

Fast Facts

About Closer to Home (CtH):

- Provides a continuum of programs designed to meet the needs of vulnerable children and families
- Known for demonstrating flexibility and creativity in developing programs that respond to identified needs within the community.
- Services range from early intervention to group care programs.
- Stakeholder-driven, community based and guided by a commitment to quality assurance, accountability, and measurable outcomes.
- Fully integrated with community, municipal, provincial, and federal support systems.
- CtH has community relationships which allow a variety of resources to be accessed that meet unique needs of children and families within their own communities.

Kiwehtata Program stats:

- 81% of children whose parents go through the program will remain out of care for at least a year.
- 90% of the participants are referred due to being at risk of going into care.

1 Year SROI ratio: 1 : 4.26

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“Everyone in the program is very respectful and understanding which has helped me learn important information about my children and myself. I highly recommend this program to other parents!” Anonymous

Program Background:

Closer to Home’s (CtH) Kiwehtata program is a parent/child development program for aboriginal families living in Calgary with children 0-3 years of age who want to access services to learn more effective parenting strategies. 90% of participants are referred through Child and Family Services Authority due to child welfare concerns.

The Kiwehtata Program consists of a two-week day program offered at various community locations in Calgary. The program provides complementary in-home support and follow-up one day per week. Participants attend the program with their children, creating an opportunity for parents to apply their newly learned skills.

Child-care, a variety of healthy foods and information regarding shaken baby syndrome, fetal alcohol effects, post-partum depression and baby bottle mouth syndrome are provided during the program.

Social Value Created:

The Kiwehtata program is focused on providing an intensive, hands-on parent/child learning experience aimed at enhancing parental skills and reducing risk factors. Target families are aboriginal, are living on a low-income and are without a network of social supports. They have minimal education, life skills or coping skills.

Families that successfully engage with the Kiwehtata program reduce the risk of their children being removed from the home by Child and Family Services. Those who already have children in the care of Child Welfare learn skills that help them re-gain

permanent custody of their children.

81% of participants successfully complete the two week program. This means they have learned and can apply the necessary skills to prevent child welfare concerns. They have demonstrated that they know how to provide proper care for their children.

Participants have also gained access to important community resources that prevent crisis situations that are costly both in the present and the future. This enables municipal and provincial services to be reallocated to other Calgarians who are in need, such as police and EMS, and medical services.

The program also contributes to addressing concerns of domestic violence and homelessness amongst aboriginal families. The value of increasing

family stability while maintaining a connection to aboriginal culture and spirituality is extremely important. Without education and hands-on parent/child development, these aboriginal parents would continue to struggle to provide proper care for their children.

The social value created for 118 Kiwehtata participants in 2007 is **\$854,114**. This is a **\$4.26** return on every **\$1** invested.

Kiwehtata Clientele:

Most of the aboriginal families who access services through CtH are raising their children while struggling with the realities of poverty and its effects. These include a lack of education, a lack of parents as positive role models, limited education and poor developmental awareness. Kiwehtata clients have few opportunities to develop these skills.

Theory of Change

If urban-based Aboriginal parents of children ages 0-3 have access to programs that can strengthen parenting skills and link them to community resources, they will build strong and healthy relationships with their children, family members and the community, and the child will likely grow up in a healthy environment and successfully develop into adulthood.

90% of parents that come to the program are referred by the Child and Family Services Authority. 50% already have children in care, and the remainder are trying to prevent their children from going into care. They typically live in a common law marriage, have an annual income between \$9,000 and \$18,000 and have a grade 12 education.

Many of the program participants are female. Of those, most have needed help to address the reality of domestic

violence. 50% of the parents require guidance to help them prevent baby-bottle mouth syndrome with their child.

All of the 81% of clients who have successfully completed the program also report they were previously unaware of the resources available to them in the community. Some participants have disclosed being homeless or were on the verge of needing to access an emergency shelter in the near future.

Case Study— Social Value Created: SROI Calculation

This SROI calculation focuses on the social value created by enabling participants to change their lives in the 12 months after they have completed the Kiwehtata program.

With 118 participants in 2007, the program had an annual budget of \$200,274. Many changes achieved by participants can not be valued in monetary terms, however there are four key monetizable indicators included in this SROI calculation: 1) increased access to subsidized housing; 2) reduced hospital stays due to the prevention of baby bottle syndrome; 3) reduced police calls; and 4) the prevention of children entering the child welfare system.

Every person who participates in the Kiwehtata program has different results. As a result, the four monetizable SROI indicators do not apply universally to each person. In the third column of **Table 1**, each indicator is attributed to a **percentage** of the total group, in order to illustrate the

actual percentage of Kiwehtata participants that experienced each change.

In this case, we can estimate that 72% of the participants will access housing subsidies that they would otherwise have not known how to access.

In Alberta, housing subsidy is based on 30% of household income. If a participant is making \$9,000 per year they would pay rent of \$225/month. The average rental rate for two bedroom apartment in the Beltline is \$900/month. The subsidy amount would be \$675 per month. This represents an *increased* cost to society, and therefore is represented by a negative number in the SROI calculation.

It is estimated that 50% of the participants would have otherwise had to have their children treated for baby bottle mouth syndrome. This is caused by sending a baby to bed repeatedly with a bottle containing a liquid other

Table 1

Monetizable SROI indicators:		\$\$ value per change in Year 1	% of client base experiencing this change.	\$\$ value for entire group (118 participants)	<u>Notes</u> There are a total of 118 participants within the client base
1	Increased access to subsidized housing.	-\$8,100	72%	-\$688,176	72% of participants will gain access access to housing subsidies valued at \$675 per month.
2	Reduced hospital stay due to prevention of Baby Bottle Syndrome	\$1,038	50%	\$61,242	50% of client base would prevent baby bottle syndrome and avoid a hospital stay valued at \$1,038 per stay.
3	Reduced police calls due to reduced domestic violence.	\$625	81%	\$59,738	81% of participants would have otherwise called police at least once. (\$625 per call)
4	Child does not stay in the welfare system.	\$24,090	50%	\$1,421,310	50% of participants will remain out of the child welfare system for at least one year (i.e. 59 children)
Social value created annually for group of 118 participants:				\$854,114	Endnotes: (Based on info from Calgary Housing Company, August 25, 2008).
Total annual investment in group of 118 participants:				\$200,274	
SROI attributed to Kiwehtata program (in Year 1)				4.26	

than water, causing severe tooth decay. Treatment of this medical condition would require the child to stay in the hospital for at least one day.

Throughout the program, either the program leader and an in-home support worker are present at all times. As domestic violence is an on-going reality for the women involved in the Kiwehtata program, participants access the skills and counseling of both the program leader and the long-term in-home support worker in the case of a crisis situation. As a result, the number of calls placed to emergency services or the police due to instances of domestic violence that would involve women enrolled in the program, are reduced during the course of their time in Kiwehtata.

50% of the participants were originally referred to the program because they were at risk of having their children put into care. Data suggests that the successful participants in the Kiwehtata program prevented their children from being put into care for at least one year. Their success represents **59** children who have avoided being put into care for one year.

In total, the monetizable social value created by the Kiwehtata program for 118 participants in Year One is **\$854,114**. This represents an SROI ratio of **1: 4.26**.

Conclusion

Out of 118 participants, the Kiwehtata program creates enough monetizable social value by preventing only **eight** children from entering the child welfare system to generate an SROI equivalent to the initial program investment.

Over the course of the year, **59** participants successfully

prevented Child and Family Services from putting their children into care by reducing their concerns for the children's well-being and safety, as a result of what they learned in the Kiwehtata program.

Success Story:

Debra and her two children ages 3 and 10 months were at risk of separation due to child protection concerns through Child and Family Services. Debra was unemployed, living in Calgary housing, and had recently left her partner due to domestic violence.

With Debra showing signs of depression, she began to struggle following through with providing basic necessities for both of her children such as supervision, basic nutrition and proper parental guidance. Isolated from her native community, Debra was suspected of turning to illicit drugs as a form of emotional support and was directed by Child and Family Services to attend the Kiwehtata program in order to better herself and situation.

When Debra first began the program, she was very quiet, had no confidence and felt hopeless of change for her situation. As she progressed through the two-week day program, she began to learn valuable parenting skills and was able to be effective in applying them naturally with her children both during the program and at home. As she began to feel confident with her skills she began setting goals for herself and the family that would further their

success beyond the program. Working with the in-home support provided, she gained the confidence to work with her child's pre-school in addressing her son's behavior, avoid health risks such as baby bottle syndrome with her newborn, attend counseling services for herself, and further connect herself to a strong aboriginal social network for support.

Six months later, Debra had met all of her parenting goals. She continued to stay separated from her partner but had pursued both counseling and mediation with him in order to share custody of the children. Debra also connected with a pre-employment center that was effectively helping her acquire skills for full time employment. Today, she continues to be successful in reaching her goals and is an active volunteer in the Kiwehtata Program.

Debra expresses that if it wasn't for the Kiwehtata Program, it is likely that her children would have been brought into care, she would have continued to use alcohol and illicit drugs and would have returned to her partner who would have continued abusing her. Her dedication and thankfulness to the program continues to be expressed in her volunteerism in the program today.