Ambiguous Agreement? Attitudes to Homelessness Policy Interventions in Canada

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Abstract:

As chronic homelessness began to rise around the world in the 1990s and 2000s, governments were slow to respond. This began to change in the mid-2000s, when governments at all levels rapidly adopted the Housing First intervention. This is puzzling in light of the fact that, in many other respects, the Canadian welfare state was retrenching and not expanding. Palier (2005) suggests that a key mechanism in the process of social policy change or expansion is an "ambiguous agreement" (103), which occurs when a broad coalition of actors support the same policy change but for significantly different reasons. This paper tests this claim in the context of Canadian homelessness policy development. We present the results of a randomized controlled survey experiment —specifically varying information on an individual's victimization and costs of homelessness to taxpayers—to test whether Canadian citizens (N=1,508) with different political orientations or religious beliefs support expanding homelessness investments, but for different reasons.

Introduction

The number of people experiencing chronic homelessness has risen around the world since the 1980s (Busch-Geertsema, Benjaminsen, Hrast, and Pleace 2014; Gaetz, Gulliver, and Richter 2015). Not only is there more chronic homelessness around the world, but the type of person who experiences chronic homelessness has also changed; before the 1980s, the typical chronically homeless person used to be a middle-aged white man who was unable to work (often due to a physical disability or alcoholism). Today, however, a wide variety of people experience homelessness – including women, children, seniors, and aboriginal people– and for a variety of reasons – relationship breakdown, mental illness, drug addiction, and, of course, poverty (Benjaminsen and Andrade 2014; Busch-Geertsema, Benjaminsen, Hrast, and Pleace 2014; City of Toronto 2013; Latimer, Macgregor, Méthot, and Smith 2015). Confronted with this new social risk, chronic homelessness, governments around the world and at all levels (municipal, provincial/state, national) have turned nearly simultaneously to a new intervention to end homelessness: Housing First (explained below).

This turn to Housing First is unusual for two reasons. First, governments in North America and Europe, including Finland, the United States, Canada, and Denmark (among others) have embraced the same Housing First intervention. It is unusual to see such different types, or models, of the welfare state adopt the very same intervention. Secondly, the welfare state around the world has been changing, notably through retrenchment and its failure to respond to new social risks, including homelessness, through a process of policy drift. This has made the welfare state less redistributive and more unequal (Banting and Myles 2013). Seeing governments invest in a new area of social, and thus seeing the welfare state expand rather than retrench, is curious.

This paper considers what could explain this move to Housing First, looking specifically at the Canadian context. Drawing on the literature on social policy change and expansion, we ask whether the Canadian move to Housing First can be explained through the ambiguous agreement theory. Specifically, we use an experimental survey to determine whether members of the general public (N=1,508) support spending in the area of homelessness, but for very different reasons. We find that there is limited evidence of an ambiguous agreement in Canada in this context, as respondents with a professed preference for limited government exhibit very different investment patterns from those with a professed preference for a more interventionist government. Yet qualitative evidence from respondents provides clues as to the opportunities to bridge the divide between Canadians on the issue of the government response to homelessness.

The paper is divided into four parts. We first present the Housing First model and explain the extent to which it has been adopted in Canada. We next briefly review the literature regarding social policy change, including theories of retrenchment and expansion. In the third section we outline the methodology and the results of the survey, and in the final section, we conclude with an analysis of the findings and their implications for theory and practice in Canada.

Homelessness Interventions and Housing First in Canada

While it is true that all societies through history tend to have some people who are homeless - without a home - we have not always had the set of social problems we associate with the word homelessness (Hulchanski 2009).

As Canadian housing expert David Hulchanski argues in a widely referenced speech regarding the past, present and future of homelessness in Canada, chronic homelessness is a new problem. While there has long been a need for emergency social services including housing for the down and out, the people who have needed those supports and the reasons they need those supports have changed drastically. To put this into very clear terms, consider the needs of Canadian emergency shelters. Many homeless service providers are on social media, using that platform to share their donation needs. A Canadian emergency shelter has recently started to tweet regarding its need for baby supplies, including soothers and diapers. Up until recently, mothers with babies, even those living in deep poverty, had housing options other than emergency shelters. Today, that is not always the case. This is new.

Thus, over the course of the 1990s and 2000s, not only was there more homelessness, but the profile of the homeless population also changed and now touches a more diverse range of people. Hulchanski notes, "By the early 1980s we needed a new term for a widespread ass phenomenon… the response was to add yet another suffix to further qualify the word *homeless*, to give us that odd-job word, *homeless-ness*. Adding the suffix –ness makes the simple a clear word *homeless* into an abstract concept. As such, it allows users, readers and listeners to imagine whatever they want. It tosses all sorts of problems into one handy term" (2009, 5).

The qualitative and quantitative change in the nature of homelessness was not unique to Canada, but was also seen around the world. In Canada and elsewhere, the rise in chronic homelessness followed profound changes to the welfare state in the 1980s and 1990s (Benjaminsen and Andrade 2014; Bonoli and Natali 2013; Gaetz, Gulliver, and Richter 2014; Morel, Palier, and Palme 2012; Hulchanski 2009). Notably, the Canadian federal government made the decisions to stop funding the construction of new social housing units and to give the

administrative responsibilities for existing units to the provinces (while simultaneously cutting social transfer payments).

As homelessness became increasingly visible and troubling in the late 1990s and early 2000s, the federal and provincial governments were slow to respond to what was increasingly called a crisis of housing and homelessness in Canada (Layton 2008; TD Economics 2002; The Toronto Board of Trade 2000). The federal government engaged ever so modestly in the area of homelessness in the late 1990s, through its National Homelessness Initiative (NHI). The NHI gave federal money directly to local community groups (except in Quebec, where the funding flows through the province) so they can put in place emergency services for the homeless. The funding cannot be used to build or purchase (and convert) housing, but rather is service oriented. Even if local community groups or municipalities wished to use the federal funding for housing, it was entirely inadequate to meet the growing housing needs of Canadian cities (see Doberstein and Smith 2015).

The NHI was originally set up to be a short-term program, but it has been continuously renewed since 1999 for 2-5 year increments. The short-term nature of the funding has made it difficult for local community groups to respond to their most pressing homelessness needs, as the funding was not sufficient (in terms of timeline and actual funding dollars) to invest in what they needed the most: affordable housing. As a result, community groups were often forced to use the funding for projects or programs that were not responding to their most pressing needs (HRSDC 2008, 2009).

In 2011, the federal government used this program (which was by then renamed the Homelessness Partnering Strategy or HPS) to conduct a countrywide study of the effectiveness of Housing First, an approach to ending homelessness that was developed in New York City by

Canadian psychologist Sam Tsemberis (Pathways to Housing 2015). Before moving to the Housing First approach, policy responses to homelessness in Canada were referred to as "treatment first" (Falvo 2009) or the "staircase model" (Hannele and Frederiksson 2009). Treatment first or staircase responses required homeless individuals to be "ready" for housing; the person had to first treat any addictions or mental health issues before obtaining permanent housing. Once these problems were addressed, the person was deemed suitable to be admitted into housing.

Housing First, in direct contrast, puts housing at the beginning rather than the end of a person's transition out of homelessness. Barriers to accessing and maintaining housing (such as sobriety) are eliminated, and intensive health and social services are offered by service providers in the person's home with the aim of helping the individual to stabilize, maintain housing, and ultimately re-integrate into the community. The idea of providing chronically homeless individuals with permanent, low-barrier and supportive housing has strongly taken hold in Canada (Gaetz et al. 2013), the USA (Abt Associates Inc et al. 2007; see also Pathways to Housing 2015), and throughout Western Europe and Scandinavia (Busch-Geertsema et al. 2010; FEANTSA 2012).

The government of Canada created a large research team to test the effectiveness of this approach to homelessness. Over 2,000 homeless people were recruited to participate in the study, called At Home/Chez Soi, which randomly divided the participants into the control group (or treatment as usual group) and Housing First (or the treatment group). By following the participants through the years, the study found that for the most severely homeless, including those who use the most emergency services including but not limited to emergency medical services, police, and emergency shelters, Housing First was a much more cost effective

intervention than the treatment as usual approach (treatment first or stairway approach) (Goering et al. 2014). For people with moderate service use, the majority of the homeless population, Housing First interventions were effective at ending homelessness but did not produce a return on investment the way it did for the more heavy service users; indeed, for many of these people, Housing First investments cost more than they saved.

The results of At Home/Chez Soi directly informed the federal government's subsequent shift to Housing First in the HPS. Beginning in 2013, large cities are now required to dedicate 65% of their HPS funding to Housing First programs. Some provinces and cities had already been using Housing First, notably Albertan cities (Calgary Homelessness Foundation 2008; Regional Municipality of Wood Buffalo 2010), the province of Alberta (The Alberta Secretariat for Action On Homelessness 2008), Toronto (The City of Toronto 2009) and Vancouver (StreetoHome Foundation 2010). Following the federal government's study of the effectiveness of Housing First, however, even more provinces and cities came to support the intervention, notably the Province of Ontario (Ministry of Municipal Affairs and Housing 2015) and actors in Montreal (Mouvement pour mettre fin à l'itinérance à Montréal 2015).

Housing First does not benefit from universal support, and some actors are critical of its reliance on private sector housing and its focus on the chronically homeless (RAPSIM 2009). Even when these criticisms are taken into consideration, however, the overwhelming trend in Canada and internationally has been a move to Housing First.

Experts argue that the move to Housing First is a significant break with past responses to homelessness (Benjaminsen 2013; Falvo 2009; Gaetz et al. 2014; Tsemberis 2011). This move to Housing First is significant in a policy sense, and it has also been accompanied by a new discourse regarding the cost-saving potential of ending homelessness. For example, the Calgary

Homeless Foundation was one of the first agencies in Canada to develop a ten-year plan to end homelessness. Its plan insists that ending homelessness through Housing First, would result in substantial cost savings: "Research demonstrates that it costs less to provide appropriate housing and support to a person at risk of or experiencing homelessness (ending homelessness) compared with providing that same person with short-term and ongoing emergency and institutional responses (managing homelessness). Most studies indicate those people with the highest needs incur system costs of $100,000 or more per year. This is two to three times higher than the cost of providing housing and support" (Calgary Homelessness Foundation 2008, 4). Referencing the federal study of the effectiveness of Housing First, Gaetz et al write, "this research also highlighted the cost effectiveness of [Housing First]" (Gaetz, Gulliver, and Richter 2015, 15).

Indeed, the move to Housing First at the federal level came under a conservative government. But Housing First has also been adopted and supported by progressive politicians and political parties, including David Miller in Toronto and Gregor Robertson's Vision Vancouver party. It is puzzling that actors of such different ideological orientations all support the same intervention – Housing First.

Welfare State Revival from an Ambiguous Agreement?

What explains this sudden and drastic shift by governments of all political stripes to Housing First in Canada? In other words, as the welfare state was overall retrenching through program cuts and policy drift, why did it expand in the area of homelessness? The literature on social policy change offers some promising theories to answer these questions.

Theories of social policy change have tended to focus on welfare state retrenchment. Pierson argued in his agenda-setting book *Dismantling the Welfare State* that the welfare state is

in fact highly resistant to change. He uses the cases of American Republican President Ronald Reagan and British Conservative Prime Minister Margaret Thatcher to make his point. Both of these conservative leaders set out to make significant cuts to the welfare state. Despite their concerted efforts, the American and British welfare state remained largely intact. Pierson argues that this is due in part to policy feedback. Social policies are resistant to change because they create groups of people among the general public who benefit from them; these people protect their entitlements, thus making it very difficult for politicians to make cuts to social policies without facing serious electoral consequences (see also Skocpol 1995). Full on attacks of the welfare state are thus very unlikely to be successful.

Pierson's argument provoked a series of responses and debates that continue to this day. Some have argued that while changes to the welfare state may seem small or even insignificant at first, they can nevertheless have important impacts on the welfare state over time. This idea that incremental changes can have transformative results is explored in Streeck and Thelen's book *Beyond Continuity* (2005). They argue that there are numerous ways in which social policies can change incrementally, but with dramatic results. They give five analytically distinct ways in which incrementalism can be understood: drift, layering, conversion, exhaustion, and redirection. Their edited book is dedicated to the full unpacking of all of these concepts, and various authors give detailed cases of each of these mechanisms of change.

One of the most referenced forms of incremental but transformative change is policy drift. Policy drift occurs when the social risks change, but social policies do not adapt to respond to those risks. Drift can be either intentional (Hacker 2004; Hacker and Pierson 2010) or unintentional (Banting and Myles 2013), but the result is the same: citizens are less protected from social risks. In Canada, scholars of the welfare state argue that the intentional cuts to the

welfare state (notably in terms of housing and social assistance) were accompanied by policy drift. Through inaction, a failure to respond to new social risks by implementing social policies that responded to a changing world, many scholars argue that Canadian safety nets became frayed and closer to the ground (Banting and Myles 2013; Rice and Prince 2013).

These theories reviewed above consider how the welfare state has changed, and pay particular attention to how the welfare state has come to offer less protection to those who need it. Palier (2005), however, provides a promising theory of the mechanisms of social policy expansion. He examines welfare reform in a particularly resilient welfare state, France, and concludes that a key mechanism in the process of social policy expansion is an "ambiguous agreement", which occurs when a broad coalition of actors support the same policy change but for rather different reasons. As Palier writes, "new measures are accepted by a wide range of different groups … who agree on the new measure, but for different reasons and with different interests. They share neither a common vision of the reforms nor the same interest in the measures" (Palier 2005, 131). Does this theory of social policy change also explain the sudden adoption of Housing First in Canada?

Based on hints from the public and academic discourse, we hypothesize that an ambiguous agreement has formed around Housing First in Canada, and that this is what explains the expansion of the social safety net in this area while it was retrenching in others. In other words, we hypothesize that some actors will support Housing First because of its promised (and demonstrated) cost-savings potential; it costs taxpayers less to house a homeless person than it does for that person to remain homeless. Other actors, however, will support the policy because it is seen as a compassionate and rights-based approach to ending homelessness; for example, the program embraces the principles of harm reduction, thus removing barriers to accessing and

keeping housing. We propose to test this theory on citizens, who are an important part of the ambiguous agreement coalition because their support is needed in order for governments to implement new policies.

Methodology

We test this hypothesis using a randomized controlled experiment, specifically with a vignette survey of (the general population of?) adult Canadians to determine whether people with different political or ideological orientations support the same policy intervention – Housing First – but for different reasons. To do this, we recruited a Census representative sample of the adult Canadian population (N=1,508) with the help of Survey Sampling International (SSI) from March 14-18, 2016. The survey was available in either English or French. The survey began with basic demographic questions—including age, gender, income, education, location etc.

Following this first part of the survey, respondents were exposed to randomly generated pairs of hypothetical experiences of homelessness, with eight varying features: age (30, 40, or 50); gender (male, female, trans); ethnicity (Caucasian, Aboriginal, Asian); years the person had been homeless (5, 8, 11); daily activities (panhandling, picking up bottles, selling street newspaper, selling woodworking products, waiting in lines at service agencies); shelter status (sleep in shelter, sleep in streets); history of victimization (severe bipolar disorder, domestic violence, no direct form of victimization); and estimated cost of their homelessness to the system ($15,000/yr, $25,000/yr, $35,000/yr). Each survey respondent was exposed to five pairs of randomized hypothetical homeless people and was asked how much social service support each person should receive per month. Specifically, we asked respondents to use a sliding bar (representing the amount of investment that they believe the two individuals ought to receive) to

divide up to $3,000/month worth of social supports between the two people. Respondents could allocate less then $3,000/month between the two people, but not more. This was designed to force respondents to prioritize investment under scarce resources so as to reveal which features of a survey respondent (ie. political ideology) or a hypothetical individual's homeless experience (ie. cost to the system) most influence the investment preferences of the respondents. As each survey respondent was exposed to five pairs of randomized homeless people, the total number of hypothetical scenarios and investment decisions to be analyzed is 15,080.

The dependent variable for this study is "Support for Housing First investments", as measured by investment devoted to each individual based on the vignette ($0-$3,000/month on sliding scale to be adjusted by survey respondent). This measure is used so as to get a more nuanced measure of investment support based on the different elements of each homeless person's description, rather than asking respondents simply "yes or no" questions, or presenting them with a 5 point Likert scale of support (ie should the person receive much less support, somewhat less support, the same amount of support, somewhat more support, much more support).

The main independent variables can be distinguished in terms of the attributes of the survey respondents as well as the attributes of the hypothetical homeless individual (including their experience with homelessness). The the purpose of the ambiguous agreement theory, the most important attribute of the survey respondents is their view on the role of government in society. This was measured with seven Likert questions, adapted from Harell, Soroka and Iyengar (2013). The responses were converted into numerical scores on a scale from 0-28, the sum of which formed a Role of Government Index; the higher the score, the more the respondent believes in a strong, interventionist role for government. Again for the purposes of the

ambiguous agreement theory, the two main attributes of the hypothetical homeless individuals and their experience are a history of trauma or victimization (signifying the involuntary nature of their condition) as well as the estimated annual cost of their homelessness to taxpayers. We hypothesize that respondents with a high role of government index score will increase investment for homeless people with a history of trauma or victimization, and that respondents with a low role of government index will increase investment for homeless people as the estimated costs to taxpayers gets higher. This part of the analysis will tell us if either the story of past victimization or the taxpayer "burden" of homelessness causes the respondents to support more investment. This is meant to test current assumptions among leading homelessness researchers and advocates that speaking to taxpayer's self interest is a more successful approach than the typical social justice angle (Calgary Homeless Foundation 2008; Gaetz et al. 2015).

The experimental design allows us to isolate the influence of the attributes of voters/taxpayers and the attributes of the individuals experiencing homelessness on support for investments to help individuals exit homelessness. We are also able to test across the stories of homelessness whether a particular person/subject (and their characteristics) always supports additional investment, or if this support for investment is conditional upon certain circumstances of the homelessness experience. Randomization inference was conducted to determine whether the observed covariates are balanced across the stories; we did this by regressing the homelessness condition against the covariates. There are a number of statistically significantly related covariates and vignette conditions, but these tend to be associated with features that are small in the sample (e.g. respondents from low population provinces, less common ethnicities, very low and very high educational attainment). The only vignette feature with multiple statistically significant relationships with a covariate is shelter status, which is correlated with the

province of the respondents. Respondents in BC, ON, QC and SK were more likely to receive

vignettes that specified the hypothetical homeless individual sleeps on the streets rather than in

shelters. Note that while covariate imbalance is not itself a sign of improper randomization—

and is controlled for in subsequent regression analysis—it is useful to inspect to give the

researchers confidence that the randomization procedure was executed as intended, which Table

1 in Appendix A2 confirms.

The dependent variable is a continuous variable and we expect a linear relationship; thus,

we use the multiple OLS regression model for data analysis. OLS regression in this context

allows for easy interpretation: the regression coefficient for each of the independent variables in

the regression analysis is a measure of how much, in dollars, the investment goes up or down

with that respondent or vignette characteristic. We conducted a step-wise regression to confirm

the robustness of findings under different measures for the main independent variables of

theoretical interest, as well as interaction effects. The complete regression results can be found

in Table 2 in Appendix A3.

For the sake of comprehensiveness, we put all demographic and vignette variables in the

regression models. Many of them not are not directly implicated in the ambiguous agreement

theory testing, however, so they will not receive much attention in this analysis. Yet in our view

it is critical to do this in order to confirm the scale of claims that can be made with respect to

relative importance of variables that relate to the ambiguous agreement theory, versus other

characteristics of respondents, such as age, income, education, that are certainly likely to shape

investment patterns based on previous work regarding deservingness and the welfare state (see

Harell, Soroka, and Iyengar 2013).

Summary of Experimental Findings

The mean investment in hypothetical homeless individuals by respondents was $1,165 per month, out of a maximum of $3,000 for each pair (e.g. respondents could allocate $0 to one person and $3,000 to the other, $0 to both, or any combination as long as the total did not exceed $3,000 between the two individuals). The OLS regression results show us how each respondent and vignette characteristic contributed to the average investment allocation. The respondent's view on the role of government is the most important variable in the regression analysis for the purposes of this study, and we first ran the regression with the continuous measure of the role of government index. As can be seen in Model 1 in Table 2 in Appendix A3, the respondent's position on the role of government index powerfully shapes his or her willingness to invest taxpayer dollars in Housing First programs for the individual: for every additional increment of 1 up the role of government index (maximum possible score is 28—signifying very strong support for government intervention in society), the investment allocation increases by $35. That is, given that the median score on the role of government index is 19.0, those who scored 28.0 on the index would be expected to allocate $315 more per person per month than a respondent with the median score of 19.0.

To hone in on the dynamic of views of the role of government as per the ambiguous agreement theory, we identified those respondents in the top and bottom 10% of the role of government index, and converted them into dummy variables to examine whether the dynamic changes at these poles. Model 2 in Table 2 in Appendix A3 shows the results, which tell us that contrary to the ambiguous agreement hypothesis, those on the bottom 10% of the role of government index (conservative) allocated nearly $300 *less* per month than the mean, but those on the top 10% of the role of government index (progressive) allocated $77 *more* per month.

There does not appear to be any convergence among conservatives and progressives on the question of support for Housing First investments, contrary to what our ambiguous agreement hypothesis led us to expect in this context.

The experimental results cannot be analyzed without attention to the cost variable in each of vignettes, which was inserted to directly test whether or not the estimated cost that a homeless individual has on government expenditures by way of police enforcement, emergency health care, temporary shelters, etc., shapes respondent's willingness to invest resources to help them exit homelessness. Prominent academics and advocates in Canada and elsewhere have made strong claims and implications that if we expose the hidden costs of homelessness to the taxpayer, both progressive and conservative citizens will be more likely to support expanded government investment to address homelessness. This is especially true among conservatives, given the implication that progressive-minded Canadians will support homelessness investments for reasons of social justice, but conservatives (while also being compassionate) would need to be shown the cost savings to taxpayers and the government.

We put this claim under scrutiny by creating an interaction variable, whereby we combine respondents who registered at the lowest 10% on the role of government index and who randomly received the homeless person with the highest annual system cost ($35,000/yr), to see how that combination jointly influences their investment allocation. If this subset of respondents showed a higher investment than the mean, this would be powerful evidence of an ambiguous agreement in the Canadian context. The data in Model 3 in Table 2 in Appendix A3 shows that this is not the case: in fact, these respondents allocated $48 *less* per month, statistically significant at 10%. There is no statistically significant impact on the allocation among those who

registered the highest 10% in terms of role of government and who also received the highest cost vignette.

On the other hand, there is some evidence that respondents do differentiate their investment patterns on the basis of trauma or victimization (a description of how the hypothetical individual became homeless) and their views on the role of government. One might hypothesize that regardless of how one views the role of government in society, a homeless individual who became homeless through no fault of their own (e.g. severe mental health issues), may warrant additional investment to help them exit homelessness. If true, one could interpret that as evidence of an agreement on the question of deservingness. We put this claim under scrutiny by creating an interaction variable, where we combine respondents who registered at the lowest 10% on the role of government index and who randomly received the three victimization variables: mental health, domestic abuse, and no direct form of victimization vignettes. This allows us to see how those respective combinations jointly influence their investment allocation.

Among this group of respondents who prefer a very limited role for government, if they encountered a vignette that described no direct form of victimization, the average investment allocation is $44 less than the mean (and mental health and domestic abuse vignettes displayed no statistically significant relationship), as shown in Model 4 of Table 2 in Appendix A3. Yet among those respondents in the top 10% of views of strong role for government, if they encountered a vignette that described no direct form of victimization, the average investment allocation is $50 less, very similar to the low role for government subset. Conversely, if they received a vignette that described severe mental health issues that contributed to the individual's homelessness, they would allocate $46 per month more than the average (shown in Model 5 of Table 2 in Appendix A3).

Conclusions and implications

The sudden adoption of (and investment in) Housing First principles by the Government of Canada in 2014 under Conservative Prime Minister Stephen Harper was surprising to many, given that homelessness and affordable housing was never a priority for that government. We hypothesized that the adoption of Housing First was the result of an ambiguous agreement, whereby actors of different political ideologies support the program, but for very different reasons. In all, the quantitative data from our survey of 1508 Canadians yields limited evidence for an ambiguous agreement in Canada as an explanation for the introduction of Housing First policies by governments at all levels and of all political leanings. Results from the optional qualitative section, where respondents were invited to explain some of their funding decisions, did, however, result in some interesting evidence of an ambiguous agreement, though not in the way we expected.

Housing First is a rights-based, harm reduction model that finds support among progressives and homelessness activists (including Vancouver Mayor Gregor Robertson and Toronto activist Michael Shapcott). It has also, however, found support among conservative-minded policy makers and thinkers (including Medicine Hat Mayor Ted Clugston and former federal Minister Candice Bergen), who support the model not just for compassionate reasons, but also because of its promise to save money to the taxpayer as a result of its focus on the chronically homeless with mental health challenges. The chronically homeless, while only a minority of the overall homeless population (Aubry, Farrell, Hwang, and Calhoun 2013; Gaetz, Gulliver, and Richter 2015), are the most visible of the homeless population, and those whose

presence on the streets is seen as the most troublesome and jarring for residents and tourists, especially in big cities.

This large-scale experimental study found limited quantitative evidence for an ambiguous agreement as an explanation for the adoption of Housing First in Canada, at least when it comes to members of the general public. Conservative-minded Canadians do not support additional investment in homelessness services, even when they are exposed to the hidden (and surprisingly high) costs of homelessness to the taxpayer. Contrary to what we hypothesized, based on the dominant current narrative of policy-makers and researchers regarding the cost-saving potential of Housing First, the data show that even the most conservative respondents allocate *less* than the average allocation in the hypothetical exercise we created even when exposed to homeless individuals who cost taxpayers a very high amount of public resources every year.

Yet, we do find some evidence that respondents differentiate their investment patterns on the basis of trauma or victimization (a description of how the hypothetical individual became homeless) and their views on the role of government. Conservative and progressive-minded Canadians allocate less money when there is no direct form of victimization that contributes to an individual becoming homeless (perhaps because they believe that the person is homeless out of choice or bad decisions). While this convergence of investment patterns is towards less, not more, investments in homelessness supports, this can be seen as evidence supporting Housing First investments, which are targeted at the most chronically homeless and mentally ill individuals.

But we do find some evidence of an ambiguous agreement in a very specific scenario; conservatives and progressives seem to agree on the need to support investments for those who have become homeless through no fault of their own, and their support for this particular

investment is in fact for very different reasons. The experimental design has obvious advantages in terms of controlled conditions to reveal respondent beliefs in a systematic way, but we felt that respondents might desire an opportunity to explain in general terms their investment choices, so we provided a text box that they could fill out after the exercise we created. Over 400 of our 1,508 respondents provided additional comments to explain their investments, and it is here where we may find clues as to what motivated the investment decisions of our respondents. We were able to match the respondents' Role of Government Index score with their comment, and sorted them to isolate the most conservative from the most progressive to compare their qualitative assessments.

The divisions among conservatives and progressives who provided comments are perhaps not surprising, but we also discovered some surprising alignments between them that may hint at an underlying support for Housing First in Canada. Unsurprisingly many conservatives feel the government spends too much money already, whereas progressives feel that government does not spend enough to tackle homelessness, which they tend to view as a very important problem. Many conservatives stress the importance of achieving independence for individuals as the fundamental objective of government investment, yet this was rarely specified by progressives, who tended to speak in terms of rights and obligations of the state in a rich country like Canada. Progressives tended to sympathize with Aboriginals and trans homeless individuals, and argued that they were especially vulnerable and worthy of investment. Conservatives, on the other hand, tended draw on stereotypes of laziness, hinting at continuing disagreements between conservatives and progressives regarding who is deserving of support.

Yet what unites progressives and conservatives, at least among those approximately 400 respondents who provided additional comments in the survey, is that they tend to think that those

with mental health issues warrant special attention and investment, given the involuntary nature of that experience. Mental health was far and away the most frequently cited reason by respondents of all ideological orientations to support additional government interventions, whereas for other demographic features like gender, age, and ethnicity, both progressives and conservatives who provided comments tended to suggest no one group should receive more investment and that they should be treated equally.

The purpose for investment in services for those homeless with mental health challenges, however, is divided across progressives and conservatives: it is a moral obligation to help those with mental illness, according to progressives; whereas it is a path to reintegration and productivity for conservatives. Housing First programming in Canada is heavily oriented towards people with mental illness; indeed, the At Home/Chez Soi study was run through the Mental Health Commission of Canada, a body that was also set up by the conservative government. In light of these comments and the mental health orientation of Housing First programs, we believe we have found some evidence of an ambiguous agreement leading to the expansion of investments in Housing First, but not where we expected to find it.

This conclusion will be troubling to those researchers and activists who insist, correctly, that mental illness only affects a minority of those who experience homelessness. Katz et al articulate the problem with this line of thinking in a recent article; "If we see chronic homelessness as akin to a medical condition, we will naturally conclude that only those suffering from this medical condition should receive treatment. Put another way, narratives that bind 'real' homelessness (i.e. chronic homelessness) to sickness imply that people need and deserve assistance in the form of housing because they are sick. Everyone else, it would follow, should be able to get by without much public help, or does not deserve it" (Katz, Zerger, and Hwang

2016, 4). Yet we know that poverty, relationship breakdown, a history of violence of trauma, and a lack of affordable housing are all very common causes of homelessness in Canada and around the world; mental illness is far from the only cause of homelessness. Advocates and policymakers who wish to see more investments in Housing First and other homelessness fighting policies more generally might learn from this conclusion regarding the importance of the story of the person.

Why is this question important to Canadian policy makers? Conventional wisdom among some leading homelessness researchers and advocates, who have attempted to sell homelessness policy interventions to Canadians on the basis of long-term cost savings, appears to be misguided and destined to be ineffectual. Referencing the influential At Home/Chez Soi research project, Conservative government announcements regarding expansion in Housing First funding have long touted the program's ability to save money; "the study also showed that Housing First is a sound financial investment that can lead to significant cost savings" (Government of Canada 2015). This is an attempt to win over right-of-centre voters, and we find no evidence in the data that such a message appeals to them or leads them to support more interventionist homelessness policy interventions. The experimental evidence does not lend support to the theory of ambiguous agreement in this context.

The theoretical implications of our study would seem to confirm Palier's theory that social policy expands through an ambiguous agreement. This allows people and political parties of all political stripes to adopt and support particular measures, even if they are supporting them for very different reasons. The ambiguous agreement can also help us to understand why investments in homelessness have, at this time, remained relatively narrowly focused at the most chronically homeless, notably those with mental illness. As Katz et al write in their article,

homeless people without mental illness can be seen as not needing or deserving government support. A nuance we would introduce to this article is that some people and political parties (likely progressives) might support investments for these people, but conservatives do not agree. With only a small amount of political support, government investments in reducing homelessness among people without serious mental illness cannot generate the needed support among a broad coalition of actors.

Progressives and conservatives alike have been able to agree on the need for more investments for people experiencing homelessness who also have a mental illness. They support these investments for different reasons, and while this might be troubling for advocates and activists, there is an important lesson to be learned here. Our qualitative data analysis suggest that rather than focus on the costs of homelessness to the taxpayers as many advocates and researchers are currently doing, advocates ought to instead focus on the stories of homeless individuals, which describe how they became homeless and what their daily life is like. That is, making it more personal rather than more abstract by framing the issue in terms of investment dollars and potential taxpayer savings.

That mental health and its contribution to homelessness emerges as a unifying motive to invest more resources in programs and services helps us understand at least in part why Housing First finds support across the political spectrum, given its focus on the chronically homeless, a disproportionate share of which have mental health challenges. If there is an ambiguous agreement on this issue in Canada, it is around the contribution of mental health challenges in our society that have contributed to homelessness, and that government is best positioned to respond to it, but for different reasons. While it is not reflected in the willingness to invest the

same scale of dollars across the political spectrum, as the experimental findings suggest, it

represents hints of an underlying ambiguous agreement that warrants further investigation.

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Appendix A1

Survey Questions:

Homelessness in Canada

You may complete this survey in English or in French. Please select one to begin the survey.   L'itinérance au Canada.   Vous pouvez répondre au sondage dans sa version anglaise ou française. Veuillez choisir la langue dans laquelle vous souhaitez y répondre.

❍ English/Anglais
❍ Français/French

Thank you for your interest in this survey study aimed at how citizens understand the issue of homelessness and what they believe ought to be the solutions to address it. Your perspective is important to understand and helps to shape policy responses to homelessness.   Your participation will consist of an approximately 15 minute online survey that will involve you answering some demographic questions, as well as reading about various homeless experiences in Canada.   Prior knowledge or expertise in the particular area of public policy is not required or assumed in order to complete the survey.   Before you proceed with this short survey, an informed consent form will appear on the next page, which you must read and accept to participate in the study.

INFORMED CONSENT

Who is conducting this study? Principal Investigator: Professor Carey Doberstein, PhD., UBC. Email: carey.doberstein@ubc.ca.   Why is this study being conducted? This research is being conducted to better understand citizen perceptions of the causes of homelessness and to learn what citizens believe are the appropriate policy responses to address it.   How will your identity be protected? All information gathered from you will be treated as confidential. Likewise, your identity as a participant will not be disclosed in any presentations or publications resulting from this research. The survey will be conducted using Qualtrics, which is located in the USA and as such is subject to U.S. laws. This survey does not ask for personal identifiers or any information that may be used to identify you.   Who can you contact if you have complaints or concerns about the study? If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics toll free at 1-877-822-8598 or the UBC Okanagan Research Services Office at 250-807-8832. It is also possible to contact the Research Complaint Line by email (RSIL@ors.ubc.ca).   Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative impact.   By clicking 'I agree', you acknowledge that you have been presented with this above information and that you agree to participate in this study. If you do not agree, simply close your browser now to exit from the survey. The next page you will encounter is the first page of the survey.

❍ I agree

Before we ask you specific questions about homelessness in Canada and your view on the role of government in addressing it, we would like to know a little bit more about you. Please identify your gender:

❍ Male
❍ Female
❍ Other (please specify): _____

Please select your age from the ranges below:

❍ 18-24
❍ 25-34
❍ 35-49
❍ 50-64
❍ 65+

Please identify your population group using the categories specified by Statistics Canada:

❍ White
❍ Aboriginal
❍ Chinese
❍ South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)
❍ Black
❍ Filipino
❍ Latin American
❍ Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
❍ Arab
❍ West Asian (e.g., Iranian, Afghan, etc.)
❍ Korean
❍ Japanese
❍ Other (please specify): _____

Please select the province or territory in which you reside:

❍ British Columbia
❍ Alberta
❍ Saskatchewan
❍ Manitoba
❍ Ontario
❍ Quebec
❍ New Brunswick
❍ Nova Scotia
❍ Prince Edward Island
❍ Newfoundland and Labrador

❍ Yukon
❍ Northwest Territories
❍ Nunavut

What is the highest level of education you have received?

❍ Less than high school
❍ High school diploma
❍ College or professional diploma
❍ Bachelor degree
❍ Masters or postgraduate degree
❍ Doctorate

What is your approximate average household income?

❍ $0-$24,999
❍ $25,000-$49,999
❍ $50,000-$99,999
❍ $100,000-$149,999
❍ $150,000-$199,999
❍ $200,000+

Please identify how important, if at all, religion is in your life:

❍ Very important
❍ Somewhat important
❍ Not very important
❍ Not important at all

Please identify your religious affiliation in the space below:

Given your response above, would you classify yourself as:

❍ Atheist
❍ Agnostic
❍ Other (please specify): _____

We would now like to ask you a few questions about the issue of homelessness in Canada.   Do you know anyone personally who has experienced homelessness?

❍ Yes
❍ No

What is your relationship to them?

How often do you see individuals who appear to be experiencing homelessness in your day-to-day life?

❍ Never/Very Rarely
❍ Once per month
❍ Once per week
❍ Daily
❍ Don't know

In this section of this survey, we would like to ask you a few questions related to the types of experiences of individuals experiencing homelessness in Canada. We provide some context below before presenting you with a few questions.

---- Some estimates suggest that more than 235,000 unique Canadians will experience homelessness annually, and 35,000 on any given night. For the majority of people who experience homelessness, it is a short and one time thing; they will spend a few nights in a shelter or on the streets before returning to permanent and stable housing. A small minority, 2-4% of the overall homeless population, according to Canadian studies of emergency shelters, is chronically homeless. Chronic homelessness, defined as being without a stable place to call home for one year or more, can be addressed through a public policy approach called 'Housing First'. Through 'Housing First', barriers to accessing and maintaining housing (such as sobriety) are eliminated, and intensive health and social services are offered by service providers in the person's home with the aim of helping the individual to stabilize, maintain housing, and ultimately re-integrate into the community. This typically costs about $3,000/month in total social service program investments. ----

We will now present you with different homelessness experiences and ask you to reflect on the level of government investment you feel is appropriate.

Below are two descriptions of typical homelessness experiences in Canada. Please read the short descriptions and then allocate a total of $3,000/per month in social service program investment to one of them, some share of $3,000 to both of them. You will be asked to do this a few times in this last section of the survey.

Individual 1 is a ${lm://Field/1} year old ${lm://Field/2} ${lm://Field/3} Canadian who has been living ${lm://Field/6} for ${lm://Field/4} years. Their source of income is $600/month from social assistance (welfare)—$375 of which is allocated directly to housing provision—and is supplemented by ${lm://Field/5} throughout the week. They report ${lm://Field/7} as a precipitating event contributing to their homelessness. This person visits the emergency room for care a couple times per month and has been repeatedly hospitalized while homeless. They also have interaction with police and bylaw enforcement officers stemming from loitering and sleeping in public space. Police enforcement and emergency health services for this individual is estimated to cost taxpayers ${lm://Field/8}.

Individual 2 is a ${lm://Field/9} year old ${lm://Field/10} ${lm://Field/11} Canadian who has been living ${lm://Field/15} for ${lm://Field/12} years.   Their source of income is $600/month from social assistance (welfare)—$375 of which is allocated directly to housing provision—and is supplemented by ${lm://Field/14} throughout the week.   They report ${lm://Field/16} as a precipitating event contributing to their homelessness.   This person visits the emergency room for care a couple times per month and has been repeatedly hospitalized while homeless. They also have interaction with police and bylaw enforcement officers stemming from loitering and sleeping in public space. Police enforcement and emergency health services for this individual is estimated to cost taxpayers ${lm://Field/13}.

Please allocate up to $3,000/month in social service program investments between these two individuals in the sliding scale below based on your assessment of their needs or deservingness. NOTE: You may allocate between $0 and $3,000 TOTAL between these two individuals.

_____ How much total MONTHLY social service funding for Housing First programs do you believe INDIVIDUAL 1 should receive?

_____ How much total MONTHLY social service funding for Housing First programs do you believe INDIVIDUAL 2 should receive?

[repeated 5 times, randomized field entries]

Thank you for completing the task where we asked you to allocate investment dollars to hypothetical individuals. We recognize that some of you may wish to provide further explanation regarding your decisions in this regard, and we would like to provide you that opportunity here if you feel that is necessary. If not, you may proceed to the final section of the survey.

In this final set of questions we would like to know your views on the role and size of government in Canada. How strongly do you agree or disagree with the following statements on the role and size of government in Canada? 1. The free market can handle today's problems without government being involved.

○ Strongly agree
○ Agree
○ Disagree
○ Strongly disagree
○ Can't choose

2. Government should do more.

○ Strongly agree
○ Agree
○ Disagree
○ Strongly disagree
○ Can't choose

3. We should cut government spending.

○ Strongly agree
○ Agree
○ Disagree
○ Strongly disagree
○ Can't choose

4. The government should see to it that everyone has a decent standard of living.

○ Strongly agree
○ Agree
○ Disagree
○ Strongly disagree
○ Can't choose

5. Most poor people are poor because they don't work hard enough.

○ Strongly agree
○ Agree
○ Disagree

○ Strongly disagree
○ Can't choose

6. Most people on welfare have no other choice.

○ Strongly agree
○ Agree
○ Disagree
○ Strongly disagree
○ Can't choose

7. Government should redistribute income from the better off to those who are less well off.

○ Strongly agree
○ Agree
○ Disagree
○ Strongly disagree
○ Can't choose

END OF SURVEY   Thank you for your participation in this study!   If you would like more information about homelessness in Canada, you may begin by exploring the following link: Canadian Observatory on Homelessness/Homeless Hub

Appendix A2

Table 1: Randomization inference

Respondent Characteristics	ACTIVITIES				Services	STATUS		VICTIMIZATION			COST		
	Panhand	Bottles	Paper	Wood	Services	Street	Shelter	Mental	Abuse	None	Low	Med	High
GENDER													
female	19.8	20.1	20.0	20.0	20.0	49.0	51.0	33.4	32.9	33.6	33.5	33.3	33.2
male	19.7	21.4	19.2	19.4	20.3	49.6	50.4	33.4	33.2	33.4	33.8	32.9	33.2
transgender	15.0	35.0	10.0	30.0*	10.0	65.0	35.0	35.0	25.0	40.0	20.0	30.0	50.0
AGE													
18-24	21.7	19.5	19.5	19.5	19.8	49.2	50.8	32.5	33.2	34.3	34.5	32.0	33.5
25-34	19.9	19.6	18.7	20.8	21.0	49.4	50.6	33.6	33.2	33.2	33.7	33.6	32.8
35-49	18.9**	21.9*	19.7	19.5	20.1	49.1	50.9	32.9	34.0	33.1	33.3	33.5	33.2
50-64	19.9	20.8	20.7	18.9	19.6	50.3	49.7	33.3	32.9	33.8	33.4	32.4	34.2
65+	18.8*	21.7	19.1	20.1	20.3	48.0	52.0	35.3	31.4	33.3	33.5	34.3	32.2
ETHNICITY													
Aboriginal	22.9	18.1	22.6	17.4	19.0	49.0	51.0	31.0	32.9	36.1	35.5	31.0	33.5
Arab	15.5	23.6	26.4	13.6	20.9	41.8	58.2	36.4	31.8	31.8	32.7	33.6	33.6
Black	21.2	21.7	16.8	20.7	19.5	51.0	49.0	35.1	32.0	32.9	33.4	33.2	33.4
Chinese	21.0	22.3*	19.5	19.9	17.3	48.8	51.2	32.4	35.0	32.6	35.6	33.1	31.3
Filipino	16.2	17.7	26.9	22.3	16.9	40.8	59.2	32.3	33.1	34.6	33.1	42.3	24.6
Japanese	15.6	18.9	26.7	18.9	20.0	50.0	50.0	41.1	24.4	34.4	33.3	31.1	35.6
Korean	22.0	16.0	26.0	20.0	16.0	50.0	50.0	46.0*	22.0	32.0	26.0	30.0	44.0
Latin American	18.0	21.3	22.7	17.3	20.7	54.7	45.3	36.7	32.0	31.3	35.3	38.0	26.7
Other	19.3	20.0	23.0	19.6	18.1	49.3	50.7	32.6	34.8	32.6	33.7	30.7	35.6
South Asian	20.2	20.0	21.6	20.2	18.0	45.2	54.8	31.0	35.2	33.8	31.4	37.4	31.2
Southeast Asian	20.0	22.5	15.0	23.8	18.8	51.9	48.1	31.9	31.9	36.3	38.8	31.3	30.0
West Asian	12.9*	18.6	18.6	32.9	17.1	58.6	41.4	25.7	41.4	32.9	31.4	30.0	38.6
White	19.7	20.8	19.3	19.6	20.6	49.4	50.6	33.5	33.0	33.5	33.5	33.0	33.5
PROVINCE													
AB	21.7	20.8	19.4	18.7	19.3	52.8	47.2	33.9	32.7	33.4	34.1	33.4	32.6
BC	19.3	22.0	20.4	19.4	18.8	48.5*	51.5**	33.3	31.8	34.9	33.8	34.0	32.1
MB	17.5	20.5	18.8	20.9	22.3	50.5	49.5	32.5	33.6	33.9	34.4	33.3	32.3
NB	20.3	21.6	19.3	17.7	21.1	49.1	50.9	30.6	33.0	36.4	35.6	29.8	34.6
NFLD	20.7	18.3	19.3	21.0	20.7	55.9	44.1	36.6	33.1	30.3	27.9	39.0*	33.1
NS	17.5*	20.7	19.0	22.9	20.0	46.4*	53.6**	34.6	34.6	30.8	31.5	34.7	33.7
ON	19.8	21.0	19.5	20.0	19.7	49.0*	51.0**	33.4	33.8	32.8	33.8	32.8	33.5
PEI	17.5	25.0	27.5	17.5	12.5	55.0	45.0	30.0	37.5	32.5	32.5	35.0	32.5
QC	20.1	19.9	19.3	19.1	21.6	48.3*	51.7**	33.1	33.0	33.9	33.6	32.5	34.0
SK	17.0	19.8	22.5	20.7	20.0	50.5	49.5	35.7	29.1	35.2	33.6	34.8	31.6
EDUCATION													
BA	20.1	20.1	20.5	20.3	19.0	49.8	50.2	33.3	33.4	33.4	34.8	32.3	32.9
DIP	19.9	20.6	18.9	19.7	20.9	49.6	50.4	34.2	32.9	32.9	33.2	33.1	33.7
DOC	20.0	22.1	18.3	20.7	19.0	50.7	49.3	33.4	32.4	34.1	31.0	34.5	34.5
Elem	16.9**	24.0**	19.5	19.6	20.0	50.5	49.5	34.1	33.5	32.4	32.6	35.5	31.9
HS	19.7	20.5	20.1	19.3	20.5	48.8	51.2	33.1	32.7	34.2	33.4	32.9	33.7
MA	20.3	22.3	18.0	19.4	19.9	46.7	53.3	31.4	34.4	34.2	34.1	35.2	30.7
INCOME													
0-25K	20.6	21.2	19.6	19.3	19.3	47.8	52.2	33.8	32.3	34.0	34.3	33.6	31.9
100-150K	19.3	20.8	20.8	19.3	19.9	48.8	51.2	32.9	32.4	34.8	34.1	34.6	31.3
150-200K	20.9	19.8	18.9	18.6	21.8	46.8	53.2	30.5	35.2	34.3	35.0	29.8	35.2
200K+	24.3	21.8	15.9	21.8	16.3	56.5*	43.5**	32.6	30.5	36.8	34.3	31.8	33.9
25-50K	19.8	20.4	19.8	19.8	20.2	50.1*	49.9*	33.7	33.4	32.9	32.7	32.4	34.9*
50-100K	19.3	20.8	19.3	19.9	20.6	49.5	50.5	33.5	33.4	33.1	33.6	33.2	33.2
RELIGION													
Not important at all	20.2	20.7	19.3	19.4	20.5	49.8	50.2	33.2	33.8	33.0	34.0	32.4	33.6
Not very important	19.3	20.5	19.7	20.1	20.5	49.0	51.0	33.5	33.1	33.4	33.1	33.1	33.8
Somewhat important	19.2	20.8	20.0	19.4	20.6	48.4	51.6	33.7	32.6	33.7	34.3	33.0	32.6
Very important	20.6	21.2	19.4	20.0	18.8	50.1	49.9	33.1	32.9	34.0	32.8	34.3	32.9
ATHEIST													
Religion important	19.8	21.0	19.8	19.7	19.8	49.1	50.9	33.5	32.7	33.8	33.7	33.6	32.8
Agnostic	20.0	21.0	19.7	19.3	20.1	50.3	49.7	32.5*	33.1	34.4	32.4	33.6	34.0
Atheist	19.6	20.1	19.5	20.2	20.7	49.1	50.9	32.6	34.6	32.8	34.1	32.3	33.6
Other	19.8	20.9	19.3	19.5	20.5	49.2	50.8	34.9	32.4	32.7	33.9	32.5	33.7
KNOW HOMELESS													
No	20.0	20.5	19.4	19.8	20.3	49.3	50.7	33.9	32.8	33.4	33.5	33.3	33.3
Yes	19.3	21.2	20.0	19.5	20.0	49.2	50.8	32.6	33.6	33.8	33.9	32.9	33.2
SEE HOMELESS													
Daily	19.8	21.4	19.4	19.4	20.2	50.0	50.0	33.6	32.0	34.4	33.5	34.4	32.1
Don't know	20.6	21.4	15.5*	22.0	20.6	46.8	53.2	31.5	33.5	35.0	32.1	36.1	31.8
Never/Very Rarely	19.1	20.1	19.9	20.7	20.1	49.3	50.7	34.2	32.6	33.2	33.7	32.8	33.5
Once per month	20.1	20.8	20.2	18.9	20.0	49.9	50.1	32.9	33.7	33.4	33.7	32.6	33.8
Once per week	19.9	20.8	19.7	19.2	20.3	48.6	51.4	33.3	33.9	32.8	34.0	32.3	33.7

Respondent Characteristics	ACTIVITIES				STATUS			VICTIMIZATION			COST		
						VIGNETTE CHARACTERISTICS (cont.)							
GENDER	Panhand	Bottles	Paner	Wood	Services	Street	Shelter	Mental	Abuse	None	Low	Med	High
female	19.8	20.1	20.0	20.0	20.0	49.0	51.0	33.4	32.9	33.6	33.5	33.3	33.2
male	19.7	21.4	19.2	19.4	20.3	49.6	50.4	33.4	33.2	33.4	33.8	32.9	33.2
transgender	15.0	35.0	10.0	30.0*	10.0	65.0	35.0	35.0	25.0	40.0	20.0	30.0	50.0
AGE													
18-24	21.7	19.5	19.5	19.5	19.8	49.2	50.8	32.5	33.2	34.3	34.5	32.0	33.5
25-34	19.9	19.6	18.7	20.8	21.0	49.4	50.6	33.6	33.2	33.2	33.7	33.6	32.8
35-49	18.9**	21.9*	19.7	19.5	20.1	49.1	50.9	32.9	34.0	33.1	33.3	33.5	33.2
50-64	19.9	20.8	20.7	18.9	19.6	50.3	49.7	33.3	32.9	33.8	33.4	32.4	34.2
65+	18.8*	21.7	19.1	20.1	20.3	48.0	52.0	35.3	31.4	33.3	33.5	34.3	32.2
ETHNICITY													
Aboriginal	22.9	18.1	22.6	17.4	19.0	49.0	51.0	31.0	32.9	36.1	35.5	31.0	33.5
Arab	15.5	23.6	26.4	13.6	20.9	41.8	58.2	36.4	31.8	31.8	32.7	33.6	33.6
Black	21.2	21.7	16.8	20.7	19.5	51.0	49.0	35.1	32.0	32.9	33.4	33.2	33.4
Chinese	21.0	22.3*	19.5	19.9	17.3	48.8	51.2	32.4	35.0	32.6	35.6	33.1	31.3
Filipino	16.2	17.7	26.9	22.3	16.9	40.8	59.2	32.3	33.1	34.6	33.1	42.3	24.6
Japanese	15.6	18.9	26.7	18.9	20.0	50.0	50.0	41.1	24.4	34.4	33.3	31.1	35.6
Korean	22.0	16.0	26.0	20.0	16.0	50.0	50.0	46.0*	22.0	32.0	26.0	30.0	44.0
Latin American	18.0	21.3	22.7	17.3	20.7	54.7	45.3	36.7	32.0	31.3	35.3	38.0	26.7
Other	19.3	20.0	23.0	19.6	18.1	49.3	50.7	32.6	34.8	32.6	33.7	30.7	35.6
South Asian	20.2	20.0	21.6	20.2	18.0	45.2	54.8	31.0	35.2	33.8	31.4	37.4	31.2
Southeast Asian	20.0	22.5	15.0	23.8	18.8	51.9	48.1	31.9	31.9	36.3	38.8	31.3	30.0
West Asian	12.9*	18.6	18.6	32.9	17.1	58.6	41.4	25.7	41.4	32.9	31.4	30.0	38.6
White	19.7	20.8	19.3	19.6	20.6	49.4	50.6	33.5	33.0	33.5	33.5	33.0	33.5
PROVINCE													
AB	21.7	20.8	19.4	18.7	19.3	52.8	47.2	33.9	32.7	33.4	34.1	33.4	32.6
BC	19.3	22.0	20.4	19.4	18.8	48.5*	51.5**	33.3	31.8	34.9	33.8	34.0	32.1
MB	17.5	20.5	18.8	20.9	22.3	50.5	49.5	32.5	33.6	33.9	34.4	33.3	32.3
NB	20.3	21.6	19.3	17.7	21.1	49.1	50.9	30.6	33.0	36.4	35.6	29.8	34.6
NFLD	20.7	18.3	19.3	21.0	20.7	55.9	44.1	36.6	33.1	30.3	27.9	39.0*	33.1
NS	17.5*	20.7	19.0	22.9	20.0	46.4*	53.6**	34.6	34.6	30.8	31.5	34.7	33.7
ON	19.8	21.0	19.5	20.0	19.7	49.0*	51.0**	33.4	33.8	32.8	33.8	32.8	33.5
PEI	17.5	25.0	27.5	17.5	12.5	55.0	45.0	30.0	37.5	32.5	32.5	35.0	32.5
QC	20.1	19.9	19.3	19.1	21.6	48.3*	51.7**	33.1	33.0	33.9	33.6	32.5	34.0
SK	17.0	19.8	22.5	20.7	20.0	50.5	49.5	35.7	29.1	35.2	33.6	34.8	31.6
EDUCATION													
BA	20.1	20.1	20.5	20.3	19.0	49.8	50.2	33.3	33.4	33.4	34.8	32.3	32.9
DIP	19.9	20.6	18.9	19.7	20.9	49.6	50.4	34.2	32.9	32.9	33.2	33.1	33.7
DOC	20.0	22.1	18.3	20.7	19.0	50.7	49.3	33.4	32.4	34.1	31.0	34.5	34.5
Elem	16.9**	24.0**	19.5	19.6	20.0	50.5	49.5	34.1	33.5	32.4	32.6	35.5	31.9
HS	19.7	20.5	20.1	19.3	20.5	48.8	51.2	33.1	32.7	34.2	33.4	32.9	33.7
MA	20.3	22.3	18.0	19.4	19.9	46.7	53.3	31.4	34.4	34.2	34.1	35.2	30.7
INCOME													
0-25K	20.6	21.2	19.6	19.3	19.3	47.8	52.2	33.8	32.3	34.0	34.3	33.6	31.9
100-150K	19.3	20.8	20.8	19.3	19.9	48.8	51.2	32.9	32.4	34.8	34.1	34.6	31.3
150-200K	20.9	19.8	18.9	18.6	21.8	46.8	53.2	30.5	35.2	34.3	35.0	29.8	35.2
200K+	24.3	21.8	15.9	21.8	16.3	56.5*	43.5**	32.6	30.5	36.8	34.3	31.8	33.9
25-50K	19.8	20.4	19.8	19.8	20.2	50.1*	49.9*	33.7	33.4	32.9	32.7	32.4	34.9*
50-100K	19.3	20.8	19.3	19.9	20.6	49.5	50.5	33.5	33.4	33.1	33.6	33.2	33.2
RELIGION													
Not important at all	20.2	20.7	19.3	19.4	20.5	49.8	50.2	33.2	33.8	33.0	34.0	32.4	33.6
Not very important	19.3	20.5	19.7	20.1	20.5	49.0	51.0	33.5	33.1	33.4	33.1	33.1	33.8
Somewhat important	19.2	20.8	20.0	19.4	20.6	48.4	51.6	33.7	32.6	33.7	34.3	33.0	32.6
Very important	20.6	21.2	19.4	20.0	18.8	50.1	49.9	33.1	32.9	34.0	32.8	34.3	32.9
ATHEIST													
Religion important	19.8	21.0	19.8	19.7	19.8	49.1	50.9	33.5	32.7	33.8	33.7	33.6	32.8
Agnostic	20.0	21.0	19.7	19.3	20.1	50.3	49.7	32.5*	33.1	34.4	32.4	33.6	34.0
Atheist	19.6	20.1	19.5	20.2	20.7	49.1	50.9	32.6	34.6	32.8	34.1	32.3	33.6
Other	19.8	20.9	19.3	19.5	20.5	49.2	50.8	34.9	32.4	32.7	33.9	32.5	33.7
KNOW HOMELESS													
No	20.0	20.5	19.4	19.8	20.3	49.3	50.7	33.9	32.8	33.4	33.5	33.3	33.3
Yes	19.3	21.2	20.0	19.5	20.0	49.2	50.8	32.6	33.6	33.8	33.9	32.9	33.2
SEE HOMELESS													
Daily	19.8	21.4	19.4	19.4	20.2	50.0	50.0	33.6	32.0	34.4	33.5	34.4	32.1
Don't know	20.6	21.4	15.5*	22.0	20.6	46.8	53.2	31.5	33.5	35.0	32.1	36.1	31.8
Never/Very Rarely	19.1	20.1	19.9	20.7	20.1	49.3	50.7	34.2	32.6	33.2	33.7	32.8	33.5
Once per month	20.1	20.8	20.2	18.9	20.0	49.9	50.1	32.9	33.7	33.4	33.7	32.6	33.8
Once per week	19.9	20.8	19.7	19.2	20.3	48.6	51.4	33.3	33.9	32.8	34.0	32.3	33.7

Appendix A3

Table 2: OLS Regression Results

Independent Variables

DEMOGRAPHICS (respondents)	Model 1	Model 2	Model 3	Model 4	Model 5
Gender (female)	-19.34** (-2.18)	-18.63** (-2.10)	-28.46*** (-3.20)	-28.06*** (-3.51)	-28.393***(3.188)
Age (40+)	-25.21** (-2.06)	-27.32** (-2.23)	-12.44 (-1.01)	-12.52 (1.02)	-12.72 (-1.03)
Ethnicity (Caucasian)	1.87 (0.16)	15.23 (1.31)	14.98 (1.31)	14.99 (1.32)	15.06 (1.32)
Province (QC)	-99.92*** (-9.32)	-102.87*** (-9.32)	-104.25*** (-9.68)	-103.98*** (9.66)	-103.98***(-9.656)
Education (BA+)	26.19*** (2.92)	23.94*** (2.66)	23.90*** (2.66)	24.01*** (2.67)	23.96***(2.67)
Income (0-25K)	-94.10*** (-7.76)	-85.15*** (-7.01)	-85.06*** (-7.00)	-85.02*** (7.00)	-85.26*** (-7.02)
Religion (important)	-62.72*** (-6.11)	-73.03*** (-5.81)	-72.86*** (-5.80)	-72.82*** (5.79)	-72.96*** (-5.81)
Agnostic	21.45 (1.45)	21.23 (1.45)	-6.91 (-0.43)	-7.07 (-0.43)	-7.03 (-.43)
Atheist	-52.48*** (-4.10)	-28.24** (-2.18)	-53.45*** (-3.62)	-53.44*** (3.62)	-53.34*** (-3.61)
See homelessness (reg.)	-35.13*** (-3.91)	-35.79*** (-3.98)	-32.76*** (-3.64)	-32.34*** (-3.59)	-32.56*** (-3.61)
Know homeless	-5.17 (-0.55)	-7.30 (-0.78)	-4.41 (-0.47)	4.36 (0.46)	4.17 (0.45)
Role of Govt Index	34.73*** (24.59)				
RG_high		76.80*** (6.19)	74.09*** (5.98)	89.06*** (5.93)	74.19*** (5.99)
RG_low		-298.56*** (-21.83)	-281.89*** (-16.97)	-297.93*** (-21.81)	-281.27***(-16.97)
VIGNETTE CHARACTERISTICS					
Age	0.68 (1.27)	0.65 (1.20)	0.71 (1.32)	.71 (1.32)	.72 (1.34)
Gender (female)	26.38*** (2.82)	34.30*** (3.19)	32.20*** (2.99)	32.81*** (3.05)	32.51*** (3.02)
Gender (trans)	15.34 (1.46)	16.21 (1.51)	15.92 (1.48)	16.54 (1.54)	16.15 (1.51)
Ethnicity (Caucasian)	7.15 (0.67)	2.77 (0.30)	5.80 (0.54)	5.77 (0.54)	5.92 (.55)
Ethnicity (Aboriginal)	7.05 (0.66)	5.44 (0.68)	8.42 (0.78)	8.57 (0.80)	8.53 (.80)
Years homeless	5.36*** (2.99)	5.24*** (2.92)	5.09*** (2.84)	5.05*** (2.82)	5.04*** (2.81)
Activities (working)	-8.78 (-0.98)	-9.09 (-1.01)	-7.68 (-0.86)	-7.53 (-0.84)	-7.40 (-.82)
Shelter status (sheltered)	9.76 (1.11)	9.55 (1.09)	11.16 (1.27)	11.00 (1.25)	10.83 (1.23)
Victimization (mental health)	30.09*** (2.80)	30.52*** (2.83)	27.77*** (2.58)	27.80*** (2.58)	27.64*** (2.56)
Victimization (none)	-71.39*** (-6.64)	-71.77*** (-6.67)	-72.89*** (-6.77)	-65.74*** (-5.70)	-66.65*** (-5.88)
Cost to system (high)	3.033 (0.75)	2.71 (0.29)	11.94 (1.20)	5.92 (0.63)	5.87 (.63)
INTERACTION TERMS					
RG low * Cost high			-47.68* (1.70)		
RG high * Cost high			20.07 (0.79)		
RG low * victim_none				-44.31* (-1.75)	
RG low * mental_health				9.85 (0.39)	
RG low * abuse				34.54 (1.36)	
RG high * victim_none					-50.00* (-1.78)
RG high * mental_health					46.23* (1.65)
RG high * abuse					3.73 (0.13)