# Rebuilding Hope: Trauma Recovery Program Social Return on Investment (SROI) Analysis August 2012 – July 2015



#### **BACKGROUND**

Over the past three years, Rebuilding Hope has provided direct 1:1 counselling services, a motivational workshop, professional workshops, peer support workshops and regular ongoing support by a CEASE staff person to women who have experienced sexual exploitation/sex trafficking, violence and complex PTSD. The project is situated within the larger trauma recovery counselling program of CEASE, as part of their three primary strategies:

- 1) Heal the Harm
- 2) Build for the Future
- 3) Inspire Positive Change

Through input from the women, we have learned about the positive impacts generated in their lives by providing trauma recovery counselling, peer workshops and ongoing support during the course of this ongoing project.

### **METHODOLOGY**

### **Social Return on Investment (SROI)**

SROI is a methodology that articulates the impacts and social value created through the activities of an intervention or program. Tangible and intangible benefits are expressed in a narrative and through financial proxies.

SROI also considers three forms of discounting:

- 1. Deadweight What proportion of clients would have achieved the outcome on their own, without our intervention?
- 2. Displacement Did our intervention create benefits in lieu of other benefits? If so, what proportion of clients would have experienced other positive outcomes? Or did we create a negative benefit with our intervention?
- 3. Attribution Give credit where credit is due. Who else was involved in creating the outcomes or benefits?

The discounts are applied to the outcome value to give the impact value:

\$ Impact Value = \$ Outcome Value x (1-Deadweight) x (1-Displacement) x (1-Attribution) The financial proxies are then represented as a ratio against the investments needed to implement those activities of the program.

SROI Ratio =  $($Benefits) \div ($Investments)$ 

For example, "For every \$1 invested, \$2.50 of social value is created."

### **Mental Health Recovery Star**

The Mental Health Recovery Star<sup>1</sup> (also known as the Outcomes Star) is used to assess the participant at different points in the program. The assessment measures client outcomes in ten different areas:

- Mental health
- 2. Physical health
- 3. Living skills
- 4. Social networks
- 5. Employment/Education

- 6. Relationships
- 7. Addictive behaviour
- 8. Responsibilities
- 9. Identity & self-esteem
- 10. Trust and hope

"The Outcomes Star™ both measures and supports progress for service users towards self-reliance or other goals. The Stars are designed to be completed collaboratively as an integral part of keywork. They are sector wide tools - different versions of the Star include homelessness, mental health and young people. All versions consists of a number of scales based on an explicit model of change which creates coherence across the whole tool and a Star Chart onto which the service user and worker plot where the service user is on their journey. The attitudes and behaviour expected at each of the points on each scale are clearly defined, usually in detailed scale descriptions, summary ladders or a quiz format."<sup>2</sup>

#### Stakeholder Feedback

Assessing client progress over time and gathering participant feedback provides the basis for the SROI analysis.

Participants were interviewed either in person or over the phone to ascertain the impacts of the counseling program on their lives. The following questions were asked of the participants.

Year two interview questions:

- 1. What did you expect from counseling and/or the program?
- 2. What did you find most helpful from the counseling?
- 3. How did the workshops and coaching add to the counseling?
- 4. What could help these sessions be better?
- 5. How has your life changed as a result of taking this program?
- 6. How do you imagine your life to be in 5 years from now?

<sup>&</sup>lt;sup>1</sup> http://www.outcomesstar.org.uk/ Accessed: July 10, 2014.

<sup>&</sup>lt;sup>2</sup> http://www.outcomesstar.org.uk/about-the-outcomes-star/ Accessed: July 10, 2014.

Year three interview questions:

- 1. Do you remember what year you stated counselling?
- 2. How have the following changed for you since you began counselling?
  - a. Physical Health
  - b. Mental Health
  - c. Spiritual Health
  - d. Emotional Health
  - e. Self-Advocacy
  - f. Self-Esteem

- g. Employment
- h. Education
- i. Volunteer Involvement
- j. Addiction
- k. Self-Harm Behaviours
- I. Other (specify)
- 3. What have you changed in your life since you began counselling?
- 4. Can you give a specific example or story where counselling has helped you handle a situation in a new way that makes you feel proud?
- 5. Have there been times during the counselling journey when you felt vulnerable to slipping back into sexual exploitation situations? If you did feel vulnerable and slipped back, how did counselling help you? If you didn't feel vulnerable how did counselling help you?
- 6. Would you say you were ever recruited, controlled, forced, or required to turn over any of your earnings to someone else?
- 7. In what specific ways has counselling helped you deal with the traumas of sexual exploitation?
- 8. Who else has supported you or helped you through your counselling journey? (e.g. family, friends, staff for CEASE, other agencies, law enforcement)
- 9. Would you have worked through your experiences or been okay without participating in counselling?
- 10. Since you began counselling what has been the greatest benefit to you?
- 11. What do you see for your future?
- 12. What would you say to someone who is starting their healing journey?

Common themes were developed based on the responses from these responses.

Counselors were interviewed in year two to understand, from their perspective, the impacts for participants. Furthermore, counselors could provide further insight into the client demographics and the healing process. The following questions were asked of the counselors.

- 1. What have been the predominant types of traumas or trends with the clients?
- 2. What strategies have worked best for the women?
- 3. What are some of the most significant changes you've noticed?
- 4. How have the workshops and individual support provided by the program coordinator made a difference?
- 5. From your perspective, what else do these women need in their journey?
- 6. What are the barriers that are preventing the clients from making changes?
- 7. What other factors do you feel are important to mention?

Common themes are developed based on the responses from the counselors.

#### **RESULTS**

Over the course of three years, there were 29 women who entered the program. Of those 29, 23 (79.3%) had either completed or are continuing counselling. The extent of counselling required by each woman varies. Some women need extended counselling sessions to address their previous traumas. For example, three of the women who began in the first year continued counselling into the third year (Table 1). Based on the case files of the women, it is projected that 12 of the 15 women (80.0%) in year three would continue counselling into the fourth year.

Table 1. Breakdown of Counselling Participants by Cohort over the Three Year Program

	Year 1	Year 2	Year 3
Cohort 1 (N=16)	16	8	3
Cohort 2 (N=5)	-	5	4
Cohort 3 (N=8)	•	-	8
Total	16	13	15

The women in the first cohort had an average of 19.9 counselling sessions, nearly ten fewer than the women starting the program in year two (Table 2). However, the average of cohort one includes a number of women that did not complete the program and counselling. Women from the third cohort had an average of 12.1 counselling sessions, but these women had only been in the program for an average of 4.8 months – about half the length of those in cohort one and a third of those in cohort two.

**Table 2. Participant Use of Counselling by Annual Cohort** 

	Cohort 1 (N=16)	Cohort 2 (N=5)	Cohort 3 (N=8)
Average Months of Counselling per Participant	9.5	14.4	4.8
Total Counselling Sessions	318	146	97
Average Number of Sessions per Participant	19.9	29.2	12.1

Of the 29 women, one was involved in all three types of sexual exploitation – escort, massage and street prostitution. Seven (25.0%) of the remaining 28 women were involved as escorts, while eight women (28.6%) were involved in massage. However, most women (46.4%) were predominantly involved in street prostitution.

Analysis of the ACE Scores identifies the increasing complexity and trauma of women utilizing the Trauma Recovery Program. ACE scores increased from an average of 6.2 (N=10) for cohort one to 7.4 (N=5) for cohort two to 7.9 (N=8) for cohort three. The increased levels of trauma indicates the continued need for counselling. It is likely that women in the third cohort would require more counselling than cohort two based ACE scores.

The Outcomes Star identified five areas consistently where at least one third of program participants have made significant improvements (Table 3). The five areas of greatest improvement (Managing Mental Health, Social Networks, Relationships, Identity & Self-Esteem and Trust & Hope) are generally related to an individual's "soft skills". These soft skills influence interpersonal interactions.

Table 3. Number of Participants with Significant Improvements as Assessed by the Outcomes Star

Outcome	Year 1	Percent (N=9)	Year 2	Percent (N=6)	Year 3	Percent (N=8)	Total	Percent (N=23)
1. Mental Health	4	44.4%	3	50.0%	6	75.0%	13	56.5%
2. Physical Health	2	22.2%	1	16.7%	4	50.0%	7	30.4%
3. Living Skills	0	0%	0	0%	4	50.0%	4	17.4%
4. Social Networks	3	33.3%	2	33.3%	3	37.5%	8	34.8%
5. Employment/Education	1	11.1%	0	0%	6	75.0%	7	30.4%
6. Relationships	5	55.5%	2	33.3%	5	62.5%	12	52.2%
7. Addictive Behaviour	0	0%	1	16.7%	7	87.5%	8	34.8%
8. Responsibilities	1	11.1%	0	0%	4	50.0%	5	21.7%
9. Identity & Self-Esteem	8	88.8%	4	66.7%	7	87.5%	19	82.6%
10. Trust & Hope	3	33.3%	2	33.3%	5	62.5%	10	43.5%

The five areas of improvement as noted by the Outcomes Star is further corroborated through participant responses to surveys and interviews.

#### Mental Health:

- "[Helped me] understand that I am still a human being after everything."
- "Better understand mental health issues."
- "Counselling made me feel more human."

#### Social Networks:

- "It's really nice to feel I'm not alone and I'm making the necessary change to live a happier healthier lifestyle."
- > "I am grateful to be amongst others who have faced the same lifestyle."
- "Useful to hear stories that you can relate to."

### Relationships:

- "I'm a parent to my son."
- "I like to be able to connect with some peers and gain new perceptions."
- "Been able to express my feelings in a positive manner, more confident, better relationship with daughter."

### Identity & Self-Esteem:

- "Increased self-esteem, more positive feelings overall."
- "Being able to love myself, look myself in the mirror."
- "Feel better about myself."

### Trust & Hope:

- "Helping other women who are being sexually exploited and [experiencing] domestic violence."
- "Finish school, get a full-time job."
- "Great career; healthy mind, body and soul."
- "I'm super excited to be involved in this program, and am feeling hopeful for the future."

### Social Return on Investment Analysis<sup>3</sup>

#### Investment:

The total investment into the Rebuilding Hope Program was \$136,205 over three years - \$39,770, \$48,420 and \$48,015 in years one, two and three, respectively. The investments cover the cost of counseling<sup>4</sup>, workshops, program coordinator support, materials & supplies, administration and evaluation. No further investment is considered for years four and five.

The investment per client completing the program was calculated to be \$5,292.5

#### **Social Value Creation:**

Social value creation is generated by the women in all ten areas identified by the Outcomes Star. However, only five of the areas were used to calculate the financial benefits resulting from the program. Each area is associated with a financial proxy (Appendix B) to represent the social value created (Table 2).

Many of the women participating in the program also have a spouse/partner and a child or children. In this analysis, we have made the assumption that trauma recovery has improved the dynamics of the family unit. As a result, in each year of the analysis we account for a reduction in family violence and the avoidance of one child being apprehended by Children's Services.

<sup>&</sup>lt;sup>3</sup> The Impact Map for the Rebuilding Hope Program is detailed in Appendix A.

<sup>&</sup>lt;sup>4</sup> For the purposes of this SROI analysis, counseling costs only include those for the women who participated in the Trauma Recovery Program.

<sup>&</sup>lt;sup>5</sup> \$136,205 total investment divided by 23 women = \$5,292/woman.

Therefore, there is one less incidence of police intervention and no need for six months foster care for one child.

Table 4. Financial Proxies linked to Achieved Outcomes from the Rebuilding Hope Program

Stakeholder	Outcome	Financial Proxy
Program Clients	Improved mental health.	Cost of hospital stay for a female aged 15 to 44
	improved mentar nearth.	with a mood (affective) disorder.
	Increased self-esteem.	Cost of 2-day self-esteem course.
		Cost of annual All Facility Pass to City of
	Increased social networks.	Edmonton recreation centres - includes all
	(Reduced isolation.)	facilities and drop-in instructor-led programs.
		Adult 18-64 years.
		Cost of relationship improvement course:
	Improved relationships.	"Between Men and Women" 1-on-1 Two-Day
		Intensive.
	Increased trust and hope.	Cost of "Building Trust" course.
Clients' Families	Reduced family violence.	Cost of police response per offense.
	Avoid child apprehension.	Cost of foster care for 6 months.

The financial proxies serve to provide a representation of value. However, the financial proxies may not fully represent the true value. For example, the cost of a course to build trust does not capture the true value of being able to trust other people. As a result, the social value being represented in this analysis should be considered a minimum value. The social value created by the Rebuilding Hope program totals \$389,218 after 5 years (Table 5).

Table 5. Rebuilding Hope: Annual and Cumulative Investments and Social Value Created

	Annual Investment	Annual Social Value	Annual SROI Ratio	Cumulative Investment	Cumulative Social Value	Cumulative SROI Ratio	
Year 1	\$39,770	\$73,283	1.84 : 1	\$39,770	\$73,283	1.84 : 1	
Year 2	\$48,420	\$73,454	1.52 : 1	\$88,190	\$146,737	1.66 : 1	
Year 3	\$48,015	\$91,637	1.91 : 1	\$136,205	\$238,375	1.75 : 1	
Year 4		\$78,124		\$136,205	\$316,499	2.32 : 1	
Year 5		\$72,719		\$136,205	\$389,218	2.86 : 1	

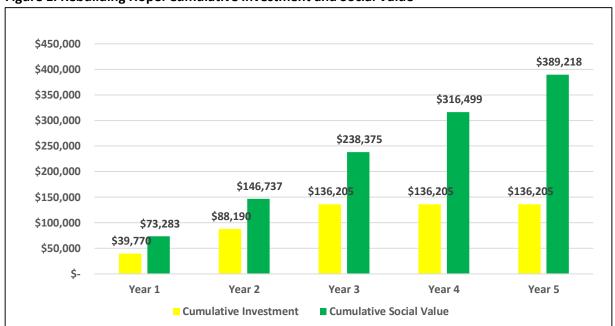
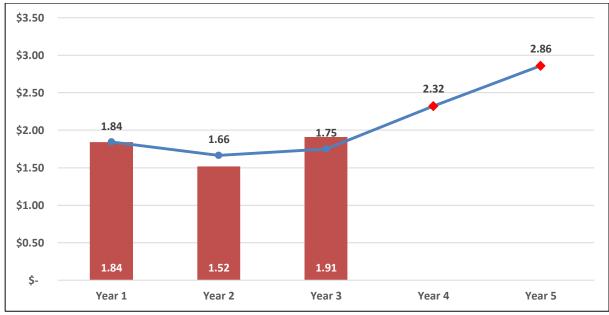


Figure 1. Rebuilding Hope: Cumulative Investment and Social Value





Bar graph - Annual Social Return on Investment

Line Graph – Cumulative Social Reurn on Investment; forecast in Year 4 and Year 5

#### SROI Ratio:

Figure 2 illustrates the overall SROI ratio. The SROI ratio was calculated for each individual year of the project. The greatest social return occurred in the third year with \$1.91 of social value created for every \$1 invested. The slight decrease in social return for year two might be attributed to a number of factors.

- > Decreased number of women engaged in counselling.
- Greater stability women in cohort two had exited from sexual exploitation for a greater length of time than those in cohorts one and three.

After three years, the actual investment generated \$1.75 for every \$1. Forecasting an additional two years shows a five-year social return of \$2.86 for every \$1 invested, but with no further investment required. The social return of the fourth and fifth years reflect the long-term benefits resulting from counselling of the third cohort.

This hybrid SROI analysis shows a five-year return of \$2.86 in social value for every \$1 invested in the Rebuilding Hope Program at CEASE.

The women completing the Trauma Recovery Program have proven to show many benefits which have greater social value. They have progressed significantly in their journey to address their past traumas and now begin to look forward to a brighter future.

# **Social Return on Investment Analysis**

CEASE (Centre to End All Sexual Exploitation)
Rebuilding Hope: Trauma Recovery Program

# **Theory of Change Statement:**

"If women who were sexually exploited and abused address their traumas through counselling, they are better able to cope with issues and rebuild their lives."

### Scope

# **Activity:**

Supportive counselling is provided to sexually exploited women. In preparation for counselling, women attend a number of workshops. Personal support is provided to each woman during the healing journey.

## **Objective of Activity:**

Counselling provides women the opportunity to deal with past traumas associated with sexual exploitation, abuse and addictions.

## **Purpose of Analysis:**

Determine impact of counselling on women's lives and provide a sound case to present to potential funders for this program.

# Time Period of Analysis:

August 2012 - July 2017

#### Forecast or Evaluation:

Three year evaluative: (August 2012 - July 2015) Two year forecast: (August 2015 - July 2017)

# **Appendix B - Financial Proxies:**

	Proxy	Value	Adjusted Value*	Source
1	Cost of hospital stay for a female aged 15 to 44 with a mood (affective) disorder.	\$7,797 (2005)	\$9,183 (2014)	Canadian Institute for Health Information, The Cost of Acute Care Hospital Stays by Medical Condition in Canada, 2004-2005. <a href="http://secure.cihi.ca/cihiweb/products/nhex">http://secure.cihi.ca/cihiweb/products/nhex</a> acutecare07 e.pdf  This is an average cost for all of Canada. It includes diagnosis and treatment but not the fee-per-service for a physician. A hospital stay for a female aged 45 to 64 who has a mood (affective) disorder is \$9395 per stay.
2	Cost of annual All Facility Pass to City of Edmonton recreation centres - includes all facilities and drop-in instructor-led programs. Adult 18-64 years.	\$649 (2014)	\$649 (2014)	City of Edmonton website: <a href="http://www.edmonton.ca/activities_parks_recreation/admission-memberships.aspx">http://www.edmonton.ca/activities_parks_recreation/admission-memberships.aspx</a>
3	Cost of 2-day self-esteem course.	\$695 (2014)	\$695 (2014)	Government Discount Training: <a href="http://www.governmentdiscounttraining.com/schedules-prices/toronto-courses-schedule-prices/">http://www.governmentdiscounttraining.com/schedules-prices/toronto-courses-schedule-prices/</a>
4	Cost of relationship improvement course: "Between Men and Women" 1-on-1 Two-Day Intensive (per couple)	\$1,500 (2014)	\$1,500 (2014)	Between Men & Women Relationship Retreats: <a href="http://www.betweenmenandwomen.com/couples-relationship-retreat/">http://www.betweenmenandwomen.com/couples-relationship-retreat/</a>
5	Cost of Building Trust course (per individual)	\$1,225 (2014)	\$1,225 (2014)	Sauder School of Business: https://execed.sauder.ubc.ca/Courses/Building-Trust1304
6	Police costs per offense.	\$2,314 (2008)	\$2,525 (2014)	City of Edmonton, Edmonton Police Commission, Edmonton Police Commission 2008 Approved Budget - 2008 Budget: Operating & Capital Plan <a href="http://www.edmontonpolice.ca/~/media/EPS%20External/Files/Reports/2009ApprovedBudget.ashx">http://www.edmontonpolice.ca/~/media/EPS%20External/Files/Reports/2009ApprovedBudget.ashx</a>
7	Average cost of foster care (per month)	\$3,314 (2010)	\$3,591 (2014)	Government of Alberta, Edmonton & Area Child & Family Services Region 6 Annual Report, 2009-2010 <a href="http://www.edmontonandareacfsa.gov.ab.ca/publish/documents/A">http://www.edmontonandareacfsa.gov.ab.ca/publish/documents/A</a> boutUs/Region 6 2008-2009 AR -Final 03 Sep 2009 for web.pdf

<sup>\*</sup>Adjusted Value – value adjusted to account for inflation. Inflation Calculator. Bank of Canada. http://www.bankofcanada.ca/rates/related/inflation-calculator