



humanity above all else



**Ontario Association
of Child & Youth &
Young Parent
Centres
October 2010**

**Investment Thinking
A New Reality
or
A Passing Fad**

Overview of Presentation

- **Our context... little bit about us**
- **Outcome Driven**
- **Why Bother – The times they are a changing**
- **Social Return on Investment**
- **Creating Value**
- **Questions**

A little bit about me

- **CEO The Catholic Family Service of Calgary**
- **39 years experience in human services**
- **26 years in Family Service ... still thriving/surviving**

A little bit about Calgary 2010



- Population - 1.1 million
- Third largest Canadian centre for new Canadians
- 24% from a visible minority projected to increase to 47% by 2030
- Significant urban aboriginal population
- Somewhat diverse economy

A little bit about Catholic Family Service

**CATHOLIC FAMILY SERVICE
BOARD OF DIRECTORS**

**Greg Campbell
CHIEF EXECUTIVE OFFICER**

**Patricia Jones
DIRECTOR OF OPERATIONS**

Hugh McGeary
Managing Director
Family Services

Counselling Programs
Innovative Community Based Programs
Family Treatment of Child Sexual Abuse Program
Butterfly Program
Marriage Preparation Program

Holly Charles
Managing Director
*Louise Dean Centre Services for
Young Parents & Their Children*

Community Support Programs
School-Based
Counselling
Community Outreach
Healthy Babies
Network
Life Skills

Early Childhood Programs
Dr. Clara Christie
Learning Centre
Home Start
Calgary
Achievement
Centre for Youth
Child Minding &
Outreach

Sherry Hiebert-Keck
Managing Director
Community Services

Families &
Schools
Together
FASTWORKS
Neighborhood
Leadership
Development
Never Too Late

Volunteer Programs
Teen Parent
Friend
Athletes
Mentoring
Support to
Internal
Programs

School Support Program (CCSD)
English as a Second Language
School-Based Partnership -Code 42

Administration

Financial Services
Admin Support
Resource Development
Communications
Information Technology
Contracted Services



Catholic Family Service

- 100+ staff
- Includes social workers, psychologists, early childhood, life skills, nutritionists, adult education, data & IT.
- Programmes include counseling ,child development and community development.
- Learning Centres (child care)

Outcomes

Service Outcomes

- **Demonstrable Outcomes are Essential**
- **Don't confuse them with “widgets”**
- ***Can you communicate them in a language that is not “professional code” ?***

Why we went this route

- Rationale for outcomes was driven ,at first, by the sectarian name and concern that the community would develop misconceptions about the agency. (Service vs. Proselytizing)
- Board directive to have in place demonstrable outcomes in two years . (1997)

Outcomes require work & maintenance

- **No existing budget for infrastructure & a very dysfunctional relationship with data!**
 - **Develop & commit to an IT strategy**
 - **Find \$150,000 to resource it. (.4%)**
 - **Engage a research consultant (someone who knows what they are doing).**
 - **Support a culture where the primary purpose for outcomes is to improve service and try new and innovative approaches**
 - **Positive results for clients and staff morale**
 - **Keep the investors happy**

Barriers

- Fear of change..... New Murphy's law might read
 - “ *agents of change will always balk at change affecting themselves*”
- Resistance
 - “*We know what we are doing so don't interfere*”
 - “*We know our clients best*”



***“So we are going to dumb
it down to money”***





**We have a divine right to your money
because our cause is noble
and oh yes
no questions asked other than *“did
you spend the money honestly?”***





What if it's not working ?

The big external question that is not going away

SO WHAT?.....

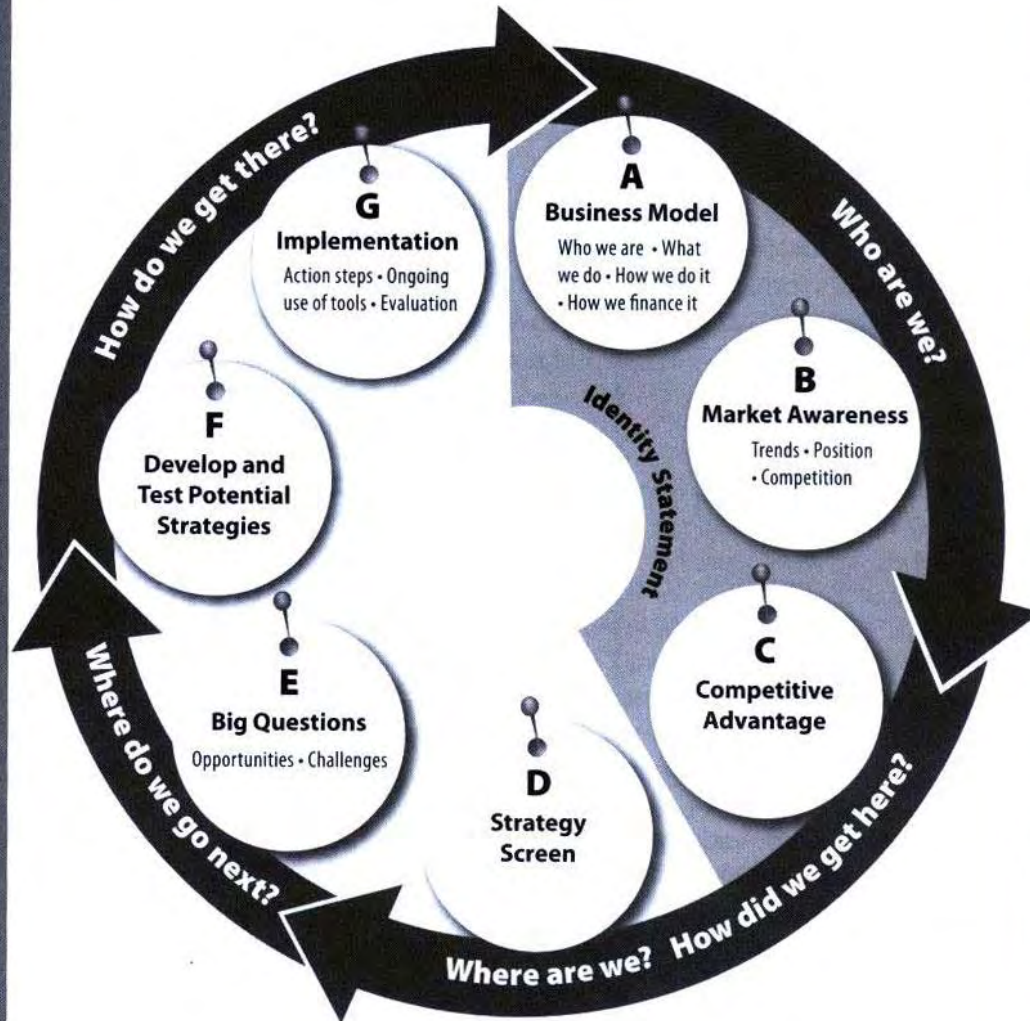
**Why should I give you my hard earned
money?**

Strategic Planning....

You must do it

- It can't collect dust
- Has to be current
- Has to be manageable
- You have to be distinct (might be code for competitive)

EXHIBIT Q Real-Time Strategic Planning Cycle



CFS Screen

- **Fit with Vision & Mission**
- **Relevant to community**
- **Sustainable**
- **Distinctiveness**

Guiding Principles

- **Prevention:** CFS programmes support people to acquire the skills and capacity to participate in their communities.
- **Intervention:** CFS programmes support people in regaining stability in their lives.
- **Collaboration:** CFS Programmes work with others in order to support the creation of healthy communities.
- **Volunteerism:** CFS programmes create opportunities for people to care for one another in the spirit of reciprocity.

Guiding Principles

- **Advocacy:** CFS programmes intervene on behalf of clients to access resources that will improve life circumstances. Further, programmes will identify systemic issues to the Board who will initiate strategic actions promoting change.
- **Community Development:** CFS programmes foster connections between people and resources to create sustainable community that lives beyond our interventions.
- **Empowerment:** CFS programmes empower people to feel “in charge” of their lives. We think wellness not illness.
- **Organizational Strength:** CFS programmes will receive maximum organizational support with respect to financing, staffing, facilities and supervision.

Why Bother

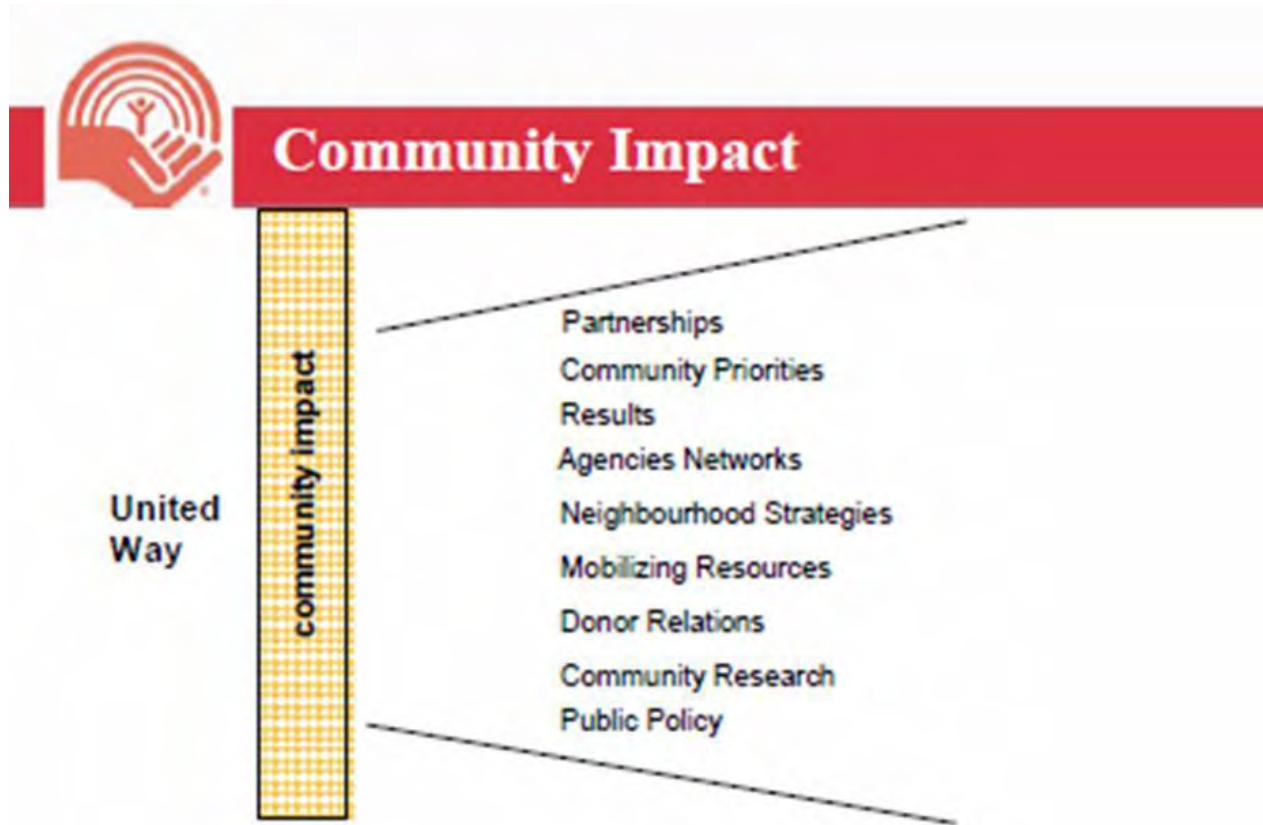


Current Environment

- Reduced Funding Opportunities
- Donor potential eroding.....
- New definition of services placed on a Community Impact Framework

Community Impact is the mobilization of collective action to create measurable, cumulative lasting change that improves lives and builds resilient communities.

Community Impact





United Way's Community Impact Strategy



Post Recession Donor Wariness

- One hypothesis is that donors will continue to contribute but want the stewardship of their dollar to be more secure and more effective.

What impact over the long term will my dollar create?

- No different than our own expectation of RRSP portfolios

Shared Definition of Impact

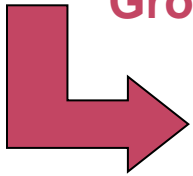
- There is a more shared understanding that is evolving
- There are at least three player groups
 - Corporate, Foundations & individual donors
 - Public sector .. United Way, Government
 - Non Profit- that's us (although I believe we have to change the name)

Public Sector

Driven to demonstrate effectiveness in operating & investing in the public interest



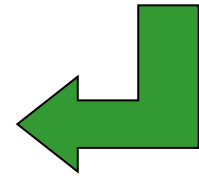
Corporate & Donor Groups



Driven by CSR, sustainability and Governance agendas



Socially driven-Public Good organizations



Driven to demonstrate the value of their work

Cross Sector Interest

So why do it?

Why measure social outputs, outcomes and impact?

Internal

- Improved programme management
 - More effective planning
 - More effective evaluation
- Increased understanding of the impact of your work

External

- **Stronger** communication of the value of your work to 'the people that matter' (internal and external stakeholders)
- **Enhanced** attention to the social, economic and environmental value created by your organization

Social Return On Investment

What does it look like?



**Social Return on
Investment (SROI) is the
value we create which
positively impacts
community making it a
better place in which to live**

Connect the Dots



Community Impact



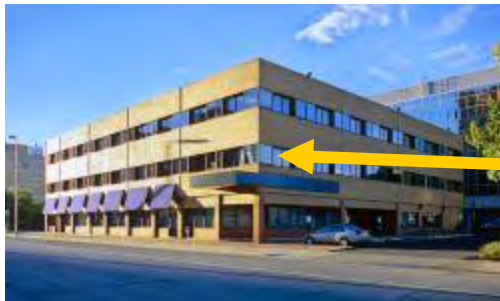
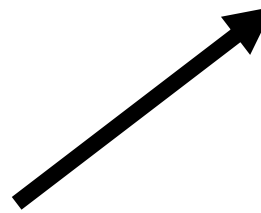
Our outcomes

Next level of relationships improved

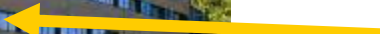


We provide something

Immediate Relationships Improved



Greg's office



SROI Overview

- A SROI analysis produces a ratio, i.e. a performance indicator.
- Based on the principles of financial return (ROI illustrates financial return), *social* ROI indicates the amount of social value created as a result of a program investment.
- SROI values the relationship between social, financial and environmental factors.
- Used to plan (forward thinking) and to evaluate (learning from experience).

Work with High Risk Youth & Young Parents

- Break into small groups three or four.
 - Who do you serve?
 - What are their issues?
 - What are the results/consequences of their issues?
 - How do you fit in the equation?

Five Steps to an SORI

1. Describe your client and their situation without your service
2. State your theory of change that underpins your work (program or service)
3. List the actual changes to be experienced by your clients
4. Choose indicators that can be monetized and the time frame that changes are achieved .
5. Calculate SROI

Ask the right questions

- Who are the people that matter to my work?
What are their objectives?
- How should I prioritize my stakeholders?
Are their objectives aligned to mine?
- What output indicators illustrate how well I achieve my objectives?
- Can I measure the social return that results from our impact ?

Terminology

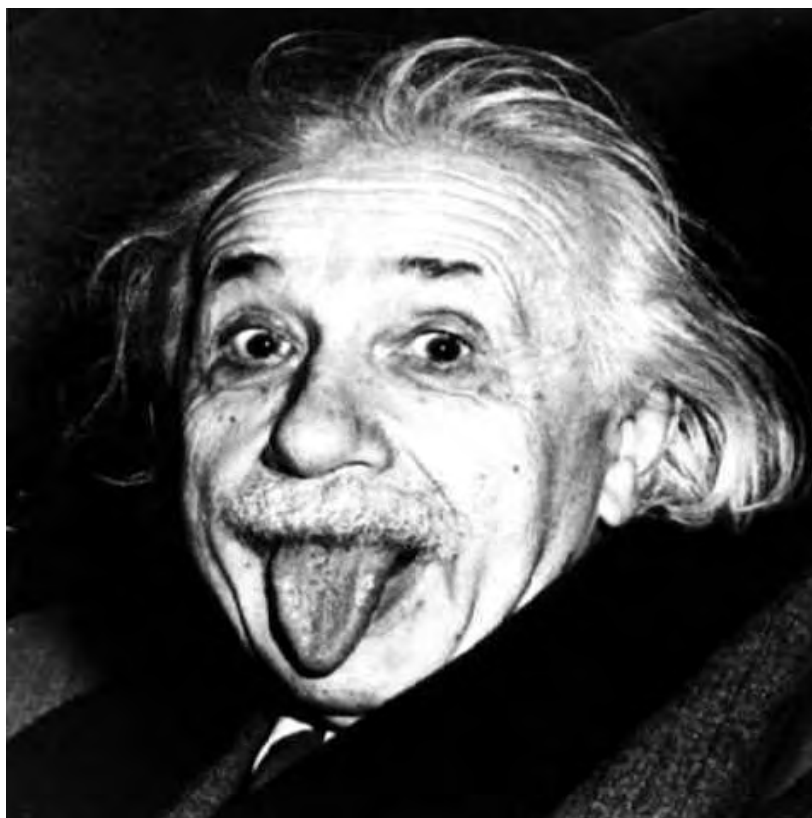
- Inputs:** resources invested in an activity
- Outputs:** the direct and tangible results from an activity
- Outcomes:** changes that are either directly or indirectly linked to the activity
- Impact:** Outcomes less (-) an estimate of what would have happened anyway
- Timeframe:** The length of time an outcome or change will be sustained as a result of your project or investment

Consider Timeframe

Immediate	Annual	Multi-year
<ul style="list-style-type: none"> • Responding to crisis, situation could reoccur even immediately 	<ul style="list-style-type: none"> • Investments that changes circumstances but can't be guaranteed beyond fiscal year 	<ul style="list-style-type: none"> • Investments that change circumstances for a period of time
<ul style="list-style-type: none"> • Distress Centre • Children's Cottage 	<ul style="list-style-type: none"> • Beltline Youth Centre • Critical Hours Programming • Community Gardens • In-school Mentoring 	<ul style="list-style-type: none"> • Catholic Family Service Louise Dean Centre • Discovery House • Youth Justice Society • YWCA/Mary Dover House • Momentum - Fair Gains

What Gets Measured, Gets Valued

- You have to articulate a *‘theory of change’*
- Outputs measure progress towards achieving.....
- that *“change”* through an organization's work



Not everything that can be counted counts, and not everything that counts can be counted.

~ Albert Einstein

Theory of Change

We believe that if we do *this ,this* and *this*
etc.....for *them*.... Then *this* will occur

Theory of Change Catholic Family Service Louise Dean Centre

What is *this* ,*this* and *this* ?

- Lifeskills
- Counselling
- Nutrition and good prenatal health
- “Home Start”
- Education
- Child care

Who is *Them* ?









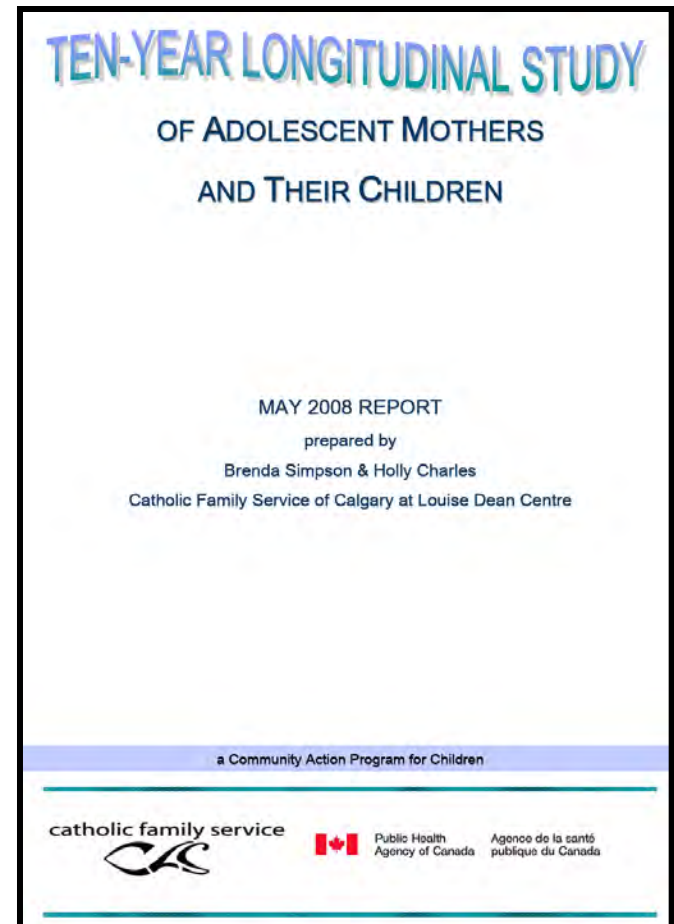
What is *this* ?

- Healthy birth
- Reduction in Fetal Alcohol related issues
- Development of a community support network
- Positive and effective parenting occurs
- Successful completion of High School
- Post Secondary Education –Training
- Employment

SROI Supported by Research

Theory of Change

If pregnant teens and teen mothers at high-risk of financial and social exclusion have access to medical care, child care, counseling, and opportunities to learn life and parenting skills as they finish their high-school education, they are more likely to graduate and then to successfully build a better life for themselves and their children.



Social Value



Reporting Value

Monetizable

- Cost savings
- Income changes
- Tax increases
- Public service reductions

Non – Monetizable

- Happiness
- Confidence
- Safety
- Other

Reporting Value

Monetizable

- Charts & tables
- Facts & figures
- Demonstrable outcomes

Non- Monetizable

- Narrative
- Descriptions
- Stories

Social Value

Catholic Family Service seeks to reduce the social & economic barriers facing pregnant teens & young mothers by ensuring that they:

1. **Complete their High School Education**
2. **Learn to take care of their own and their child's health**
3. **Protect or remove themselves from negative relationships and circumstances that could reduce the likelihood of success**

Social Value Short Term

- Stable pregnancy
- Reduction in negative influences i.e. people, drugs, alcohol, prostitution
- Healthy birth

Value measured by reduced costs to Health Region (preterm births health related issues low birth weights) & crisis services (shelters , child welfare etc)

Social Value Medium Term

- Healthy Baby → Toddler
- Milestones on “target” or remediation planned & implemented
- Positive breast feeding pattern established
- Education continued

Value measured by reduced costs to Child Welfare (Emergency , foster care & crisis services) ,shelter nursery care, medical visits to Emergency Services

Social Value Long Term

- Higher rates of High School Completion than national averages (91.4% vs. 78.1%)
- Four times more likely to complete post secondary training
- 4% will complete university or college
- Health of children is typically very good to excellent.
- Taxpayers and community participants

How Social Value is Created

1. cost reallocation - by diverting need for public support or human services
2. changes in household income
3. changes in amount of taxes paid
4. actual cost savings due to shrinking problem or reducing need or reduced costs of service delivery
5. improvements in personal well-being, often difficult to monetize

Direct

(the person)

or

Indirect

(other people / services involved)

Principles

- **Involve stakeholders**
- **Understand your changes**
- **Value the things that matter**
- **Only include what is material**
- **Do not overclaim**
- **Be transparent**
- **Verify your results**

2007 Co-hort: Social Value Created - Key Indicators

1	2	3	4	5	Notes	
SROI indicators Included:	monetized (\$\$) value per change	Number within co-hort who experienced change (max 211)	% within co-hort who experienced change	Total \$\$ value achieved		
Changes in personal/household income						
1	Student financing (received)	-\$15,600	134	63.5%	-\$2,090,166	Alberta Works, Alberta Employment and Immigration, Learner Income Support Programs - average LDC mother received \$1300 a month
2	Post-secondary scholarships and bursaries (received)	-\$11,000	31	14.7%	-\$341,000	Given the standard government bursaries available, each LDC mother could receive up to \$11,000. Have used maximum amount possible.
3	Additional earnings post high school graduation	-\$8,861	112	53.1%	\$992,432	The average salary post schooling for LDC mother is \$26,333. A yearly salary at minimum wage is \$17,472. A difference of \$8,861.
4	Additional taxes paid post high school graduation	\$2,215	112	53.1%	\$248,108	Alberta exempt on first \$15,435, and 10% on remaining Federal exempt on first \$9,600 and 15% on remaining
5	Reduced need for income assistance post high school graduation	\$10,776	112	53.1%	\$1,206,912	Income Assistance (single adult with one child, expected to work, living in private housing) is \$732 (total core benefits) + \$166 (National Child Benefit Supplement)/month

2007 Co-hort: Social Value Created - Key Indicators

1	2	3	4	5	Notes	
SROI Indicators included:	monetized (\$\$) value per change	Number within co-hort who experienced change (max 211)	% within co-hort who experienced change	Total \$\$ value achieved		
Subsidies received						
6	Day care subsidy for children who are NOT enrolled in the Dr. Clara Christie Learning Centre (received)	-7,536	47	22.3%	-\$354,192	For children 0 - 18 months the day care subsidy is \$628/month.
7	Day care subsidy post high school graduation (received)	-6,552	211	100.0%	-\$1,382,472	For children more than 18 months the day care subsidy is \$546.
8	Subsidized housing (received)	\$3,480	63	29.9%	\$219,240	Based on a \$800/month rent, participants pay 35% of their income (average of \$510) towards the rent and the subsidy covers the rest of the cost (\$290).

Health of the mother						
9	Managing depression & self-harm and suicide attempts (avoided)	\$8,878	51	24.2%	\$452,778	Avoidance of one psychiatric admission to hospital. Cost of a psychiatric admission to hospital is \$8878.
10	Value of cigarettes (not smoked)	\$848	12	5.0%	\$8,949	3 packs/week at \$7.25 a pack for 5 months during pregnancy and then 4 months after the birth.
Health of the child						
11	Pre-term labour admission and hospitalization (avoided)	\$1,900	8.7	4.1%	\$16,437	Calgary average low birth weight for women under 20 is 6.9%, the LDC low birth rate is 2.8%. Used the difference (4.1%), which translates into 1.9 .
12	Cost of baby in NICU (avoided)	\$9,700	8.7	4.1%	\$83,915	Calgary average low birth weight for women under 20 is 6.9%, the LDC low birth rate is 2.8%. Used the difference (4.1%), which translates into 1.9 .
13	Fetal Alcohol Syndrome (avoided)	\$27,272	20	9.0%	\$517,895	Researched to cost \$1.5M /lifetime. Given a lifetime of 55 years, \$27,272 cost a year.
14	Baby Bottle Syndrome (avoided)	\$2,000	2	0.9%	\$4,000	Average cost of dental surgery performed on a child that has baby bottle syndrome, resulting from poor parenting.
15	Severe asthma (avoided)	\$5,317	2	0.9%	\$10,634	The average cost of asthma per patient is \$5317/year.
16	Developmental delays diagnosed & addressed (long-term case management avoided)	\$15,000	8	3.7%	\$117,105	Children with developmental delays addressed and treated over the long-term. The cost per year for a child with developmental delays is \$15,000.

Support services accessed						
17	Child welfare support (received)	-\$1,119	46	21.8%	-\$51,480	Estimate 37 hours per mother @ \$30/hour,
18	Foster care apprehension (avoided)	\$24,090	13	6.1%	\$310,062	Cost of foster care is a minimum \$66/day.
19	Use of respite services (received)	-\$840	11	5.2%	-\$9,240	\$280 a day for 3 days
20	Domestic violence (avoided), due to departure from negative relationships	\$2,052	19	9.0%	\$38,988	Each mother avoids 6 domestic violence calls per year at \$342/call
21	Use of women's shelters (avoided)	\$595	19	9.0%	\$11,299	\$85/night for one week
Criminal activity						
22	Criminal activity (reduced or avoided)	\$2,939	4	1.9%	\$11,756	Youth court process (\$1,275) + Police attendance at court (\$319) + Probation Officer for 1h a week for a year (\$1344.72)

Distress Centre



Social Return On Investment (SROI) Case Study: Crisis Lines Investing to strengthen society

Fast Facts

About the Distress Centre: Since 1970, Distress Centre Calgary has offered a supportive place to call for anyone in crisis or needing information about available community services. All Distress Centre services are free to the public.

Web site: www.distresscentre.com

Subject of SROI: *Crisis Lines* i.e.: Main Crisis Line, Teen Line, Drug Line, Men's Line, Senior's Line and Out is OK Line

SROI Overview: The Distress Centre creates social value through the success of its telephone volunteers as they assist callers in crises to manage their personal situations by de-escalating the situation.

Major Funders: City of Calgary FCSS, United Way of Calgary and Area.

"The unique nature of a 24 hour service is such a gift to our clients. There are few options outside of office hours or in the middle of the night—the police or the emergency room is not usually appropriate for an emotional crisis. Having the Distress Centre to call provides peace of mind, for both clients and service providers, by knowing that there is someone there to listen and care for them when needed"
-Jennifer Finley, Program Manager, Street Outreach and Stabilization, Canadian Mental Health Assocn.

Background on the Crisis Lines

Highly trained volunteers, with professional backup, supervision and support, manage the 24 hour crisis lines offered through the Distress Centre. Anonymous and confidential – except in certain high risk situations – the call lines are open to anyone in crisis who is seeking a kind, listening ear, an outlet to vent about stressful circumstances, or is looking for other community-based

in hospital, or psychiatric care.

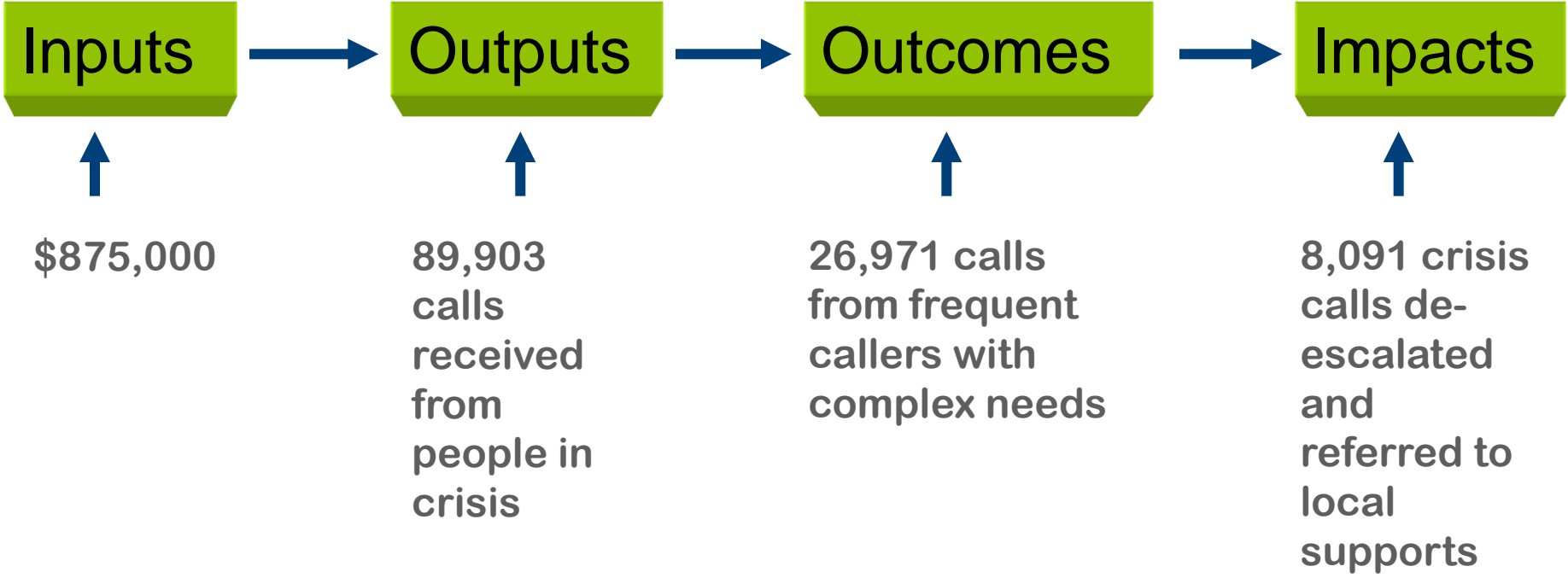
Distress Centre volunteers engage with callers directly. Once the situation is de-escalated, the Distress Centre links callers to local organizations that can meet their specific needs. This ensures that those who are seeking help know where to find it and can access it as soon as possible.

Theory of Change

If persons in crisis have access to a supportive, immediate, 24 hour call-in centre that will explore, assess and validate their concerns and connect callers to other specialized services, callers are less likely to require intervention by emergency services and will live more successfully in their own communities.

Crisis Line Clientele

Distress Centre – inputs to impacts



Distress Centre's SROI Calculation

Impact 8,091 clients	Yr 1 only	notes
Police calls avoided	\$ 2,766,620	\$342 per police call avoided
EMS call-outs avoided	\$ 276,678	\$342 per call, accompany police 10% of time, 809 avoided
Emergency room visits avoided	\$1,856,885	\$459 per visit, 50% of calls result in ER admittance
Hospital admissions avoided	\$21, 870	\$486/day, 45-day average
2007 call outs	\$ (-411, 480)	207 calls not de-escalated

Social value created = \$ 4,501,733

SROI = 1 : 5.16

Distress Centre's SROI Calculation

Social Value Created / Annual Investment = SROI : 1


SROI Calculation	Yr 1 Only
Social value created	\$4,501,732
Annual investment	\$875,000
SROI Ratio	5.16 : 1

How do we do this?

- Be sure that you want to do it and your staff understands the importance of your work.
- Get outside help (we are not smart enough and just might have a few blind spots)
- This isn't the be all end all or the only way to demonstrate impact
- Use it for continuous quality improvement discussions

www.calgary.ca/sroi

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Social Return on Investment (SROI)

What is a Social Return on Investment?

Social return on investment (SROI) expresses the value of social and environmental benefits created through any type of activity. SROI is a framework to structure thinking and understanding. SROI can be used as a forward planning framework, for day-to-day project management and as a tool to evaluate results. It's a story and not a number. The story should show how you understand the value created by the activities you are engaged in, how you can demonstrate the value of your efforts and how you manage the value created.

How is an SROI calculated?

SROI illustrates the value of change to individuals, families and community circumstances by expressing the value of that change in monetary terms wherever possible. An SROI is a combination of social, financial and environmental value.

Generally speaking, there are five broad categories of change that might be included:

1. cost reallocation by diverting need for public support or human services so another Calgarian can access that same support or service;
2. increases in household income;
3. increases in taxes paid to any level of government;

Printer Friendly Version

The City of Calgary
Community &
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Downloads

↳ [About Downloads](#)

- [SROI Indicators Project](#) (59 KB)
- [Case Studies Overview](#) (552 KB)
- [YWCA Mary Dover House](#) (159 KB)
- [Calgary Youth Justice Committee Program](#) (122 KB)
- [Closer to Home Family Diversionary Program](#) (127 KB)
- [Distress Centre Crisis Lines](#) (123 KB)
- [Momentum - Fair Gains](#) (161 KB)

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