

Social Return on Investment (SROI) Analysis
of the
Bashaw Rural Community Wellness Program:
Summary & Recommendations

Prepared by

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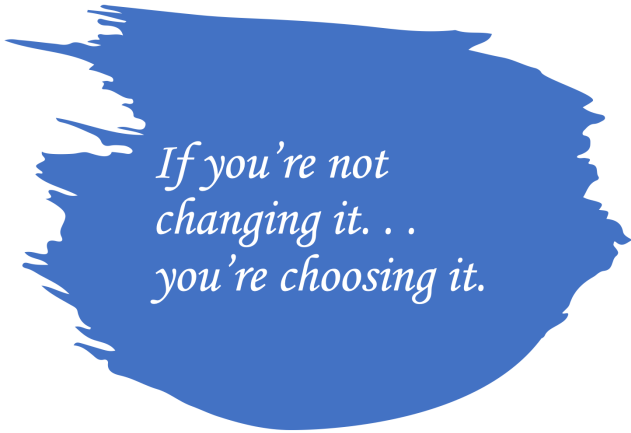
2021.12



Acknowledgements

We heartily thank all who contributed to this project, including those who represent stakeholder organizations, the staff and the participants. Members of the Bashaw Team have taken their role very seriously and given considerable time and attention to ensure challenges were identified and addressed.

Special thanks to Christine Buelow and Jackie Northey for working with us to develop and coordinate data gathering, and for addressing our many questions. Thank you to the navigators and mentors for supporting your participants, and for carefully gathering data with participants and partners. We also thank the members of the Bashaw Wellness Team who continue to represent their agencies and collaborate in helping their community meet the needs of youth residents and their families. We really appreciate your motto.



*If you're not
changing it. . .
you're choosing it.*

Too often, rural communities sit and wait for government, agencies and institutions to provide services, funding and the supports they need.

Our thinking must move from 'why don't we have what we need?', to '**we will create what we need**' and request the governments, agencies and institutions to collaborate with our models of service.

Finally, we appreciate the teens and young adults participating in this innovation. You have faced many challenges and made strong efforts to overcome those challenges - including traumas of all sorts, violence, dysfunctional families, homelessness, poverty, mental health challenges, substance use and addictions. We appreciate your courage and strength in seeking assistance and moving through the stages of seeing things in new light and making important and difficult changes.

Congratulations on your achievements! We dedicate this report to you and your families, and wish you the best in the years ahead!

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- Regarding the Program – to Jackie Northey northey.jackie@gmail.com 780-678-9056

Summary and Overview

The purpose of this analysis was to determine the Social Return on Investment (SROI) resulting from efforts of the Rural Community Wellness Program over two years in the Bashaw area of Alberta.

This is one of three documents in the final reporting "package":

1. Bashaw Rural Community Wellness Final Report - prepared by the Bashaw Team
2. SROI Summary and Recommendations - prepared by Catalyst
3. SROI Impact Map - prepared by Catalyst

Readers should note that many of the **participants this program have complex backgrounds and challenges**. We have included some of their stories within this report (beginning with the two below. They have lived a combination of violence and abuse, mental health challenges, addiction and substance use, poverty and/or unemployment, homelessness, and other challenges. The names of clients, partners and others involved with this program have been removed to protect their privacy.

The trained program staff and outreach workers mentored at-risk teens and young adults. They also helped them navigate systems and facilitated their access to services and supports that would help them build capacities, stabilize their lives, and progress toward "crime-free" status.

Building capacity for positive change is complicated and takes considerable time and focused attention. Building individual capacity to **sustain** change takes even more time and effort. The activities were challenged by Covid-19 pandemic but, for the most part, the staff and volunteers showed resilience and resourcefulness. They came up with ways to communicate even with the restrictions, and continued relationship building and capacity building.

The team has since replicated the model fully in one other rural community and adapted it in another.

As with other short projects, staff and partners were able to help clients make a start and envisage the journey ahead.

Using the best data and proxies available, and applying conservative assumptions and calculations, we determined that the social return on the investment in Bashaw's Rural Community Wellness Team's work is at least 10:1. Early evidence indicates that this ratio would be higher if the calculation included benefits to groups whose data was not available, and if the program were to continue longer. Another 3-5 years would enable achievement of longer-term outcomes for clients, as well as victims of crime, residents and provincial systems.

Recommendations for the Bashaw Team, Provincial policy/decision makers and funders, and the SROI sector are summarized below, then detailed in the full report.

Teen's Story

I found a reason to stay alive and to help others. I feel the need to keep going to take care of myself, take care of my family and grow stronger as a human – emotionally and physically.

From A Young Adult's Story

I'm able to live independently in my own space. Meals on Wheels and Home Support are great. I'm able to make friends and apply for jobs because of help with my resume.

A. Recommendations for the Bashaw Wellness Team:

We found evidence of effective organizational leadership, collaborating local partners, proven approaches and skilled staff. To this strong foundation, we recommend you consider the following:

1. Continue to nurture and grow your collaborative model and partnerships.
2. Review your organizational evaluation framework and program evaluation approaches, so all evaluation activities and reporting happen easily and efficiently.
3. Plan for using your SROI report (and other knowledge) - for advocacy and informing policies.
4. Update and extend your data gathering, outcome reporting and SROI analysis.



B. Recommendations for Policy / Decision-makers and Funders

1. Invest in supporting the Bashaw Team on similar initiatives – They will likely return more value.
2. Partner with other provincial ministries - to broaden the mandate for action and recognize the value of outcomes beyond those of interest to the Justice System.
3. Invest “upstream” in addressing social determinants of health and well-being (e.g., early childhood development) to shift individual health and success trajectories and reduce crises number and severity.
4. Build evaluation capacity to improve quality and usefulness of outcome data and SROI studies. Advances in the following areas have led to more effective evaluation approaches and value analyses:
 - a. Adverse Childhood Experiences (ACEs).
 - b. Mental Health – particularly child and youth mental health and trauma informed practice.
 - c. Rural agency leaders and staff, and access to specialist personnel.
5. Build capacity for quality SROI analyses and utilization of data by Ministries – Solicitor General / Justice could begin this process by convening NGO leaders and practitioners to inform improvement of the Impact Map and SROI proxies suggested for use.

C. Recommendations for the SROI sector: SROI Canada / Social Value Canada

1. Update the Canadian proxies – Consider integrating UK, US and Australia, and update every 3-5 years.
2. Update the SROI Workbook / Impact Map – Ensure it can handle multi-year projects effectively and efficiently.

* Catalyst is happy to discuss any of the above in more detail.
Please contact us at ekrupa@ualberta.ca when ready.

o. Summary of SROI Principles & Methods

The principles guiding the analysis, and methods used, are summarized in the table below.

SROI Principles	Methods Used
1. Involve stakeholders: Inform what is valued and measured, and how it is valued and measured. Enable them to understand the analysis and own it.	Identifying stakeholders and their interests and contributions with Project leads
2. Understand what changes: Articulate how change is created and evidence gathered. Recognize positive and negative changes, intended and unintended.	Document Review Consultations with Project leads Articulate/clarify program outcomes and logic
3. Value outcomes that matter: Use financial proxies to recognize the value of the outcomes, considering data available and alignment. Social value in this case includes value to beneficiaries as well as to systems. ¹	Scan SROI databases (Canada, UK, US, Australia) Consultations with Project leads Colleague Review
4. Only include what is material: Determine which outcomes and evidence are needed to create an accurate picture, enable stakeholders to draw reasonable conclusions about impact, and demonstrate adequate rigor.	Stakeholder Workshops (cancelled due to pandemic) / communications Consultations with Project leads Colleague Review SROI Impact Map development
5. Do not over-claim: Only claim value that the organization's programs and efforts create. Where there is uncertainty, it is better to under-value and under-claim.	SROI Impact Map development Stakeholder Workshop and communications Consultations with Project leads Colleague Review
6. Be transparent: Demonstrate the basis on which the analysis should be considered accurate and honest.	SROI Impact Map development & commentary References and Appendices Consultations with Project leads Colleague Review
7. Verify the result: Ensure best possible quality given the resources available.	Consultations with Project leads Colleague Review End of project review/validation of Workbook

¹ "Systems" in this analysis refers to provincial health, social welfare and justice systems.

1. Scope, Stakeholders and Outcomes (Impact Map Stage 1 - A&B)

The Host Organization, Bashaw Wellness Team and Local Services

The Bashaw & District Support Services is the host organization for this project. As shown in their model graphic, they have linked key partners – family and community support services, adult learning and literacy, justice, education and health – the representatives of which form the **Bashaw Wellness Team** that collaborates in leading the project. The collaboration was able to identify where mandates were duplicated and unique, and develop holistic and efficient approaches for services to wrap around the individual.

This Team, in turn, connects with other local partners who can positively influence the trajectory of teens and young adults through the services and supports they provide. They work together to reduce risk factors and increase protective factors, enabling those community members “at-risk” to be more resilient and find supports in the face of adverse and often unpredictable life changes or events.

Collaborations with partners resulted in a wide array of key support services being created or made accessible in Bashaw:

- family wellness worker,
- English language learning & literacy,
- food bank and meals on wheels,
- senior supports,
- information and referral,
- family and youth programming,
- mental health and addictions support,
- employability services,
- home support,
- healthy families home visitation,
- daycare and preschool,
- post-secondary and technology supports.



Specialized Regional Services

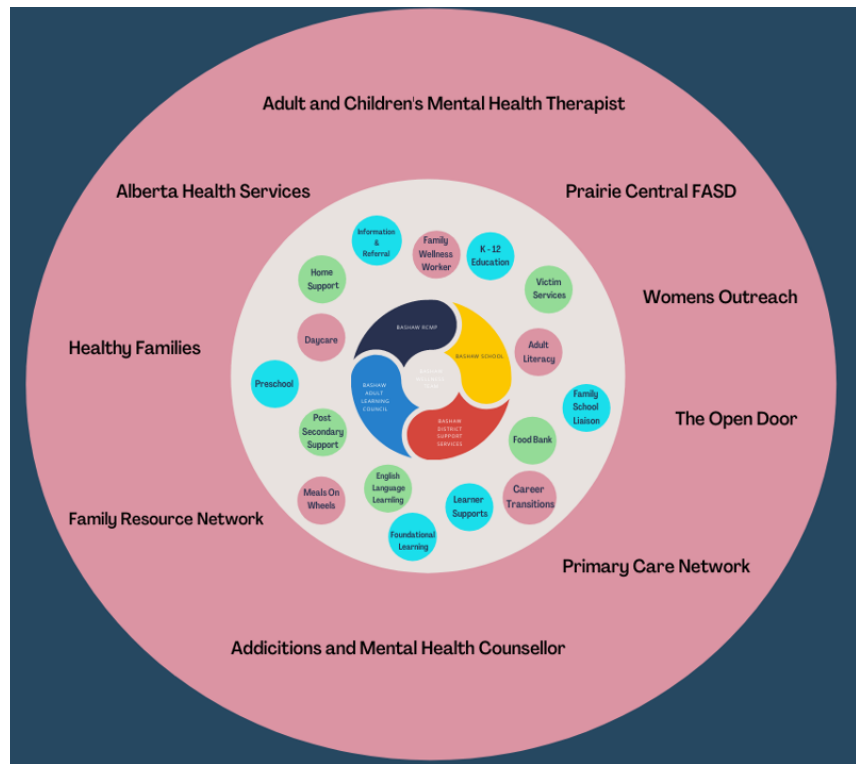
The BWT also created links to a third level - beyond local services. They liaise with regional and provincial agencies that provide specialized services to complete the circle of support for youth and their families in this initiative - as shown in the “Collaborative Community Response Model” below.

Bashaw's 'Collaborative Community Response Model'

The Bashaw model / approach thus involves creating a system of integrated, wraparound services for individuals and families. They link multiple agencies, groups and partners together and develop shared goals and a commitment to a collaborative effort.

Often, participants are not sure what they need, so the Team uses an interview process and active listening to explore the individual's situation and assets, as well as the challenges to overcome to meet the community member needs.

This model has all sectors – internal and external – getting “on the same page” and collaborating to design and implement a collective approach that will have a positive, sustainable impact – for individuals and community.



Participants with complex needs and assets

Youth can be “at-risk” for many reasons. They have lived some combination of family trauma and adverse childhood experiences that might include violence and abuse, mental health challenges, poverty, unemployment, substance use and addiction and others.

The trained program staff and outreach workers mentored at-risk teens and young adults. They also helped them navigate systems and facilitated their access to services and supports that would help them build capacities, stabilize their lives, and progress toward “crime-free” status.

Building capacity for positive change is complicated and takes considerable time and focused attention. Creating conditions for sustaining change takes even more time and attention. As with other short projects, in the 2 years, the staff, partners and local and regional service providers were able to help clients make a start on the journey and envisage the next steps ahead.

The text boxes throughout this document are excerpts from self-reports that tell some of the stories of the teens and young adults, and the partner organizations, parents and workers that supported their progress.

The team has since replicated the model fully in one other rural community and adapted it in another.

From Parents' Stories

... My life went from stressful and unmanageable to manageable and supported. The community desperately needed these programs and this team.

... Our small community needed this (service). Now that we have it, we are all just so thankful.

... I got support for my [child] with bullying, [as well as] family counselling ... I will go back for other programs and supports now.

Intended Outcomes

The purpose of this analysis was to determine the Social Return on Investment (SROI) resulting from specific efforts in crime prevention over 2 years in the Bashaw District. Although this analysis is based on progressively improving data gathered as the project is in progress and maturing, we consider it to be very much a “forecast” analysis that is beginning to be validated by actual outcome data.

Seven types of local stakeholders were recognized in the design of the project, and calculation of the SROI using the Impact Map (see Column A):

- Teen participants
- Young adult participants
- Parents and other adults caring for teens and young adult participants
- Mentors working with participants
- Residents (i.e., the victims of crime)
- Implementation partners:
- Funders: United Way and Municipal Governments (Town of Bashaw, Village of Alix, Village of Donalda)

The outcomes intended in the design (and contribute to social value) can be seen in Column B of the Impact Map. Outcomes for clients and organizations were defined through initial discussion with stakeholders and refined in follow-up discussions over the course of the collaboration. Both outcomes and indicators were refined with consultation with literature and examination of proxies available in SROI databases (primarily Social Value Bank and SROI Canada).

Outcomes for teen and young adult participants, and those who care for them, are shown in the table below. Readers will note that post-secondary and full-time employment were not expected of teen participants, as they were to be full-time in high school.

Intended Outcomes	Teens	Young Adults	Parents / Adults Caring for Participants
Increased self-confidence	✓	✓	✓
Increased sense of belonging	✓	✓	✓
Increased connection to services - where to turn to for help	✓	✓	✓
Increased high school diploma completion	✓	✓	-
Increased post-secondary – trades and apprenticeship	-	✓	-
Increased post-secondary - college	-	✓	-
Increased post-secondary - university	-	✓	-
Increased contributions to community - volunteering	✓	✓	✓
Increased part-time employment	✓	✓	✓
Increased full-time employment	-	✓	✓
Decreased crises episodes / emotional, domestic violence	✓	✓	✓

Mentors were to gain in self-confidence and residents were to feel less worried about crime. Decreases in primary health care and mental health and addiction services were expected to decrease in the long term but no good quality data was yet available for the project period. Between 2016 (baseline year) and 2020, the Bashaw area RCMP recorded reduction in crime: 47% for persons, 37% for property and 40% for other criminal code. During this period, youth crime charges dropped from 37 to 0.

2. Inputs and Outputs (Impact Map Stage 2, C-E)

The logic that guided this project was articulated in the grant application (May 2019). See "Stage 2" of the Impact Map for the specific inputs and outputs associated with each stakeholder.

D. Inputs

The main input for participants and local and regional service / support providers was time - to participate and contribute. Outcomes for participants and families were achieved through one-on-one support sessions with support/service providers.

Financial resources were provided by three sources over the two years, with totals follows:

1. The grant from Alberta Justice - \$70,000
2. Alberta Mental Health and Addictions - \$20,000 (in kind)
3. Municipal (FCSS) - \$22,336

E. Outputs

Through the program period . . .

- 160 at-risk families and children were served and connected directly to supports / services
- 79 young adults were served and connected directly to supports / services
- Over 2000 sessions were held
- The Family Wellness Worker served 79 unique teens through 4 appointments/day, 6 days/week
- 44 students in the drama group logged 660 hours
- 62 young adults attended Learner support sessions, logging 248 hours
- 51 Adults caring for teens had an average of 20 visits/yr. with a navigator or family wellness worker.

From Service Provider's Stories

. . . Everyone deserves compassion, empathy and a village behind them; truly it changes the person, and the community

. . . I have personally watched individuals gain self-confidence, utilize mental health and addiction services for the first time, become involved in the community, make friends, connections, and support systems . . . and completely shift their quality of life

. . . I am proud to be a part of this team.

3. From Indicators to Values (Impact Map Stage 3, G-N)

A. Participant Outcome Indicators and Sources

This information is detailed in Columns G & N of the Impact Map. Here are the highlights in brief.

Several indicators for participant outcomes relate directly to the questions and responses on the customized data gathering tool Family Wellness Survey (versions for teens, young adults and adults caring for participants). This was co-designed by Catalyst and project coordinator, with input from Family Wellness Worker and other supporters. To be efficient and sustainable, the tool had to be integrated in practice and enable gathering data as part of sessions with clients. We wanted to show progress toward outcomes quantitatively and qualitatively.

Data also came from schools, RCMP, and a Mentors' Survey. Each question on all surveys was linked to a specific outcome on the SROI Impact Map.

Some of the data for young adult participants was not available (e.g., post-secondary, volunteer contributions). This data will be available in 2022 and will be added then.

From Partner's Stories

... I have seen students in Grade 4 who came to school, put their hoods up and went to sleep on the desk - turn into students who made friends, laughed and joked with adults and students in the room.

... One in Grade 10 who would hardly speak to any adult was able to reach out and get support to set up in our community as an adult.

... A Grade 8 student was so depressed s/he fell asleep on the floor to avoid schoolwork. That student began to participate in classes and light up with friends.

... One student had no concept of personal hygiene. That student got support to walk through processes, and gained new life skills.

Duration of Participant Outcomes – This is the length of time for which an outcome is expected to last after the activity to which it was attributed was established with the project team, and varied from 2-5 years, depending on the outcomes. In their real-life experiences, the participant outcomes endured well over these durations **IF** the client remained in the community and continued to access the services and supports.

Outcome Proxies – The proxies and their values and sources are detailed in Columns L, M & N of the Impact Map. The Social Value Bank and SROI Canada database contributed similar number of proxies, with amounts for minimum wages coming from Alberta Government documents. Any values that were not current were adjusted for inflation. Catalyst was advised that the true value of services saved was considerably more than that of proxies adjusted for the rate of inflation, as costs of providing services had gone up far more than the rate of inflation). We chose the lower rates so any error would be on the conservative side of the range and increase the credibility of the analysis.

B. Other Stakeholders' Outcome Indicators and Sources

In brief, many outcomes for other stakeholders were included in the SROI Impact Map, along with their indicators, sources, duration, proxies, and values. However, as data was not available at the time of writing, no "quantity" was recorded for these (Column I) and they are not included in the calculation or SROI ratio.

Residents – These outcomes were included in the SROI Impact Map, along with their indicators, sources, duration, proxies, and values. However, as data was not available, no quantity was recorded and these are not included in the calculation or SROI ratio.

Mentors – Again, these outcomes were included in the SROI Impact Map, along with their indicators, sources, duration, proxies, and values. This data was not available so no quantity was recorded and these values are not included in the calculation or SROI ratio. This can be added in 2022 when it is available.

Primary Care Services – Decreases in usage and associated cost avoidance were expected in the long term but no good quality data was yet available for the short project period.

Mental health and Addiction Services – Decreases in usage and associated cost avoidance were expected in the long term but no good quality data was yet available for the short project period.

RCMP Services – The RCMP reported reduction in crime between 2016 and 2020: 47% for persons, 37% for property and 40% for other criminal code. Between 2016 (baseline year) and 2020, the Bashaw area RCMP recorded During this period, youth crime charges dropped from 37 to 0. The cost avoidance associated with these changes should be considered as it would raise the SROI ratio. However, as quality, compatible data was not available at the time of writing, this could not be included in the calculation, so we assume net zero contribution for now.

From Partner's Stories

... [in our community there is an] extremely hard-working single mother raising two young boys with little support from their father. She has worked extremely hard to overcome addictive tendencies to ensure her sons have the best version of her. One son is severely autistic and non-verbal

... The mother received assistance to access really important supports: quality childcare; meaningful employment; technical assistance [during Covid-19] for children attending online classes; pandemic financial resources; and mental health supports. These supports would otherwise be unaffordable on her monthly income.

4. Impact and Discount Factors (Impact Map Stage 4, O-S)

Deadweight – How much change would have happened without the activity?

For most participant outcomes, the consensus of the project team was that **very little change would have happened without the intervention**. Therefore, a deadweight quantity of 10%-20% was used, depending on the outcome. The exceptions were outcomes relating to employment (30-60%).

For **adults caring for participants**, no data was available on volunteering, employment, mental health and emotional crises. Values of 10% were entered as, at the time, there were no other initiatives for this population but there is a small change that status could change due to other factors

Displacement – What activity (of other organizations) did the initiative displace?

The project team indicated that no other community organizations provide ongoing, one-on-one support for these clients. Some small influence may be due to external factors, so all participant outcomes were assigned 8%.

Similarly, a small portion of 8-15% was assigned to most outcomes for those adults who care for participants. Somewhat higher values of 25% were assigned for self-confidence and domestic violence.

Attribution

As significant portions of the participant outcomes are due to efforts of organisations beyond the Bashaw Wellness Team, values from 35-75% were assigned.

Drop-off – How much of the outcome achieved is lost in each future year?

Quantities of 10-50% were assigned as appropriate. As has already been mentioned, participants who remain in Bashaw and continue with supports would likely have a much lower rate of drop-off.

The discount factors should be reviewed and adjusted annually to account for the change in factors that lead people to sustain involvement or not.

From Project Team Members' Stories

... The work of creating, developing and implementing the Rural Community Wellness Project in the region has been tremendously rewarding

... youth, young adults and families responded to the supports and progressed in ways we could never have predicted

... We have been contacted by other communities asking for assistance to replicate the model and we are (seeking) resources to support them to do that

... We have currently replicated the program in two other communities.

... We are very excited to see what the future holds as we continue our work.

5. SROI Calculations and Audit

We consider this a "Forecast" SROI Analysis that is informed and validated by stakeholders and actual participant outcome data. The parameters and key reasons behind decisions about quantities have been outlined in the discussion above and further details are shown in the Impact Map spreadsheets.

Considering all major factors and data available, and using conservative values, the Impact Map shows an SROI ratio of 11:1. For future calculations, the addition of outcome data could have a significant effect on the ratio, as follows:

1. **Cost of services** – In the short term, participants use more services to get the assistance they need, which would decrease the ratio. In the long term, however, costs should decrease, which would increase the ratio.
2. **Participant outcome data** - The SROI ratio would increase if all were captured and included.
3. **Resident / victim data** – From experience with other studies in Alberta, residents value feeling reduced concern for crime and disruption. Adding data from residents would increase the ratio.
4. **Data for adults caring for participants** - Outcomes data on volunteerism and employment was not available. In some cases, the value of these outcomes could be substantial, increasing the ratio.

Service Provider's Story

I am enjoying the good feeling of seeing our clients reach a place in their lives where they have the confidence and knowledge to deal with many issues they face. They receive supports and tools to help address any employment, housing and mental health issues.

Adjustments to duration, discount and other formula factors, could have effects as follows

5. **Duration of participant outcomes** – Once this data is available it can be added. It is not known whether this would increase or decrease the ratio.
6. **Discount factors** – These have very important effects on the SROI ratio. They should be reviewed after another year or two of experience, as some may increase while others decrease.

Finally, factors that influence mentorship support and service possibilities are as follows:

7. **Covid-19 impact on interaction** - This is uncertain from the and requires further investigation. While some would assume that, without pandemic restrictions, in-person mentorship and support would be more consistent and effective (i.e., improved outcomes) and would raise the ratio, others would not agree. It would seem to depend on expectations and investment in capacity building for support providers in times of restrictions.
8. **Covid-19 impact on services** – This is not as difficult to determine, as most assume that, without pandemic restrictions, services can be more consistent, effective (i.e., improved outcomes) and efficient (resulting in cost reduction). If this is the case, it would result in an increase in the SROI ratio. Again, expectations and investment in capacity building will likely influence effect.

The Impact Map entries and calculations were peer-reviewed. This resulted in a few minor adjustments, but the major improvements to the calculation remain as described above.

6. Limitations

Significant factors that limited the impact of the project, evaluation, and SROI analysis:

- **Short duration:** Two years is a very brief period in which to make the many significant changes required to address complex needs. Five years or more may be required to make changes that transformed lives and sustainable, longer term outcomes.
- **Covid-19:** The majority of the project occurred during the pandemic. This added challenge to communication generally, and data collection specifically.

Considerable efforts were made by all to overcome, and compensate for, these limitations. Even so, we recognize that limitations remain.

7. Recommendations

The Bashaw Team provided a unique service, without which there would be no local support for the clients they serve. We make the following recommendations based on our knowledge of participant characteristics, the context, the team and resources available, activities undertaken, and the results achieved:

A. The Bashaw Team

We observed a strong foundation of organizational leadership, collaborating local partners, proven approaches and skilled staff. We recommend the following:

1. Continue to nurture and grow your collaborative model and partnerships. Continue to reinforce partnerships with stakeholders that are less well-connected, so all can harmonize to achieve positive outcomes, measure outcomes and celebrate benefits. Although the value of collaboration cannot be included in the Impact Map (to avoid double-counting with outcomes) all are aware of its benefits in building capacity of individuals and communities.

2. Review your organizational knowledge framework and approaches - Fine-tune these so all evaluation, data gathering and reporting activities can happen easily and efficiently. This master plan for evaluation, research, SROI etc. is ideally framed at organizational level, and then detailed at the program level. The purpose is to ensure that all important outcomes for learning, accountability and advocacy are articulated appropriately, then captured and shared as efficiently as possible. The process should include aligning organization-level and program-level missions and logic, and linking program short and longer term outcomes so they can be systematically evaluated, reported, and linked for reporting value at organization level.

3. Use your SROI report and other knowledge gained. This normally requires the following:

a. Develop a plan for using your knowledge. This can begin with the Bashaw Team consulting with stakeholder audiences, then refining over time. Key steps are as follows:



*Social Return on Investment for Bashaw's Rural Community Wellness Program:
Summary and Recommendations*

1. Identify all who need to hear about / learn from the report
2. Describe what they need to know
3. Determine ideal methods and timelines for their learning (e.g., document, presentation, data party, website, social media to announce a link)
4. Implement your plan and, of course . . .
5. evaluate the results

You have been communicating with, and assisting, neighboring communities in their mobilization, and can building on that learning to increase in effectiveness, efficiency and appropriateness.

b. Share this report with your implementation partners, other local and provincial stakeholders and others in your sector. They will enjoy celebrating your success and collaboration but can also help you improve accuracy and insights from it. Sharing reports also creates ways to enlist assistance in advocacy for policy and funding

c. Use the report in advocacy for informing policies and practices, funding applications, and inspiring other communities. Your current and future funders and policy / decision-makers need to know about the positive outcomes resulting from your efforts, and the positive return on their investments, so they can start, maintain, increase and/or sustain your funding. Similarly, other communities need to know about this approach and that it is doable in rural areas with less population density.

4. Improve, update, extend the SROI analysis – The methods used, tools developed, experience with Impact Map etc. give you a strong starting position but components (e.g., outcomes, indicators, questions, rubric steps, data gathering, proxies, discount factors) should be reviewed and improved annually or biannually. Consider possibilities such as the following:

- Link with other data such as that gathered at intake, by RCMP, by the health system, in other jurisdictions, etc. It will take some work to negotiate confidentiality and other ethical issues, but could potentially yield very valuable insights and high quality results in the longer term.
- Gather data that is currently missing and that which documents longer-term outcomes, which are especially valuable. Also continue to inform duration, proxies and attribution.
- Update the Impact Map in 1-2 years with improved data and repeat the full SROI in 3-4 years. Both of these will provide opportunities to re-engage stakeholders and funders, validate the values used and, eventually, attain an outcome-based SROI analysis.

Teen's Story

I found a reason to stay alive and to help others. I feel the need to keep going to take care of myself, take care of my family and to grow stronger as a human and emotionally/physically.

B. Policy / Decision-makers and Funders

1. Invest in the Bashaw Wellness Team, and similar human capacity building initiatives. They will likely return much more than your investment, and do so quickly. The Team bridged gaps in services and sustained effort to address complex needs of this population. This is particularly important in rural areas, where access to services is limited, and holds the potential to both benefit participants and reduce costs to systems.

We have appreciated their attitude, strong sense of community efficacy, and openness to invite others.

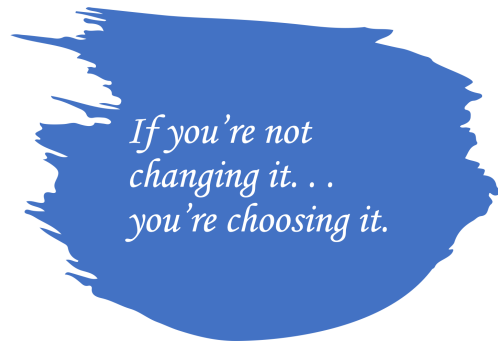
Investing in this Team opens possibilities for replication of similar work in neighboring communities. For example, they now work with Alix and Donalda in developing similar forms of community action.

The Hanna, Stettler and Clive communities have also welcomed their support and mentorship.

Finally, in a Team member's words . . . *Rural communities want policy makers and funders to listen to us and work, then work alongside us to help us utilize and build our local capacities, knowledge base, wisdom, collaborating partnerships, financial assets and operational infrastructures. This kind of collaboration is not directive or parachuting programs in that they think might work – it is about building local, rural capacity to create and sustain positive change.*

2. Consider partnering with other provincial ministries to broaden the mandate and outcomes beyond those relating to the Justice System. As noted in the Impact Map, other Provincial Ministries (e.g., Health, Education) would benefit from teens and young adults taking action to develop their capacities and increase stability in their lives. Other Ministry involvement could increase the resources available and enable sustaining and expanding programs, so longer-term, high-value outcomes could be achieved.

3. Invest “upstream” in addressing key contributing factors. The participants in the Bashaw area tend to face multiple challenges, which emerged as issues much before they connected with the Bashaw Team. This investment in secondary and tertiary prevention was a good one but increasing investments upstream can pay even greater dividends. Investments in early childhood development with young families, and continuing through school years, can address adverse childhood experiences (ACEs), and dramatically shift individuals' health and success trajectories enroute to adulthood. Targeted upstream action on determinants of health and success can reduce the number of people in crisis, and severity of their problems.



Too often, rural communities sit and wait for government, agencies and institutions to provide services, funding and the supports they need.

Our thinking must move from 'why don't we have what we need?', to 'we will create what we need' and request the governments, agencies and institutions to collaborate with our models of service.



4. Build evaluation capacity – Obtaining quality outcome data enables links between cause (i.e., agency activity) -> outcome -> social impact. The quality and usefulness of SROI studies will improve if outcome data quality improves, which is rooted in improving program evaluation. We recommend special attention to evaluation in the following areas:

- **ACEs** - Much progress has been made in understanding / addressing / evaluating / valuing ACEs. Investing in building capacity to evaluate enables evidence-informed practice and policies
- **Mental Health** – Advances in child and youth mental health and trauma-informed practice have led to more effective approaches, and more sophisticated evaluation and value analysis.
- **Building capacity of rural agency leaders and staff, and access to evaluation specialists** – Their role in improving evaluation quality is key but training and support for them can be very limited. With current technology, evaluation specialists can be very helpful while working at a distance

5. Build SROI capacity. Many SROI analyses are conducted in Alberta, and results-based budgeting is popular. Evaluators can get evidence needed to inform decisions, but face other problems: SROI data bases are severely out of date, practitioners are not guided by funders, and standards are not developed or reinforced. We recommend the following to improve the effectiveness and usefulness of SROI analyses:

- a. **Sponsor the update of SROI proxies** – Support to improve and update databases will benefit agencies working in the criminal justice sector, but also those addressing and preventing abuse and violence, and those addressing other contributing factors (e.g., mental health, homelessness, poverty, substance use, youth mentoring).
- b. **SROI practitioners** – Convene practitioners, program implementation leaders, policy / decision makers and funders for discussions on improving evaluations and (S)ROI analyses.
- c. **Invest in quality SROI analyses** – Good work requires adequate resourcing. In this case, considerable preparatory work was required prior to conducting SROI analysis. The only way Catalyst could complete the SROI within the budget allotted was to donate an amount of time equal to budget.

C. For the SROI field: SROI Canada / Social Value Canada

1. Update the Canadian proxies – Many of the current proxies are too old to be useful. Also consider accessing and incorporating UK, US and Australia. We recommend a planned update every 2-3 years to take advantage of the tremendous knowledge available.

2. Update the Workbook (Impact Map)- The spreadsheets are helpful but specific challenges and opportunities should be addressed (as per summary sent previously).

A Teen's Story

The (Rural Community Wellness Program) helped me to get tutoring during the summer and emotional support through counselling. I am getting better marks and getting along with family better.

Conclusion

As illustrated in the stories, participants in the Bashaw program have many and complex backgrounds and challenges. They have lived a combination of violence and abuse, mental health issues, addiction and substance use, poverty and/or unemployment, homelessness, social stigma, marginalization and other challenges. The multi-sectoral implementation partnerships facilitate shifts in services and help to boost and potentiate resources – local, regional and provincial. The trained staff and mentors worked directly with at-risk teens and young adults, and those who care for them. They have helped these individuals and families to navigate systems and gain access to appropriate and effective services and supports that would help them build their capacities for success, stabilize their lives, and progress toward healthy and successful lives.

Using the best data and proxies available, and applying conservative assumptions and calculations, we have determined that the investment in the Bashaw Teams work is providing an excellent social return of 11: 1. This ratio will, no doubt, increase as additional data is added (in 2022) for mentors, adults caring for the youth, residents (victims of crime) and service providers. Data from police is showing promise and can be added when it is aligned in 2022. The ratio will also increase if the support service and data gathering continues for 2-4 years so long-term, high-value outcomes can be achieved (for participants, mentors, residents/victims and provincial systems) and their high value returns added.

This innovation in Bashaw has more than re-paid the investment in its 2-year implementation period, and the return on investment is likely to grow as more individuals, families and communities become involved. We recommend that funding continue for at least 4-5 years, so longer term results can be achieved.

Other recommendations for the Bashaw Team, Provincial policy/decision makers and funders, and the SROI sector were provided in detail in this report.

** Catalyst is happy to discuss any of the above in more detail. Please contact us at ekrupa@ualberta.ca.*