



Social Return On Investment (SROI)

Case Study: Community Respite Program

Fast Facts

The Children's Cottage Society provides early intervention services to children and families through a continuum of programs which include:

- a crisis nursery;
- family support;
- community respite;
- volunteer day home/ daycare program; and
- healthy families.

The Crisis Nursery program provides 24-hour, short-term relief to highly stressed parents in crisis situations. Parents are linked to social agencies if they require counseling, family support or other services. The Community Respite Program offers short-term respite services to highly stressed parents who are parenting newborns.

In 2007, Children's Cottage:

- had more than 134 active volunteers.
- provided respite services for 1431 children and 1136 families.
- cared for 1102 children and 670 families in the crisis nursery.
- provided childcare spaces for 57 children of 35 families.
- provided respite for 156 parents of new borns, and of 239 children in total.

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"After my wife left me and my infant son, I was very depressed. The program helped me by providing respite care, validating my parenting and allowing me time to get my life back together. I am so thankful for them."

Program Background:

In 1997, 92 babies under the age of six months were cared for by the Children's Cottage Crisis Nursery. The reasons for their admission ranged from exhausted parents, hard-to-care-for babies, mothers experiencing post-partum depression and parents experiencing mental health challenges.

Many of the parents would have preferred to have a support person assist them in their own home rather than be separated from their baby at such a critical time of attachment and bonding.

As a result, the Community Respite Program began providing in-home respite services in March of 1997. The intent of this program to provide in-home support to parents of new-borns who are having trouble coping. Parents can be referred by public health nurses or members of the community. Parents can request support themselves. The Community Respite Program is designed to support exhausted parents in order to reduce stress and prevent harm or neglect to children.

Social Value Created

Many parents of newborn children find themselves unexpectedly experiencing high levels of stress. Without affordable,

accessible child care respite options, already stressed-out parents find themselves in greater need of a break. This results in a growing fear of losing patience with their children, an increasing inability to cope with their child's behavior and greater potential for illness of

Theory of Change

If parents of newborns who are suffering from sleep deprivation, post partum depression or exhaustion, have access to in-home respite services, they will have time to rest and take care of their own and their family's well-being.

This will decrease the risk of child abuse and reduce the need for more intrusive interventions to protect their children.

both parent and child. If the situation continues, families will often find themselves in crisis.

Parents in crisis become increasingly at-risk of hurting or neglecting their children. They may seek out use of crisis nurseries in local hospitals, access hospital emergency wards when in need

of medical attention, and often end-up requiring support or intervention by social services.

In-Home Respite Program Clientele

All parents with infants under the age of six months are eligible to receive respite services in their own home. Families that access the in-home services offered by Children's Cottage range in experience, age, income levels and family size. Realistically, the fear that results from feelings of stress and a sense of an inability to cope with parenting can impact any family at any time.

Parents needing respite are experiencing feelings of isolation due to feeling overwhelmed

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SROI Case Study: Children's Cottage

by the demands of caring for a newborn. Most are in a state of exhaustion that has resulted from a lack of sleep. They are feeling overwhelmed by the need to maintain their home, care for their family and maintain broader relationships.

Case Study One: Anna (new mother at 36)

Anna had her first baby when she was 36 years old. She had always been a professional career woman who waited to have children until she was financially and emotionally ready.

Anna found herself feeling socially isolated as her husband was required to travel as part of his job. She found herself parenting alone up three to four nights every week.

Anna joined a mom and tots groups in order to access support, however three months after giving birth she was diagnosed with Post- Partum Depression. Anna began to struggle with addressing the needs of her baby and found the baby to be more of an irritant than a joy.

Through the support of her community health nurse and a referral for respite services, Anna was able to access the Children's Cottage In-Home Infant Respite Program and received 12 hours per week of respite services. While the respite worker was in the home, Anna attended her post-partum support group, more easily accessed medical appointments and caught up on much-needed sleep. At the suggestion of their support worker, Anna's husband reduced his out of town travel in order to provide more support at home.

Within one month of accessing the in-home respite services, Anna began to talk in positive terms about her baby and her life in general. Anna accessed the respite services until her

baby was six months old and then continued on with the community resources referred by the program.

Case Study Two: Lori (mother of triplets)

Lori is a young mother who delivered triplets at 28 weeks. The babies were quite sickly and stayed in the neonatal intensive care unit (NICU) for three months. During this time Lori's three year old toddler was passed from family member to family member for child care so Lori and her husband could spend time at the hospital with the babies.

The stress for Lori and Dave was overwhelming. In addition to balancing work, hospital visits, home life and the needs of a toddler, Dave came down with a serious blood disorder. He too was hospitalized and Lori struggled to maintain a balance between home and hospital demands.

One of the babies was released from the hospital while Dave was in recovery period, prior to returning to work. However, Dave was not healthy enough to support Lori in caring for the baby so in-home infant respite was provided. The worker provided 4 visits per week for 6 hours per day. These visits were organized to supplement the support offered by family members. When respite services were available, Lori could go to the hospital or spend some much needed time with her three year old. Family members were available to spend time at the hospital with the other two babies and Dave could continue to recover.

With respite plan in place, Dave was able to recover without additional stress, and was back at work within six weeks. Lori felt more able to meet the demands of visiting and caring for the triplets as well as provide her three year old with the support and caring her needed.

Respite services were maintained by the family until the babies were six months old. The schedule of in-home support was adjusted each week as the triplets required many hospital visits to follow their growth and development.

The triplets are now a year old. They are developmentally on par and continue to meet key milestones. Their three year old brother Casey is happy at preschool. Dave is healthy and at work. Lori has learned to balance family life and staying healthy. She gets to the gym 2x per week and is involved in support groups with other parents who have experienced multiple births.

Table 1: Social Value Created—In-Home Respite Program

| Annual Social Value Calculation: In-home Respite Program | | | | |
|--|--|------------------|----------|---|
| SROI Indicators Included: | Indicator Code | Total Value YR 1 | Notes | |
| 1 | Avoidance of use of crisis nursery in hospital | SS18 | \$84,000 | \$280 per day, average 3-day stay, at-least 100 appeals to crisis nursery avoided |
| 2 | Avoidance of need for emergency admissions at hospital | H4 | \$5,775 | at-least 25 families did not ending up in emergency @ \$231 admission cost. Does not include social value created by avoiding overnight admission or other follow-up. |
| 3 | Avoidance of need for social worker time and resources | SS9 | \$47,640 | avoided at-least 5 hours of support per week over 12 weeks for 25 families @ \$31.76 per hour |
| Annual social value created | | \$137,415 | | |
| Annual investment | | \$82,000 | | |
| SROI ratio | | 1.68 | | |

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CSP = Citeable source in process, currently from reliable source.

ICI = Individual Case Study Indicator, the data collected for this indicator is specific to this case study