participants from 2018, and 93% of participants from 2019. As time progresses, it is likely that the number of active participants will continue to grow, making it necessary to locate and exploit efficiencies within ICM and expand the program.

Limitations

Despite adherence to both a conservative approach to social value as well as to common standards of SROI studies, we acknowledge several limitations to our analysis that may decrease or increase the calculation of the ICM program's SROI ratios. In addition to the limitations specific to the SROI methodology, different types of shortcomings can be identified (and often overlap) within our model, including limitations in the identification of outcomes in the data and in allocating financial valuations to identified outcomes. These include:

Limitations in identifying outcomes :

- Overall, positive ripple effects of ICM's interventions on **participants' relatives** were probably undervalued, especially in the case-file model. Interviews with ICM participants revealed high benefits of ICM's work on participants' family, including relieving the burden of care that often falls on relatives, housing dependent family members (beyond children), or providing social support to friends.
- In some cases, neither the case file data nor the interviews could allow an estimation of some events that were **anecdotally known to occur, but too difficult to isolate**. For instance, the number of participants' children who were able to stay in school and graduate due to the programs' interventions was not possible to estimate with precision and was not valued in the model, although this would represent significant social value.
- Decrease in **damages to rental properties**: ICM helps many participants address mental health issues, decrease harm from substance use, and move away from negative influences in their lives. For participants who were housed prior to being admitted into ICM, this seems to translate into a decrease in damages done to rental properties in some cases. However, this was not an outcome that could be clearly identified or valued with certainty from the case file or interview data, and thus was not included in the models.

Limitations in financial valuation:

- In many cases, we were not able to find accurate estimations of value for certain outcomes, which sometimes required us to exclude **costs to participants' physical or mental health** associated with various traumatic or challenging events: experiencing severe frostbite, having high-risk pregnancies or miscarriages, missing medical appointments and lacking medical follow-up, losing one's children, being incarcerated, etc. Most of these elements were included in the model for the value they bring to the government (mostly in terms of healthcare or legal costs avoided) but the impact that these events can have on a participant's life were not easily translated into financial terms and were thus excluded from the model to ensure that the SROI value is not either over- or under-claimed.
- Some of the SROI entries also undervalue the benefits that the program produces in a **long-term perspective**. These can be especially consequential when changes occur at a young age: interventions by ICM that improve the lives of participants who have young children are likely to have long-lasting positive impacts on these children. For instance, improving food security in a household with children can prevent child malnutrition and its lifetime impacts on child development. Yet, valuing the lasting impacts of preventing childhood malnutrition was (somewhat) beyond the scope of our evaluative SROI, and also difficult to estimate, so was not included.
- Many **community-level outcomes** were not easily valued because ICM's exact contribution could not be isolated within complex, multi-actor situations. Accordingly, ICM's contribution to reducing noise levels in downtown Yellowknife or its overall contribution to a greater neighbourhood quality thanks to its efforts to house people experiencing chronic homelessness, decreasing harm from substance abuse and addressing violence were also not included. However, this added value could be quite large.

Despite these limitations, employing multiple methods to calculate a SROI ratio provides us with a range within which the true value is likely to be found. As such, we are confident that our mixed-methods approach closely represents the social value created in the Northwest Territories as a result of the ICM program.

Trends and Recommendations

Barriers to integrated service delivery & promoting self-sufficiency

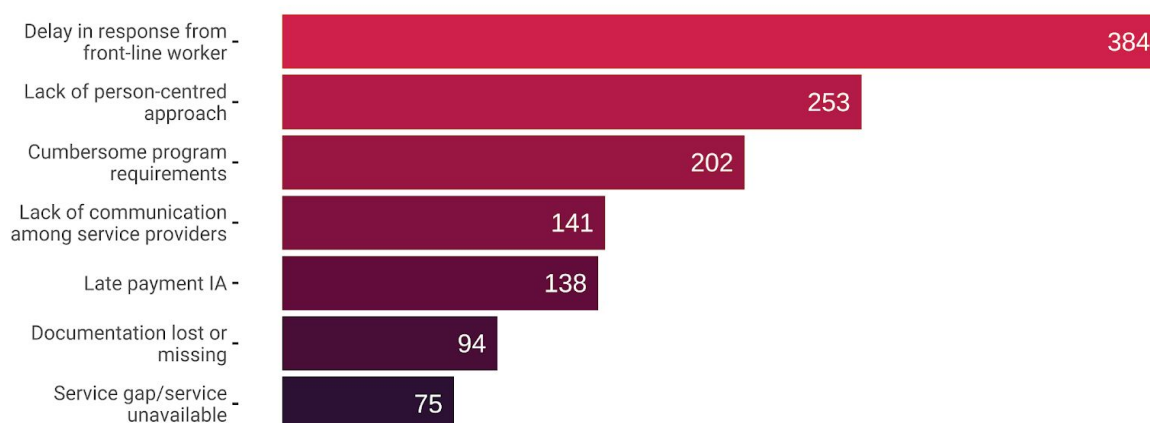
ICM participants are by definition individuals who have previously faced considerable barriers while trying to access government services. These barriers have been documented both in participants' testimonies to their previous experiences with other service providers, and the challenges they navigate with their Pathfinders that can be found in the case files data. Putting this information together, DS compiled a list of common barriers to services in the NWT in general.

In the case files data, ICM Pathfinders identify the barriers that participants face when they are trying to access government services. While these barriers are often unique and complex, they can be sorted into 7 broad categories: (1) cumbersome program requirements, (2) late payments from income assistance, (3) lack of a person-centered approach, (4) lack of communication among service providers, (5) lost or missing documentation, (6) delays in response from front-line workers, and (7) service gaps.

This analysis is not intended to pass judgement on other service providers, nor to pass judgement on service provider activities or operating procedures. It is intended to identify underlying incompatibilities between the needs of ICM participants and service delivery systems as they are reported to exist currently. A solutions-oriented approach is taken when possible, including suggestions for how these barriers might be addressed.

The pool of ICM participants included in this review is relatively small. This should not be taken to mean that these issues are minor, or that they are special cases unique to specific ICM participants. It is likely that others also experience similar issues with service, and that these issues create general inefficiencies within the service delivery system, potentially impacting members of the general public as well.

Figure 7: Barriers encountered by ICM Participants when accessing other government services



Cumbersome program requirements

An analysis of the case files revealed that program requirements that unintentionally impede access to services and their intended recipients posed a barrier to 31% of ICM participants who interacted with the program. The majority of these cases pertain to income assistance and related services. In many cases, these program requirements undermine the ability for service providers to deliver services to some participants - and in most cases, the participants that come across the most barriers to program entry are those with the most urgent and critical need for those services. In this section, we explore some of those barriers and, when possible, offer potential solutions that would facilitate service delivery for individuals facing crises.

Barriers in the income assistance application process

During interviews and our review of case files data, the income assistance application process itself was identified a major barrier to many otherwise legitimately qualifying ICM participants. Many ICM participants are not in a position to easily fill out the forms and provide the documentation to apply for income assistance. For instance, applying for income assistance may require the following: an income assistance application form, a disability form, government-issued identification, employment confirmation, paystubs, a direct deposit form from the bank, bank statements, a YK Housing waitlist form, a Social Insurance Number, as well as a Notice of Assessment and GST statement printed at Service Canada. These are legitimately required to determine program eligibility, but may be difficult to collect, locate, or complete by individuals in crisis. For example, most ICM participants have urgent needs upon entry into the program, but nearly a quarter do not have their taxes up to date. Taxes take time to sort out, leaving the participant in a crisis in the interim which typically only creates more work for service providers. While it should be noted that IA allows a 60-days grace period to update taxes for new applicants or applicants that return after a break in service (Government of the Northwest Territories, 2019: 49), accommodations and alternative approaches should be considered as data suggests that the current policy is not having the intended impact.

[On interacting with income assistance]: “You’ve got to cross your T’s and dot your I’s. and make sure you’ve got all your paperwork and everything so when you get in there you’re not puppeted around. Because then they’ll say, ‘Oh, you don’t have it, come back tomorrow.’ that’s another tactic for stalling.”

-ICM Participant, in-person interview

Participants are also required to be on the Yellowknife Housing Authority (YK Housing) waitlist and to check-in regularly with Housing to remain on the list in order to receive rental allowances from income assistance. This requirement adds another layer of complexity for participants who must provide other documentation (e.g. proof of residence, identification, and income tax assessment from CRA) to gain and maintain their status on the waiting list, which can again prove to be challenging for them.

“It’s just a big cycle where things get worse for them. People in those situations - they need stability now more than ever. But because of their instability, they’re getting punished for it and it makes things worse. The cascading impacts just keep adding up. And then they fall through the cracks. And then everywhere they go is kind of like, ‘No, sorry, you don’t have IA so you can’t get housing, you can’t...”

-ICM Pathfinder, in-person interview

Barriers to accessing income assistance

Reporting requirements

While enrolled in income assistance, ICM participants face barriers to continue their legitimate enrollment, for instance by failing to meet reporting requirements. Some participants find it difficult to keep assiduous and meticulous track of other sources of income, and inadvertently disqualify themselves from the program. One reason for this may be that even when requirements are presented and explained to participants, individuals in crisis can have trouble understanding and/or following instructions; for instance, one participant was almost inadvertently disqualified themselves from income assistance for receiving email transfers from family.

Productive choice

Another requirement of income assistance that is challenging for participants to uphold is the productive choice. The productive choice is the “activity or program an applicant must take part in to continue receiving income assistance, unless he/she is exempt” (GNWT 2019, 10). According to the income assistance policy manual, income assistance “encourages people to make productive choices, allowing them to achieve self-reliance” (GNWT 2019, 3). Examples of a productive choice include employment, traditional activities, education and training, career counselling, wellness programs (treatment programs, medical treatment, counselling), parenting, and community work. The type of activity considered as a productive choice also depends to a certain extent on a service provider’s flexibility, as the service provider and the participant discuss different options together (GNWT 2019, 37). It is therefore very important that service providers at income assistance are able to take into account an individual’s history and life circumstances, which can be a difficult and time consuming task when working with individuals with complex needs, many of which do not feel

comfortable opening up to service providers in a setting where they have experienced conflict in the past.

For some participants, fulfilling a productive choice is too difficult, and this can jeopardize their access to income assistance. For example, one participant related that she found it challenging to satisfy her productive choice of educational requirements while also caring for her husband at Stanton Territorial Hospital, living in a women's shelter, and trying to secure housing. In another case, a participant had significant trouble satisfying her productive choice of weekly counselling and working on budgeting and life skills with ICM. Attending counselling proved difficult for this participant for a number of reasons: she did not have a phone; she had difficulty making it to appointments on her own; and she had limited options for counselling due to limited mental health services in Yellowknife. Before participants are dropped from income assistance for reasons related to fulfilling their productive choices, a careful and person-centered evaluation should be conducted that the productive choice load was appropriate for the participant.

It is important to note that these recommendations do not apply to participants who have successfully obtained disability status with income assistance and are therefore exempt from that requirement. Importantly though, disability status can be difficult to obtain for some participants due to barriers in the medical system. For example, one interviewed participant with a disability had trouble finding their own medical records and explaining their medical history to doctors to have this status reflected in their income assistance application before they entered the ICM program.

In short, ICM participants may not always feel that the requirement of a productive choice reflects their life goals, or is a realistic goal for them, given their life circumstances. Often, ICM pathfinders have greater insight into this mismatch as the close relationships they form with participants enables them to take into account factors and situations that are largely hidden from income assistance service providers given the program's current design for service delivery. Lastly, it is also important to consider the impact that the presence of the productive choice requirement might have on an individual's motivation to pursue their life goals. One participant related that their productive choice (i.e. going to alcoholics anonymous) used to undermine feelings of control over their own life:

"I used to go to AA for the signature and now I'm actually going to change my life."

-ICM Participant, in-person interview

This perspective is consistent with academic research from the field of self-determination theory, a theory first introduced in 1985 (Deci & Ryan, 1985) that is now one of the most influential frameworks for understanding human motivation in the field of psychology.¹⁰ One of the tenets of this theory is that successful long-term goal pursuit is – somewhat counter-intuitively – undermined by external rewards or incentives. A meta-analysis of 128 research articles found that external rewards and incentives function to decrease an individual's own interest in their personal goals, and have a negative impact on long-term goal attainment (Deci, Koestner & Ryan, 1999). Of particular note, a 2006 study also finds that external incentives mostly do not promote goal attainment or lead to positive outcomes for those with substance abuse issues who are institutionally mandated to enter into treatment (Wild, Cunningham & Ryan, 2006). In short, some productive choices – even

¹⁰ Self-motivation theory is cited upwards of 100,000 times in research literature. For example, according to Google Scholar, Ryan & Deci, 2000 is cited 35,905 times; Deci & Ryan, 2000 is cited 25,021 times and Deci & Ryan, 2010 is cited 43,362 times as of February 11, 2020.

those that are self-selected as a requirement for the income assistance program – may decrease the likelihood that individuals will meaningfully engage in the pursuit of their personal goals when their income depends on it.

Barriers to accessing other services

Access/Recreation for All

In the past, proof of residence was absolutely necessary to obtain Access For All/Recreation For All passes, which made it difficult for people without a fixed address to access these services. Upon ICM's recommendation, the City of Yellowknife now accepts an Income Assistance Financial Case Report as proof of residence, which facilitates the process for shelter users. However, individuals who are not accessing Income Assistance might still be unable to access these services. **Consider policies that provide alternative identification for these individuals, such as a signed form that ICM staff can complete in conjunction with shelter staff or other service providers, or alternatively lifting the proof of residence requirement.**

KidSport Program

While the registration fee of \$300 is reimbursed, many families don't have this money to pay upfront. **A means tested waiver would (or fast track reimbursement) would allow more kids to enter the program** and maximize the benefit of these programs to families, the community and the government as regular exercise significantly reduces incidence of chronic disease and mental health disorder among children.

Policies that may promote dependence

The income assistance policy manual states that Income Security Programs like income assistance “provide financial resources in combination with other Government Programs and services to help people become independent and self-reliant” (GNWT 2019, 3). Counterintuitively, ICM participants face barriers in their ability to become self-reliant while enrolled in income assistance. Pathfinders assert that the vast majority of their participants sincerely aspire to get off income assistance, but many are unable to do so. In some cases, this is due to disability or mental health issues that undermine their ability to work. For other participants though, the barriers relate more to the policies of the program itself.

Living on the edge of financial crisis, with no savings

The most significant barrier to self-reliance is a difficulty in accumulating savings. Current income assistance policy is set to compensate individuals up to the point that their basic needs are met, and any additional income that recipients take in is deducted from the amount that income assistance provides dollar for dollar. Some flexibility exists as to what is counted in the income equation as either earned or unearned income (for a full description of the equation: GNWT 2019, 45-46). Despite this flexibility though, participants and Pathfinders related to us during interviews that the system makes it difficult for ICM participants on income assistance to save up enough money to be more self-reliant and cope with unforeseen expenses, such as funerals, fines, housing-related fees, and family crises which more likely to come up for individuals with complex needs. An inability to save

and remain enrolled in income assistance translates into arrears and debts that take more financial and staff resources to solve.

Recommendation: Permit some savings of additional income to individuals on income assistance.

Potential Savings: Individuals on income assistance typically receive just enough money to get by, are unable to put aside money as a safety net, and can very quickly accumulate arrears when any unexpected yet inevitable expense occurs and makes them unable to cover their full rent. Ultimately, many ICM participants who end up in debt access the homelessness assistance fund to avoid housing crisis. The cost of this fund ranges, but is typically around \$3,000, and requires two hours of a Pathfinder's time to acquire. The estimated cost of debt to the GNWT would be up to approximately \$3,100 (including Pathfinder's wages) for each participant who finds themselves in arrears when they are unable to accumulate savings and face a crisis. Alternatively, individuals who are not able to save or sort out their debts may go on to experience homelessness. A 2017 study by Latimer et al. followed individuals experiencing chronic homeless with mental health issues in five Canadian cities: Vancouver, Winnipeg, Toronto, Montreal and Moncton. Results indicate that the cost of homelessness among individuals with mental health issues to governments ranges from \$29,610 (Moncton) to \$58,972 (Montreal). Given widespread mental health issues in the North (Omura et al, 2013), it is not unreasonable to assume that the potential cost to the GNWT for individuals who fall into homelessness would be - at a minimum - \$29,610 for single individuals. A savings program for extra income acquired could be considered as a means to prevent future debts or homelessness in a crisis.

"Another issue would be that you're stigmatized for being on income assistance, but you're not given the means to progress further. You're given enough money just to keep you at a certain level."

-ICM Pathfinder, in-person interview

Employment is a risk those with experience know they should not take

Another barrier to reducing dependence on income assistance relates to employment. If an income assistance applicant's employment is terminated for just cause, the applicant is not eligible to receive assistance until 60 days after the day they were terminated¹¹ (GNWT 2019, 13). For a variety of reasons (family crises, mental health, physical health, substance use, trauma), many ICM participants related to us that they find it difficult to maintain employment. Knowing that they will not be eligible for any assistance for two months if they lose their job can be a strong disincentive for ICM participants to find work. Effectively, finding employment can be a gamble that does not always pay off.

Recommendation: Policies that make it less risky to seek employment such as a bridge program or probationary period that would not require monthly reporting to stay in the program should be considered.

Potential Savings: A bridge program that successfully transitions people back into the work-force stands to save the GNWT a minimum of \$22,000 in income assistance funds per person per year, and provide additional social value to individuals and the community (a well-being valuation for

¹¹ This policy does not apply to applicants who have a disability status under IA.

full-time employment is \$24,596.43 annually, and boosts the local economy by \$613 a year when individuals have only an extra \$35/month to spend (Pringle, 2013; Trotter et al., 2015).

Inefficiencies in the income assistance/ICM relationship

ICM staff interact with income assistance representatives much more than they do with service providers from any other service program. This is largely due to the fact that most ICM participants are accessing income assistance (61%) and most have monthly requirements they must fulfill to remain on the program. As a result, case files data was replete with interactions between ICM staff and income assistance. This made it possible for us to detect trends in service delivery issues between ICM and income assistance. We report on issues undermining integrated service delivery efficiency as it pertains to the relationship between income assistance and ICM in this section because we had sufficient data to do so. We had far less data on ICM's interactions with other programs or departments. We were therefore not able to report on issues undermining integrated service delivery between ICM and other service providers per se, but the insights and recommendations provided can be considered as a means to also improve service delivery across the board. Effective or ineffective coordination between ICM staff and income assistance representatives were observed to impact two key outcomes for participants: (1) late payments, and (2) program accessibility.

Late Payments

"Late payments from income assistance" is a common problem experienced by ICM participants, which can undermine an individual's feeling of security and control over their lives. The data shows that this barrier has impacted 25% of all participants who interacted with the program. Among participants who experience late income assistance payments, the number of times this barrier is reported ranges from 1 to 11, with an average number of 2.5 entries. Late payments are not necessarily the fault of the income assistance service provider, they can be caused by miscommunication between service providers or individuals receiving income assistance. However, the impact of late payments for ICM participants - who are unable to accrue savings to cover bills needing immediate payment - can be dramatic.

In 5% of cases, late income assistance payments resulted in significant housing insecurity for ICM participants. Instances include threats of eviction because of late rent and unpaid utilities, as well as potential landlords refusing to rent to participants because of delayed payments.

Example entry from 2019: "[Participant] called this afternoon. Her power bill still hasn't been paid and is due to be cut off today. She has also received a 10 day letter of termination due to her power bill not being paid. The 10 day termination letter states that if her power is not paid in full by January 25, 2019 her lease will be terminated and will have until January 28, 2019 to vacate the unit." This participant's ICM Pathfinder obtained the required bills and forms for income assistance and the participant's power bill was paid."

In another 5% of cases, participants' electricity was either cut off or threatened to be cut off because of unpaid utilities. In all of these instances, ICM was able to intervene on behalf of the participant to have power turned back on.

Example entry from 2018: "Power was scheduled to be cut this morning. I had emailed NLU yesterday afternoon asking them to please not cut it. Let them know that this was not [participant]'s fault and that I needed time to fix it and would get back to them asap. [Front-line worker] responded with asking for payment amount. I let her know that I was hoping for the entire amount, \$125.92, and that I would be in touch asap."

Coincidentally, one interviewed participant had their power shut off the day of their interview due to a delay in payment (in this case it was due to a program requirement not being met). However, this situation did provide first-hand insight into the stress and crisis that delayed payments can cause participants and ICM staff. Resolving the matter took approximately an hour of their Pathfinder's time, who made several phone calls to several other services providers and also had to provide social support to the distraught parent who was worried about their children at home in the winter with no heat. We can estimate that in this instance, ~\$100 worth of government worker time was invested to resolve the situation, and this situation is not uncommon.

According to the case files data, 21% of participants who experience late income assistance payments end up being late on their rent, and 20% are late on their utilities.

Example entry from 2018: "I emailed [Front-line worker] stating that [ICM participant] was concerned about her rent not being paid and that I had talked with her landlord two months ago and he stated that he was fed up with the rent being late all the time and that he would file for an eviction if this continued."

The Pathfinder liaised with income assistance to sort out HST documents and with the participant's landlord to avoid a rental hearing and subsequent eviction.

In another 7% of cases, late income assistance payments lead to food insecurity. In these instances, ICM often intervenes to provide food rescue hampers or takes participants grocery shopping.

Some issues contribute more to late income assistance payments than others and should be addressed first to improve the efficiency and regularity of income assistance payments:

Late income assistance payments commonly arise because of missing paperwork:

Example entry from 2018: "[Participant] called this morning to say she has not received her income assistance funds for January. She was going to walk to the bank and print off [bank statements] for December and submit to the income assistance office. [Participant] is supposed to be payrolled and we submitted the 6 months of bank statements required on Nov. 30th."

Or, late payments also arise from administrative misunderstandings:

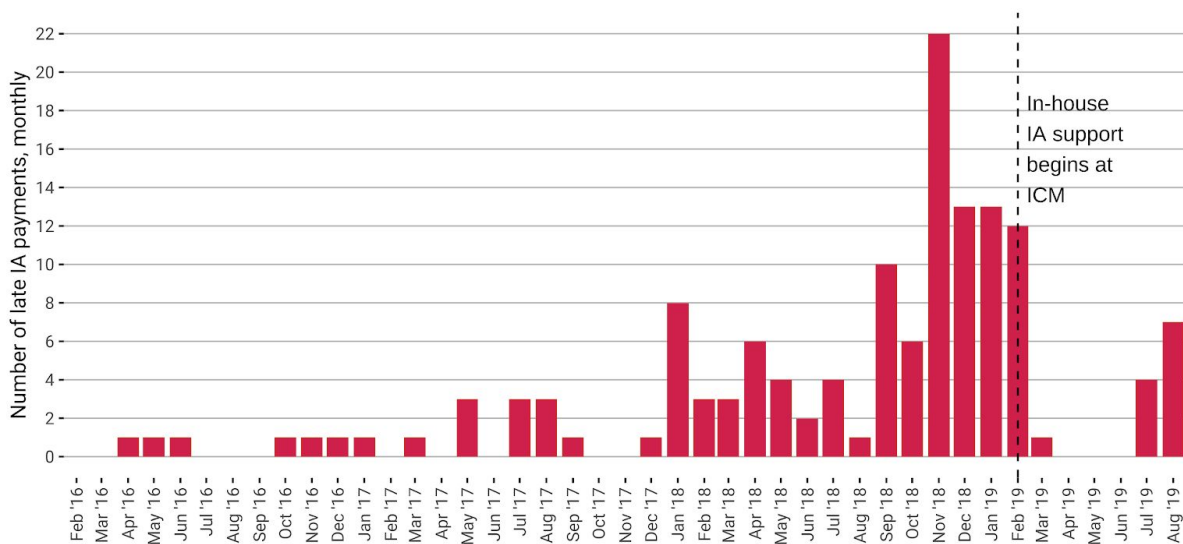
Example entry from 2017: "I emailed [front-line worker] and asked for [participant's] financial case report. She emailed back immediately saying that there was no report for March because [participant] did not file her monthly reporting form. I forwarded an email that I had sent her on March 1 where the monthly reporting form and supporting documents were attached. [Front-line worker] emailed back apologizing and saying that she was going to put through the application ASAP."

Most ICM participants access income assistance—a conservative estimate is that 61% of participants rely on income assistance. Missed payments can result in late rent, late utilities payments, food insecurity, and even eviction. Many of these participants have dependents relying on them for stability, and/or do not have other family members or friends who can act as a safety net if they fall on financial hardship. At a minimum, this causes a considerable amount of stress for participants and can impede their progress toward self-sufficiency. At worst, acute stressors, such as having heat turned off in the winter, can snowball for people already coping with multiple life stressors to pose a serious threat to the stability and well-being of individuals and their families.

Recommendation: An income assistance representative that remains in the ICM office, who meets with ICM staff and participants regularly to ensure consistency of service delivery. This would create efficiencies in the monthly reporting and payment process that will not only reduce the risk that participants face crises, but also reduce the workload of front-line workers across the board.

Starting in February 2019, there has been an income assistance representative in the ICM office. Our data indicates that this person was considered to take a person-centered approach, met regularly with ICM staff and had an ‘open-door’ approach to participants which facilitated face-to-face interactions and direct communication, as well as monthly reporting. Our data also suggested that the presence of this individual may have created efficiencies in the delivery of income assistance services to participants. Time stamps in case files data enabled us to detect observable changes over time to explore this possibility. One clear implication of increased efficiency in this area is the number of late income assistance payments reported by ICM Pathfinders. As **Figure 8** demonstrates, while late IA payments increased during 2018 and early 2019, they dropped to one late payment in the month after the income assistance representative arrived in February 2019, and zero in the following three months.

Figure 8: Number of late income assistance payments, by month



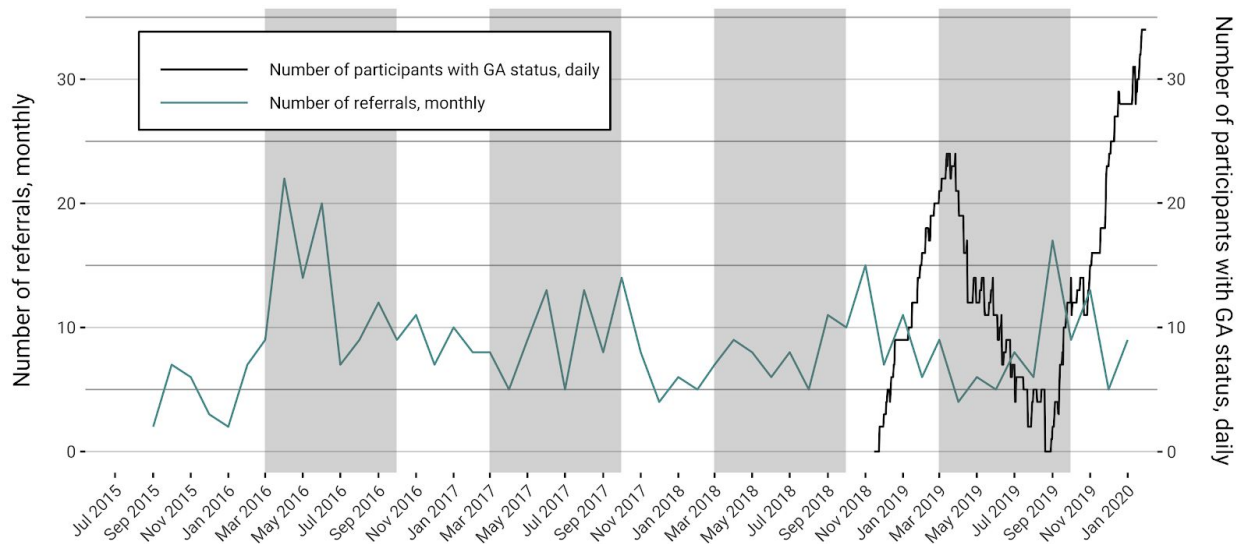
Potential Savings: We compared the average number of late payments in the seven months preceding vs. seven months following the income assistance representatives’ tenure in the ICM office. Based on the time it takes to resolve late payments by service providers and the reduction in late payments (an average of 9.85/month vs. 3.42/month) is estimated that the GNWT saves

approximately \$475 in service provider time every month by physically placing an income assistance representative in the ICM office.

Program Accessibility

A notable impact resulted during the placement of an income assistance representative in the ICM office: there was a decrease in the number of individuals on the general acceptance list (**Figure 9**). The general acceptance list includes all individuals who are accepted into the program but have not yet been assigned a Pathfinder because Pathfinder workloads cannot accommodate more participants at that time, however it is important to note that these individuals do receive some guidance and support from ICM staff so it is not a 'waitlist' per se, but individuals on this list are not receiving as much support as they may require.

Figure 9: Number of referrals and individuals on the general acceptance list, over time



The number of individuals on the ICM general acceptance list decreased significantly during the months immediately following which an income assistance representative was in the ICM office, and actually hit 0 in late August 2019 (black line, Figure 9).¹²

To measure the impact of the CSO in the office, we determined the average number of individuals who were successfully assigned a Pathfinder each week out of the total number of individuals who needing to be assigned (i.e. the number of individuals waiting on the general acceptance list and the number of newly referred individuals that week). We found that in the months preceding the CSO's arrival in the ICM office, an average of .86 individuals were assigned a Pathfinder weekly. From the period of March to October 2019, we found that the number of individuals who were successfully assigned a Pathfinder increased to 2.44/week. This trend reverses in October 2019 and continues to January 2020, where the average number of individuals who can be assigned a Pathfinder drops to back down to an average of .82/week. There is a spike in the number of referrals that starts in early October 2019 and lasts until November 2019, which could partially account for this decrease in program access. For example, it could be that once a certain threshold of referrals is reached,

¹² It is important to note that general acceptance (GA) became a category of ICM program status in November 2018. This is why the trend for GA does not encompass the period before November 2018.

productivity in the office decreases in general. However, it is unlikely that this spike in referrals can wholly account for the effect, as the weekly number of referrals has already been taken into account in our estimates. Speculating on alternative explanations for the decrease in program placements from September 2019 to January 2020 is beyond the scope of the data available¹³. However, examining and comparing other factors that could account for greater efficiency between program demand (i.e. referrals) and program access (i.e. net number of individuals on the general acceptance list) between these time periods may elucidate strategies to maximize integrated service delivery efficiency moving forward.

Potential Savings: The average amount of long-term value created for the GNWT by one participant in the ICM program is approximately \$283 a week. If conditions and efficiencies achieved from March 1, 2019 - October 1, 2019 can be once again implemented, it is estimated that the GNWT could save approximately \$450 a week (or \$1,800 a month).

‘Lack of person-centered approach’

When dealing with front-line workers, ICM participants often encounter what can be described as a “lack of a person-centered approach”. This barrier encompasses a number of different situations and interactions with front-line workers, and Pathfinders report it at least once for 39% of participants. However, this may be underestimating the prevalence of issues experienced by individuals with complex needs. 63% of participants we interviewed who access services on their own related that they had had major issues with service providers, the heart of which was a lack of person-centered approach.

Pathfinders report a “lack of a person-centered approach” when service providers either do not adjust their approach, or have an approach that is ill-suited to ICM participants capabilities and life-situations. We read through the case file data to better understand what a non-person-centered approach typically looks like, and how it poses barriers to ICM participants:

In 34% of cases, a non-person-centered approach is characterized by inflexibility on the part of the service provider.

Example entry from 2016: “I explained that I was hoping to meet with [housing service provider] to explore the idea of rewording [participant’s] new tenancy agreement to read rent payments made biweekly (following his paydays) instead of on the first of the month. [Housing service provider] stated that that was not an option and neither was stopping the late fees he accumulates (average \$20-30 per month).”

In 29% of cases, a non-person-centered approach is characterized by rudeness or disrespect on the part of the service provider.

¹³One possible alternative explanation for this trend that we can rule out with data is seasonality or demand for the program. Time-stamped referral data reveals that if any trend exist in demand or seasonality (see the blue line in Figure 9), referrals into the program actually tend to be *higher* during the spring and summer months. More importantly though, the average number of referrals is fairly similar during the period of early March to late September 2019 (2.10 referrals/week) to the average from before the CSO arrived (2.35 referrals/week). These trends support the hypothesis that at least some of the difference in service delivery efficiency observed can be attributed to the presence of the CSO in the ICM office, and the approach that was adopted during this time.

Example entry from 2019: “[Participant] emailed [housing organization] to see if we can contract pest control to clear the apartment of roaches ... I sent an email to [housing organization] about the pest control, to which he said he can coordinate. He said that [participant] is making it up and is just mad that he has to pay top dollar for his unit.”

In 16% of cases, a non-person-centered approach is characterized by a lack of communication, ineffective communication, or miscommunication between service providers and Pathfinders, and service providers and participants:

Example entry from 2019: “In an email chain trying to figure out the best way to keep ICM informed about the status of our participants on the YKH Wait List, [participant’s] file was singled out specifically and [housing service provider] said he has never applied for or been on the waiting list. However, ICM clarified to [housing service providers] that I submitted his application on March 7th, but I did not receive a reply. [income assistance service provider] then received an email from [housing service provider] stating [participant] needed to update his application, but [housing service provider] neglected to relay this information to me even though I am the one who submitted the application.”

Person-centered: shared label; varying definitions

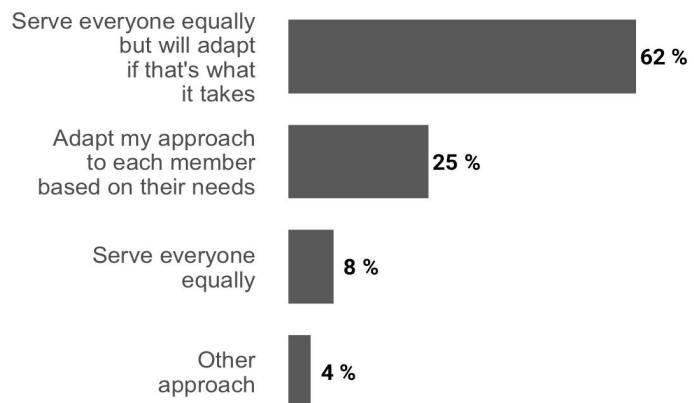
Online surveys among Yellowknife service providers - working in housing, social services, health services, etc. - reveal an overwhelming commitment to a person-centered approach when asked specifically about it: 75% of workers surveyed say that a “person-centered approach” is the right approach for the work they do (an additional 17% say “Maybe”). Definitions of what a person-centered entails vary between these service workers, but most contain some key elements:

- Flexibility: *“Focusing on the person and their individual needs as opposed to giving cookie-cutter (the same) services to everyone”; “Meeting people where they are at”.*
- Focusing on understanding individuals: *“Caring about the individual’s experience, while still providing a service. Listening, and having empathy.”*

On the other side, 8% of respondents do *not* think a person-centered approach is well-suited for the work they do.

Further, when asked to choose between the different types of approaches (see **Figure 10**), a clear line is drawn between those who first strive to adapt to the person in front of them (25% of respondents), and those whose primary focus is on serving all members of the public equally (8%) and then adapting if needed (62%).

Figure 10: Approach adopted by government service providers



This division might be the result of differing system-level conceptualizations of the role of a government service provider, but also to self-reported limitations in their role: “we are expected to follow policies and procedures at all times,” writes one service provider. Another shares a similar idea, reporting pressures to bend the rules to adapt to individuals: “I do not like being continually questioned regarding policy and procedures or what else can be done to ‘make’ a client eligible [...] Clients must meet eligibility criteria as set out by [the program].” These responses suggest that there is likely a discrepancy in how government service professionals understand and adopt “person-centered” approaches and that this inconsistency is likely causing tensions.

Additionally, divergences between the objectives and approach adopted by different government services can result in conflictual relationships across departments. For example, as it was described to the researchers, the goal of income assistance is to ‘build self-sufficiency and independence’ among members of the public (*Phone Interview, 2020*). Although ICM also aims to help participants build self-sufficiency (see next section ‘Person-centered approach’ for more information), ICM does not require participants to be actively building or working towards building self-sufficiency to maintain their status in the ICM program. On the other hand, baked into the philosophy of income assistance is that most do (e.g. through a productive choice). Case files indicate that inconsistencies like this appear to cause friction between front-line service providers, who are mandated to uphold policies of programs in line with their departments approach when providing service to citizens. Indeed, 22% of service providers surveyed said that they encounter frequent conflicts with ICM staff and do not feel like they are on the same team. There are two ways in which this could be addressed: (1) an independent investigation of GNWT program requirements through the lens of a consistent definition of a ‘person-centered approach’ seeking to identify incompatibilities, or (2) regular, structured meetings between representatives of relevant departments to increase communication and coordination between service providers involved in service plans for individuals with complex needs, also known as ‘case conferences’.

There are a few examples of case conferences that can be found in the ICM case files data. Meetings like these between different service providers typically only take place when it is collectively recognized that the needs and complexity of a case are increasingly extending beyond that which individual service providers can separately resolve. At the moment, service providers are not required or in the routine of regularly meeting together, which make regular meetings in less dire circumstances less frequent. Unfortunately there were not enough case conferences identified in the case file data for us to accurately estimate the time or resources saved by these meetings when they occur. However, interview and survey data does suggest that case conferences create efficiencies in coordinated service plan delivery.

Recommendation: Regular case conferencing between ICM staff and other service providers. This would dramatically reduce time spent on emails and calling by service providers and Pathfinders, improve communication and positive regard, and increase the consistency of the service approach for individuals with complex needs across the Northwest Territories.

Recommendation: the creation of an emergency float administered under the discretion of ICM management. This could be used as a stop-gap measure for participants in crisis, when consequences are dire and payments from government services will not be received in time. This would benefit both the well-being of participants and government staff who are negatively impacted by not being able to help someone in crisis, and must contend with the stress of having to address

crisis situations immediately. Such a float fund would be especially important to consider when children are involved, as Pathfinders are often the first government service to be in a position to react to participants and their children in crisis. As a result, a float fund of this nature may not only be economical, but would also help fulfill legal requirements of Jordan's Principle (AFN, 2018).

Potential savings: An emergency fund to float the bureaucratic process is very likely to also reduce government costs long-term. For example, if this fund was accessed only once in the future as a means to prevent an eviction that would have otherwise pushed someone into homelessness (i.e. by paying overdue rent not yet paid by IA for respondents who have already their HAF), it would save the entire system over **\$29,610** (Latimer et al., 2017).

Barriers to ICM

As it stands, all ICM participants must be referred to the ICM program by another service provider. 93% of interviewed participants described ICM office as a welcoming place and/or somewhere where they feel comfortable asking for help. Perhaps as a result of this reputation, new individuals often show up asking for help; but the process of obtaining a referral for the program can be a barrier to them getting the support they need.

Interviews with individuals on a general acceptance list waiting to get into the program, as well as Pathfinders and other service professionals raises the question of whether a referrals-only based system is maximizing the value of ICM as a government resource. For one, staff at ICM note that referrals themselves are sometimes barriers to participants in crisis who need help:

"If we didn't have a referral system it might make things easier for people. There've been a lot of times where our participants will refer their friend or someone they know that's struggling. And then the person will show up at our office and be like, 'Hey, I need help.' And then you kind of have to be like, 'Oh, you need a referral.'"

-ICM staff, in-person interviews

"Which I guess would be the policy that could change, is having all these forms or referrals or whatever to access these programs is just insane. Even for our program we need a referral, which can create a barrier at times, especially when people are in urgent need of help."

-ICM staff, in-person interviews

Other service providers almost unanimously agree that the ICM program should be expanded. One way that it could be expanded in order to help more members of the public, would be to introduce a dual system where individuals can be triaged once 'in the door' by ICM staff as either requiring minor support, or requiring a greater level of support from a dedicated Pathfinder. In interviews, ICM staff frequently mentioned that it is very difficult to predict what participants will require at the outset. Our data supports this claim: we found that participant needs as identified in referral forms and during an initial interview with their Pathfinder typically differed significantly from needs that were addressed throughout their tenure in the program.

"We've had some referrals come in from housing, and then we get the participant in and because they didn't want to lose their housing by telling their referral agent all the issues,

all of a sudden we've got what we thought was a pretty easy case turns into really high intensity."

-ICM staff, in-person interviews

Furthermore, we also found that of 60 or so individuals who had been placed on the general acceptance list for the ICM program to date, several declined service once they were free for acceptance. Based on the testimony of two two individuals interviewed who were waiting to be assigned a Pathfinder, it seems as though at least some individuals decline full participation in the program because their needs are met after a relatively small amount of guidance ICM staff. The general policy of ICM staff is to not turn anyone away without at least offering some options as to what they can do to help themselves in the interim, and this little bit of guidance seems to go a long way for some people:

"[ICM staff] have been great. [They've] been helping me... with the applications, and pushing the Northview Apartments and whatnot, and helping me with income assistance. So that's very helpful."

- Individual on general acceptance list, in-person interview

"[They've] directed me, already in the two or three times that I've been. Given me direction. [They] told me where to find the resources that I need for the help that I needed at the time."

-Individual on general acceptance list, in-person interview

Recommendation: Consider a dual-contact system for new ICM participants. In addition to a referral system, build in a secondary system that takes the form of a drop-in service for new ICM participants who just need help with minor issues. Right now, ICM staff are providing advice to individuals who have been referred but not yet assigned a Pathfinder because they know it saves them significant amount of trouble in the future:

"The difference between participants is not what they need - everyone needs some help with housing, some help with IA, some form of treatment, counselling or support - the difference is the intensity of the case, and whether they can do it on their own. That's not something you can tell from the outset so in trying to triage cases we are rolling the die on whether we shoot ourselves in the foot in the long run or not. Taking two hours to help someone fill out a form and get on IA to not lose their house likely prevents 6 months worth of work for a Pathfinder down the line. But the current referral system stops us from being able to do it."

-ICM staff, in-person interviews

Alternatively, a referral system can be dropped altogether in favour of a dual system that provides initial guidance to anyone who drops in for assistance, with the possibility of each individual being triaged into an assigned Pathfinder service track if this is deemed necessary by ICM staff.

Successes to build on

In addition to the social value we were able to measure as part of our SROI calculation, it is worth noting that ICM was found to generate value in two other important ways as well: increasing trust and engagement with government and helping participants build self-sufficiency and capacity over time.

Other Service Providers see value in ICM

Despite sometimes having challenging working relationships with ICM, employees from other government services acknowledge the special role that ICM takes in the community in many ways. As one service provider writes, ICM is a game-changer for participants by:

"being a government employee who takes the time to listen and hear their story. They are redefining what the government can look like to this population."

82% of service providers surveyed strongly agree that too many individuals with complex cases come to their offices requiring more help than what they can provide. There is also general agreement - 78% either strongly or somewhat agree - that ICM's presence, especially alongside individuals with complex needs, allows other service providers to help more individuals with relatively simpler cases. Indeed, even among other government services that strive to adopt a person-centered approach, there is a recognition that ICM's unique structure and devoted personnel enables it to adopt an even personalized approach:

1. By listening and welcoming participants: service providers praised ICM's *"availability and open-door approach"*.
2. By going beyond what other services can provide: ICM means that participants *"have someone they can trust and call upon whenever they need help. Pathfinders have the time to take them to do certain things that other departments don't have time for."*
3. By building capacity in participants: *"Empowering them to do things they wouldn't do otherwise. Many of these participants are lacking in motivation and feel defeated, and with [ICM's] help [they can] do things they wouldn't otherwise be able to do."*

The majority of service providers sampled would like to see the ICM program expanded to serve *more* individuals with complex needs (75% give a score of 7 or above on a 1-10 scale where 10 is "Strongly agree"). Suggestions to improve the program from other service providers are mostly related to capacity:

"Personally, I believe they have too many people on their caseload and that has led to them having to prioritize the needs of their participants. I have seen people become frustrated and disappointed that their Pathfinder isn't available when they need them the most."

-Service Provider, online survey

"More frequent follow-ups and check-ins, having more Pathfinders so less vulnerable people sit on the waiting list for an extended amount of time."

Self-Sufficiency is being built among Participants

Part of ICM’s vision for their person-centered approach requires that Pathfinders meet participants ‘where they are at.’ After careful review of all case files, we understand that although this is meant in the figurative sense, it can sometimes also be taken quite literally. Throughout their partnership with participants, ICM Pathfinders will, for example, accompany participants to meetings with other service providers, drive participants to appointments, help create monthly budgets and take participants grocery shopping. Personalized support sometimes translates into a significant investment of time on the part of Pathfinders; however, this service delivery approach provides favourable investments. For one, it is a means by which Pathfinders feel they build rapport with their participants, and second, it helps participants build capacity for self-advocacy.

Stories from participants detail the relationships that ICM’s person-centered approach helps foster. A majority of participants report feeling “close” or “very close” (80%) to their Pathfinders, with many participants using family comparisons to express their link and attachment to their ICM worker (**Table 7**). In most cases, the description of these relationships is directly linked to an acknowledgement by interviewees that Pathfinders had often “gone the extra mile” and taken care of them at times when they lacked capacity to do it themselves.

Table 7 : Classification of interviewees based on their relationship with their ICM Pathfinder

Relationship with ICM	<p>Very close: ICM provides crucial social support and participant considers Pathfinders as friends/family</p> <p><i>One participant describes her Pathfinder as a sibling, and someone who’s done everything for her.</i></p>	7 participants
	<p>Close: Participant acknowledges ICM support and has relied on it</p> <p><i>One participant considers her relationship with his Pathfinder as a partnership, and feels that her Pathfinder is someone who cares about her a lot.</i></p>	6 participants
	<p>Distant: Participant acknowledges ICM’s contribution on specific elements but minimizes it overall</p> <p><i>Another participant describes her Pathfinder as someone who merely pays her bills.</i> <i>**Two participants could not be classified</i></p>	3 participants

Insights from participants’ in-person interviews also highlight differences in capacity-building processes among the participant pool, as shown in **Table 8** below. For ICM participants who are struggling with complex life situations and have been unable to access government services in the past, building full independence can be a longer-term process. Indeed, nearly all participants interviewed said that they still require some form of support (i.e. social) from their Pathfinder. However, the majority of these participants also demonstrate significant progress in their ability to self-advocate and/or exhibit greater independence in navigating services and programs through their involvement with ICM (63% in progress, 19% have made significant improvement). Only a minority of ICM participants (19% of the interviewees’ sample) have not yet been able to become more independent in this regard. For these individuals, there are significant barriers (i.e. mental or physical health issues) that must first be overcome before they are able to effectively access and navigate

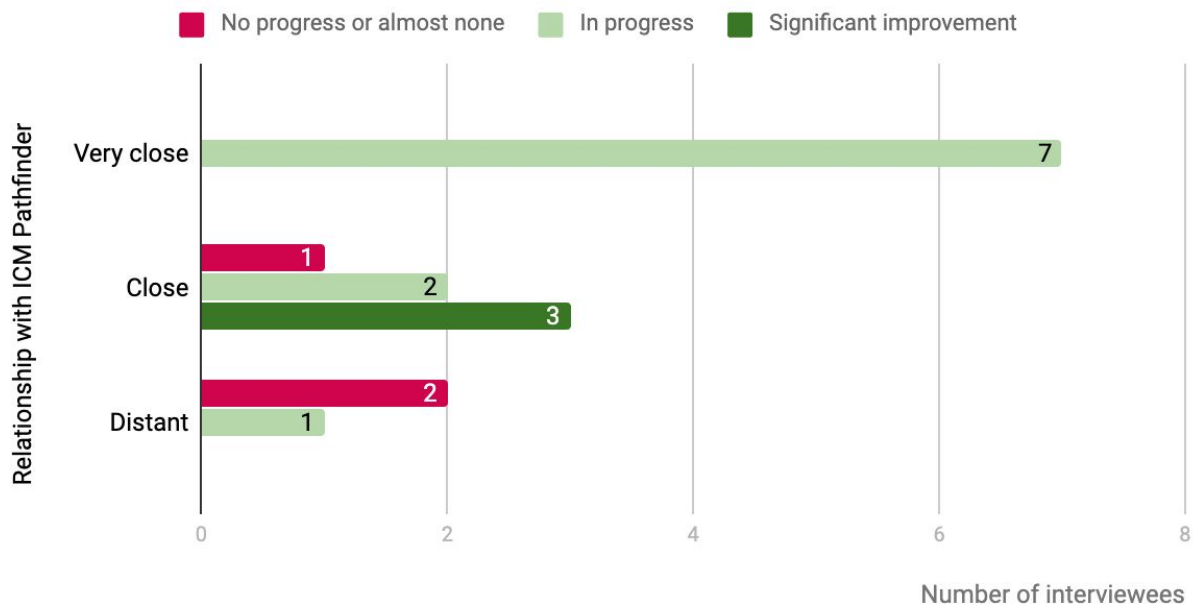
services on their own. From our careful review of all case files, we estimate that 11% of ICM participants will similarly require more long-term case management which is crucial to their well-being and stability.

Table 8 : Classification of interviewees based on their improvement in self-efficacy and self-capacity

Improvement in self-efficacy and self-capacity through ICM	<p>Significant improvement: Yes; participant is able or almost able to navigate the system independently now.</p> <p><i>One participant was initially in a temporary housing situation, unemployed, and often engaged in self-destructive behaviour when he drank. ICM changed his life, supporting him through securing housing, addressing substance abuse, and engaging with others. This translated into enhanced autonomy for him: he says he is now his own advocate, is self-sufficient, and through volunteering he is now even able to provide help to others in need.</i></p>	3 participants
	<p>In progress: Self-empowerment that translates into additional capacity to navigate the system, but some barriers remain.</p> <p><i>Another participant was facing social isolation, was unable to communicate with service providers due to linguistic barriers, and lacked any knowledge of government services. Working with ICM has helped her get accustomed to Yellowknife's service offerings and gain some sense of self-empowerment. Linguistic issues still prevent her from achieving full independence in the short- to medium-term, but she now manages many of her own issues independently.</i></p>	10 participants
	<p>No improvement or almost none: No improvement noted; participant feels disempowered/with low self-efficacy.</p> <p><i>One interviewee suffers from severe impaired hearing and despite reporting great improvement in her own personal situation through her work with ICM - she says she would have committed suicide without her Pathfinder's close presence - she remains unable to navigate the system on her own. Her physical condition and her inability to read or write means that it is unlikely that situation will change in the short-term, and ICM's presence is necessary to help her access services.</i></p> <p><i>**two participants could not be classified</i></p>	3 participants

At first glance, this may seem like close Pathfinder/participants relationships 'build dependence'. However, data suggests that the opposite is likely true. As shown in **Figure 9**, all interviewees (7) who developed and maintained a very close relationship with their Pathfinder are also individuals who demonstrate increased self-sufficiency. By their own account, they are increasingly able to access services on their own and rely less on their Pathfinder. On the other hand, participants who showed no progress in self-capacity are overrepresented among those maintaining distant relationships with their Pathfinders.

Figure 11: Improvement in self-efficacy and self-capacity based on relationship with Pathfinder



Pathfinders often invest a significant amount of time in somewhat non-conventional forms of support and we’ve found that this is a worthwhile investment for Pathfinders and participants. Not only is this support sometimes crucial for helping participants get on track, but it also helps build trusting relationships, self-sufficiency and capacity among participants who are ready to become their own advocate.

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Mársı Kinanāskomitin Merci Hąj` Quana Qujannamiik
 Thank you Quyanainni Máhsı Mahsı` Nakurmiik

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Appendix

SROI: Integrated Case Management

Prepared for

ICM

February 2020

I. ICM SROI: Valuation of outcomes

Stakeholders: Full participants

Category	Outcomes identified	Indicator	Financial proxy	Source	
Housing	Decreased risk of physical assault (female participants)	Participants who were homeless and secured housing with ICM's help	Personal cost of pain and suffering due to assault	Zhang (2008)	
	Decreased risk of physical assault (Male participants)		Personal cost of pain and suffering due to assault	Zhang (2008)	
	Decreased risk of sexual assault (female participants)		Personal cost of pain and suffering due to sexual assault	Zhang (2008)	
	Mental and physical health benefits of moving from homelessness to secure housing (single adults)		Increased overall wellbeing of moving from homelessness to secure housing (including positive changes in physical and mental health) for single adults	Fujiwara and Vine (2015)	
	Mental and physical health benefits of moving from homelessness to secure housing (adults with dependent children)		Increased overall wellbeing of moving from homelessness to secure housing (including positive changes in physical and mental health) for adults with dependent children	Fujiwara and Vine (2015)	
	Secure or maintained access to long-term assisted living placements		The number of months participants were housed in long-term assisted living, among those who were housed in long-term assisted living placements through ICM. (Perspective-only)	Average cost of government-run assisted living facility ranges used for nursing homes and long-term living placement in Edmonton.	HOOPP (2018)
	Improvement in wellbeing due to improvement in conditions of home		Participants that ICM helps with solving problems related to the conditions of their dwelling (Perspective-only)	Preference valuation: Resolution of problems with condition of dwellings	HACT (2018)
	Benefits of receiving help in moving process		Participants who receive help from ICM to move out of their units and clean behind them. (Perspective-only)	Amount paid by ICM to cover the fees of cleaning and emptying that apartment (PCF data)	Amount determined from case file data
Mental health	Decreased harm from substance use and increased ability to move towards reducing use	The number of clients addressing addictions or reducing harm from substance use.	Wellbeing valuation: personal value of addressing drug and alcohol problems	Fujiwara and Vine (2015)	
	Mental health benefits of addressing mental health issues/trauma	Number of months participants access counselling, among participants who access counselling through ICM	Cost of counselling sessions for one month (based on the average cost of counselling sessions and average number of sessions per month)	Therapy Toronto (2019)	
	Relief from suicidal ideation or severe depression	Participants who are freed of suicidal ideation or depression throughout their time at ICM	Relief from depression	HACT (2018)	
	Improvement in management of personal life and appointments	Heavy service users—Participants who receive life management support from ICM through all of: (1) reminders, (2) accompaniment appointments, or (3) social support	Value of 3 life-coaching sessions a month for one month	One Life Counselling & Coaching (2019)	
		Medium service users—Participants who receive life management support from ICM through two of: (1)	Value of 2 life-coaching sessions a month for one month	One Life Counselling & Coaching (2019)	

		reminders, (2) accompaniment appointments, or (3) social support		
		Low service users—Participants who receive life management support from ICM through one of: (1) reminders, (2) accompaniment appointments, or (3) social support	Value of 1 life-coaching session a month for one month	One Life Counselling & Coaching (2019)
	Mental relief from having to deal directly with non person-centered services	Participants who encounter problems due to a lack of a person-centered approach in services	Average cost of a six-sessions CBT therapy to address anxiety created by lack of person-centered approach	CBT Associates (2019)
Domestic violence	Increased safety from domestic violence	The number of women who are fleeing an abusive relationship	Personal cost of pain and suffering due to assault, combined to the personal cost of moving to flee an abusive relationship	Zhang et al. (2009)
Legal issues	Increased support for parents leading to possible decreased Children's Services involvement, avoidance of apprehension	Participants with active or potential Children's Services involvement who were able to keep their children and stay together as a family (Perspective-only)	Wellbeing valuation: ability to stay together as a family	Fujiwara and Vine (2015)
	Decreased risk of incarceration	Participants who have been to jail several times at time of referral, and do not have legal issues during their time in ICM	Well-being benefits of transitioning back into society following conviction	Fujiwara and Vine (2015)
	Access to alternative justice means	Participants who attend programs such as DVTO/Wellness Court with ICM's help	Well-being benefits of transitioning back into society following conviction	Fujiwara and Vine (2015)
	Support throughout legal issues	Participants connected to legal aid by ICM or supported with legal issues in other ways	The cost of addressing everyday legal issues	Farrow et al. (2016)
	Increased access to services due to proper identification	Participants receiving help from ICM to secure new valid pieces of identification	Average cost of IDs in Yellowknife	
	Appropriate guardianship secured for participant with ICM's help	Participants receive help from ICM on other legal matters: securing appropriate guardianship (Perspective-only)	Wellbeing valuation: ability to rely on family (individuals over 50 years old)	Fujiwara and Vine (2015)
Income security	Increased ability to engage in employment and ensure one's financial stability	The number of months working for participants who are helped by ICM for their resume/job applications, and are employed full-time by the end of their file with ICM.	Monthly amount earned through full-time employment	Based on average monthly amount earned by full-time employees in Yellowknife, adjusted for inflation (City of Yellowknife 2011)
		The number of months working for participants who are helped by ICM for their resume/job applications, and are employed full-time by the end of their file with ICM.	Monthly amount earned through part-time employment	Based on minimum wage and 20 hours per week, 4 weeks per month
	Stress relief provided by income stability	Participants who access/secure Income Assistance with the help of ICM.	Wellbeing valuation: the ability to pay for housing	HACT Value Calculator (2018)
	Stress relief provided by being freed of large arrears	Participants who are provided money from the Homelessness Assistance Funds (HAF) to relieve their debt burden.	Wellbeing value of the relief from being heavily burdened by debt	HACT Value Calculator (2018)

	Additional income from the Canada Pension Plan; increase in income security	The number of months participants are on CPP, among those who access CPP funding with the help of ICM	Average monthly amount of CPP in Canada for participants with disability	Government of Canada (2018)
	Value of the food rescue provided to participants	The number of food hampers/food rescue received by ICM clients	Cost of two days worth of food in Yellowknife (food hampers); value of grocery store gift cards or of IMC food voucher.	Yellowknife Street Services Guide (2019)
		Grocery store gift cards provided to participants by ICM	Value of the gift card	Case file data
		Food vouchers provided to participants by ICM	Value of ICM food voucher	Case file data
	Stress relief provided by being freed of minor arrears	Participants who are helped by ICM in ways other than securing HAFs, to relieve themselves of minor debts (Perspective-only)	Relief of being debt-free (minor debts)	HACT Value Calculator (2018)
	Increased ability to manage own budget and become financially secure	Participants who receive help from ICM for personal budgeting (Perspective-only)	Maximum amount of assistance provided by the Transitional Rent Supplement Program (which offers a course on budgeting)	NWT Housing Corporation
	Additional income from Guaranteed Income Supplements; increase in income security	Participants who access Guaranteed Income Supplement funding through ICM (Perspective-only)	Annual GIS amount (if maximum OAS pension claimed)	Government of Canada (2019)
	Ability to provide Christmas gift to children through ICM advertising and connecting participants to a gift program	Participants who access a funding program through the intermediary of ICM and are able to provide gifts to their children (Perspective-only)	Average household expenditure on children's toys in 2017	Statista (2020)
Education and community	High school diploma	Participants who achieved high school with ICM's help or are on their way to do so	Personal and intangible value from high school completion	Hankivsky (2008)
	Increased ability to be involved in community and help others	Participants who volunteer or help in the community	Wellbeing valuation: Regular volunteering	Trotter et al. (2015)
	Increased social support, socialization, and sense of community; decreased social isolation	Participants with a history of social isolation who are connected to groups and services through ICM (e.g. Wellness camps, other social encounters, etc.) (Perspective-only)	Wellbeing valuation: talking to neighbours regularly	HACT Value Calculator (2018)
	Increased connection to and understanding of society	Participants who come to the ICM office to use computers	Direct wellbeing valuation of accessing internet	Trotter et al. (2015)
	Increased access to transportation and physical activity	The number of months that participants use Access/Recreation for All passes, who were helped by ICM to obtain their passes.	Cost of a monthly recreation activity pass (individual) and bus pass	City of Yellowknife (2019)
	Increased ability to access services and increased understanding of society	The number of months participants receive support with translation, among Participants who receive translation services through their Pathfinder (Perspective-only)	Cost of hiring a translator for one hour a month	Indeed (2019)
	Increase in self-empowerment due to enhanced capacity to work and launch own business	Participant receives help from ICM to set up and start own business in Yellowknife (Perspective-only)	Social and personal asset growth	Momentum (2012)
Indigenous issues	Increased personal disposable income	Participants who receive ICM's help to complete and submit 60s Scoop settlement application.	Amount awarded in 60s Scoop settlement	Class Action Sixties Scoop Settlement website (2019)

	Improvement in ability to self-actualize and connect with Indigenous culture	Indigenous participants whose personal situation improves by securing housing and income stability through ICM	One Indigenous language course in Yellowknife	Collège Nordique Francophone
Health	Access to healthcare coverage for vision	Participants receive help from ICM to secure healthcare card and access coverage for new glasses. (Perspective-only)	Coverage for glasses in the NWT	Haener (2015)
	Increased ability to access necessary surgery	Participant for whom ICM secures a majority of necessary funds for upcoming surgery (Perspective-only)	Amount secured by ICM to cover surgery of participant	Amount determined from case file data

Stakeholders: Family members of ICM participants

Category	Outcomes identified	Indicator	Financial proxy	Source
Housing	Improved emotional regulation	Children benefiting from a more stable housing/living situation.	Revealed preference valuation: Cost of Individual CBT for Anxious Children	Aos et al. (2011)
	Mental and physical health benefits of moving from homelessness to secure housing	Adult relatives of ICM participants who are housed as a result of their relatives' participation in the program (Perspective-only)	Increased overall wellbeing of moving from a shelter/temporary situation to secure housing (including positive changes in physical and mental health)	Huck (2018)
Legal issues	Increased safety, decreased experiences of violence and/or abuse	Children who were exposed or at risk of violence and/or abuse and are safely rehoused	Personal cost of child abuse to survivors	Bowlus et al. (2003)
	Decreased involvement in criminal activities	Children who are not involved in criminality because of their parents' involvement with ICM. (Perspective-only)	Wellbeing valuation: Never been arrested among individuals under 25 years old	HACT Value Calculator (2018)
Mental health	Decreased harm from substance use and increased ability to move towards reducing use	Teenagers of ICM participants who attend treatment with ICM's support (Perspective-only)	Wellbeing valuation: personal value of addressing drug and alcohol problems (<25 years old)	HACT Value Calculator (2018)
	Increased capacity to benefit from stable parenting and to rely on family	Children of ICM participants who are addressing their mental health issues (counselling or treatment)	Wellbeing valuation: ability to rely on family to a greater extent (<25 years old)	HACT Value Calculator (2018)
	Mental health benefits of addressing mental health issues/trauma	Children of ICM participants who access counselling with ICM's help (Perspective-only)	Cost of counselling sessions for two years, assuming two sessions a month	Firefly Counselling (2018)
	Mental health benefits of accessing family treatment	Families who access family treatment with ICM's help (Perspective-only)	Cost of family treatment	Huck (2018)

	Relief from suicidal ideation or depression	Relatives of participants who are provided relief due to ICM (e.g. from a caregiver's role) and can address mental health issues (Perspective-only)	Relief from depression	HACT Value Calculator (2018)
	Mental and physical health benefits of receiving support	Relatives of ICM participants who receive social support from ICM through reminders and accompaniment appointments and / or social support (Perspective-only)	One hour of a care coordinator in Yellowknife	GNWT Finance (2019a)
Education and community	Increased ability to engage in education	Teenagers (aged 16-18) able to attend school because of housing or supports received through ICM (Perspective-only)	Personal and intangible value from high school completion	Hankivsky (2008)
	Improvement of children's physical condition, health and emotional condition	The number of children whose parents procure Access for All/Recreation for All passes for them with the help of ICM.	Wellbeing valuation: Value of frequent moderate exercise (<25 years old)	Malbeuf (2017)

Stakeholders: Members of the Yellowknife community

Category	Outcomes identified	Indicator	Financial proxy	Source
Housing	Decrease in time spent managing late rent payments	The number of months housed among participants who become more financially stable because of ICM (through IA or employment) and who are privately housed	One hour of property manager's time lost on late rental payments each month.	Salary.com (2019)
	Decrease in number of completed evictions from private housing	The number of participants in private housing who face eviction threats that are not carried out	Cost of eviction to private landlord in Toronto (2004)	CMHC (2005)
	Decrease in number of completed evictions from public housing	The number of participants in public housing who face eviction threats that are not carried out	Cost of eviction from public housing in Toronto (2004)	CMHC (2005)
	Decrease in landlord maintenance costs	Landlords who avoid having to pay for bed bug decontamination due to ICM helping participant sort out that problem (Perspective-only)	Average cost of treating a bed bug contamination	Amount determined from pathfinder interview
Economic activity	Increased local economic activity due to resident spending	The number of months working for participants who are helped by ICM for their resume/job applications, and are employed (full-time or part-time) by the end of their file with ICM	Economic multiplier for local spending based on an estimated amount of \$35 per month of disposable income spent in local community multiplied by a local economic multiplier of 1.46	Pringle (2013); BC Housing (2018)

Stakeholder: Government of the Northwest Territories

Category	Outcomes identified	Cases included	Financial proxy	Source
Housing	Emergency room visits associated with homelessness	Participants who were homeless and are no longer homeless.	Cost of two emergency room visits (average amount among homeless people is three, assuming 1 per non homeless people)	Falvo (2011)
	Relief in shelters		Government funding provided to shelters (based on rate of using shelters 80% of the time during the colder months)	Falvo (2011)
	Decreased risk of pregnancy complications due to homelessness	Pregnant participants who were homeless and are no longer homeless.	Typical cost per antepartum care patient admitted to hospital without complicating diagnoses	Canadian Institute for Health Information (2016)
	Decrease in shelter use by friends of participant	Friends of ICM participants who are provided a safe haven by ICM participant housed and maintained into housing by the program (Perspective-only)	Cost of a bed in a shelter for one night a month for a year	Falvo (2011)
	Avoided ambulance costs	Participants securing long-term assisted living placement and thus decreasing emergency visits to the hospital due to inappropriate living situation (Perspective-only)	NWT ambulance costs	Edge North (2016)
Mental health and support	Decreased emergency health service use by adult clients due to increased access to appropriate health services to promote wellbeing	Heavy service users—Participants who receive life management support from ICM through all of: (1) reminders, (2) accompaniment appointments, or (3) social support	The cost for the government of three emergency room visit to Stanton Territorial Hospital.	Falvo (2011)
	Decreased emergency health service use by children due to increased access to appropriate health services to promote wellbeing	Children of participants who are identified as having ICM help them organize, schedule, arrange rides, etc. to doctors appointments for their children.	The cost for the government of one emergency room visit to Stanton Territorial Hospital.	Falvo (2011)
	Decrease in public costs (productivity losses, healthcare costs, criminal justice costs, and other direct costs) due to less substance use	Participants that successfully achieve or maintain sobriety with ICM's assistance.	Overall per person costs attributable to substance use in the Northwest Territories (2014 - adjusted for inflation)	Canadian Centre on Substance Use and Addiction (2014)
	Decrease in healthcare costs related to suicide attempts interventions	Participants who were suicidal or depressed at the beginning of the program and have now their goals met and a stable situation	Average healthcare costs for suicide attempters	Vasiliadis et al. (2015)
	Decrease in visits to the psych unit because of improvements in participants' health	Participants with a history of mental health crises and psych ward visits who improve significantly because of their interactions with ICM (Perspective-only)	Cost of one trip to the psych ward	Interview with psychiatrist at Stanton Territorial Hospital
Domestic violence	Decreased use of victims services for spousal violence	Female participants who are fleeing an abusive relationship.	Cost to victims services per client due to spousal violence	Zhang et al. (2009)
Legal issues	Decreased foster and/or family care placements amongst clients (or increased number of children returned to parents' care)	Children whose parents were identified as having active involvement with, or at risk of involvement with Child and Family Services (CFS) in the form of home visits, child apprehension or care placement, or ongoing case follow-up, and were identified as being	Average cost of maintaining a child in foster care or formal kinship care with regular visits by a child protection worker	Zhang et al. (2012)

		successful in keeping custody of their children or getting their children back from care placements (after reaching housing, income, or substance use goals at least partially) (Perspective-only)		
	Decreased number of participants being incarcerated	Participants who have been to jail several times at time of referral, and do not commit crimes during their time in ICM (after one year in ICM).	Public cost of prison/detention in Vancouver multiplied by the average number of days spent in jail (here estimated as a year)	Pomeroy (2005)
	Decrease in the number of participants committing offences	Participants who were involved in the criminal justice system at the time of referral to ICM, and have no involvement during their stay in the program.	Combined cost of average police cost (Ellingwood, 2018) and average court fees (Zhang, 2008).	Ellingwood (2018)
	Decreased risk of breaching probation	Participants that do not breach the conditions of their legal probation order with ICM's assistance.	Average cost of prosecuting administration of justice cases for breached probation	Government of Canada, Public Services and Procurement Canada (2009)
	Decreased length of incarceration	Participant recalls how he would likely have been in long-term incarceration in the South had it not been for ICM (Perspective-only)	Public cost of prison/detention in Vancouver multiplied by the average number of days spent in jail	Pomeroy (2005)
Financial security	Decreased reliance on unemployment assistance	Participants who are helped by ICM for their resume/job applications who find employment during the program, and who are not on IA.	Cost of income assistance for one year for a single person who is considered employable	Tweddle and Aldridge (2019)
	Avoiding hunger or malnutrition	Participants and children who are well or better fed due to ICM providing food hampers and/or getting IA for their parents.	Increased healthcare costs in NWT associated with malnutrition	Trochu (2017) and Tarasuk (2015)
Education and community	Public costs of dropping out of high school avoided	Participants who achieved high school with ICM or on their way to do so that are still in school at last point of contact, and ICM either helped them achieve housing goals, helped them achieve income stability, or provided social support	Cost per dropout per year (public costs only)	Hankivsky (2008)
Economic activity	Decrease in productivity losses associated to informal caregiving	Participant secures long-term assisted living placement and the informal role of his sister as a full-time caregiver stops (Perspective-only)	Annual productivity losses associated to a family caregiver over one year	Vanier Institute (2017)
	Economic benefits of volunteer activities	Participants who volunteer (not because of IA-related purposes) because ICM enabled them to (Perspective-only)	Wages of an outreach worker corresponding to 8 hours a month (\$20/hour)	GNWT Finance (2016b)
Decrease in govt services workload	Decrease in workload for IA	Participants who receive help with monthly reporting for income assistance.	Cost for two hours of a client service officer, ECE \$85.52	GNWT Finance (2019)
	Decrease in workload for public housing staff	Participants who receive help from ICM with HAF, housing, or YK waitlist applications.	Cost for two hours of a homelessness program officers' time, \$89.62 https://www.fin.gov.nt.ca/en/position/00015103	GNWT Finance (2019)
	Decrease in workload for medical staff	Participants who receive help from ICM filling out treatment applications.	Average cost of two hours of a clinical mental health coordinator's time at the GNWT, \$93.78	GNWT Finance (2019)

			https://www.fin.gov.nt.ca/en/position/00012509	
	Decrease in workload for CFS staff	Case file entries where ICM helps with CFS-related issues, for participants who receive a lot of CFS related support.	Average hourly wage of a Child, Youth and Family Counsellor at the GNWT, 49.10 per hour https://www.fin.gov.nt.ca/fr/position/00090057	GNWT Finance (2019c)
	Decrease in project management tasks for government workers	One (1) time: the ICM program improves service integration across government services	Annual wages of a project management in the GNWT	GNWT Finance (2019)

II. ICM SROI: Model Overview

Stakeholders: Full participants

Category	Outcomes identified	Indicator	Case-file data-based SROI						Participant case study based SROI		Financial proxy	Value	Source	Dead-weight	Displacement	Attribution
			2015 Cohort	2016 Cohort	2017 Cohort	2018 Cohort	2019 Cohort	Total	Number of instances	Number of ICM clients represented						
Housing	Decreased risk of physical assault (female participants)	Participants who were homeless and secured housing with ICM's help	0	3	3	4	0	10	7	95.1	Personal cost of pain and suffering due to assault	\$11,032	Zhang (2009)	5%	10%	0%
	Decreased risk of physical assault (Male participants)		0	8	3	3	0	14	5	55		\$11,032	Zhang (2009)	10%	10%	0%12
	Decreased risk of sexual assault (female participants)		0	8	3	3	0	14	4	48	Personal cost of pain and suffering due to sexual assault	\$97,068	Zhang (2009)	13%	10%	0%
	Mental and physical health benefits of moving from homelessness to secure housing (single adults)		0	5	6	6	0	17	6	75.7	Increased overall wellbeing of moving from homelessness to secure housing (including positive changes in physical and mental health) for single adults	\$36,381	Fujiwara and Vine (2015)	20%	10%	0%
	Mental and physical health benefits of moving from homelessness to secure housing (adults with dependent children)		0	6	0	1	0	7	3	36.5	Increased overall wellbeing of moving from homelessness to secure housing (including positive changes in physical and mental health) for adults with dependent children	\$51,574	Fujiwara and Vine (2015)	24.3%	10%	0%
	Secure or maintained access to long-term assisted living placements	The number of months participants were housed in long-term assisted living, among those who were housed in long-term assisted living placements through ICM. (Perspective-only)	–	–	–	–	–	–	32	420	Average cost of government-run assisted living facility ranges used for nursing homes and long-term living placement in Edmonton.	\$2,708	Healthcare of Ontario Pension Plan (2018)	20%	10%	0
	Improvement in wellbeing due to improvement in conditions of home	Participants that ICM helps with solving problems related to the conditions of their dwelling (Perspective-only)	–	–	–	–	–	–	2	27.7	Preference valuation: Resolution of problems with condition of dwellings	\$591	HACT (2018)	30%	10%	0%
	Benefits of receiving help in moving process	Participants who receive help from ICM to move out of their units and clean behind them. (Perspective-only)	–	–	–	–	–	–	1	10.7	Amount paid by ICM to cover the fees of cleaning and emptying that apartment (PCF data)	\$100	Amount determined from case file data	30%	10%	0%

Mental health	Decreased harm from substance use and increased ability to move towards reducing use	The number of clients addressing addictions or reducing harm from substance use.	4	28	16	15	6	69	4	41.5	Wellbeing valuation: personal value of addressing drug and alcohol problems	\$25,517	Fujiwara and Vine (2015)	20%	10%	0%
	Mental health benefits of addressing mental health issues/trauma	Number of months participants access counselling, among participants who access counselling through ICM	13	82	54	39	29	217	23	337.25	Cost of counselling sessions for one month (based on the average cost of counselling sessions and average number of sessions per month)	\$300	Therapy Toronto (N.D.)	18.1%	10%	0%
	Relief from suicidal ideation or severe depression	Participants who are freed of suicidal ideation or depression throughout their time at ICM	0	11	2	3	0	16	6	80	Relief from depression	\$63,252	HACT (2018)	21%	10%	0%
	Improvement in management of personal life and appointments	Heavy service users—Participants who receive life management support from ICM through all of: (1) reminders, (2) accompaniment appointments, or (3) social support	0	189	191	15	0	395	124	1372.5	Value of 3 life-coaching sessions a month for one month	\$600	One Life Counselling & Coaching (N.D.)	21.40%	10%	0.00%
		Medium service users—Participants who receive life management support from ICM through two of: (1) reminders, (2) accompaniment appointments, or (3) social support	44	88	226	61	39	458	125	1699.2	Value of 2 life-coaching sessions a month for one month	\$400	One Life Counselling & Coaching (N.D.)	18.90%	10%	0.00%
		Low service users—Participants who receive life management support from ICM through one of: (1) reminders, (2) accompaniment appointments, or (3) social support	172	724	298	166	40	1400	212	2691.3	Value of 1 life-coaching session a month for one month	\$200	One Life Counselling & Coaching (N.D.)	16.20%	10%	0.00%
	Mental relief from having to deal directly with non person-centered services	Participants who encounter problems due to a lack of a person-centered approach in services	5	28	26	16	7	82	10	122.3	Average cost of a six-sessions CBT therapy to address anxiety created by lack of person-centered approach	\$1,200	CBT Associates (N.D.)	20.10%	0.00%	0.00%
Domestic violence	Increased safety from domestic violence	The number of women who are fleeing an abusive relationship	0	4	5	4	1	14	3	40	Personal cost of pain and suffering due to assault, combined to the personal cost of moving to flee an abusive relationship	\$12,032	Zhang et al. (2009)	22.10%	10%	0.00%
Legal issues	Increased support for parents leading to possible decreased Children's Services involvement, avoidance of apprehension	Participants with active or potential Children's Services involvement who were able to keep their children and stay together as a family (Perspective-only)	—	—	—	—	—	—	3	58	Wellbeing valuation: ability to stay together as a family	\$3,400	Fujiwara and Vine (2015)	23.30%	15%	0.00%
	Decreased risk of incarceration	Participants who have been to jail several times at time of referral, and do not have legal issues during their time in ICM	0	8	4	1	0	13	0	0	Well-being benefits of transitioning back into society following conviction	\$20,065	Fujiwara and Vine (2015)	19.20%	15%	0.00%

	Access to alternative justice means	Participants who attend programs such as DVTO/Wellness Court with ICM's help	1	1	1	0	1	4	1	10	Well-being benefits of transitioning back into society following conviction	\$20,065	Fujiwara and Vine (2015)	15.00%	15%	0.00%
	Support throughout legal issues	Participants connected to legal aid by ICM or supported with legal issues in other ways	4	10	13	4	1	32	7	93	The cost of addressing everyday legal issues	\$6,100	Farrow et al. (2016)	18.40%	15%	0.00%
	Increased access to services due to proper identification	Participants receiving help from ICM to secure new valid pieces of identification	5	31	27	11	6	80	1	24	Average cost of IDs in Yellowknife	\$51		19.80%	10%	0.00%
	Appropriate guardianship secured for participant with ICM's help	Participants receive help from ICM on other legal matters: securing appropriate guardianship (Perspective-only)	—	—	—	—	—	—	1	12.5	Wellbeing valuation: ability to rely on family (individuals over 50 years old)	\$11,461	Fujiwara and Vine (2015)	30.00%	60%	0.00%
Income security	Increased ability to engage in employment and ensure one's financial stability	The number of months working for participants who are helped by ICM for their resume/job applications, and are employed full-time by the end of their file with ICM.	0	97	96	9	0	202	56	570.5	Monthly amount earned through full-time employment	\$5438	Based on average monthly amount earned by full-time employees in Yellowknife, adjusted for inflation (City of Yellowknife 2011)	19.80%	10%	0.00%
		The number of months working for participants who are helped by ICM for their resume/job applications, and are employed full-time by the end of their file with ICM.	0	111	9	0	0	120	33	378.3	Monthly amount earned through part-time employment	\$1077	Based on minimum wage and 20 hours per week, 4 weeks per month	21.10%	5%	0.00%
	Stress relief provided by income stability	Participants who access/secure Income Assistance with the help of ICM.	5	26	20	15	5	71	10	127.4	Wellbeing valuation: the ability to pay for housing	\$12,490	HACT (2018)	21.40%	5%	0.00%
	Stress relief provided by being freed of large arrears	Participants who are provided money from the Homelessness Assistance Funds (HAF) to relieve their debt burden.	1	10	5	3	1	20	6	62.4	Wellbeing value of the relief from being heavily burdened by debt	\$16,027	HACT (2018)	23.00%	5%	0.00%
	Additional income from the Canada Pension Plan; increase in income security	The number of months participants are on CPP, among those who access CPP funding with the help of ICM	28	45	29	15	1	118	0	0	Average monthly amount of CPP in Canada for participants with disability	\$917	Government of Canada (2019a)	16.30%	5%	0.00%

	Value of the food rescue provided to participants	The number of food hampers/food rescue received by ICM clients	27	136	127	70	7	368	55	523	Cost of two days worth of food in Yellowknife (food hampers); value of grocery store gift cards or of IMC food voucher.	\$64	Yellowknife Street Services Guide (2017)	20.00%	50.00%	20.00%	
		Grocery store gift cards provided to participants by ICM	–	–	–	–	–	–	1	10	Value of the gift card	\$20		10%	0%	0%	
		Food vouchers provided to participants by ICM	–	–	–	–	–	–	1	10.7	Value of ICM food voucher	\$80		30%	0%	0%	
		Stress relief provided by being freed of minor arrears	Participants who are helped by ICM in ways other than securing HAFs, to relieve themselves of minor debts (Perspective-only)	–	–	–	–	–	–	1	24	Relief of being debt-free (minor debts)	\$2708	HACT (2018)	25.00%	5%	0.00%
		Increased ability to manage own budget and become financially secure	Participants who receive help from ICM for personal budgeting (Perspective-only)	–	–	–	–	–	–	1	10.7	Maximum amount of assistance provided by the Transitional Rent Supplement Program (which offers a course on budgeting)	\$500	NWT Housing Corporation (N.D.)	10%	5%	0%
		Additional income from Guaranteed Income Supplements; increase in income security	Participants who access Guaranteed Income Supplement funding through ICM (Perspective-only)	–	–	–	–	–	–	1	10.7	Annual GIS amount (if maximum OAS pension claimed)	\$908	Government of Canada (2019b)	30.00%	10%	0.00%
		Ability to provide Christmas gift to children through ICM advertising and connecting participants to a gift program	Participants who access a funding program through the intermediary of ICM and are able to provide gifts to their children (Perspective-only)	–	–	–	–	–	–	1	9.5	Average household expenditure on children's toys in 2017	\$170	Statista (2020)	20%	50%	0%
Education and community	High school diploma	Participants who achieved high school with ICM's help or are on their way to do so	1	4	3	2	1	11	0	0	Personal and intangible value from high school completion	\$20,002	Hankivsky (2008)	20.9%	5%	0%	
	Increased ability to be involved in community and help others	Participants who volunteer or help in the community	1	6	4	3	0	14	4	60	Wellbeing valuation: Regular volunteering	\$4,007	Trotter et al. (2015)	19.3%	5%	0%	
	Increased social support, socialization, and sense of community; decreased social isolation	Participants with a history of social isolation who are connected to groups and services through ICM (e.g. Wellness camps, other social encounters, etc.) (Perspective-only)	–	–	–	–	–	–	3	37.5	Wellbeing valuation: talking to neighbours regularly	\$7,669	HACT (2018)	26.7%	20%	0%	
	Increased connection to and understanding of society	Participants who come to the ICM office to use computers	1	9	11	6	3	30	2	19	Direct wellbeing valuation of accessing internet	\$3,188	Trotter et al. (2015)	17.3%	0%	0%	
	Increased access to transportation and physical activity	The number of months that participants use Access/Recreation for All passes, who were helped by ICM to obtain their passes.	74	320	210	91	96	791	63	630.6	Cost of a monthly recreation activity pass (individual) and bus pass	\$136	City of Yellowknife (2019)	20%	0%	0%	

	Increased ability to access services and increased understanding of society	The number of months participants receive support with translation, among Participants who receive translation services through their Pathfinder (Perspective-only)	-	-	-	-	-	-	41	586	Cost of hiring a translator for one hour a month	\$43	Indeed (2020)	25%	10%	0%
	Increase in self-empowerment due to enhanced capacity to work and launch own business	Participant receives help from ICM to set up and start own business in Yellowknife (Perspective-only)	-	-	-	-	-	-	1	11	Social and personal asset growth	\$3838	Momentum (2012)	30%	5%	0%
Indigenous issues	Increased personal disposable income	Participants who receive ICM's help to complete and submit 60s Scoop settlement application.	0	2	2	2	1	7	0	0	Amount awarded in 60s Scoop settlement	\$25,000	Class Action Sixties Scoop Settlement (N.D.)	17.1%	80%	0%
	Improvement in ability to self-actualize and connect with Indigenous culture	Indigenous participants whose personal situation improves by securing housing and income stability through ICM	2	28	10	10	1	51	6	90.5	One Indigenous language course in Yellowknife	\$300	Collège Nordique Francophone (N.D.)	24.9%	25%	0%
Health	Access to healthcare coverage for vision	Participants receive help from ICM to secure healthcare card and access coverage for new glasses. (Perspective-only)	-	-	-	-	-	-	1	10.7	Coverage for glasses in the NWT	\$150	Alternatives North (2015)	30%	10%	0%
	Increased ability to access necessary surgery	Participant for whom ICM secures a majority of necessary funds for upcoming surgery (Perspective-only)	-	-	-	-	-	-	1	10	Amount secured by ICM to cover surgery of participant	\$1,000	Amount determined from case file data	10%	10%	0%

Stakeholders: Family members of ICM participants

Category	Outcomes identified	Indicator	Case-file data-based SROI						Participant case study based SROI			Financial proxy	Value	Source	Dead-weight	Displacement	Attribution
			2015 Cohort	2016 Cohort	2017 Cohort	2018 Cohort	2019 Cohort	Total	Number of instances	Number of ICM clients represented							
Housing	Improved emotional regulation	Children benefiting from a more stable housing/living situation.	0	51	11	16	12	90	5	70.5	Revealed preference valuation: Cost of Individual CBT for Anxious Children	\$3,184	Aos et al. (2011)	25.9%	10%	0%	
	Mental and physical health benefits of moving from homelessness to secure housing	Adult relatives of ICM participants who are housed as a result of their relatives' participation in the program (Perspective-only)	–	–	–	–	–	–	1	24	Increased overall wellbeing of moving from a shelter/temporary situation to secure housing (including positive changes in physical and mental health)	\$13,632	Huck (2018)	20%	10%	0%	
Legal issues	Increased safety, decreased experiences of violence and/or abuse	Children who were exposed or at risk of violence and/or abuse and are safely rehoused	0	10	0	2	0	12	0	0	Personal cost of child abuse to survivors	\$3,309	Bowlus et al. (2003)	20%	10%	0%	
	Decreased involvement in criminal activities	Children who are not involved in criminality because of their parents' involvement with ICM. (Perspective-only)	–	–	–	–	–	–	5	70	Wellbeing valuation: Never been arrested among individuals under 25 years old	\$3,757	HACT (2018)	30%	15%	0%	
Mental health	Decreased harm from substance use and increased ability to move towards reducing use	Teenagers of ICM participants who attend treatment with ICM's support (Perspective-only)	–	–	–	–	–	–	1	5.7	Wellbeing valuation: personal value of addressing drug and alcohol problems (<25 years old)	\$52,076	HACT (2018)	30%	10%	0%	
	Increased capacity to benefit from stable parenting and to rely on family	Children of ICM participants who are addressing their mental health issues (counselling or treatment)	5	25	13	7	2	52	5	62.8	Wellbeing valuation: ability to rely on family to a greater extent (<25 years old)	\$18,454	HACT (2018)	22.1%	10%	0%	
	Mental health benefits of addressing mental health issues/trauma	Children of ICM participants who access counselling with ICM's help (Perspective-only)	–	–	–	–	–	–	1	17	Cost of counselling sessions for two years, assuming two sessions a month	\$4,585	Firefly Counselling (2018)	30%	10%	0%	
	Mental health benefits of accessing family treatment	Families who access family treatment with ICM's help (Perspective-only)	–	–	–	–	–	–	1	17	Cost of family treatment	\$10,556	Huck (2018)	30%	10%	0%	
	Relief from suicidal ideation or depression	Relatives of participants who are provided relief due to ICM (e.g. from a caregiver's role) and can address mental health issues (Perspective-only)	–	–	–	–	–	–	1	12.5	Relief from depression	\$63,253	HACT (2018)	30%	10%	0%	

	Mental and physical health benefits of receiving support	Relatives of ICM participants who receive social support from ICM through reminders and accompaniment appointments and / or social support (Perspective-only)	-	-	-	-	-	-	2	23.2	One hour of a care coordinator in Yellowknife	\$45	GNWT Finance (2016a)	25%	10%	0%
Educatio n and communi ty	Increased ability to engage in education	Teenagers (aged 16-18) able to attend school because of housing or supports received through ICM (Perspective-only)	-	-	-	-	-	-	0	0	Personal and intangible value from high school completion	\$20,002	Hankivsky (2008)	0%	10%	0%
	Improvement of children's physical condition, health and emotional condition	The number of children whose parents procure Access for All/Recreation for All passes for them with the help of ICM.	0	14	2	11	0	27	4	39.2	Wellbeing valuation: Value of frequent moderate exercise (<25 years old)	\$6,542	HACT (2018)	21.40%	0.00%	0.00%

Stakeholders: Members of the Yellowknife community

Category	Outcomes identified	Indicator	Case-file data-based SROI						Participant case study based SROI			Financial proxy	Value	Source	Dead-weight	Displacement	Attribution
			2015 Cohort	2016 Cohort	2017 Cohort	2018 Cohort	2019 Cohort	Total	Number of instances	Number of ICM clients represented							
Housing	Decrease in time spent managing late rent payments	The number of months housed among participants who become more financially stable because of ICM (through IA or employment) and who are privately housed	101	371	178	61	96	807	82	931.4	One hour of property manager's time lost on late rental payments each month.	\$64	Salary.com (2019)	23.3%	10%	0%	
	Decrease in number of completed evictions from private housing	The number of participants in private housing who face eviction threats that are not carried out	2	2	6	0	0	10	1	10.7	Cost of eviction to private landlord in Toronto (2004)	\$3,000	CMHC (2005)	30%	10%	0%	
	Decrease in number of completed evictions from public housing	The number of participants in public housing who face eviction threats that are not carried out	3	13	12	3	1	32	3	38.4	Cost of eviction from public housing in Toronto (2004)	\$772	CMHC (2005)	30%	10%	0%	
	Decrease in landlord maintenance costs	Landlords who avoid having to pay for bed bug decontamination due to ICM helping participant sort out that problem (Perspective-only)	–	–	–	–	–	–	1	10.7	Average cost of treating a bed bug contamination	\$2,310	Amount determined from pathfinder interview	30%	10%	0%	
Economic activity	Increased local economic activity due to resident spending	The number of months working for participants who are helped by ICM for their resume/job applications, and are employed (full-time or part-time) by the end of their file with ICM	0	208	105	9	0	322	89	950.7	Economic multiplier for local spending based on an estimated amount of \$35 per month of disposable income spent in local community multiplied by a local economic multiplier of 1.46	\$613	Pringle (2013); BC Housing (2018)	21.3%	70%	0%	

Stakeholder: Government of the Northwest Territories

Category	Outcomes identified	Cases included	Case-file data-based SROI						Participant case study based SROI			Financial proxy	Value	Source	Dead-weight	Displacement	Attribution
			2015 Cohort	2016 Cohort	2017 Cohort	2018 Cohort	2019 Cohort	Total	Number of instances	Number of ICM clients represented							
Housing	Emergency room visits associated with homelessness	Participants who were homeless and are no longer homeless.	2	17	13	13	4	49	12	150.1	Cost of two emergency room visits (average amount among homeless people is three, assuming 1 per non homeless people)	\$3,600	Falvo (2011)	15%	10%	0%	
	Relief in shelters		2	17	13	13	4	49	12	150.1	Government funding provided to shelters (based on rate of using shelters 80% of the time during the colder months)	\$8,106	Falvo (2011)	21.9	10%	0%	
	Decreased risk of pregnancy complications due to homelessness	Pregnant participants who were homeless and are no longer homeless.	0	0	2	1	0	3	0	0	Typical cost per antepartum care patient admitted to hospital without complicating diagnoses	\$1,400	Canadian Institute for Health Information (2006)	20%	10%	0%	
	Decrease in shelter use by friends of participant	Friends of ICM participants who are provided a safe haven by ICM participant housed and maintained into housing by the program (Perspective-only)	–	–	–	–	–	–	–	1	12.5	Cost of a bed in a shelter for one night a month for a year	\$504.00	Falvo (2011)	30%	10%	0%
	Avoided ambulance costs	Participants securing long-term assisted living placement and thus decreasing emergency visits to the hospital due to inappropriate living situation (Perspective-only)	–	–	–	–	–	–	–	6	75	NWT ambulance costs	\$255	Edge North (2016)	30%	10%	0%
Mental health and support	Decreased emergency health service use by adult clients due to increased access to appropriate health services to promote wellbeing	Heavy service users—Participants who receive life management support from ICM through all of: (1) reminders, (2) accompaniment appointments, or (3) social support	0	5	7	1	0	13	3	41.2	The cost for the government of three emergency room visit to Stanton Territorial Hospital.	\$5,400	Falvo (2011)	16.2%	10%	0%	
	Decreased emergency health service use by children due to increased access to appropriate health services to promote wellbeing	Children of participants who are identified as having ICM help them organize, schedule, arrange rides, etc. to doctors appointments for their children.	–	–	–	–	–	–	1	12	The cost for the government of one emergency room visit to Stanton Territorial Hospital.	\$1,800	Falvo (2011)	10%	10%	0%	
	Decrease in public costs (productivity losses, healthcare costs, criminal	Participants that successfully achieve or maintain sobriety with ICM's assistance.	0	13	7	5	2	27	5	63.7	Overall per person costs attributable to substance use in the Northwest	\$2,533	Canadian Centre on Substance Use	21.9%	10%	0%	

	justice costs, and other direct costs) due to less substance use										Territories (2014 - adjusted for inflation)		and Addiction (2014)			
	Decrease in healthcare costs related to suicide attempts interventions	Participants who were suicidal or depressed at the beginning of the program and have now their goals met and a stable situation	0	11	2	3	0	16	7	92.5	Average healthcare costs for suicide attempters	\$13,502	Vasiliadis et al. (2015)	21.3%	10%	0%
	Decrease in visits to the psych unit because of improvements in participants' health	Participants with a history of mental health crises and psych ward visits who improve significantly because of their interactions with ICM (Perspective-only)	–	–	–	–	–	–	3	38.5	Cost of one trip to the psych ward	\$15,000	Interview with psychiatrist at Stanton Territorial Hospital	20%	10%	0%
Domestic violence	Decreased use of victims services for spousal violence	Female participants who are fleeing an abusive relationship.	0	4	5	4	1	14	3	40	Cost to victims services per client due to spousal violence	\$453	Zhang et al. (2012)	22.1%	15%	0%
Legal issues	Decreased foster and/or family care placements amongst clients (or increased number of children returned to parents' care)	Children whose parents were identified as having active involvement with, or at risk of involvement with Child and Family Services (CFS) in the form of home visits, child apprehension or care placement, or ongoing case follow-up, and were identified as being successful in keeping custody of their children or getting their children back from care placements (after reaching housing, income, or substance use goals at least partially) (Perspective-only)	–	–	–	–	–	–	5	74.5	Average cost of maintaining a child in foster care or formal kinship care with regular visits by a child protection worker	\$36,942	Zhang et al. (2012)	23.3%	10%	0%
	Decreased number of participants being incarcerated	Participants who have been to jail several times at time of referral, and do not commit crimes during their time in ICM (after one year in ICM).	0	8	4	1	0	13	0	0	Public cost of prison/detention in Vancouver multiplied by the average number of days spent in jail (here estimated as a year)	\$51,100	Pomeroy (2005)	19.2%	15%	0%
	Decrease in the number of participants committing offences	Participants who were involved in the criminal justice system at the time of referral to ICM, and have no involvement during their stay in the program.	1	8	3	0	0	12	0	0	Combined cost of average police cost (Ellingwood, 2018) and average court fees (Zhang, 2008).	\$337	Ellingwood (2018)	19.2%	15%	0%
	Decreased risk of breaching probation	Participants that do not breach the conditions of their legal probation order with ICM's assistance.	2	7	6	1	0	16	0	0	Average cost of prosecuting administration of justice cases for breached probation	\$946	Department of JusticeCanada (2013)	20%	50%	0%
	Decreased length of incarceration	Participant recalls how he would likely have been in long-term incarceration in the South had it not been for ICM (Perspective-only)	–	–	–	–	–	–	1	10	Public cost of prison/detention in Vancouver multiplied by the average number of days spent in jail	\$96,600	Pomeroy (2005)	10%	15%	0%

Financial security	Decreased reliance on unemployment assistance	Participants who are helped by ICM for their resume/job applications who find employment during the program, and who are not on IA.	0	3	3	0	0	6	1	9.5	Cost of income assistance for one year for a single person who is considered employable	\$22,163	Twedde and Aldridge (2018)	21.6%	5%	0%
	Avoiding hunger or malnutrition	Participants and children who are well or better fed due to ICM providing food hampers and/or getting IA for their parents.	6	44	18	38	7	113	11	104.6	Cost of child malnutrition on adult health or something like that	\$4,160	Trochu (2017) and Tarasuk et al. (2015)	19.7%	50%	0%
Educational and community	Public costs of dropping out of high school avoided	Participants who achieved high school with ICM or on their way to do so that are still in school at last point of contact, and ICM either helped them achieve housing goals, helped them achieve income stability, or provided social support	1	2	3	0	0	6	0	0	Cost per dropout per year (public costs only)	\$7,515	Hankivsky (2008)	18.3%	10%	0%
Economic activity	Decrease in productivity losses associated to informal caregiving	Participant secures long-term assisted living placement and the informal role of his sister as a full-time caregiver stops (Perspective-only)	–	–	–	–	–	–	1	12.5	Annual productivity losses associated to a family caregiver over one year	\$2,037	Battams (2016)	30%	10%	0%
	Economic benefits of volunteer activities	Participants who volunteer (not because of IA-related purposes) because ICM enabled them to (Perspective-only)	–	–	–	–	–	–	25	396.5	Wages of an outreach worker corresponding to 8 hours a month (\$20/hour)	\$160	GNWT Finance (2016b)	25%	50%	0%
Decrease in government services workload	Decrease in workload for IA	Participants who receive help with monthly reporting for income assistance.	7	118	166	79	18	388	175	2062	Cost for two hours of an client service officer, ECE \$85.52	\$86	GNWT Finance (2010)	20.3%	5%	0%
	Decrease in workload for public housing staff	Participants who receive help from ICM with HAF, housing, or YK waitlist applications.	6	57	32	26	14	135	175	164.7	Cost for two hours of a homelessness program officers' time, \$89.62 https://www.fin.gov.nt.ca/en/position/00015103	\$90	GNWT Finance (2018a)	22%	10%	0%
	Decrease in workload for medical staff	Participants who receive help from ICM filling out treatment applications.	1	4	5	5	2	17	3	35.7	Average cost of two hours of a clinical mental health coordinator's time at the GNWT, \$93.78 https://www.fin.gov.nt.ca/en/position/00012509	\$94	GNWT Finance (2018b)	17.6%	10%	0%
	Decrease in workload for CFS staff	Case file entries where ICM helps with CFS-related issues, for participants who receive a lot of CFS related support.	0	11	84	99	0	194	1	17	Average hourly wage of a Child, Youth and Family Counsellor at the GNWT, 49.10 per hour https://www.fin.gov.nt.ca/fr/position/00090057	\$49	GNWT Finance (2019c)	24.2%	10%	0%

	Decrease in project management tasks for government workers	One (1) time: the ICM program improves service integration across government services	0	0	0	0	0	1	1	1	Annual wages of a project management in the GNWT	\$100,016	GNWT Finance (2017b)	15%	0%	0%
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