

**Community & Social Development (CSD)
Social Investment Framework
2017 – 2020**

INTRODUCTION

As the 15th largest urban municipality in Alberta, and the Province's newest City, Chestermere is a dynamic recreational city in Southern Alberta with all the ambiance of a laid-back lakeside community. From the 2016 census, Chestermere has the second highest growth rate in the Province with its population increase of 6.6% in 2015 – 2016, bringing the total population count to 19,715.

Chestermere continues to be an attractive community for its prime location, dynamic lakeside lifestyle and friendly neighbourhoods. Even in the midst of economic uncertainty, the population and average housing prices continue to increase in this oasis community.

Chestermere's 2016 municipal census shows that there is an equal split between men and women in the City (although 2% preferred not to answer this question), 27% of residents are between the ages of 20-40, 29% are between the ages of 40-60, 11% are over the age of 60. Known to be a great place to raise a family, the number of residents under the age of 20 is 31%, approximately 8% of these are children 0-4 years of age (www.chestermere.ca/census and statcan).

The Community Services Department is comprised of two divisions: Parks, Recreation & Fund Development and Community & Social Development. As a Department we are inspired by the following Vision, Mission and Guiding Principles:

Vision:

An active, healthy and connected community.

Mission:

Through community leadership and engagement we create an inclusive place to live, learn & play.

The Community & Social Development (CSD) Division is responsible for the provision of preventive social services for City residents and has incorporated the following Guiding Principles into a Social Investment Framework for 2017-2020.

Guiding Principles

- Reduce risk factors and increase protective factors (see [Appendix B](#))
- Daily needs are met here
- Barrier free, accessible services
- Social inclusion
- Collaboration

These documents align with the City of Chestermere's fundamental principles upon which municipal operations are based.

The four policy goals identified by the Provincial Human Services Ministry in their 2013 Social Policy Framework were acknowledged as critical goals for local service delivery and the Social Investment Framework is in alignment with these goals:

- Protect the vulnerable
- Reduce inequality
- Create a person-centred system of high-quality services. A person-centred approach ensures the person, who is accessing the service/program, is at the centre of and an equal partner in decisions relating to their needs. (see [Definitions](#) for more info)
- Enable collaboration and partnerships

This investment framework will support and guide staff and the Human Services Advisory Board (HSAB) to establish priorities and the allocation of resources for the work of Community and Social Development including Family and Community Support Services (FCSS) and the United Way. Resources can then be invested to meet the highest priority needs in the community. CSD will engage in a biennial review of priorities and needs in Chestermere with agencies and the community.

SERVICE DELIVERY STRATEGY

Chestermere Community & Social Development invests in prevention, early-intervention and community development.

Prevention occurs by strengthening resiliency through identifying and enhancing individual, family and community assets. Prevention involves enhancing the strengths, skills, and abilities of individuals, families and the community so they are more resilient and better able to deal with stresses or challenges that may result in future problems (FCSS Outcomes Model, 2012). Prevention occurs by reducing risk factors and increasing protective factors (Utting, 2005 pp77-90) (Lethbridge Investment Framework).

Early intervention can mean intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. It includes universal interventions that are offered to an entire population to prevent problems developing, as well as targeted interventions that are offered to particular children, young people and families with existing risk factors, vulnerabilities or acknowledged additional needs in order to protect them from developing problems or to reduce the severity of problems that have started to emerge.

Community development can be seen as “the planned evolution of all aspects of community well-being... It is a process whereby community members come together to take collective action and generate solutions to common problems” (Lethbridge Investment Framework). Community development is an important tool in mobilizing people to become engaged in their communities and with each other to work for positive growth and change.

Priorities

In 2015, FCSS funding became available to supplement the delivery of services to the community which had previously been limited to the United Way/Chestermere Partnership. Numerous valuable initiatives were funded through this partnership between 2010 and 2015 providing our community with opportunities to reach social development goals, results and outcomes.

With the addition of FCSS funding in 2015, this investment framework has been developed to assist with the allocation and distribution of funding to fit within the United Way/Chestermere Partnership mandate and the FCSS mandate respectively by identifying the strategic priorities for CSD as well as the City.

Establishing priorities for these social investments is a key aspect of the framework. Staff members from CSD have investigated the current trends within the community and have identified the following priority goals and outcomes for 2017-2020.

Overarching Goals:

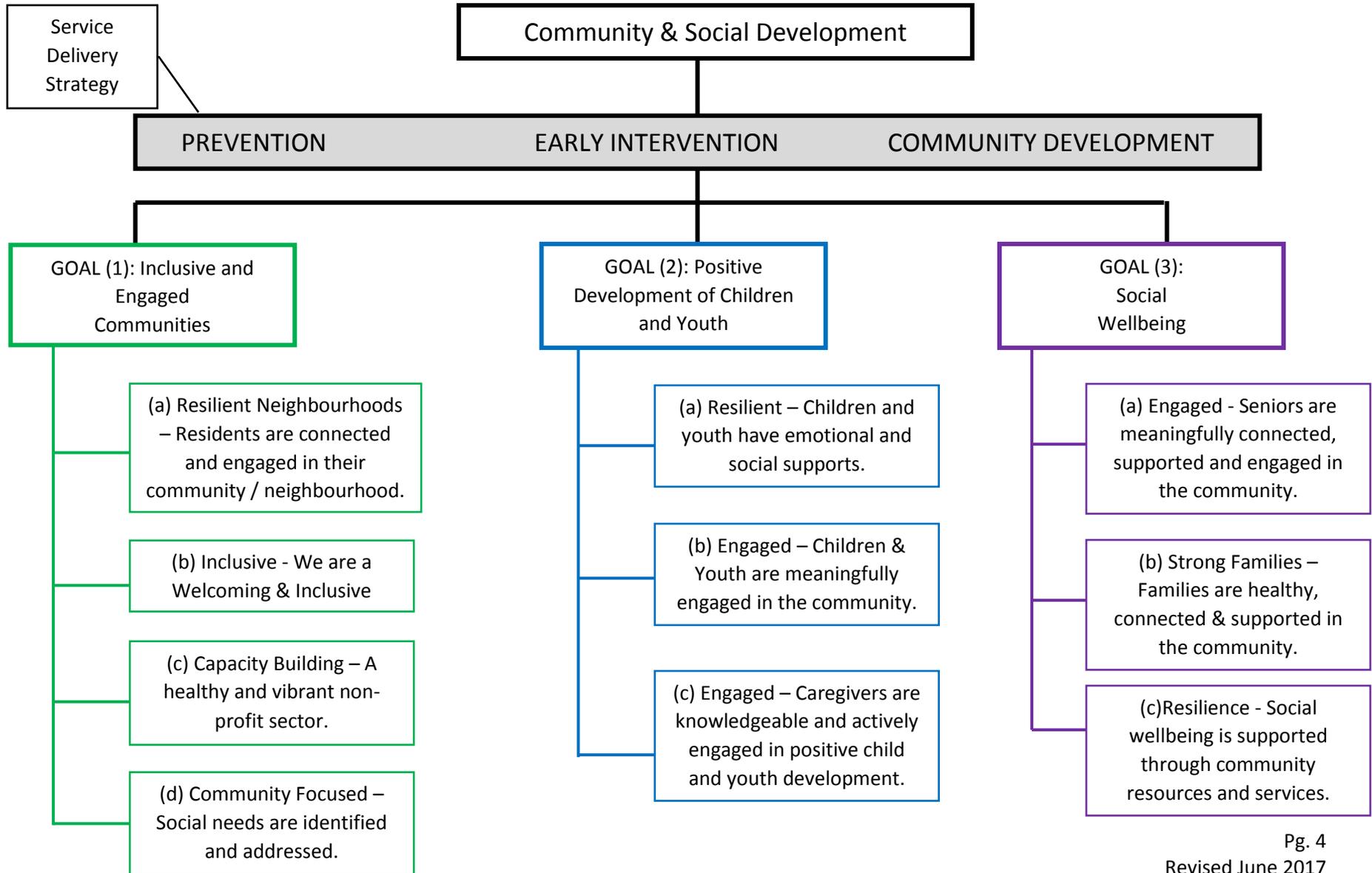
- 1) Inclusive and Engaged Communities
- 2) Positive Development of Children & Youth
- 3) Social Wellbeing

Priority Outcomes:

- 1) Inclusive and Engaged Communities
 - a. Resilient Neighbourhoods
 - b. Inclusive
 - c. Capacity Building
 - d. Community Focused
- 2) Positive Development of Children & Youth
 - a. Resilient Children & Youth
 - b. Engaged Children & Youth
 - c. Engaged Caregivers
- 3) Social Wellbeing
 - a. Engaged Seniors
 - b. Strong Families
 - c. Resilience

The chart following, outlines the service delivery strategies, overarching goals and priority outcomes for services to the community and the allocation of community group funding for 2017-2020.

Community & Social Development Social Investment Framework Overarching Goals and Priority Outcomes



FAMILY AND COMMUNITY SUPPORT SERVICES

Family and Community Support Services (FCSS) is a program of the Government of Alberta, legislated in 1966, which provides funding on an 80% provincial 20% municipal cost-shared basis to municipalities and Metis settlements to develop, support, and/or fund preventative social services within their jurisdictions.

Provincially, the FCSS Program receives its mandate from the FCSS Act and Regulation pursuant to that Act. At the local level, a municipal or Métis Settlement Council chooses whether to establish a Program, and enters into an agreement with the Province to jointly fund the Program. (For more information please see the FCSS Act: <http://www.qp.alberta.ca/documents/Acts/F03.pdf> and the FCSS Handbook <http://humanservices.alberta.ca/documents/FCSS-Program-Handbook.pdf>.)

Under the FCSS Act, services provided must do one or more of the following:

Help people:

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

In the City of Chestermere, the FCSS program is managed by the Community & Social Development (CSD) Division of the Community Services Department. CSD, in conjunction with the Human Services Advisory Board (HSAB), an advisory board appointed and governed by Chestermere's City Council, initiates and coordinates the proposal call and funding requests from non-profit social and community agencies that service the City of Chestermere. The HSAB reviews the funding applications based on social needs and community priorities and then forwards their recommendations to the Assistant Director of Community Services for approval.

All projects, programs and services, whether delivered directly by the City or indirectly through a funding grant, must be delivered using a prevention, early intervention or community development approach to achieve one or more of the overarching goals and priority outcomes described in the Community and Social Development Social Investment Framework 2017-2020.

UNITED WAY/CHESTERMERE PARTNERSHIP

The Human Services Advisory Board oversees the allocation of United Way Partnership funding in Chestermere and are guided by the 12 desired results for communities identified by the United Way of Alberta. These desired results target the most critical needs in communities and will make a significant difference in changing the lives of people experiencing poverty in our community; and the many others at risk.

From these 12 results, Chestermere CSD will focus on the following eight (8) desired results throughout 2017 to 2020:

EDUCATION	INCOME	WELLNESS
Increase access to quality, early childhood development opportunities for children aged 0 – 3. <i>(Social Investment Framework 2a priority alignment)</i>	Increase the number of people who are able to access healthy affordable food. <i>(Social Investment Framework 3c priority alignment)</i>	Decrease wait times and improve access to supports for people experiencing abuse and/or domestic violence. <i>(Social Investment Framework 3c priority alignment)</i>
Increase the number of children entering school with age-appropriate early literacy skills. <i>(Social Investment Framework 2a priority alignment)</i>	Increase individuals’ understanding and capacity to manage personal finances and build assets. <i>(Social Investment Framework 3c priority alignment)</i>	Decrease barriers to community-based mental health supports. <i>(Social Investment Framework 3b & 3c priority alignment)</i>
Increase the number of children and youth who participate in quality out-of-school time programming <i>(Social Investment Framework 2a & 2b priority alignment)</i>		Increase access to information about programs and services available. <i>(Social Investment Framework 3c priority alignment)</i>

Funding Process:

Many municipalities have developed and implemented an application process for allocating FCSS and other social development funding such as United Way Community Partnership Funding. This process contributes to municipalities finding success in effectively allocating resources and achieving intended results.

Chestermere has developed a joint application process for the streamlined administration of FCSS and United Way/Chestermere Partnership Funding. This process has been developed with prevention, early intervention and community development as foundational program delivery strategies for reaching our overarching goals and priority outcomes.

Through effective allocation of resources we provide FCSS and community based programs that contribute to, and sustain, positive quality of life, which is linked to economic potential and sustainability. In addition, our targeted resource allocations support prevention programs which contribute to creating healthy individuals, families and community. This reduces the need for expensive crisis and intervention services, creates a healthy productive workforce, and results in less crime and family dysfunction.

Annually in late summer/early fall a call for proposals is released and the Human Services Advisory Board reviews and forwards recommendations to the Assistant Director of Community Services for approval for the current funding cycle of January 1 – December 31.

DEFINITIONS

Outcomes:	The benefits or changes for individuals, families, communities or populations that result from participating in a program or project activities. For FCSS purposes, outcomes specifically relate to changes in knowledge, attitudes, values, skills, behaviour, condition, status or other attributes.
Person-Centred Approach:	A person-centred approach ensures the person, who is accessing the service/program, is at the centre of and an equal partner in decisions related to their needs. This person, who is accessing the service/program is an equal partner in planning, developing, and monitoring the service/program to ensure their needs are met, as this increases their personal self-determination and independence.
Protective factors	Protective factors are those qualities or situations that help alter or reverse expected negative outcomes. Stress-resistant or “invulnerable” individuals have common protective factors operating as two broad sets of developmental strengths: <ul style="list-style-type: none"> • external factors such as family, peers, school and community, and • internal factors or personality characteristics such as empowerment, self-control, cultural sensitivity, self-concept and social sensitivity.
Resilience:	The capability of individuals and systems (families, groups and communities) to cope with significant adversity or stress in ways that are not only effective, but tend to result in an increased ability to constructively respond to future adversity.
Risk factors:	Risk factors are disabling, cultural, economic, or medical conditions that deny or minimize opportunities and resources for optimal human development. Risk factors can be internal (within the person) or external (involving the family, school/work, and community).
Social inclusion	For FCSS’s purposes, “social inclusion refers to the ability to fully participate in, contribute to and benefit from all aspects of society.
Social Well-Being:	A sense of involvement with other people and with our communities. Many researchers believe that wellbeing is not just about being happy or content, but also about being actively engaged with life and with other people.
Vulnerable populations	Populations that are most at risk of social exclusion and social isolation.

APPENDIX B: RISK AND PROTECTIVE FACTORS

Our priority is to allocate resources to programs and services that reduce risk factors and/or increase protective factors. Risk and protective factors are key to identifying and addressing community development issues. It's a matter of taking a step back from the problem, looking at the behaviors and conditions that originally caused it, and then figuring out how to change those conditions.

Risk factors include those individual or social factors associated with an increased likelihood of a negative outcome. Risk Factors can be related to biological, behavioral, and social/environmental characteristics.

Protective factors are conditions or attributes in individuals, families, and community that, when present, prevent or reduce vulnerability.

The effects of risk and protective factors are cumulative—they build on one another. The likelihood of an individual being resilient and healthy goes up as the number of protective factors goes up. It goes down as the number of risk factors goes up. This does not mean, however, that resilient individuals have no risk factors in their lives. Rather, it means that the protective factors in their lives act as buffers against the negative effects of risk factors.

Programs and services will focus on increasing protective factors. The following examples are research based risk and protective factors that are shown to have the greatest impact on positive outcomes for social change.

Risk Factors for Families	Protective Factors for Families
<ul style="list-style-type: none"> • Parental lack of education, job skills • Family isolation/frequent moves • Parental separation/divorce • Teen/young/single/lone parenting/families • Inadequate parental knowledge about caring for selves/children (e.g., nutrition, health, education) • Lack of child supervision, poor discipline practices • Poor parental mental/physical health, addictions, criminal involvement 	<ul style="list-style-type: none"> • Parental employment in full-time jobs with benefits • Access to social assistance and other concrete economic supports in times of need • Affordable, quality housing, childcare, transportation • Participation in recreation, leisure and cultural facilities/program • Providing information and resources • Parental resilience • Ethno-cultural pride • Achievement orientation • Positive parenting practices • Positive social and family connections
Risk Factors for Older Adults	Protective Factors for Older Adults
<ul style="list-style-type: none"> • Isolation • Loss: Older adults experiencing declining health and shrinking social networks are at greater risk • Financial and Legal Pressures • Physical setbacks: limited mobility 	<ul style="list-style-type: none"> • Community Involvement • Social Connections • Finding a purpose and remaining productive in later life/high degree of life satisfaction • Access to resources

APPENDIX B: RISK AND PROTECTIVE FACTORS

Risk Factors for Children & Youth	Protective Factors for Children & Youth
<ul style="list-style-type: none"> • Living in a stressed family with multiple challenges • Living in chronic low income • Experience of abuse/neglect, experience with the child welfare system • Early experimentation with drugs, alcohol, sexual activity • Low parental expectations/low personal aspirations • Experience of racism, discrimination, trauma • Negative peer influence • Excessive unstructured or unsupervised use of time • Working more than 20 hours a week • Failure to reach developmental milestones before starting school 	<ul style="list-style-type: none"> • Living in a high functioning family • Secure emotional bonds/attachment with parents/caregivers • Positive peer relationships & friendships • Positive adult mentors and role models • High social competence and sense of identity, leadership skills • Engagement in school and community • Quality and culturally-responsive early childhood education • Participation in extracurricular activities, particularly with a positive child/youth development focus • Environmental, educational and social supports for the optimal development of young children
Risk Factors for Individuals	Protective Factors for Individuals
<ul style="list-style-type: none"> • High school drop out • Low literacy/numeracy skills • Lack of relevant employment skills; low income • Lack of personal and community life skills • Lack of Canadian work experience, English language skills • Marriage/family breakdown; death of a spouse • Low self-esteem; sense of belonging • Poor physical health • Living alone • Experience of racism, discrimination, trauma 	<ul style="list-style-type: none"> • Post-secondary education • Adequate literacy and numeracy skills • Lifelong learning • Access to social assistance and other economic/personal supports • Family and social support networks • Being married or in secure relationships • High social competence/interpersonal skills/life skills • Sense of belonging and engagement in the community

APPENDIX B: RISK AND PROTECTIVE FACTORS

Risk Factors for Social Inclusion	Protective Factors for Social Inclusion
<ul style="list-style-type: none"> • Lack of transportation • Lack of amenities (e.g., schools, banks, grocery stores, parks) • Lack of economic opportunities/chronic unemployment, underemployment, or working two jobs • Poor neighbourhood design, poor housing conditions • Lack of safe, accessible community spaces • Racism 	<ul style="list-style-type: none"> • Community economic development opportunities • Places for social interaction throughout the community • Sense of community • Arts, cultural and community activities • Community organizations/networks • Access to parks and recreation • Programs that meet community needs and desires and that have community input • Community organizations and networks with high participation
Risk Factors for Effective Services	Protective Factors for Effective Services
<ul style="list-style-type: none"> • Competition for funding among service providers • Government focus on fiscal restraint • Punitive public attitudes towards the marginalized and vulnerable groups and individuals • Limited internal capacity of agencies to engage in research & evaluation • Insufficient services to meet need • Lack of coordination of services 	<ul style="list-style-type: none"> • Coordinated, integrated system of non-profit service delivery • Strong government health and social services • Sufficient funding for non-profit organizations • Recognition of root causes of social problems

APPENDIX C: FCSS Funding Criteria and Guidelines

All projects, programs and services must be delivered using a prevention, early intervention or community development approach to achieve one or more of the overarching goals and priority outcomes described in the Community and Social Development Social Investment Framework 2017-2020.

Under the FCSS Act, services provided must do **one or more** of the following:

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

Services provided under the program must **not**

- a) Provide primarily for the recreation needs or leisure time pursuits of individuals,
- b) Offer direct assistance, including money, food, clothing or shelter, to sustain an individual or family,
- c) Be primarily rehabilitative in nature, or
- d) Duplicate services that are ordinarily provided by a government or government agency.

Expenditures of the program shall **not** include

- a) The purchase of land or buildings,
- b) The construction or renovation of a building,
- c) The purchase of motor vehicles,
- d) Any costs required to sustain an organization that do not relate to direct service delivery under the program (i.e. rent),
- e) Municipal property taxes or levies.

APPENDIX D: United Way Funding Criteria and Guidelines

The allocation of United Way Partnership funding in Chestermere is guided by 8 of the 12 desired results for communities identified by the United Way of Alberta. Accordingly, all projects funded through the Chestermere Partnership must align with, at minimum, one of the eight (8) desired results listed below (see page 5 of the Framework for more information):

EDUCATION	INCOME	WELLNESS
Increase access to quality, early childhood development opportunities for children aged 0 – 3.	Increase the number of people who are able to access healthy affordable food.	Decrease wait times and improve access to supports for people experiencing abuse and/or domestic violence.
Increase the number of children entering school with age-appropriate early literacy skills.	Increase individuals' understanding and capacity to manage personal finances and build assets	Decrease barriers to community-based mental health supports.
Increase the number of children and youth who participate in quality out-of-school time programming		Increase access to information about programs and services available.

The Guiding Principles of the United Way for Community Investments & Collaboration constitute a holistic framework and are not listed in any particular order:

- Community Capacity Building
- Diversity
- Support for Vulnerable Populations
- Results-Based
- Stewardship
- Leadership and Learning
- Collaboration

Vulnerable populations are defined as people who would include themselves in more than one of the following categories:

1. Children, youth, women, persons with disabilities, immigrants, people of colour, and those who are significantly disadvantaged because of; history, language, economic status, health, or under-education.
2. Aboriginal people.

United Way **does not** fund the following entities, clientele or in the listed circumstances:

1. Organizations without Business Identification numbers (Registered Charitable Numbers)
2. Formal Education
3. Hospitals
4. For-Profit Organizations
5. Political Parties
6. Religious Activities
7. Capital Expenditures
8. Individuals
9. Deficit Funding