Social Return On Investment (SROI)
Case Study: Child and Youth Services

**Fast Facts**

Discovery House serves women and children leaving domestic violence. The agency offers a continuum of residential and follow-up services to build the capacity of families to live independently in the community free of domestic violence.

- 76 children were treated through the Child and Youth Services Program.
- Families increased their ability to use community resources by 95%
- A total of 93% of children six and under demonstrated positive progress in developmental gaps.
- After leaving our facility 95% of the families who reside at Discovery House were able to keep themselves safe from domestic violence.

**Average Annual SROI:**

$1: $11.37

**Contact Information:**

Brigitte Baradoy, Executive Director
Michelle Murray, Director, Programs and Internal Operations

Phone: 403.670.0467
Fax: 403.204.6832
www.discoveryhouse.ca

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fcss 
family & community support services

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“Children are one third of our population and all of our future.”
~Select Panel for the Promotion of Child Health, 1981~

**Program Background:**

Child and Youth Services (C&YS) provides counselling, programming and interventions to children and youth between the ages of eight months and 17 years to address the social, emotional, physical, neurological and cognitive impacts of domestic violence.

Research informs us that when the impacts of domestic violence (DV) are not resolved, children perform poorly in academics and drop out of high school at a significantly higher rate.

Other long-term impacts include the presence of learning disabilities, the absence of age appropriate social and emotional development, poor peer and familial relationships, substance abuse, poor physical health, a chronically depressed immune system, compromised mental health and the increased likelihood of involvement in the justice system. These impacts become barriers to their full participation in the community and to fulfilling their life potential.

**Social Value Created:**

A continuum of Child and Youth Services facilitate change through ongoing assessment and evaluation. The focus is upon personal resilience and the promotion of self-mastery. Art and Play therapy and trauma counselling release and prevent the experience of domestic violence from impacting the future mental health of the child.

The mother of each client is an integral and active participant in each child’s therapy. She is supported as she learns more child-centered parenting skills. The result is healthier and stronger attachment for both the mother and the child (our client).

One unique result of our service delivery is that the process experienced by each client is also an important catalyst for the mother’s process of change, during which she learns to be her child’s strongest advocate. The combination of results create families that have learned to heal together, which prevents future domestic violence from reoccurring in their lives.

**Child and Youth Service Clientele:**

Broadly speaking, there are three children and youth client profiles at Discovery House. The first represents a child between eight months to four years of age. The second ranges in age from five to 11 years old, the third is between 12 and 17 years of age.

While some of the positive changes by (C&YS) clientele apply to children and youth within every profile, the impact of domestic violence manifests itself differently among...
Case Study— Social Value Created: Profile One

The X family consists of mother (24), Mary (four), Olli (seven) and Dino (two years, four months). Mother was also pregnant upon her arrival at Discovery House.

The family had a very lengthy history of extremely violent physical abuse as well as emotional, financial, sexual and spiritual abuse by their mother’s abusive partner of several years. Mother had Post Traumatic Stress Disorder and depression. Her parenting skills were extremely poor and she was at risk of having the children apprehended by Children’s Services.

In the first month of every family’s residency, an initial parent assessment is conducted with the mother to determine the mother’s parenting needs and abilities. Individual assessments are conducted on each child and a service plan created for each child and parent. These service plans are revisited weekly, sometimes several times a week, depending on the needs of the child.

Early in the process, it became apparent that Dino had been severely impacted by domestic violence. He had multiple issues including: mental health, behavioral, psychosomatic, physiological and developmental delays. Dino’s gross and fine motor skills were severely impacted. He could not run, jump or control the direction of his movement. He could not respond to rhythm and he refused to engage in play which limited Discovery House’s ability to assess his fine motor skills. Language and cognitive development were also severely delayed.

Dino’s mother disclosed that when Dino was eight months of age her partner repeatedly held him under water in the bathtub for a period of twenty minutes. When she was able to stop the abuse Dino was unconscious. He regained consciousness but was never assessed for neurological damage or brain injury.

When Dino arrived at Discovery House, he did not speak at all. He did not understand the concept of one and two nor did he understand basic colors and shapes. Clearly, Dino’s emotional and social development was significantly impaired. He could not separate from his mother. He could not tolerate any other children in his immediate proximity. When another child passed too close to his physical comfort zone he physically attacked the child by spitting, biting, hitting and throwing objects at the child and his mother if she was present. He refused to make eye contact with anyone and did not smile.

Dino suffered from asthma, gum and teeth infection, did not have his four upper or lower front teeth and his physical growth was stunted with his height and weight being more typical of a one year old child. Dino could not hold or digest food properly. His sleep patterns were irregular. He was also not potty trained.

The service goal for the first three months was to create a safe space to permit healing to occur. One of the methodologies was child-centered attachment play therapy. Positive attachment and trust development was modeled for Dino and his mother by scheduling five-15 minute daily group sessions with Dino’s child and youth counselor in the play centre.

During these sessions Dino was encouraged to explore the play centre and the toys. These attempts to explore were celebrated. His feelings were validated and his aggression redirected. Neurologically this work resulted in the normalization of his brain chemistry allowing the growth of new neurological pathways to replace old pathways. His new learning and experiences were supported and reinforced by his mother. His mother acquired the capacity to assist her son in his healing and also acquired much needed parenting skills.

By the fourth month, Dino was able to separate from his mother and work with a children’s counsellor. He no longer attacked other children and began to smile and interact. Counsellors built upon his new-found curiosity, ability and interest in play, to formulate play therapy interventions that allowed Dino to key master gross/fine motor and cognitive developments. His mother was taught all of these games and activities so that she could reinforce these skills in the home.
Dino’s physiological and psychosomatic illnesses were addressed. He gained weight, grew taller, started sleeping regularly and was able to hold and digest his food. By the end of the fourth month Dino could separate from his mother for 35 minutes and join a play therapy group with five other child clients. His love of dinosaurs was a focal point for exercises to assist him to surpass important emotional and social developmental milestones. Dino demonstrated an ability to wait his turn, share, sort food and toys, count, show empathy and for the first time made a sound that was the beginning of his speech and language development.

At the end of Dino’s fifth month of residency we saw a resilient playful child eager to learn. Most of the identified developmental gaps had been closed, and he was on a path of ongoing development and healing. Language gaps would take longer to close and so the family remained at Discovery House for 13 months. Today Dino has normal speech development and is ready for mainstream pre-school.

Table 1: Social Value Created - Profile 1: (42 children, 8 months to 4 years old)

<table>
<thead>
<tr>
<th>SROI Indicators Included:</th>
<th>Code</th>
<th>$ value per change</th>
<th>% of co-hort experiencing this change.</th>
<th>$ value for entire co-hort</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>reduced subsidy as a result of ability to work</td>
<td>F19</td>
<td>$8,640</td>
<td>37%</td>
<td>$134,266</td>
<td>Average monthly subsidy for Alberta mother receiving Alberta Works benefit, with 2 children is $1,100. If she is able to work part time ($8.80/hour /20 hours/week), her income will be $720/month, reducing the subsidy to $380/month. This is a saving of $8,640 per year.</td>
</tr>
<tr>
<td>increased income as a result of being able to work full-time</td>
<td>F13</td>
<td>$4,400</td>
<td>1%</td>
<td>$1,848</td>
<td>Mothers able to work full-time, at minimum wage, see an increase in household income ($8.80 per hour/40 hours/50 weeks = $17,600 LESS what would have been received in subsidy, i.e. $13,200). Increased income = $4,400/yr.</td>
</tr>
<tr>
<td>avoidance of use of walk-in clinics</td>
<td>H2</td>
<td>$2,400</td>
<td>66%</td>
<td>$66,528</td>
<td>Of 89% of clients who in this age group regularly used walk in clinics 1-2 times/week ($25 per visit), 75% stop using clinics @ 48 weeks/year.</td>
</tr>
<tr>
<td>avoidance of need for speech therapy</td>
<td>ICI</td>
<td>$960</td>
<td>30%</td>
<td>$12,096</td>
<td>Speech therapy minimum cost $120/hour, minimum number of sessions: 8.</td>
</tr>
<tr>
<td>avoidance of need for physio-therapy</td>
<td>ICI</td>
<td>$720</td>
<td>51%</td>
<td>$15,422</td>
<td>Physio minimum cost is $90 hour, minimum number of sessions 8.</td>
</tr>
<tr>
<td>avoidance of need for psychologist</td>
<td>ICI</td>
<td>$1,200</td>
<td>43%</td>
<td>$21,672</td>
<td>Psychologist cost is $150/ hour, minimum number of sessions 8.</td>
</tr>
<tr>
<td>reduced need for child respite care</td>
<td>SS18</td>
<td>$843</td>
<td>73%</td>
<td>$25,846</td>
<td>One incident, 3 night stay @ $281 per night.</td>
</tr>
<tr>
<td>avoidance of emergency care</td>
<td>H4</td>
<td>$8,031</td>
<td>4%</td>
<td>$138,294</td>
<td>$231 cost of registering as an emergency patient within a hospital.</td>
</tr>
<tr>
<td>avoidance of 3-day hospital stay</td>
<td>H1</td>
<td>$3,114</td>
<td>41%</td>
<td>$53,623</td>
<td>On average, 3 night stay in patient care expected @ $1,038 per day.</td>
</tr>
<tr>
<td>avoidance of requirement for special needs classification</td>
<td>E2</td>
<td>$3,686</td>
<td>30%</td>
<td>$46,444</td>
<td>School boards receive $3,686 per child designated as ‘special needs’.</td>
</tr>
<tr>
<td>avoidance of subsidy for a child classified as severely disabled</td>
<td>E3</td>
<td>$8,910</td>
<td>30%</td>
<td>$112,266</td>
<td>School boards receive $8,910 for every child designated as severely disabled.</td>
</tr>
<tr>
<td>avoidance of foster care</td>
<td>CSP</td>
<td>$24,090</td>
<td>78%</td>
<td>$769,188</td>
<td>Minimum cost of $66 per day * 365 days (cost is higher for younger children).</td>
</tr>
<tr>
<td>no dental surgery required</td>
<td>H45</td>
<td>$700</td>
<td>51%</td>
<td>$14,994</td>
<td>Minimal cost of dental surgery performed on a child that has baby bottle syndrome, resulting from poor parenting.</td>
</tr>
</tbody>
</table>

SROI Indicators Included:
- F19: reduced subsidy as a result of ability to work
- F13: increased income as a result of being able to work full-time
- H2: avoidance of use of walk-in clinics
- ICI: avoidance of need for speech therapy, physio-therapy, psychologist
- SS18: reduced need for child respite care
- H4: avoidance of emergency care
- H1: avoidance of 3-day hospital stay
- E2: avoidance of need for special needs classification
- E3: avoidance of subsidy for a child classified as severely disabled
- CSP: avoidance of foster care
- H45: no dental surgery required

SROI Case Study: Child and Youth Services

Notes:
- CSP = Citable source in process, currently from reliable source.
- ICI = Individual Case Study Indicator, the data collected for this indicator is specific to this case study.
The interventions provided by Child & Youth Services removed most of the social, emotional, cognitive, physical and developmental barriers that would have prevented Dino from participating in his family and community. His progress is but one example of how the early intervention services provided at Discovery House relieve the community at large from having to provide ongoing support and rehabilitative services to children that have been traumatized by the experience of domestic violence.

**Case Study— Social Value Created: Profiles Two & Three**

The second profile of Discovery House clients, children aged five - 11, will likely experience life-long social, emotional, psychological and cognitive limitations without interventions to address the impact of domestic violence.

Children of this age group perform poorly academically, socially and emotionally in school, which is their primary arena for development outside of the home. They become isolated and ostracized as a result of their behavior. Without intervention they will draw upon educational, justice, health and mental health resources, and be at-risk of continuing the cycle of abuse.

<table>
<thead>
<tr>
<th>Annual Average SROI Child &amp; Youth Services</th>
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<tbody>
<tr>
<td>Co-hort # 1:</td>
</tr>
<tr>
<td>7.47</td>
</tr>
<tr>
<td>Co-hort # 2:</td>
</tr>
<tr>
<td>10.82</td>
</tr>
<tr>
<td>Co-hort # 3:</td>
</tr>
<tr>
<td>15.82</td>
</tr>
<tr>
<td>SROI average:</td>
</tr>
<tr>
<td>11.37</td>
</tr>
</tbody>
</table>

The third profile, clients 12-17 years of age, are at very high risk of dropping out from high school. Those who remain require intense academic, emotional and psychological support. Their experiences impact their ability to form attachment and to create healthy relationships. The result is a high reliance upon physical health, mental health, police and children’s services, as well as special educational resources. There is also a high risk of involvement in the justice system. It is also often necessary for the people affected by their behavior and psychological issues to seek out support and resources.

** for information in the other two profiles, request the SROI workbook.

**Conclusion**

Each Child & Youth Services client has an individualized service plan that includes: support in self-assessment of the impact of domestic violence on their own lives, counselling sessions that address mental health issues, practical issues, family and parenting issues.

The result of the support described above includes the restoration of appropriate relationships within the school environment, new and strong social and recreational community connections, as well as a reduction of the trauma, cognitive and emotional impact of the abuse experienced.

Child & Youth Service interventions significantly increase the number of clients attending school and reduce client reliance on special educational resources. There is a significant decline in reliance of both the client and family upon the police and justice systems, children’s services, mental health care and the healthcare system including hospitals and walk-in clinics.

Resolving the social, cognitive, emotional and physical impacts of domestic violence gives children and youth the opportunity to experience well-being. As a result, they become more likely to develop to their maximum potential. A child experiencing well-being can have the effect of increasing the parenting capacity in their own mothers.

Child and youth clients leave Discovery House with significant developmental milestones mastered, trauma released and new connections to their community. They know that no matter what happens in their homes, that kindergarten, pre-school and school are safe havens for them to ask for help, to learn, to play and to grow.

Ninety-three percent of today’s Discovery House child-clients reclaim the human right to feel safe, to be protected from domestic violence, to be loved, to play, to learn, to grow, and be able to create the society of tomorrow. In 2008, the average social return on investment associated with that success was $11.37 per dollar invested.

For more information on SROI, visit www.calgary.ca/sroi or www.simpactstrategies.com