



Rocky View County
Family & Community Support Services (FCSS)

2021 FCSS GENERAL FUNDING APPLICATION

(FUNDING PERIOD: January 1 – December 31, 2021)

ALL INFORMATION PROVIDED IS PUBLIC

APPLICATION DEADLINE IS 4:00 P.M. SEPTEMBER 30, 2020 NO EXCEPTIONS

1. ORGANIZATION INFORMATION	
Organization Name	Centre for Sexuality
Program Name	Girls Program
FCSS Funding Request (over \$7,500) (from Section 9.6 C Proposed Budget)	\$15,000.00
E-Mail Address and Website	generalmail@centreforsexuality.ca ; www.centreforsexuality.ca
Mailing Address (include postal code)	700-1509 Centre Street SW, Calgary Alberta T2G 2E6
Street Address (for courier purposes)	700-1509 Centre Street SW, Calgary Alberta T2G 2E6
Agency Telephone Number	403-283-5580
Agency Fax Number	403-270-3209
Executive Director Name	Pam Krause
Program Contact Name	Roseline Carter
Phone Number (If different from above)	NA

2. CERTIFICATION OF COMPLIANCE
 This is to certify that to the best of my knowledge and belief, the information included in this application complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.
 (<https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx>)

Signature (Agency Signing Authority)

President and CEO
Title

Pam Krause
Print Name

9/29/2020
Date

Submit Completed Documents to, or for further assistance contact:

Randy Ell, FCSS Coordinator 403.520.1289
Rocky View County,
262075 Rocky View Point
Rocky View County, AB T4A 0X2

Please note that faxed or e-mailed copies of the application will not be accepted. All proposals (printed single sided pages only) must be received in the Rocky View County main administration building by 4:00 p.m. SEPTEMBER 30, 2020. It is strongly recommended that you courier or hand deliver your proposal and request confirmation of receipt. APPLICATIONS NOT RECEIVED BY THIS DEADLINE WILL NOT BE ACCEPTED.

Please email confirmation of receipt of this application to: rcarter@centreforsexuality.ca

Please indicate how you heard of the Rocky View County FCSS Program:

newspaper ad social media website visit/search
 word of mouth other (specify) _____

3. SOCIETY MEMBERSHIP (current)	
Number of Members	NA
Membership Fee Per Member	NA

4. TYPE OF ORGANIZATION		
Alberta Societies Act Registration Number:	500065750	
Charitable Number (if have one):	129209219 RR0001	<input type="checkbox"/> Government Agency

5. DAYS AND HOURS OF OPERATION OF THE PROGRAM							
OPERATING HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	9-5	9-5	9-5	9-5	9-5	9-5	9-5
Dates not Open:	NA						
Statutory Holiday:	Closed on all statutory holidays			Other			

6. DOCUMENTATION REQUIREMENTS: <i>Do not provide other attachments unless requested to do so.</i>	ATTACHED
List of current agency Board of Directors by name and Board position (Board information is requested to ensure sufficient governance and make members accessible to administration, if required.) Do not include personal contact information (home addresses, emails, or phone numbers).	<input checked="" type="checkbox"/>
Fee Policy and Schedule (if applicable)	<input type="checkbox"/>
Organizational Chart of Agency	<input checked="" type="checkbox"/>
Certificate of Incorporation under the Societies Act if new applicant. (Not applicable to other municipal governments and associated departments)	<input type="checkbox"/> <input type="checkbox"/> Not Applicable
Constitution and Bylaws (first time applicants only unless changes were made by previously funded groups)	<input type="checkbox"/>
Job description(s) for County FCSS funded positions requested (first time applicants only unless changes were made by previously funded groups)	<input type="checkbox"/>
Most recent Audited Financial Statement	<input checked="" type="checkbox"/>

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive FCSS funding; to assist in administering the FCSS funding; and to monitor, assess, and evaluate your program. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and may become public information once it is submitted to the FCSS program. Questions regarding the collection of this information can be directed to the Manager, Recreation and Community Services at 403.520.6307.

7.1 PROGRAM DESCRIPTION

Provide a brief program description in a few sentences (to be used for publication by FCSS)

The Girls Program is a participatory, school and community-based program created by the Centre for Sexuality for pre-pubescent and early pubescent girls and their parents to address the complex issues affecting them. It is delivered by health educators, evidence-based, and designed to build foundational knowledge, social-emotional skills, and capacities needed by girls to overcome girl-specific challenges related to achieving healthy bodies, healthy relationships, and healthy development. The program focuses on equipping girls with tools they can use now and continue to grow as they progress through the developmental stages and ages of middle childhood and adolescence. It comprises an integrated curriculum with sequential core modules, facilitated with fun and interactive activities over a minimum of 22 hours, and is combined with a series of parent education workshops and support components.

7.2 PREVENTION

In what way(s) is your program preventive in nature? Check the appropriate items from the following list. You will be required to report on each of the Outcomes that you have selected.

Provincial Outcome	Rocky View County Outcomes	
Improved social well-being of individuals	Outcome 1: Individuals experience personal well-being. Indicators: Resilience; self-esteem; optimism; capacity to meet needs; autonomy; competence; personal engagement; meaning and purpose.	<input checked="" type="checkbox"/>
	Outcome 2: Individuals are connected with others. Indicators: Quality of social relationships; social supports available; trust and belonging.	<input checked="" type="checkbox"/>
	Outcome 3: Children and youth develop positively. Indicators: Developmental assets.	<input checked="" type="checkbox"/>

Provincial Outcome	Rocky View County Outcomes	
Improved social well-being of families	Outcome 4: Healthy functioning families. Indicators: Positive family relationships; positive parenting; positive family communications.	<input checked="" type="checkbox"/>
	Outcome 5: Families have social supports. Indicators: Extent and quality of social networks; family accesses resources as needed.	<input type="checkbox"/>

Provincial Outcome	Rocky View County Outcomes	
Improved social well-being of the community.	Outcome 6: The community is connected and engaged. Indicators: Social engagement; social support; awareness of the community; positive attitudes toward others and the community.	<input checked="" type="checkbox"/>
	Outcome 7: Community social issues are identified and addressed. Indicators: Awareness of community social issues; understanding of community social issues; agencies and/or community members work in partnership to address social issues in the community.	<input type="checkbox"/>

7.3 PRIMARY TARGET

Indicate the Primary target at whom the program is aimed by estimating the percentage of the program's FCSS allocation that is directed to services in the following categories.

Children	90	
Youth		
Families	5	%
Adults	5	%
Seniors		
Volunteerism		%
Community Development		
Total	100	%

7.4 SOCIAL SERVICE CONTINUUM

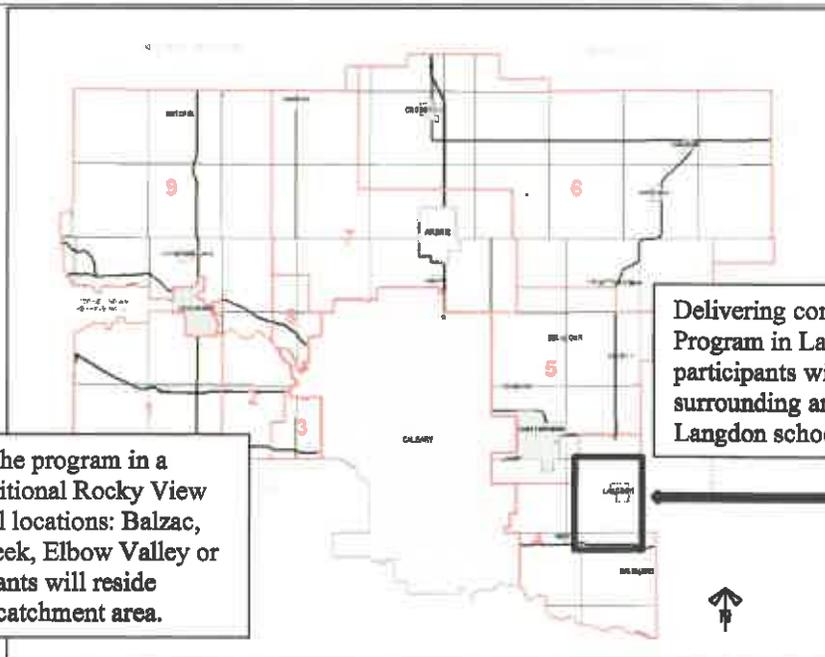
Please indicate the percentage of each section below that your program provides.

• Promotion: Programs and services that promote public education and awareness of social needs.	_____	%
• Prevention: Programs and services focused at the earliest opportunity on individuals and families whose social well-being in community life is at risk.	100	%
• Early Intervention: Programs and services focused on individuals and families with identified early signs of unmet needs, who require support to enhance their social well-being.	_____	%
• Specialized Services: Programs and services for individuals and families focused on emerging social needs not yet sufficiently addressed by community support.	_____	
• Remediation Services: Programs and services for individuals and families with clearly defined unmet needs, who require assessment, intervention, and treatment to enhance their social well-being.	_____	%
Total	100	%

8. COORDINATION AND COMMUNICATION

A. Identify organizations within the program's catchment area (define your region of operation; include towns and border of service area and also clearly mark it on the map with thick black lines) that provide similar services.

To our knowledge, there are no other organizations or agencies providing a similar comprehensive prevention program for elementary girls in the area.



We will be offering the program in a minimum of one additional Rocky View community. Potential locations: Balzac, Bearspaw, Bragg Creek, Elbow Valley or Springbank. Participants will reside within the RVFCSS catchment area.

Delivering community-based Girls Program in Langdon. We anticipate participants will be from Langdon and surrounding areas (e.g. girls who attend Langdon school).

B. What cooperative and coordinative steps has the program taken with these agencies?
 NA

C. Describe the similarities and differences between the proposed program and those identified as being delivered by other organizations.
 NA

OUTCOMES MODEL

(For further information on the outcomes model contact the County FCSS program for a copy of a toolkit.)

9.1 AGENCY/PROGRAM VISION

Desired social condition. May be your agency's existing vision statement.

Girls Program Vision: Girls grow into safe, confident, healthy young women.

9.2 AGENCY/PROGRAM MISSION

Unique role in working towards the desired social condition. What are you currently doing to achieve your mission (e.g. other programs and services that are not a part of this application for funding)?

Girls Program Mission: Elementary school girls have the knowledge, social and emotional life skills, capacities, and the opportunity to overcome challenges to achieve current and future wellbeing (healthy bodies, healthy relationships, and healthy development).

The Centre for Sexuality (CFS) aims to normalize sexual health in Alberta by providing evidence-informed, non-judgmental sexual and reproductive health programs and services. Our vision is that all Albertans experience healthy sexuality across the lifespan. But because sexual health is only minimally about sex and sexual behaviour, and mostly about achieving healthy bodies, healthy relationships, and healthy communities, our work focuses on prevention and health promotion. This means organizationally we

1. educate individuals, organizations, and communities.
 - a. We deliver school and community-based education for children, youth, and adult populations, as well as specially targeted populations such as immigrants and ethnocultural groups, people with developmental disabilities, and LGBTQ+ communities;
 - b. We emphasize the development of social emotional and other life skills; and
 - c. We help build the capacities of individuals to make healthy choices.
2. work to develop supportive environments within families, relationships, schools, organizations, and communities to build the opportunities for individuals to make healthy choices. To this end
 - a. we work with individuals to develop their skills and capacities for healthy relationships;
 - b. we deliver workforce and sector training; and
 - c. we lead community development and mobilization efforts to grow the capacity of communities to assume ownership over, and address, issues affecting them.

A few examples of other organizational programs that serve children and youth, and assist us in achieving both our girls program and organizational mission, include:

1. **WiseGuyz: Life Skills and Healthy Relationship Program.** WiseGuyz is a participatory school and community-based program created by the Centre for Sexuality in 2010 for grade nine junior high boys aged 14 - 15 years. The program addresses critical issues young men face by teaching them: tools to engage in healthy relationships; helping them understand the connection between masculinity and male norms, sexuality, and violence; providing targeted education, skills development, and support to help them achieve sexual well-being and healthy relationships. WiseGuyz impacts more than the boys themselves. It also influences peers and school culture. While short-term goals of encouraging healthy choices and better relationships are important, evidence suggests its long-term impact may decrease bullying, homophobia, and domestic violence.
2. **Relationships and Sexual Health Education Program.** This program works within the Alberta Learning curriculum, and follows the Canadian Guidelines for Sexual Health Education, to offer junior and senior high

school students enrolled in Calgary, Rockyview, and Foothills School Divisions evidence-based education and resources for healthy bodies, healthy relationships, and healthy sexuality. Specifically, the program:

- a. assists approximately 10,00 youth each year to build skills to make informed, healthy choices about their sexual and reproductive health. This includes diverse topics such as puberty, challenging stereotypes, being in positive and healthy relationships, understanding how media influences society, preventing sexually transmitted infections and unintended pregnancy, exploring gender identity and sexual orientation, and critically examining gender roles;
- b. employs a social emotional learning approach to strengthen decision-making skills, relationship skills, critical thinking and so forth; and
- c. is also offered in the community for vulnerable youth outside the traditional education system.

3. **The Training Centre Program.** The importance of training professionals to increase their skill, comfort, and communication efficacy in the areas of sexual health is well acknowledged in academic literature. Yet, professionals still receive little or no preparation. The Training Centre addresses this issue by delivering workshops designed to meet the learning needs of professionals, including extensive work with child and youth professionals (e.g. training teachers). Using the principles of adult education, our workshops increase professional skills, and challenge personal assumptions to build individual skills and community inclusion. Our skilled facilitators have created 14 distinct and interactive workshops and trained over 35,000 professionals employed by youth serving organizations, educational institutions, police services, medical professions, and other human and social service agencies locally, provincially, nationally, and internationally.

9.3 STATEMENT OF NEED

Problem statement; description of the situation you wish to change.

Problem Statement

Pervasiveness of sexualized media, idealized girls and women's bodies, mental and emotional health challenges, bullying, cyber bullying, sexual harassment at school, dating violence, exposure to pornography, and issues of consent are but a few of the many issues affecting girls at increasingly younger ages. And all girls have been or will be exposed to one or more of these challenges before becoming an adult woman. If we want girls to grow-up to be safe, confident, healthy women, then they need adequate and appropriate skills and resources to navigate these issues. They also need the skills and resources prior to these issues negatively impacting, and even harming, them. The solution is to build younger girls' capacity for healthy mental, emotional, social, physical and sexual development in age appropriate ways before they enter the tumultuous period of adolescence. This way they have established skills and resources from which to draw on when the problems and challenges mentioned above arise.

Evidence of Need

1. The Need to Build a Strong Foundation Before Puberty

Girlhood is a critical development period and an important time to build resiliency skills, and to equip girls with skills and capacities to navigate impending challenges of puberty. This is because the skills, resiliency, and knowledge girls possess before puberty influences their experiences of puberty, which then impacts their long-term health and wellbeing.

- a. Puberty is different for girls than for boys. It includes different biological processes, maturational challenges, social changes, benefits, and risks. On average girls mature one year earlier than boys and have more negative experiences related to puberty. *And early maturing girls are especially vulnerable* to greater risk for depression, eating disorders, psychosomatic symptoms, poor academic achievement and dropping out of school, substance use, and early sexual debut (Mendele et al., 2010; Pinyard, 2005).
- b. Puberty influences how a girl feels about herself, more precisely how she feels about her body, and this influences interactions with peers, friends, and others both within and outside her immediate social circle. If a girl has a poor body image and emotional adjustment before puberty, it gets worse during puberty, which elevates her risk of adverse outcomes (Diamond, 2006).
- c. Peer sexual harassment begins around puberty and progresses as girls age (Leaper, 2013). And our own research that engaged 70 girls between 12 and 24 years old about their experiences in school found a number of startling but important findings: 81% of girls reported unwanted sexual comments, harassment, touching as a major challenge; 76% indicated they or close friend experienced bullying or cyberbullying in school and gave examples, such as "in grade 7 was pressured by a guy in high school to send a naked photo. He forwarded it to a crap ton of people, and it ended up online"; "I had sex for the first time when I was 15 and it got around the school fast. I was bullied very, very badly for it. People would post my phone number in bathroom stalls

with 'text for a blow job' or girls I never met before in my life would point and say 'omg! That's the girl!'; and 93% felt need to look hot or try to be sexy to be accepted.

2. Transition from Girlhood to Adolescence Begins the Descent of Girls' Self-Esteem

Self-esteem represents the extent to which individuals like themselves, and generally impacts feelings of value and worth (Noser, 2014). Self-worth and self-esteem influence motivation, behaviour, cognition, and emotion and are particularly relevant in young girls. This is because

- a. Self-esteem is a general protective factor for pre-adolescent and adolescent girls (Tirlea, 2016).
- b. Self-esteem is a relatively stable construct over a lifespan. Children with high or low self-esteem will generally experience the same level of self-esteem as adults. However, research suggests one critical period of change is adolescence.
 - Around age 11 girls' self-esteem and self-confidence begins to decline. Reasons for the decrease include early puberty onset compared to peers; stress of transitioning from elementary to junior high; and a greater perceived gap between perceived and ideal self, among others.
 - Increasing self-esteem by only one standard deviation is associated with fewer negative outcomes in girls.
 - The detrimental impact of the transition from childhood to adolescence on self-esteem and self-confidence in girls is so considerable and universal, some research suggests changing when children transition into middle school, either later or earlier than grade 7 - the height of girls' developmental changes (Altman, Crothers, & Blair, 2007 cited in Claussen & Aboud, 2013).
- c. Middle-childhood and early adolescence are a significant opportunity to establish strong self-esteem in girls (Vannatta, 2013).
 - Pre-pubertal children's conceptions of self may be less concrete, and largely linked to situational factors compared to adolescents, making the period before puberty an ideal time to affect body-image and self-esteem. (ETFO, n.d.).
- d. Higher levels of self-esteem, autonomy, assertiveness, comfort, and openness are associated with skills and abilities to make healthier decisions (Anderson, 2013); and
- e. Low self-esteem and self-confidence are consistently identified as a risk factor for dropping out of school (Claussen, C. & Aboud, R., 2013), and influences risky sexual behaviours in adolescent girls (Bjornsdottir, 2015; Claussen & Aboud, 2013).

3. The Prominence of Poor Body Image

An astonishing 50% of girls between 8 and 11 years old want to be thinner, rate their weight as important, and support the idea of initiating weight loss activities (Ricciardelli, 2003). The thin ideal learned in elementary school intensifies as girls enter and continue through puberty.

- a. During puberty girls develop breasts, hips, and their body changes its shape. For most, these changes conflict with the prevailing idealization of the thin aesthetic for women. As a result, beginning at puberty and carrying on throughout adolescence most girls' experience considerable reductions in their once positive body image.
- b. Peer groups influence body image via their emphasis, either great or slight, on appearance, and romantic involvement is also associated with poorer body image in younger girls (Diamond, 2006); and
- c. Research suggests girls with more positive body image are less likely to engage in risky sexual activity, more confident making sexually related decisions for themselves, more likely to delay first sexual intercourse, and more likely to use contraception (Satinsky, 2012; Wingood, 2002).
- d. Building the capacity to resist disempowering messages is a key to girls' current and future wellbeing (Johnson, 2014).

Although as an organization we cannot eliminate the challenges girls confront, we can build their resiliency to overcome these challenges and their capacities to positively navigate their way to success through knowledge, support, and social and emotional life skill development (including self-esteem and confidence). By building girls' skills and resources when they are young, we can help them grow into safe, healthy, confident teenagers and young women.

References

- Anderson, R. (2013). Positive sexuality and its impact on well-being. *Bundesgesundheitsbl*, 56:208-214.
- Bjornsdottir, R. (2015). *Pathways to Risky Sexual Behavior: The Differential Effects of Body Image and Self-esteem on Risky Sexual Behavior across Gender Among Icelandic Adolescents*. Reykjavik: Reykjavik University.
- Claussen, C. & Aboud, R. (2013). *Success on the Horizon: Ways of supporting Calgary's girls to complete high school*. Calgary: Women's Leadership Council: United Way Calgary and Area.

ETFO . (n.d.). *The Elementary Teachers Foundation of Ontario Body Image Project*. www.efto.ca/bodyimageproject: ETFO.

Diamond, L. (2006). Introduction: In search of good sexual-developmental pathways for adolescent girls. *New Directions for Child and Adolescent Development*, 116:1-7.

Leaper, C. B. (2013). Adolescent girls' cognitive appraisals of coping responses to sexual harassment . *Psychology in the Schools*, 50(10): 969–986.

Mendle, J. T. (2007). Detrimental Psychological Outcomes Associated with Early Pubertal Timing in Adolescent Girls. *Development Review*, 27(2): 151–171.

Noser, A. &.H. (2014). Investing in the ideal: Does objectified body consciousness mediate the association between appearance contingent self worth and appearance self-esteem in women. *Body Image*, 11:119-125.

Ricciardelli, L. M. (2003). A biopsychosocial model for understanding body image and body change strategies in children. *Applied Developmental Psychology*, 24:475-495.

Tirlea, L. T. (2016). Pragmatic, randomized controlled trials of Girls on the Go! program to improve self-esteem. *Emotional Health*, 30(4):231-241.

Satinsky, S. R. (2012). An assessment of body appreciation and its relationship to sexual function in women. *Body Image*, 9(1):137-144.

Wingood, G. D. (2002). Body image and African American females' sexual health. *Journal of Women's Health and Gender-Based Medicine*, 11(5):433-439.

Vannatta, K. (2013). *Enhancing Girls' Self-esteem: The 4 Girls by Girls program*. Muncie, Indiana: Ball State University.

9.4 STRATEGY/ACTIVITIES

How will the program address the specified need? What goal or long-term change or impact do you want to achieve? What are you going to do in the program to achieve your goal(s)?

Long-term Goal

Girls become resilient women.

Program Operation

Prior to COVID-19, the Girls Program operated exclusively in schools, during regularly scheduled school hours. The current global pandemic has shifted our program operations. For at least the 2020-21 school year, our program will be delivered outside of scheduled school instructional time and be implemented primarily in community rather than school facilities. This was an intentional organizational decision. As we all struggle to adapt to our current and uncertain COVID-19 reality, we wanted to reduce the burden on schools, keep our staff and participants as safe as possible, and be nimble to our ever changing programming and service landscape. By offering the program outside of school, we maintain more control over how we organize and deliver the program. And a positive impact of this change is that we can reach a greater cross-section of participants, participants who may home schooled or who attend a school that does currently host our program.

For the 2020-21 school year, the Girls Program will be delivered in community settings outside of regularly scheduled school hours, and be open to any girls residing in and around that community location and who are between 8 and 13 years of age. We will run two separate programming streams, one for girls 8-10 and another for girls 11-13. Each program will be a minimum of 22 hours. Depending on the needs and availability of a community, it will be implemented after school; on professional development days and school breaks; or over a series of weekends. In the summer of 2021 we will evaluate the current COVID-19 situation and determine if we will resume delivery in school, offer a blended approach with some school and some community programming, or continue to deliver programming exclusively outside of school settings.

For the first 15 minutes, participants enjoy a snack and participate in a guided discussion designed to build rapport and offer a space for girls to socialize with each other in a safe, structured environment. The remainder of the session is dedicated to completing carefully selected activities that follow the Girls Program curriculum. The curriculum is built around three sequential core modules: Self, Relationship to others, and Community. Through these three modules the

program comprehensively delivers age appropriate education and skills building on puberty and bodies; media literacy (evaluate/appraise messages from television, movies, internet, magazines and social media); self-esteem and self-confidence promotion, including healthy body images; support for understanding gender norms and stereotypes; and fundamentals of healthy relationships with parents, peers, and others. The program’s parent/caregiver capacity building component builds parents and caregivers knowledge about supporting their daughters’ healthy development and reinforcing project learnings at home. It comprises three education workshops, as well as ongoing contact and resources through email and phone with the program educators.

Program Activities

- Confirm interest from Langdon community in continuing implementation of the program outside of school-based delivery. The Girls Program began in Langdon since 2017. In 2019/2020 school year we had agreements a partnership with Langdon School: two groups of grade 4 girls, one group of grade 5 girls, one group of grade 6 girls. The program has strong parent and community support; we anticipate community commitment and uptake.
- Recruit a new Rocky View County community. Springbank Middle School has expressed interest, but we are also considering Balzac, Bearspaw, Bragg Creek or Elbow Valley. Participants will reside within the Rocky View County FCSS catchment area.
- In consultation with community members, identify appropriate community space to host program at. It should provide easy access for residents, be free or low cost, and be appropriate for girls between 8 and 13 years of age.
- Recruit Participants – we will use established networks as well as advertising in community newsletters and will reach out to previous participants of our in-school programs.
- Obtain parent/caregiver permission
- Host a parent information night to advertise and answer questions about the Girls Program
- Ongoing communication with parents throughout program
- Facilitate girls program sessions
- Facilitate parent/caregiver workshops

Program Objectives with Preconditions for Achievement

To achieve our goal, we ...

- 1. Build girls’ knowledge about, and preparedness for, puberty and the mental, emotional, social, physical changes and challenges that will occur as girls age.**

Preconditions:

- a. Girls given correct and developmentally appropriate knowledge about puberty, bodies, gender, and relationships.
- b. Facilitators engage and sustain engagement of girls.
- c. Girls want to learn.
- d. Girls retain and apply skills learned.

- 2. Promote and build self-confidence and healthy body image in girls.**
- 3. Strengthen girls’ skills for healthy relationships with peers, family, and others.**
- 4. Promote and develop core skills to successfully navigate the growth and developmental challenges of puberty and adolescence.**
- 5. Start building capacity of girls to examine and evaluate media, make healthy decisions, and grow into safe, confident, healthy young women.**

Preconditions:

- a. Girls strengthen their social-emotional skills that include the general competencies of self-awareness; social awareness; relationships skills; decision-making; and self-management
- b. Girls practice skills in supportive environments where learning is positively reinforced.
- c. Girls retain and apply skills learned.
- d. Girls are confident enough to continue using skills even when not always successful.

e. Girls have skills and ability to critique the values and unhealthy behaviours demonstrated in media.

- 6. Start building capacity of parents/caregivers to support their daughter’s growth in healthy bodies, healthy relationships, and healthy developmental domains.**
- 7. Create opportunities for girls to practice the concepts and skills learned in a safe, nurturing environment.**
- 8. Support families to encourage strong, open communication with girls.**

Preconditions:

- a. Parents/caregivers attend workshops and build and strengthen their capabilities.
- b. Parents/caregivers are motivated to apply their newly acquired or strengthened capabilities.
- c. Girls have parents/caregivers who are more comfortable with issues related to healthy bodies, healthy relationships, and healthy sexuality development.
- d. Girls have parents/caregivers who encourage strong, open communication with them.

9. Expand girls’ personal agency.

Preconditions:

- a. Girls have strong decision-making capabilities.
- b. Girls have other abilities needed to make effective choices and can transform choices to achieve their desired outcomes.
- c. Girls have the abilities needed to exercise control over their lives.
- d. Girls are free from the risk of violence.

10. Help girls be catalysts and champions for school or community change.

Preconditions:

- a. Girls program positively impacts participants.
- b. Girls are empowered to be leaders in change, both informally and formally.

9.5 RATIONALE

An explanation of why you believe this strategy or approach will work; include research if possible.

For girls to grow-up to be healthy women they need skills and resources to be emotionally, socially, physically, and sexually healthy. The best time to build girls’ capacity is when they are young. Pre-adolescence is a key transitional time for cognition, self-concept formation, SEL, and communication development, which support skills and capacity for health and wellbeing (Bosacki, 2001). Neuroscience indicates SEL may be more malleable in childhood (Cunha & Heckerman, 2008). Self-esteem is a general protective factor for pre-adolescent and adolescent girls (Tirlea, 2016). 50% of girls 8-11 years want to be thinner, rate their weight as important, and want to initiate weight loss activities (Ricciardelli, 2003). The thin ideal intensifies as girls enter and continue through puberty. Therefore, it is important to build girls’ resiliency skills and capacity to resist disempowering messages early (Johnson, 2014).

Puberty is significant and stressful, and a catalyst for a cascade of psychosocial challenges, and events for girls (Diamond, 2006). “...evidence indicates that children require sexual and reproductive health information before profound biomedical changes, and psycho-social changes in gender, identity and equality occur at the culmination of puberty, usually at the age of 11 -13 years” (Goldman, 2015).¹ Girls require the skills needed to navigate impending challenges of puberty (Mendle, 2010). Without correct information girls build narratives about their bodies, puberty, relationships, and sexuality based on pieces of information that may or may not be correct, and what they consider possible based on their age and brain development. Today, the normal onset of puberty in girls can occur from 8 years old, and happens regularly around 8-9 years, with half of all girls experiencing their first menstrual period by age 12 (Goldman & Coleman, 2013; Goldman, 2010). UK research suggests 16% of girls have their period at age 8. This is before their brains understand the complex nuances of puberty or the social-emotional implications of it on their interactions with peers, family, and strangers.

Why Do We Believe Our Program Approach Will Work?

Extensive Research and Consultation Informed Program Development

¹ Goldman, J. 2015. "UNESCO's Guidance on puberty and sexual health education for students aged 9-12 years compared to an upper primary school curriculum." Health Education Journal, 74(3):Page 341.
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With funding for program development from the Calgary Foundation and the Silver Gummy Foundation, program development began with an in-depth evidence review to identify what other similar programs exist locally, provincially, nationally, and internationally; the ideal program target age for maximum intervention impact; whether program should be delivered in school or community; attributes of effective interventions for girls; and a general exploration of what we needed to know to develop an effective sexual health program for girls. To this end, we reviewed over 100 academic and grey sources that explored child and youth development in the areas of brain, cognition, sexual health, social-emotional skills, relationships, and best and promising practices for sexual health education, and programming for girls generally. We also conducted an online survey with parents/caregivers (n=48), girls under 24 (n=70), and professionals working with girls (n=20) to identify top challenges girls confront, assess interest in a program for girls, and to better understand the social-political reality for girls and young women. We also facilitated two focus groups with parents of daughters under 18 (n= 8) to specifically test the acceptability of a program for elementary aged girls.

From the literature, best and promising practice evidence, and our community engagement we determined that puberty, sexual and relationship programming is most effective when targets prepubescent or early pubescent girls; and focuses on social-emotional learning and self-esteem promotion. While the literature indicates that programs delivered in school are generally easier to implement than in the community, the new reality of COVID-19 has altered and changed this, at least temporarily. By offering programming in the community, we are in control of the mitigation strategies and processes in place to reduce potential transmission of COVID-19 and keep our staff and participants safe. Community delivery also promotes greater participant engagement from the wider Rocky View community and supports access to the program from students who may be home schooling or attending a school where our program is not currently delivered. Also, a re-occurring theme throughout the literature was the importance of parents in relationship and sexual health development of children and youth. We used this research to inform and advise the development of the program, for example adding a parent/caregiver education and engagement arm to the program. Our program also has a strong theoretical basis. Therefore, we are confident that the strategies and program are grounded in the best available evidence to date. Furthermore, adding to our confidence are our pilot results which demonstrate strong short-term impact (summarized below).

Summary Promising Practices for Girls Programming Identified in Research

While a complete overview of the results of our evidence and literature review is beyond the scope of this application, we would like to share eleven promising practices which informed our program design and curriculum.

Program for girls are most impactful when they are...

- 1. Specifically Developed for Girls**
 - Program promotes the development of a sense of self as a girl
- 2. Developmentally Appropriate**
 - Program is designed specifically for a precise age and maturity level
- 3. Safe and Positive**
 - Safe space where girls feel comfortable to share, builds trust in the group
 - Happy and positive space
 - Small group format is effective for building critical thinking skills
 - Conscious use of language - language is accessible and easily understood
 - Culturally relevant/inclusive
- 4. Strongly Focused on Relationships**
 - Girls are relational learners – they require establishing an affective relationship where program staff know them as individuals
 - Enhancing social connections and relationships with other girls is critical - positive connections with peers strengthen girls' self-esteem and social connections, which are essential for positive identity and the health and wellbeing of girls
- 5. Strengths and Asset-Based (Educational and Skills-building)**
 - Builds life skills: healthy friendships and relationships, peer pressure management, coping skills, anti-bullying, communication
 - Focuses on girls' strengths
 - Incorporates critical thinking skill development

- Include skills building exercises and strategies in areas of social competence and emotional learning (conflict resolution, decision-making, analyzing issues, applying ideas, effective communication)
- 6. Healthy Body Image and Self-Esteem Promoting**
 - High self-esteem associated with better girls' outcomes
 - Self-esteem in girls is closely connected with body image
 - Addresses unrealistic standards of beauty and maladaptive behaviours girls and women engage in to meet standards
 - 7. Inclusive of Characteristics of Effective Lessons**
 - Clear
 - Relevant to girls' lives – relevance facilitates and deepens learning and holds interest (current events, social justice, school, personal life, issues involving girls/women). Interest is held when can apply to daily life and interactions.
 - o Curriculum tied to girls' interests and concerns
 - Collaborative
 - Uses combination of approaches (social skills, media literacy, mentoring approaches)
 - Dosage important to building self-confidence and connectedness, more hours in girls programming the greater improvement in these areas
 - Sufficiently resourced
 - Variety of activities and approaches used (class discussions, hands-on, multimodal, creativity and the creative arts, out-of-class experiences)
 - 8. Participatory, Involve Girls in Program**
 - Involves girls in program design and/or activity decisions (what to do or not do)
 - Opportunities for girls to express themselves, participate in program delivery, engage in leadership roles
 - Helps girls gather evidence to analyze their own environment and issues that affect them
 - 9. Empowerment and “Voice-centred”**
 - Offer girls an opportunity to build leadership skills, be more assertive, and make a difference in their local environments (family, school, community)
 - Social change opportunities empower girls to change inequalities they experience, and is critical to identity formation
 - 10. Builds Supportive Environments Outside Program**
 - Parent engagement, support, connection, involvement built into program
 - Fosters parent-child communication

Promising practices sources are cited below.

Summary Evaluation Outcome Results 2018/2019

Due to COVID-19, the program ceased operating in Langdon in March. Therefore, we do not have substantive evaluation results for the 2019/2020 school year. Below are results from our second year of delivering the Girls Program (2018-19).

The Girls Program included girls aged 9-12 years old enrolled in grades four, five, and six in Calgary and surrounding area schools. Eight groups were run in five schools: Buchanan Elementary School in northwest Calgary - 13 girls in grades 5 and 6; New Brighton Elementary in southwest Calgary - 12 girls in grade 4; Langdon School - 15 girls in grade 4 (2 groups), 15 girls in grade 5; Senator Patrick Burns – 15 girls in grade 6; Connect Charter – 24 girls (2 groups) in grade 4. We began delivering the Girls Program to in Carsland Elementary School, but school administrative changes resulted in discontinuing our partnership after only 4 weeks of programming. To fill this gap, Connect Charter was recruited. As a result, they started later than the other programs (February 2019) and only received the first half of the program. They will continue with the same girls in the 2019/20 school year when they enter grade 5. The selection of girls for the program varied across the schools according to administrator preference. All grade 4 girls in Langdon participated, New Brighton teachers and administration selected girls they felt would most benefit, and girls had the

choice to participate in Buchanan, Connect Charter, and Senator Patrick Burns. All girls required signed consent of a guardian to take part. A total of 94 girls enrolled in the program.

Using a paired-samples t-test to compare pre and post puberty and body knowledge measure results, evidence suggests the Girls Program resulted in statistically significant increases in puberty and body knowledge for girls in their first year of the program ($n = 42$; $p = 0.000000746$) with significantly higher post-test scores ($M = 1.86$ vs $M = 5.07$), and for girls in the second year of the program ($n = 14$; $p = 0.000169$) with significantly higher post-test scores ($M = 2.6$ vs $M = 4.3$). Anecdotes from both the girls themselves and the facilitators demonstrated positive changes in comfort.

As reported on our 2019 mid-term FCSS Rocky View report, our Girls Program participants and stakeholders also said...

PARENTS

- "Offer it in more places, even if it's a paid program. It's invaluable to young girls and has a monstrous impact!!"
- "I loved the discussions about bullying and how she can navigate that. She was so worried about it at the beginning of the year. It's no longer a cause of anxiety for her. I also love the discussion about body image, and I feel it's such a hard lesson for girls. This gives them other ways to think about bodies and media etc."
- "She gained self confidence, self esteem, confidence to be herself, not caring what other girls say/think about her and most of all the confidence to come talk to me."
- "I wish we knew what we could do to support the program. It is essential, and I feel indebted to it. As a parent, my job is to raise a strong and resilient daughter.... and I feel this program reached areas that I wouldn't have been able to on my own. Thank you again."
- "I think the feeling of community and safe place to discuss things was invaluable part of the program. At first I was hesitant because I don't believe things really need to come down to gender as much as our society says it does, but in this case it was crucial for the success of the program."

GIRLS

- "I loved Girl Talk [program] it was so fun, I learned so much about myself...I would do it again" (Grade 4)
- "I did enjoy participating because I loved learning about my body and it's changes." (Grade 4)
- "I liked participating because you do a lot of fun thing and you can ask any questions and no one will laugh." (Grade 4)
- "I liked participating because it's awesome [the most helpful thing I learned was] everyone is going through what I'm going through." (Grade 5)

TEACHERS

- "Very positive! The girls were often using the language taught in class to solve conflict and work through friendship challenges. The girls are always so eager and excited to attend Girl's Group and share what they learned. I can see the empowerment they feel about their bodies... it's so great!"
- "The girls share a lot of what they learn in Girls Group with me [their teacher] after the sessions. I hear them referencing the *Bully in the Brain* and language around trust in problem solving. The girls gained more self-advocacy in asking for support to solve problems i.e. [saying] Can we talk?"

Parents and teachers in the 2018-2019 school year indicated that they saw positive changes in the girls. As part of our annual evaluation of the program, a survey is given to parents of the participants. 100% of parents who completed this survey stated that because of attending the program, they believed their daughter is better prepared for puberty and the mental, emotional, social and/or physical changes that will occur as she ages. Parent respondents stated that they believed their daughter made positive changes in the social, emotional, and knowledge content areas; 72% saw improvement in their daughters body image; 76% saw improvement in their daughter awareness of their own feelings beliefs and values; 90% saw improvement in their daughters attitudes towards puberty; and 93% saw improvement in their daughters knowledge about puberty. Furthermore, 86% of respondents stated that they were either satisfied, or very satisfied with the parent workshops. Feedback from parents did indicate that they would appreciate more workshops for parents and families. Overall, 100% of parent respondents stated that was positive, helpful, and impactful for their daughter.

In our pilot, we observed evidence to suggest the Girls Program had a positive impact on building girls' social-emotional learning competencies including self-esteem, and that they were able to apply these skills to meet demands of life. Using a paired-samples t-test to compare girls' pre and post Culture Free Self-esteem Inventory III scores, there was evidence of statistically significant change. Girls scores on the general self-esteem scale were significantly higher at the end of the program indicating positive changes in their general perceptions of their own self-worth (n = 44; M = 8.43 vs M = 9.30; p = 0.012446). We did not see the same statistically significant change yet in on our 2018/19 sample, although we are hoping to see change in the second half of the granting period.

Rationale Conclusion

We believe this approach will work because we took a slow and considered approach to its creation. We ensured that we engaged girls, parents, and our community in its development; that it was based on the best available evidence to date; that it was appealing and acceptable to girls and our other stakeholders; and importantly, we tested its effectiveness and revised the program based on our pilot process and outcomes evaluation.

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9.6 INPUTS

***Please see end of application for budget shell. Budget sheet(s) MUST follow the template as provided.**

A. Have you researched or sourced other methods of funding? How do you propose to sustain this program?

Yes, we currently have other sources of funding to support the continued operation of the Girls Program and we continuously seek new and additional funding opportunities for the program. The program is sustained through these sources of support and through agency fundraising/donations.

B. Has this budget been authorized by your Board of Directors? Yes No If no, please explain:

9.7 PROJECTED OUTPUTS (Count of products and services delivered to the target group. For definitions, see the end of the report)

Please report the projected direct product of your activities, usually measured by volume of work accomplished. Must include projected number of individual participants, volunteers and volunteer hours. Other outputs may include projected number of training sessions, workshops, and community development programs. Include projected number of County residents utilizing services. Rocky View County residents do not include people who reside in Airdrie, Beiseker, Chestermere, Cochrane, Crossfield, Irricana or Redwood Meadows. It does include those who live outside of these municipalities and within the hamlets located within the County's borders.

A. PROJECTED NUMBER OF INDIVIDUAL PARTICIPANTS SERVED:

People served should only be counted once unless they are part of a family being served (see definitions). DO NOT include group participants, contacts, or community development initiatives if counted below.

Provide general summary of outputs here:

We estimate that 48-70 girls will be served. As children aged 9-11 must have a guardian to oversee their protection and upbringing, we know that at a minimum, if we assume only one parent/caregiver will be involved, 48 adults will also be served. As parents/caregivers and girls belong on a single family unit, 48 families will also be served by the program. Because of our previous partnership with Langdon School (which serves Rocky View County residents), we will be offering the program in the Langdon community in order to continue to serve this community. We will also be seeking other community locations within the of Rocky View County FCSS Catchment area.

Number of girls in each group = 12 (maximum 15)
 Total number of girls (4 groups x 12 girls) = 48
 Total number of parents/caregivers of girls (minimum of 1 parent/caregiver per girl) = 48
 Total number of families = 48

Number of Children/Youth (0 to 18 years) 48 Number of County Residents: 48
 Number of Adults (19 to 64 years) 48 Number of County Residents: 48
 Number of Seniors (65+ years) 0 Number of County Residents: 0
 Number of Families 48 Number of County Families: 48

B. PROJECTED NUMBER OF GROUPS SERVED:

(e.g. workshops, training and/or education groups)

Provide general summary of outputs here:

Number of girls education groups = 4 -6
 Number of girls education hours per group = 22
 Number of total girls education hours (4 groups x 22 hours) = minimum 88 hours
 Number of parent groups = 3 (2 Langdon, 1 in new community)
 Number of parent workshop hours = 13.5 hours (3 groups x 1.5 hour x 3 times)
 Total number of hours = 101.5 hours

Number of Groups: min 7 Total Number of Participants: min 96 Number of County Residents: min 96

C. PROJECTED NUMBER OF CONTACTS PROVIDED:

(e.g. providing assistance with forms/referral; telephone, mail outs, email, and social media)

Provide general summary of outputs here:

Given the age of the girls and nature of our program, it is designed so that each girl receives individual attention and assistance every group session. This may be delivered by the primary program educator and/or the program assistant or program volunteer. Therefore, every session provides contact with each girl. As the format of the program delivery (weekly, weekly combined with weekend workshops and/or professional development days) will be driven by the community and participant needs and consultation, we can only provide the range of potential contacts, not exact numbers. The Girls Program will result in a minimum of 384 contacts (based on 6 sessions and 2 weekend sessions = 384) to a maximum of 1,056 contacts (based on 22 sessions on 22 separate days). In addition, the program makes regular contact with parent and caregivers via general email updates as well as responding to emails and phone calls. At a minimum, parents/caregivers will be contacted 16 times resulting 768 contacts. Furthermore, if we assume 50% attendance at parent/caregiver workshops we would estimate another 72 contacts.

Number of contacts with girls individually (48 girls x 8) = 385 to (48 x 22) = 1,056
 Number of contacts with parents/caregivers [(48 parents/caregivers x 16 emails) + (24 parents/caregivers x 3 workshops)] = 840

Number of Clients: minimum 96 Number of County Residents: minimum 96

D. PROJECTED NUMBER OF COMMUNITY DEVELOPMENT INITIATIVES:

(E.g. community assessment, mobilization, and/or advocacy committees. Do not include service to individuals)

Provide general summary of outputs here:

Number of Initiatives: Number of Clients: Number of County Residents:

E. VOLUNTEERISM	
<p>a) What are the roles of volunteers in the program? a) What are the roles of volunteers in the program?</p> <p>Volunteers are an integral component of our agency. They help us effectively and efficiently engage our communities and help us create impact. The roles they take in our agency include: administration/reception/intake, board members, special event volunteers (e.g. for events like our Casino fundraiser and our Camp Flyerfly weekend), data entry, fundraising, and practicum students. For the Girls Program, volunteers help with data entry, program preparation, office administration and beginning in the fall of 2020, program delivery support (assisting educators in their delivery).</p>	
<p>b) How does the program promote, encourage, and facilitate the use of volunteers? As an agency, we encourage volunteers by tailoring the volunteer experience and duties to the needs of our volunteers. We also run frequent volunteer training sessions and have volunteer recognition events.</p>	
<p>c) Total number of volunteers in agency/program:</p>	<p>115 (This does not include board members)</p>
<p>d) Total number of volunteer hours in 2019:</p>	<p>1253</p>
<p>e) Estimated number of volunteer hours until the end of 2020:</p>	<p>720 (lower because of COVID)</p>

9.8 EXPECTED OUTCOMES
<p>Statements, which describe the difference the agency/program intervention will make with clients in the short term, mid-term, and long term. These must logically connect to the Provincial and Rocky View County Outcomes in Section 7.2.</p>
<p>Short-term Outcomes</p> <ol style="list-style-type: none"> 1. Girls increase their knowledge about bodies, puberty, gender, and healthy relationships 2. Girls enhance their social-emotional learning competencies 3. Girls increase their media literacy skills 4. Parents/caregivers are more knowledgeable and feel more confident in ability to support girls on topics related to healthy bodies, healthy relationships, and sexual health 5. Parents/caregivers encourage open communication with girls 6. Girls are catalysts and champions for school, family, or community change
<p>Mid-Term Outcomes</p> <ol style="list-style-type: none"> 1. Girls' increased knowledge and skills leads to increases in their resiliency and ability to meet demands of life (capacity) 2. Girls' attitudes are positive and support building resiliency and abilities to meet demands of life (motivation) 3. Girls behave in ways that support health and wellbeing – at present (behaviour) 4. Girls have the opportunity to build resiliency and abilities, and behave in ways that support health and wellbeing (opportunity)
<p>Long-Term Outcomes</p> <ol style="list-style-type: none"> 1. Girls grow up to become resilient women.
<p>Impact</p> <ol style="list-style-type: none"> 1. Girls grow up to be safe, confident, healthy women
<p>Connects Directly with Provincial and Rocky View County Outcomes</p>
<p>Provincial Outcomes</p> <ul style="list-style-type: none"> Improved social well-being of individuals Improved social well-being of families Improved social well-being of the community
<p>Rocky View County Outcomes</p> <ul style="list-style-type: none"> Outcome 1 – Individuals experience personal well-being Outcome 2 – Individuals are connected with others

Outcome 3 – Children and youth develop positively
 Outcome 4 – Healthy functioning families
 Outcome 6 – The community is connected and engaged

9.9 OUTCOME INDICATORS

List the specific items of information that you will track to measure your program's success on outcomes. These are generally in the form of a cluster of questions or surveys and relate directly to the Rocky View County Outcome Indicators listed in Section 7.2. Copies of the Provincial FCSS Measures Bank are available upon request.

Outcome Indicators

- Puberty knowledge
- Healthy relationships knowledge
- Media literacy knowledge
- Self-esteem/self-worth
- Engagement
- Body-image
- Social-emotional skills
- Parent-child support
- Parent-child communication

Outcome Measurement Tools

Culture-Free Self-Esteem Inventories, Third Edition (Battle, 2002)

Battle created the CFSEI-3 on the assumption that self-esteem is an attitude towards oneself and reflects our evaluation of our own abilities and limitations. This measure is psychometrically evaluated, norm-referenced, and frequently used, including in the current University of Alberta's Community-University Partnership for the Study of Children, Youth and Families (CUP, ND). The Intermediate form, used with ages 9-12, was purchased from the survey creator, and administered with all girls participating in the program. It includes 64 questions requiring either a "yes" or "no" response. The measure comprises academic, general, parent/home, social, and personal self-esteem subscales and generates a composite global self-esteem score. The survey also includes a lie scale called the defensiveness score. The defensiveness score is intended to reflect the validity of the child's self-esteem scores. For the Intermediate form a defensive score of 6 or more out of 10 should be viewed with caution and analyzed further to determine if participant is sharing true feelings; a score of 6 or more may indicate a social desirability bias, or an unwillingness to share true feelings. Reliability: internal consistency in the .80's, test-retest reliability between .70-.90's. Validity: the global score correlates between .50's and .70's with other established children's self-esteem measures. There is some concern that the scale may not be culture-free or culture-fair (Brunsman, 2003).

Children's Body Image Scale - CBIS (Truby & Paxton, 2002)

The CBIS is a simple measure of body-image perception and satisfaction in pre-pubescent children. The CBIS includes seven drawn images of child, either a boy or girl, with varying body figures ranging from very thin to obese. The images correspond to BMI ranges 13-13.5, 13.6-14.9, 15-16.6, 16.7-17.7, 17.8-19.4, 19.5-24.6, 24.7-28.5. As a pictorial measure it requires no or low reading literacy. Children are asked to choose the body figure that is most like their own body, and the one they would most like to have. A difference between the two indicates body dissatisfaction. The measure is considered to have good construct validity for children between 8 and 12 years of age. While the CBIS is often used with measured BMI to determine body perception accuracy, this was not necessary for our purposes. Our interest was only in body satisfaction – identifying a difference between perceived body and perceived ideal body in participants

In Truby & Paxton's study of CBIS reliability (2008), researchers found stability of the measure over time with .68 correlation between perceived-ideal discrepancy score with girls (p<.001). A total of 39% of girls selected the same figure, 52% selected a smaller body figure than their perceived body (wanted a thinner body size), and 9% selected a larger body figure than their perceived body (wanted a larger body size) with no statistically significant differences between Time 1 and 2. And 71% of girls identified an 'ideal figure' at or below the 25th percentile which reflects a BMI at or under 16.6 – corresponding to figure A, B, or C in our tool. Of note, the Centre for Disease Control and Prevention indicates a BMI between the 5th and 85th percentile are healthy for girls 2 to 20 years of age and corresponds to a BMI between 14 and 20 (CDC, 2018).

Knowledge Surveys

Puberty, relationships, and media literacy knowledge surveys were created by the program developers to assess pre and post knowledge and determine learning. To avoid being construed by girls as similar to schoolwork or a test, surveys have a more fun, activity-based characteristics. For example, the puberty survey questions include three yes/no, three-word matches, one drawing, and one short answer.

Parent/Caregiver and Teachers/Administration Surveys

Two short online surveys were created to evaluate stakeholder perception of program effectiveness, satisfaction with program, and determine ways program could be improved both programmatically and operationally. Requests for survey participation and links to surveys are distributed via emails to parents/caregivers, teachers, principals, and other school staff involved in the program. In addition, handouts requesting participation in the survey with the web link are distributed during the final celebration evening held with parents/caregivers.

Facilitator Curriculum Activity Notes and Reflections

Program facilitators track participation and keep notes and reflections on each session. For example: attendance, completion of work/homework, reflection on activities - how it went and if there were any adaptations or recommendations for doing it differently and record general observations and any important learning or quotes from participants.

10. ADDITIONAL INFORMATION

Please provide a brief agency/program history.

Girls Program History

Since 2010 when we began delivering WiseGuyz to junior high boys, we have heard repeatedly from schools, parents, other organizations, and girls themselves “What about a program just for girls?” We decided in 2016 that it was the right time organizationally and social-politically to fill this unmet gap and create a comprehensive, girls-only sexual health promotion program for girls in Calgary and surrounding areas. We took the next year to complete our due diligence and ensure the program was informed by the best available evidence, that we consulted girls and parents, as well as other stakeholders in its creation, and that it was acceptable and appropriate to our community. As a result, what started as a program for junior high school girls became a program for elementary school girls. We completed our full 3-year pilot in June 2020 and are excited to continue to offer quality programming for girls in the community.

11. STORIES

Please provide 1 or 2 short anecdotal stories about some of your County rural clients who have received services from your organization, and how their situation has improved as a result of their involvement in this program. This story may be used for publication by FCSS. Please do not include any client identifying information.

Girls Program “Success” Stories

#1) A participant in the year one program would consistently stay after group to discuss friendship problems and seek advice and support from facilitators. She used tools she learned from the program like Head Heart Body decision making tool and the communication tool to help herself in her friendships. She would maintain privacy of her friends while sharing her stories with us (not using their names) and always reflected on her own responsibilities in friendships. She was heavily invested in the curriculum and open to sharing about hard experiences in that space.

This participant was extremely quiet and serious for many of the first sessions of girls group. She would joke about violence and share dark stories. We talked about the impact of those stories on the people around her and consistently asked her to share real things with us if she felt comfortable. During Feelings Jenga activity, this participant gave a great definition of the emotion ‘vulnerable’ and shared that she “always feels this way.” By the end of our time with her, she was sharing hard things about her life and genuinely started to laugh and enjoy the group, especially the puberty sessions. We did an activity where we made playdough vulvas and she said, “this is cool” and placed the vulva on her forehead to make people around her laugh. The Girls Program created a space where she felt comfortable sharing a side of herself that was initially very guarded. – *Girls Program Educator*

#2) A year two participant was very invested in Girls Program, always participating, surrounded by friends and always had a smile on her face. One day she asked to speak to us afterwards. She told us that she was struggling to always be perfect and be happy and to keep a smile on her face when in actuality she felt anxious and depressed inside. She disclosed that she was thinking about suicide. We thanked her for sharing and followed our established protocols for

dealing with disclosures of this nature and connected with the school guidance counsellor. She received the external professional support she needed to navigate her feelings and address her depression and suicidal ideation. The program, and the trust and safety created between the educators and participants, was instrumental in facilitating her timely disclosure and getting her the help she needed. – *Girls Program Educator*

#3) At the beginning of the year, a participant in Year 1 of the program in Langdon expressed extreme discomfort with the topic of puberty. She would get physically upset at the mention of body parts or periods and would often need to leave the group to calm down. She would often stay after the session to talk out her feelings of discomfort with the facilitators. Throughout the year, the facilitators supported her with developing an action plan for regulating her emotions. This plan included breathing and mindfulness techniques to help her calm down and stay present during the sessions. The participant also started applying these tools at home. By the time the group started the puberty unit, the participant expressed feeling comfortable and safe enough in the group to fully participate in activities and discussions. She became excited to discuss puberty and took on a leadership role within the group helping fellow participants use the “medical” terminology for body parts. For example, when someone else mistakenly used the word “vagina” to describe the outside of the body, she exclaimed with pride: “It’s called a VULVA!”. During the last session, she presented a letter to the facilitators thanking them for their support and stating her three new favorite rules in life: Have fun, get messy and make mistakes! – *Girls Program Educator*

**INSERT BUDGET DETAILS ON THE FOLLOWING PAGE
DO NOT INCLUDE IN-KIND SUPPORTS, ONLY ACTUAL DOLLARS
AN EXCEL SPREADSHEET IS AVAILABLE FOR INSERTION**

Please ensure that section 9.6 C starts on a page(s) with no other sections on the page(s). For consistency purposes, it is **IMPERATIVE** that you use the following template as provided and **NOT** modify it, other than adding additional lines.

9.6 C. INPUTS (Resources dedicated to the program. Include staff and budget for one year.)			
2021 PROPOSED BUDGET (Ensure all calculations are correct. Use the second column to itemize the program expenses to which you plan to direct the County FCSS funds. Column 1 + Column 2 = Column 3)			
ITEM	Column 1 2021 Costs to be paid or contributed by the Applicant and other funding partners (Agency Contribution)	Column 2 2021 Costs to be funded by County FCSS (Program Request)	Column 3 2021 Projected Year End Total Program Budget (Total Cost)
EXPENSES			
PERSONNEL (specify positions and hours per week)			
1 FTE including benefits – 35 hours/week	60000	12000	72000
a. SUBTOTAL PERSONNEL	60000		72000
TRAVEL & TRAINING (specify)			
Travel Expenses	4000	2000	6000
Professional Development	1000		1000
b. SUBTOTAL TRAVEL & TRAINING			
MATERIALS AND SUPPLIES (specify)			
Program Expenses	5000	1000	6000
c. SUBTOTAL MATERIALS AND SUPPLIES			
OTHER (specify)			
Evaluation	5000		5000
d. SUBTOTAL OTHER			
e. TOTAL EXPENDITURES (e=a+b+c+d)	75000	15000	90000
REVENUE (specify other sources of funding including fundraising, fees for service, other grants, etc.)			
Silver Gummy Foundation	75000		
f. TOTAL REVENUE	75000		
g. FCSS REQUEST (DEFICIT = Total of Column 3 Expenditures – Total Revenue)		15,000	

