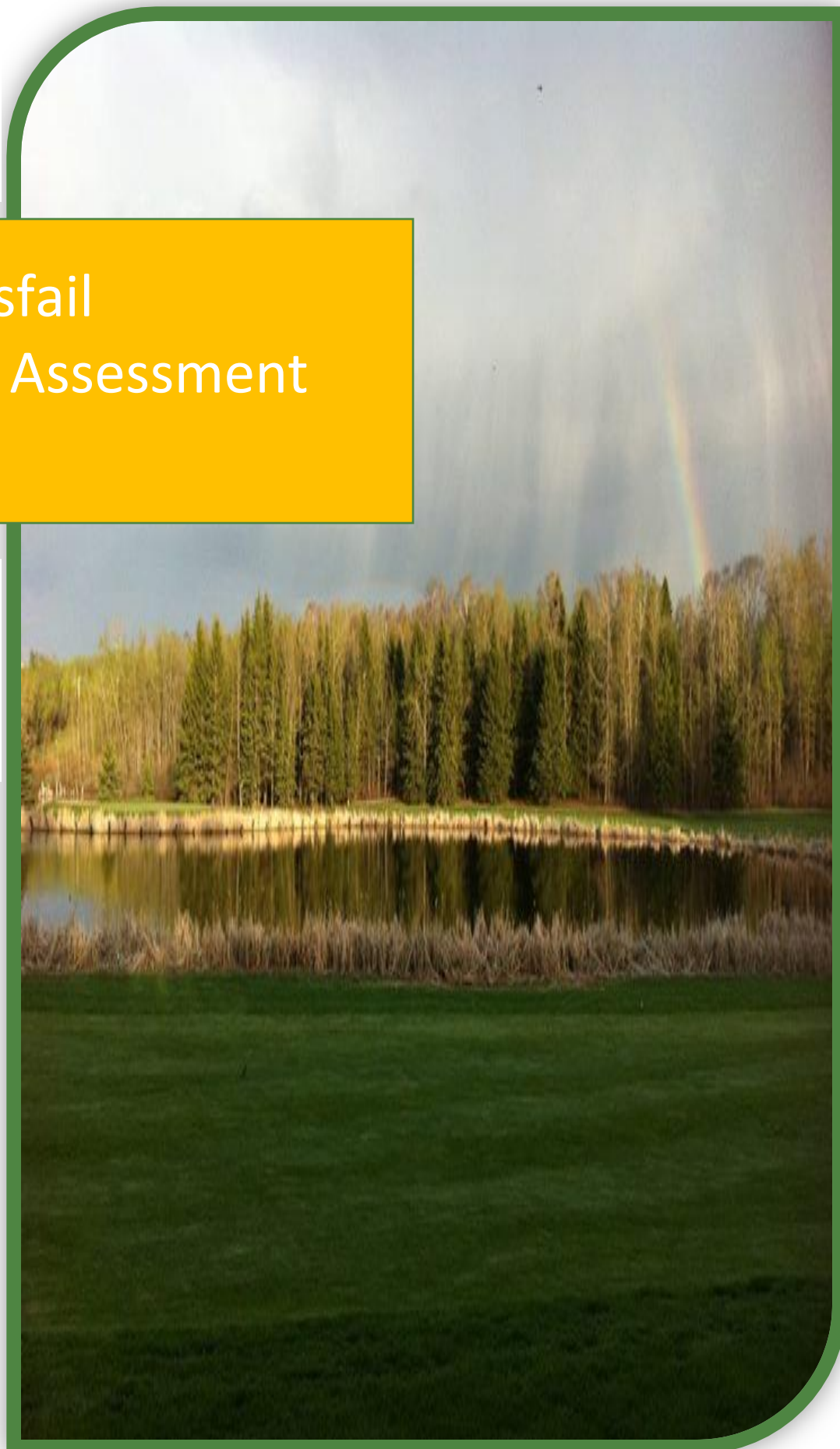




# Town of Innisfail Social Needs Assessment 2014



## Town of Innisfail

The Town of Innisfail is residence to 7922 people, based off of the 2012 municipal census. With a further estimated 4055 Red Deer County residents that utilize various Town facilities and recreational programs and services. The Town provides an abundance of resources, services, programs and opportunities for local and area residents, business and visitors alike. We strive to be more than small town charm with big city opportunity.



## Purpose and Methodology of the Report

Town of Innisfail has been experiencing a steady growth rate, which increasingly impacts the limited social programs and services in the community. Under the governance and support of the Town of Innisfail the Family and Community Support Services Department, which is a department in partnership with the Human Services Department in the Province, has conducted an assessment of the social needs in the community through area resident and key stakeholder input.

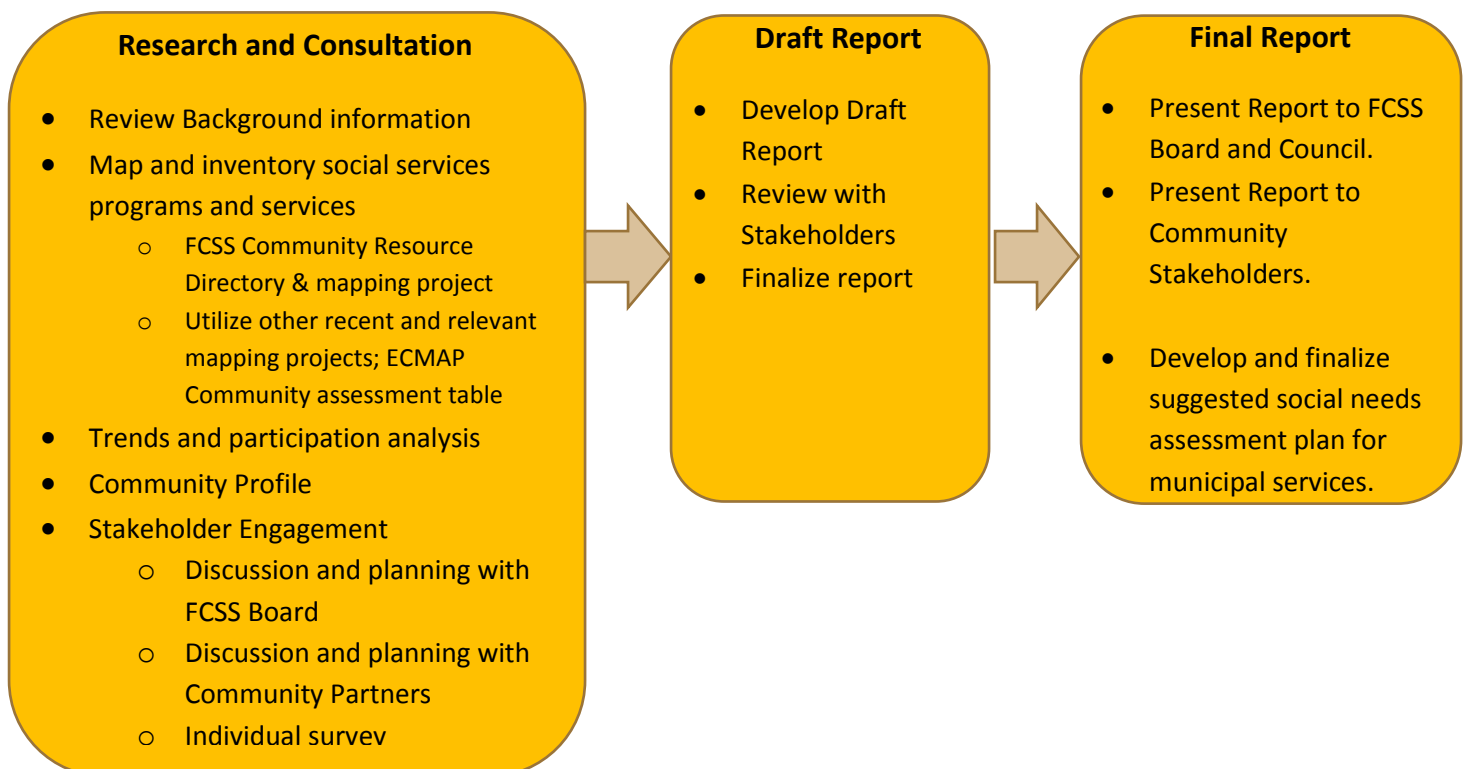
In 2013 community partners started to discuss and identify their top needs and successes working in the community. Community partners is a network of various different community and human service organizations that meet on a regular monthly basis to discuss and exchange; information, concerns and solutions, while building collaboration and partnerships, to address identified needs while sharing and celebrating highlighted successes. Community Partners has grown four times its size, from early 2013 to June 2014. With an average attending of 20 partners at monthly meetings and a mail out list of 96 by June 2014, this group has grown to become very diverse, engaged and focused. In April 2013 three priorities were addressed from partners; lack of mental health services in Innisfail, Communication among partners (those who were working well did, however many were disconnected) and Sense of Community. By June 2013 a Mental Health Advocacy strategy was implanted by a cohort of 12 partners. Discussions and other focuses started to take place in regards to communication with community organizations and partners. The Town invested a large effort with marketing, communication and social media staff to support the discussions, and with the focused effort of all attending and engaged community partners this has resulted in noted increase in communication by Community Partner members. The third noted priority with community partners needed a larger strategy, "Sense of Community". By late 2013 discussions lead to a need for community input in regards to various issues and concerns, however with limited resources a creative and collaborative effort needed to take place.

FCSS offered to internally support a much needed social needs assessment which would give community partners and member's information on various areas of question and concern in regards to identify social issues. Funding was limited so a collaborative strategy was presented and accepted. FCSS would take the lead and conduct the social needs assessment with input from community partners in the planning stages, FCSS would implement the survey and assessment with limited but allocated internal

resources and compile information and resources with a draft review and input in the documents final stage. After various draft surveys a social needs assessment model was presented to community partners and Town Council. A final survey was accepted with implementation to start in the community in June 2014 and close Sept 30, 2014 with the assessment time to take place over winter.

The purpose of the Social Needs Assessment (SNA) conducted by FCSS with Community Partner input is to; 1) identify and prioritize the collective social needs in the community through community input, 2) bring awareness to the communities collective identified social needs to members, key stakeholders and partnering agencies and 3) to assist FCSS in developing a plan to advocate and support needed preventative social programs and services in Innisfail, utilizing components from the SNA report, to address the social needs within the governance of the Town of Innisfail with the available funding.

The Social Needs Assessment (SNA) report has been developed in three phases.



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## Community Profile

Geographically, the Town of Innisfail is situated on the south end of Red Deer County, west alongside hwy 2. Between the City of Red Deer which is 31km and Town of Olds at the same distance of 31km.

Innisfail is currently home to over 450 businesses – several large industries, numerous smaller industries, and various commercial and home based businesses. The industrial sector is also well represented with a mix of manufacturing and oil and gas services.

In addition to the opportunities provided locally, Innisfail is also a short commute away from other major centres. Due to its prime central location, and close proximity to the QE2 Highway, Innisfail appeals to the mobile worker as an attractive base for their family.



The employment rate in Innisfail is 69.3% (Statistics Canada Sept 2014) which is in close alignment of the provincial rate at 68.8% (Statistics Canada 2006) and Red Deer Regional employment rate of 71.3% (Statistics Canada 2013). Based on an educational attainment study conducted in 2011 (statistics Canada), 50.7% of the 5,250 adults aged 25 years and over in Innisfail had completed some form of postsecondary education, compared with 59.6% at the national level. Of the population aged 25 years and over in Innisfail, 14.4% had a university certificate or degree. An additional 17.8% had a college diploma and 18.5% had a trade certificate. The share of the adult population that had completed a high school diploma as their highest level of educational attainment was 26.8%, and 22.6% had completed neither high school nor any postsecondary certificates, diplomas or degrees of which 41.6% are seniors 65 and older. The balance and variety of educational attainment compliments the diversity in industry, whereas the majority of those 15 and older are employed in the top following industries; Retail trade 15.6%, Manufacturing 9.9%, Health Care and Social Assistance 9.1%. Out of the working 4075 Innisfail residence, 9.8% claimed they were self-employed (Statistics Canada Labor review May 2011).

The median household income is \$71,099, and family income level of \$84,850 in Innisfail (Statistics Canada 2011 NHS). The median household income of Albertan's was \$78,632 and Median Family income of \$93,393, based of the national survey conducted in 2011 (statistics Canada).

Education in Innisfail is provided through the public system offering 70.3% of the traditional registered educational opportunities and the catholic system offering 17.8%. There are also alternative educational opportunities such as Chinook Centre School who offers programs to 5% of the registered educational opportunities, Outreach school and home Schooling opportunities are 2.4% collectively together. There is also Henday Association for Life Long Learning who offers Grade 12 equivalency, language and various certificate and short courses through their office or webinar located at the Library Learning Centre.

Emergency Services in Innisfail is provided by the Town of Innisfail Fire Department, Town of Innisfail Disaster Management Team, Guardian Ambulance Ltd, RCMP detachment, a Health Care Centre with an

emergency ward, day surgery, x-ray and laboratory departments, 2 medical clinics and 3 dental offices locally.

Innisfail is a community to call home and prides itself on its tagline “Isle of Destiny”.

Sense of Community can often be found at one of the various annual events celebrated, which entertains all ages of the public, such as: the Innisfail Pro Rodeo, Show n’ Shine, Scarecrow festival, Asparagus Festival or various others. A weekly Farmers’ Market and the use of an Alberta top rated golf course coupled with pristine fishing, kayaking and a seasonal ski hill give the community an inviting challenge. Plus the purity of what Innisfail has to offer – a developing town, big skies, and an impressive country side. To get a glimpse of history check out the Historical Village.

For those looking for an extraordinary experience to share with their family and friends try strolling in the Discovery Wildlife Park, not a typical zoo. It is a place where you learn about local animals as well as exotic animals. The highlight is meeting trained movie star bears that you can be photographed with up close and personal.

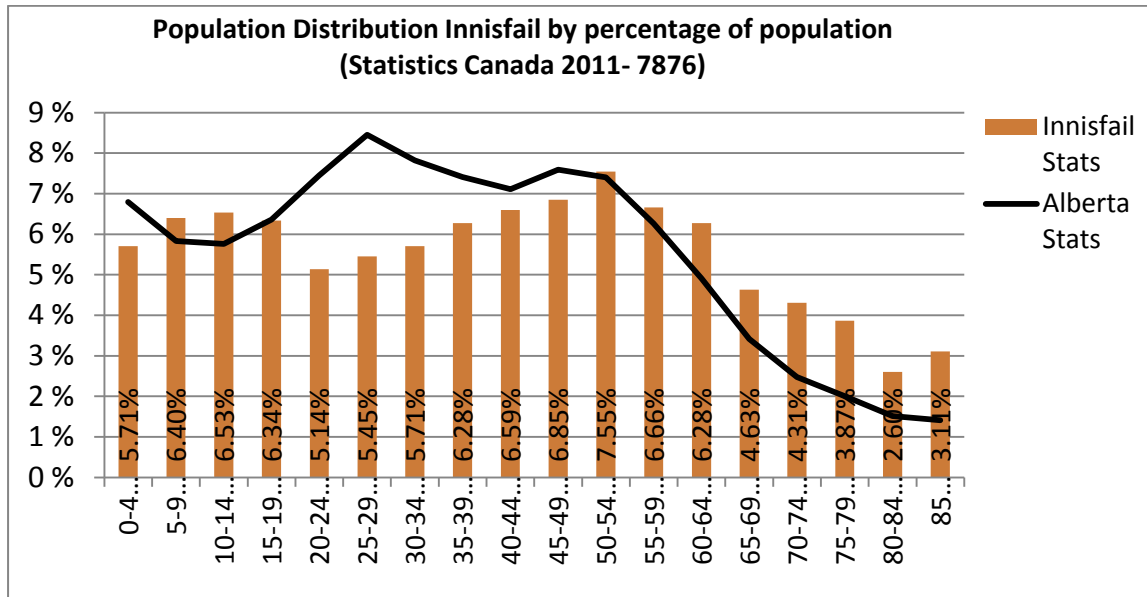
There are plenty of recreational amenities the community has to offer; Skate park, tennis courts, ball diamonds, sports fields, spray park, a trail network, various parks to play, graffiti art wall, curling rink, arena with two ice surfaces with meeting rooms and concession, 3 outdoor skating rinks, Aquatics Centre. The Town also offers a Library Learning Centre with a community room, Family Centre for 0-5yrs and a Youth Programming Facility.

## Demographic Analysis

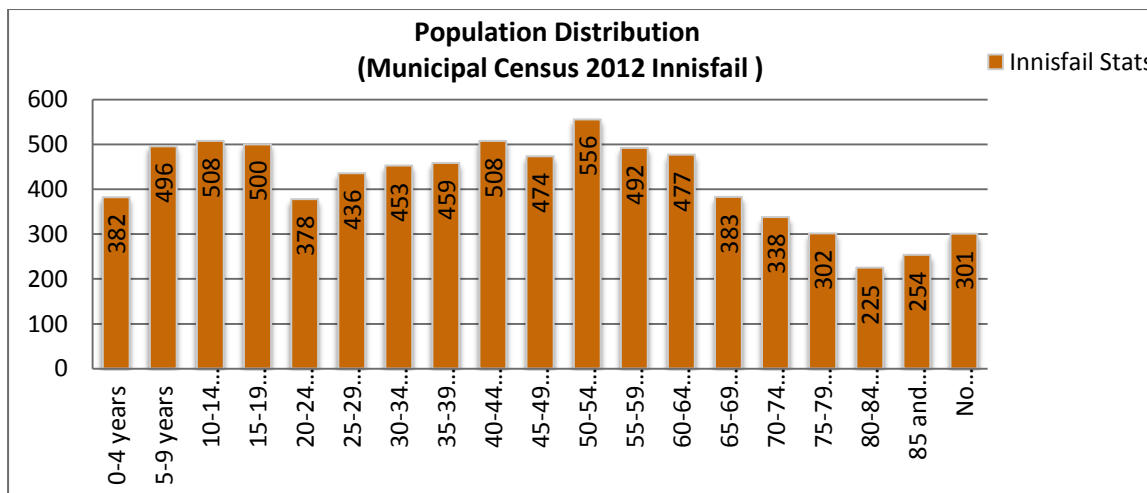
According to Statistics Canada 2011 population assessment, Innisfail had 7876 people.

In 2011 Innisfail had a median age of 41.6 years which is higher than the overall provincial average at 36.5 years. The first chart below is based on 2011 federal census statistics for both Innisfail and the distribution across Alberta.

As reflected on the chart there is a noticeable variance of age distribution in comparison to the overall provincial figures. Age segments that largely varied between the Province and the Town were; ages 20 to 34 years, reflecting an average of a 2.47% decrease in Innisfail. Whereas ages 60 and over reflected an average of a 1.509% increase in Innisfail from the Provincial figures.



In 2012 the Town of Innisfail conducted a Municipal Census which reflected an increase in overall population to 7922. The Municipal Census population distribution is reflected in the chart below. The three largest demographic groups are; seniors 60 and over, 45-54 yrs, 10-17years.



Even though there has been an increase in population from the 2011 Federal Census data from the 2012 Municipal Census data, it clearly shows a slight decrease in a few population areas throughout, suggesting an increased equitable distribution between the population distribution categories.

**Marriages/ family structure (insert stats Canada info)**

Identified as follows are additional selected household characteristics of Innisfail. Data is from the 2011 Statistics Canada Census unless otherwise noted.

- There are 3120 census families residing in private households in Innisfail

- Of the 2285 couple families in Innisfail, 71.1% report as being legally married (provincial average: 72.0%)
- 14.4% of couple families in Innisfail are common-law (provincial average: 13.6%)
- 14.4% are lone parent families in Innisfail (provincial average: 14.5%)
- 26.6% of couple-family households in Innisfail have children (provincial average: 29.3%)
- 34.6% of couple-family households in Innisfail do not have children (provincial average: 29.2%)
- 770 household individuals reside alone in Innisfail (9.3% of the overall population)
- 92% of residents in Innisfail report that English is their mother tongue. The next largest segments are: » Tagalog: 1.8%, German: 1.2 %, French: 1.2%

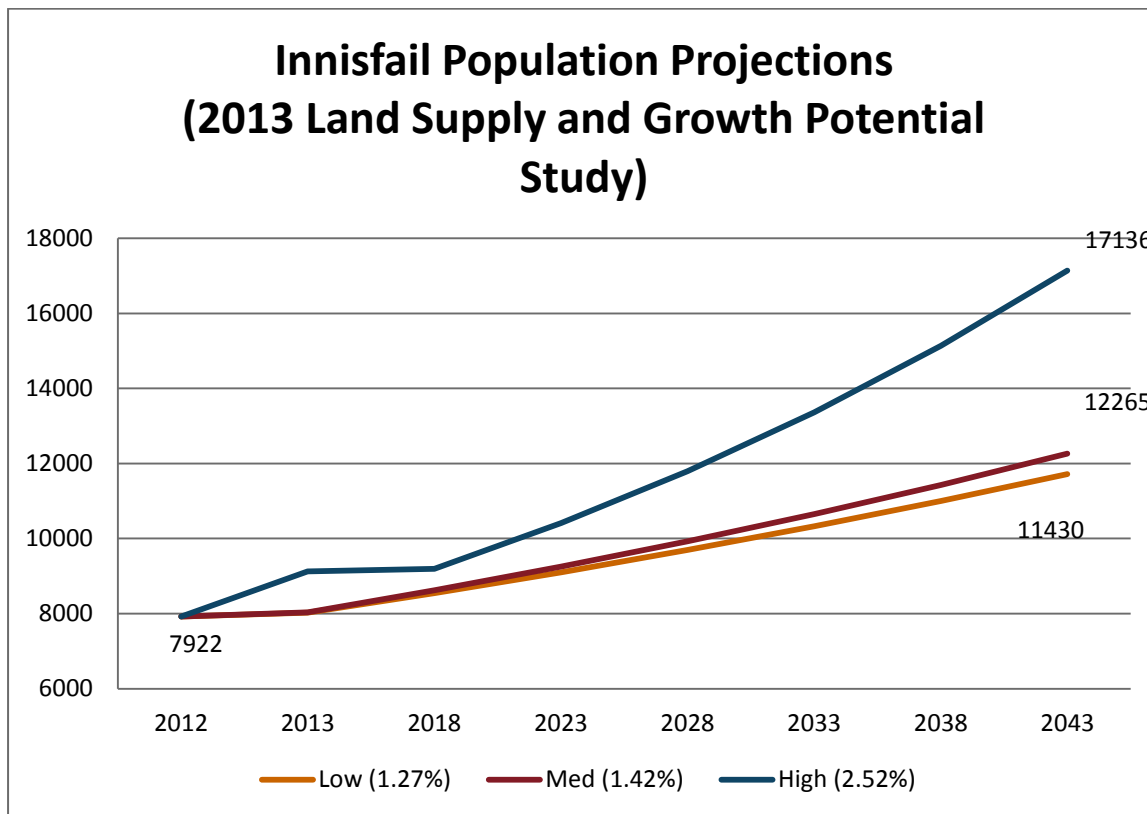
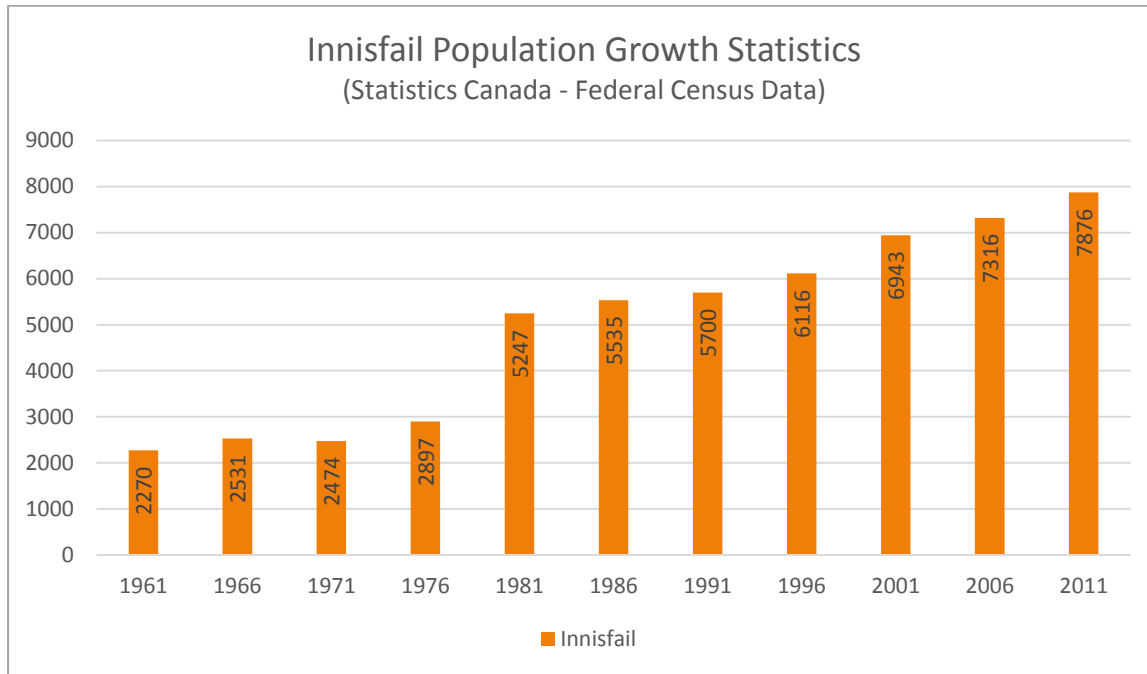
## Growth Rate

According to the Town of Innisfail 2013 Land Supply and Growth Potential Study section 2.1 Federal Census data Population Trends, it noted the following in Innisfail history; “Significant changes in the population have occurred where the population declined from 1966 to 1971 by -0.45%, until it grew by 12.61% over 5 years from 1976 to 1981. Since 1981, the 5 year average has indicated positive growth with a 5 year average population increase of 1.36%”.

The 2012 Municipal Census for Innisfail reflected a population of 7922, which is a 1.0058% growth from the prior 2011 federal census data.

Below is the Federal census data collected for Innisfail.





## School Enrollment

Student enrollment data was compiled in order to reflect the child and youth growth patterns in the community. 1689 students were enrolled in K-12 public, private and homeschooling programs in Innisfail for the 2014/2015 year. The 2014/2015 enrollment numbers make up 21.3% of the Town's overall population.

Homeschooling through various providers that shared data for the Innisfail Social Needs Assessment have doubled in numbers in the last two years (since 2012/2013).

Enrollment numbers for Innisfail Junior and Career high school have decreased 29% in the past two years (since 2012/2013). However enrollment numbers have increased in both the Middle School and St. Marguerite in the past two years (since 2012/2013).

		<u>2014/2015</u>	<u>2013/2014</u>	<u>2012/2013</u>
John Wilson Elementary	K-4	430	417	413
Chinook Centre School	K-4	85	94	94
St. Marguerite	K-9	301	271	232
Ecole Middle School	5-8	381	355	278
Innisfail Jr Sr High School	9-12	376	422	554
Innisfail Career High School	9-12	75	67	84
Home Schooling(various providers)	K-12	42	37	21
	<b>TOTAL</b>	<b>1689</b>	<b>1663</b>	<b>1676</b>

## Strategic Review

**A review of pertinent strategic planning documentation was undertaken to provide context for the development of the Social Needs Assessment. The review included planning documentation produced by the Town as well as the Province of Alberta. Documents with potential relevance to the Social Needs Assessments are summarized as follows.**

### Family and community Support Service Alberta

A The Family and Community Support Services Act and Regulation are a provincial statute outlines the responsibilities of municipalities as it pertains to the delivery of FCSS services. The Regulation document identifies five core responsibilities of a municipality in the establishment, administration and operation of FCSS programs:

- a ) Promote and facilitate the development of stronger communities;
- b ) Promote public participation in planning, delivering, and governing the program and services provided under the program;
- c ) Promote and facilitate the involvement of volunteers;
- d ) Promote efficient and effective use of resources; and
- e ) Promote and facilitate co-operation and co-ordination with allied service agencies operating within the municipality.

The Regulation further indicates that FCSS programs must:

Be of a preventive nature that enhances the social well- being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and do one or more of the following:

- i ) Help people to develop independence, strengthen coping skills and become more resistant to crisis;
- i ) Help people to develop an awareness of social needs;
- ii ) Help people to develop interpersonal and group skills which enhance constructive relationships among people;
- iii ) Help people and communities to assume responsibility for decisions and actions which affect them; and
- iv ) Provide supports that help sustain people as active participants in the community.

The Regulation also outlines services that cannot be delivered by FCSS programs. These include reactive or rehabilitative services and duplicate services offered by other government agencies or entities. The Regulation also stipulates that the primary focus of FCSS cannot be to deliver recreational or leisure pursuits.

## Town of Innisfail FCSS Bylaw 1505

The Province provides funding to municipalities using a formula based on population and median income levels. This funding agreement through an 80 (province)/20 (municipality) partnership. However municipalities can contribute more to the program, based on their local social planning priorities and investment.

The Town of Innisfail has a bylaw (1505) which designates the governance of allocated FCSS funds, approved by Town Council, to a FCSS Community Granting board comprised of 5 community members and 1 designated Council member. These funds are to be distributed to Community organizations in accordance with the FCSS Act and Regulations.

The remaining FCSS funds reside with administration to utilize in accordance with the FCSS Act and Regulations.

## Municipal Development Plan

The Municipal Government Act requires all municipalities with a population exceeding 3500 residents to prepare and adopt a Municipal Development Plan (MDP).

The Town of Innisfail 2007 Municipal Development Plan, adopted bylaw 1363, outlines a number of broad based goals and strategies to help guide future growth, planning and service provisions that enhances the quality of life for the citizens of Innisfail.

Specific to the human and non-physical environment, the MDP outlines the following objectives: Specific to section 3.0 of the MDP on **Human Environment**, the goal is to encourage fiscally sound programs, services and opportunities that enhance the quality of life of all citizens. Seven policies were further developed to guide municipal services within the Human Environment section in regards to: mitigation of financial burden or risk; adequate, timely and efficient protective services; common services; social programs and services; access to common and protective service providers, Red Deer County Partnerships; and provisions to transfer cost of services to users verses tax base.

Specific to section 2.8 of the MDP on **Community Facilities**, the goal is to strive to provide facilities that will enhance the provision of community services associated with the social, cultural, educational and recreational needs of the citizens of Innisfail. Ten policies were developed to guide future decisions in regards to: Partnerships with the schools divisions; Red Deer County; community groups; Health Services; linear green spaces for development that links the community to various areas; preference of playground placement centrally located; support for preservation of natural areas and vegetation; historical build environment; placement of community facilities and support for Innisfail and District Open space plan (1985).

Specific to section 2.5 of the MDP on **Residential Development**, the goals are to facilitate the provisions of a full range of housing types, aesthetically pleasing and minimize conflicts between residential and non-residential land uses. Nine policies were developed to guide future goals: provide adequate open space and school sites; a wide range of housing types to meet the needs of all citizens; higher density housing in smaller clusters with access to major roads; maximum residential dwelling limits; innovative residential designs that are of high quality or complement existing development; restrictions to sour gas facilities; and support of accompanying documents to the plan.

The MDP further sets out goals in Commercial, Industrial, Urban Development, Utilities, Transportation, Environmental, Educational and Economic development, Inter-municipal Co-operation, and Interpretation/Implementation/Amendment and Review.

### **Envision Innisfail (Community Assessment 2010)**

Over twelve months the Envision Innisfail Advisory committee engaged those who worked, lived and played in Innisfail to identify the best of what the community is now and to what the community might become. The report identified the following findings as priority areas:

#### Vision for Innisfail

- Welcoming – find many ways to greet and welcome the people who visit, work and play and live in Innisfail.
- Communicating – communicate in an open and thoughtful ways that meet the needs of a variety of people who visit and live in Innisfail.
- Gathering – gather with a variety of people as we honor our past, celebrate our present and plan for our future.
- Planning – create thoughtful and innovative plans that meet the changing needs of our community.

#### Important Values

- Connected and Inclusive – a place where people feel connected and included with a sense of belonging.
- Healthy and Safety – A place where people can be healthy and safe.
- Green and Environmentally Responsible – To live in harmony with the environment.
- Thoughtful Growth – a place of planned growth in a thoughtful manner that make current and future generations proud

Ten recommendations were provided, mostly around a tool kit and strategies to disseminate it in the community. Along with developing current and new leaders who guide the community through training events, a continued central forum for community conversation, other Envision Innisfail in future years and developing action plans on the 25 bold proposals that were brought forward during the process. A full detailed listing of the Envision Innisfail document can be found at <http://envisioninnisfail.com/>

### **Alberta Social Policy Framework (2013)**

Alberta Social Policy Framework was initiated to help guide the future direction of social policies and the provision of related programs. Fundamental to the objectives of the framework is the need to coordinate the “activities within and between government departments, to harmonize work between government and other stakeholders, and to ensure that there is a policy alignment and consistency” Ensuring efficiency and collaborations between service providers is identified throughout the document as being crucial to the sustainability of Alberta’s social service and program delivery capacity.

The strategic directions set forth in the Policy will be driven by eight key transformational initiatives, which future decisions and service provisions will be largely driven and influenced by:

1. Early Childhood Development
2. Poverty Reduction Strategy
3. Common Service Access
4. Primary Health Care Initiatives
5. Results Based Budgeting
6. Partner with First Nations, Metis and Inuit Communities
7. Safe Communities
8. 10 Year Plan to End Homelessness

### **Alberta's Approach to Early Childhood Development (2013)**

"Together We Raise Tomorrow" is a unified agenda for children to achieve better outcomes for children now and into the future. Over the next year, they will engage across government and with communities to build on the outcomes and principles in the Social Policy Framework and move forward on the Alberta Children's Charter, the Child Poverty Reduction Strategy and the Alberta Approach to Early Childhood Development. Our goal is to bring people together to identify local solutions and supports that will fit the diversity of Alberta's children and families.

The document identifies the need to focus efforts on ensuring a healthy start in life for children along with supportive environments. The document outlines five specific objectives for the next three years.

1. Improve maternal, infant, and child health to support healthy pregnancies; reduce the number of children with Fetal Alcohol Spectrum Disorder (FASD), optimize maternal mental health: and provide early screening and follow up to support a child's development.
2. Provide Alberta parents with access to leading edge early years information and practical tools that help support their child's development.
3. Assist families experiencing periods of vulnerability to provide health, safe, and nurturing experiences for their children and protect children who are not safe.
4. Create a "made in Alberta" early years approach to provide responsive early learning and care options that help children to reach their developmental potential by the time they enter school.
5. Collaborate with communities to develop a cohesive and accessible system of neighborhood supports where families can get the right supports at the times they need it most.

Complimentary to the Approach to Early Childhood Development is the creation of a Children's Charter.

### **The Children First Act**

The Children's First Act passed by the legislative Assembly in May 2013.

The Act updates and amends legislation and enhances the tools, process and policies that impact how government and service providers deliver programs and services for children and youth. It also aligns with and supports the work of other initiatives including: the Social Policy Framework, Early Childhood Development Strategy, Poverty Reduction Strategy and the Information Sharing Strategy.

Key elements of the Bill:

- Develop a Children’s Charter to establish government-wide principles, priorities, roles and responsibilities as they pertain to Alberta children.
- Enhance information sharing to allow for the sharing of a child’s personal and health information for the purposes of planning and providing services.
- Formally establish the Child and Youth Data Laboratory in legislation and provide it with the information sharing provisions required to enhance its analysis and advice.
- Amend the Protection Against Family Violence Act to formally establish a Family Violence Death Review Committee.
- Permit the Victims of Crime funds to support groups that help child victims of crime through the use of counseling, mental health services and other tools that support children to overcome the impacts of trauma.
- Change the Maintenance Enforcement Act and the Family Law Act to support greater information sharing and improve client services.
- Amend the Protection against Family Violence Act to help continue to protect parents and their children from family violence by allowing protection orders from other provinces to be recognized in Alberta.
- Revamp the offence provisions within the Drug Endangered Children Act, Protection of Sexually Exploited Children Act, and the Child Youth and Family Enhancement Act.
- Enhance the mandate of the Child and Youth Advocate to allow investigations into the serious injury or death of young adults and to participate in appeal panels.
- Enhance relationships between child intervention workers and families by placing team-based decision making with the people who work most closely with the child and family by clarifying roles and responsibilities.
- Increase access to justice by allowing children under 12 to appeal court orders made under the Child, Youth and Family Enhancement Act, and allowing parents and guardians to apply for a review of a permanent guardianship order.
- Extend the Premier’s Council on Alberta’s Promise Act through 2018.

One of the key amendments establishes a Family Violence Death Review Committee. Children who are exposed to violence in the home or the loss of parent due to family violence can be profoundly affected. Preventing and reducing family violence is a vital part of protecting children and giving them the best possible start in life.

### **Alberta’s Poverty Reduction Strategy**

Aligning with the development of the 2013 Social Policy Framework, Alberta’s Poverty Reduction Strategy has been initiated to meet the following four objectives.

- A comprehensive strategy to eliminate child poverty in five years;
- A 10 year plan to reduce overall poverty;
- An implementation plan that outlines immediate mid and long term actions; and
- A comprehensive community-based evaluation and monitoring strategy.

In June 2013 a discussion paper was published to help set forth a context for the development of the Poverty reduction Strategy in the province of Alberta, and identify potential areas of exploration that may help drive potential strategies. Identified in the discussion paper are seven policy areas or “domains” that have research based rationale to support the positive effects they can have on reducing poverty.

1. Affordable housing
2. Early childhood development
3. Education and literacy
4. Training and Skills development
5. Income supplementation and replacement
6. Assets
7. Placed-based interventions

The discussion paper suggests that building on these domains (the majority of which are preventative in nature) can help create a path to reducing poverty in Alberta. For each domain a number of potential strategies or options are provided. The discussion paper further mentions that a strategy will “coordinate and leverage ongoing municipal efforts to address poverty”.

## Inventory of Social Services

### What FCSS provides directly in the community.

FCSS Innisfail provides a number of community resources, services and programs to address the social needs in the community. While FCSS Innisfail offers many programs directly, many others are offered through partnerships and collaboration with various organizations. These partnerships help reduce duplication and support complex and diverse work.

The following is a list of 2014 direct programs and services offered through the location at the back of the Senior Drop In Centre and the Town administration office.

Program or Service	Mission / Purpose	Target Market	Season/dates
Community Information and Referral	Confidential advice and assistance to those seeking resources for various local and government programs and services. Phone and Walk in Support.	Newcomers, inquiry or assistance to various programs and services.	Year-Round
Senior Information and Referral	Confidential advice and assistance to those seeking resources and completing applications for: Alberta Senior Assistance Benefits, Special Needs programs, etc. Phone and Walk in Support	Seniors and upcoming seniors in the community.	Year-Round



Community Program Guide	Works with a team to publish a resource three times a year: spring, fall and winter. This guide has resources on programs and services in the community through various organizations and group which includes registration or program access information.	Community Members	Spring/Fall/Winter
Community Resource Directory	Published every second year. Included: not for profit, government organizations, culture, recreation and social support programs and services.	Community Members	Bi-Annually
Volunteer Community Connection	In partnership with Volunteer Central, FCSS connects individuals to volunteer opportunities in the community.	Community Volunteers, not for profits who need support.	Year-Round
Innisfail Family Centre - external funding - FCSS sat on board/treasurer	Supporting and assisting to build capacity with the Innisfail Family Centre. FCSS is the fiscal agent for United Way funds that support the program.	Caregivers with children 0-6 yrs	Year-Round
Community Partners	Various community organizations and social service providers continue to gather monthly to share information on services and programs, network, and partner together to address identified needs in the community.	Partners/Not for profits, community groups	Year-Round
Innisfail Vision for Non-Violence	This coalition works to address bullying and family violence issues in the community.	Partners/Not for profits, community groups	Year-Round
Welcoming Communities	A cohort of organizations and individuals working together to promote the participation of all local area newcomers in the social, economic and various cultural aspects in life without discrimination.	Partners/Not for Profits, Community groups, businesses and interested individuals.	Year-Round
Not for profit support	Offers Not for Profit and Community Organizational Support	Partners/Not for profits, community groups	Year-Round
Senior Drop In Society Capacity building and support - grant for upgrades	Assist drop in centre with connections and partnerships for FCSS grant funded programs, provincial grants - washroom project, forward planning inquiries.	Senior drop in centre members	Year-Round
The Side Door Program - adoption with Boys and Girls	Assist Boys and Girls with the transition of the Side Door community program.	Board members, Staff and supports for Boys and Girls.	Year-Round
New Youth Program Facility	Youth facility to support preventative youth and family programming.	Youth and Families	Year- Round
Snow Angel program	Program	Volunteer Mentors and Senior or those with disabilities.	Seasonal - Winter
General Family and Relationship Counseling program	Program	Families and Adults	Year-Round

Volunteer Appreciation Tea	Event	Community Volunteers	Spring
Community Information Night Fall & Spring	Event	Community Members	Spring and Fall
Community Gala	Event	Community Volunteers	Fall
Seniors Week Celebration	Event	Seniors and Community	June
Home Support Program	Program	Seniors and those disabled.	Year-Round
Neighbourhood Block Party	Program	Community Members	May -- Oct
Positive Ticketing	Program	Youth	May - Oct
Youth Leaders in training for summer program	Program	Youth Volunteers	July - Aug
CHIPS - Playgroup	Program	Caregivers of children 0-6 yrs.	Year-Round
Roots of Empathy	Program	Caregivers of babies and Kindergarten or Grade 1 classes	Sept - June
Triple P - Parent Link	Sessional	Caregivers of children 0-17 yrs.	Twice a year
Babysitting x 2	Sessional	Youth ages 11-17 yrs.	Twice a year
Home Alone	Sessional	Youth 8-17 yrs.	Twice a year
Resolving Conflict through effective communication x 2	Sessional	Adults and Youth 12-17	Twice a year
Mental Health First Aid for those working with youth	Sessional	Adults	One a year
Mental Health First Aid for those working with Adults	Sessional	Adults	One a year
Addictions 101	Sessional	Adults	One a year
Disaster Emergency Social Services		Community Volunteers	Year-Round
Youth Programming Facility	Facility administration and operation		Year- Round
Community Social Needs Assessments	Data collection and reports		project basis

Innisfail Family and Community Support Services Department in 2014 had the following staff/contracted services compliment:

- Family and Community Support Services Manager (1.0 FTE)
- Community Facilitator (1.0 FTE)
- FCSS Administration/Volunteer Coordinator (1.0 FTE)
- Home Support Staff – 1 qty (260 hours approx. per year)
  - Contracted Services
    - CHIPS (playgroup) Coordinator (156 hours a year)
    - Roots of Empathy Instructors – 5 qty (approx. 80-1000 each per year)
    - Innisfail Family Centre Society Coordinator (1300 hours approx. year)
    - General Counselor 1qty (308 hours maximum per year)

We had a volunteer, social work student, assist in the office in 2014 who contributed approximately 156 hours in 2014.

**FCSS Community Granting Program - What FCSS provides indirectly in the community.**

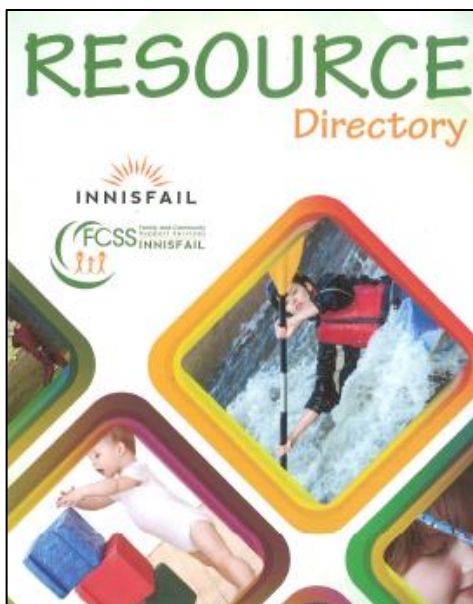
FCSS Community Granting program is operated by a board of volunteers with council representation, who make decisions on funding allotments in the community with funds Town Council has allocated to the program. Decisions are made based on a criteria set by Human Services Ministry through the FCSS Act and Regulations.

2014 Funding allocations were:

Program or Service	Mission / Purpose	Target Market	Season/dates
Big Brothers and Big Sisters of Innisfail and Area. 2014 FCSS Funded \$19,450.00	BBBS provides an effective in school and teen mentoring program. Volunteers meet with individuals and groups to model appropriate behavior and skills, positive attitudes, improve self-esteem and social skills through various activities.	Children and Youth	Year-Round
Chinooks Edge School Division 2014 FCSS Funded \$20,000.00	Family School Wellness Program’s objective is to provide Innisfail with a preventative, early intervention service available to all families and children experiencing difficulties. Family Wellness Workers are available to all children and families who are experiencing difficulties.	Children, Youth and Families in school.	Year-Round
Innisfail Family Centre Society 2014 FCSS Funded \$9,200.00	Programming is aimed at Families with Children 0-5 year. Various families and individuals participate in social networking and activates at the Family Centre to enhance their knowledge and skill with development with children 0-5 yrs.	Caregivers of children 0-5 yrs.	Year-Round

Senior Drop In Society 2014 FCSS Funded \$7,450.00	Seniors information and referral and various social activities' Senior Wellness Days, education, arts and culture (music programs) and leisure activities. Together they address the senior community engagement with an aim to limit social isolation.	Seniors	Year-Round
Boys and Girls Club of Olds and Area-Innisfail Program 2014 FCSS Funded \$14391.11 \$12,500.00+1891.11	Programs that offer a child-focused approach skill development, self-esteem enhancement and character building.	Youth ages 6-17	Year-Round
Restorative Justice - Youth Mentoring Program 2014 FCSS Funded \$4,600.00	In partnership with RCMP, Peace Officers and Community Corrections, youth are mentored through non-sanctioned incidences and provide mentoring after sanctioned hours are completed, for month to over a year if needed.	Youth	Year-Round
Naturally Nurtured - Animal Assisted Learning 2014 FCSS Funded \$1,800.00	Provides session for families, children and youth to build self-esteem and health awareness working with animals.	Families, Youth and Children	Sessional

Funds allocated are determined in November of every year. The budget in 2014 was set by Town Council at \$75,000 to community organizations that fit the FCSS mandate and outcomes. Funded agencies are expected to provide a semi-annual report and a yearly financial and outcomes report.



## Community Resources

A Community Resource Directory is available that list the social, culture and recreation programs and services available in Innisfail, with a brief description the organizations service or program. This directory is updated on a biannual basis and available through the Town of Innisfail administration office, FCSS office and Library Learning Centre.

## Stakeholder Consultation

There were a number of elements that contributed to the Community Social Needs Assessment consultation. These included the following; Individual survey for those 7yrs and older, FCSS Board discussion through strategic planning, Community Partners engagement with survey details and delivery.

Method	Contacts	Responses	Response Rate
Individual Mail Out Survey for Innisfail and Area(with web link information)	3092	548	17.72%
Web Survey		31	
Facebook		83	
Student Survey	0	0	
<b>TOTAL</b>	3092	662	21.41%

Respondents were made of the following age categories

Answer Options	Response Percent	Response number
7-17	6.5%	43
18-29	7.6%	50
30-39	11.2%	74
40-49	11.7%	77
50-59	20.3%	134
60 or older	42.7%	283
<i>skipped question</i>		1
<i>Total</i>		<b>662</b>

## FCSS Board and Staff Discussion and Strategic Planning 2014-2017

In 2014 the FCSS Board and staff used an external facilitator to create cohesive vision, mission and goals for the FCSS program. Various discussions around trends affecting the Town and what is different in the community by 2024 because of the FCSS program with the Town of Innisfail.

Adopted Vision and Mission by Council are;

**VISION:** Innisfail is a healthy connected and inclusive community of socially engaged citizens.

**MISSION:** To strengthen the quality of life in Innisfail through support to locally driven prevention-focused initiatives and programs, that promotes and maintains social wellness and well-being of individuals, families and our community.

Goals identified are:

- To assure the relevance, effectiveness and efficiency of our program.
  - Social Needs Assessment that provides evidence to guide decision making.
- To increase communication and promotion of FCSS
  - Options to increase the board members role, enhance logo identity, improve how approachable we are, and use various communication methods.
- To support and increase meaningful & transparent community volunteer opportunities.
  - Through volunteer connection coordinator and have clear volunteer expectation and opportunities in Innisfail.
- To work collaboratively to address root social issues and enhance the quality of life in our community members/citizens.
  - Building and maintaining connections among organizations and citizen in our community, ie, community partners.
  - Increase communication on our programs and services, Community Directory, effective referrals, welcoming community's initiative and community grant support.
  -

A full copy of the FCSS Strategic plan 2014-2017 is available by request through the FCSS department.

## Survey Responses

### Identified Social Issues in the Community of Innisfail

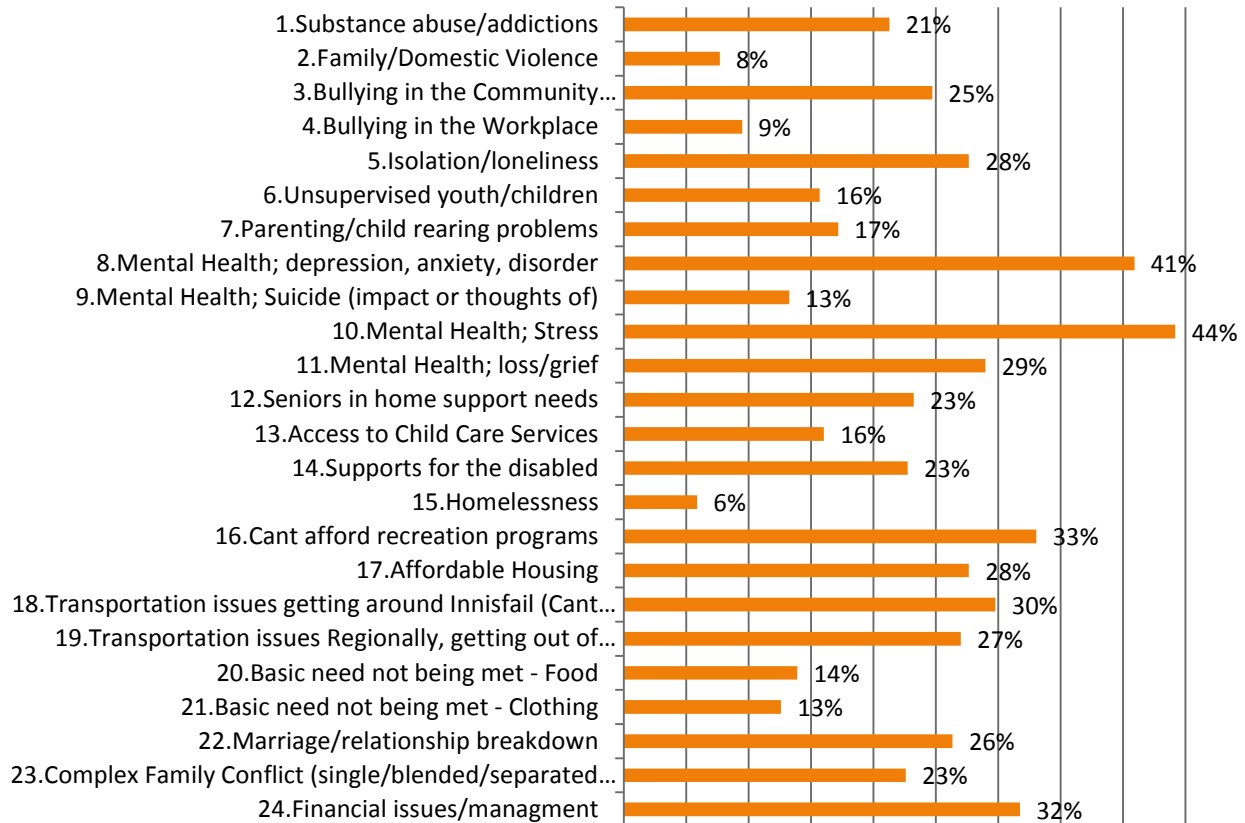
The 662 survey respondents were presented with 24 social issues in the community.

Question asked: **Are you or someone you know in Innisfail dealing with the following issues in the community?** Below are the collective global community responses for both youth ages 7-17 population and adults & families population:

- 1) Mental Health Stress (44%)
- 2) Mental Health Anxiety, depression, etc. (41%)
- 3) Can't Afford Recreation programs (33%)
- 4) Financial Issues/Management (32%)
- 5) Transportation issues getting around Innisfail (30%)

See the graph below for additional findings.

## Social Issues Identified in the Community (global reponses for youth 7-17 & Adults and Families)



When broken down into specific response areas between Yes – Youth 7-17 and Yes Adults & Families, the following are the top 5 areas:

Top global social issues identified for youth ages 7-17 in the community are:

- 1) Bullying in the Community (18.8% of survey respondents)
- 2) Unsupervised youth/children (11.6% of survey respondents)
- 3) Can't afford recreational programs (9.1% of survey respondents)
- 4) Mental Health Stress (7.5% of survey respondents)
- 5) Mental Health Anxiety, depression, etc. (7.3% of survey respondents)

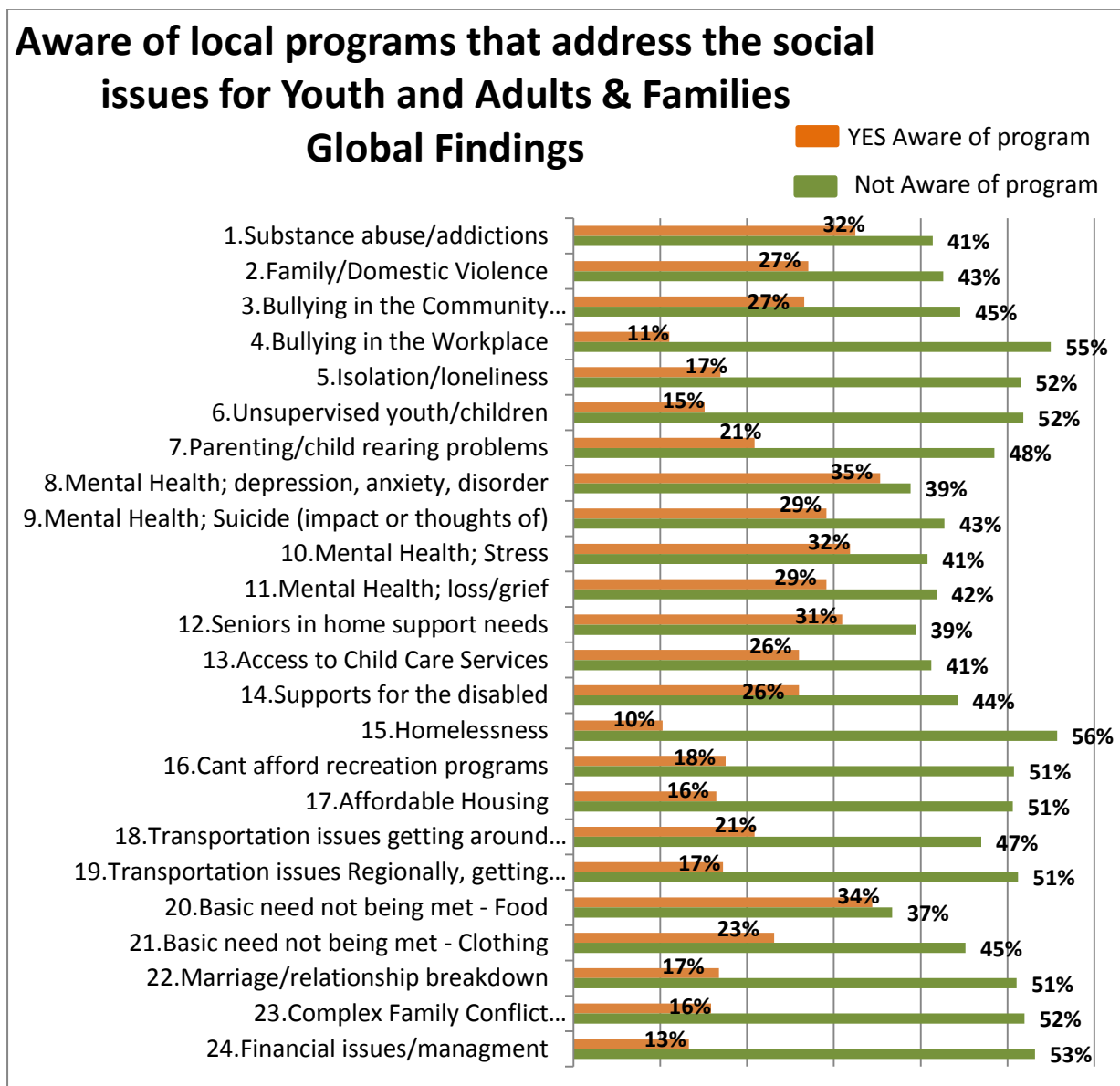
Top global social issues identified for adults & families in the community are:

- 1) Mental Health Stress (36.6% of survey respondents)
- 2) Mental Health Anxiety, depression, etc. (33.6% of survey respondents)
- 3) Financial Issues/Management (29.4% of survey respondents)
- 4) Transportation Issues getting around Innisfail (25.2% of survey respondents)
- 5) Affordable Housing (24.4% of Survey respondents)

Social needs that were identified as top community priorities that should be address by survey respondents are as follows, in order of priority: (Q13 on Social Needs Assessment)

- 1) Bullying in the community (44% of respondents)
- 2) Substance abuse/Addictions (38.9% of respondents)
- 3) Mental Health; Depression, Anxiety ,etc (36.5% of respondents)
- 4) Seniors in Home Supports (32.7% of survey respondents)
- 5) Family/Domestic Violence (31.5% of respondents)

Respondents were asked “Yes they are aware of local programs that address the issues of both youth and adults & families”. The global finding show good percentage of the respondents were aware of the programs that addressed the need of individuals and families with; mental health programs that addressed anxiety, depression, etc. (35%), Food programs (34%) Substance abuse and addiction programs (32.5%), Mental Health stress (31.8%) and seniors in home support (30.9%). The additional global findings are listed below;





Respondents were asked “**No they are not aware of local programs that address the issues of both youth and adults & families**”. The global findings below consider the number and percentage of respondents that have identified social issues and concern within various categories and the disparity of awareness of local programs that address the issues, which result in the following top suggested social programming improvements (through communication, awareness, etc.) by disparity;

- 1) Financial issues/management with 32% of respondents identified as social issues and only 13% awareness of local programs that address the issue. 53% of respondents indicated they were not aware of any local programs.
- 2) Can't afford recreation programs with a 33% social issue identified rate and only 18% awareness rate. 51 % of respondents indicated they were not aware of any local programs.
- 3) Affordable housing with 28% of respondents who identified this as a social issue with only %16 percent awareness rate. 51 % of respondents indicated they were not aware of any local programs that addressed this social need.
- 4) Mental Health Stress had 44% of respondents identify this as a social issue however only 31% of respondents were aware of local programs that address this issue. 41 % of respondents indicated they were not aware of any local programs.

### Demographic Trends and Themes with Social Issues in the Community

Responses from the following demographic groups regarding identified social issues in the community are the top following:

**7-17 year respondents**, which are approximately 2.7% of that population demographic in Innisfail that responded, based on Innisfail 2012 municipal census.

**Yes those 7-17yrs:** Bullying in the community with 57.5% of demographic respondents, Mental Health Stress at 43.90% of demographic respondents, Mental Health loss and grief with 29.27% of demographic respondents.

**Yes Adults & Family:** Financial Issues and Management with 27.5% of demographic respondents, Marriage and Relationship Breakdown with 27.5% of demographic respondents, Can't Afford Recreational Programs with 22.5% of demographic respondents.

**18-29 year respondents**, which are approximately 5.7% of that population demographic in Innisfail that responded, based on Innisfail 2012 municipal census.

**Yes those 7-17yrs:** Bullying in the community with 23.40% of demographic respondents, unsupervised children/youth at 19.15% of demographic respondents, Can't Afford Recreation programs with 14.89% of demographic respondents.

**Yes Adults & Family:** Mental Health Stress with 59.57% of demographic respondents, Mental Health Anxiety, Depression, etc. with 44.68% of demographic respondents, Financial Issues and Management with 27.5% of demographic respondents.

**30-39 year respondents**, which are 5.33% of that population demographic in Innisfail that responded, based on Innisfail 2012 municipal census.

**Yes those 7-17yrs:** Bullying in the community with 36.51% of demographic respondents, unsupervised children/youth at 25.81% of demographic respondents, Complex Family Conflict (single, blended, separated families) with 17.46% of demographic respondents.

**Yes Adults & Family:** Mental Health Stress with 49.21% of demographic respondents, Mental Health Anxiety, Depression, etc. with 41.27% of demographic respondents, Financial Issues and Management and Marriage and Relationship breakdown tied with 34.38% of demographic respondents.

**40-49 year respondents**, which are 6.8% of that population demographic in Innisfail that responded, based on Innisfail 2012 municipal census.

**Yes those 7-17yrs:** Can't Afford Recreation programs with 19.70% of demographic respondents, Bullying in the community with 19.40% of demographic respondents, unsupervised children/youth at 16.42% of demographic respondents.

**Yes Adults & Family:** Financial Issues and Management with 37.88% of demographic respondents, Mental Health Anxiety, Depression, etc. with 35.82% of demographic respondents, Mental Health Stress with 34.33% of demographic respondents.

**50-59 year respondents**, which are 11.7% of that population demographic in Innisfail that responded, based on Innisfail 2012 municipal census.

**Yes those 7-17yrs:** Bullying in the community with 19.33% of demographic respondents, unsupervised children/youth at 10.08% of demographic respondents, Can't Afford Recreation programs with 9.24% of demographic respondents.

**Yes Adults & Family:** Mental Health Stress with 53.78% of demographic respondents, Mental Health Anxiety, Depression, etc. with 45.76% of demographic respondents, Mental Health Loss and Grief with 37.5% of demographic respondents.

**60-year and over respondents**, which is 13.95% of that population demographic in Innisfail that responded, based on Innisfail 2012 municipal census.

**Yes those 7-17yrs:** Bullying in the community with 8.59% of demographic respondents, unsupervised children/youth at 5.67% of demographic respondents, Can't Afford Recreation programs with 5.6% of demographic respondents.

**Yes Adults & Family:** Mental Health Anxiety, Depression, etc. with 29.57% of demographic respondents, Mental Health Stress with 26.67% of demographic respondents, Transportation Issues Getting around Innisfail with 26.61% of demographic respondents.

### Community Engagement Questions

642 (8.1%) responded to the questions

You and your family socialize with other residents who live in your community  
90% Agreed/Strongly Agreed

You and your family participate in community activities and events  
76% Agreed/Strongly Agreed

You and your family use community facilities, programs and services in Innisfail  
81% Agreed/Strongly Agreed

You feel you and your family are able to influence what goes on in your community  
47% Agreed/Strongly Agreed

You and your family feel like you belong in your community  
87% Agreed/Strongly Agreed

You and your family are able to go to other community residents for help  
81% Agreed/Strongly Agreed

Out of those who disagreed with the above questions there was a larger percentage in the 60 and older demographic followed by the 50-59 yrs.?

Of note the 30-39 yrs. of age showed a higher percentage of disagree or strongly disagree in the questions if they socialize with other residents in their community and being able to go to other residents for help.

### Respondent Information

620 respondents from Innisfail, 28 Red Deer County Residents (4.2% of survey respondents) and 15 from other neighboring communities (2.2% of survey respondents). Of note there was no survey mail out to Red Deer County or neighboring communities. Surveys were sent to Innisfail residents, businesses, accessible at the Town of Innisfail Administration, FCSS as well as online for those who worked, played and socialized within Innisfail.

627 survey respondents were born in Canada, 27 permanent residents of Canada, 7 Immigrant and 2 Temporary Foreign workers.

76 of the 653 individual respondents said "yes" they were new to the community in the last two (2) years.

131 (20%) of the survey respondents have a disability.

33 (5%) of the survey respondents spoke French 4 Filipino, 1 Spanish and 18 other. However 99.3% of the survey respondents spoke English.

36% of the respondents have never heard of Family Community Support Service (FCSS) before.  
18% of the survey respondents have work with or used Family Community Support Services in the past.

## Public Awareness

When it came to the question of how people prefer to receive information on community program and services, see the following:

Facebook	27.1%	175
post mail	37.7%	243
twitter	1.2%	8
Paper (The Province)	72.6%	468
Posters	17.1%	110
Email	27.1%	175
Town Webpage	23.7%	153
other	5.7%	37
answered question		645
skipped question		17

In respect to the demographic assessment in relation to the above question:

- All respondents had the local paper (The Province) as their first priority to gain information on community programs and services except ages 30-39yrs preferred Facebook.
- Ages 7-29 noted Facebook as their second preference.
- Ages 40-49 responded the Town Webpage as their second priority
- Ages 50 and older preferred post mail as their second priority.

## Community Volunteerism.

In the past 12 months 55.3% of respondents to the survey volunteered in the community. The highest amount of volunteers came from the age categories 40-49 yrs and 7-17 years.

Answer Options	7-17	18-29	30-39	40-49	50-59	60 or older	Response Percent	Response Count
Yes	57.14 %	50%	65.63 %	61.19 %	53.91 %	52.86 %	55.3%	348
No	42.86 %	50%	34.38 %	40.30 %	45.09 %	47.14 %	44.8%	282
<i>answered question</i>								<b>629</b>
<i>skipped question</i>								<b>31</b>

Those who answered yes to volunteering in their community indicated they volunteer for the following types of organizations.

The three top types of organizations that respondents volunteered with are: 1) Church or place of worship, 2) Sports and Recreations, 3) Social Services. See graph below:

Answer Options	7-17	18-29	30-39	40-49	50-59	60 or older	Response Count
<b>Sports and Recreation</b>							
	19	12	19	21	20	20	111
<b>Arts and Culture</b>							
	12	2	6	8	16	33	77
<b>Social Services (FCSS, Food bank, Meals on Wheels, etc)</b>							
	11	4	9	10	21	48	103
<b>Services Clubs (Kinsmen, legion, etc)</b>							
	12	4	6	8	19	39	88
<b>Youth organizations (Big Brother Big Sister, Boys and Girls, etc.)</b>							
	15	7	13	7	13	13	68
<b>Church or place of worship</b>							
	12	12	13	17	29	73	156
<b>School/Education programs</b>							
	13	7	23	17	14	22	96
<b>Library</b>							
	10	1	4	5	10	13	43
<b>Other</b>							
	9	5	11	9	24	34	92
<i>answered question</i>							<b>347</b>
<i>skipped question</i>							<b>313</b>

Below is a listing of where respondents felt they spent their volunteer time in the past twelve months. There were 834 category replies and only 347 respondents. This gives us an approximate average that each person volunteers for 2-3 organizations.

Answer Options	7-17	18-29	30-39	40-49	50-59	60 or older	Total Respondents
<b>Sports and Recreation</b>							
1-12 hours	6	4	8	5	8	10	41
13-24 hours	6	4	3	0	5	2	20
25-50 hours	1	1	2	6	3	3	16
50 or more hours	6	3	6	10	4	5	34
<b>Arts and Culture</b>							
1-12 hours	3	1	1	6	4	11	26
13-24 hours	6	1	1	0	5	8	21
25-50 hours	1	0	3	2	4	3	13
50 or more hours	2	0	1	0	3	11	17
<b>Social Services (FCSS, Food bank, Meals on Wheels, etc.)</b>							
1-12 hours	8	1	4	7	6	15	41
13-24 hours	3	0	5	2	4	12	26
25-50 hours	0	1	0	1	2	5	9
50 or more hours	0	2	0	0	9	16	27
<b>Services Clubs (Kinsmen, legion, etc.)</b>							
1-12 hours	6	1	1	5	4	12	29
13-24 hours	4	1	1	0	4	1	11
25-50 hours	0	0	1	0	6	12	19
50 or more hours	2	2	3	3	5	14	29

Youth organizations (Big Brother Big Sister, Boys and Girls, etc.)							
1-12 hours	6	1	3	4	5	5	24
13-24 hours	4	1	1	1	4	3	14
25-50 hours	0	0	1	2	2	3	8
50 or more hours	5	5	8	0	2	2	22
Church or place of worship							
1-12 hours	9	5	2	9	7	18	50
13-24 hours	2	1	3	2	5	12	25
25-50 hours	1	1	0	1	3	10	16
50 or more hours	0	5	8	5	14	33	65
School/Education programs							
1-12 hours	1	4	11	7	6	11	40
13-24 hours	2	2	5	3	3	4	19
25-50 hours	1	0	4	2	1	5	13
50 or more hours	9	1	3	5	4	2	24
Library							
1-12 hours	4	0	1	1	3	8	17
13-24 hours	4	1	1	2	4	3	15
25-50 hours	1	0	2	1	1	1	6
50 or more hours	1	0	0	1	2	1	5
Other							
1-12 hours	4	1	5	4	4	12	30
13-24 hours	3	1	2	4	6	6	22
25-50 hours	1	0	2	0	3	3	9
50 or more hours	1	3	2	1	11	13	31
<b>TOTAL</b>							<b>834</b>

42% of respondents to the survey reported they did not volunteer due to the following barriers: 1) Work commitments 36.7%. 2) Family Commitments 31.3%, 3) Not Interested 22.4%, 4) Prefer to give money instead followed by 5) don't feel adequately prepared through skill, ability, knowledge, experience.

Answer Options	7-17	18-29	30-39	40-49	50-59	60 or older	Response Percent	Response Count	
Not interested	10	3	0	4	11	35	22.4%	63	
Prefer to give money instead of volunteer	3	3	4	4	11	31	19.9%	56	
Don't know how to get involved	1	10	3	7	7	7	12.5%	35	
Don't feel adequately prepared (skill, ability, knowledge, experience)	0	5	0	6	6	37	19.2%	54	
Work commitments	4	15	17	20	34	13	36.7%	103	
Family commitments	5	13	12	14	19	25	31.3%	88	
Educational commitments	8	3	0	1	1	0	4.6%	13	
Health Issues	0	0	0	2	1	11	5.0%	14	
<i>answered question</i>									<b>281</b>
<i>skipped question</i>									<b>379</b>

## Trends and Themes in Social Services

### Risk Factors for Family Instability and Poor Parenting

Based on the 2014 City of Calgary Family Community Support Service published research brief, a number of risk factors were identified that can lead to poor family and parenting environments.

#### 1. Parental personality traits and family histories (Intergenerational practices)

Parenting styles and parenting practices tend to be transmitted down generational lines.

#### 2. Parental Mental Health Issues and Substance Abuse

The most common type of mental health issue experienced by mothers is depression (fathers are usually absent during these research studies). Maternal depression is a serious risk factor for poor child development because it can largely diminish mother's ability to use good parenting skills.

Parental substance abuse is associated with a higher incidence of physical abuse and adverse developmental outcomes, including poor physical health, emotional well-being, and behavioral problems. These problems may be the direct result of poor parenting and/or to other parental and risk factors.

#### 3. Early unplanned and lone parenting

Many lone parents are women living on low incomes with little social supports. Families headed by single young mothers are much more likely than other families to: endure multi moves, multiple co-habitations and dissolutions, and risk cycling inter-generational poverty, all of which carry's risks for children of all ages.

Pregnancy in adolescence increases the risk of life long poverty.

There is an association between unintended pregnancy and child abuse, even among adult mothers.

#### 4. Martial Conflict

Many studies have shown that inter-parental conflict (without violence) is often associated with poor parenting, which is, in turn, associated with children's emotional and behavior problems. The immediate and long term consequences for children are far more serious when marital conflict includes intimate partner violence (IPV).

#### 5. Parental cognitive impairments (CI) and intellectual disabilities (ID)

Mothers of CI experience poorer physical and mental health and high levels of stress, with correlations between parenting stress, parenting style, and older children behavioral problems. Research shows that "good enough" parenting by parents with CI, are related to the amount of social supports available to parents and their children.

## 6. Chronic low income

Low income is clearly related to parent's ability to meet basic needs, such as food, shelter, transportation and clothing along with recreational and other forms of programming are important for healthy youth development. Even under the best of circumstances, it is well documented that the ability to parent is significantly weakened by the stresses associated with poverty.

## 7. Social Isolation

Socially isolated parents are more likely to use poor parenting practices. Parents without supportive networks, relatives or friends are more likely to maltreat or neglect their children. Social Isolation is more common among low income families, families headed by a young, single mother, and families with a child or parent with a disability and reduced social support restricts the ability of family and community to offset the direct effects of poverty.

Identifying and implementing strategies that increases and individuals protective factors and enhance ones resilience can play an important role in mitigating a host of other community and societal issues.

## Mental Illness and Addiction

Mental illness and addiction refers to a wide range of disorders that affect mood, thinking and behaviors. Mental illness and addictions can be associated with distress or impairment of functioning. Symptoms vary from mild to severe.

- 1 in 5 Canadians experience a mental health or addiction problem within a given year.
- 70% of mental health problems have their onset during childhood or adolescence.
- Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.
- Canadians in the lowest income group are 3 to 4 times more likely than those in the highest income group to report poor to fair mental health
- Individuals with a mental illness are much less likely to be employed.<sup>21</sup> Unemployment rates are as high as 70% to 90% for people with the most severe mental illnesses.
- One in 10 men will struggle with depression, and more than three times as many men as women will die by suicide.

A growing body of international evidence demonstrates that promotion, prevention, and early intervention initiatives show positive returns on investment. Mental health and wellbeing is becoming more of a focus for both private and public sectors. Corporate driven campaigns have helped raise awareness and related issues such as addictions and bullying.



## Social Isolation and Loneliness

Social isolation is defined as "a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships. Social isolation is a deprivation of social connectedness.

For vulnerable seniors, social isolation is associated with poor general health including: increased risk of chronic disease, disability, reduced self-care, decreased immunity, slow wound healing, poor sleep efficiency, fatigue, abuse, stress, mental health issues, loneliness, poor nutrition, reduced wellbeing, quality of life and psychosomatic illness.

Vulnerable immigrants, social isolation is associated with: unemployment or underemployment, poverty, settlement and integration challenges. For some refugees, mental health challenges.

Those with disabilities, social isolation can be associated with challenges ranging from: poverty, health problems to loneliness.

At risk parents, social isolation could be associated with: poverty, poor health, poor parenting and in some cases child abuse.

What is common among all people who suffer from social isolation is the risk of social exclusion on multiple dimensions.

Preventing social isolation is often an aspect of a broader social inclusion strategy, which provides opportunities to establish and strengthen social ties and become more integrated within the community while reducing barriers (language, cultural, financial, transportation, facilitation).

## Financial Literacy

Financial literacy means having the knowledge, skills and confidence to make educated financial decisions. This includes: budgeting, investing and savings. These are skills that strengthen long term planning and help ensure sustained wellbeing. While improving financial literacy for all levels of income is important, lower income households face greater risk from financial decisions due to the fact they have fewer resources. Without income people cannot get by, without assets people cannot get ahead.

The lowest income earners in Alberta annually spend 122% of their income. Alberta has conducted research on financial literacy and asset building policy options since 2009 but has not implemented a comprehensive approach to financial literacy or asset building.

## Identifying Vulnerable Populations

The delivery of effective preventative social services requires providers to be constantly up to date and aware of the needs, issues and support program/s in the community. Providers must be able to assess, identify and align or refer services and programs to effectively mitigate or prevent issues for individuals, families and communities.

## Next Steps

This information from the Innisfail Social Needs Assessment will become part of Town of Innisfail Family and Community Support Services department consideration when planning where to focus preventative social programming, directly or indirectly with administration and Town Council. However not limited to new and emerging competing priorities.

### SOCIAL PROGRAM PRIORITIES

Priorities with staff allocation and finite FCSS dollars that have not seen an increase in provincial funding for nearly a decade, Town Council will need to decide the priority of preventative social program focuses for the years ahead.

### COMMUNICATION AND AWARENESS

There were some definite areas where community programming needed to enhance Communication and Awareness on how to access, they are as follow but not limited to:

- 1) *Financial issues/management*
- 2) *Affordability recreation programs*
- 3) *Affordable housing*
- 4) *Mental Health Stress*

### ONGOING COMMUNITY INPUT

Continued efforts with ongoing community input needs to be a priority to ensure program priorities address the needs of the citizens.

### PARTNERING/COLLABORTATION

A broad approach with many of the complex social issues in the community is needed to effectively deal with and minimize the issues. This is not to suggest that any one organization cannot effectively deal with the issues and concerns that may arise. Rather suggest where appropriate, organizations work together in a more collaborative and complimentary manner to the address the issues, concerns and often complexities that could have a long term affect for individuals, families and communities.

Partnering also provides the opportunity to reduce duplication and enhance a service or program to an individual or family.