

**First Steps Housing Project Inc.
Final SROI and Evaluation Report:
*Telling the Story of Social Value at
First Steps***

Submitted by

**SiMPACT Strategy Group & First Steps Housing
Project Inc.**

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Executive Summary: *Telling the Story of Social Value at First Steps*



Funded by the Government of
Canada's Homelessness
Partnering Strategy



*I don't even want to picture where I'd be without this place.
I know I wouldn't have my child.* - Program participant

FAST FACTS

SROI Overview:

For every dollar invested in First Steps Housing Project Inc., approximately **\$6** is created in social value.

Program Components:

- First Steps Residence
- Second Steps Apartment Program
- Dr. Christine Davies Education Centre
- Child Development Centre

March 2012—March 2014:

- 47 unique participants
- 4 repeat participants
- Average length of stay; 9 months
- Average age at intake; 20
- 40 previously exposed to abuse
- 24 lived on the street previously
- 22 increased bond with their child
- 14 graduated high school
- 24 children living with participants
- 16 children would have otherwise been placed in foster care
- 4 children reunited with their mothers after foster care

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Program Background

First Steps provides a safe and healthy environment that supports pregnant and parenting young women and their children, who have no safe place to live. As a result, First Steps participants achieve self-sufficiency and experience a better quality of life.

First Steps offers a holistic approach in collaboration with community partners across the four program components:

- 1) the First Steps Residence that provides housing for pregnant and parenting young women (ages 16-29) who have no safe place to live;
- 2) the Second Steps Apartment Program, which provides continued housing, mentoring and outreach to parenting young women who have completed First Steps;
- 3) the Dr. Christine Davies Education Centre, which provides schooling for pregnant and parenting women; and
- 4) the Child Development Centre, which provides day care and child development support.

Each component contributes to program outcomes that include

finishing high school, healthy babies, addressing mental health issues, reducing substance use/addressing addiction and improved bonding.

Participant Profile

The women of First Steps have experienced significant trauma and instability throughout their lives.

They come to the program with

nowhere else to turn, seeking a clean place to live in safety while pregnant or parenting young children.

Many have experienced abuse by their partners and within their families.

Addictions and mental health concerns are common for women coming to First Steps, and they often find it

difficult to maintain a healthy lifestyle without the stability of a safe and caring home.



Theory of Change Summary

If pregnant and parenting women ages 16-29 who are experiencing poverty and have possible mental health, physical health, addictions, housing, abuse, trauma and/or financial issues are provided with a safe place to live, the opportunity to attend school, support in their housing needs, and developmental support for their children, then they will give birth to healthy babies, increase their resiliency, and be able to move forward in their lives and communities in a positive way.

SROI analysis conducted in partnership with:



www.simpactstrategies.com
403-444-5683

*If I hadn't had the opportunity here I would have been dead –
I would have gave up on life.* - Program participant

Executive Summary: *Telling the Story of Social Value at First Steps*



Social Value Creation

First Steps creates social value for participants, their children, and the government. By reducing participants' exposure to the risk of homelessness and abuse through the provision of a safe and caring place to live, give birth, and connect with their children, First Steps supports women in addressing addictions they may have, pursuing education, developing parenting and life skills, and improving their mental and physical health. The experience that participants have at First Steps leads not only to significant reduction in government service use, but also creates value for both the women and their children. Children are born healthier, and stronger bonds are established between mother and child. Overall, there is an improvement in quality of life as participants change the trajectory of their lives and the lives of their children.

Participant Experience

Jenna* came to Canada with her parents from Africa and settled in Halifax with them. Both of her parents died when she was a teenager, so she went to live with her aunt. While living with her aunt, she was physically abused, and ended up in a group home. Unhappy with her life there, she traveled to Saint John with her friends, where they left her. Alone in a new city, she began working as a dancer and was involved in substance abuse and violence. When she couldn't take it any longer, she attempted suicide by overdose. In the hospital she found out she was pregnant and was referred to First Steps. At First Steps she was able to address her addictions and anger management, and improve her physical health while pregnant. She gave birth to a healthy baby, and participated in classes to learn parenting and life skills. After her time at First Steps she successfully graduated to the Second Steps Apartment Program, has maintained her health, and developed a strong relationship with her son.

*Name has been changed

I have come from my lowest point to my highest because of this place!

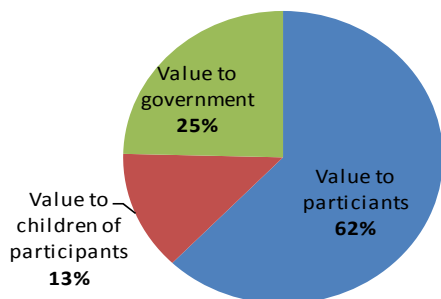
- Program participant

Social Return on Investment of First Steps

By assigning financial proxies to the outcomes of First Steps programming and comparing this to the amount invested in the program, we are able to determine the *Social Return on Investment (SROI)* of the program. Results over two years demonstrate that First Steps creates approximately **\$6 for every dollar invested in the program.**

Sixty-two percent (62%) of this value is attributable to participants in the program who experience increased housing stability, decreased substance abuse, increased income stability, decreased pain and suffering from violence, and achieve a better quality of life. Related to the social value created for participants, 25% of the overall value goes to the government in decreased use of social support, mental health, and health services, as well as the benefits of increased education for the women. The last 13% of social value represented in the SROI ratio goes to the children of participants, who experience increased bonding with their mothers, decreased health issues, and an overall better quality of life. While an **SROI ratio of 6 : 1** indicates that significant social value is created through the First Steps program, some elements of the positive outcomes experienced by participants may never be fully valued financially, meaning the true value is likely much higher.

First Steps Social Value Creation Breakdown by Stakeholder Group



They gave me the first place I have ever felt at home. I was given reassurance and positive feedback on everything. I never felt so loved.

- Past participant

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1. Introduction and Background

Program Background

First Steps Housing Project Inc. (First Steps) is a Saint John, New Brunswick based initiative that opened its doors in 2002 in response to the high rates of pregnancy among young women in Saint John and in New Brunswick. First Steps addresses one of the four pillars of Saint John’s poverty reduction strategy – pregnant and parenting young women and their children.

As the only facility of its kind in Atlantic Canada, First Steps provides a safe and healthy environment for pregnant and parenting young women and their children who have no safe place to live. First Steps seeks to enable these young families to achieve life success. A holistic approach is taken in collaboration with community partners.

First Steps is composed of four main components:

1. The First Steps Residence (12 adult beds and 9 cribs) which provides housing, programs, and supports for pregnant and parenting young women (ages 16-29) who have no safe place to live;
2. The Second Steps Apartment Program which continues to provide housing for pregnant and parenting young women who have completed First Steps as well as outreach, mentoring, and ongoing support services;
3. The Dr. Christine Davies Education Centre, which provides schooling for pregnant and parenting women; and
4. The Child Development Centre which provides day care and child development support. Each component contributes to the outcomes that women who attend the program achieve, including finishing high school, giving birth to healthy babies, reducing substance use and addressing addiction, better mental health, and bonding with their children. First Steps is funded by the Federal Government, the Province of New Brunswick, and the Saint John community.

Understanding Outcomes

Since 2002, a series of evaluations have illustrated that the core activities of First Steps services are delivered consistently and effectively. These evaluations have highlighted the need for First Steps in the community and have demonstrated effective service delivery to participants in the program. On an ongoing basis, however, First Steps has primarily been measuring activities and outputs without fully capturing the *impact* created by the *changes* participants experience as a result of the program.

In February 2012, in partnership with SiMPACT Strategy Group, First Steps applied for funding through the Government of Canada’s Homelessness Partnering Strategy (HPS) to research the *impact* of the First Steps program. The grant received included

“This is our second chance – a place that will always be there.”

–Program participant

funding to evolve the First Steps evaluation system from an activities-based model to an outcomes-based model. It also included funding for an in-depth analysis of the social value created through the program using the Social Return on Investment (SROI) methodology. First Steps is the first organization in New Brunswick to use this methodology to value their social outcomes and has become a demonstration project for this type of research in the province; drawing attention from stakeholders in the community, the government, and the private sector. Overall, the goal of this research project has been to support evidence-based promising practices that are specifically focused on pregnant and parenting young women who are homeless that will, in turn, inform the research priorities of the HPS.

Project Objectives

The funded objectives of the research presented in this report are multi-faceted, however they are all linked to the goal of understanding the *change* that First Steps creates in the community. These objectives are:

- Move First Steps from an activities-based evaluation framework to an outcomes-based evaluation framework that effectively captures the value of changes achieved by the young women, not only as women and parents, but also as members of their local community, and as citizens/service users within municipal, provincial and federal systems (SROI analysis);
- Examine First Steps program effectiveness in relation to the importance of responding to individual needs and in order to establish promising practices for use in other jurisdictions;
- Describe and measure known longer term results as well as the need for the type of services that support the maintenance of results over the long term;
- Profile youth affected by homelessness, i.e. the ‘youth’ experiencing homelessness is not a homogeneous group, but consists of a variety of profiles that require responses that reflects unique circumstances (What works best for whom?);
- Identify effective strategies to assist and enable independence and self-sufficiency for young women experiencing or at-risk of homelessness.

This report outlines the findings from this project as well as the process followed to achieve the project objectives outlined above. Overall, it is hoped that the shift by First Steps to an outcomes focus will inform service delivery, identify opportunities for improvement, assist First Steps to value the outcomes achieved through the program through an SROI analysis, and offer a learning opportunity and promising practices model for service providers and funders across the province of New Brunswick.

“ The structure of this house is one of a kind – it’s like what you should have in your own life. ”
–Program participant

2. Methodology and Process

The achievement of the project objectives outlined above has been a two-part process. First, the evaluation system at First Steps was evolved into an outcomes-based measurement system to

demonstrate the results from the program. Next, an SROI framework was established using the outcomes evaluation system as a foundation.

Updating the Evaluation System

Initially, while First Steps was keeping track of a great deal of useful information, and while several evaluations had been conducted in the past, an evaluation system focused on the measurement of *results* from the program was not clearly embedded into regular program activity. In order to evolve the First Steps evaluation approach into an outcomes-based approach, an evaluation framework was established based on the development of logic models¹ for each program component as well as the organization as a whole.

The development of these logic models involved review of previous evaluation results, review of literature, as well as in-depth discussions with First Steps staff. Based on the information gathered, individual logic models were developed for each component of the programming at First Steps: the First Steps Residence; the Second Steps Apartment Program; the Dr. Christine Davies Education Centre; and the Child Development Centre (see Appendix G).

Each logic model outlines the activities of the program component, the outputs from the activities, the short, medium and long term outcomes associated with the activities, indicators of success, and measurement tools. While each program component has unique individual activities and short/mid-term outcomes, the long term outcomes across program components are principally the same. These long-term outcomes are:

- Women and their children experience a better quality of life;
- Empowered young mothers who are self-sufficient, resourceful, independent, and able to parent;
- Healthy and more resilient children and mothers and;
- Vibrant communities that include the participation of young mothers and their children.

For example, part of the Dr. Christine Davies Education Centre logic model includes:

Activities	Outputs	Short term outcomes	Mid-term outcomes	Long term outcomes	Indicators of success	Measurement tools
Provide education that is accessible for pregnant and parenting young women	# women attending school	Re-engagement in education Reduced stigmatization	Completion of higher level of education Reduced social anxiety	Outcomes listed above, also: Changed perceptions of education for future generations	# completing a higher level of education; # women who do not feel anxious at the school	School survey Q2, Q4a, Q4c, Q4h, Q4i

¹ See for example the Treasury Board of Canada's *Guide to Developing Performance Measurement Strategies* section 5: Logic Model. <http://www.tbs-sct.gc.ca/cee/dpms-esmr/dpms-esmr05-eng.asp>

After the four component-specific logic models were developed, an overarching logic model for the entire program was established, outlining the activities, outputs, and outcomes (short, mid, long term) under one framework (see Appendix G).

In conjunction with the development of the logic models, the evaluation tools (surveys) used to measure outputs at First Steps were expanded and revised to also include measurement of outcomes over time. The evaluation tools have been designed to collect all of the demographic and case-management information needed to understand each individual participant’s personal situation and profile. They also include pre-post rating scale questions, situational pre-post questions to measure changes in behaviour and attitudes of First Steps participants over time, as well as changes in life situations. Finally, the surveys gather qualitative information to enrich the quantitative data and foster an understanding of each participant’s unique experience (see Appendix F). The logic models and survey tools were not finalized, however, until the second part of the project process (the SROI) was completed.

To support and facilitate the evaluation and valuation of First Steps on an ongoing basis, after the logic models and evaluation tools (surveys) were finalized, an outcome-tracking database was implemented. This new system allows First Steps to effectively house all of their qualitative and quantitative data on an ongoing basis. Not only does it ensure that information related to case management is recorded accurately and is readily accessible, it also provides reporting functions to easily extract the quantitative data gathered using the new evaluation tools. This will facilitate the process of reporting on outcomes (change over time) and calculating the SROI, as well as understanding change in the long-term.

Creating a Social Return on Investment (SROI) Framework

“I don’t even want to picture where I’d be without this place. I know I wouldn’t have my child.”
–Program participant

Social Return on Investment (SROI) is a methodology for articulating and understanding value that is created through an investment. The SROI methodology goes beyond a cost-benefit analysis by including value from different stakeholders’ perspectives, and the value of avoiding alternative outcomes. An SROI combines quantitative, qualitative, and participatory research techniques to develop a clear understanding of the value of change in relation to a non-investment or the status quo. The methodology focuses on changes experienced by core or immediate stakeholders and acknowledges that the changes experienced by these stakeholders can also have a ripple effect, therefore creating value for other stakeholders.

An SROI analysis can be evaluative (definitive value statement) or a forecast (projected value statement). Both approaches are equally valid and powerful. It is recommended that projects conduct an SROI forecast in any circumstance where new outcome performance metrics are being implemented. This allows the project in question to incorporate new pieces of information to support the overall value statement. In SiMPACT’s experience working in this field since 2001, there are few policies, projects, or

organizations that can immediately conduct an evaluative SROI because the SROI methodology includes expression of value that goes beyond what is typically captured.

For this reason, the First Steps SROI model was initially set up as a forecast analysis, using available data and estimations from staff for the 2012-2013 year to forecast the social value created through investment. This model was then evolved into a more evaluation-based framework for the 2013-2014 year, supported by staff verification of data. In the coming years, the SROI framework can be used for evaluation, as it will be populated with data from the evaluation surveys developed (see above). By integrating evaluation of outcomes into the ongoing evaluation system for First Steps, information that is a requirement to inform an SROI, First Steps has been enabled to understand the value created annually and in the long-term.

A Guide to Social Return on Investment, which is the acknowledged international guidance document of The SROI Network, outlines the SROI methodology and provides guidance in the application of SROI. SiMPACT's approach and all SiMPACT Tools are sanctioned by the international SROI Network. This guide outlines six steps in the SROI process, which have been followed in the establishment of the First Steps SROI framework. These steps are as follows:

1. *Establishing scope and identifying stakeholders*

Establishing scope. This process involves determining which aspects of the programming will be considered in the analysis and the timeframe over which outcomes and investment will be considered. For the First Steps project, the scope of the SROI was considered in terms of all program components together (the First Steps Residence; the Second Steps Apartment Program; the Dr. Christine Davies Education Centre; and the Child Development Centre) rather than each component creating value in its own right. This approach was taken as the benefits achieved through any one program component are intrinsically linked to the other program components. The timeframe for the analysis was determined as a yearly timeframe based on the investment cycle, with an understanding that some outcomes would last more than a year.

Identifying stakeholders. Since the SROI methodology is based around stakeholder involvement, the initial identification of stakeholders is the key to properly understanding change and the value of that change. For the First Steps program, the women participating in the program as well as their children were considered as primary stakeholders. While these participants are by no means a homogenous group, they were considered one stakeholder profile since the outcomes they experience are more similar to one another than different based on any one break down of the group. The government was also identified as a stakeholder that experiences change and value as well as providing investment. The staff was considered as a stakeholder, however, after staff consultation, they chose to be removed as stakeholders as their outcomes were not material to the analysis. The community was also considered as a stakeholder, but changes for this stakeholder were primarily captured as part of the government stakeholder group. Family members and friends of participants were considered for inclusion as stakeholders, however, the strained or lack of relationships with many families/friends, as well as the tenuous links to change led to the choice to not include this group.

2. *Mapping outcomes.* The next step in the SROI process is very similar to the process of creating a logic model, the differences being that outcomes are not broken into short/mid/long term and alternative outcomes (what would have happened without the investment) are identified. For First Steps, this process was built on the logic models created for the evaluation framework and involved consultation with program staff and the Executive Director, review of literature, and interviews community leaders and all program participants living at First Steps at the time (see Appendix A).
3. *Evidencing outcomes and giving them a value.* This step involves assigning financial value to the outcomes that have been mapped for each stakeholder. Financial proxies are estimates of financial value where it is not possible to know an exact value. As many forms of social value are without a defined monetary value, financial proxies are necessary to estimate social return on investment. In the First Steps SROI framework, financial proxies were locally researched where possible and applicable. Several government Ministries contributed figures, and local research revealed Saint John specific values for many outcomes. Where local values were not established, figures from the national SROI Canada Financial Proxy Database were used. Refer to Appendix B for a full list of financial proxies and sources.
4. *Establishing impact.* This next step involves considering what other elements are part of the change experienced by stakeholders including the change that would have happened anyway (deadweight), the displacement of other positive activity (displacement), the change attributable to others (attribution), and the amount of drop off expected over time. These discounts (expressed as percentages) help ensure that the SROI value is not over-claimed, and provides a 'reality check' on the actual impact of the program. In the First Steps framework these values were estimated based on stakeholder feedback, local research, estimations from program staff, and environmental scans of similar services.
5. *Calculating the SROI.* The final step in establishing an SROI framework is actually calculating the SROI ratio. The ratio is calculated by multiplying the number of stakeholders achieving an outcome by the value of that outcome (financial proxy), and then discounting for impact. All outcomes are then added together for the total present value, which is divided by the total investment to show how much social value is created for every dollar invested. As part of this process, sensitivity tests are conducted to ensure the validity of any assumptions or estimations that are made. The SROI results from First Steps are presented below. The full Excel SROI Workbook, including all calculations, discount, notes, and references is available upon request.
6. *Reporting, using embedding.* With First Steps, this final step has been integrated into the entire process for the project. From the beginning, interested community, academic, and business partners as well as board members and staff have been involved in reviewing and verifying the results of the study. This has included the establishment of an SROI Partnership Committee who have been involved in reviewing and contributing to the SROI study throughout the process (see Appendix E for a list of participating partners).

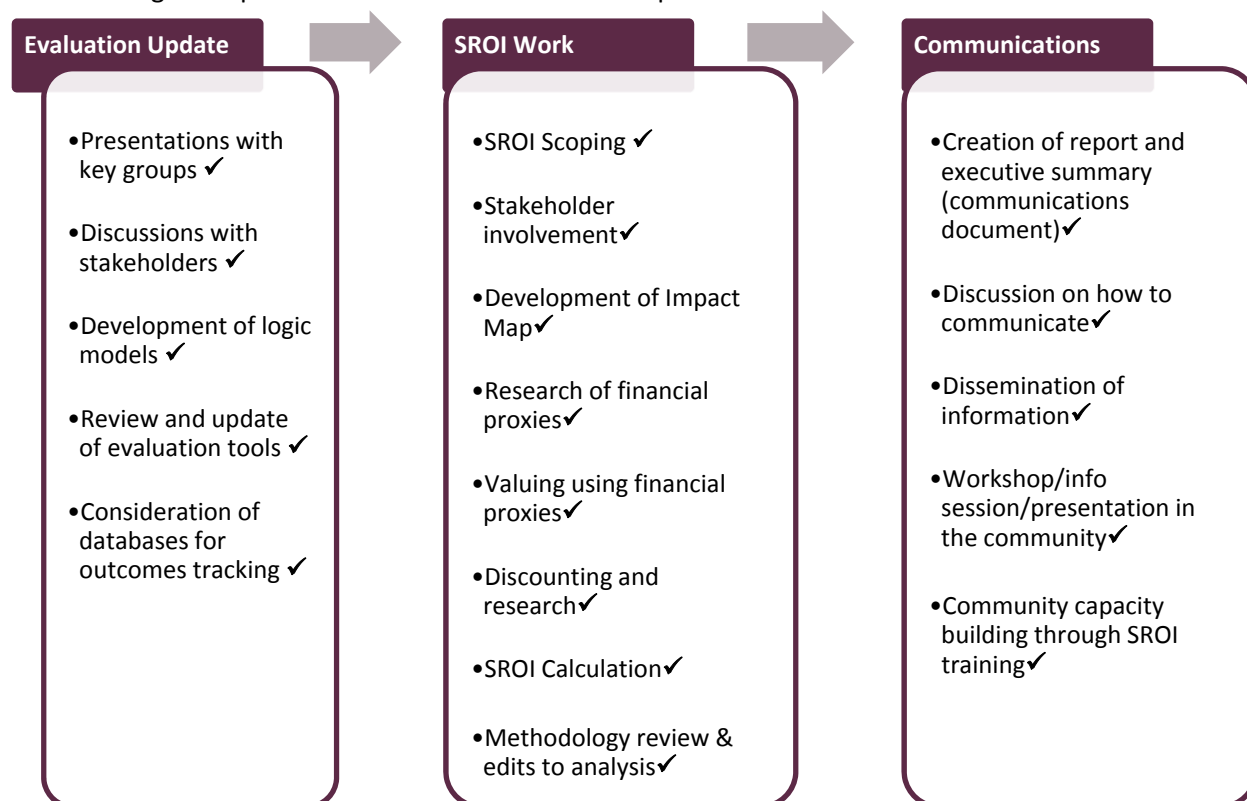
Community reporting and dialogue has included:

- November 2012: initial presentation to board, partnership committee, and program staff; interview of several residents
- March 2013: update to First Steps Board of Directors, focus groups and interviews with stakeholders, presentation at the University of New Brunswick's Pond Deshpande Centre social enterprise conference, presentation to Deputy Ministers in the New Brunswick government
- June 2013: logic models and progress on the SROI work shared via webinar with Partnership Committee, request for financial proxy and research contribution
- November 2013: presentation of the forecast SROI results to partnership committee, First Steps Board of Directors, and the Saint John Business Community Anti-Poverty Initiative (BCAPI)
- March 2014: public presentation of final results

Three communications documents have been produced, in addition to this final report (See Appendix H). All the details from the calculations are held in First Step's customized version of the SiMPACT SROI Workbook, i.e. the First Steps SROI framework. This means that analysis details are available upon request. As the First Steps SROI framework has been set up for future use, the SROI methodology can be embedded within the ongoing evaluation routine, which will inform strategic planning and investment decisions.

Above and beyond the requirements set out through the project objectives, as part of the dissemination of results, a two-day SROI training course has been hosted by SiMPACT Strategy Group in Saint John New Brunswick in order to build local community capacity around this type of analysis. The First Steps process and findings were shared throughout the training as a local and current example for participants.

The following chart presents an overview of the entire process undertaken:



3. Evaluation and Social Return on Investment (SROI) Results

Evaluation Results

In total, 47 women participated in the First Steps program from March 2012 until March 2014. On average, women coming to First Steps stayed in the residence for eight months. During this time period, four women left First Steps and subsequently came back. Upon arrival, 34 participants were pregnant and 15 healthy babies were born while their mothers were at First Steps. The average age of participants was 20 years old on arrival.

First Steps participants come from a range of backgrounds and life situations to find stability and a safe place to stay while pregnant or parenting an infant. Eight of the women coming to First Steps during the evaluation period (17%) were leaving a violent home situation directly prior to participation and 85% had experienced abuse or violence in their lifetime (40 individuals). 38% had spent time in foster care (18 individuals) and 51% had spent time on the streets (24 individuals). These statistics help to illustrate the need for a place like First Steps, where young and vulnerable pregnant and parenting women can be safe.

Upon arrival, 38% of the women had substance abuse issues. During their stay at First Steps, 3 women attended an addictions treatment program, and 18 reduced their substance use. Connected with this in

conjunction with the healthy food and lifestyle emphasis at First Steps, 87% of participants experienced positive change in their physical health.

Many participants also arrive with mental health concerns including diagnosed or undiagnosed mental illness, depression, self-harm, and/or stress. Twenty-two women (47%) at First Steps arrived with a history of self-harm, and all 47 women were experiencing a large amount of stress in their lives. Overall, 70% experienced a positive change in their mental health. Four women who arrived with criminal records related to violent behaviour learned to better control their anger and interact with others in a more positive way.

During the evaluation period, fourteen women increased their education by finishing high school at the Dr. Christine Davies Education Centre. There were six graduates in June 2012 and seven graduates in June 2013. By June 2014 another five women are expected to graduate. By supporting women in increasing their education at a critical time in their lives, First Steps supports long-term improvements in the quality of life for women in the program as well as their children.²

The children of the participants also experienced significant benefits from the program. In total, in the 2012 to 2014 period examined, 24 children stayed at First Steps. There were 4 reunifications between children and their mothers, and sixteen children were not placed in foster care thanks to their mothers' involvement at First Steps. A least eight children potentially avoided abuse through their mothers' avoidance of domestic violence by staying at First Steps. Overall, twenty-two women increased their bond with their child, which leads to a myriad of positive outcomes for the children involved.³

Past participants were also surveyed about their experience at First Steps and the change that they had experienced due to the program. The survey (see Appendix D) asked open-ended questions in order to gain insight into their experience without pre-supposing respondent answers. Responses were confidential and sent directly to SiMPACT.

Overall, 100% of respondents indicated that their time at First Steps was a positive experience. They indicated that the types of changes they experienced in the program were life-changing and that their path had been altered by the support they received. The types of changes outlined were: increased interest in, and ability to pursue, education goals (including post-secondary), decreased substance abuse, better physical health, decreased stress, and increased self-esteem. Most women talked about the impact that the program had created for their child(ren), and many talked about being better able to provide a stable household for their child(ren), thereby avoiding having their child(ren) involved with foster care systems.

² Catholic Family Service. (2010). *Social Return on Investment (SROI) Case Study: Louise Dean Centre – Programming for Pregnant and Parenting Adolescents*. City of Calgary: Calgary.
http://www.calgary.ca/CSPS/CNS/Documents/fcss/sroi_louise_dean_centre.pdf?noredirect=1

³ See for example: Schneider, B. H., Atkinson, L., & Tardiff, C. (2001). Child-Parent Attachment and Children's Peer Relations: A Quantitative Review. *Developmental Psychology*. Vol. 37, No. 1, 86-100.

The evaluation results from this two-year snapshot of program activity at First Steps illustrate both the need for First Steps in the community as well as the impact that First Steps is creating. As discussed in the methodology and process section of this report, the results outlined above have been primarily measured using outputs-oriented evaluation tools supplemented by estimations by staff and qualitative data from in-person interviews. Going forward, the evaluation framework is now in place to easily measure and report on each of these elements of program impact. Further, over time, the long-term impact of the First Steps program will be quantifiable and measurable against any chosen baseline year.

Participant Profile

At 17 Lisa found out she was pregnant. She had not had a permanent address for almost two years and needed a safe place to live. She heard about First Steps from the doctor who confirmed her pregnancy. She immediately moved into First Steps with nothing but the clothes on her back and the baby in her belly. Lisa was terrified of rules as she had never before experienced them, but soon she was enjoying the safer and healthier lifestyle. Lisa gave birth to a very healthy 8lb 11oz baby with the help of her birth coach, a woman she met while living at First Steps. Lisa says that “First Steps helped me ease into the motion of independent living and gave me a place to call home. I have never felt so safe and loved.” Lisa has since graduated from the First Steps School (with high honours) and her son has graduated from the daycare program. After living at First Steps, she moved into the Second Steps Apartment Program and has since moved out on her own. She is now living independently with her 3 year old and thinking about the future. Lisa said in a recent conversation with staff “if you ask me to tell my story down the road, who knows... but it will be a good one because of the great support of First Steps.”

Qualitative Results

The qualitative results from the participant interviews, the staff focus group, and the school group⁴ focus group support the quantitative evaluation findings presented above. When asked open-ended questions about their experience at First Steps, participants indicated very positive changes (See Appendix D for questions):

The structure of this house is one of a kind – it’s like what you should have in your own life.

This place changed me a lot....I’m a completely different person.

I have come from my lowest point to my highest because of this place.

When asked about why they had come to First Steps, most participants explained that they had nowhere else to go. And when asked who they would recommend First Steps to, they indicated that it

⁴ The Dr. Christine Davies Education Centre

would be other women with nowhere else to go. The situations that participants described around what they would be experiencing if they did not have the opportunity to come to First Steps were striking and highlighted the need for services like First Steps in the community.

I would have lost all hope in the world and I would have kept doing drugs.

If I hadn't had the opportunity here I would have been dead – I would have gave up on life.

I don't even want to picture where I'd be without this place. I know I wouldn't have my child.

Overall, responses from participants were very positive and even aspects seen as negative, like house rules or living with others, were understood and appreciated within the context of what First Steps is accomplishing.

The school focus group also presented significant positive findings about the experience of women attending the Dr. Christine Davies Education Centre. Participants spoke about the understanding atmosphere in the classroom, the ability to learn more, and the pride that they felt in anticipation of graduation and planning for further education.

Just to say 'I graduated from the Christine Davies Education Centre' is my big accomplishment.

Regular high school there's no way in heck I would be able to do it!

I look forward to coming to school every day now.

My baby can say that I graduated – I'm so pumped!

The qualitative data from engagement with First Steps staff reiterated the positive findings from the individual participant interviews and the school focus group.

She taught us how successful someone can be when we meet them where they are at.

The resiliency here is incredible.

That's my motivation for being in this job...that "what if"...the thought of taking this away is just horrible, it's just inconceivable.

These qualitative data gathering sessions have provided significant anecdotal evidence of the program success of First Steps and have helped to inform the development of the SROI impact map so that it is reflective of the lived experience of the program. All interviews were recorded and transcribed and will be kept on record.

Participant Profile

Jenna came to Canada with her parents from Africa and settled in Halifax with them. Both of her parents died when she was a teenager, so she went to live with her aunt. While living with her aunt, she was physically abused, and ended up in a group home. Unhappy with her life there, she traveled to Saint John with her friends, where they left her. Alone in a new city, she began working as a dancer and was involved in substance abuse and violence. When she couldn't take it any longer, she attempted suicide by overdose. In the hospital she found out she was pregnant and was referred to First Steps. At First Steps she was able to address her addictions and anger management, and improve her physical health while pregnant. She gave birth to a healthy baby, and participated in classes to learn parenting and life skills. After her time at First Steps she successfully graduated to the Second Steps program, has maintained her health, and developed a strong relationship with her son.

Short Term Social Return on Investment (SROI) results

By valuing many of the results presented above, a ratio of value created to dollars invested has been calculated for the First Steps program (See Appendix B for full list of financial proxies and sources). The preliminary (2012-2013) forecasted findings indicated that for every dollar invested in the First Steps program approximately \$6.5 was created in social value. The second year of evaluation results indicate that in the 2013-2014 year closer to \$6.25 was created in social value. The similarity in these two returns points to the validity of the initial forecast, as well as the solid, on the ground knowledge of outcomes by the staff at First Steps. Looking at the results over two years, First Steps can claim to generate approximately **\$6 in social value for every dollar invested in the program**. See Appendix A for a list of outcomes that were valued.

Of the total social value created over two years, 62% goes back to the participants. This includes value from the direct supports they receive while attending First Steps, as well as the intangible value experienced due to positive changes in quality of life. Another 13% goes back to their children due to increases in quality of life and avoidance of dangerous situations (e.g. domestic violence and abuse). The rest of the social value created (25%) goes to the government in the form of decreased service use, neonatal intensive care, foster care, government supports associated with homelessness, government supports related to addictions, and government impacts from decreased domestic violence (see Appendix B for a full list of financial proxies associated with outcomes for each stakeholder).



These results are ‘short term’ SROI results as the timeframe for consideration of value has been limited to the time that participants actually spend at First Steps. In other words, value into the future has not been considered for most outcomes, and the value presented represents the value achieved in the year of investment that was analyzed. This includes outcomes like avoiding domestic violence, where it has only been claimed that participants avoid dangerous situations while they are physically housed at First Steps, away from those situations. In this way, it is clear that First Steps creates a significant amount of value year on year, and, from the most conservative standpoint, investment of resources in First Steps programming yields considerable return. This is true for the value created for each stakeholder, including immediate (within the investment year) return on investment for government (further details outlined below).

Long-Term SROI Results

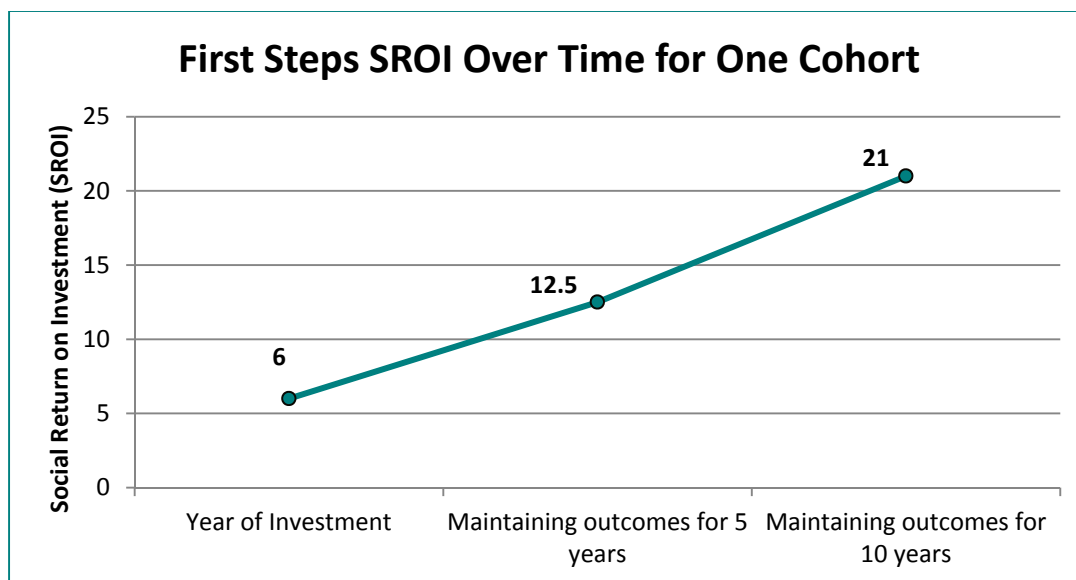
If outcomes are considered over five years, using the 2012-2013 cohort as an example, the SROI for this group more than doubles from a return of approximately 6 : 1 to a return of 12.5 : 1. Included in this projection is a drop off rate of 25% per year, indicating that each year into the future, even if not all participants maintain every outcome, there is still significant value created.

From discussion with past participants, and anecdotal evidence from program staff (including the Executive Director at First Steps) it is clear that the program has lasting impact. If we then quantify and value this impact, the 12.5 : 1 return clearly demonstrates the significant generation of social value possible over time through one year of investment in First Steps programming.

Using the same 2012-2013 cohort group, if outcomes are considered even further, out ten years, the social value generated continues to grow. Evidence that it is not unreasonable to expect results from this type of intervention to last ten years can be found in studies like the Louise Dean Centre’s Ten Year Longitudinal Study, which demonstrated the long-term impact of support for vulnerable pregnant and

parenting women through supported high school programming.⁵ First Steps goes farther in this model, providing not only supportive education, but also housing supports, child development resources, and a transitional housing program. If the change experienced by participants at First Steps really is life-altering and the impact of that change is still felt 10 years out, it is estimated that an SROI of 21 : 1 is achieved for one cohort with one year of investment. Again, a drop off rate of 25% per year has been included in this estimation.

This projection indicates the compounding effects of the programming of First Steps over time and reinforces the understanding that helping young pregnant and parenting women while they are homeless is worth the investment over time.



Value to the government

As a proportion of the total social value created through First Steps the government receives 25% of the value, meaning that of a return of approximately 6 : 1 overall, the government has a return of 1.5 : 1. In other words, for every dollar invested in the First Steps program, there is an average return of approximately \$1.50 back to the government through different cost savings (see Appendix B for specific financial values).

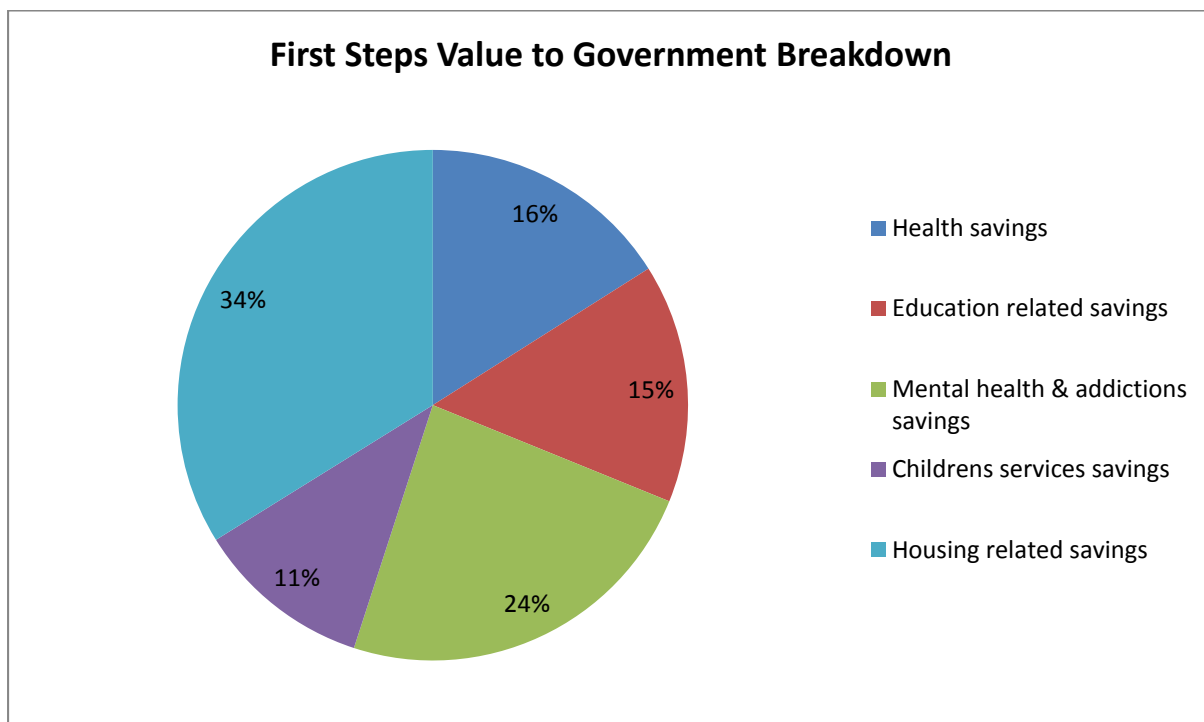
In examining the value created for the government in more detail, it is possible to break down the government value creation by service area. While housing related services comprise the largest

⁵ Simpson, B. and Charles, H. (2008) *Ten Year Longitudinal Study of Adolescent Mothers and Their Children*. For Catholic Family Services of Calgary at the Louise Dean Centre.
http://bsimpson.ca/reports/families/ten_year_longitudinal_study_of_adolescent_mothers_and_their_children.pdf

proportion of the value created (34%), no one service area receives a majority of the value created. This speaks to the cross-cutting and holistic nature of the services provided at First Steps.

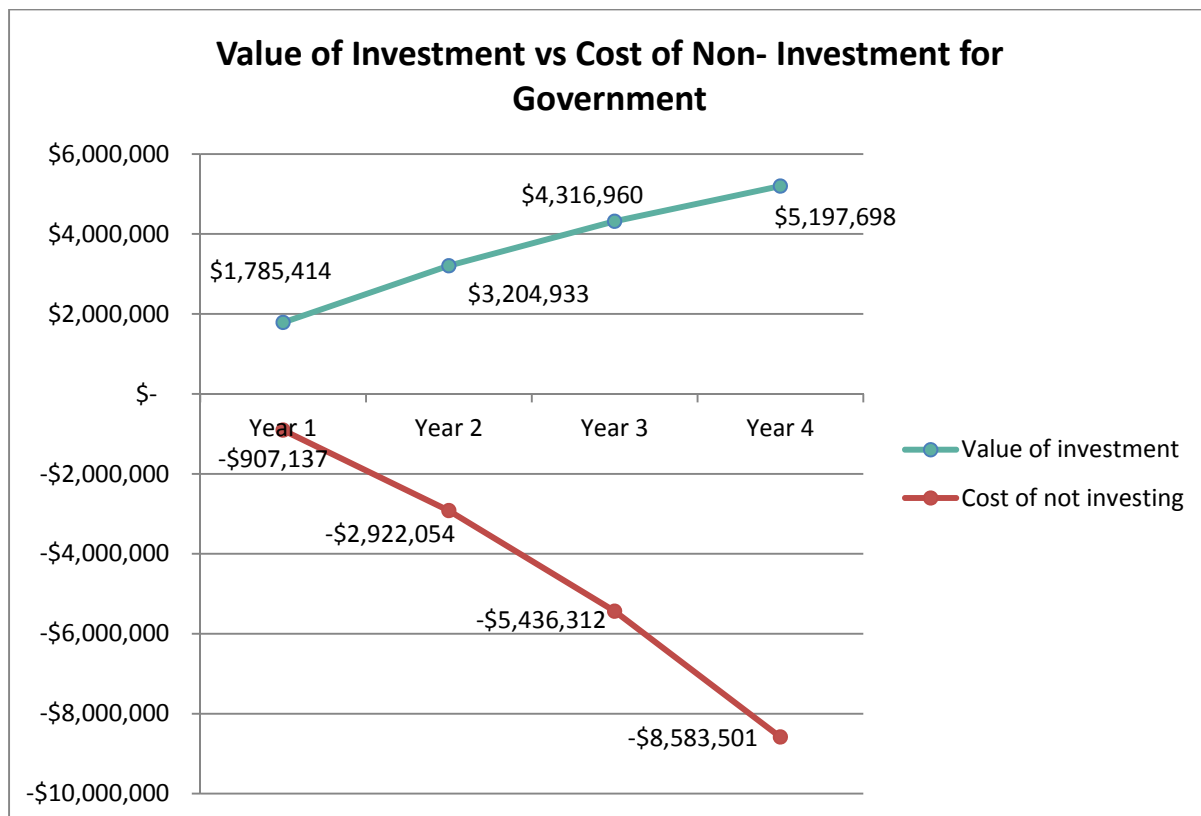
The largest proportion of the value back to the government is congruent with First Steps’ primary objective, which is to provide safe housing for young pregnant and parenting women with no other safe place to live. By providing a home for these vulnerable women, significant savings are seen in the avoidance of abusive situations, and the avoidance of homelessness and the service use associated. Next, mental health and addictions savings comprise 24% of the total government value and include the value from reduced substance use, particularly substance use while pregnant, as well as decreased use of psychiatric services provided by the government. Health savings, comprising 16% of the total value for government, include savings from healthy babies born at First Steps as well as better physical health of participants during their stay. The 15% government value related to education are associated with the support participants receive in completing high school as well as the impact that the Child Development Centre at First Steps has on children of participants. Finally, indirect costs associated with having children enter the foster care system, 11% of the overall government value of First Steps is created. All financial proxies and sources are outlined in Appendix B.

Within the analysis it has also been acknowledged that First Steps participants also begin using some government resources that they might not otherwise use. In particular, subtracted from the cost savings overall are additional resources from government in the form of entitlements including social assistance, child tax benefit, and/or GST rebate.



Value comparison between investment and non-investment (savings over time) for government

The government value presented above occurs in the year of investment in First Steps, as there are significant government cost savings immediately as young pregnant and parenting women avoid street involvement and are able to give birth to healthy babies. Using the year one cohort, a value over time projection has been generated looking at the maintenance of outcomes into the future five years. Comparing the value generated for the government through investment to the cost of not investing it is readily apparent that the long term value of investment far outweighs the short term cost savings if the investment is not made (annual investment in First Steps is around \$670,000).



Note on Analysis

Throughout the SROI process, it should be emphasized that where estimations were made the most conservative estimations were taken so as to avoid overclaiming of results. As well, stakeholder participation was central to ensure that the results reflected in the analysis are fully representative of the experience of the stakeholders included. This involved: in-depth interviews with all participants living at First Steps at the time (9), a focus group with residents (8), a focus group with school participants (12), a focus group with staff (5), a survey of past residents (14), and a survey of community stakeholders (5). Further, while every effort was made to value all of the outcomes experienced by stakeholders, it may never be possible to fully value changes in a social setting. For these reasons, the ratios and numbers presented above should be considered conservative representations of the value created by First Steps, where the actual value is likely much higher.

4. Challenges and Limitations

While the First Steps evaluation and SROI project has met all of its funded objectives, there were, nevertheless, certain challenges which emerged over the course of the project.

Defining Cohort Groups

First, measurement frameworks, like the First Steps logic models or the First Steps SROI, are designed to have defined beginning and end points (reporting periods). While this is important for understanding results over time and determining the SROI, participants at First Steps do not participate according to an investment or reporting cycle. This can create challenges in capturing appropriate cohort group data while avoiding double counting year on year. For this study, individuals counted in the first year of reporting were not subsequently counted in the second year of reporting. Although this avoids the potential pitfall of double counting, it opens the possibility that important outcomes for 'cross-over' participants have not been fully captured.

In order to mitigate any potential oversight in this study, each 'cross-over' participants' file was reviewed individually to ensure that achievement of outcomes was not missed in the elimination of double counting. With a small yearly participant number, it is possible for First Steps to complete this type of review on an ongoing basis as they evaluate the program and calculate the SROI each year.

Sample Size

The next challenge arose in achieving a sample size of 50 stakeholders as outlined in the research proposal. In the end, the study achieved a sample size of 38 across all stakeholder groups. This included: nine current participants engaged through hour-long one-on-one interviews; fifteen past participants engaged through an online survey; five community stakeholders engaged through interviews or an online survey; and five staff members engaged through a focus group. In addition, a focus group with the school group, which included four participants that were not already engaged through stakeholder involvement at the residence, was held.

While this sample size is lower than expected, concerns over validity of input are mitigated by the fact that most stakeholders were saying very similar things (saturation point likely reached). The main challenge in achieving full stakeholder engagement arose with attempts to involve past participants. While First Steps has a very good relationship with past participants, who often drop by or call with updates about their lives, it can be difficult to connect with them for the purpose of research. The past participants who did participate were engaged through an online survey as this was thought to be the easiest way to reach this group of young women who may be moving or changing phone numbers frequently. For future research other methods of engagement (or a combination of methods) would be recommended.

Implementation of Evaluation Tools

The final major challenge to emerge within this study was the timing of implementing the new evaluation tools and establishing the database. Since the new evaluation tools were not finalized until

July 2013 in order to ensure that they would complement the SROI analysis framework, it was impossible to use these tools for measurement over the entire 2013-2014 period. However, data from the tools was used with verification against staff estimations of the same indicators (e.g. number of women leaving domestic violence situations on arrival). In this way, while it was initially anticipated that all data for the SROI in the 2013-2014 year would be from the new surveys, this has instead been a combination of survey data and staff estimation/verification. In future years, as the SROI continues to be updated this approach can be verified by comparing results year-on-year.

Further, the establishment of an outcomes database took more time than initially anticipated. This did not affect the use of data, however, it did make data analysis and review more cumbersome. As First Steps moves forward with their evaluation endeavours, the now-established database will facilitate their ability to understand and report on results, including SROI results.

5. Discussion and Conclusions

The evaluation results presented above highlight the significant success of the First Steps Housing Project Inc. program. They also point to the need for this type of program in the community and speak to the impact that First Steps is having on the lives of vulnerable women. This includes, though is not limited to, outcomes such as: decreased experience of homelessness; decreased exposure to domestic violence; increased stability; better physical health; better mental health; reduced harm from substance use; better health during pregnancy; the birth of healthy babies; increased life skills and self-esteem; and increased education. The changes experienced by the women at First Steps impact their children, as well as the community around them, and success for these women means success for the entire community. Overall, the evaluation results demonstrate how First Steps is impacting the quality of life for participants and their children. Going forward, with the new evaluation framework based on individual component and an overarching logic model, First Steps will be able to speak to the impact that the program is having year on year and over time.

The SROI results build on the evaluation results by valuing the outcomes achieved by participants in the program. These results demonstrate that there is significant value created, both in the short term during the year of investment, and in the long term. The results from this part of the study help to highlight the value experienced by different stakeholders, including participants, the children of participants, and the government. When examining the trajectory of value from investment versus non-investment, the contrast is stark. This demonstrates that investment in First Steps is a very effective use of resources in providing services for the demographics served by First Steps. For government and community services, support for First Steps means decreased strain on public systems both immediately and in the long term.

While the SROI analysis highlights the value created by First Steps, it should be kept in mind that the value represented is the minimum value of the program as there are some outcomes that may never be truly or fully represented in financial terms. For example, First Steps contributes significantly to improvements in the quality of life for the women attending as well as their children. While some financial value can be ascribed to these improvements, the total benefit is difficult to completely represent in financial terms. In a similar way, improvements in mental health, decreases in stress, new friendships, and better stability are all difficult to capture through monetary value.

Overall, the results of this study reveal First Steps Housing Project Inc. as a promising practice in addressing homelessness amongst young women who are pregnant and/or parenting. The process and result of this report demonstrate the ways in which the First Steps intervention is a life-altering experience that contributes to breaking the cycle of poverty for participants and their children. While the long-term effects of this change on the children of participating women have not been effectively captured through the data described above, anecdotal evidence and research support the conclusion that the impact on children is significant. In this way, First Steps helps break the intergenerational cycle of poverty by supporting mothers and their children at a critical stage in their lives.

As the evaluation system and SROI are used into the future, it is not unreasonable to expect First Steps to emerge as an evidence-based, results-driven, best practice model. With a more complete understanding of the impact that First Steps is having in the community, the organization will have the opportunity to continually improve program practice.

6. Learnings, Recommendations and Next Steps

Learnings and Recommendations

The evaluation and SROI project process and findings have led to three primary learnings and recommendations:

Learning 1: In the New Brunswick community there is a tangible and growing interest in understanding impact and valuing outcomes. This has been demonstrated through the active involvement of the SROI Partnership Committee, the First Steps Board of Directors, and the Business Community Anti-Poverty Initiative (BCAPI).

Recommendation 1: Building on the momentum generated by this study, continued capacity building for outcomes-based evaluation and SROI skills should be supported in the New Brunswick community. The First Steps experience should be shared widely in order to enable learning from a local relevant example. Ongoing updates from the evaluation should be shared.

Learning 2: There is a need for local research to support the valuation of outcomes in New Brunswick. First Steps has begun this process, however, there remains a need for more research and further access to local financial values.

Recommendation 2: Support local New Brunswick research of financial proxies in order to ensure the value of outcomes is relevant in the local context. Ensure that New Brunswick proxies are contributed to the SROI Canada Financial Proxy Database so that the provincial work done in New Brunswick is profiled in a similar way to work done in Alberta, Saskatchewan, and other provinces. In this way, SROI practice will be built consistently across the country.

Learning 3: Significant social value is created through First Step's targeted approach to breaking the cycle of poverty.

Recommendation 3: Share the findings from First Steps and promote the First Steps model as a promising practice model in the area of reducing homelessness for young mothers. Continue to support

the ongoing work of First Steps, and use evidence gathered through the evaluation and SROI to ensure a results-driven approach going forward.

Next Steps

Going forward, First Steps has an evaluation framework, SROI framework, and outcomes database enabling them to easily measure and report on the impact that they are having in the community. By using these tools year-on-year, a narrative about the long-term impact of the program can be supported by concrete evidence of the program's effectiveness. This will lead to the ability to demonstrate, on an ongoing basis, the ways in which First Steps is a promising practice model in the area of youth homelessness and pregnant and parenting young women.

In the community, the experience that First Steps has gained through this evaluation journey can be shared in order to build local capacity in impact measurement and valuation. First Steps has been a pioneer in New Brunswick through this project, and going forward can lead the way for a different way of speaking about the value of social change.

7. Appendices

Appendix A: Outcomes Map

Stakeholder	Activities	Outputs	Outcomes	Indicators	Alternative outcome
Pregnant and parenting women 16-29 with possible mental health, addiction, abuse, housing, and/or financial issues	Provision of secure housing with supports (food, clothing, shelter)	# women attending Length of stay	Increased housing stability/decreased homelessness	# women coming from unstable housing situations or homelessness	Women would experience housing instability or homelessness. They would be exposed to violence, crime, health issues, negative influences, etc.
			Decreased exposure to domestic violence	# women leaving domestic violence on intake	Women would not have any other place to go and would stay in violent situations, leading to increased injuries, addictions, and other negative effects of domestic violence.
	Support for addressing addictions	# women addressing addictions	Decreased substance use, attending meetings and counselling	# women reducing substance use	Women would continue or escalate substance use, their children may end up in care, their lives would be less stable, their health would be poorer
			Better physical health of mother	# women pursuing healthy lifestyles (e.g. decreased smoking)	Women continue or develop unhealthy behaviours and suffer negative health effects as a result.
	Basic needs support	# medications, transport, clothing, meals etc. provided	Increased access to necessities and personal resources freed up from buying necessities	# women accessing basic needs support that they would otherwise have to pay for themselves	Women would have to pay for basic necessities or would have to go without or go into debt if they did not have the money to pay for it themselves. Some women may turn to criminal activity for survival.
	Provision of psycho social and mental health support (peer support, staff relationships, support in school, support in Second Steps either Second Steps or Second Steps Apartment Program)	# women supported; # social activities attended; Programs attended	Increased self-esteem and positive interactions (positive peer influence), decreased stress, depression, anxiety. Increased quality of life.	# women with increased sense of well-being; # women with new (positive) friends	Women would continue or begin to have negative feelings towards themselves, would suffer depression, stress, and anxiety. Their quality of life would not improve.
			Decreased mental health crises and self-harm	# women with decreased self-harm; # decreased crises	Mental health issues would not be resolved and would lead to dangerous situations for women (e.g. self-harm, suicide, serious crisis).
	Development of life skills (cleaning, conflict resolution, personal hygiene, chores etc.)	# life skills programs offered; # women developing life skills	Decreased conflict	# women improving anger management	Women would continue to have anger management issues and would have conflicts in their lives, potentially leading to justice system involvement.

Stakeholder	Activities	Outputs	Outcomes	Indicators	Alternative outcome
			Greater self-reliance, independence, self-advocacy, coping, problem solving	# women increasing life skills	Women would struggle to cope with life events and would experience stress around basic life skills.
			Better ability to manage personal resources	# women budgeting, managing resources	Women would struggle to make ends meet with the limited resources available to them.
	Applications for entitlements/supports (e.g. child tax benefit)	# applications for entitlements	Increased income/financial stability	# receiving entitlements; # with increased income	Women would have limited income, hindering their ability to meet basic needs, and move on in their lives.
	Support for parenting and attachment goals	# children seen by Child Development Coordinator	Greater bonding between mother and child and decreased stress. Women are better able to cope with parenthood.	# women indicating good relationship with children	Women would feel overwhelmed by parenthood and would not necessarily bond with their child. Child may be neglected, and mother may turn to negative coping techniques (e.g. drugs).
		# visits between child and mother; # reunifications	Mother is able to visit with her child who is in care, and may eventually have child returned to her care	# visits between child and mother; # reunifications; # improved relationships	Women would not be allowed to have visits with their children in care and would not be reunified with these children. Mothers would lose hope over time.
	Accessible education options (child care provided)	# women attending school	Increased education, and increased rate of high school completion	# increasing education; # completing high school	Women would not attend school as they would not have child care and they would feel stigmatized in a regular school environment.
	Discharge planning and ongoing outreach support	# women moving on from First Steps	Increased success in transition to the community (living arrangement other than Second Steps)	# transitioning to stable home; # avoiding repeated moves or return to program	Women would not have the skills and support to maintain appropriate and healthy independent living situations in the community.
	Support for transition to secondary housing	# women living in Second Steps; Length of time living in Second Steps	Continued support and housing stability. Continued positive peer connections.	# women successfully transitioning to Second Steps	Women would not have a stable place to go and may lose some of the positive outcomes achieved while at First Steps.
Children of women involved at First Steps	Provision of secure housing with supports with mother (food, clothing, shelter, etc.)	# children attending with mother; Length of stay	Decreased dangerous situations for child (including domestic violence, mother abusing substances, neglect, etc.). Increased stability.	# women coming from unstable housing situations or homelessness	Children would experience chaos and instability and may be exposed to violence, substance abuse, neglect, etc.

Stakeholder	Activities	Outputs	Outcomes	Indicators	Alternative outcome
	Mothers receive support through pregnancy (healthcare, prenatal, doctors)	# children born in program; # visits to public health nurse (PHN), doctor, etc.; # pregnant women in the program	Improved health during pregnancy leading to birth of healthy children and ongoing better health of child.	# healthy babies born	Women continue or develop unhealthy behaviours through pregnancy and do not have regular access to health supports. Children are born less healthy.
	Support for parenting and attachment goals	# children seen by Child Development Coordinator	Greater bonding between mother and child.	# women indicating good relationship with children	Women would feel overwhelmed by parenthood and would not necessarily bond with their child. Child may be neglected, and mother may turn to negative coping techniques (e.g. drugs).
		# visits between child and mother; # reunifications	Child in care is able to visit with their mother, and may eventually be returned to the care of their mother.	# visits between child and mother; # reunifications; # improved relationships	Children in care would not have the opportunity to visit their mothers and would not be reunified. Future social issues may develop for child e.g. feelings of detachment.
	One-on-one child development programming/support	# children involved in programming; # one-on-one visits; # phone calls or non-scheduled meetings	Child has greater ability to succeed (interacting with mother/siblings/others, attending school, ongoing support).	# children succeeding	Children would experience more difficulty interacting with mother/siblings/others. Child may not go to school and would need additional resources to succeed in school and the community.
Government services (Mental Health, Housing, Social Assistance, Public Safety, police, hospitals, public health, etc.)	Provision of secure housing with supports (food, clothing, shelter)	# women attending Length of stay	Fewer homeless individuals using support systems.	# women coming from unstable housing situations or homelessness	Women would experience housing instability or homelessness.
			Decreased number of domestic violence cases seen in hospitals and justice system.	# women leaving domestic violence on intake	Women would not have any other place to go and would stay in violent situations, leading to increased hospital visits, police involvement, etc.
	Support for addressing addictions	# women addressing addictions	Decreased substance abuse and related crime, health service use, etc.	# women reducing substance use	Women would continue or escalate substance use, their children may end up in care. They would use more health and justice services.
		# pregnant women addressing addictions	Babies use fewer resources when they are born and over the course of their lives (e.g. FASD).	# pregnant women reducing substance use	Women would continue or escalate substance use while pregnant, their child would be taken into foster care and may suffer ongoing negative effects.
Support through pregnancy (healthcare, prenatal, doctors)	# children born in program; # visits to PHN, doctor, etc.; # pregnant women in the program	Improved health during pregnancy leading to birth of healthy children and fewer health services used on an ongoing basis or at	# healthy babies born	Women continue or develop unhealthy behaviours through pregnancy and do not have regular access to health supports. Babies are born less healthy.	

Stakeholder	Activities	Outputs	Outcomes	Indicators	Alternative outcome
			birth.		
			Better physical health of mother leading to fewer health services used on an ongoing basis.	# women pursuing healthy lifestyles (e.g. decreased smoking)	Women continue or develop unhealthy behaviours and suffer negative health effects as a result.
	Provision of psycho social and mental health support (peer support, staff relationships, etc.)	# women referred to Mental Health resources	Decreased mental health crises and psychiatric hospital stays.	# women addressing mental health concerns	Mental health issues would not be resolved and would lead to increased hospital use.
	Applications for entitlements/supports (e.g. child tax benefit)	# applications for entitlements	Increased income assistance used.	# receiving entitlements; # with increased income	Women would have limited income, hindering their ability to meet basic needs, and move on in their lives.
	Accessible education options (child care provided)	# women attending school	Increased number of women finishing high school, using fewer resources, increasing their income and taxes.	# completing high school	Women would not attend school as they would not have child care and they would feel stigmatized in a regular school environment. They would increase or continue to use support services.
	Detection of issues related to child development and appropriate referrals	# children identified with developmental issues	Child gains additional and appropriate development support.	# children referred to services to address developmental issues	Children's developmental issues would not be identified and would lead to ongoing problems and need for additional resources until those issues are properly identified.
	Children in foster care are reconnected and sometimes reunified with mother	# visits between child and mother; # reunifications	Children spend less time in foster care.	# reunifications; # children who would otherwise have gone into care	Child would remain in foster care?

Appendix B: Financial Proxy List

Participant Stakeholder Group		*Note: values presented are per year			Notes
	Outcome	Financial Proxy	Value*	Source	
1	Increased housing stability/	Personal cost of moving/storage (Saint John)	\$330	Apple Self Storage Saint John rates: http://www.applestorage.com/en/Reservati-on-area1.html	Assuming 6 months of storage would be used, at the lowest storage rate of 5x5 (conservative estimate and reflective of circumstances of participants)
2	decreased homelessness	Cost of pain and suffering due to sexual assault (danger on the streets for women)	\$90,694	SROI Canada Financial Proxy Database (J21)	Adjusted for inflation from 2008. Assuming maximum one incident per year.
3	Decreased exposure to domestic violence	Cost of pain and suffering due to assault (personal cost of domestic violence)	\$10,247	SROI Canada Financial Proxy Database (J22)	Adjusted for inflation from 2008. Used as a per-year figure.
4	Decreased substance use	Personal cost of supporting an addiction	\$7,073	DeRiviere, L. (2006). A Human Capital Methodology for Estimating the Lifelong Personal Costs of Young Women Leaving the Sex Trade. <i>Feminist Economics</i> . Vol. 12, No. 3, 383.	According to DeRiviere, young women with addictions who are involved in the sex trade spend, on average, \$12, 617 per year supporting their addictions. Half of this figure has been used to represent what a woman at First Steps might otherwise spend supporting an addiction. Adjusted for inflation.
5	Better physical health of mother	Personal cost of smoking	\$1,871	CBC News. (2013, March 28). Smokers fired up over cigarette tax increase: Say they're being unfairly singled out to shoulder deficit burden. http://www.cbc.ca/news/canada/new-brunswick/story/2013/03/28/nb-smokers-cigarette-tax-budget.html	Calculated based on lowest price of cigarettes in Saint John. Assuming quite heavy smoking (a pack every two days).
6		Value of better health - revealed preference: Cost of gym membership	\$93	Fitness New Brunswick. (2013). Registration fees. http://fitnessnb.ca/	While individuals staying at First Steps may never buy a gym membership in order to improve their health, this proxy is based on <i>revealed preference</i> indicating the value placed on improved health by using the cost others in the community are willing to pay to achieve this outcome. This is an annual membership cost.
7	Increased access to necessities and personal resources freed up from buying necessities	Value of food received at First Steps (cost of healthy food basket, New Brunswick)	\$5,573	O'Connell, J. & Hatfield, R. with Human Development Council. (2012, November). Child Poverty Report Card: New Brunswick, November 2012. http://www.campaign2000.ca/reportCards/provincial/New%20Brunswick/2012ReportcardNB.pdf	The value represented is for a "single mom with one child".

Participant Stakeholder Group		*Note: values presented are per year			
	Outcome	Financial Proxy	Value*	Source	Notes
				Page 10	
8		Value of other basic needs supplies provided through First Steps	\$3,540	First Steps Housing Project Inc. Executive Director estimation (Sharon Amirault)	Estimated by Executive Director Sharon Amirault to be approximately \$70 per month for women and \$225 for their children.
9	Increased self-esteem and positive interactions (positive peer influence), decreased stress, depression, anxiety. Increased quality of life.	Quality of Adjusted Life Year (QALY)	\$46,666	Donaldson, C. et al. (2011). The social value of a QALY: Raising the bar or barring the raise? BMC Health Services Research. 11:8. Available online at: http://www.biomedcentral.com/1472-6963/11/8	This is a representation of the increase in quality of life an individual might experience. The most conservative estimation of this has been included in order to avoid overclaiming. Please refer to referenced research for further details.
10	Decreased mental health crises and self-harm	Value of better mental health - revealed preference: Cost of counselling session	\$4,800	For example, Theravive Counselling: http://www.theravive.com/therapists/andreww-wallace.aspx	Counselling sessions in Saint John ranging from \$40 per session to \$100 per session. The type of intense counselling needed by participants at First Steps likely to be on the high end of cost. While individuals staying at First Steps may never pay for counselling in order to address mental health concerns, this proxy is based on revealed preference, which indicates the value placed on improved mental health by using the cost others in the community are willing to pay to achieve this outcome. Assuming one session per week over the course of a year.
11	Decreased conflict	Cost of pain and suffering due to assault (personal cost to victims of violence from participants)	\$10,247	SROI Canada Financial Proxy Database (J22)	Adjusted for inflation from 2008. Used as a per-year figure.
12	Increased income/ financial stability	Social Assistance (1 adult + 1 child)	\$9,708	Government of New Brunswick. (2013). Social Assistance Rate Schedules: Schedule A. http://www2.gnb.ca/content/dam/gnb/Departments/sdds/pdf/SocialAssistance/ScheduleA.pdf	Assuming most participants would be eligible for Transitional Assistance "For those who are highly employable, as well as, those requiring support and intervention to become employable. This generally means single person who are able to work and also those with a chronic and/or temporary medical problem. Most families are provided assistance under this program."(see reference to left). Monthly rate multiplied by 12 months per year.
13		Prenatal Benefit (New Brunswick)	\$489	Government of New Brunswick. (2013). Prenatal Benefit Program. http://www2.gnb.ca/content/gnb/en/services/services_renderer.12855.html	Assuming participants would be eligible for the maximum monthly amount (\$80) and would access it for the maximum time period (6 months).
14		Child tax benefit	\$1,432	Canada Revenue Agency. (2013). CCTB:	Assuming most participants would be eligible for CCTB for one child at least.

Participant Stakeholder Group					
*Note: values presented are per year					
	Outcome	Financial Proxy	Value*	Source	Notes
				calculation and payment information. http://www.cra-arc.gc.ca/bnfts/cctb/fq_pymnts-eng.html	Calculated over 12 months per year.
15		GST Rebate	\$397	Grant Thornton. (2013). Tax Planning Guide: 2012-2013. http://www.taxplanningguide.ca/tax-planning-guide/section-2-individuals/gsthst-credit/	Indicates that individuals would receive \$206 + \$137 per child. Minimum assumption of one child per First Steps participant. Yearly figure.
16		Personal cost savings from not using fringe financial services	\$749	Buckland, J., Hamilton, B., & Reimer, B. (2006). Fringe Financial Services, Inner-city Banking, & Community-based solutions. Canadian Journal of Urban Research. 15:1, pg. 115	This proxy represents changes to financial literacy. The ABC Life Literacy program Money Matters is attended by First Steps participants and has conducted an SROI analysis demonstrating these results. On an average two-week loan from a payday loan service of \$200 at an average annualized interest rate of 550 percent the cost to the client is almost \$46. If the client takes out seven pay-day loans per year, the total annual cost is \$32. If that person was able to use a credit card for an equivalent size and number of transactions the cost would be less than \$1.67 per transaction and \$11.67 per year. \$321-\$11.67 = \$309.33. The average fee for cashing a \$500 cheque at a fringe financial service (payday loan, Cash Store, etc.) is \$16.79. Cashing two such cheques each month for one year would cost a total of \$402.96. Cashing cheques through a low-fee account at a bank would cost a total of \$44.28. \$402.96-\$44.28 = \$358.68. Adjusted for inflation from 2006.
17	Increased education, and increased rate of high school completion	Personal/individual and intangible cost of dropping out of high school	\$18,225	SROI Canada Financial Proxy Database (E06, E07)	See below for public costs of dropping out of high school (government stakeholder). This proxy includes personal loss of income, changes in taxes, as well as social determinants of health associated with dropping out of high school. Adjusted for inflation from 2008.

Children Stakeholder Group					
*Note: values presented are per year					
	Outcome	Financial Proxy	Value*	Source	Notes
19	Decreased dangerous situations for child (including domestic violence, mother abusing substances, neglect, etc.). Increased stability.	Cost of child abuse to survivors - Annual personal cost	\$3,043	SROI Canada Financial Proxy Database (PC17)	While these costs would not occur for a child during childhood, the proxy used here is a representation of the value of avoiding abuse for a child who is with their mother at First Steps. Adjusted for inflation from 2003.
20	Quality of Adjusted Life Year (QALY)	Quality of Adjusted Life Year (QALY)	\$46,666	Donaldson, C. et al. (2011). The social value of a QALY: Raising the bar or barring the raise? BMC Health Services Research. 11:8. Available online at: http://www.biomedcentral.com/1472-6963/11/8	This is a representation of the increase in quality of life an individual might experience. The most conservative estimation of this has been included in order to avoid overclaiming. Please refer to referenced research for further details.

Government Stakeholder Group		<i>*Note: values presented are per year</i>			
	Outcome	Financial Proxy	Value*	Source	Notes
21	Fewer homeless individuals using support systems	Cost of Family Homelessness (per homeless family per year)	\$73,610	SROI Canada Financial Proxy Database (PC14)	In their cost estimation of the benefits of investing in a plan to end homelessness in Alberta, the Government of Alberta indicated a per-person cost of homeless individuals that includes emergency shelter use, health care use, justice costs etc. Note: Homeless families refers to those who are homeless and are: parents with minor children; adults with legal custody of children; a couple in which one person is pregnant; multi-generational families. Many members of this group are women fleeing abusive domestic situations and struggling to re-establish independent homes for themselves and their children. An Alberta figure has been used in absence of New Brunswick-specific data.
22	Decreased number of domestic violence cases seen in hospitals and justice system	State cost per domestic violence victim	\$3,448	Zhang, T., Hoddenbagh, J., McDonald, S., & Scrim, K. (2012).. An Estimation of the Economic Impact of Spousal Violence in Canada, 2009. Department of Justice Canada, Research and Statistics Division: Ottawa. (Unpublished report.) http://publications.gc.ca/collections/collection_2013/jus/J4-17-2012-eng.pdf	This government cost has been calculated from the total costs outlined by Zhang, and may significantly underestimate the actual state costs considering things like court time for domestic cases have not been included in the calculation. The figure presented here was calculated in the following manner: the total cost of domestic violence (\$7,420,301,324) was reduced to the amount attributable to government (tangible costs = 22.8% of total costs, then government costs are 63.8% of these costs) which was calculated to be: \$1,079,386,711. This was divided by the total number of victims (page xi) as reported on the 2009 GSS (335,697) in order to create an approximate estimation of the cost per victim to government (\$3,215.36). Since figures used in the study were from 2009, this cost has been adjusted for inflation from 2009.
23	Decreased substance abuse and related crime, health service use, etc.	Cost of substance abuse per person (health cost, justice cost, gov't spending on research and prevention, lost productivity)	\$58,848	SROI Canada Financial Proxy Database (PC08)	This study considers the aggregate cost of substance abuse in terms of health care, enforcement (justice), research and prevention, and lost productivity. While lost productivity is more related to the participant stakeholder group, it could not be separated out from this aggregate proxy, and has thus been included here. Double counting has been avoided by not including lost productivity under the participant stakeholder group, and ensuring that personal spending on substance abuse has not been included in this aggregate proxy (as it is already counted for participants). Cost of substance abuse in Canada, total in 2002: \$39.8 billion (page108). Using Alcohol and Illicit drug Dependence: http://www.statcan.gc.ca/pub/82-003-s/2004000/pdf/7447-eng.pdf to determine the number of addicted persons in 2002, a "per-addict" cost of \$47,700 was estimated. Adjusted for inflation from 2002.
24	Babies use fewer resources when they are born and over the course of their lives (e.g. FASD)	Cost of child born with Fetal Alcohol Spectrum Disorder (FASD)	\$16,956	SROI Canada Financial Proxy Database (H39)	Annual cost per person with FASD. Adjusted for inflation from 2009.
25	Improved health during pregnancy leading to birth of healthy children and fewer health services used on an ongoing basis	Yearly additional health care costs - premature child	\$11,748	Best Start. (2002). Preterm Birth: Making A Difference. pp. 4.	Best Start has indicated that "During the course of his/her lifetime, it is estimated that each preterm low birth weight baby will use about \$676,800 in health care". (pp4). Using the average life expectancy of 80.8 years from the World Bank, it was estimated that each premature child would use \$8,376.34 per year in additional health care. Adjusted for inflation from 1995 dollars.

Government Stakeholder Group		*Note: values presented are per year			
	Outcome	Financial Proxy	Value*	Source	Notes
	or at birth				
26		Neonatal hospital costs	\$8,775	Lim, G. et al. (2009). Hospital Costs for Preterm and Small-for-Gestational-Age Babies in Canada. <i>Healthcare Quarterly</i> . Vol. 12, No. 4. 22.	Lim et al indicate that the average hospital cost for a non-preterm birth is \$1,050 while the average cost for any preterm baby (escalating costs depending on how early the baby is born) is \$9,233. The cost difference is then: \$8,183. Adjusted for inflation from 2009.
27		Health costs associated with lack of vitamins (poor nutrition) during pregnancy	\$10,367	SROI Canada Financial Proxy Database (H38)	Using all data on congenital malformations from the Ontario Case Costing Initiative to come up with an average hospital cost for a baby born to a mother who was lacking vitamins during her pregnancy. Link between lack of vitamins (folic acid in particular) from Wilson, R.D. (2007). Pre-Conceptional Vitamin/Folic Acid Supplementation 2007: The Use of Folic Acid in Combination With a Multivitamin Supplement for the Prevention of Neural Tube Defects and Other Congenital Anomalies. <i>Journal of Obstetrics and Gynaecology Canada</i> . 29 (12): 1003-1026.
28	Better physical health of mother leading to fewer health services used on an ongoing basis	Diabetes (direct health costs per affected person)	\$4,669	SROI Canada Financial Proxy Database (H57)	This is just a proxy for health concerns and does not necessarily represent a specific health outcome for these participants (see calculation notes for further details about counting this proxy). This study estimates the direct health care costs of diabetes in Canada, and projects future number of cases and costs associated with these cases to 2016. According to the study: Direct health care costs, including medication, dialysis, day procedures, physician visits (2000): \$4.66 billion (1996 dollars); # people with diabetes (2000): 1.4 million; Cost per person with diabetes: \$3,329 per person per year. Adjusted for inflation from 1995.
29	Decreased mental health crises and psych hospital stays	Psychiatric Admission to Hospital (Hospital Treatment for Mental Illness)	\$19,057	SROI Canada Financial Proxy Database (H05)	Assuming a maximum of two psychiatric hospital stays in the course of a year. Since this study is from 2008, a more recent 2010 study has been used for comparison of costs. The newer study (Jacobs, P. et al. (2010). <i>The Cost of Mental Health and Substance Abuse Services in Canada: A Report to The Mental Health Commission of Canada</i> . Edmonton: Institute of Health Economics.) indicates that the per day cost of psychiatric hospital admission is \$681 in Ontario (as an example). If the same methodology is used, the cost of a stay of 16.9 days used in the 2008 study would cost \$115,089. This indicates that the proxy used in this study is a very conservative estimation of the value of avoiding serious mental health crises. The proxy used has been adjusted for inflation from 2008.
30	Increased income assistance used	Social Assistance (1 adult + 1 child)	-\$9,708	Government of New Brunswick. (2013). Social Assistance Rate Schedules: Schedule A. http://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/SocialAssistance/ScheduleA.pdf	Assuming most participants would be eligible for Transitional Assistance "For those who are highly employable, as well as, those requiring support and intervention to become employable. This generally means single person who are able to work and also those with a chronic and/or temporary medical problem. Most families are provided assistance under this program." Monthly rate multiplied by 12 months per year.
31		Prenatal Benefit (New Brunswick)	-\$489	Government of New Brunswick. (2013). Prenatal Benefit Program. http://www2.gnb.ca/content/gnb/en/services/services_renderer.12855.html	Assuming participants would be eligible for the maximum monthly amount (\$80) and would access it for the maximum time period (6 months).
32		Child tax benefit	-\$1,432	Canada Revenue Agency. (2013).	Assuming most participants would be eligible for CCTB for one child at least. Calculated over

Government Stakeholder Group					
*Note: values presented are per year					
	Outcome	Financial Proxy	Value*	Source	Notes
				CCTB: calculation and payment information. http://www.cra-arc.gc.ca/bnfts/cctb/fq_pymnts-eng.html	12 months per year.
33		GST Rebate	-\$379		Indicates that individuals would receive \$206 + \$137 per child. Minimum assumption of one child per First Steps participant. Yearly figure.
34	Increased number of women finishing high school, using fewer resources, increasing their income and taxes	Public cost of dropping out of high school	\$8,066	Grant Thorton. (2013). Tax Planning Guide: 2012-2013. http://www.taxplanningguide.ca/tax-planning-guide/section-2-individuals/gsthst-credit/	Adjusted for inflation from 2008.
35	Child gains additional and appropriate development support	Cost of behavioural special education per student receiving behavioural special education.	\$1,802	SROI Canada Financial Proxy Database (E05)	Adjusted for inflation from 2008.
36	Children spend less time in foster care	Cost of child in foster care	\$35,112	SROI Canada Financial Proxy Database (E14)	In total as of February 2013, the monthly average year-to-date cost of a child in care in New Brunswick was \$2,926 21 or 35,112 \$ a year. This amount includes the basic maintenance rates presented above, as well as other costs paid by Social Development such as: dental services, legal fees, counselling, social activities medically related expenses. This average cost still does not include some more nuanced costs and is still not a complete picture of the cost of a child in care, for example it still does not include social worker time. This average cost does not include the most costly of cases, which are children and youth with complex needs which are separated as “complex cases.” However, this number is an average and not a mean so it does still include high cost cases that may inflate the average slightly.

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Appendix D: Stakeholder Engagement Surveys

Community Stakeholder Questions

1. How much do you know about the work of First Steps Housing Project Inc.?
2. What need does First Steps fulfil in the community?
3. Who do you think is affected by the programming at First Steps? Just participants, or is it broader (e.g. families, government services, etc.)?
4. What sorts of changes do you think participants and others experience due to First Steps?
5. Do you think there are any unintended consequences from the First Steps programs?
6. What do you think is the most valuable thing about the work of First Steps?
7. What might the situation look like if First Steps did not exist?

Past Participant Stakeholder Questions

1. Approximately when were you at First Steps?
2. How long did you stay at First Steps?
3. Why did you decide to go to First Steps?
4. What did your situation look like before you went to First Steps?
5. What sorts of services did you receive at First Steps?
6. Thinking about your time at First Steps, what sorts of changes did you experience in your life at that time?
7. What might your situation look like if you hadn't been able to come to First Steps?
8. Prior to attending First Steps Who were the people that the most influence in your life and were these influences positive/negative?
9. By the end of the program was there a change in the people who had the most influence on you? Was this a positive or negative change?
10. Were there negative aspects of First Steps for you?
11. What was the most valuable thing about First Steps for you?
12. Who might you recommend First Steps to?
13. Looking back at your time at First Steps, would you say that it changed your life in a significant way?
14. Any other comments?

Staff Focus Group Questions

1. Who do you think experiences change because of First Steps? Just the participants, or is it broader?
2. If you were not working at First Steps, would you be doing similar work elsewhere?
3. Do you think the women involved in First Steps have a different experience here pre – and post-natal? Would there be any other divisions in the group? (e.g. age)

School Participants Focus Group Questions

1. Why did you decide to attend the school at First Steps?
2. If you weren't attending school here, would you be able to attend school? Would it be different? Would you be as able to finish school if you were going elsewhere?
3. What has been the most valuable thing about coming to school at First Steps?
4. Do you feel that you learn differently at the First Steps school than you would at another school?
5. Before coming to the First Steps school were you using additional resources (like a resource worker or counsellor) at your previous school?

Individual Participant Interview Questions

1. What did your situation look like before you came to First Steps? (Why did you decide to come to First Steps?)
2. What sorts of services did you receive at First Steps?
3. What sorts of changes did you experience because of your involvement at First Steps?
4. What might your situation look like if you hadn't been able to come to First Steps?
5. Were there any negative aspects of your involvement at First Steps?
6. What was the most valuable thing about First Steps for you?
7. Who might you recommend First Steps to?

Appendix E: List of SROI Partnership Committee Participants

Co-Chairs:

Sharon Amirault, **First Steps Housing Project Inc.**

Monica Chaperlin, **Business Community Anti-Poverty Initiative (BCAPI)**

The Partners:

The Saint John Community:

First Steps: Dr. Christine Davies, Maggie Coffin, Kit Hickey, Sharon Amirault

Vibrant Communities Saint John: Barry Galloway, Cathy Wright

United Way of Greater Saint John: Wendy MacDermott

Human Development Council + Saint John Homelessness Committee: Randy Hatfield

Saint John Learning Exchange: Christina Fowler, Claire Ashton

Greater Saint John Community Foundation: Kelly Evans

Saint John YMCA: Shilo Boucher, Glenn LaRusic

BCAPI: Tom Gribbons, Daryl Wilson, Steve Whitters, Monica Chaperlin

The Provincial Government:

Social Development: *Jennifer Daigle, Lisa Thomson, Louise Hale Finley, Kevin Clark*

Public Safety: *Brian Saunders, Anita Rosignol*

Anglophone South School District: *Zoe Watson*

Economic and Social Inclusion Corporation: *Althea Arsenault*

Healthy and Inclusive Communities: *Phyllis Mockler-Caissie*

Health: *Tom Fetter, Jason Debly*

Horizon Health Network, *Danny Jardine*

Premier's Office: Policy and Priorities, Greg Lutes

New Brunswick Institutes:

NB Social Policy Research Network: *Bill MacKenzie, Nick Scott, Eric Gionet*

NB Health Council: *Michelina (Mickey) Mancuso*

UNB Saint John (Business): *Terry Conrod, Regena Farnsworth*

Pond-Deshpande Centre: *Karina LeBlanc*

**Italics indicate the member moved to another position or area of responsibility and was replaced.*

Appendix F: Evaluation Tools



Admissions Form

This form must be completed with a staff and a resident within 72 hours. Residential Support Staff Please fill out the first 5 pages with resident right away. The remainder of the form will be filled out with the Residential Director and the resident.

This is quite an overwhelming form and therefore should be done in a private quiet place. Please do not fill out the full form in one day if the resident seems overwhelmed. The Emergency Intake Form is used only for those coming for a one to two night stay. Please go through the form with a resident, writing the information clearly. Residents can read along, or must read after it is completed to assure what is written is what was said. There is a Re-Admission Form that can be used if a resident returns within 6 months of her last stay.

PLEASE read aloud to resident: The information we are collecting is for our files. This information is to help us get to know you. It will not be shared with other residents. We may use some of the information you provide us with for research and data collection, but your identity will not be used. If you are hesitant about answering any of the following questions, please let us know. If you sign this form, you are agreeing to us sharing the information (protecting your identity) for research and evaluation purposes.

Admission Date: _____ Staff Completing Admissions: _____
(dd/mm/yyyy)

PART A: PERSONAL INFORMATION

1. Name: _____
 First Middle Last (preferred name)

2. Date of Birth: _____
(dd/mm/yyyy)

3. Age at intake: _____

4. Place of Birth: _____

5. Current address (where you lived right before coming to First Steps)

6. Medicare #: _____

Admission Form
Original date: May 2002
Revised: October 26, 2004, January 25, 2005, December 14, 2006, January 2008, July 2013, February 2014

7. Expiry Date: _____

8. S.I.N. #: _____

9. Cell Phone #: _____

Child Information (skip this section if not relevant)

10. Child's full name: _____

11. Date of Birth: _____
(dd/mm/yyyy)

12. Age: _____

13. Place of Birth: _____

14. Medicare #: _____

15. Medicare # expiry date: _____

16. S.I.N. #: _____

17. Immunization information (must attach records): _____

18. Important medical information: _____

19. Child's doctor's name: _____

20. Phone #: _____

Pregnancy Information (please skip this section if not pregnant)

21. Do you know how far along in your pregnancy you are?

Yes No NA

22. If yes, how far? _____

23. What is your due date? _____

24. Is this your first pregnancy? Yes No NA

25. When is the last time you visited your Doctor? _____

26. When is the last time you had an examination since you have been pregnant?

27. By Whom? _____

Emergency Contact Information

28. If there is an emergency with you, is there someone we should contact?
 Yes No

29. If yes: Name & Relation: _____

30. Phone#: _____

31. If there is an emergency with your child, is there someone we should contact?
 Yes No

32. If yes: Name & Relation: _____

33. Phone#: _____

Health & Safety Information:

34. Who is your Doctor? _____

35. Phone #: _____

36. Do you have any current medical problems that we should know about? (allergies, diseases, etc.)

37. In the last three months, have you or any members of your family had any contagious illness diseases or infections we should know about?

Yes No

38. If yes, what? Are you being treated?

39. Have you had the chicken pox?

Yes No

40. Have you had the measles?

Yes No

41. Please list any dietary requests:

42. Have you ever been hospitalized?

Yes No

43. If yes, when, where and for what reason:

44. Do you currently take any medications?

Yes No

45. If yes, list names and dosages:

46. Do you have your medication with you?

Yes No NA

47. Have you recently stopped taking any medication?

Yes No NA

48. If yes, why? _____

49. Are you receiving any other medical care other than for your pregnancy?

Yes No NA

50. If yes, please explain:

51. Do you have any medical coverage?

Yes No Don't know

52. If yes, with who? _____

53. Have you been specifically diagnosed with any mental health issues?

Yes No Don't know

54. If yes, please list _____

55. Is there anyone you do not want to contact you?

55a. Name: _____

55a. Description: _____

55b. Name: _____

55b. Description: _____

PART B: ADDITIONAL PERSONAL INFORMATION

Family Information

56. Do you have family members that you are in contact with? Yes No

57. Who do you have contact with? (check all that apply)

- Mother Father
 Step parent(s) Grandparents
 Aunt(s) Uncle(s)
 Siblings Cousin(s)
 Other (please specify) _____

58. Parent(s) or Legal Guardian list mom/dad/ guardian separate if different addresses:

Name: _____ Relation to you: _____

Address:

Street City Province Postal Code
Phone: (home) _____ (work) _____

Occupation(s): _____ Age: _____

Name: _____ Relation to you: _____

Address:

Street City Province Postal Code
Phone: (home) _____ (work) _____

Occupation(s): _____ Age: _____

59. Are either of your parents living with another partner?

Yes No Don't know

60. If yes, who are they living with now and for how long have they been living with that person?

61. Are either of your parents remarried? Yes No Don't know

62. If yes, who are they living with now and for how long have they been living with that person?

63. Are your mother and father:

- | | |
|---|--|
| <input type="checkbox"/> Married and living together | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married and not living together | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Deceased (which parent) _____ | <input type="checkbox"/> Living together not married |
| <input type="checkbox"/> Not married, not living together | |

64. If your parents are not living together, how long have they been apart?

65. Was your family receiving Social Assistance when you were growing up?

- Yes No Don't know

66. How old is your mother? _____

67. If she is deceased how old was she and when did she die? _____

68. How old is your mother's mother? _____

69. If she is deceased how old was she and when did she die? _____

70. What was it like growing up in your family? How did your parents treat you? How did they treat each other? Are they supportive now?

History of Abuse

71. In the past, have you ever experienced abuse?

- Yes No Don't know

72. If yes, abused by (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Step Parent(s) _____ |
| <input type="checkbox"/> Parent's boyfriend or girlfriend _____ | <input type="checkbox"/> Relative _____ |
| <input type="checkbox"/> Current boyfriend/girlfriend | <input type="checkbox"/> Past boyfriends/girlfriends |
| <input type="checkbox"/> Common-law partner | <input type="checkbox"/> Husband |
| <input type="checkbox"/> Neighbour | <input type="checkbox"/> Stranger |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cannot remember |

73. What types of abuse (check all that apply)?

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Sexual | <input type="checkbox"/> Psychological/emotional |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Other _____ | |

74. When and how did the abuse start, and by whom?

Partners and Friends

75. Do you have a partner (e.g. boyfriend/girlfriend, husband) now?

- Yes No

76. If yes, do you wish for them to be able to call you while at First Steps?

- Yes No

Name of partner: _____ Phone #: _____

Address: _____

77. Is this person the father of your baby?

- Yes No Don't know

78. Will the father of your baby have contact with you?

- Yes No Don't know

79. Will the father of your baby have contact with your baby?

- Yes No Don't know

On Arrival at First Steps

Living Arrangements

80. When you came to First Steps, where had you been living directly prior?

- | | | |
|--|--|--|
| <input type="checkbox"/> With mother | <input type="checkbox"/> With mother & her partner | <input type="checkbox"/> With both parents |
| <input type="checkbox"/> With father | <input type="checkbox"/> With father & his partner | <input type="checkbox"/> With your partner |
| <input type="checkbox"/> With grandparent(s) | <input type="checkbox"/> With other relative(s) | <input type="checkbox"/> With friends |
| <input type="checkbox"/> In foster care/family | <input type="checkbox"/> In group home | <input type="checkbox"/> In a shelter |
| <input type="checkbox"/> Place to place (friends, etc) | <input type="checkbox"/> On the street | <input type="checkbox"/> On own |
| <input type="checkbox"/> Other (please specify) _____ | | |

81. How many places have you lived in the past year?

- 1-2 places 3-5 places 5-10 places More than 10 places

82. Have you ever lived on the street or not known where you are going to stay the next night?

- Yes No

83. Have you ever lived in a group home, transition home or shelter?

- Yes No

84. If yes, where/when? _____

85. Have you ever lived in foster care or with a family member (not mother or father)?

- Yes No

86. If yes, where/when? _____

Current/Recent Abuse

87. Were you leaving an abusive situation when you came to First Steps?

- Yes No

88. If you weren't at First Steps do you think you would be exposed to abuse?

- Yes No Don't know

89. Is your current partner ever abusive towards you and/or your child?

- Yes No Don't know

90. Is your family (parents, step parents, siblings, etc) ever abusive towards you and/or your child?

- Yes No Don't know

Self Harm

91. Before coming to First Steps, have you ever tried to hurt yourself?

- Yes No

92. If yes, how and when? _____

93. Have you ever thought about suicide?

- Yes No

94. If yes, how and when? _____

Criminal record

95. If over 18, do you have a criminal record?

- Yes No

96. If yes, what was the offence and when did it take place? _____

Referral Source

97. How did you hear about First Steps?

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Clergy/church | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Family | <input type="checkbox"/> Self | <input type="checkbox"/> Neighbour |
| <input type="checkbox"/> Teacher/school | <input type="checkbox"/> Counsellor | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Other _____ | | |

Entitlements

98. Do you currently receive any of the following entitlements:

- | | |
|--|---|
| <input type="checkbox"/> Social Assistance | <input type="checkbox"/> Prenatal Benefit |
| <input type="checkbox"/> Child tax benefit | <input type="checkbox"/> GST rebate |
| <input type="checkbox"/> Other _____ | |

Income

99. Do you have any income from the following sources?

- Working part-time Working full time
- Savings Social Assistance or other entitlements
- Money from friends/family/partner
- Other _____
- No, I currently do not have an income

100. If you're working, where are you working? _____

Children

101. If you're pregnant, have you been receiving any pre-natal care?

- Yes No Not pregnant

102. If you didn't come to First Steps, do you think your baby would have been taken by Social Development?

- Yes No Not sure Has already been taken

103. Do you have other children who have been taken by Social Development?

- Yes No

104. Are you involved with Child Protection or Birth Parent Services?

- Yes No

How many children do you have who are:

105. Staying with you? _____

106. Staying with other family members? _____

107. Staying with their father? _____

108. In the care of Social Development? _____

109. What courses or programs have you attended relating to pregnancy and/or childbirth?

Education

110. Please select the highest level of education that you have completed:

- Grade 6 Grade 7 Grade 8
- Grade 9 Grade 10 Grade 11
- Finished high school GED Trade school
- College University/Bachelor's degree
- University/Master's degree Professional degree (e.g. accounting)
- Other _____

111. Are you presently attending school? Yes No

112. Did you drop out of high school? Yes No

113. If you dropped out, reason for dropping out: _____

114. Do you plan on attending school at First Steps? Yes No NA

115. Do you plan on attending school elsewhere? Yes No NA

PART C – OUTCOME INFORMATION (Pre-Post)

Substance Use

Please indicate how often you do the following things:

- 116. Use marijuana Never Seldom Sometimes Often
- 117. Smoke cigarettes Never Seldom Sometimes Often
- 118. Drink small amounts of alcohol Never Seldom Sometimes Often
- 119. Drink large amounts of alcohol Never Seldom Sometimes Often
- 120. Use drugs other than marijuana Never Seldom Sometimes Often

121. Comments on substance use: _____

122. Do you have any concerns about your personal drug or alcohol use?
 Yes No

123. Are you currently receiving any support with reducing drug or alcohol use?
 Yes No

124. If yes, from where? _____

125. In the past have you received any support with reducing drug or alcohol use?
 Yes No

126. If yes, from where? _____

Personal Well Being

127. Regarding my physical health....

- Have physical health concerns/problems, but they are not related to my lifestyle
- Have many physical health concerns/problems related to my lifestyle
- Have some physical health concerns/problems related to my lifestyle
- Do not have physical health concerns/problems but could have a healthier lifestyle
- Do not have physical health concerns/problems as I lead a healthy lifestyle

Comments: _____

128. Are you currently seeing a doctor about any health concerns?
 Yes No

129. If yes, name of the doctor: _____

130. I feel like I....

- Don't have any friends
- Have friends who influence me negatively
- Have friends, but I don't let them influence me
- Have friends who influence me positively

Comments: _____

131. I would say I have....

- Significant struggles with my mental health
- Some concerns about my mental health
- Good or average mental health (some ups and downs, but no major crises)

Comments: _____

132. Are you currently seeing a counsellor or mental health worker about any concerns?
 Yes No

133. If yes, name of the agencies or counsellors: _____

134. Are you currently taking any medications related to your mental health (please list): _____

Please rate the following aspects of your life currently (where 1 is low/poor and 5 is high/excellent)

- 135. Personal anger

1	2	3	4	5
---	---	---	---	---
- 136. My own independence

1	2	3	4	5
---	---	---	---	---
- 137. Managing my money

1	2	3	4	5
---	---	---	---	---
- 138. Bond with my child(ren)

1	2	3	4	5
---	---	---	---	---
- 139. Stress in my life:

1	2	3	4	5
---	---	---	---	---
- 140. Community connection:

1	2	3	4	5
---	---	---	---	---
- 141. Stability in my life:

1	2	3	4	5
---	---	---	---	---

PART D: OTHER INFORMATION

Goals:

142. Do you have any education goals? (none, finish high school, get a degree, etc.)

143. Do you have any employment goals?

144. What do you hope to learn and experience while at First Steps?

145. What hobbies or interest would you like to pursue?

146. Are there any courses or programs relating to pregnancy and/or childbirth you would like to take?

Personal activity:

147. What organizations, clubs, activities have you belonged to or been involved with?

148. What types of activities do you enjoy?

At First Steps:

149. Why did you come to live at First Steps?

150. How long do you plan on staying at First Steps?

151. What things do you hope change for you as a result of coming to First Steps?

152. What do you anticipate will be the most valuable thing at First Steps?

153. Where do you plan to go after First Steps?

154. Do you have any questions or concerns about any of the policies or rules of First Steps?

155. Is there any other information you would like to share with us?

I, _____, of my own accord, have undertaken temporary residence at First Steps Housing to receive the assistance I need while pregnant and or as a new mom.

I hereby give permission to the staff of First Steps to take my child or me to the hospital or qualified medical practitioner in the event of an accident, illness, labour, and delivery.

Signature of resident

Date

Signature of staff

Date



Resident Closed File Form

This form is to be filled out on departure by the Resident and Residential Director. If the resident is not present, please indicate where the Residential Director has estimated the responses to the questions. It must be filled out within one week of departure. This form is given to the Executive Director within one week of the resident's exit.

For office use only Code # _____

Admission Date: _____ Discharge date: _____
(dd/mm/yyyy) (dd/mm/yyyy)

PART A: PERSONAL INFORMATION

1. Name: _____
First Middle Last (preferred name)

2. Date of Birth: _____
(dd/mm/yyyy)

3. Age at intake: _____

Children

4. How pregnant were you on arrival? _____

5. Was your baby born while you were at First Steps? Yes No

If your baby was born while you were staying at First Steps, please indicate the following things:

6. Baby's name _____

7. Date of Birth: _____
(dd/mm/yyyy)

8. Birth weight: _____



9. Health at birth:

- Healthy, no concerns
- Healthy, but some concerns
- Minor health concerns
- Major health concerns

Comment: _____

10. Immunizations at First Steps: _____

11. Any health complications for baby due to substance use by mother? Yes No
Comment: _____

12. Did you have a child or children who were not in your care when you came to First Steps? Yes No

13. If Yes, please indicate if you were able to do any of the following things while at First Steps:

- Start having visits with child(ren)
- Increase the number of visits with child(ren)
- Increase the frequency of visits with child(ren)
- Create new or stronger bonds with child(ren) not in your care
- Have a child or children returned to your care

Comments: _____

14. If you had a child or children returned to your care, please indicate how many:

15. Did you have a child or children who attended daycare at First Steps?
 Yes No

Self Harm

16. Before coming to First Steps, did you ever try to hurt yourself?
 Yes No

17. If Yes, when? _____

18. Has your desire to hurt yourself decreased at all while at First Steps?
 Yes No NA



19. Before coming to First Steps did you ever think about suicide?

- Yes No

20. If Yes, when? _____

21. Have your thoughts about suicide decreased while at First Steps?

- Yes No NA

Entitlements

22. Do you currently receive any of the following entitlements:

- Social Assistance Prenatal Benefit
 Child tax benefit GST rebate
 Other _____

Income

23. Do you have any income from the following sources?

- Working part-time Working full time
 Savings Social Assistance or other entitlements
 Money from friends/family/partner
 Other _____
 No, I currently do not have an income

24. If you are working, where are you working? _____

Education

25. Did you attend school while at First Steps? Yes No NA

26. If Yes, please indicate where: First Steps school Regular high school
 GED Other

27. Did you finish high school while at First Steps? Yes No NA

28. If Yes, please indicate where: First Steps school Regular high school
 GED Other



29. Did you start attending post-secondary education while at First Steps?

- Yes No NA

30. Where did you start and what are you studying? _____

31. Are you planning on attending post-secondary education of some sort?

- Yes No NA

32. Where will you study and what will you study? _____

33. Please select the highest level of education that you have now completed:

- Grade 6 Grade 7 Grade 8
 Grade 9 Grade 10 Grade 11
 Finished high school GED Trade school
 College University/Bachelor's degree
 University/Master's degree Professional degree (e.g. accounting)
 Other _____

Referrals

34. Please indicate all of the services you were referred to while at First Steps:

- Mental health Public health Counseling
 Nutritionist Doctor Birth parent services
 Family Resource Centre Early intervention SLP
 OT PT Addictions Counseling

35. If you were referred to addictions support, please indicate where:

- Ridgewood Sophia Recovery Centre AA Other

PART B: OUTCOME INFORMATION (Pre-Post)

Substance Use

Please indicate how often you do the following things:

- 36. Use marijuana Never Seldom Sometimes Often
- 37. Smoke cigarettes Never Seldom Sometimes Often
- 38. Drink small amounts of alcohol Never Seldom Sometimes Often
- 39. Drink large amounts of alcohol Never Seldom Sometimes Often
- 40. Use drugs other than marijuana Never Seldom Sometimes Often

Comments on substance use: _____

41. Do you have any concerns about your personal drug or alcohol use?
 Yes No NA

42. Did you begin receiving any support with reducing drug or alcohol use while at First Steps?
 Yes No NA

Personal Well Being

- 43. I would say that I....
- Have physical health concerns/problems, but they are not related to my lifestyle
- Have many physical health concerns/problems related to my lifestyle
- Have some physical health concerns/problems related to my lifestyle
- Do not have physical health concerns/problems but could have a healthier lifestyle
- Do not have physical health concerns/problems as I lead a healthy lifestyle

Comments: _____

44. Are you currently seeing a doctor about any health concerns?
 Yes No

45. If Yes, name of the doctor: _____

46. I feel like I....

- Don't have any friends
- Have friends who influence me negatively
- Have friends, but I don't let them influence me
- Have friends who influence me positively

Comments: _____

47. I would say I have....

- Significant struggles with my mental health
- Some concerns about my mental health
- Good or average mental health (some ups and downs, but no major crises)

Comments: _____

48. Are you currently seeing a counsellor or mental health worker about any concerns?
 Yes No

49. If Yes, name of the agencies or counsellors: _____

49a. Are you currently taking any medications related to your mental health (please list): _____

Please rate the following aspects of your life currently (where 1 is low/poor and 5 is high/excellent)

50. Personal anger	_____	_____	_____	_____	_____
	1	2	3	4	5
51. My own independence	_____	_____	_____	_____	_____
	1	2	3	4	5
52. Managing my money	_____	_____	_____	_____	_____
	1	2	3	4	5
53. Bond with my child(ren)	_____	_____	_____	_____	_____
	1	2	3	4	5
54. Stress in my life:	_____	_____	_____	_____	_____
	1	2	3	4	5
55. Community connection:	_____	_____	_____	_____	_____
	1	2	3	4	5
56. Stability in my life:	_____	_____	_____	_____	_____
	1	2	3	4	5



57. While at First Steps, I have.....

- Learned many skills
- Learned some skills
- Improved skills that I already had
- Did not learn anything or improve any skills

Comments: _____

58. Specifically relating to **taking care of my child(ren)** while at First Steps, I have.....

- Learned many skills
- Learned some skills
- Improved skills that I already had
- Did not learn anything or improve any skills

Comments: _____



PART C: TRANSITIONING FROM FIRST STEPS

59. Where do you plan on living now that you are leaving First Steps?

- | | | |
|---|--|--|
| <input type="checkbox"/> With mother | <input type="checkbox"/> With mother & her partner | <input type="checkbox"/> With both parents |
| <input type="checkbox"/> With father | <input type="checkbox"/> With father & his partner | <input type="checkbox"/> With your partner |
| <input type="checkbox"/> With grandparent(s) | <input type="checkbox"/> With other relative(s) | <input type="checkbox"/> With friends |
| <input type="checkbox"/> Second Steps apartment | <input type="checkbox"/> On own | |
| <input type="checkbox"/> Other (please specify) _____ | | |

60. As you think about leaving First Steps, do you think you will have:

- More stability than before coming to First Steps
- The same stability as when you came to First Steps
- Less stability than when you came to First Steps

Comment: _____

61. What sorts of things changed for you as a result of coming to First Steps?

62. What was the most valuable thing for you at First Steps?

63. Any other comments about your stay at First Steps? What was positive? What needed improvement?



Follow Up Form

This form is to be filled out 6 and 12 months after departure by the past Resident. Please indicate if it has been 6 or 12 months, and whether the past Resident is currently staying at Second Steps or somewhere else. This form is given to the Executive Director.

For office use only Code # _____

Discharge date: _____
(dd/mm/yyyy)

PART A: PERSONAL INFORMATION

1. Name: _____
First Middle Last (preferred name)

2. Date of Birth: _____
(dd/mm/yyyy)

3. Age: _____

Living arrangements

4. Where have you lived since leaving First Steps (choose more than one if it applies)?

- With mother With mother & her partner With both parents
 With father With father & his partner With your partner
 With grandparent(s) With other relative(s) With friends
 Second Steps apartment On own
 Other (please specify) _____

5. Where are you living now?

- With mother With mother & her partner With both parents
 With father With father & his partner With your partner
 With grandparent(s) With other relative(s) With friends
 Second Steps apartment On own
 Other (please specify) _____



6. Since leaving First Steps have you lived on the street at all or not known where you are going to stay the next night? Yes No

7. Since leaving First Steps would you say you've had...

- More stability than before coming to First Steps
 The same stability as when you came to First Steps
 Less stability than when you came to First Steps

Comment: _____

8. Since leaving First Steps have you experienced any form of abuse (please check all that apply)?

- Physical Sexual Psychological/emotional
 Financial Other _____

9. I would say that I....

- Do not manage my money well and often don't have enough
 Manage my money well, but often do not have enough
 Manage my money well, so that I have enough
 Manage my money well and am saving money for the future

Comments: _____

10. I would say that I....

- Am always able to pay my bills
 Am usually able to pay my bills
 Am sometimes able to pay my bills
 Am never able to pay my bills

Comments: _____

11. Since my time at First Steps I would say that I....

- Have more debt
 Have the same amount of debt
 Have less debt
 NA

Comments: _____



12. Since my time at First Steps I would say that I....

- Am always able to purchase the things I want
- Am usually able to purchase the things I want
- Am sometimes able to purchase the things I want
- Am never able to purchase the things I want

Comments: _____

13. I feel like I....

- Don't have any friends
- Have friends who influence me negatively
- Have friends, but I don't let them influence me
- Have friends who influence me positively

Comments: _____

14. I would say that I....

- Am supported by people in my life
- Am somewhat supported by people in my life
- Am **not** supported by people in my life

Comments: _____

15. I am currently....

- Working towards goals in my life
- Thinking about working towards goals in my life
- Not working towards goals in my life and not thinking about it

Comments: _____

16. Do you have a mentor in your life?

- Yes
- No
- NA

Comments: _____

17. If you have a mentor in your life, please describe this relationships and the benefits or drawbacks you experience:



18. If you were referred to any of the following services while at First Steps, please indicate which you are still accessing now:

- | | | |
|---|---|---|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Public health | <input type="checkbox"/> Counselling |
| <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Doctor | <input type="checkbox"/> Birth parent services |
| <input type="checkbox"/> Family Resource Centre | <input type="checkbox"/> Early intervention | <input type="checkbox"/> SLP |
| <input type="checkbox"/> OT | <input type="checkbox"/> PT | <input type="checkbox"/> Addictions Counselling |

19. If you were referred to addictions support and are still attending, please indicate where:

- Ridgewood
- Sophia Recovery Centre
- AA
- Other

Children

20. Was your baby born while you were at First Steps? Yes No NA

21. Current health status of baby:

- Healthy, no concerns
- Healthy, but some concerns
- Minor health concerns
- Major health concerns

Comment: _____

22. Did you have a child or children who were not in your care when you left First Steps?

- Yes
- No

23. If yes, please indicate if you have been able to any of the following things since leaving First Steps:

- Start having visits with child(ren)
- Increase the number of visits with child(ren)
- Increase the frequency of visits with child(ren)
- Create new or stronger bonds with child(ren) not in your care
- Have a child or children returned to your care

Comments: _____

If you had a child or children returned to your care, please indicate how many: _____

24. Were you reunited with any children while at First Steps? Yes No NA

25. If yes, is the child still in your care currently? Yes No



Entitlements

26. Do you currently receive any of the following entitlements:

- Social Assistance Prenatal Benefit
- Child tax benefit GST rebate
- Other _____

Income

27. Do you have any income from the following sources?

- Working part-time Working full time
- Savings Social Assistance or other entitlements
- Money from friends/family/partner
- Other _____
- No, I currently do not have an income

28. If you are working, where are you working?

Education

29. Did you finish high school since First Steps?

- Yes No I already finished high school before leaving First Steps

30. If yes, please indicate where:

- First Steps school Regular high school GED Other

31. Since your time at First Steps did you start attending post-secondary education ?

- Yes No NA

32. Where did you start and what are you studying? _____

33. If you haven't started, are you planning on attending post-secondary education of some sort?

- Yes No NA

34. If yes, where will you study and what will you study? _____

35. If no, is there a specific reason why not? _____



36. Please select the highest level of education that you have now completed:

- Grade 6 Grade 7 Grade 8
- Grade 9 Grade 10 Grade 11
- Finished high school GED Trade school
- College University/Bachelor's degree
- University/Master's degree Professional degree (e.g. accounting)
- Other _____

Substance Use

Please indicate how often you do the following things:

- 37. Use marijuana Never Seldom Sometimes Often
- 38. Smoke cigarettes Never Seldom Sometimes Often
- 39. Drink small amounts of alcohol Never Seldom Sometimes Often
- 40. Drink large amounts of alcohol Never Seldom Sometimes Often
- 41. Use drugs other than marijuana Never Seldom Sometimes Often

Comments on substance use: _____

42. Do you have any concerns about your personal drug or alcohol use?

- Yes No

Personal Well Being

43. I would say that I...

- Have physical health concerns/problems, but they are not related to my lifestyle
- Have many physical health concerns/problems related to my lifestyle
- Have some physical health concerns/problems related to my lifestyle
- Do not have physical health concerns/problems but could have a healthier lifestyle
- Do not have physical health concerns/problems as I lead a healthy lifestyle

Comments: _____

44. Are you currently seeing a doctor about any health concerns?

- Yes No

45. If yes, name of the doctor: _____



46. I would say I have....

- Significant struggles with my mental health
- Some concerns about my mental health
- Good or average mental health (some ups and downs, but no major crises)

Comments: _____

47. Are you currently seeing a counsellor or mental health worker about any concerns?

- Yes No

48. If yes, name of the agencies or counsellors: _____

48a. Are you currently taking any medications related to your mental health (please list): _____

Please rate the following aspects of your life currently (where 1 is low/poor and 5 is high/excellent)

49. Personal anger _____

1 2 3 4 5

50. My own independence _____

1 2 3 4 5

51. Bond with my child(ren) _____

1 2 3 4 5

52. Stress in my life: _____

1 2 3 4 5

53. Community connection: _____

1 2 3 4 5

54. Stability in my life: _____

1 2 3 4 5

55. While at First Steps, I have.....

- Learned many skills
- Learned some skills
- Improved skills that I already had
- Did not learn anything or improve any skills

Comments: _____



56. Specifically relating to taking care of my child(ren) while at First Steps, I have.....

- Learned many skills
- Learned some skills
- Improved skills that I already had
- Did not learn anything or improve any skills

Comments: _____

57. Thinking back on your experience in First Steps what sorts of things changed for you as a result of coming to First Steps?

58. What was the most valuable thing for you at First Steps?

59. Thinking back on your time at First Steps do you have any other comments about your stay at First Steps? What was positive? What needed improvement?



Dr. Christine Davies Education Centre and Daycare Program Survey

This survey is to be filled out in the last week of classes. In order to ensure that our programs are meeting your needs, we would like to ask you a few questions about your experience at the Dr. Christine Davies Education Centre and with the Daycare Program. All of your information will remain confidential, but results may be used for program improvement and reporting, including public reporting, about the program.

PART A: SCHOOL PROGRAM

1. Please select the highest level of education that you completed before coming to the Dr. Christine Davies Education Centre: Grade 6 Grade 7 Grade 8 Grade 9 Grade 10 Grade 11
2. Did you increase your level of education because you attended school at the Dr. Christine Davies Education Centre?
 Yes No In progress
3. If you have not yet completed a higher level of education, do you feel like attending school at the Dr. Christine Davies Education Centre increased your desire and ability to achieve a higher level of education?
 Yes No Don't know
4. Please indicate whether the following statements are true, somewhat true, or false:

	True	Somewhat true	False
a) I made friends while attending school here			
b) I have made progress on my education goals			
c) I feel comfortable at the school here			
d) I feel supported at the school here			
e) I know where to get the resources I need to advance my education			
f) I feel good about myself when I attend school here			
g) I come to school more often since I started here			
h) I don't feel anxious about coming to school here			
i) I feel like I fit in at the school here			



5. Are you planning on attending post-secondary education of some sort?
 Yes No Don't know yet Not able to attend
6. If you are not planning on attending post-secondary or are unable to attend, why?

7. If you are planning on attending post-secondary, where will you study and what will you study?

8. Would you recommend the school program here to others?
 Yes No Don't know yet
9. Comments about the school:

PART B: DAYCARE PROGRAM

10. Did your child attend daycare here while you were in school?
 Yes No Not born yet Was taken care of elsewhere
11. If they were taken care of elsewhere, where were they taken care of?

12. If you used the daycare here, did having a daycare option make a difference for you while you attended school?
 Yes, it made it easier to attend
 Yes, it made it somewhat easier to attend
 No, it didn't make a difference for me
13. Please indicate which things were positive about the daycare here?
 I knew my child was safe
 My child learned things
 My child got to interact with other children
 I was able to focus on my schooling
 It was convenient
 The staff supported and cared for my child
 Other _____



14. Would you recommend the school program here to others?

- Yes
- No
- Don't know yet

15. Comments about the daycare:



Child Development Program Survey

This form is to be filled out when a participant has completed their sessions with the Child Development Coordinator.

For office use only Code # _____

Discharge date: _____ (dd/mm/yyyy)

PART A: USEFULNESS OF SESSIONS

1. Name: _____ (First Middle Last (preferred name))

2. Child's Name: _____ (First Middle Last (preferred name))

3. Did you find your weekly meetings with the Child Development Coordinator helpful?
Yes No Don't know

Comments: _____

- 4. What did you find most helpful?
Learning about my child's development
Being able to ask one-on-one questions
Identifying development issues my child may be having
Having time to concentrate on my relationship with my child
Learning parenting tips
Other (please specify) _____



- 5. What did you find least helpful?
Learning about my child's development
Being able to ask one-on-one questions
Identifying development issues my child may be having
Having time to concentrate on my relationship with my child
Learning parenting tips
Other (please specify) _____

6. What did you learn about your baby or parenting?

7. Do you feel that you benefited from these meetings?
Yes No Don't know

Comments: _____

8. Do you feel that your child benefited from these meetings?
Yes No Don't know

Comments: _____

9. Did you feel comfortable asking questions during your sessions?
Yes No Don't know

Comments: _____

- 10. Please indicate which best applies to your child:
A developmental issue was identified with my child, and we have received support and/or referrals related to this
A developmental issue was identified with my child, but we have not received any support and/or referrals related to this
My child might have a developmental issue, but has not been assessed
My child does not have a developmental issue (NA)
Comments: _____



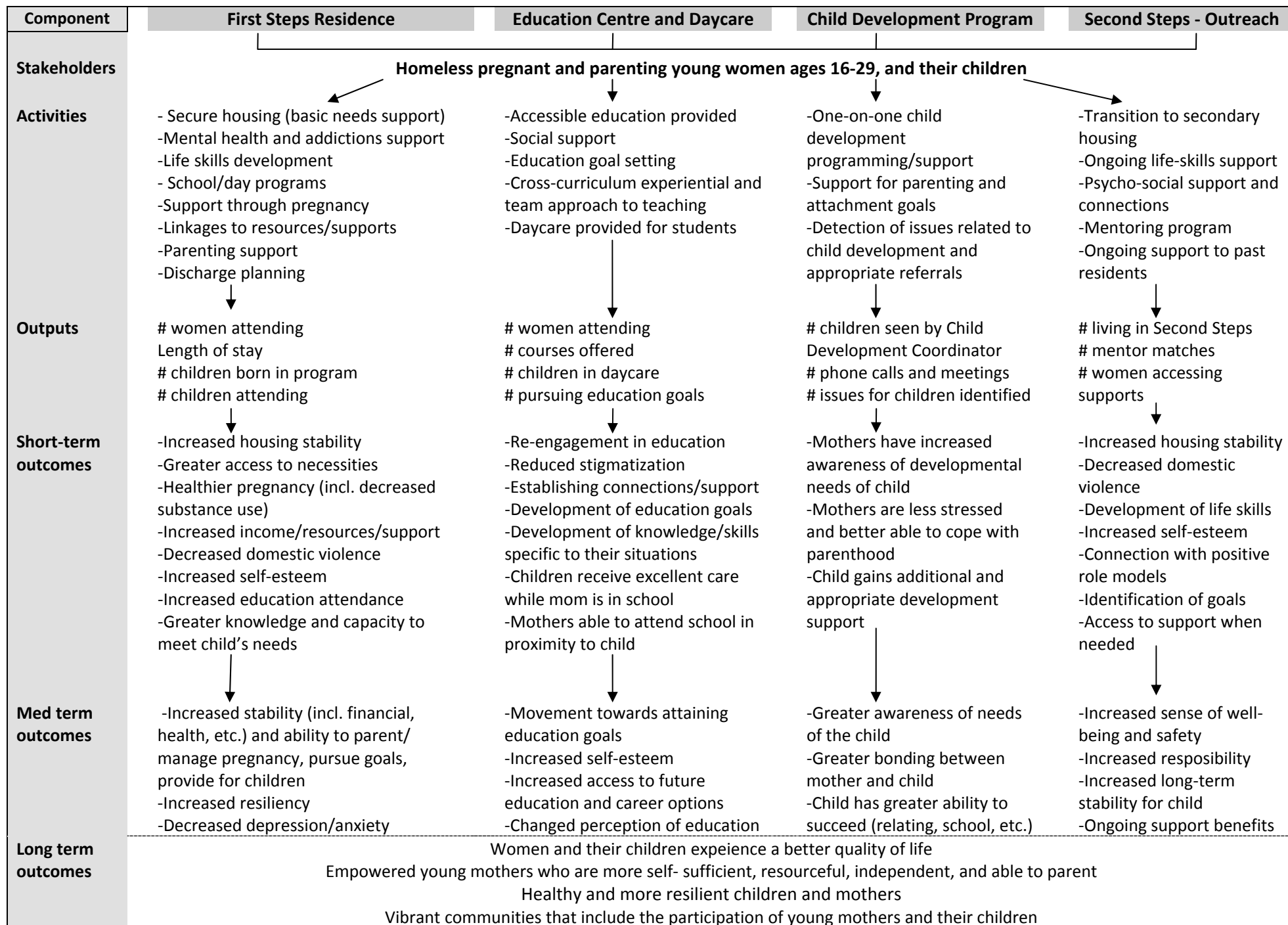
11. Would you say that you have a good relationship with you child?

- Overall, yes
- Somewhat
- Overall, no
- Don't know

Comments: _____

12. Other comments about the Child Development Program at First Steps:

Appendix G: Logic Models



First Steps Residence Logic Model

Activities	Outputs	Short-term Outcomes	Mid-term Outcomes	Long-term Outcomes	Indicators of Success	Measurement Tools
Provision of secure housing with supports (food, clothing, shelter)	# women attending Length of stay	Increased housing stability Decreased domestic violence Access to healthcare	Increased stability and ability to parent/manage pregnancy, pursue goals, and provide for their children	Women and their children experience a better quality of life Empowered young mothers who are more self-sufficient, resourceful, independent, and able to parent Healthy and more resilient children and mothers Vibrant communities that include the participation of young mothers and their children	# women indicating increased stability; Length of stay (maintenance of stability) # of women leaving domestic violence	Closed file form Q56, admission & discharge dates
Support for addressing addictions (referrals, methadone planning, etc.)	# women addressing addictions; # addictions referrals made; # women accessing addictions support	Decreased substance use during pregnancy Increased awareness of support services	Increased resiliency and ability to maintain sobriety Decreased dependence amongst children born Decreased time in hospital (mom and baby)		# women not using while pregnant; # babies avoiding additional time in hospital; # mothers avoiding additional time in hospital; # women no longer addicted	Closed file form Q11, Q8, Q9, Q36-40, Q41, Q42
Basic needs supports	# medications, transport, clothing, meals etc provided	Increased access to necessities	Birth of healthy children Increased healthy lifestyles		# healthy children born Observed lifestyle changes	Closed file form Q9, Q43
Provision of psycho social and mental health support (peer support, staff relationships etc.) Community connections	# women supported; # social activities; Programs attended	Decreased stress Increased positive peer influence Increased self-esteem	Decreased depression/anxiety Increased positive interactions Increased healthy social support network		# women supporting/supported by each other/staff	Closed file form Q46, Q55
Development of life skills – chores, laundry, cleaning, personal hygiene, meal preparation, conflict resolution	# women developing life skills; # life skills programs offered	Learning new skills	Greater self reliance, independence, self advocacy Increased coping/ problem solving skills		# women striving towards independence; # women who have learned new skills	Closed file form Q51; Q57

First Steps Residence Logic Model

Activities	Outputs	Short-term Outcomes	Mid-term Outcomes	Long-term Outcomes	Indicators of Success	Measurement Tools
Attendance at school/day programs (goal setting)	# women attending school/day programs; # women attending counselling	Increased education attendance	Increased educational attainment, skill development Increased knowledge and learning of skills Increased connection to community	See above	# women increasing their skills/education; # connections to the community	Closed file form Q33, Q55
Support through pregnancy (healthcare, prenatal, doctors)	# children born in program; # PHN, doctor etc. visits; # pregnant women in the program	Greater access to health care Increased health during pregnancy	Birth of healthy children Long term health of mother Decreased substance use		# healthy babies born # women decreasing substance use; # women with knowledge about caring for child; # women pursuing healthy lifestyles	Closed file form Q11, Q9, Q36-40, Q41, Q42, Q43, Q58
Linkages to other community resources (referrals)	# referrals made	Greater awareness of and connection to resources	Increased access to resources and appropriate use of resources		# accessing resources	Closed file form Q34
Applications for entitlements/supports (e.g. child tax benefit)	# applications for entitlements	Increased income	Increased financial stability/decreased stress		# women receiving entitlements; # women with increased income	Closed file form Q22-24
Parenting support	# women parenting	Greater knowledge and capacity to meet child's needs	Increased connection to children and ability to parent		# women expressing connection to child	Closed file form Q53
Discharge planning	# women making plans	Increased ability to plan for the future, develop appropriate life skills	Increased readiness for transition Increased success with independence		# women transitioning successfully	Closed file form Q59, Q60

Second Steps Logic Model

Activities	Outputs	Short-term Outcomes	Mid-term Outcomes	Long-term Outcomes	Indicators of Success	Measurement Tools
Transition to secondary housing	# women living in Second Steps; length of time living in Second Steps	Increased housing stability Decreased domestic violence Increased ability to parent	Increased sense of well-being and safety Decreased stress Increased long-term stability for child Increased independence	Women and their children experience a better quality of life Empowered young mothers who are more self-sufficient, resourceful, independent, and able to parent	# women housed long-term; # women avoiding domestic violence; # women with increased stability in their lives	Follow up form Q4, Q5, Q6, Q7, Q8
Ongoing life-skills support	# women accessing Second Steps	Development of life-skills (e.g. maintaining a home, cooking, cleaning, organizing etc.) Increased ability to budget/save	Increased responsibility Increased money management skills		# women able to pay bills; # women with decreased debt; # women able to purchase desired items; # women maintaining housing	Follow up Q9, Q10, Q11, Q12
Provision of psycho social support (peer support, staff relationships, community connections etc.)	# women supported; # social activities	Decreased stress Increased positive peer influence Increased self-esteem	Decreased depression/anxiety Increased positive interactions Increased healthy social support network	Healthy and more resilient children and mothers Vibrant communities that include the participation of young mothers and their children	# women supporting/supported by each other/staff	Follow up Q13, Q14, Q53
Mentoring program (matched one-on-one mentor)	# women matched with mentors; # mentor meetings held	Increased ability to identify goals Increased connection with positive role models Increased social support	Increased desire to work towards goals Increased self-esteem, self-advocacy, self-awareness; Better identification of positive relationships; Decreased social isolation and stress/Increased social capital		# women working towards goals; # women indicating positive connection with mentor; # women indicating increased social interactions and connections	Follow up Q15, Q16, Q17, Q53
Ongoing support to past residents	# women accessing supports	Women have someplace to go when they need support	Ongoing benefits of support		# women benefiting from ongoing support	Follow up Q14

Dr. Christine Davies Education Centre and Daycare Program Logic Model

Activities	Outputs	Short-term Outcomes	Mid-term Outcomes	Long-term Outcomes	Indicators of Success	Measurement Tools
Provide education that is accessible for pregnant and parenting youth	# women attending school	Re-engagement in education Reduced stigmatization	Completion of higher level of education Reduced social anxiety	Women and their children experience a better quality of life	# completing a higher level of education; # women they do not feel anxious at the school	School survey Q2, Q4a, Q4c, Q4h, Q4i
Social support	# new friendships # connections to/referrals to community resources	Connection to community resources Creation of a social support network	Increased sense of support Increased ability to access appropriate resources Increased stability	Empowered young mothers who are more self-sufficient, resourceful, independent, and able to parent Healthy and more resilient children and mothers	# indicating they feel supported at the school; # indicating they know where to access educational resources	School survey Q4d, Q4e
Acknowledgement and identification of education goals	# women identifying goals; # of women applying for post-secondary	Development of goals related to education	Movement towards attaining education goals Increased self-esteem Increased access to future education and career options	Women who recognize the importance of education and will likely ensure child is educated	# making progress on education goals; # indicating they feel good about themselves while attending the school; # attending or planning to attend post-secondary	School survey Q4b, Q4f, Q3
Cross-curriculum experiential and team approach to learning/courses	# courses offered; # women attending courses; # of courses completed	Development of knowledge and skills specific to their situations Learning high school curriculum	Increased engagement in school Increased desire and ability to complete school	Vibrant communities that include participation of young mothers and their children	# indicating they come to school more often; # completing a higher level of education	School survey Q4g, Q2, Q3
Provision of daycare for women attending school	# children in daycare	Mothers able to attend school (in proximity to child) Children receiving excellent care while mom is in school	Increased ability to consistently attend school; Identification of developmental delays	Changed perceptions of education for future generations	# children in daycare while mother attended school	School survey Q10

Child Development Program Logic Model

Activities	Outputs	Short-term Outcomes	Mid-term Outcomes	Long-term Outcomes	Indicators of Success	Measurement Tools
Provision of one-on-one child development programming/support (support for feeding, sleeping, discipline, potty training, bonding, play, milestones, hygiene, health etc.)	# children involved in programming; # one-on-one visits # of phone calls or non scheduled meetings	Mothers have increased awareness of developmental needs of children	Developmental issues are identified early and addressed Greater awareness of needs of child Increased application of knowledge learned	Women and their children experience a better quality of life Empowered young mothers who are more self-sufficient, resourceful, independent, and better able to parent or recognize they need help parenting (incl. putting child in care)	# children with developmental issues identified; # children developing at a normal rate	Child Development Program Survey Q10
Support for parenting and attachment goals	# children seen by Child Development Coordinator	Mothers are less stressed and better able to cope with parenthood	Greater bonding between mother and child	Healthy and more resilient children and mothers Building healthy families Increased support for child to succeed	# mothers indicating good relationship with children	Child Development Program survey Q11
Detection of issues related to child development and appropriate referrals	# children identified with developmental issues	Child gains additional and appropriate development support	Child has greater ability to succeed (interacting with mother/siblings/others, attending school, ongoing support)		# children referred to services to address developmental issues	Child Development Program Survey Q8

Appendix H: Executive Summaries

One Page Summary

Social Return on Investment (SROI)



Funded by the Government of
Canada's Homelessness
Partnering Strategy



*I don't even want to picture where I'd be without this place.
I know I wouldn't have my child. - Program participant*

FAST FACTS

SROI Overview:

For every dollar invested in First Steps Housing Project Inc., approximately \$6 is created in social value. The **return to government is \$1.50** for every dollar invested in the program.

Program Components:

- First Steps Residence
- Second Steps Apartment Program
- Dr. Christine Davies Education Centre
- Child Development Centre

March 2012-March 2014:

- 47 unique participants
- 4 repeat participants
- Average length of stay; 9 months
- Average age at intake; 20
- 40 previously exposed to abuse
- 24 lived on the street previously
- 14 graduated high school
- 22 increased bond with their child
- 24 children living with participants
- 16 children would have otherwise been placed in foster care
- 4 children reunited with their mothers after foster care

Contact:

Sharon Amirault, *Executive Director*
First Steps Housing Project Inc.
P: 506-693-2228
F: 506-693-2232
info@firststepshousing.com
www.firststepshousing.com

First Steps Programming

First Steps provides a safe and healthy environment that supports pregnant and parenting young women and their children, who have no safe place to live. These women have experienced significant trauma and instability throughout their lives. Participants find themselves, and by consequence their children, caught in the cycle of poverty. First Steps helps break this cycle.

Social Return on Investment (SROI)

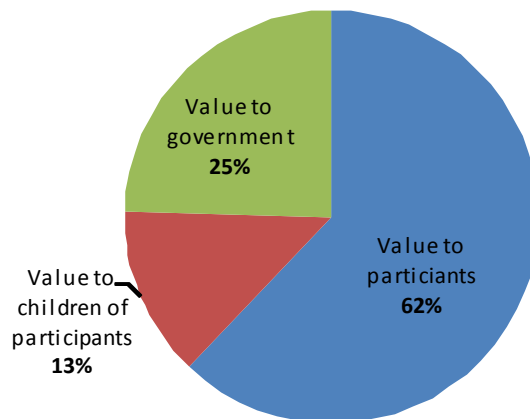
Based on program statistics from March 2012 until March 2014, First Steps created approximately \$6 in social value for every dollar invested in the program.

This value was created for the participants and their children, as well as the government as they are often high service users.

For government a return of \$1.50 is created for every dollar invested. The table to the right indicates some government values included in the analysis. The ratio, however, is a conservative demonstration of First Step's social value creation as some elements of social change may never be fully expressed in financial terms.

Financial Valuation for Government
Cost per homeless family per year
Cost per domestic violence victim
Cost of substance abuse
Cost of child born with Fetal Alcohol Spectrum Disorder (FASD)
Yearly additional health care costs - premature child
Neonatal hospital costs
Health costs associated with lack of vitamins (poor nutrition) during pregnancy
Hospital treatment of mental health concerns
Social assistance (1 adult + 1 child), Prenatal benefit, Child tax benefit, GST rebate (resources used by participants)
Public cost of dropping out of high school
Cost of child in foster care

First Steps Social Value Creation Breakdown by Stakeholder Group



SROI analysis conducted in partnership with:



www.simpactstrategies.com
403-444-5683

*If I hadn't had the opportunity here I would have been dead –
I would have gave up on life. - Program participant*

Two Page Summary

Social Return on Investment (SROI)

first steps housing project inc.

Funded by the Government of
Canada's Homelessness
Partnering Strategy



*I don't even want to picture where I'd be without this place.
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Program Background

First Steps provides a safe and healthy environment that supports pregnant and parenting young women and their children, who have no safe place to live. As a result, First Steps participants achieve self-sufficiency and experience a better quality of life.

First Steps offers a holistic approach in collaboration with community partners across the four program components:

- 1) the First Steps Residence that provides housing for pregnant and parenting young women (ages 16-29) who have no safe place to live;
- 2) the Second Steps Apartment Program, which provides continued housing, mentoring and outreach to parenting young women who have completed First Steps;
- 3) the Dr. Christine Davies Education Centre, which provides schooling for pregnant and parenting women; and
- 4) the Child Development Centre, which provides day care and child development support.

Each component contributes to program outcomes that include

finishing high school, healthy babies, addressing mental health issues, reducing substance use/addressing addiction and improved bonding

Participant Profile

The women of First Steps have experienced significant trauma and instability throughout their lives. They come to the program with

nowhere else to turn, seeking a clean place to live in safety while pregnant or parenting young children.

Many have experienced abuse by their partners and within their families.

Addictions and mental health concerns are common for women coming to First Steps, and they often find it

difficult to maintain a healthy lifestyle without the stability of a safe and caring home.

Theory of Change Summary

If pregnant and parenting women ages 16-29 who are experiencing poverty and have possible mental health, physical health, addictions, housing, abuse, trauma and/or financial issues are provided with a safe place to live, the opportunity to attend school, support in their housing needs, and developmental support for their children, then they will give birth to healthy babies, increase their resiliency, and be able to move forward in their lives and communities in a positive way.



SROI analysis conducted in partnership with:



www.simpactstrategies.com
403-444-5683

*If I hadn't had the opportunity here I would have been dead –
I would have gave up on life. - Program participant*

Social Return on Investment (SROI)



Social Value Creation

First Steps creates social value for participants, their children, and the government. By reducing participants' exposure to the risk of homelessness and abuse through the provision of a safe and caring place to live, give birth, and connect with their children, First Steps supports women in addressing addictions they may have, pursuing education, developing parenting and life skills, and improving their mental and physical health. The experience that participants have at First Steps leads not only to significant reduction in government service use, but also creates value for both the women and their children. Children are born healthier, and stronger bonds are established between mother and child. Overall, there is an improvement in quality of life as participants change the trajectory of their lives and the lives of their children.

Participant Experience

Jenna* came to Canada with her parents from Africa and settled in Halifax with them. Both of her parents died when she was a teenager, so she went to live with her aunt. While living with her aunt, she was physically abused, and ended up in a group home. Unhappy with her life there, she traveled to Saint John with her friends, where they left her. Alone in a new city, she began working as a dancer and was involved in substance abuse and violence. When she couldn't take it any longer, she attempted suicide by overdose. In the hospital she found out she was pregnant and was referred to First Steps. At First Steps she was able to address her addictions and anger management, and improve her physical health while pregnant. She gave birth to a healthy baby, and participated in classes to learn parenting and life skills. After her time at First Steps she successfully graduated to the Second Steps Apartment Program, has maintained her health, and developed a strong relationship with her son.

*Name has been changed

I have come from my lowest point to my highest because of this place!

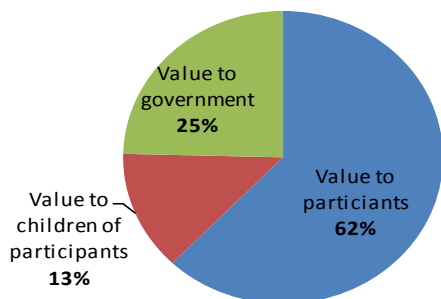
- Program participant

Social Return on Investment of First Steps

By assigning financial proxies to the outcomes of First Steps programming and comparing this to the amount invested in the program, we are able to determine the *Social Return on Investment (SROI)* of the program. Results over two years demonstrate that First Steps creates approximately **\$6 for every dollar invested in the program.**

Sixty-two percent (62%) of this value is attributable to participants in the program who experience increased housing stability, decreased substance abuse, increased income stability, decreased pain and suffering from violence, and achieve a better quality of life. Related to the social value created for participants, 25% of the overall value goes to the government in decreased use of social support, mental health, and health services, as well as the benefits of increased education for the women. The last 13% of social value represented in the SROI ratio goes to the children of participants, who experience increased bonding with their mothers, decreased health issues, and an overall better quality of life. While an **SROI ratio of 6 : 1** indicates that significant social value is created through the First Steps program, some elements of the positive outcomes experienced by participants may never be fully valued financially, meaning the true value is likely much higher.

First Steps Social Value Creation Breakdown by Stakeholder Group



They gave me the first place I have ever felt at home. I was given reassurance and positive feedback on everything. I never felt so loved.

- Past participant

Four Page Summary

Social Return on Investment (SROI)



Funded by the Government of
Canada's Homelessness
Partnering Strategy



*I don't even want to picture where I'd be without this place.
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Each component contributes to program outcomes that include finishing high school, healthy babies,

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and they often find it difficult to maintain a healthy lifestyle without the stability of a safe and caring home. Participants find themselves, and by consequence their children, caught in the cycle of poverty. First Steps helps break this cycle.

Theory of Change Summary

If pregnant and parenting women ages 16-29 who are experiencing poverty and have possible mental health, physical health, addictions, housing, abuse, trauma and/or financial issues are provided with a safe place to live, the opportunity to attend school, support in their housing needs, and developmental support for their children, then they will give birth to healthy babies, increase their resiliency, and be able to move forward in their lives and communities in a positive way.



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*If I hadn't had the opportunity here I would have been dead –
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Social Return on Investment (SROI)



Stakeholders

The target stakeholders are the women participating in the program, as well as their children, both of whom experience direct and targeted benefits from the support they receive. As these target stakeholders undergo changes while involved with First Steps, other stakeholders are also affected. Most materially affected is the government, since government service use is decreased through the work of First Steps. Overall, the community in Saint John is affected by ensuring an inclusive and supportive system exists to facilitate the development of resiliency and an exit from poverty for some of the community's most vulnerable individuals.

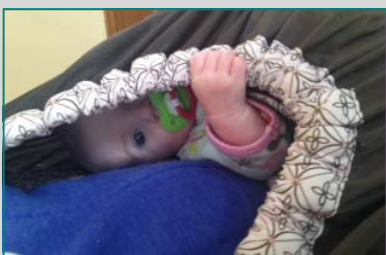
Outcomes Experienced

The changes that stakeholders experience due to the programming at First Steps all contribute to breaking the cycle of poverty. By addressing root causes of poverty in the community, First Steps effectively increases resiliency and decreases long-term reliance on government supports.

By providing supportive housing that is understanding of the situations vulnerable women and their children face, First Steps increases stability, decreases anxiety, supports healthy living, and creates a space where women can experience healthy pregnancies, give birth to healthy babies, and support young children they may already have. The housing support participants receive also reduces their exposure to violence (on the streets or in their homes) and increases their readiness to address any issues they may have around substance use.

By providing an understanding and accessible learning environment for pregnant and parenting young women to complete high school, First Steps contributes to a myriad of outcomes related to increased education including not only increased earning potential, but also increased self-esteem and longer-term educational expectations for the next generation.

Finally, the early childhood development work that happens at First Steps leads to long-term benefits for children and the systems they interact with.



The Social Return on Investment (SROI) Process

The Social Return on Investment (SROI) methodology seeks to articulate the value of social and environmental change in financial terms. It begins by following an outcomes based evaluation model of mapping and measuring changes due to the program and then moves on to understanding the *value* of achieving these outcomes from each stakeholder's perspective.

At First Steps, the SROI journey began in 2012 by mapping out outcomes and ways of measuring these outcomes. This was done through the development of logic models and measurement tools (surveys) for each program component as well as for the program as a whole. A database was setup to house the outcomes data collected, and new tools were tweaked as questions arose during the initial implementation.

Based on the logic models, a detailed SROI impact map was established, identifying outcomes by three stakeholder groups: participants, children of participants, and the government. Throughout the analysis stakeholders were engaged in order to avoid overclaiming and to ensure that stakeholder perspective is properly reflected in the analysis. Financial value was then established for each outcome and initial results were calculated based on data and estimations from the previous year. Second year results were then calculated using the new evaluation tools with confirmation from staff.

This program for me has helped me a lot to become a stronger person and overcome a lot of obstacles like drug addiction.

- Program participant

Social Return on Investment (SROI)



Short Term SROI Results

By valuing the outcomes from First Steps, a ratio of value created to dollars invested has been calculated. The preliminary (2012-2013) forecasted findings indicated that for every dollar invested in the First Steps program approximately \$6.5 was created in social value. The second year of evaluation results indicate that in the 2013-2014 year closer to \$6.25 was created in social value. The similarity in these two returns points to the validity of the initial forecast, as well as the solid on the ground knowledge of outcomes by the staff at First Steps. Looking at the results over two years, First Steps can claim to generate approximately **\$6 in social value for every dollar invested in the program.**

Participant Experience

Jenna* came to Canada with her parents from Africa and settled in Halifax with them. Both of her parents died when she was a teenager, so she went to live with her aunt. While living with her aunt, she was physically abused, and ended up in a group home. Unhappy with her life there, she traveled to Saint John with her friends, where they left her. Alone in a new city, she began working as a dancer and was involved in substance abuse and violence. When she couldn't take it any longer, she attempted suicide by overdose. In the hospital she found out she was pregnant and was referred to First Steps. At First Steps she was able to address her addictions and anger management, and improve her physical health while pregnant. She gave birth to a healthy baby, and participated in classes to learn parenting and life skills. After her time at First Steps she successfully graduated to the Second Steps program, has maintained her health, and developed a strong relationship with her son.

*Name has been changed



They gave me the first place I have ever felt at home. I was given reassurance and positive feedback on everything. I never felt so loved.

- Past participant

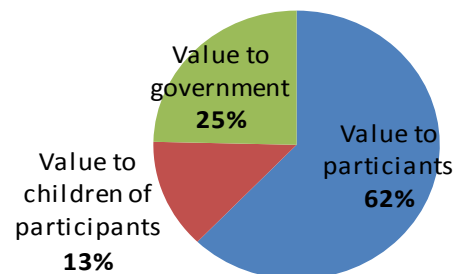
Social Value by Stakeholder

Of the total social value created over two years, 62% goes back to the participants. This includes value from the direct supports they receive while attending First Steps as well as the intangible value experienced due to positive changes in quality of life. Another 13% goes back to their children due to increases in quality of life and avoidance of dangerous situations (e.g. domestic violence and abuse). The rest of the social value created (25%) goes to the government in the form of decreased service use, neonatal intensive care, foster care, government supports associated with homelessness, government supports related to addictions, and government impacts from decreased domestic violence.

I have come from my lowest point to my highest because of this place!

- Program participant

First Steps Social Value Creation Breakdown by Stakeholder Group



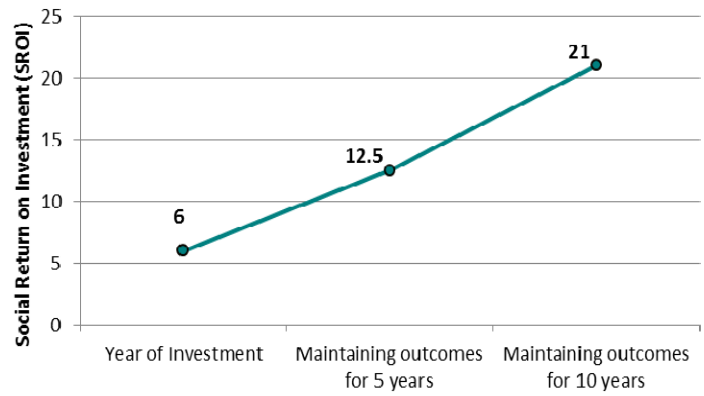
Social Return on Investment (SROI)



Long Term SROI Results

From discussion with past participants, and anecdotal evidence from program staff it is clear that the program has lasting impact. If outcomes are considered over five years, the SROI for this group doubles from a return of approximately 6 : 1 to a return of 12.5 : 1. If outcomes are considered even further, out ten years, the social value generated continues to grow with the SROI ratio increasing to 21 : 1. Research and anecdotal evidence indicate that it is not unreasonable to expect results from this type of intervention to last ten years. This projection indicates the compounding effects of the programming of First Steps over time and reinforces the understanding that helping young pregnant and parenting women while they are homeless is worth the investment over time.

First Steps SROI Over Time for One Cohort



I've felt like a new person since coming here.

- Program participant

Value to the Government

As a proportion of the total social value created through First Steps the government receives 25% of the value, meaning that, of a return of approximately 6 : 1 overall, the government has a return of 1.5 : 1. In other words, for every dollar invested in the First Steps program, there is an average return of approximately \$1.50 back to the government through different cost savings. This government value occurs in the year of investment in First Steps, as there are significant government cost savings immediately when young pregnant and parenting women avoid street involvement and are able to give birth to healthy babies. Using long-term value projections to compare the value generated for the government through investment to the cost of not investing it is readily apparent that the long term value of investment far outweighs the short term cost savings if the investment is not made.

Value of Investment vs Cost of Non- Investment for Government

