

Social Return on Investment

of the

WiseGuyz Program

through the

Calgary Sexual Health Centre

November, 2013

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WISEGUYZ

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## Assurance Statement

**“This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report”.**

## SROI of the WiseGuyz Program

## Executive Summary

This report provides a Forecast of the Social Return on Investment (SROI) for The WiseGuyz program run by the Calgary Sexual Health Centre. For over 38 years, the Calgary Sexual Health Centre has been providing programs and services to ensure that individuals have the tools they need to make informed decisions about their sexual and reproductive health. This is achieved by integrating an array of aligned services and interventions through counselling work, education programs, outreach programs, professional development for practitioners, and advocacy and social change work.

WiseGuyz recognizes that young men are pivotal in the creation of positive social change through healthy relationships and violence prevention. WiseGuyz teaches young men to use a rights' based approach in critically analyzing sexist social norms and negative male norms and helps them understand how these impact relationships. WiseGuyz engages grade 9 boys (aged 13 to 15) in a weekly group-based participatory program that has four modules: human rights, sexual health, gender, and positive relationships and runs throughout the school year.

Social Return on Investment (SROI) provides a principled approach that can be used to measure and account for a broad concept of social, environmental and economic value using monetary figures. SROI helps to communicate the story of impact for those who are engaged with the program so that the changes created can be better understood by program staff, participants, funders, potential investors and the community.

The analysis identified the stakeholders most impacted by the WiseGuyz program and the outcomes achieved. These include:

- *The WiseGuyz participants:* Grade 9 boys in three schools who join the program through self-selection and participate voluntarily during school hours. Though the experiences of the participants vary, the outcomes include increased knowledge in sexual health (reduced STIs and unplanned pregnancies), healthier relationships (reduced dating violence, bullying and healthier communication) and increased self-confidence and mental health through the ability to critically analyze the societal pressures of being a young man and the masculinity scripts that accompany these pressures.
- *The partners, friends and peers of the participants:* based on the relational outcomes of the program, those who interact with the participants experience change. This stakeholder group will experience less victimization due to interpersonal violence, will be less likely to contract STIs and have an unplanned pregnancy and will feel more supported by the WiseGuyz participant.
- *Program facilitators:* The program facilitators experience positive professional development and report higher employment retention as a result of this unique and satisfying opportunity.
- *Government of Alberta:* In Canada, the federal and provincial governments fund the majority of the health, social and justice services available to children, youth and adults. The ability to reallocate funds based on the achieved outcomes impacts the state.

*[there is] the difference about the big things and the deep things. Obviously like, how to use a condom, safe sex, all that stuff is the big things. But the deep things are like, it's how you apply it to your life. Like just the relationships and just how to carry yourself through the hallways. How to be more confident"*

*~ Former WiseGuyz Participant*

## The Results of the SROI

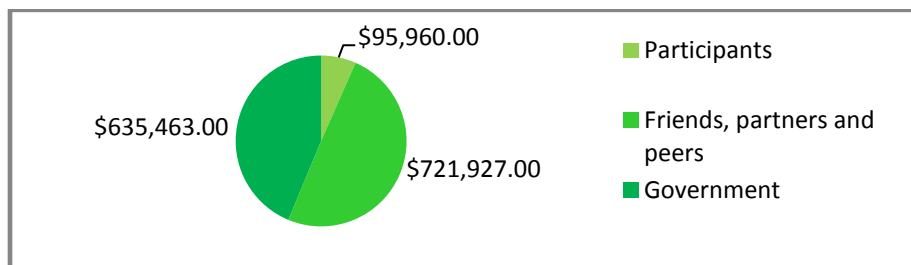
The forecasted value of the Total Net Worth of the WiseGuyz program is \$1,094,340 over the course of one school year (September to June) in three different schools. The SROI ratio is a result of dividing the total present value by the investment. The investment made to achieve this annual social return is \$185,000, (one school year of funding) resulting in a ratio of **6.92:1**. This ratio represents the value created by one year of programming over the next 5 years and the value of this impact in future years is discounted to net present values, using a discount rate of 8%.

The following is a summary of the social value created for each stakeholder group:

Stakeholder Group	Broad Outcomes achieved	Social Value Creation	Total Social value creation
<b>WiseGuyz participants</b>	Safer Sex (decreased STIs and unplanned pregnancy)	\$2,229	\$95,960
	Increased mental health and self confidence	\$93,731	
<b>Friends, peers and partners of participants</b>	Increased support provided by the WiseGuyz participant	\$28,342	\$721,927
	Less victimization through interpersonal violence	\$681,898	
	Safer sex (decreased STIs and unplanned pregnancy)	\$11,687	
<b>WiseGuyz facilitators</b>	Increased employment satisfaction and professional development	Story only	n/a
<b>Government services</b>	Increased mental health and confidence among stakeholders	\$438,664	\$635,463
	Increased healthy relationships, decreased interpersonal violence	\$169,155	
	Safer sex (decreased STIs and unplanned pregnancy)	\$27,644	

*\*an 8% discount rate is applied to the total social value creation and reduced by the input in order to determine the Net Value Creation*

### Value Creation for each Stakeholder

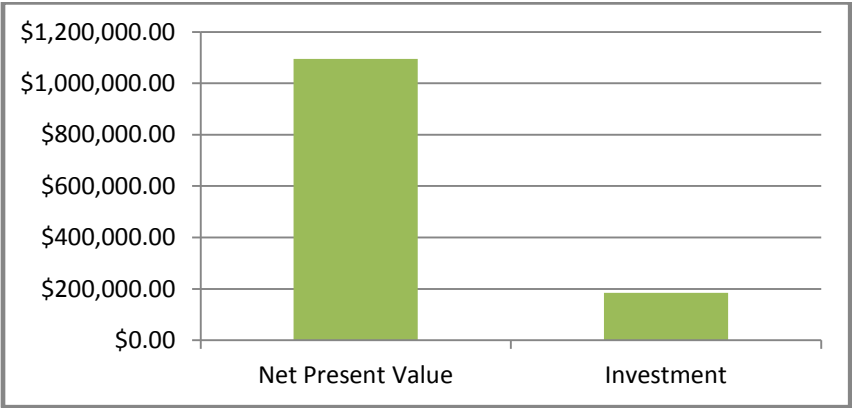


This forecast SROI analysis is based on stakeholder consultation, evidence gathered from one year of evaluation data, and secondary research. The sensitivity analysis highlights that even when significant changes are made to criteria such as deadweight, displacement, attribution, drop-off and outcome duration / benefit period; the SROI Ratio remains valuable.

In addition to Social Value being created by the WiseGuyz program, the following interim conclusions can also be drawn about the program:

- The first year that the program is implemented in a school will likely create a smaller social value due to the challenges to shift the social culture of the school in the beginning and the focus being on developing rapport with school staff and students.
- The social value of the program increases dramatically when participants reach the age at which they begin to engage in dating and sexual relationships with others. These outcomes are likely to be achieved within two-three years after participating in the program.
- Due to the relational focused outcomes, and the fact that women experience more victimization than men and are more impacted by early unplanned pregnancy, the participants themselves don't experience the majority of the value creation. The value creation is experienced when the participants make behavioural changes that in turn affect their friends, peers and partners.

**Comparison of Social Return and Investment**



**Aims and Objectives of the Report**

The purpose of this document is to outline how the principles outlined by the Social Return on Investment (SROI) Methodology were used to forecast and communicate the value of the Wiseguyz Program provided by the Calgary Sexual Health Centre. SROI is a tool to demonstrate the value of an intervention relative to the investment, as described and experienced by a range of stakeholders. A monetary value is applied to the outcomes that are created wholly or in part by the intervention and other factors that affect the scope of impact of the intervention are considered, such as other resources that contribute to the outcome and the alternative outcomes should the activity not have happened. This analysis uses the evaluation data gathered during one year of operations, consultation with program staff, management and a contracted developmental evaluator, information from focus groups with current and former program participants and school staff interviews.

The WiseGuyz program facilitators and managers anticipate using the SROI analysis to assist in diversifying the program's funding sources and building resources to enable the program to engage more schools in the City of Calgary. The ability to understand and communicate the value of the program to potential stakeholders using an outcome based approach will also make the program appealing to other regions provincially and nationally. The Calgary Sexual Health Centre has been contacted by sexual health educators from around Canada as it is quickly gaining a reputation for being a strong model in changing behaviours and beliefs of young men. It is important to the centre that the program they deliver can provide evidence of its outcomes and their value within the context that it is currently being delivered.

Specifically, the purpose of this Forecast SROI analysis is to:

**Forecast the social impact**

Predict how much social value will be created if the activities of the WiseGuyz program meets its intended outcomes.

**Identify and engage key stakeholders**

Understand each stakeholder's objectives, what they contribute (inputs), what activities they perform (outputs), and what changes for them (outcomes, intended or unintended) as a result of their participation in the WiseGuyz program.

**Use the SROI report and analysis to engage with potential partners, funders and future investors**

To enable the Calgary Sexual Health Centre to communicate the social value that the WiseGuyz program creates, so that it can secure future funding and investment.

The intended audience for this Forecast SROI report is the Calgary Sexual Health Centre's management and staff, potential partners (schools) existing and potential funders, investors and stakeholders.

**SROI Methodology**

Social Return on Investment is a framework used to measure and value the social, environmental and economic impact of an activity or policy. SROI accounts for the change experienced by those most affected by the activity and relies on their perspective to communicate the monetary value of this change and to tell the story of impact. The implications of valuing the changes created by a program or policy affect all stakeholders and the non-profit sector as a whole. Applying a monetary value to social and environmental changes is an emerging concept in understanding and communicating impact and can help a community organization to gain credit for the contributions they make and the value they add. Understanding and valuing the outcomes they produce validates discussions about 'root causes' of particular issues and the subsequent costs to society and to the community when these programs do not exist. For the funder, understanding the monetary value of an outcome is an opportunity to maximize the impact of an investment and can also challenge the notion that a bigger investment will result in a bigger impact. It is also an opportunity for the non-profit sector and for the impact investors to showcase how they impact various sectors and improve the lives of individuals, families and communities in several sectors.

An SROI analysis is guided by seven principles<sup>1</sup>:

1. *Involve stakeholders*: Involving those who experience change as a result of the activity need to be consulted throughout the analysis to inform what outcomes are important, how to value the outcomes and to verify the results.
2. *Understand what changes*: The changes that result from an activity, how these changes occur and evidence to support that these changes happen are integral to the analysis. Changes can be positive or negative and can be intended or unintended. All of the stated changes need to be considered in the SROI analysis.
3. *Value the things that matter*: Many outcomes in the social, health and environmental sectors do not have a common monetary value. Therefore, financial proxies are used to represent the value of the changes that occur.
4. *Only include what is material*: An assessment regarding what outcomes matter helps the audience and stakeholders to interpret the report in a way that makes a difference to them. Making decisions about materiality involves consideration of the organization's policies, the value of the impact to stakeholders and societal norms.
5. *Do not over-claim*: This principle ensures that the SROI analysis only accounts for the change that is made by the investment and activity. Considering the length of time the change lasts, what would have happened anyway, the negative aspects of the outcomes and the contributions of other resources prevents over-claiming.
6. *Be transparent*: Decisions made throughout the SROI analysis must be explained and documented with evidence to support the judgments made.
7. *Verify the result*: Verifying the results of the SROI with at least one stakeholder helps to ensure that any judgments made represent their experience and helps to mitigate some of the subjectivity in the report.

Throughout this analysis, the SROI Principles were applied to ensure a high degree of rigour and alignment with the standards set by The SROI Network.

There are two types of SROI analyses:

- 1) *Forecast*: This analysis is used to predict the social value created of an activity or policy and is based on consultation with available stakeholders, similar programs with evaluative data, research and government papers. Once applicable data has been collected, a forecast SROI analysis can be used to provide the framework for an evaluative SROI.
- 2) *Evaluative*: An evaluative SROI uses available and applicable evaluation data, consultation with stakeholders and program information to validate the results of a forecast SROI analysis and to communicate the social value that has been generated as a result of an investment.

The SROI of the WiseGuyz program is a Forecast, predicting the social value created using the 7 principles of social return on investment, as defined by The SROI Network.

## Background

Adolescents are facing challenges such as bullying, sexual harassment and assault, sexually transmitted infections, unplanned pregnancies and struggling with one's sexual identity. These are issues that have

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<sup>1</sup> The SROI Guide (2013), The SROI Network

been around for generations and continue to challenge youth and those who care about them. What has evolved over the years is the community's willingness to speak more openly about these sensitive and sometimes taboo issues, and better understand the problems to as to address them with more effective solutions. For example, it is now understood that Canada has the 9<sup>th</sup> highest rate of bullying among 13 year olds on a scale of 35 countries, and 38% of males report being bullied recently<sup>2</sup>. Chlamydia increased by 207% in 10 years (1999 to 2009) with over 13,000 cases reported in 2009 in Alberta<sup>3</sup>, and national rates of teen pregnancies have decreased by 20.3% between 2001 and 2010<sup>4</sup>. It is difficult to quantify dating and sexual violence, as 91% of these crimes are not reported to police (Sexual Assault in Canada 2004, Brennan & Taylor-Butts, 2008), however the 1993 Violence Against Women Survey<sup>5</sup> found that 16% of women had experienced physical or sexual violence in a dating relationship since the age of 16. Estimates of physical and sexual coercion among college students are even higher, ranging from 20% to 30%<sup>6</sup>. Although reported prevalence rates of dating violence have varied widely, based in part on factors such as the definition of dating violence used and sample characteristics, rates of between 30% and 40% have been commonly reported in the research literature<sup>7</sup>. Recent literature out of the United States presents startling figures with two in five (41%) adolescent females and one in three (37%) males reporting experience with dating violence as a victim; and almost one in three (35%) females and males (29%), as a perpetrator at some point in their lifetime<sup>8</sup>.

Traditional approaches to these challenges in adolescence have varied, but have been primarily school based. The education system is experiencing growing demands in both population growth as well as in the diverse needs of the students they serve<sup>9</sup>. Schools are expected to help educate students to be responsible, socially skilled, healthy and compassionate individuals, and in turn this also helps to create a safe environment where students can thrive. However, the current impact of the school based programs has been limited due to lack of coordination with other school operations, insufficient funding to sustain programs and inadequate evaluation to determine the impact of these programs.

There has been tremendous growth in the education and social sector's understanding of how students learn about sensitive and emotional topics and more importantly, how this learning translates into behavioural change. For example, dating and sexual violence have been largely absent from the junior high and high school curriculums, and when it has been present, the responsibility to prevent these forms of abuse were placed primarily with the girls and women. In the same vein, preventing sexual risk taking and promiscuity has also been seen as a female responsibility. These messages are viewed as norms and in some cases truths, and are played out in family dynamics, schools, in the workplace and in the media. The last decade has seen a shift in the way that issues of interpersonal violence and emotional and physical health are understood within the context of relationships. A critical look at the

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<sup>2</sup> Kim Y.S., and Leventhal B. Bullying and Suicide. A review. *International Journal of Adolescent Medicine and Health*. 2008, 20 (2): 133-154  
[http://equalitytexas.org/app\\_themes/images/site/10/pages/10/Bullying-Suicide.pdf](http://equalitytexas.org/app_themes/images/site/10/pages/10/Bullying-Suicide.pdf)

<sup>3</sup> Alberta Government, Notifiable Sexually Transmitted Infections 2011 Annual Report <http://www.health.alberta.ca/documents/STI-ND-Annual-Report-2011.pdf>

<sup>4</sup> McKay, A. (2012). Trends in Canadian national and provincial/territorial teen pregnancy rates: 2001-2010. *The Canadian Journal of Human Sexuality*, Vol. 21 (3-4) 2012 <http://www.sieccan.org/pdf/TeenPregnancy.pdf>

<sup>5</sup> Violence Against Women Survey (1993). Statistics Canada,  
[http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3896&item\\_id=1712](http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=3896&item_id=1712)

<sup>6</sup> Wekerle, C., & Wolfe, D. A. (1999). Dating violence in mid-adolescence: Theory, significance, and emerging prevention initiatives. *Clinical Psychology Review*, 19, 435-456.

<sup>7</sup> Schwartz, C., & Runtz, M. (2002, May). The role of self-efficacy and community violence in understanding adolescent dating violence. Paper presented to the annual convention of the *Canadian Psychological Association*, Vancouver, B.C. [CPA 2002 presentation](#)

<sup>8</sup> Ybarra, M., Espelage, D., Langhinrichsen-Rohling, J., Korchmaros, J., Boyd, D., (2012), "National Rates of Adolescent Physical, Psychological, and Sexual Teen-Dating Violence" <http://www.apa.org/news/press/releases/2013/07/dating-violence.aspx>

<sup>9</sup> Greenberg, M., Wessberg, R., O'Brien, M., Zins, J., Fredricks, L., Resnik, H., Elias, M. (2003). Enhancing School Based Prevention and Youth Development Through Coordinated Social, Emotional and Academic Learning. *American Psychologist*, Vol. 58, 6/7, pp. 466-474



way that traditional gender roles and masculinity scripts can condone violence against those who are in more vulnerable social positions and at the same time limit the behaviour of those with male privilege is becoming embedded in work with young people<sup>10</sup>. The pressure for boys and young men to behave in certain ways has contributed to social isolation, decreased ability to communicate in healthy ways, increased internalized homophobia, sexual behaviour prior to readiness and interpersonal violence. For example, in a sample of more than 600 undergraduate students, subscribing to concepts of traditional masculinity was associated with attitudes accepting violence against women and justifying violence and rape<sup>11</sup>.

The acknowledgment that gender roles and in particular, masculinity scripts influence the way that relationships, emotional health and physical health develop in adolescence has shaped the way that Wiseguys was created, implemented and evaluated.

## **Overview of Calgary Sexual Health Centre and the WiseGuyz Program**

The Calgary Sexual Health Centre has been providing comprehensive sexuality education and counselling to the Calgary community since 1972. For over 40 years, CSHC has been providing a range of programs and services that ensure that all Calgarians have access to what they need in order to make positive and informed decisions about their sexual and reproductive health. These programs include counselling, education and outreach services to provide accurate, comprehensive and non-judgmental information, support, resources and referrals. Underpinning all of Calgary Sexual Health's programming, is the belief that for sexual health education to be comprehensive, strengths-based and sex positive, it needs to focus on sexual health as an integral part of overall well-being. This means foregrounding the following: the importance of youth autonomy; building positive romantic and intimate relationships; having a connectedness to parents and caregivers about sexual health; and attending to the disparities that exist within and impact sexual health, in particular, socio-economic disparities<sup>12</sup>.

In recent years, the academic literature, national statistics and the experience of staff with the Calgary Sexual Health Centre indicated that although unplanned pregnancies among adolescents were decreasing<sup>13</sup>, rates of Sexually Transmitted Infections were increasing (Alberta Government, Notifiable Sexually Transmitted Infections 2011 Annual Report). This was linked to the knowledge, accessibility and consistent use of hormonal birth control options by young women and the decreased use of the barrier methods of contraception. The education and empowerment of young women and their sexual and reproductive health has been a priority for the Calgary Sexual Health Centre and other organizations in the health and social sectors, and the outcomes of this are evident in those listed above. In addition, it was noted by the Calgary Sexual Health Centre that education about the prevention of dating and sexual violence has largely been focused on women, and has ignored the role that men play and the power that they have to be part of the solution. Young men have been comparatively neglected in this education which not only has implications for their own health, but also that of their present and future partners.

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<sup>10</sup> Katz, J., (2006). *Macho Paradox: Why Some Men Hurt Women and How All Men Can Help*. Sourcebooks, Inc. Naperville: ILL.

<sup>11</sup> Caron, S. L., & Carter, D. B. (1997). The effects of sex role orientation, attitudes toward sexuality, and attitudes towards violence against women. *Journal of Social Psychology*, 137, 568-587.

<sup>12</sup> Schalet, Amy. 2007. "Adolescent Sexuality Viewed Through Two Cultural Lenses." In J. Kuriansky (Series Ed.), M. S. Tepper & Annette F. Owens (Vol. Eds.) *Sex, Love, and Psychology: Sexual Health*, Vol. III. Moral and Cultural Foundations. Westport, CT, Praeger Publishing.

<sup>13</sup> Leslie, K. (2006). Adolescent Pregnancy. *Paediatr Child Health* 2006;11(4):243-6

In response to the recognition of this gap in providing comprehensive sexual health education to young men, the Calgary Sexual Health Centre began development of a program called WiseGuyz. This program was developed based on the following principles:

- Developing a program specifically for boys creates a safe space in which boys can explore and experience new learnings related to masculinity, sexual health, sexuality and healthy relationships.
- A unique combination of materials and content, combined with a participatory group process, supports the boys to develop critical and engaged thinking about themselves and others and in doing this, they begin to make connections to themselves, their identities, their families, and social and gender norms
- Through the cultivation of critical thinking boys begin to identify and make connections among themselves, others and society and how relationships affect their lives and change their own and others' lives, mitigating damaging stereotypes and myths that can lead to imbalances of power and violence.
- Using a critical approach to sexual health that is anti-oppressive and is framed within a rights based context helps to situate sexual health within the network of family relationships and cultures
- Contributes to the on-going development of healthy relationships for youth and violence prevention

## Theory of Change Summary Statement

The following Theory of Change Summary Statement has been developed in collaboration with the facilitators of WiseGuyz to describe the intervention and the change experienced by the participants:

If young men participate in an ongoing, interactive school based program that uses a rights based approach to learn about sexual health and to critically analyze masculinity and social norms within a safe environment, they will experience more positive sexual health outcomes and engage in healthy relationships with peers, family, friends and partners.

## Delivery and Activities

The WiseGuyz program uses an anti-oppressive, rights' based approach within a school based setting. The interactive nature and 'safe environment' is designed to support the young men in critical reflection of their own experiences and values and subsequently, future decision making in relationships. The focus on young men was informed by a couple of different factors. First, most of the programs regarding healthy relationships and sexuality were targeted toward young women as they are most significantly impacted when sexual health is neglected (i.e. pregnancy, STIs that cause infertility, sexual assault and domestic violence). Although information regarding healthy relationships and sexuality are important for young women, these are gendered issues and require a different approach for different genders. Secondly, dating and sexual violence are primarily committed by men, and as such they have the most power to reduce this behaviour. It should be noted that although women do commit bullying, dating

and sexual violence, it is generally within a different context and requires a distinct approach in its prevention and intervention.

One key factor in the program design is the development of a 'safe space' for the young men to begin to self-reflect and discuss sensitive issues. Facilitators spend one to two months in the school building relationships with the young men who are interested in participating in WiseGuyz, as there is great significance placed on trust among the group and with the facilitators in order to achieve the outcomes of the program. During this rapport building phase of the program, participants play sports, video games and have lunch together, learning about what the program is about and what they can expect. One of the underpinnings of participation is that it is entirely voluntary, and although some participants may be referred to the program by teachers or guidance counsellors, the choice to participate is their own. In addition to building relationships with potential participants, the facilitators also foster strong school engagement, communication with teachers, establish program expectations and parameters with school administration and attend to the questions and concerns of parents.

“According to Boostrom, the safe space metaphor contends that in an increasingly pluralistic world, we are all physically and psychically isolated...this isolation is reduced when we express our diverse individualities in spaces in which we feel free to do so. By extension, when students freely express their individuality, they thrive... As each student builds their own classroom reality and aids in the construction of the public (educational) space, conventions such as the safe space metaphor can serve to redefine the collective space and proscribe acceptable forms of expression”<sup>14</sup>

Once rapport has been developed with the students and they self-select to attend the program on an ongoing basis, the group is closed to new participants and the standardized curriculum begins being offered approximately once every two weeks, depending on the scheduling of the schools. These sessions are held during one period of the school day and teachers have agreed to allow the students to miss particular classes to attend. The WiseGuyz curriculum is comprised of four modules: 1) Human Rights, 2) Sexual Health, 3) Gender and 4) Healthy Relationships.

The Human Rights Module informs participants about the basic rights of every human being, challenges participants to reflect on the relationship between social power and privilege and introduces concepts around how values influence decision making and subsequent behaviour. The students also explore the importance of respect in all types of relationships and their own feelings and attitudes about violations of sexual and reproductive rights. It is anticipated that this module encourages participants to become agents of social change, and to respect the differing values and boundaries of others.

Module 2 focuses on physiological and emotional health related to sexuality. Participants learn to identify the proper names for male and female anatomy and how they work, as well as the changes that occur during puberty for both young men and women and how gender norms impact body image, particularly during this time of life. Condoms are introduced and students are encouraged to learn how to use them properly and their utility in preventing pregnancy and STI transmission and the long term implications of these challenges. As with each of the modules, community resources are identified so that participants know where to access additional support.

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<sup>14</sup> Redmond, M. (2010). Safe Space Oddity: Revisiting Critical Pedagogy. *Journal of Teaching in Social Work*, 30:1, 1-14

In Module 3, participants learn the differences between sex and gender and are encouraged to critically examine their thoughts on the traditional gender norms/scripts for males and females and the ways that their self-esteem and insecurities have been impacted by them. They discuss the ways that gender inequality can affect opportunities and are introduced to concepts such as homophobia, transphobia, sexism, heterosexism, oppression and misogyny and reflect on their own biases and prejudices. This module also builds on these concepts and relates them to the role that masculinity plays in relation to gender based violence, sexual assault, coercion and power. It is anticipated that as a result of this Module 3, participants will demonstrate media literacy skills, critical thinking of gender stereotypes, will be more aware of their own gendered experience and its related power or lack thereof.

Module 4 builds on the first three and focuses on healthy, unhealthy and abusive relationships. Students participate in skill based learning around decision making, personal boundaries, communication and the expression of emotions. They are also challenged to respect different personal preferences and build realistic and effective means of problem solving and resolving conflict. Participants reflect on their wants, needs and expectations within past, present and future relationships.

Through consultation with staff members and reference to relevant literature, the activities that created change were determined to be a combination of participation in the four modules of the curriculum, the building of rapport with the facilitators and the development of relationships among the participants. The program facilitator activities include the development and facilitation of the program as well as engagement in professional development activities. Government sectors were also included as stakeholders and the activities associated with the state include the provision of services that are used by the key stakeholders in relation to the outcomes achieved by involvement in the program.

### Profiles of the participants

Three schools in Calgary, Alberta hosted the WiseGuyz program during the school year of 2012/13. These schools are in different locations of the city, each with different demographics. The statistics in the graph below are collected at the beginning of the school year.

	School A	School B	School C
<b>School's year of involvement</b>	3	3	1
<b># of participants</b>	18 (2 groups)	29 (2 groups)	5
<b>Age of participants</b>	67% are 14, 33% are 13 or 15	79% are 14, 21% are 13 or 15	80% are 14, 20% are 13 or 15
<b>Live in lone parent homes or in a group home</b>	21%	14%	20%
<b>Raised primarily by mother</b>	40%	17%	75%
<b>Caucasian</b>	93%	91%	100%
<b>Identify as heterosexual</b>	100%	100%	100%
<b>Have begun dating *</b>	86%	64%	60%
<b>Involved in extracurricular activities</b>	47%	76%	0%
<b>For fun, they:</b>	1) play video games, 2) followed by sports (street hockey and basketball)	1) play sports, 2) enjoy music, 3) play video games and 4) hang out with friends.	1) play video games
<b>Masculinity constructs</b>	Being in a relationship	Be physically strong (43%)	Be in a relationship (40%)

<b>they feel most pressured by:</b>	(40%) Be physically strong (33%) Feel pressure to be ready to physically fight if teased (28%)	Being in a relationship (39%) Be ready to physically fight if teased (39%) Have sex by a certain age (37%)	Be a jock (40%) Be physically strong (40%) Be ready to physically fight if teased (80%)
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*\*Although the majority of the participants indicate that they have started to date, none of them currently have a partner*

Most of the boys identified that their participation in WiseGuys was because they had heard it is fun and friends are part of the group. This is important for two reasons: 1) this program is not seen as an additional piece of work that they have to complete. 2) the social component of WiseGuyz is an incredibly important aspect of the program in terms of why boys participate. If WiseGuyz becomes a source of social capital for boys, there will be an increase in demand for the program and participation rates will increase.

### **SROI Analysis of the WiseGuyz program**

SROI uses an outcomes based measurement tool to understand the social, environmental and economic value generated by an activity. It is informed by a six step methodology:

- 1) *Establishing scope and identifying key stakeholders.* Clear boundaries about what the SROI will cover, and who the will be involved are determined in this first step.
- 2) *Mapping outcomes.* Through engaging with stakeholders, an impact map, or theory of change, which shows the relationship between inputs, outputs and outcomes is developed.
- 3) *Evidencing outcomes and giving them a value.* This step first involves finding data to show whether outcomes have happened. Then outcomes are monetised – this means putting a financial value on the outcomes, including those that don't have a price attached to them.
- 4) *Establishing impact.* Having collected evidence on outcomes and monetised them, those aspects of change that would not have happened anyway (deadweight) or are not as a result of other factors (attribution) are isolated.
- 5) *Calculating the SROI.* This step involves adding up all the benefits, subtracting any negatives and comparing them to the investment.
- 6) *Reporting, using and embedding.* Easily forgotten, this vital last step involves sharing findings and recommendations with stakeholders, and embedding good outcomes processes within your organisation.

These steps were adhered to throughout this SROI analysis and will be described in the following sections.

### **Scope**

During the program's creation, the Calgary Sexual Health Centre undertook a developmental evaluation approach to strengthen the curriculum and to create consistent assessment tools in order to situate WiseGuyz as a promising practice for school based healthy relationship programs, and preparing WiseGuyz for future evaluation and longitudinal research. The long term goal of this approach was to set the stage for standardizing, licensing and marketing the program for wide spread delivery. Nearing the end of the developmental evaluation, it was determined that documenting and reporting on the strong

outcomes would be the next logical step in helping the program developers and staff to share the value of the program.

Between October, 2012 and June, 2013 WiseGuyz undertook a focused evaluation of its outcomes. Although data has been collected on outcomes, it was not sufficient to complete an evaluative SROI analysis. The questions that were asked were limited by the external researcher and access to the friends, partners and peer stakeholder group was not available as they do not exist yet. Recommendations have been made to ensure that future data collection content will support the ongoing use of SROI in an evaluative capacity. These recommendations are highlighted in red font in Appendix A. The program was facilitated in three schools in the city of Calgary, and 52 young men participated on an ongoing basis. The scope of this SROI is to use the existing literature (academic and white paper), the anticipated outcomes of the curriculum and stakeholder feedback to forecast the SROI of the WiseGuyz program. The timeline of the SROI is based on one school year (September-June), recognizing that the program typically runs from about October-May in each school with the first and final months being more administrative work by the facilitators. Once evaluative data is available, it will be used to validate the SROI forecast framework and adjustments to the SROI can be made in terms of actual outcomes, quantities and impacts. Some of the outcomes are anticipated to be present 5 years after the activity.

## **Stakeholders**

‘Stakeholders are those people or organizations that experience change as a result of the activity and they will be best placed to describe the change.’

The stakeholders included in the analysis are:

- Participants of the WiseGuyz program
- Friends, partners and peers of the participants
- Program facilitators
- Government Ministries

For further details regarding decisions to include or exclude stakeholders, see Table 1 below.

Determining the stakeholders for the SROI analysis began with a meeting that included Calgary Sexual Health Centre managers, WiseGuyz facilitators and the evaluator who is conducting the developmental and outcomes evaluation of the program. Several stakeholders who experience change as a result of the program were suggested, including the participants of the program, their friends, peers at school, current and future partners, families, teachers, program facilitators and government sectors whose services may be used by the participants. In this initial meeting it was determined that the participants of the program were the stakeholders experiencing the most significant change that can be attributed to their participation and they would be considered the key stakeholders. This was also supported by the participant completed surveys and the focus groups (Appendices A and B). The inclusion or exclusion of the other stakeholders was informed by further discussions with program staff and the outcomes that provided evidence of change and its impact on others.

Including the participants of the WiseGuyz program in the SROI analysis is central to the integrity of the analysis. Evaluation surveys were completed at the end of every module, and the external evaluator conducted focus groups with the participants in each of the three schools near the end of the school year. In order for the evaluator to gain access to the participants to facilitate the focus groups, an ethics

application had to be submitted and approved by the Calgary Board of Education and the University of Calgary. This was completed in advance of the SROI process therefore, the evaluator was the only person with this approval as the ethics application and approval process is lengthy and would have caused great delays in the SROI and developmental evaluation timeline. The evaluator was provided with questions specific to the SROI and agreed to include them in the focus groups with the participants. These questions were open ended and asked the participants to speak to any surprising or negative outcomes of the program (Appendix A). The participant demographic information, survey results (Appendix B), interview and focus group results were then provided to inform the SROI analysis. Out of a possible 52 participants, 48 surveys were completed for Module 1, 52 surveys were completed for Module 2 and 22 surveys were completed for Module 3. The varying rates of completion were dependent upon program participation on the day they were distributed. The Module 4 survey was not distributed to any of the groups due to lack of time at the end of the school year. Five focus groups were conducted with current participants, and two focus groups were conducted with former participants. The participant focus groups included 24 students from all three schools. Ideally, all participants of the program should be consulted via surveys and focus groups or interviews. However, there are times when this is not possible due to student truancy or illness, or they may choose not to participate in these consultative sessions when given the opportunity. The concept of 'saturation' in research and evaluation describes the point at which data collection is not producing new or emerging ideas. According to this approach, there will not be a set number of participants providing feedback, but in order for it to be effective analysis of the data should occur throughout the process rather than at the end of collection. In all stakeholder consultations, all new ideas will be accepted as potential outcomes even when they don't fit into the current framework. These are predictable variations, and their emergence will be an indicator that stakeholder consultations should continue until the saturation point has been reached.

There are two facilitators of the WiseGuyz program, and they were both interviewed on two separate occasions in order to inform the SROI analysis. The inclusion of program facilitators as a stakeholder was supported by their feedback that they gained personal and professional satisfaction from developing and delivering this program, and if it did not exist, one of them reported that he would look for work elsewhere. Changing employment would result in going through recruitment, training and hiring process and because this innovative program does not exist elsewhere in Calgary and therefore similar work that provides this satisfaction may not be available. Another facilitator identified that as a result of delivering this program he has been able to build strong professional skills in program development and group facilitation and it has inspired him to complete a Masters program where he can specialize in the area of education in gender and masculinity.

The outcomes of the program are largely associated with peer and partner relationships, and therefore impact those individuals that the participants are in direct relationship with must be taken to significant consideration. For example, one parent of a participant noted that her son had developed the skills and empathy to be supportive and understanding when one of his friends disclosed that he was gay. This parent explained that without the WiseGuyz program, her son would not have developed these skills, their friendship may have suffered and the young man may have experienced bullying and internalized homophobia. Outcomes of the program also indicate that participants self-describe as 'better boyfriends', are less likely to behave violently against peers and are more likely to intervene when they witness harassing or violent actions by others. The intent of the WiseGuyz program is to increase the physical and emotional health of relationships, which results in significant outcomes for the participants and their peers, partners and friends. There are broad themes of outcomes achieved through the program, including the prevention of Sexually Transmitted Infections (STIs), reduction in violent

behaviour towards others, the prevention of unplanned pregnancy during adolescence and the increase in mental and emotional health. These outcomes can be used as either changes for the participant (justice costs, detention, school suspension etc.), changes for the peer, friend or partner (cost of victimization, experience of pregnancy) and for the state, which due to the social and health services structure in Canada, has a great interest in these issues.

Of greatest consideration in this SROI analysis was whether to include the friends, peers and partners of the participants, as although their experiences may be greatly impacted by the behaviours and attitudes of the participants, they were not contacted as potential stakeholders and therefore their perspective was not directly involved in the development of outcomes related to them. However, the decision to include the peers, friends and partners of the participants was informed by the participants and the changes they described in their relationships as well as facilitator, parent and teacher feedback about the changes they noticed in the participants and how they relate to others. The data from the participant focus groups demonstrated that the primary changes involved how the participants related to their partners, friends and peers as a result of 'being a WiseGuy'. Future stakeholder feedback and consultation will include the partners, friends and peers of former WiseGuyz participants. At this time the sample size of this stakeholder group is unclear, as these stakeholders have not been specifically identified. To identify this group for consultation, former WiseGuyz participants and school staff or parents might provide names of those who are partners and friends of former participants. These individuals will then be interviewed about their experiences in relationships with the former participants. Although determining the absence of negative outcomes may be challenging, it will still be important to engage this stakeholder group for future analysis. Potential questions for consideration can be found in Appendix A. It is projected that the sample size for this group will be the number of participants times 3, to include a partner, friend and peer of each participant. Therefore, if this group were consulted once the current cohort had completed the program, up to 156 individuals might be consulted. However, the concept of saturation point will apply, and when no new information is emerging from the consultations it will be appropriate to bring those consultations to a close.

Five interviews were held with school administration. During this phase of evaluation and research, teachers and parents were not included in the consultative process. However, the Calgary Sexual Health Centre plans to include these stakeholders in future phases of the research, which will help to complete the evaluative SROI in the following years. Questions used to engage these groups in the future have been recommended in Appendix A.

Sectors within the provincial government were also identified as stakeholders, as in Alberta the government provides many social, health, education and justice services. These government sectors experience cost reallocation in health programs, social services such as counselling, the criminal justice system and education resources and. Table 1 provides a brief overview of the stakeholders and the decision making process in determining the materiality of their inclusion in the SROI.

“I know exactly what is right and wrong compared to what I use to know. I learned different boundaries of girls with every one physically and verbally.”

~ *program participant*



**Table 1 – Stakeholders**

Stakeholder	Stakeholder involvement	Outcomes	Materiality	Size of stakeholder group
<b>Participants</b>	Outcome surveys, individual interviews, focus groups *Module 4 surveys were not completed for any of the groups due to time constraints	Improved physical and emotional health in relationships, fewer STIs, avoidance of unplanned pregnancy, improved decision making skills.	<i>Material</i> – Program activities directly involve participants and their change is critical to the program’s effectiveness.	The current cohort of WiseGuyz participants includes 52 young men.
<b>Peers, partners, friends</b>	Informal feedback provided to school staff and facilitators, participant focus groups provide information on how their relationships have changed	Increased support from peers participating in the WG program while going through challenges, healthier relationships free of sexual assault and harassment with peers and partners in the WG program, fewer instances of violence and bullying related to participants in the WG program. Pregnancy and STI prevention.	<i>Material</i> – The primary changes experienced by the participants are largely related to those they are in relationships with, and therefore although they are not ‘key stakeholders’, the peers, partners and friends of the participants experience change as well.	These stakeholders have not yet been identified as they will emerge after this cohort completes the program. I am projecting that there will be 156 in this group, assuming that each participant has at least one friend, peer and partner, but this will be determined in the evaluative stage.
<b>Families of the participants</b>	Informal feedback provided to school staff and facilitators	Improved relationships with sons, more honest conversations about sex and relationships, ability to support sons	<i>Immaterial</i> – Outcomes identified were not relevant to the families, and although some parents voiced that they noticed behavioural changes in their sons, they were not personally changed or impacted by the program.	If in later stages the families of the participants are deemed to experience outcomes that are Material, it can be assumed that there will be about 90 stakeholders in this group. This is based on the current cohort of participants, where 41 live with both of their parents, and 11 live with one parent or in a group home.

<b>Teachers and School Staff</b>	Informal feedback provided to facilitators	Decreased need for behavioural interventions, increased respect in the school environment	<i>Immaterial</i> – Although their feedback about participant behaviour was included informally, teachers were not included as a stakeholder. Their resources may be re-allocated as a result of improved student behaviour which could be considered relevant, but this is reflected in the Government stakeholder group making the outcomes insignificant.	If in the future teachers and school staff experience Material outcomes, the stakeholder group include all teachers, administration and staff who work directly with the participants. This number will be dependent upon school size and structure.
<b>Program Facilitators</b>	Individual interviews, focus group, ongoing consultation	Improved employment satisfaction, increasing professional development skills.	<i>Material</i> – The unique nature of this program in Canada, combined with the outcomes discussed by the program facilitators resulted in the inclusion of this stakeholder group in the SROI analysis. It was determined that the program facilitators could not have found this type of employment satisfaction and learning opportunity elsewhere in the country.	Within the current structure at the Calgary Sexual Health Centre there are two facilitators of the program.
<b>Government</b>	Government reports on rates of service related to participant outcomes and the costs of these services	Reallocation of service provision related to medical and mental health, substance mis-use and justice	<i>Material</i> - Social, health, education and justice services are government sectors that experience cost reallocation as a result of the program outcomes	The provincial government is the stakeholder, and three governmental ministries are directly impacted by the funding re-allocation identified in the analysis.

### **Participant Experience**

A grade nine student joined WiseGuyz after hearing it was a fun way to spend time during class. He had lifelong health complications, and due to several years being in and out of the hospital, had not developed a group of friends. His visibly diminutive appearance and constantly present medical equipment further distanced him from the groups of boys that he went to school with, and eating lunch in the administrative office became a daily occurrence and social isolation was becoming a barrier to emotional health and healthy development. After several weeks of being part of the WiseGuyz program, he along with a few of the other students began to play video games and hang out together within the organized group and eventually on their own time. The opportunity open up to the group about what their school experience was like and to discuss sensitive topics without fear of ridicule created an atmosphere where the boys learned to trust one another and to get to know one another in ways they had never experiences. As a result of these newly developed friendships, this young man has a strong group of friends, higher self-confidence and a sense of belonging. They have made plans to ensure that they all attend the same high school and this student no longer eats alone in the office.

### **Inputs, Outputs and Outcomes**

Impact maps help to communicate the links between the stakeholders, their inputs, outputs and outcomes. Table 2 describes each of these as they relate to the WiseGuyz program. For most of the stakeholders, there is no monetary value associated with their contribution to the program and the outcomes. The financial value counted is linked to the funders that provide monetary contributions for program salary, administration and materials. Outputs describe the way that program activities are measured and provide evidence of what has occurred within the program. The WiseGuyz program is split up into 4 modules and the participation in these modules is considered the output. In addition, participants have the opportunity to engage in other behaviours related to the program such as building relationships with peers and facilitators, which are also considered outputs.

“I have more knowledge of the human body, I also learned that when or if I ever go to a party, if I have an encounter with a girl that is intoxicated and she can’t say no to sex then don’t force or have sex anyway.” – program participant

**Table 2 – Inputs, Outputs and Outcomes**

<b>Stakeholders</b>	<b>Input</b>	<b>Output</b>	<b>Outcome</b>
<b>Participants of the program (young men aged 13-15)</b>	Class time, energy, commitment to the program, participation. The input of the participants was not monetized as they did not pay for the program and they would not have been making an income otherwise.	# of participants in Module 1, # of Module 1 classes	Participants understand concepts of human rights and equality, increasing their respectful relationships, particularly with those who are more vulnerable. Participants feel that they can make a difference in their community and change their behaviours as a result (bystander intervention), supporting a safe and healthy school culture, develop leadership skills
		# of participants in Module 2, # of Module 2 classes	Participants experience decreased numbers of STIs
		# of participants in Module 2, # of Module 2 classes	Participants have access to a variety of perspectives on sexuality and accurate information
		# of participants in Module 3, # of Module 3 classes	Participants have an increase in sexual and gender autonomy and self-confidence related to decreased shame regarding sexuality and gender roles and as a result do not use unhealthy coping
		# of participants in Module 3, # of Module 3 classes	Increased ability, willingness and skills to support someone else going through challenges (empathy)
		# of participants who engage with the group	Increased sense of belonging among peer group; increased self-confidence
		# of participants who disclose crises to facilitators	Increased ability and skills to discuss personal and private challenges or situations with a supportive person
		# of participants in Module 4, # of Module 4 classes	Participants have an increased ability to identify and communicate their emotions to a variety of people in their lives
<b>Friends, peers and partners of participants</b>	The development of relationships with the WiseGuyz (current and former) participants. This is not monetized as the development of relationships during adolescents and throughout life is typical	# of friends, peers and partners who are supported by participants	Friends, peers, partners are more supported through personal challenges by participants
		# of participants in Module 4, # of Module 4 classes	The sexual boundaries of friends, partners and peers will be respected, resulting in a decrease of sexual harassment and assault
		# of participants in Module 4, # of Module 4 classes	Friends and peers experience less victimization because participants have an increase in healthy relationship and communication skills

	and does not require a financial cost or input.	4 classes	
		# of participants in Module 4, # of Module 4 classes	Partners experience fewer instances of domestic/dating violence as participants have an increase in healthy relationships and communication skills
		# of participants in Module 2, # of Module 2 classes	Partners of participants are involved in a decreased number of unplanned pregnancies
<b>WiseGuyz Facilitators</b>	WiseGuyz facilitators are paid a full-time salary and this is included as part of the program costs below.	# of Facilitators who stay employed in program, # of months employed in program	Increased satisfaction in employment, increased emotional health, decreased absenteeism
<b>Government of Alberta</b>	At this time the Government of Alberta does not contribute any inputs to this SROI analysis. They are a stakeholder however, because some of the services they deliver could be impacted by the WiseGuyz program.	# of participants referred to or using mental health or counselling services	Decreased mental health crises or support required
		# of unplanned pregnancies	Participants routinely use reliable methods of contraception to avoid unplanned pregnancies at a young age
		# of participants addressing addictions	Decreased substance abuse and related crime, health service use, etc.
		# of participants accessing healthcare for STI screening, diagnosis and treatment	Decreased STI diagnoses and treatment, lower transmission rates
		# of participants accessing intervention as a result of domestic violence	Decreased number of domestic violence cases seen in hospitals and justice system
		# of participants in Module 4, # of Module 4 classes	Reduction of educational disciplinary issues as participants have an increase in healthy relationship and communication skills with peers, fewer instances of violence and bullying
<b>Anonymous Donor</b>	\$100,000	Funding provision for salary, benefits, supplies, administration	Contribution to a program that creates social value and positive outcomes
<b>FCSS</b>	\$85,000		
<b>Total</b>	<b>\$185,000</b>		

## Indicators and Outcomes

An outcomes based evaluation framework was developed and implemented at the beginning of the 2012-2013 school year, with an evaluation survey that was to be completed by each participant at the end of each module.

Developing a comprehensive list of outcomes for the WiseGuyz program was completed through a variety of steps. First, a review of the program design, rationale and logic model informed the initial list of anticipated outcomes. Next, a review of the preliminary results of the participant rated surveys confirmed immediate changes during the program (Appendix B). Consultation with program facilitators and Calgary Sexual Health Centre managers provided support for the anticipated outcomes and added unanticipated outcomes to the list which was enhanced by informal feedback they had received from teachers, parents and school administration. Finally, results from the focus groups validated the outcomes developed and identified any unintended and negative outcomes. For example:

Where outcomes required additional validation, secondary research was sought to provide this.

“Social support in the form of ‘having anybody to count on or depend on when needed’ exerted a significant effect on physical abuse victimization and witnessing violence. Male youth who had experienced physical abuse or witnessed violence were found to be at a much lower risk of violent offending when reporting a high level of social support. These findings are consistent with the prior literature in which it was shown that supportive relationships from individuals inside or outside of the family were found to significantly increase resiliency among youth.” (Maschin 2006)

Once a full list of outcomes was generated, it was carefully reviewed for materiality, temporal order and duplications. Materiality is defined as ‘Information is material if its omission has the potential to affect readers’ or stakeholders’ decisions’. Participant survey and focus group data, as well as program staff members were consulted in determining the materiality of each outcome and to prevent any missing or irrelevant outcomes (Table 3). Negative and unintended outcomes were also discussed, including the experience of two young men who were teased by their friends for participating in WiseGuyz and the potential for disruptions in classroom studies as a result of missing class once every two weeks.

Comprehensive notes on how the quantities were calculated using evaluative data and research can be found on the ‘Calculation Notes’ page of the included Impact Map.

“I learned about trusting others through activities, healthy and unhealthy relationships and knowing when you are ready to have sex or whatever. Wiseguyz taught me about media/ads are changing people’s decisions in life.” – program participant

**Table 3 – Outcomes and Indicators**

Stakeholders	Outcome	Indicators	Materiality	Valuation
<b>Participants of the program (young men aged 13-15)</b>	Participants have increased skills to make decisions about their own sexuality and choices and demonstrate increased acceptance of differences, feel more confident with own choices and identity	# of participants who report that they know more about how external factors influence their decision-making about sexuality	<i>Immaterial</i> – this outcome is irrelevant as it is duplicated in other outcomes related to STIs and comfort with exploring issues of sexuality	n/a
	Participants understand concepts of human rights and equality, increasing their respectful relationships, particularly with those who are more vulnerable. Participants feel that they can make a difference in their community and change their behaviours as a result (bystander intervention), supporting a safe and healthy school culture, develop leadership skills	# of participants who know more about how their values and beliefs impact their decisions about relationships; # of participants who feel more responsibility to make the world a better place	<i>Material</i> – this outcome relates to the participant’s ability to respect the boundaries of others, which was stated throughout the focus groups. It is also an objective the program and it therefore considered relevant. It is not significant however, as its value is not significant for the participants. Therefore, it is part of building context for the story but is not valued in the impact map.	Intangible Value
	Participants experience decreased numbers of STIs	# of participants who have increased knowledge in STIs, # of participants who are more confident in using a condom	<i>Material</i> – This is valuable to the participants, and therefore considered relevant. In the first year of collecting evaluative data, 84% are more confident in using a condom and 86% know more about STIs. It also relates to the physical health of the participants. This data is evidence of significance.	Tangible Value
	Participants have an increase in knowledge in physiology and anatomy, reduced shame about their bodies and are able to discuss physiological/medical issues and ask questions	# of participants who have increased knowledge in physiology and anatomy	<i>Immaterial</i> – this outcome is duplicated in other outcomes related to comfort talking about sexuality. This is a goal of the program and considered relevant by the stakeholders, but its duplication makes it insignificant to the analysis.	n/a

Participants have an increase in comfort level with discussing and exploring issues around sexuality resulting in a reduction in unhealthy coping skills related to internalized heterosexism and as a result do not use unhealthy coping	# of participants who feel more confident in their ability to discuss sexual preferences, # of participants who decrease homophobic beliefs and internalized heterosexism	<i>Immaterial</i> – this outcome is duplicated in another that relates to comfort around issues of sexuality and identity and the relationship to unhealthy coping. It is considered relevant to the program and the stakeholders but not significant due to the duplication.	n/a
Participants have access to a variety of perspectives on sexuality and accurate information	# of participants who feel more comfortable talking to a greater number of people about sexuality	<i>Material</i> – this outcome relates to the ability for participants to access accurate information regarding sensitive material that could influence their mental and physical health. It is relevant to the stakeholders but is not significant as the attribution levels would be high. It is included as providing context to the analysis but will not impact the calculations.	Intangible Value
Participants have an increased number of formal and informal supports to talk about their questions and ideas regarding sexuality and sexual health, and increased confidence to use them to get their needs met	# of participants who report that they would use, or have used a new resource or support related to sexual health, # of participants who report learning at least 2 resources in the community	<i>Immaterial</i> – this outcome is duplicated in another outcome that discusses having access to a variety of perspectives on sexual health. Therefore, it is considered relevant but not significant.	n/a
Participants have an increase in sexual and gender autonomy and self-confidence related to decreased shame regarding sexuality and gender roles and as a result do not use unhealthy coping	# of participants who know more about gender stereotypes, masculinity scripts homophobia and heterosexism	<i>Material</i> – this outcome relates to a primary goal of the program which is to critically examine masculinity scripts and support the sexual health of the participants. It is considered relevant and significant based on forecasted data. Significance will be tested when evaluative data becomes available.	Tangible Value
Increased ability, willingness and skills to support someone else going through challenges (empathy)	# of participants who gained skills to support someone	<i>Material</i> – This outcome is relevant, as a primary outcome of this program is to support healthy and	Intangible Value



safe relationships, and the ability to support someone going through a challenge is an important skill taught in the program. The high number of participants who report this outcome supports its relevance.

Participants have an increased ability to identify and communicate their emotions to a variety of people in their lives

# of participants who communicate their emotions to 2 or more people in their lives

*Material* – This outcome is relevant based on the increased ability to identify and communicate emotions is a skill that many young men have not developed, and can lead to increased mental and relational health A third of the participants report this outcome and it is therefore significant.

Tangible Value

Increased sense of belonging among peer group; increased self-confidence

# of participants who feel a sense of belonging in their peer groups and make friends through the program

*Material* – This outcome is relevant as it was identified by participants as an important part of the program, and in a few cases changed the participants’ experience of school. It is not significant because it is not valued at a level relative to the other outcomes.

Intangible Value

Increased ability and skills to discuss personal and private challenges or situations with a supportive person

# of personal stories disclosed to facilitators that require referral or follow-up

*Material* – This outcome is relevant based on the increased ability to identify and communicate private challenges is a skill that many young men have not developed. This ability can lead to increased mental and relational health. It is significant due to the high value attributed to accessing support around being abused or neglected.

Tangible Value

Participants have an increased in healthy relationships and communication skills with peers, fewer instances of violence and bullying

# of participants who use effective communications skills during or before a conflict

*Immaterial* – This outcome is already reflected in the experience of the peer/partner/friend of the

n/a

	Decreased mental health crises or support required	# of youth avoiding mental health issues such as depression related to bullying, internalized homophobia, social isolation	participant and although it is relevant, it is not significant. <i>Immaterial</i> – There was no clear link of the value to the participants so although it is relevant to the stakeholders it is not significant. More material for government stakeholder.	n/a
<b>Friends, peers and partners of participants</b>	Friends, peers, partners are more supported through personal challenges by participants	# of participants who gained skills to support someone	<i>Material</i> – The experience of being supported upon personal disclosure can lead to improved emotional health and is relevant to the stakeholders. It is significant based on the number of participants who report this outcome.	Tangible Value
	The sexual boundaries of friends, partners and peers will be respected, resulting in a decrease of sexual harassment and assault	# of participants who experience sexual relationships and activities that are desired, consensual and respectful	<i>Material</i> – Understanding sexual boundaries was addressed by participants at great length in the focus groups, resulting in a change experience for their friends and partners; evidence of relevance and significance.	Intangible Value
	Friends and peers experience less victimization because participants have an increase in healthy relationship and communication skills	# of participants who use effective communication skills during or before an altercation or conflict	<i>Material</i> – The experience of decreased victimization through bullying etc. is an important outcome for friends and peers of participants, therefore relevant. It is significant based on the number of stakeholders who report this outcome.	Tangible Value
	Partners experience fewer instances of domestic/dating violence as participants have an increase in healthy relationships and communication skills	# of participants who use effective communication skills during or before conflict with a partner	<i>Material</i> – The experience of domestic and dating violence has life altering consequences, and reducing this is of great value to potential victims; evidence of its relevance and significance.	Tangible Value
	Partners of participants are involved in a	# of participants who have	<i>Material</i> – The reduction of	Tangible

	decreased number of unplanned pregnancies	increased knowledge in various pregnancy prevention methods thereby avoiding terminations	unplanned pregnancies is life altering for the sexual partners of participants and is therefore relevant. The high value placed on avoiding terminations makes it significant.	Value
<b>Wiseguys Staff (facilitators)</b>	Increased skills and expertise in the area of group facilitation and adolescent development, increased self-esteem and professional opportunities	# of facilitators who report increased skills and expertise	<i>Immaterial</i> – The professional development and increased self esteem can lead to increased employment satisfaction, which is addressed in another outcome. Although the outcome is relevant, it is not significant.	n/a
	Increased satisfaction in employment, increased emotional health, decreased absenteeism	# of facilitators who report a high level of satisfaction in employment and intention to remain in position	<i>Material</i> – increased satisfaction in employment reduces the facilitators' stress and increases the ability for the program to run effectively and is relevant to the stakeholder. This was not valued monetarily because the staff are highly qualified and would have found other employment quickly given the current economy.	Intangible Value
<b>Government of Alberta</b>	Decreased mental health crises or support required	# of youth avoiding mental health issues such as depression related to bullying, internalized homophobia, social isolation	<i>Material</i> – Bullying is high on the radar in government policy, and also results in the use of government counselling and mental health services, making this outcome relevant and significant.	Tangible Value
	Participants routinely use reliable methods of contraception to avoid unplanned pregnancies at a young age, reducing terminations and increasing high school completion	# of youth avoiding unplanned pregnancies (including terminations and live births)	<i>Material</i> – Unplanned pregnancies during adolescence impacts health and social services provided by the government and are therefore relevant. It is significant based on the value attached to the outcome.	Tangible Value
	Decreased substance abuse and related crime, health service use, etc.	# of participants who don't engage in substance use as a result of	<i>Material</i> – Substance abuse impacts employment, justice, health and	Tangible Value

	depression, internalized homophobia	social services, and thus is relevant to the government stakeholder. The high value placed on this outcome makes it significant.	
Decreased STI diagnoses and treatment, lower transmission rates	# of participants being screened for STIs, # of STIs avoided	<i>Material</i> – The value of reducing STI rates is of great relevance and significance to the government in maintaining population health.	Tangible Value
Decreased number of domestic violence cases seen in hospitals and justice system	# of participants who do not engage in violence in their partnerships	<i>Material</i> – Domestic violence is an issue that results in high use of health, social and justice services provided by the government and is relevant and significant to the analysis.	Tangible Value
Reduction of educational disciplinary issues as participants have an increase in healthy relationship and communication skills with peers, fewer instances of violence and bullying	# of participants who use effective communication skills during or before an altercation or conflict	<i>Material</i> – The use of educational resources to address disciplinary issues reduces those that could go toward educating. This is relevant to the stakeholder, and creates value making it significant.	Tangible Value

## Valuation

After the outcomes and indicators were determined for the stakeholders affected by the WiseGuyz program, financial proxies were determined and assigned to provide valuation to the change experienced. During the entire process, the program manager and facilitators at the Calgary Sexual Health Centre were consulted about the value of the outcomes identified. Academic research about the costs associated with teen pregnancy was also consulted. Financial proxies were first considered for the change experienced by the key stakeholders. This included identifying alternative outcomes and considering the value for key stakeholders of avoiding these outcomes. For example, participants who increase their knowledge and comfort levels in using condoms and talking about sex may be avoiding the contracting and transmission of Sexually Transmitted Infections.

First, valuing outcomes was completed by closely examining the SROI Canada Financial Proxy database to better understand commonly used proxies in the region of Calgary and the province of Alberta. Where applicable proxies could not be found in the database, the next step to valuing outcomes was informed by academic and government research. The government in Canada is particularly interested in the intangible and tangible costs of domestic and interpersonal violence, and the federal government commissioned a particularly useful paper called "An Estimation of the Economic Impact of Spousal Violence in Canada"<sup>15</sup>. Also released in 2012 was a paper called "Estimation of the burden of disease and costs of genital Chlamydia trachomatis infection in Canada."<sup>16</sup> which provided valuation information relevant to the SROI. The report entitled "Cost Estimates of Dropping Out of High School in Canada"<sup>17</sup> comprehensively examines the economic impact on individuals who do not complete high school. This report informed two different proxies related to dropping out of high school. The financial proxy that reflects the experience of the program participant and the partner of the participant who avoids pregnancy represents the annual loss of earnings as well as the health and social costs of the incompleteness of high school. The financial proxy that is attributed to the government stakeholder represents the annual public costs associated with each person who drops out of high school, including loss of tax revenue, health and justice costs.

At the stage of valuation, two financial proxies were determined to be immaterial and were removed from the analysis. These were pertaining to adolescent pregnancies, and in particular the health and birthweight of the child and the cost of 'Plan B', the emergency contraception pill available in Canada. They were removed due to the low value they created (i.e., Plan B costs approximately \$35.99 and data pertaining to its use is unavailable at this time) and the high level of attribution associated with having a healthy baby.

The SROI analysis incorporates the investments contributed to support the WiseGuyz program during the course of one school year (September to June). The investment from the participant stakeholders was not valued financially, as it was determined by program staff to be time. The participants would

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<sup>15</sup> 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.)

<sup>16</sup> Truite, A., & Fisman, D. (2012). Estimation of the burden of disease and costs of genital Chlamydia trachomatis infection in Canada. *Sexually Transmitted Diseases*, 2012 Apr;39(4):260-7. doi: 10.1097/OLQ.0b013e31824717ae.

<sup>17</sup> Hankivsky, Olena. *Cost Estimates of Dropping Out of High School in Canada*. (Vancouver: Simon Fraser University, Canadian Council on Learning, 2008): 67

otherwise have been in class and would likely not be working or gathering an income. Time spent in the WiseGuyz program was part of their school day. It is possible, although was not highlighted by participant stakeholders, that time away from class may have disrupted their learning. However, as this was not specifically identified during the course of this analysis, it was not included as a negative outcome or included in the displacement calculations. The funding for the project came from two sources: 1) the Anonymous Donor, who donated \$100,000 and 2) Family and Community Support Services of Calgary, which is a municipal government department and provided \$85,000. Both of these funders allocated dollars to staff salary, administration, supplies and evaluation. The total investment included in the analysis is valued at \$185,000.

“WiseGuyz is more than just missing school and playing video games and learning about sex. You’ll learn about yourself as a person”

- Former WiseGuyz Participant

“We all got like *really close together* and so we all understood and we *weren’t afraid to speak*. Because we all understood that *we could all speak in freedom* so no matter what we said it would... it would mean something in here and we’d learn stuff.”

- *WiseGuyz Participant*

**Table 4 – Financial Proxies**

	Outcome	Financial Proxy	Source	Value per Year	Calculation Notes
Participants	Participants experience decreased numbers of STIs	Personal cost of diagnosis and treatment of STIs - absenteeism from the workplace	Government of Alberta minimum wage, Sept 2013	\$159.20	Assuming the youth makes minimum wage and requires two days off of work for diagnosis, treatment and follow-up. Calculation based on 2.0 eight hour days at minimum wage.
	Participants have an increase in comfort level with discussing and exploring personal issues, resulting in a reduction in unhealthy coping skills.	"Personal cost of depression/ (private/personal) per high school drop out	Hankivsky, Olena. Cost Estimates of Dropping Out of High School in Canada. (Vancouver: Simon Fraser University, Canadian Council on Learning, 2008): 67	\$ 12438.46	Examination of the existing literature shows support for the fact that depression in teens is associated with a broad range of negative health sequelae, including suicide attempts, completed suicides, and negative health outcomes such as pregnancy and early parenthood. Cross-sectional studies demonstrated significant impairment in the daily lives of depressed teens, such as dropping out of high school, smoking, and experiencing sexual assault <sup>18</sup> . For the purposes of this proxy, personal costs of dropping out of high school was used (Hankivsky, 2008). Updated for inflation from 2008
	Participants have an increase in sexual and gender autonomy and self-confidence related to decreased shame regarding sexuality and gender roles	School counsellor wages	Alberta Wage and Salary Survey 2011	\$192.30	Calculation based on 6 sessions with a school guidance counsellor to discuss shame re: sexuality, gender, relationships. <sup>19</sup>
	Increased ability and skills to discuss abusive experiences with a supportive person	Cost of child abuse to survivors - Annual personal cost	Bowlus, Mckenna, Day and Wright. "The Economic Costs and Consequences of Child Abuse in Canada".	\$3,026	While this value represents the costs later in life associated with abuse experienced as a youth (average personal cost of therapy, alternative therapy, self help materials, prescription drugs, relocation expenses, etc.) it is used here as a proxy to represent the value to the youth as a stakeholder of avoiding

<sup>18</sup> Jaycox, L., Stein, B., Paddock S., Miles, J., Chandra A., Meredith, L., Tanielian, T., Hickey, S. & Burnam, M. (2009). Impact of Teen Depression on Academic, Social, and Physical Functioning. *Pediatrics* Vol. 124 No. 4

<sup>19</sup> Welsh Government Social Research (2011). Evaluation of the Welsh School-based Counselling Strategy: Final Report. <http://dera.ioe.ac.uk/13159/1/111118EvalWelshSchoolCounsellingStrategyFinalReporten.pdf> (pulled August 12, 2013)

		Report to the Law Commission of Canada. (March 2003): 158		abuse in the future after disclosure. Adjusted for inflation from 2003.	
Friends, Peers and Partners	Friends, peers, partners are more supported through personal challenges by participants	School counsellor wages	Alberta Wage and Salary Survey 2011	\$192.30	Calculation based on 6 sessions with a school guidance counsellor to discuss shame re: sexuality, gender, relationships. Based on an average of sessions calculated by a Welsh school counsellor evaluation report. (Welsh Government Social research, 2011) Updated for inflation from 2011.
	The sexual boundaries of friends, partners and peers will be respected, resulting in a decrease of sexual harassment and assault	Psychiatric Admission to Hospital (Hospital Treatment for Mental Illness)	The Cost of Acute Care Medical Stays by Condition in Canada, Canadian Institute for Health Information (2008)	\$9,528.74	Youth who are bullied are at greater risk for depressive disorders, anxiety disorders, generalized anxiety, panic disorder and agoraphobia as adult. Youth who are bullied and bully experienced all types of depressive and anxiety disorders, and suffered most severely from suicidal thoughts, depressive disorders, generalized anxiety and panic disorder, compared with the other groups of participants. In fact, about 25% of these participants said they had suicidal thoughts as young adults, and about 38% had panic disorder. <sup>20</sup> Updated for inflation from 2008.
	Friends and peers experience less victimization because participants have an increase in healthy relationship and communication skills	cost of sexual assault to survivor	Zhang, Ting. The Costs of Crime in Canada, 2008. (Ottawa: Department of Justice, 2008): 25	\$90,693.72	Based on jury awards, taken from a study on the cost of crime in Canada (Zhang, 2008).
	Partners experience fewer instances of domestic/dating violence as participants have an increase in healthy	cost of domestic violence to survivor	Zhang, T., Hoddenbagh, J., McDonald, S., & Scrim, K. (2012).. An Estimation of the	\$19,119.45	This personal cost has been calculated from the total costs outlined by Zhang (2012). 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 personal costs such as medical

<sup>20</sup> Copeland, W., Wolke, D., Angold, A., Costello, J. (2013). Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence *JAMA Psychiatry*. 2013;70(4):419-426. doi:10.1001/jamapsychiatry.2013.504



	relationships and communication skills		Economic Impact of Spousal Violence in Canada, 2009. Department of Justice Canada, Research and Statistics Division: Ottawa. (Unpublished report.)		attention, hospitalization, lost wages, missed school days, stolen or damaged property, pain and suffering and loss of life (intangible costs = \$5,985,234,977. 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 (\$17,829.28). Since figures used in the study were from 2009, this cost has been adjusted for inflation from 2009.
	Partners of participants are involved in a decreased number of unplanned pregnancies	Cost per high school drop-out (private/individual/personal costs)	Hankivsky, Olena. Cost Estimates of Dropping Out of High School in Canada. (Vancouver: Simon Fraser University, Canadian Council on Learning, 2008): 67	\$ 12438.46	"Teen mothers are 17% less likely to complete high school, and the rate of high school completion for teen mothers is 64%. <sup>21</sup> Updated for Inflation from 2008. This figure is an aggregate of all estimated costs to the individual (health costs, lost income). <sup>22</sup>
<b>Government</b>	Provision of psycho social and mental health support (peer support, staff relationships, support in school	Child/Youth Community-Based Mental Health Services	Children's Mental Health Ontario. Children's Mental Health: High Needs, High Returns - Pre-Budget Submission to the Standing Committee on Finance & Economic Affairs. (February 2004): 4	\$2,635.71	Involvement with bullying (Kim & Leventhal, 2008) as well as a higher degree of internalized heterosexism (IH) is positively correlated with low self-esteem, depression, anxiety and self-harm among sexual minority women as well as in sexual minority men <sup>23</sup> . Updated for inflation from 2004.
	Decreased numbers of unplanned adolescent pregnancies, resulting in fewer terminations	pregnancy termination; Abortion, surgical 12-13 weeks	Fee Schedule, No Insurance Coverage. Kensington Clinic (Calgary, 2011)	\$872.01	Overall, just over 50% of adolescent pregnancies end in induced abortion, which includes abortions performed in hospitals and clinics in Canada, as well as those performed in selected American states (Leslie, 2006). Updated for inflation from 2011.

<sup>21</sup> Luong, M. (2008). Life after teenage motherhood. Statistics Canada. <http://www.statcan.gc.ca/pub/75-001-x/2008105/article/10577-eng.htm#a3>

<sup>22</sup> The full technical report and summary reports are available at: <http://www.ccl-cca.ca/ccl/Reports/OtherReports/20090203CostofDroppingOut.html>

<sup>23</sup> Szymanski, D. and Ikizler, A. (2013). Internalized heterosexism as a mediator in the relationship between gender role conflict, heterosexist discrimination, and depression among sexual minority men. *Psychology of Men & Masculinity*, Vol 14(2), 211-219.

Decreased numbers of unplanned adolescent pregnancies, resulting in increased rates of high school completion	Public cost of dropping out of high school	Hankivsky, Olena. Cost Estimates of Dropping Out of High School in Canada. (Vancouver: Simon Fraser University, Canadian Council on Learning, 2008): 67	\$8065.84	Teen mothers are 17% less likely to complete high school, and the rate of high school completion for teen mothers is 64%. (Luoung, 2008). Updated for Inflation. The full 2008 report created by Oleana Hankivsky outlines the different public and private costs of dropping out of high school in Canada by examining the health, income, social assistance, justice, and personal consequences of not completing high school. Adjusted for inflation from 2008.
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)	Canadian Centre on Substance Abuse. The Cost of Substance Abuse in Canada in 2002. (Ottawa, 2002): 108	\$58,848	Overall, these studies show that LGB people report higher levels of alcohol consumption, alcohol-related problems, drug use, and drug-related problems than do people who identify as heterosexual (Szymanski and Ikizler, 2013). 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: <a href="http://www.statcan.gc.ca/pub/82-003-s/2004000/pdf/7447-eng.pdf">http://www.statcan.gc.ca/pub/82-003-s/2004000/pdf/7447-eng.pdf</a> to determine the number of addicted persons in 2002, a "per-addict" cost of \$47 700 was estimated. Adjusted for inflation from 2002.
Medical intervention for addressing health diagnoses (STIs)	Cost of untreated Chlamydia/Go norrhea	Truite, A., & Fisman, D. (2012). Estimation of the burden of disease and costs of genital Chlamydia trachomatis infection in Canada. Sexually Transmitted Diseases, 2012 Apr;39(4):260-7. doi:	\$2,910.00	Compared with no change in screening, enhanced screening was estimated to be highly cost-effective, with an incremental cost-effectiveness ratio of \$2910 per quality-adjusted life year. For the purposes of this study, gonorrhea is also represented by this proxy, as the diagnosis and treatment process are very similar (Truite, A., & Fisman, D., 2012). Estimation of the burden of disease and costs of genital Chlamydia trachomatis infection in Canada. Sexually Transmitted Diseases, 2012 Apr;39(4):260-7. doi: 10.1097/OLQ.0b013e31824717ae.

		10.1097/OLQ.0b013e3 1824717ae.		
Decreased number of domestic violence cases seen in hospitals and justice system	Cost attributable to violence against women	Varcoe, C. et al (2011). Attributing Selected Costs to Intimate Partner Violence in a Sample of Women Who Have Left Abusive Partners: A Social Determinants of Health Approach. Canadian Public Policy - Analyse de Politiques. XXXVII: 3, pp375.	\$15,288.80	While this study outlines the cost for <i>women who have left abusive relationships</i> the study is the most recent Canadian study on the costs of violence against women and uses entirely Ontario figures. For women avoiding violent situations, they would inherently be avoiding costs after leaving violent situations. This cost includes health, counselling, legal etc. costs and does not result in double counting with the intangible cost of pain and suffering included above.
Provision of behavioural issue discipline within the school system	cost of suspension/expulsion from school	Calgary Board of Education and Alberta Teacher Association 2011 agreement	\$560.00	Salary of Assistant Principal after 11 years of employment is 98,938 + 17,151=\$116,089/52 weeks/40 hours = \$56/hour. <sup>24</sup> Assuming a youth who is in need of discipline requires of 10 hours of an AP's time in one year, the annual proxy is \$560/student

<sup>24</sup> [http://www.cbe.ab.ca/careers/pdfs/ata\\_2011\\_salary\\_schedule.pdf](http://www.cbe.ab.ca/careers/pdfs/ata_2011_salary_schedule.pdf)

## Outcomes to Impacts

Understanding the investment into a program, the subsequent activities, the individuals or groups affected by the activities, what these changes are and how much change can be credited to the activity is central to the SROI analysis. To help organize this information, an Impact Map is used.

### Deadweight, Displacement, Attribution and Drop-off

*Deadweight:* Deadweight is a measure of the amount of Outcome that would have happened even if the WiseGuyz program did not exist. For the purposes of the SROI analysis, deadweight was determined through consultation with the Calgary Sexual Health Centre Staff and through academic research that identifies prevalence statistics. The table below describes decisions made with regards to deadweight:

**Table 5 – Deadweight Calculation Notes**

	Outcome	Deadweight Calculation Notes
Participants	Participants experience decreased numbers of STIs	50% for deadweight, as the Calgary Sexual Health Centre reports that approximately 50% of the students will be sexually active by the time they leave high school and 80% will be sexually active within about a year after that. The STI prevalence rates were accounted for in the quantity, and it is likely a low representation, as STIs are commonly unreported or misdiagnosed and many don't exhibit symptoms.
	Participants have an increase in comfort level with discussing and exploring personal issues, resulting in a reduction in unhealthy coping skills.	In a study of public high schools, 15.2% of school-going adolescents were found to be having evidence of distress and 18.4% were depressed <sup>25</sup> . This results in deadweight of approximately 80%. It is to be noted that disclosure of depression may be difficult and 18.4% could be a very conservative number.
	Participants have an increase in sexual and gender autonomy and self-confidence related to decreased shame regarding sexuality and gender roles	25% - about 25% of the participants are 'social giants' and already have positive and satisfying social inclusion and support, as per consultation with program facilitators.
	Increased ability and skills to discuss abusive experiences with a supportive person	0% - participants report that there is emotional safety with facilitators that does not exist elsewhere in their lives, omitting the likelihood that this would be disclosed if WiseGuyz did not exist.
Friends, peers and partners	Friends, peers, partners are more supported through personal challenges by participants	25% - reports from Calgary Sexual Health Centre staff indicate that none of the participants demonstrate the skills to provide effective support and empathy to others prior to participating in the program - especially pertaining to personal and sensitive topics such as coming out as GLBTQ. However, it is possible that maturity could assist in these skills.
	The sexual boundaries of friends, partners and peers will be respected, resulting in a decrease of sexual harassment and assault	19 to 24% of students report being both a victim and a bully once per month <sup>26</sup> . This means that 75% of the participants would not have been involved with bullying anyway.
	Friends and peers experience less	Deadweight is 25% as this percentage as this % may go on to commit a

<sup>25</sup> Bansal V, Goyal S, Srivastava K. Study of prevalence of depression in adolescent students of a public school. *Ind Psychiatry J* 2009;18:43-6

<sup>26</sup> Canadian Council on Learning. (2008). *Bullying in Canada: How intimidation affects learning*. <http://www.ccl-cca.ca/pdfs/LessonsInLearning/Mar-20-08-Bullying-in-Canad.pdf>

	victimization because participants have an increase in healthy relationship and communication skills	sexual assault anyway. However, it is important to acknowledge that this is conservative due to the under-reporting in the research and the repeat offenses committed by those who assault. The filtering tables in the report was used to determine 25%
	Partners experience fewer instances of domestic/dating violence as participants have an increase in healthy relationships and communication skills	70% - A study commissioned by the Centre for Disease Control found that 29% of adolescent boys report perpetrating dating violence (Ybarra, 2012)
	Partners of participants are involved in a decreased number of unplanned pregnancies	64% - high school completion rate for teen mothers (Luoung, 2008) .
<b>Government</b>	Provision of psycho social and mental health support (peer support, staff relationships, support in school	In a study of public high schools,15.2% of school-going adolescents were found to be having evidence of distress and 18.4% were depressed (Bansal, Goyal & Srivastava 2009). This results in deadweight of approximately 80%. It is to be noted that disclosure of depression may be difficult and 18.4% could be a very conservative number.
	Decreased numbers of unplanned adolescent pregnancies, resulting in fewer terminations	0% deadweight - if a quantity of '1' is used, based on prevalence research, there will be no deadweight.
	Decreased numbers of unplanned adolescent pregnancies, resulting in increased rates of high school completion	64% - high school completion rate for teen mothers (Luoung, 2008
	Decreased substance abuse and related crime, health service use, etc.	In a study of public high schools,15.2% of school-going adolescents were found to be having evidence of distress and 18.4% were depressed (Bansal, Goyal & Srivastava 2009). This results in deadweight of approximately 80%. It is to be noted that disclosure of depression may be difficult and 18.4% could be a very conservative number.
	Medical intervention for addressing health diagnoses (STIs)	50% for deadweight, as the Calgary Sexual Health Centre reports that approximately 50% of the students will be sexually active by the time they leave high school and 80% will be sexually active within about a year after that. The STI prevalence rates were accounted for in the quantity, and it is likely a low representation, as STIs are commonly unreported or misdiagnosed and many don't exhibit symptoms.
	Decreased number of domestic violence cases seen in hospitals and justice system	70% - A study commissioned by the Centre for Disease Control found that 29% of adolescent boys report perpetrating dating violence. <sup>27</sup>
	Provision of behavioural issue discipline within the school system	25% - Consultation with program facilitators suggest that 10% of the students would have avoided disciplinary action by school staff without intervention by the program. This is also supported by the low indicator rate. In the future, this will be validated by school administration consultation.

For those outcomes where there was not sufficient data or research to provide strong evidence of deadweight, a filtering system was used to apply a figure. Stakeholder consultations and research still inform the decision, but a conservative judgement is always applied.

<sup>27</sup> <http://www.apa.org/news/press/releases/2013/07/dating-violence.aspx>

Description of Deadweight	Applied deadweight
The outcome would not have been achieved without the program	0%
The outcome would have been achieved for a few stakeholders	25%
The outcome would have been achieved for some stakeholders	50%
The outcome would have been achieved for most stakeholders	75%
The outcome would have been achieved regardless of the program	100%

*Displacement:* Displacement measures how much of the predicted Outcome has displaced other Outcomes. In the SROI on WiseGuyz, questions regarding displacement were posed to staff and participants in the program. WiseGuyz is a unique program in the city of Calgary and surrounding regions, and so little displacement is estimated to occur. Of note, missing school was not considered by the key stakeholders to result in displacement, and rather enhanced their experience. Staff have also indicated via informal means that they notice better behaviour in boys who participate in the program. There were only two outcomes identified which may result in Displacement and both are related to the participant stakeholder:

**Table 6 – Displacement Calculation Notes**

Outcome	Displacement calculation notes
Participants have an increase in sexual and gender autonomy and self-confidence related to decreased shame regarding sexuality and gender roles	10% - Demonstrating sexual autonomy within a high school setting could potentially result in peers targeting that individual for doing so if they have not developed skills around respecting others and understanding differences.
Increased ability and skills to discuss abusive experiences with a supportive person	10% - Participants may feel exposed after disclosing abuse, may withdraw from group and could experience fear/anxiety at home re: the family investigation.

In some cases it is unknown how much of one activity displaces another and there may not be enough data and research to support a precise figure. In this case, the following assessment is used against each outcome to determine Displacement.

Description of Displacement	Applied displacement
The outcome did not displace another outcome	0%
The outcome displaced another outcome to a certain degree	25%
The outcome somewhat displaced another outcome	50%
The outcome significantly displaced another outcome	75%
The outcome displaced another outcome to the full degree	100%

*Attribution:* Attribution assesses how much of the anticipated Outcome can be attributed to the activities of organisations and people other than the WiseGuyz program. Although the program is unique in its delivery and content, the achievement of some outcomes may be supported by the standard sexual health curriculum in the school system. There are also outcomes that rely on the existing skills of other agencies (child protection services) and the individuals who participants choose to share their personal challenges with.

**Table 7 – Attribution Calculation Notes**

	Outcome	Attribution calculation notes
<b>Participant</b>	Participants experience decreased numbers of STIs	25% - Attribution can be allocated to health class, as there are two classes per year that discuss the prevention of STIs. Calgary Sexual Health Centre is also available by phone, internet and provides sessions for classes.
	Participants have an increase in comfort level with discussing and exploring personal issues, resulting in a reduction in unhealthy coping skills.	25% - the individuals that the participants talk to about personal issues also have the skills and empathy to be supportive due to learning this via other avenues such as their family or community groups.
	Participants have an increase in sexual and gender autonomy and self-confidence related to decreased shame regarding sexuality and gender roles	0% the unique approach to gender and sexuality is not available elsewhere and students likely would not have access to this type of environment/information to result in this increase in confidence/relationship skills
	Increased ability and skills to discuss abusive experiences with a supportive person	50% - Once a disclosure is made, facilitators report to Calgary Child and Family Resources who investigates, provides referrals and intervenes.
<b>Friends, Peers and Partners</b>	Friends, peers, partners are more supported through personal challenges by participants	0% - it is unlikely that the participants are building these skills elsewhere.
	The sexual boundaries of friends, partners and peers will be respected, resulting in a decrease of sexual harassment and assault	25% - school staff and other programs encourage healthy communication and intervene during violence etc.
	Friends and peers experience less victimization because participants have an increase in healthy relationship and communication skills	0% - facilitators have been specifically trained in addressing contextual issues regarding sexual abuse and assault and it is unlikely that the participants would have access to this information/perspective otherwise.
	Partners experience fewer instances of domestic/dating violence as participants have an increase in healthy relationships and communication skills	0% - Attribution is not being accounted for, as it is included in the 'deadweight' calculation.
	Partners of participants are involved in a decreased number of unplanned pregnancies	0% - Attribution is not being accounted for, as it is included in the 'deadweight' calculation.
	Provision of psycho social and mental health support (peer support, staff relationships, support in school)	0% - Attribution is not being accounted for, as it is included in the 'deadweight' calculation.
<b>Government</b>	Decreased numbers of unplanned adolescent pregnancies, resulting in fewer terminations	25% - Attribution can be allocated to health class, as there are two classes per year that discuss the prevention of unplanned pregnancy. Calgary Sexual Health Centre is also available by phone, internet and provides sessions for classes.
	Decreased numbers of unplanned adolescent pregnancies, resulting in increased rates of high school	25% - Attribution can be allocated to health class, as there are two classes per year that discuss the prevention of STIs. Calgary Sexual Health Centre is also available by phone, internet and provides sessions

completion	for classes.
Decreased substance abuse and related crime, health service use, etc.	0% - Attribution is not being accounted for, as it is included in the 'deadweight' calculation.
Medical intervention for addressing health diagnoses (STIs)	25% - Attribution can be allocated to health class, as there are two classes per year that discuss the prevention of STIs. Calgary Sexual Health Centre is also available by phone, internet and provides sessions for classes.
Decreased number of domestic violence cases seen in hospitals and justice system	0% - Attribution is not being accounted for, as it is included in the 'deadweight' calculation.
Provision of behavioural issue discipline within the school system	Attribution will take into account the addition of programs and policies that the students might be using. Without interviewing the staff/administration, a conservative estimate of 25% will be used.

Where there is not enough information from stakeholder consultation or research to provide information about other resources that contribute to the achievement of each outcome, the following table is used to determine attribution.

Description of Attribution	Applied attribution
No other person or intervention contributed to the achievement of this outcome	0%
A few other people or resources contributed to the achievement of this outcome	25%
There were partnerships that contributed to the achievement of this outcome	50%
The majority of this outcome was achieved due to other people and interventions	75%
This outcome was achieved because of other people and interventions	100%

*Duration and drop off:* Duration and drop off estimates the length of time the changes for the stakeholders will last and to the extent that the changes are maintained. Participants of the WiseGuyz program are involved for their grade 9 year, however many of the outcomes are related to aspects of their lives that have not yet begun, for example, sexual relationships. In 2012/13, only two boys reported being involved in sexual relationships but staff at Calgary Sexual Health Centre report that by the time they graduate, 50% of high school students have had sexual intercourse and by the time they complete university, 80% have engaged in sexual intercourse. Wolfe et. al. (2009) completed evaluative research on a similar program called the 'Fourth R', and found that the effects related to the use of condoms, substance use and dating violence lasted 2.5 years. The WiseGuyz program is based on the best-practices of the 'Fourth R', and therefore this research was used to estimate the duration of the changes related to these outcomes. Former participants noted that some of the outcomes materialized in the years following participation in the program. For example, although personal challenges may not have been present during the time they were in the program, the former participants reported that they were better able to address them and communicate their needs in healthy ways in the year following the program. In addition, as relationships become more complicated throughout high school, the skills developed become increasingly necessary.

However, without adequate longer term research to provide evidence of the maintenance of outcomes, it must be assumed that a certain degree of drop off will occur. Based on the research by Wolfe et. al.



(2009) that states that outcomes related to the use of condoms, substance use and dating violence lasted 2.5 years, the degree to which the value of the changes has been assumed to be conservative at 10% per year for the outcomes that are maintained for longer than the school year that there is participation in the program. Sensitivity analyses were conducted to determine the impact of increasing the drop off to 25% based on the assumption that adolescence are influenced by several external sources including friends, family and the media.

**Table 8 - Duration**

	Outcome	Duration calculation notes
<b>Participant</b>	Participants experience decreased numbers of STIs	Very few of the boys are sexually active at the time of the program, but it is anticipated that 50% of them will be by the time they finish high school (CSHC stats). Therefore, the outcome may not be achieved until year 2 or later. A similar program called The Fourth R is delivered in Grade 9 health classes, 21-lesson curriculum delivered during 28 hours by teachers. The teaching of youth about healthy relationships as part of their required health curriculum increased condom use 2.5 years later, but this effect may be limited to boys <sup>28</sup> (Wolfe, et. al., 2009).
	Participants have an increase in comfort level with discussing and exploring personal issues, resulting in a reduction in unhealthy coping skills.	The proxy used is an annual cost to the person who has dropped out of high school, based on lower income. Therefore, the duration is every year that the person does not have a high school diploma and begins the year that the student would have graduated.
	Participants have an increase in sexual and gender autonomy and self-confidence related to decreased shame regarding sexuality and gender roles	Follow-up interviews with former participants (2011/12) indicated that the learnings increased over the next year as they had more experiences to apply them to (i.e., peer and partner relationships) in high school. Therefore, 2 years is the duration at this time with the potential for increase as longer term information is collected.
	Increased ability and skills to discuss abusive experiences with a supportive person	The level of support provided to a struggling family, the investigation and the interventions all vary, and so 1 year is the duration, although this is a minimum as in some cases there could be long term changes made as a result of disclosure to a facilitator.
<b>Friends, Peers and Partners</b>	Friends, peers, partners are more supported through personal challenges by participants	Due to lack of evidence to support long term skill development and the acknowledgement and friendships change during adolescents, the duration is kept at 1 year.
	The sexual boundaries of friends, partners and peers will be respected, resulting in a decrease of sexual harassment and assault	Due to lack of evidence to support long term skill development the duration is kept at 1 year.
	Friends and peers experience less victimization because participants have an increase in healthy relationship and communication skills	A similar program called The Fourth R is delivered in Grade 9 health classes, 21-lesson curriculum delivered during 28 hours by teachers. The teaching of youths about healthy relationships as part of their required health curriculum decreased dating violence 2.5 years later, but this effect may be limited to boys (Wolfe, et. al., 2009).
	Partners experience fewer instances of domestic/dating violence as participants have an	Although most of the participant report having started dating, none of them were in relationships over the course of the program. Therefore, the outcome may not be achieved until year 2 or later. A similar

<sup>28</sup> Wolfe, D., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., Stitt, L. & Donner, A. (2009). A School-Based Program to Prevent Adolescent Dating Violence: A Cluster Randomized Trial. ARCH PEDIATR ADOLESC MED/VOL 163 (NO. 8)

	increase in healthy relationships and communication skills	program called The Fourth R is delivered in Grade 9 health classes, 21-lesson curriculum delivered during 28 hours by teachers. The teaching of youth about healthy relationships as part of their required health curriculum increased condom use 2.5 years later, but this effect may be limited to boys (Wolfe, et. al., 2009).
	Partners of participants are involved in a decreased number of unplanned pregnancies	A similar program called The Fourth R is delivered in Grade 9 health classes, 21-lesson curriculum delivered during 28 hours by teachers. The teaching of youths about healthy relationships as part of their required health curriculum decreased dating violence 2.5 years later, but this effect may be limited to boys (Wolfe, et. al., 2009).
<b>Government</b>	Provision of psycho social and mental health support (peer support, staff relationships, support in school)	Due to lack of evidence to support long term skill development the duration is kept at 1 year.
	Decreased numbers of unplanned adolescent pregnancies, resulting in fewer terminations	Very few of the boys are sexually active at the time of the program, but it is anticipated that 50% of them will be by the time they finish high school (CSHC stats). Therefore, the outcome may not be achieved until year 2 or later. A similar program called The Fourth R is delivered in Grade 9 health classes, 21-lesson curriculum delivered during 28 hours by teachers. The teaching of youth about healthy relationships as part of their required health curriculum increased condom use 2.5 years later, but this effect may be limited to boys (Wolfe, et. al., 2009).
	Decreased numbers of unplanned adolescent pregnancies, resulting in increased rates of high school completion	Very few of the boys are sexually active at the time of the program, but it is anticipated that 50% of them will be by the time they finish high school (CSHC stats). Therefore, the outcome may not be achieved until year 2 or later. A similar program called The Fourth R is delivered in Grade 9 health classes, 21-lesson curriculum delivered during 28 hours by teachers. The teaching of youth about healthy relationships as part of their required health curriculum increased condom use 2.5 years later, but this effect may be limited to boys (Wolfe, et. al., 2009).
	Decreased substance abuse and related crime, health service use, etc.	Follow-up interviews with former participants (2011/12) indicated that the learnings increased over the next year as they had more experiences to apply them to (i.e., peer and partner relationships) in high school. Therefore, 2 years is the duration at this time with the potential for increase as longer term information is collected.
	Medical intervention for addressing health diagnoses (STIs)	Very few of the boys are sexually active at the time of the program, but it is anticipated that 50% of them will be by the time they finish high school (CSHC stats). Therefore, the outcome may not be achieved until year 2 or later. A similar program called The Fourth R is delivered in Grade 9 health classes, 21-lesson curriculum delivered during 28 hours by teachers. The teaching of youth about healthy relationships as part of their required health curriculum increased condom use 2.5 years later, but this effect may be limited to boys (Wolfe, et. al., 2009).
	Decreased number of domestic violence cases seen in hospitals and justice system	Although most of the participant report having started dating, none of them were in relationships over the course of the program. A similar program called The Fourth R is delivered in Grade 9 health classes, 21-lesson curriculum delivered during 28 hours by teachers. The teaching of youth about healthy relationships as part of their required health curriculum increased condom use 2.5 years later, but this effect may be limited to boys (Wolfe, et. al., 2009).
	Provision of behavioural issue discipline within the school system	Due to lack of evidence to support long term skill development the duration is kept at 1 year.

## Discount Rate

A discount rate of 8.0% was used based on a number of factors. This is the government of Canada standard for social programs<sup>29</sup>. These factors include:

- The length of time the program has been in operation, which in the case of WiseGuyz is 3 years
- Although the rate of achieved indicators was based on actual data from one year of programming, the SROI is a forecast and is predicting into the future. Collecting evaluative data on an ongoing basis will decrease the discount rate.
- Although stakeholder perspectives were used to inform the analysis, the interviews and focus groups were conducted by an external evaluator (due to ethical considerations).
- The program has a substantial evaluation framework in place, but was not completely implemented due to time constraints at the end of the school year. Implementing the entire outcomes based evaluation framework will decrease the discount rate in the future.
- Although the program is based on two different programs that are considered to be best-practice, this particular program has yet to be considered best-practice.

## Calculation of the Social Return on Investment for the WiseGuyz program

Based on the judgements and assumptions stated above, the social return on investment for the WiseGuyz program is **6.92:1**, meaning that for every one dollar invested in the program, there is a value creation **\$6.92** for the three identified stakeholders. According to the Forecast case study, it is predicted that the WiseGuyz program is effective in helping to shift the masculinity paradigm among the participants, resulting in an increase in sexual health, healthy relationships and self-confidence. This leads to a decrease in sexually transmitted infections, unplanned pregnancies, bullying, sexual assault and dating violence. It also leads to an increase in mental health and skills to support others.

## Verifying the Result

In calculating the social return on investment certain assumptions were made, and data was used that may be considered subjective. To assess the degree to which this has influenced the final result sensitivity analyses are conducted. This helps to determine which judgements change the results of the analysis and help to create a range of value created until further evaluation on the program can be completed.

The most significant assumptions that were made were tested in the sensitivity analysis as detailed below:

### *Duration:*

Although the duration used in the analyses was based on evaluative research of a well known best-practice program in Canada called the 'Fourth R', it is not with absolute certainty that this can be applied

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<sup>29</sup> Boardman, A., Moore, M. & Vining, A. (2010). The Social Discount Rate for Canada Based on Future Growth in Consumption. *Canadian Public Policy*, Vol. 36 No. 3.

horizontally to the WiseGuyz program. A sensitivity analysis was conducted where duration lasted for the year in which the outcome started to take place. For example, where students typically begin to engage in sexual intercourse in the year after the program, the change would be counted for this year only. Where two years of duration were used based on former participant feedback, only one year of change was accounted for in the sensitivity analysis. The only exception to this are the outcomes related to high school completion, as the proxies used are annual proxies based on the assumption that a certain number of students will not achieve a high school diploma without intervention. The results using this sensitivity analysis yielded a Net Present Value of \$563,313, and with an investment of \$185,000 the SROI ratio is 4.04:1. This means that if each change occurs for only one year, there will be a social value of \$4.04 generated for every dollar invested.

*Dropoff:*

Dropoff was set at 10% in the report analysis, but to determine the impact of this judgement on the final result, a sensitivity test was conducted, setting the deadweight at 25%. The result of this sensitivity analysis yielded a Net Present Value of \$889,188, and with an investment of \$185,000 the SROI ratio is 5.78:1. This means that if the values of the changes diminish more significantly, there will be a social value of \$5.78 generated for every dollar invested.

*Indicator achievement:*

Although the estimation of the numbers of individuals who achieved each outcome was based on surveys and stakeholder consultation, there is the possibility that the analysis included overclaiming. Therefore, a sensitivity analysis was conducted that assumed that one individual achieved each outcome. The result of this sensitivity analysis yielded a Net Present Value of -\$1,286, and with an investment of \$185,000 the SROI ratio is 0.99:1. Since there were 52 participants in the program, this is highly unlikely.

The results of these sensitivity tests indicate that the SROI ratio of the primary analysis is within the realm of reason and confirm that the WiseGuyz program creates significant value for the participants, their friends, peers and partners and for the government. Based on staff experience that program produce greater outcomes when it has been in a school for more than one year, it can be assumed that the value will increase as WiseGuyz becomes part of a school culture.

*Stakeholder Sensitivity Analysis:*

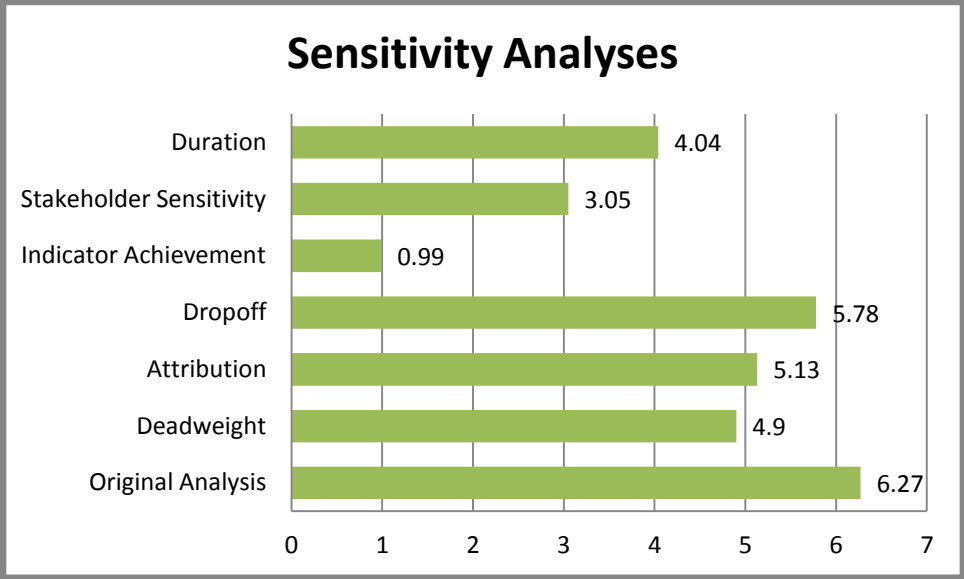
For this forecast analysis the peers, partners and friends of the participants were not directly and intentionally contacted for feedback. In order to determine the results of the analysis if there was no material impact on this stakeholder group a sensitivity analysis was completed where these outcomes were eliminated. The result of this sensitivity analysis yielded a Net Present Value of \$563,900. With an investment of \$185,000, the SROI ratio is 3.05:1. When an evaluation of the program is conducted, this stakeholder group will be consulted to determine the actual value created for them through WiseGuyz.

*Attribution Sensitivity Analysis:*

It is challenging to determine all of the different resources that contribute to a change that stakeholders experience while they are in a program like WiseGuyz. In order to determine the impact of the program even when these resources are granted a higher attribution rate, an analysis was conducted that raised these rates by one level based on the filtering table used in the analysis. Therefore, where there was no attribution in the original analysis, 25% was applied. Where there was 25% attribution, 50% was applied. This resulted in a Net Present Value of \$6,880. With an investment of \$185,000 the SROI ratio is 0.4:1. This however is highly unlikely, because the program is unique within the Canadian context and produces outcomes that are unlikely to be met by other programs or agencies that the participants are involved with. When the same sensitivity test is completed, but the original attribution rates that were 0% were kept that way, the Net Present Value is \$948,680, resulting in a ratio of 5.13:1. This vast difference in value creation is due to the high deadweight levels where there is no attribution.

*Deadweight Sensitivity Analysis:*

Some of the deadweight figures used in the analysis were estimated, and in these cases it is important to complete a sensitivity analysis. Where estimations were made, a sensitivity test was completed where the rates were raised by one level based on the filtering table used in the analysis. This resulted in a Net Present Value of \$808,790 and a ratio of 4.9:1.



**Verifying the results**

In addition to completing the sensitivity tests, the results of the SROI were shared with staff and management of the Calgary Sexual Health Centre. The results will be shared with school administration, funders and with interested participants in the Fall of 2013.

## Conclusion

The positive results of the social return on investment conducted for the WiseGuyz program facilitated by the Calgary Sexual Health Centre provide evidence that this program demonstrates great promise to make a difference in the lives of those who participate, their friends, peers and partners and to the government Ministries that provide health, justice and social services. The intent of this analysis was to support the program in moving from developmental to outcomes based evaluation, and to demonstrate the value that the program creates. The unique combination of materials and content, combined with a participatory group process supports the young men in developing critical and engaged ways of thinking about themselves and others. They begin to make connections to themselves, their peers, their families and social and gender scripts that shape the way they interact in the world. The social capital that grows throughout the program creates trust and accountability, which occurs due to the length of time that the program lasts throughout the year, and the nature of the closed group of boys. The participants are able to challenge notions of masculinity and engage in conversations about sexual health, sexual identity, relationships and other topics that might otherwise be shrouded in pressures to adhere to these masculinity scripts.

The social return on investment analysis presented clearly demonstrates the potential for this program to create social value. The forecasted result of **6.92:1** was calculated using stakeholder consultation, research and through sensitivity analyses. Adhering to the principle of avoiding overclaiming ensures that this result represents the minimum value that the program creates over the course of one school year.

It is anticipated that this report will support the program in accessing additional funding to increase its reach in the community, and will also demonstrate to potential partners the value of collaborating.

## Appendix A

### Stakeholder Involvement

#### SROI Focus Group Questions

##### Wiseguyz Participants

1. Why did you first decide to come to Wiseguyz?
2. What sorts of things have changed for you because of Wiseguyz?
3. What are the signs that these changes have happened? How would someone be able to tell?
4. Of the things that have changed for you, what are the three most important?
5. If you were going to apply a dollar amount to those changes, what might that be? (play the value game using items that are appealing to teen boys such as video games, a new car, university tuition)
6. How has participating in Wiseguyz changed the way you interact with your friends and with other people in your life?
7. What would you say has been the most valuable thing about Wiseguyz for you personally?
8. How long do you think these changes will last into the future?
9. Were you surprised by anything that changed for you because of Wiseguyz (these could be positive or negative)?
10. What were the unintended changes that you experienced? These are outcomes that you didn't expect to happen. Were any of these negative?
11. What would be different for you if Wiseguyz did not exist?
12. Were there any negative aspects of your involvement at Wiseguyz?
13. If you weren't going to Wiseguyz, would you be talking about these issues or learning this information in a different place?
14. Do you feel that you learn concepts at Wiseguyz than you would in other places (Health class, the internet, conversations with friends etc.)?
15. Who else do you think might be affected by your involvement at Wiseguyz? (e.g. your family, your friends, dates, your teachers, the school, the community...) How are these people affected?
16. Who would you recommend Wiseguyz to?

##### Staff focus Group Questions:

1. What changes do you see in the participants between the beginning of the program and the end of the program?
2. Are there significant differences among the participants in terms of the changes that you see?
3. Were you surprised by any of the changes that you observed? What were the unintended outcomes?
4. Other than the participants, who might be impacted by these changes?
5. What changes have you noticed in how the participants relate to one another?
6. Did you come across any negative aspects to running the Wiseguyz program?
7. What might happen if Wiseguyz did not exist?
8. How have you been changed by the WiseGuyz program?
9. How long do you anticipate these changes will last?
10. Have you been surprised by any of the changes you've experienced? Were any of these negative?
11. Are there any negative aspects to working in the WiseGuyz program for you?

12. If you weren't working at the Calgary Sexual Health Centre in the WiseGuyz program, what would you be doing? What might be different in your life?
13. If you were going to value the difference that working at WiseGuyz has made, what would you value it at?

### Parents

1. What changes do you see in the participants between the beginning of the program and the end of the program?
2. Are there significant differences among the participants in terms of the changes that you see?
3. Were you surprised by any of the changes that you observed?
4. Other than the participants, who might be impacted by these changes?
5. What changes have you noticed in how the participants relate to one another? To their peers? To their teachers? To their parents?
6. Did you come across any negative aspects to running the Wiseguyz program?
7. What might happen if Wiseguyz did not exist?
8. What community services do the participants currently use? (i.e., doctor, police, counsellors etc.)
9. How have you been changed by the WiseGuyz program?
10. Have you been surprised by any of the changes you've experienced?
11. Have you noticed any unintended outcomes?
12. How long have these changes lasted?
13. Are there any negative aspects to working in the WiseGuyz program for you?
14. If you were going to value the difference that the WiseGuyz program has made in your life, what would you value it at?
- 15.

### Teachers

1. What changes do you see in the participants between the beginning of the program and the end of the program?
2. Are there significant differences among the participants in terms of the changes that you see?
3. Were you surprised by any of the changes that you observed?
4. Where any of these unintended outcomes? These could be positive or negative.
5. Other than the participants, who might be impacted by these changes?
6. What changes have you noticed in how the participants relate to one another? To their peers? To their teachers?
7. Did you come across any negative aspects to running the Wiseguyz program?
8. What might happen if Wiseguyz did not exist?
9. How have you been changed by the WiseGuyz program?
10. How long have these changes lasted?
11. Have you been surprised by any of the changes you've experienced?
12. Are there any negative aspects to working in the WiseGuyz program for you?
13. If you were going to value the difference that the WiseGuyz program has made in your life, what would you value it at?



## Appendix B

### WiseGuyz Participant Intake Form

First Name:

Today's Date:

How old are you?

Name of school that you attend:

What grade are you in?

What is your race or ethnic origin?

Which of the following best describes you?

*(Please check one)*

- Heterosexual (straight)
- Gay
- Bisexual
- Trans
- Not sure
- Rather Not Say

Who do you live with?

Who primarily raised you?

Are you involved in extracurricular activities at school or in the community? (i.e. drama, music, sports)?

What do you like to do for fun?

Have you begun dating? Yes      No

Do you currently have a steady boy/girlfriend?

If yes, how long have you been seeing each other?

What is the longest relationship you have been in?

<b>Do you feel pressure to act in the following ways because you are male?</b>			
Be ready to physically fight if I am teased	Yes	Somewhat	No
Have sex by a certain age	Yes	Somewhat	No
Be in a relationship	Yes	Somewhat	No
Be a jock	Yes	Somewhat	No

Be physically strong	Yes	Somewhat	No
Be like the men on TV, movies and commercials	Yes	Somewhat	No
Feel like I am not supposed to show my emotions when I am are hurt	Yes	Somewhat	No
Feel like I am not supposed to show my emotions when I am angry	Yes	Somewhat	No

Why do you want to be a wise guy?

**Module 1 Survey**

**After learning about human rights through the**

**WiseGuyz Program...**

1. I can name three human rights that I did not know before the Human Rights Module? Please list three human rights.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2.

I know more about how my values and beliefs impact my decisions about relationships.	Yes	Somewhat	No
--	-----	----------	----

3.

I know more about how my values and beliefs impact other's equality.	Yes	Somewhat	No
--	-----	----------	----

4.

I care more about how my actions affect others	Yes	Somewhat	No
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5.

I feel more responsibility to make the world a better place	Yes	Somewhat	No
---	-----	----------	----

6.

I know more about how the following influence my decision-making about sexuality:			
Family	Yes	Somewhat	No
Religion	Yes	Somewhat	No
Media	Yes	Somewhat	No
Peers	Yes	Somewhat	No
Other	Yes	Somewhat	No

**Module 2 Survey**

**After learning about sexual health through the**

**WiseGuyz Program ...**

1.

I feel more confident in my ability to use a condom	Yes	Somewhat	No
If "yes", please list 5 things or steps to remember when using a condom  1 _____ 2 _____ 3 _____ 4 _____ 5 _____			

2.

I know where to go for sexual health support and resources	Yes	Somewhat	No
--	-----	----------	----

If “yes”, please list two places you would go, other than Calgary Sexual Health Centre 1. _____ 2. _____			
--	--	--	--

3.

I feel more comfortable talking to the following people in my life about sexual health:			
Family Member	Yes	Somewhat	No
Friends	Yes	Somewhat	No
Teacher	Yes	Somewhat	No
Health Professional	Yes	Somewhat	No
Other	Yes	Somewhat	No

4.

I know more about birth control	Yes	Somewhat	No
I know more about sexually transmitted infections	Yes	Somewhat	No
I know more about sexual and reproductive anatomy	Yes	Somewhat	No
I know more about how to prevent pregnancy	Yes	Somewhat	No

### Module 3 Survey

After learning about gender through the

WiseGuyz Program...

1.

I know more about how the following influence or contribute to gender stereotypes:			
Media	Yes	Somewhat	No
Religion	Yes	Somewhat	No
Language	Yes	Somewhat	No

Family	Yes	Somewhat	No
Friends	Yes	Somewhat	No
Other	Yes	Somewhat	No

2.

I know more about what homophobia is	Yes	Somewhat	No
If "yes" what are two things you would do to support a friend or someone you know who is Gay, lesbian, bisexual, or transgender?  1. _____ _____ 2. _____ _____			

3.

I know more about what heterosexism is	Yes	Somewhat	No
If "yes", please give two examples of heterosexism 1. _____ _____ 2. _____ _____			

4.

I feel my understanding of masculinity has changed	Yes	Somewhat	No
If "yes", please give two examples of how it has changed			

1. _____ _____ _____			
2. _____ _____ _____			

**Module 4 Survey**

**After learning about healthy relationships through the**

**WiseGuyz Program...**

1.

I know more about how to identify uncomfortable emotions that I am feeling	Yes	Somewhat	No
--	-----	----------	----

2.

I know more about how to communicate appropriately when I am upset	Yes	Somewhat	No
--	-----	----------	----

3.

I know more about how my emotions and thoughts can affect my behaviour	Yes	Somewhat	No
--	-----	----------	----

4.

I know more about what a healthy relationship looks like	Yes	Somewhat	No
What are <b>TWO</b> things that you think make for a healthy relationship?			
1. _____ _____			
2. _____ _____			

5.

I feel more comfortable talking to the following people in my life about my feelings:			
Family Member	Yes	Somewhat	No
Friends	Yes	Somewhat	No
Teacher	Yes	Somewhat	No
Health Professional	Yes	Somewhat	No
Other	Yes	Somewhat	No