

*Current challenges;
Viable options*

Boles Consulting

15921-93 Avenue
Edmonton, Alberta T5R 5H7
780-489-5811
780-982-8692

ALBERTA ASSOCIATION OF SERVICES FOR CHILDREN AND FAMILIES (AASCF): 2014 Membership Survey Results & Analysis

Table of Contents

Introduction and Highlights 2

Survey Administration and Approach 2

A Statistical Overview of the AASCF Sector 3

Contracting 5

Recent Impact of Wage Increase 6

The AASCF Sector Workforce 7

Staff Turnover Measures 7

Attraction and Retention 9

Program and Service Closures 11

Program and Service Openings 13

Outcome Based Service Delivery (OBSD) & Workforce Alliance 16

The AASCF Role, Support to Members and Priorities 18

Appendix I: Survey Responses: “ (2014) Impact of Wage Increase” 25

Appendix II: Survey Responses: “AASCF Advocacy and Agency Participation” 27

Appendix III: AASCF 2014 Survey Questions 29

Alberta Association of Services for Children and Families: 2014 Membership Survey Results and Analysis

Introduction and Highlights

The Alberta Association of Services for Children and Families (AASCF) represents member agencies that provide services to vulnerable children, youth and families in Alberta. There are over 120 AASCF member agencies with well over 100 providing direct services primarily through contract agreements with Alberta Human Services.

The AASCF conducts an annual survey of members to help identify the trends, issues and opportunities they are currently facing and to help determine their needs and expectations for advocacy, training, information and support. Main highlights from the 2014 survey include the following:

- There were 71 survey participants, 63 represented direct service agencies.
- A high level of diversity among agencies remains a defining characteristic of the AASCF sector. While one quarter (25%) of agencies serve less than 73 children or families, one quarter (25%) serve more than 2,263.
- The 63 direct service agencies identified 109 contract funded, and 20 grant funded, agreements with Alberta Human Services. Most were for the delivery of Child Intervention and Early Intervention services.
- 62% of agencies described the impact of the latest wage increase, received from government, as positive for staff retention and morale. Many identified the impact as cumulative, taking into account increases of previous years.
- Over 60% of agencies continue to identify pay and benefits as the main reason for staff turnover.
- The average turnover rate decreased from 32.7% in 2013 to 25.7% in 2014.
- 6 agencies closed services in the past 6 months, identifying a potential impact for as many as 179 children or families, as they transition and resolve the closures.
- 17 agencies opened services in the past 6 months, with as many as 1,000 children or families benefiting to date.
- The vast majority of survey participants identified or described an advocacy role the AASCF had played on their behalf in the past year; 77% stated that staff had attended related training and conferences provided by the AASCF and over 80% indicated that they are adequately informed by the AASCF.
- The top future priority for the AASCF was identified as “Advocacy” through government liaison, followed by “Collaboration and Integration” on key matters within and across the sector.

Survey Administration and Approach

Survey Administration: The 2014 membership survey was administered using the *Fluid Surveys* online program and network. All databases and resources are maintained in Canada. **Boles Consulting** was contracted to review and revise the questionnaire, administer the survey and conduct related analysis and reporting. Based

on the contract signed with AASCF, the consultant's commitment includes the protection of personal identifying information and confidentiality of survey responses.

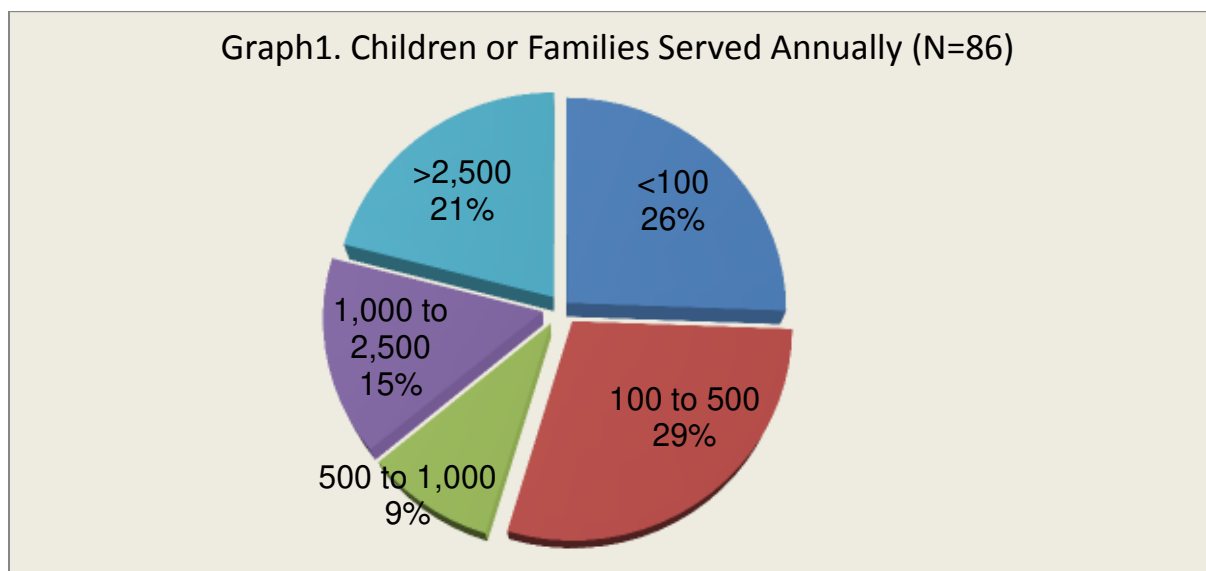
The survey was conducted between November 10th 2014 and January 15th 2015. An e-mail invitation with a web link to the online questionnaire was sent to 115 representatives of member agencies based on the e-mail addresses they had provided to the AASCF. (In early December 2014, some e-mail addresses were revised so that the survey invitation and web link went directly to the agency executive lead. While this change led to an increased level of participation it also resulted in many members receiving more than the anticipated 3 survey reminders.)

Survey Participation: There were 71 valid survey completions compared to 56 in 2012 and 50 in 2013. The participation rate – survey response rate - was 62% (71/115).

63 of the 71 survey participants represent direct service agencies. As most survey questions pertain to direct service members, the following results are based primarily on responses from 63 participants. Where information is presented to describe the overall sector, results from agencies participating in either the 2013 or 2014 survey have been combined to increase the sample size and representativeness of the information.

A Statistical Overview of the AASCF Sector

The following sector level results are based on responses from 89 unique agencies (including all 63 participants to the 2014 survey and an additional 26 from the 2013 survey). 86 of the 89 participants reported serving a total of 149,753 children or families, a non-unique count of individuals as some may have received services from more than one agency or had more than one period of service. A detailed breakdown of numbers served on an annual basis (Graph1) indicates 26% of sector agencies serve less than 100 children or families; 29% serve 100 to 500; 9% 500 to 1,000; 15% 1,000 to 2,500 and 21% serve more than 2,500.



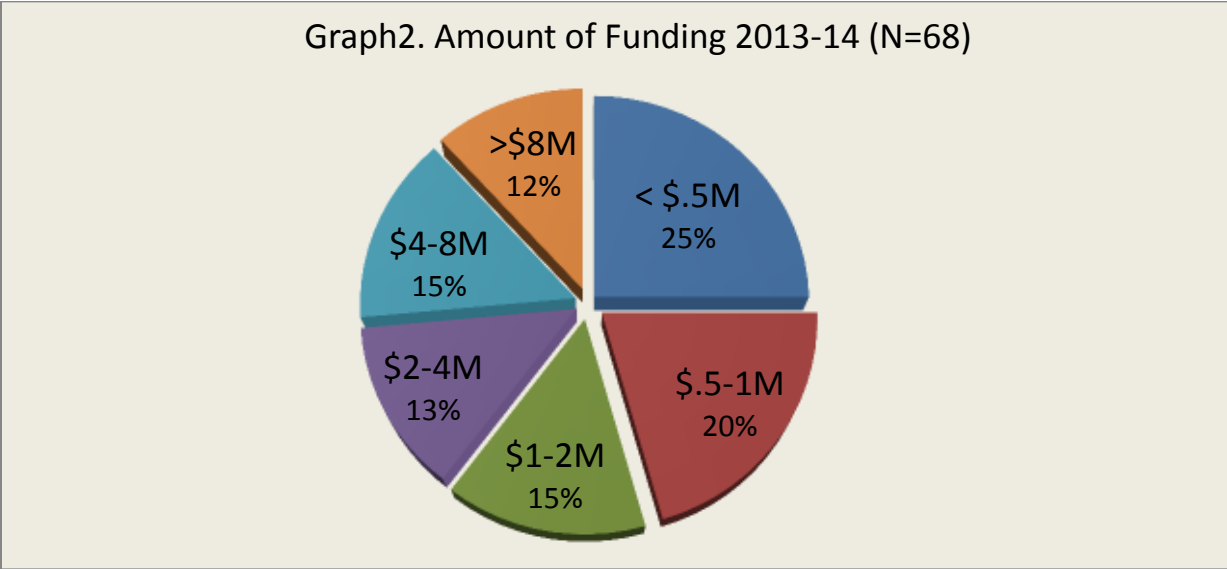
The 89 agencies are supported in their efforts by 15,943 volunteers, 687 board members and 7,886 employees. Agencies vary widely on key characteristics, primarily due to the array of services provided, from prevention to early intervention to residential treatment, and due to wide geographic differences. While the average (mean) number of children or families served is 1,741, those at the mid-point (median) serve 361 children or families. Since the median is considered the “typical” value: the typical AASCF agency serves 361 children or families, has 16 volunteers, 9 board members, 47 employees and receives \$1.1 million from Alberta Human Services (Table1).

Table1. 2013-14 Statistical Overview of AASCF Sector (N=89)

Statistic	Children/ Families	Volunteers	Board Members	Employees	Funding
	N=86	N=84	N=86	N=87	N=68
Sum Total	* 149,753	15,943	687	7,886	\$206.9M
Average (Mean)	1,741	190	8	91	\$3.0M
Median	361	16	9	47	\$1.1M
Lowest 25% (<)	73	0	5	16	\$.4M
Highest 25% (>)	2,263	94	10	105	\$3.7M

*Note: the number of children or families served is considerably higher than the 96,000 reported for 2012-2013 but more accurate as additional large volume agencies participated in 2014.

68 of 89 agencies reported receiving a total of \$206.9M in funding from Alberta Human Services: 25% reported less than half a million, 20% from \$.5 to \$1M, 15% from \$1 to \$2M, 13% \$2 to \$4M, 15% \$4 to \$8 and 12% over \$8M (Graph 2).



The degree of diversity on key characteristics is evident by comparing the one quarter (25%) of agencies at the lowest and highest ends of the distribution: 25% of agencies

serve less than 73 children or families while 25% serve more than 2,263; 25% employ less than 16 staff while 25% employ more than 105; 25% have less than \$.4 million in funding compared to 25% with over \$3.7 million.

Estimated Sector Totals: The 89 unique agencies from the 2013 and 2014 survey years represent close to 85% of the population of AASCF agencies. A reasonable estimate of numbers served and funding received at a sector level can be arrived at by adding 15% to the results of the 89. By application, the AASCF sector currently serves an estimated 170,000 children or families and receives approximately \$240M in funding from Alberta Human Services.

Contracting

Participants to the 2014 survey were asked to describe their contracts and grant funded agreements with Alberta Human Services. 53 of 63 direct service agencies identified 129 agreements or agreement types for an average of 2.4 per agency. 51 agencies (96%) identified 109 contract agreements and 15 agencies (28%) identified 20 grant funded agreements (see Table 2).

70% identified a Child Intervention (CI) agreement, 51% an agreement for Early Intervention (EI), 28% an agreement for Family Support for Children with Disabilities (FSCD), 34% Early Childhood Development (ECD), 23% Fetal Alcohol Spectrum Disorder (FASD), and 9% Prevention of Family Violence and Bullying (PFVB).

Program Type	Funding Type					
	Overall		Contract Funded		Grant Funded	
All Agencies	53	100%	51	96%	15	28%
Child Intervention (CI)	37	70%	36	68%	1	2%
Early Intervention (EI)	27	51%	26	49%	1	2%
Family Support for Children with Disabilities	15	28%	14	26%	1	2%
Early Childhood Development (ECD)	18	34%	14	26%	4	8%
Fetal Alcohol Spectrum Disorder (FASD)	12	23%	10	19%	2	4%
Prevention Family Violence & Bullying	5	9%	5	9%	0	0%
Other	15	28%	4	7%	11	21%
*Note: Percentages are based on number of agencies, not number of agreements. Given 2.4 agreements per agency, percentages don't sum to 100.						

15 of 53 agencies (28%) identified one or more agreement(s) as "Other". 4 of the 15 were identified as contract funded and 11 as grant funded:

- The contract funded agreements were described as "Group Care"; "Addiction/Treatment"; "Settlement" and "Assessment and Diagnosis."

- The grant funded agreements as “*Alberta Education*”, “*Child Mental Health*”, “*Community Partnerships*”, “*Family Preservation*”, “*Residential Treatment Support*”, “*FCSS*”, “*Street Youth*”, “*Victim Support*”, and “*Youth Mentorship*”.

Instances of Change in Contracts: In previous surveys participants were asked to identify each contract and indicate in which years changes were made for cost of living, cost of operations, and when they last went to tender. There was a concern that the results were not differentiating between cost of living in a contract and recent wage increases by government. The 2014 survey attempted to clarify the difference.

In 2014, 51 agencies identified 109 contracts. 25(49%) reported a cost of living increase for 46(42%) contracts; 6(12%) reported a cost of operations increase for 11(10%) contracts. 3(6%) agencies reported a contract going to tender (see Table 3). The instances of cost of living increase in a contract may still need to be validated.

Table 3. For each contract identified, please Indicate if any of the following changes were made to it in the past 12 months:

Changes in Contract	<u>Agencies</u>		<u>Contracts</u>	
	Number	Percent	Number	Percent
A Cost of Living increase	25	49%	46	42%
A Cost of Operations increase	6	12%	11	10%
The Contract went to Tender	3	6%	3	3%
No Changes Identified	17	33%	49	45%
Total	51	100%	109	100%

Instances of Change in Grant Funded Agreements: Agencies were asked to indicate whether an increase or other recent change had occurred to the grant funded agreements they identified. A cost of living increase was identified by 4 of 15 agencies (27%) for 6 of 20 (30%) grant funded agreements. No other changes were identified.

Potential Pattern or Trend: It is not possible to identify a pattern or trend with respect to instances of change for cost of living. For cost of operations and tendering: Each year, based on current and past surveys, approximately 4 agencies identify a cost of operations increase in one or more contracts and 4 identify a contract going to tender.

Recent Impact of Wage Increase

Agencies were asked to describe the impact of the last wage increase on their organization. Detailed responses and themes can be found in Appendix I (page 25). Of 51 agencies responding, 31(62%) described a positive impact and 11(22%) a balanced or somewhat positive impact. The 2014 result represents an increase from 2013 when only 36% described a positive impact and 19% a balanced or somewhat positive impact. 35% identified a positive impact on staff retention compared to 23% in 2013.

2 agencies described the impact on their organization as negative, indicating that they have several types of programs, only some of which are recipients of the wage

increases. They identified having to draw from other available funds in order to provide corresponding increases to those staff working in the non-recipient programs.

Regarding other themes pertaining to the impact of the wage increase:

- 8(16%) indicated the increase was “continuing to close the gap” and was “addressing the effect of inflation” for staff.
- 3 noted the increase had positively impacted staff “satisfaction” and “morale”.
- 2 that it allowed for more consistent pay across their government program areas; 2 others noted a positive impact for FSCD program staff in particular.
- 2 agencies identified “no impact” and another 2 stated it was “too early to tell”

The AASCF Sector Workforce

The following AASCF sector information is based on responses of 89 unique agencies across the 2013 and 2014 surveys in order to increase the sample size and thereby provide a more representative picture of the sector.

Table 4. 2013-14 AASCF Sector Workforce

Workforce Measure	N	Sum Total	Average (Mean)	Median	Lowest 25% (<)	Highest 25% (>)
Total Employees	87	^a 7,886	90.6	47.0	16.0	105.0
Full Time	86	4,687	54.5	26.5	6.8	65.8
Part Time	85	2,589	30.5	11.0	3.0	27.5
Percent Full Time	86	64%	60%	56%	43%	63%
Service Delivery Employees	85	^a 5,402	63.6	41.0	11.0	75.0
Full Time	82	3,555	43.4	20.0	3.8	57.8
Part Time	84	1,775	21.1	9.0	2.0	24.3
Percent Full Time	82	67%	68%	49%	35%	77%
Full Time Equivalents (FTE)		^b 5,915	68.0			

^a Note: “Total employees” does not equal the sum of full time and part time employees.

^b Note: FTE information was collected for 2014 only and estimated for the 2013-14 sector result.

87 agencies reported a total of 7,886 employees of which 4,687 were full time and 2,589 part time; 64% of AASCF sector employees are full time and 36% are part time. The 2014 survey asked agencies to report the number of Full Time Equivalents (FTEs). Based on the 2014 results, there are approximately .75 FTEs for each employee which equates to 5,915 FTEs for the 7,886 employees reported in Table 4.

Staff Turnover Measures

The average turnover rate has **decreased** from 32.7% in 2013 to 25.7% in 2014, a decrease of 7 percentage points. In the previous year an **increase** of more than 8 percentage points was reported, from 24.0% in 2012 to 32.7% in 2013 (Table 6a).

Table 6a. Annual Turnover Measure Statistics

Turnover Measure	N	Year	Average (Mean)	Median	Lowest 25% (<)	Highest 25% (>)
Vacancy Rate (%)	31	2012	3.7	2.0	0.0	5.0
	41	2013	8.8	0.0	0.0	9.0
	52	2014	4.3	2.6	0.0	6.4
Overall Turnover Rate (%)	39	2012	24.0	20.0	10.0	31.0
	35	2013	32.7	29.0	13.0	48.0
	51	2014	25.7	22.9	12.5	33.0
Frontline Turnover Rate (%)	40	2012	27.5	20.0	5.5	37.0
	38	2013	34.7	27.0	10.0	50.0
	49	2014	30.2	27.3	11.3	39.5

Turnover Rate Change for Common Agencies: The sample of agencies can vary significantly from one survey to the next as many who participate in one year do not participate the following year. Table 6b presents turnover statistics for the 25 agencies that participated in both the 2013 and 2014 surveys.

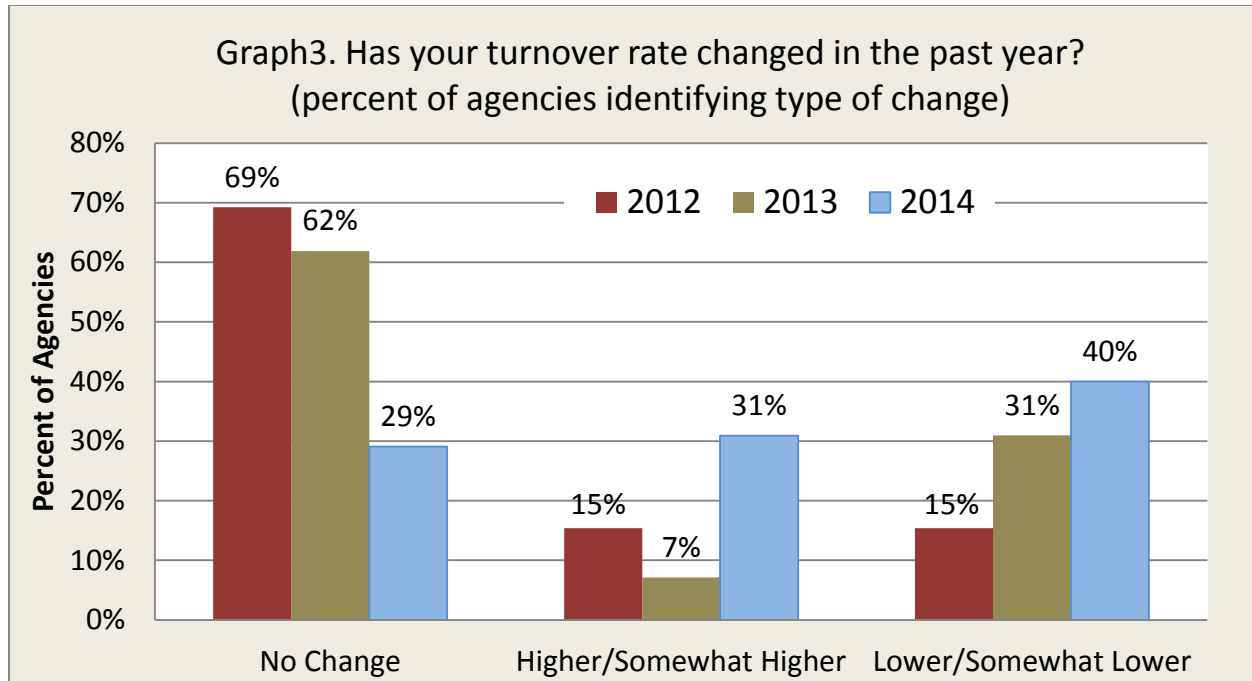
The results confirm a decrease in turnover rate from 2013 to 2014 and further indicate that the decrease is evident for staff overall and frontline staff. Furthermore, the change in turnover rate is broad based as it is evident across the average (mean), the median and the lowest and highest 25% of agencies.

It should be noted however that the decrease does not represent a trend over time given the **increase** of similar magnitude reported in 2013.

Table 6b. Common 25 Agencies Across 2013 and 2014

Turnover Measure	N	Year	Average (Mean)	Median	Lowest 25% (<)	Highest 25% (>)
Vacancy Rate (%)	25	2013	13.2	1.8	0.0	10.8
		2014	4.3	3.5	1.1	6.2
Overall Turnover Rate (%)	25	2013	29.4	25.0	16.0	37.5
		2014	23.0	22.9	12.5	31.6
Frontline Turnover Rate (%)	25	2013	34.5	30.0	18.0	44.0
		2014	27.8	25.8	16.0	39.5

“Has your turnover rate changed?” A follow-up question asked agencies to state whether or not their turnover rate had changed and in what direction. Of 55 respondents, 29% indicated “no change” in turnover rate, 31% indicated a “higher” or “somewhat higher” turnover rate and 40% a “lower” or “somewhat lower” turnover rate (Graph 3). The results support the decrease in turnover rate identified from the above table of turnover measures.



Attraction and Retention

Main Reasons for Staff Turnover: Agencies were asked to identify the main reasons for staff turnover. For the 2014 survey, this question was changed slightly by providing survey participants additional and separate spaces to identify their main reasons. The change has led to an increase in the number of responses per agency, from 2 in 2013 to 2.5 in 2014. For this reason, observed change between 2012 and 2013 results may not be valid.

Table 7. Main Reasons for Turnover

"What are the main reasons for turnover?"	Number of Agencies		Percent of Agencies	
	2013	2014	2013	2014
Pay and Benefits	25	35	60%	69%
Career Advancement	13	15	31%	29%
Further Education / Schooling	11	15	26%	29%
Stress / Burnout	5	9	12%	18%
Job Challenges (Role/Fit)	5	15	12%	29%
Maternity Leave	4	8	10%	16%
Family / Parenting	3	4	7%	8%
Having to Move	3	16	7%	31%
Hours of work / Job security	3	17	7%	33%
Retire / Terminate / Personal	4	4	10%	8%
Other	4	1	10%	2%
Total Number of Agencies	42	51	N/A	N/A

The most frequently identified reason for turnover continues to be “Pay and Benefits” with 60% of agencies identifying it as a main reason in 2013 and 69% in 2014. Agencies continue to indicate that they are unable to compete with the pay and benefits offered beyond the sector, particularly by government. “Career advancement” and “Further education/Schooling”, combined, is the next most prevalent of main reason(s).

Increases in the percent of agencies identifying “Job Challenges” and “Having to Move”, as well as “Hours of work/Job Security”, are noteworthy but again need to be interpreted with caution as they may be due to the increased number of responses. Responses coded to the theme “Job Challenges” include those that speak to the role and fit of the position, job functions, challenging client behaviours and employee competency. The “Hours of work and Job Security” category includes statements pertaining to the need to change employment status from part time to full time or from contract and temporary to permanent, needing more hours of work, challenges with shiftwork, workload and compensation versus workload.

Emerging Staff Trends: Agencies were asked “Over the past six months what emerging trends, if any, have you noticed with your staff in terms of health and safety (sick days, WCB claims), qualifications, experience, etc.?” Decreases in the level of staff qualifications and level of experience remains a key trend, with additional responses (in 2014) being associated with the applicant profile including: “less qualified applicants”, “younger applicants”, “with varied credentials”, “recent graduates”.

Client behavioral challenges and more complex families, including parents with mental health challenges, and vicarious trauma of staff continue to be identified. Some agencies identified an increase in demands on staff to provide outreach and be available outside regular hours, which they attribute in part to government expectations. It is noteworthy that associated with the theme of “Positive or No Trend to Report” are 6 responses identifying **decreases** in sick days, STD/LTDs and maternity leave (Table 8).

Table 8. 2014 Emerging Staff Trends

Theme	Freq.	Emerging Trend	Subtotal	Percent
Positive or No Trend to Report	5	None / No significant changes	12	16%
	4	<i>Decreased sick days, lost time, STD / LTD</i>		
	1	Increased comradery		
	2	<i>Decreased maternity leaves / turnover</i>		
Health and Safety Related	3	Increase in STD/LTD / Stress leave	27	36%
	5	Increase in WCB claims / workplace injuries		
	7	Increased sick days		
	3	Increase in Days Off (and for longer periods)		
	3	Increased Stress Leave / related absences		
	1	Increase in leave of absences / requests for		
	3	More challenging / complex families / clients		
	2	Increased fatigue / stress		

Table 8. 2014 Emerging Staff Trends

Theme	Freq.	Emerging Trend	Subtotal	Percent
Recruitment /Training Related	12	<i>The applicant profile is changing: More immigrant and out-of-province applicants; less experienced; varied educational backgrounds, recent graduates.</i>		
	4	Increased Maternity leaves / Parental leaves		
	10	Less qualified staff (education/experience)		
	3	<i>More outreach / availability expectations</i>		
	1	Increased need for coping with change		
	1	Increased training and requests for training		
	1	Increased need for cultural diversity	32	43%
Other	1	Aging workforce		
	2	Other	3	4%
Total	74	All Responses	74	100%

Program and Service Closures

Considering a Program Closure: Based on the 2014 survey results, 10(19%) of 53 agencies were considering a program closure (at the time of the survey), somewhat similar to the 16% identified in 2013.

Table 9a. Program Closure Being Considered

“Are you currently considering closing a program?”	Response	2013		2014	
		#	%	#	%
	Yes	7	16%	10	19%
	No	37	84%	43	81%
	Total	44	100%	53	100%

Table 9b. Details of Program Closure Consideration (2014)

Reason	Type of program	Mitigation Strategy
1 CFS closing Community Resource Centers, converting to Family Resource Centers.	Center based/Outreach for basic needs, employment, housing to prevent family breakdown	Would be converted to Family Resource Center, if lucky enough to get continued funding.
2 Changes in funding priorities of Calgary and Area CFS	EI services with populations who are not caregivers of children (0-17 years).	Would have to reduce kinds of services, shift focus to parent educ. Seeking replacement funding.
3 Change of vision	Group Care	Closure allows us to increase service other areas
4 Program no longer fitting	Volunteer related	Some funding retained to

Table 9b. Details of Program Closure Consideration (2014)

	Reason	Type of program	Mitigation Strategy
	the mandate of the funder		continue service, other reallocated to support higher priority
5	Early Years program is not fully funded	Early Intervention	Subsidies from our bottom line
6	CFS pulled the contract and unable to get enough DFNA referrals	Aboriginal Parenting Reunification – kids in care back to parents	Changed to FFS funding for the past year
7	Cost of lease has significantly increased	Child Care	Raise fees but to 'ridiculous' level; discussion with MLA
8	Lack of referrals to families by case workers	FSCD	Public and FSCD staff awareness; staff realign.
9	City of Edmonton new building code regulations	Group Care	Contacted Municipal Affairs
10	Other agencies offering same programming	Youth	

4 of the 10 program closures being considered are attributed to changing priorities of Child and Family Services (Alberta Human Services). All 4 agencies are in the process of managing the transition, which would appear to be their primary mitigation strategy. In some instances they are also attempting to maintain the current type and level of service through other potential sources of funding.

In 2 instances, the reason for considering a closure pertains to operational challenges including leasing costs for one and new building code requirements for the other. For two others the reason for closure relates to the program not having been fully funded or to Child and Family Services ending the contract. In the final 2 instances, one agency identified a demand related challenge in the form of reduced referrals and the other a supply related challenge in terms of similar types of services being provided by other agencies. (In 1 closure instance services had also been closed in the past six months.)

Closed Services in the Past Six Months: Agencies were asked if in the past six months they had closed services in any of their programs, and if so, to identify the type of program, reason services were closed, when they were closed and the mitigating strategies taken to resolve the closure. 6(12%) of 52 agencies responding had closed services during the past six months, a slight increase from 8% in 2013.

Table 10a. Services Closed in Past Six Months

During the past six months has your agency closed services to children and families?	Response	2013		2014	
		#	%	#	%
	Yes	3	8%	6	12%
	No	37	93%	46	88%
	Total	40	100%	52	100%

Table 10b. Details of Services Closed in the Past Six Months (2014)

	Type of program	How long closed	Numbers affected	Reason for closure	How closure was resolved
1	<No entries>				
2	Crisis nursery care for infants unable to be placed in foster care	Permanent at October 2014	152 children from 127 families (2013-14)	This was a temporary program that ran for 4 years	The closure does not have negative impacts; is due to delivery systems changing
3	<No entry>			Children turned 18 years of age	<No entry>
4	Group Care/ In Home Support	<No entry>	Unknown	CFS change in direction	Still pending
5	Licensed childcare	Permanent	14 families	Unable to balance program expenses and revenue	Revamped program to onsite/ drop in childcare rather than licensed program.
6	Safe and affordable housing	Permanent	13 families	decision to discontinue in the role of landlord	New partnership in community for supportive housing

In one instance no details were provided. In another the service closure was identified as a transition from one system of delivery to another and a negative impact is not anticipated. The third instance was attributed to children having aged out of the program. A fourth was attributed to change in direction of Child and Family Services (Alberta Human Services) and the agency indicates a resolution is pending. In a fifth instance the impacted program has been revamped. In the sixth instance, the agency had made a decision to discontinue the role it had been playing and the resolution identified pertains to a new community partnership.

The 6 service closures identified at the time of the 2014 survey may impact 179 children or families as they transition to other types of service and approaches to service delivery.

Potential Pattern or Trend:

- At any given time, approximately 15 to 20% of AASCF agencies consider closing a program and engage in related transition and mitigation strategies;
- Over any given 6-month period approximately 10% of AASCF agencies tend to close some services to children and families and engage in transition and mitigation strategies to resolve the closure.

Program and Service Openings

Considering Opening a Program: The 2014 survey results indicate that 17 of 53 agencies (27%) were considering opening a program, compared to 14 of 42(33%) in 2013 (Table 11a).

Table 11a. Program Opening Being Considered

“Are you currently considering opening a program?”	Response	2013		2014	
		#	%	#	%
	Yes	14	33%	17	27%
No	28	67%	36	57%	
Total	42	100%	53	100%	

Table 11b. Details of Potential Program Opening (2014)

#	Reason for Considering Program Opening	Type of Program
1	Specialized populations	Vulnerable populations
2	The option was given to us to convert our CRC to a Family Resource Center - we'd love to do this!	Center based and outreach in home service
3	New priority for Calgary & Area CFS	Parenting Education
4	Community needs and related RFP	FASD Support
5	Community Needs and related RFP	FASD Support
6	To provide the children we serve with a better skill set when entering school	Saturday Children's Social and Educational Program
7	Obtained a new contract	Family Preservation, Reunification, Permanency under OBSD
8	As the City expands into geographic area where services are not yet available.	Parent Link Centre
9	Diversify agency funding while remaining true to service philosophy. Recognize changing demographics - high rates of autism; increasing number of elderly needing new types of supports.	Elder care; FSCD respite
10	A need for In-Home Early Intervention	Family Support
11	Inability to access mental health supports	Counselling and alternative therapies
12		Kinship
13	To respond to increasing mental health and wellness concerns within communities we serve due to chronic poverty, other vulnerable conditions.	Mental health & wellbeing (including counseling and community development)
14	Early Years Services	Home Visitation
15	OBSD initiative will likely close our programs	Moving out of Human Services
16	Need for support services to Kinship homes	Intensive Support Services to Kinship Homes
17	We were successful with a tender	Children's mental health

The reasons for considering a program opening include: serving a specialized population; recognition of community needs; shifting to meet changing expectations of funders; and success with the tendering and Request for Proposal (RFP) processes.

Opened Services in the Past Six Months: Fourteen (14) of 53 agencies (26%) indicated they had opened services to children and families in the past 6 months, an increase from 19% in 2013 (Table 12a). 8 of the agencies were also considering opening a program and the services opened pertain to the program.

Table 12a. Service Openings in Past Six Months

“During the past six months has your agency opened services to children and families?”	Response	2013		2014	
		#	%	#	%
	Yes	5	19%	14	26%
No	22	81%	39	74%	
Total	27	100%	53	100%	

The 14 agencies that opened services in the past six months were further asked to describe the service openings as follows: “What type of program was opened? How long has the program been open? How many children and families will benefit from this opening? Describe the reason for opening”.

Table 12b. Details of Services Opened in the Past Six Months (2014)

#	Reason for Opening Services	Type of Program	How long Open	Numbers Benefiting
1	The population not served with mentors	Youth in care	3 months	60
2	Tendering Process	Assessment Services	2 months	9
3	Approached by CFS to be involved in new initiative - Brief Intervention and Caregiver Services	To prevent placement breakdown - so children in care are not moved so frequently	9 months	About 15 to 25 per month
4	An addition to Crisis Nursery service model and RFP as well.	In home visitation	Nov 2014 Oct 2014	36 and 24
5	Child and Family Services call for proposals	Supported Visitation and Transportation	6 months	18
6	See Table 11b, entry #9	Respite care-FSCD kids: hourly, in home, community, overnight, group	3 months	30 families expect 100 in year
7	Child Mental Health Capacity Assessment	Assessment	5 months	40
8	Availability of grant to address child/youth mental health assessment tied to CI.	C&Y Mental Health Assessment (with Child Intervention)	Since March, 2014	30
9	Parent link	Parenting and ECD	4 months	400
10	Need from community	Home Visitation	2 months	75
11	Need for support services to Ministry foster homes	Intensive Support for Ministry Foster Care	9 months	10 families 30 children
12	New partnerships with 2 different community housing providers	Safe affordable housing	Spring 2014 /	up to 100

Table 12b. Details of Services Opened in the Past Six Months (2014)

#	Reason for Opening Services	Type of Program	How long Open Sep 2014	Numbers Benefiting
13	CFS needed another agency to deliver Intervention services	Supervised visits / drives	April, 2014	Unsure. Currently 12 families
14	Meet emerging need	Intensive residential	4 months	12 / year estimate

The 14 instances of service openings include at least 6 related to Child Intervention, 3 to Early Childhood Development and 1 related to Family Support for Children with Disabilities. At the time of the survey (November 2014) the 14 services had been open for an average of 5 months and a combined total of nearly 1,000 children or families had been served. Reasons for opening services included changing needs of children and families, responding to changing directions of government, and results of the RFP process.

Potential Pattern or Trend: At any given time about 30% of AASCF agencies tend to consider opening a program; over a 6-month period approximately 20% open services.

Outcome Based Service Delivery & Workforce Alliance

Information on Outcome Based Service Delivery (OBSD): 80% of agencies feel well enough informed about OBSD, a consistent finding of the past 3 years.

Table 13a. Information on OBSD

“Do you feel you have enough information on Outcome Based Service Delivery (OBSD)”	2012 (N=43)	2013 (N=42)	2014 (N=51)
Yes	82%	79%	80%
No	18%	21%	20%
Total	100%	100%	100%

The 20% of agencies not feeling well enough informed identified a range of information and training needs, from basic awareness to role expectations of agency staff and Human Services caseworkers, to legal items and tracking outcomes (Table 13b).

Table 13b. 2014 OBSD Information and Training Needs

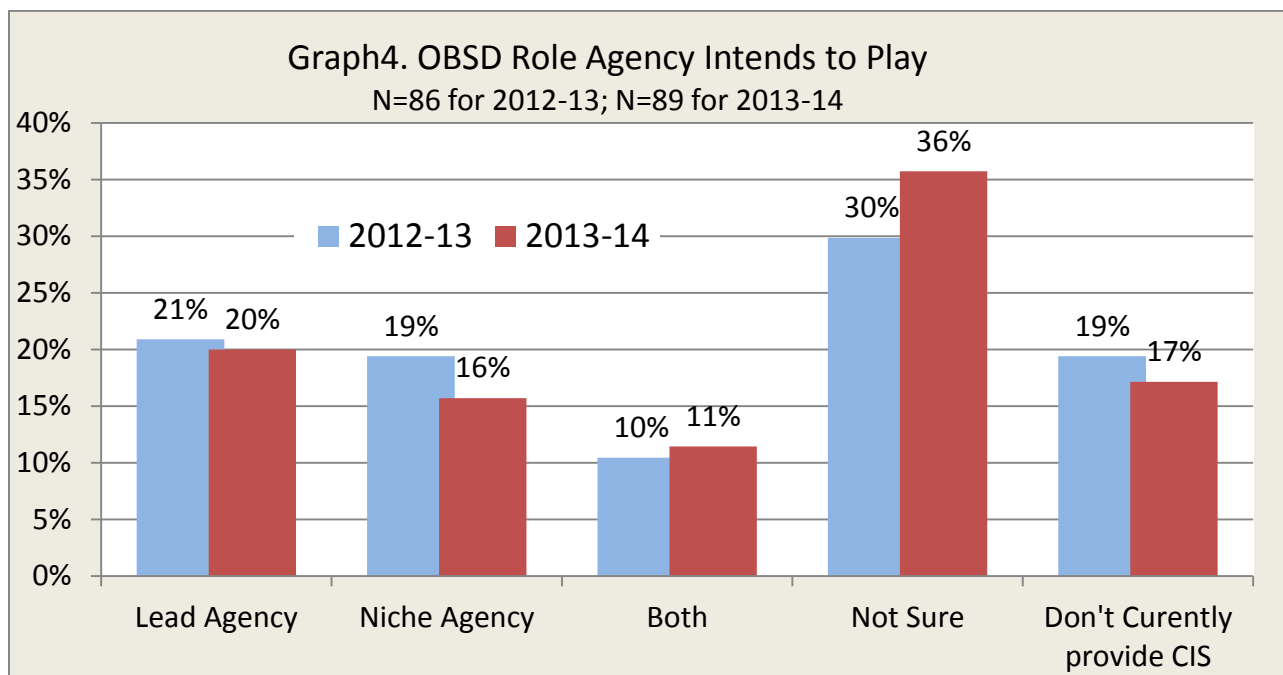
	Information Need	Training Need
1	Our agency is not part of this, we would like to learn more	
2	What is OBSD?	Day long workshop on what it is, how to incorporate into existing services, etc.
3	Information explaining what it is	How to implement it

Table13b. 2014 OBSD Information and Training Needs

	Information Need	Training Need
4	Don't pay attention as it does not seem to apply to us	
5	Collaboration aspects	Legal ramifications
6	Staff are unsure of what OBSD means for working with parents, children and families	A basic overview and role division between OBSD worker and Children Services caseworker
7	Honestly, update on the different projects around the province (not just PR) - successes and challenges	
8	Statistics from the city and region	We need a program to track outcomes
9	A simple guide	Training beyond Edmonton or Calgary
10	Lack of understanding how Early Intervention will be affected.	

Additional analysis tends to indicate that the wide variation in information and training needs corresponds to the degree of current involvement in Child Intervention services. Of the 10 agencies that feel they do not have enough OBSD information, 2 have a Child Intervention contract and 2 an Early Intervention contract. In terms of their anticipated OBSD role, 3 of the 10 intend to play a Niche Agency role, 5 are not sure of the role they will play and 2 indicate they do not currently deliver Child Intervention services.

Anticipated OBSD Role: Participating organizations were asked to indicate the role they intend to play in Outcome Based Service Delivery. In order to present a representative picture of the sector, combined survey year results are reported. While there has been some minor change over time, approximately 20% of agencies intend to play a lead role, 17% a niche (subcontract) role, 10% both roles and over 30% remain unsure of their role. 18% do not currently deliver Child Intervention services (Graph 4).



The Workforce Alliance Initiative:

Agencies were asked to identify any additional information they feel they need with respect to AASCF's involvement with the Workforce Alliance initiative. 15 agencies (24%) identified the following information needs:

- 3 indicated they are not aware of Workforce Alliance.
- 2 would appreciate “updates on the initiative” including the role AASCF plays and a 3rd would be interested in knowing where AASCF fits in terms of advocating for Homeless Programs and for FCSS.
- 1 asked “Does the workforce alliance play a role in supporting increased operational costs for organizations as these costs impact the workforce in terms of training, professional development, etc.?”
- 2 identified related or indirect information needs including:
 - “Information regarding what other agencies do in regard to providing employee incentives and retention”, and being informed of “salary grids that other agencies use” to see where they compare.
 - “A renewed commitment is needed from GOA for increases (salary index and operating cost).” Also needed is a “focus on educational institutions to increase the market; some understanding of how organizations can hire foreign workers, obtain a related positive labour market opinion.”
- 3 expressed appreciation for the work of AASCF on Workforce Alliance:
 - “I don't need additional information but want to express my gratitude for the work and progress the Alliance has made on behalf of our staff.”
 - “AASCF has done a great job advocating for our agency workforce.”
 - “Keep up the great work.”

The AASCF Role, Support to Members and Priorities

AASCF Advocacy: Agencies were asked to describe the advocacy role AASCF had played on their behalf in 2014. Of the 36 agencies responding, 10 identified or described the role as specific to their agency and the sector overall. The others identified the advocacy role as more pertinent to the sector on their behalf or to a topic area. While wages remained the most significant advocacy topic, manpower development and program or service specific advocacy were identified as well.

A related question asked agencies to also describe the role their agency had played in terms of participating in the advocacy process. A table containing the list of 39 advocacy related responses, grouped by themes, can be found in Appendix II (page 27), including the role of AASCF (36 responses) and participatory role of the agency (30 responses).

AASCF Information: Through an open-ended question, agencies were asked if they receive adequate information from AASCF and further asked to provide comments that would assist the AASCF in better supporting their information needs. 81% of agencies stated that they receive adequate information from the AASCF, compared to 80% in 2013 and 73% in 2012.

Table 14. AASCF Adequacy of Information

“Do you receive adequate information in terms of updates, events, current actions, etc. from the AASCF? Please comment.”

Response	2012 (N=56)		2013 (N=50)		2014 (N=69)	
Yes	41	73%	40	80%	56	81%
No / No Response	15	27%	10	20%	13	19%
Total	56	100%	50	100%	69	100%

The following comments from the 2014 survey indicate that member agencies place a high value on information. The 3 italicized comments speak to potential areas for improvement:

- “AASCF is a great concept and incredible work has been accomplished so far to bring to life the challenges within the sector.”
- “The AASCF is a very informative organization. If I don't know what is happening the fault is mine for not investing sufficient time to read everything that is sent out or posted on the website.”
- “Excellent newsletters, updates and presence of Rhonda at Chapter meetings.”
- “I enjoy receiving information - that is why we have a membership.”
- “Very informative information from professional development opportunities, leadership bursary, research and evaluation and job postings, great newsletters!”
- “Very informative website and updates.”
- “Excellent website”
- “Enjoy seeing more related to young parents, teenage pregnancy”
- “Very good in terms of keeping us informed”
- *“More consistent and regular information distributed through email.”*
- *“Love the training opportunities, but would like more in the south region.”*
- *“Sometimes I find it hard to search out exactly the information I am looking for (though this may be my problem!)”*

AASCF Training: Of 48 respondents to the question on training, 37 (77%) indicated they or some of their staff had participated in training or conferences offered by AASCF, an increase from 73% in 2013 but lower than the 86% in 2012.

Table 15a. AASCF Training Participation

“Have you or some of your staff participated in any training or conferences offered by AASCF over the last year?”

Response	2012 (N=44)		2013 (N=41)		2014 (N=48)	
Yes	38	86%	30	73%	37	77%
No	6	14%	11	27%	11	23%
Total	44	100%	41	100%	48	100%
<i>No Response / NA</i>	12		9		15	

Organizations were asked to identify any additional training opportunities they would be interested in AASCF providing. In the previous two surveys (2012 and 2013) there were several common recommendations, in particular leadership training and “Signs of Safety”. Such commonality is not evident with the 2014 survey results (Table 15b).

Table 15b. AASCF Additional Training Suggested

“Please identify any additional training opportunities you would be interested in AASCF offering.”

	Additional Training 1	Additional Training 2
1	Leadership bursary was used and appreciated	More professional development funds made available to apply for
2	Mental Health First Aid	
3	“Kinship Kinundrums” - how to make bio parents, kinship parents work successfully for children – huge trend	Lots of talk - lack on money in Under 6 initiatives - how can we collaborate to have this improve.
4	Professional Development for Service Delivery Staff	
5	Early intervention approaches to reduce/prevent child maltreatment	
6	Anything in the south	
7	OBSD, etc	
8	Signs of Safety	Transitional Youth
9	Danger Assessment	
10	Cultural awareness	Trauma informed practice
11	Child Intervention related training	
12	Leadership Development	Outcomes and evaluation tools
13	Circle of Courage	RAP
14	Adolescent parenting	

The AASCF Website: Organizations rated the usefulness of the parts of the website (Table 16). Parts are ranked according to number of checkmarks received. “Updates” was rated highest followed by “Training”, “General Information” and “Job Postings”.

Table 16. “What are the most useful parts of the AASCF website? (Check all that apply)”

Rank Order	Percent of Agencies assigning a checkmark		
	2012 (N=56)	2013 (N=50)	2014 (N=69)
1st	Updates (66%)	Updates (68%)	Updates (70%)
2nd	Training (59%)	General Info. (66%)	Training (64%)
3rd	General Info. (55%)	Training (58%)	General Info. (52%)
4th	Job Postings (27%)	Job Postings (28%)	Job Postings (26%)
	Other	Other	Other

Five agencies checked “Other” to identify an additional website component important to them and for which they specified the following: “Funding opportunities”, “Grants”, “OBSD updates”, “Articles” and “Information on nonprofits for boards”.

Additional Activities or Information: Regarding any additional activities or information the AASCF could offer to assist the agency or its chapter area, 10 agencies responded, indicating information on “changes taking place at the government” level is very important as is related follow-up and advocacy. As in prior years, some suggested that greater focus be placed on Early Intervention. New items included “offering a local advocacy workshop”, “helping address the challenges pertaining to new safety codes (impact on group homes)” and “looking for shared training opportunities”.

Areas Where AASCF Could Improve: Suggestions as to improvements the AASCF could make tended to group around 4 themes (Table 17), including:

1. How impressed agencies are with the work of the AASCF
2. Specific service or program areas needing greater focus
3. Reducing the focus placed on OBSD; taking a more representative focus
4. Operational matters including a geographic barrier to attending membership meetings and training events, and improvements to the website.

Table 17. Areas Where AASCF Could Improve

1	<ul style="list-style-type: none"> • Doing an excellent job! • From my perspective AASCF is doing well. • We have been very impressed by the work of _____. The connections made with various Ministry senior staff have been a huge advantage...tireless in her pursuits. • I am pretty impressed with _____ leadership and ability to proactively speak to the issues and advocate for the agencies. • Not that I can think of.
2	<ul style="list-style-type: none"> • Prevention and early intervention • Enhanced services for immigrant families and children by utilizing resources of immigrant serving agencies • While children are the focus, there are many young adults needing guidance and much more support than they are getting. • Find a way to involve students in post-secondary
3	<ul style="list-style-type: none"> • Advocacy for all members' positions and not aligning so strongly with one, like OBSD.... • Be more representative • More representation from all sectors, not just OBSD. Many meetings were only OBSD-speak, an unwelcome atmosphere for those not a lead agency. • Support of smaller agencies - at times it seems there are organizations favored.
4	<ul style="list-style-type: none"> • Vision, and how they are viewed by community members and organizations • There are many agencies that would like to be involved in membership meetings but travel is a barrier at times. Is there a way that technology can be used to increase involvement in meetings? Perhaps move meetings occasionally to the North or South. • Training in the south region becoming more accessible. • Improve website to be more user friendly with more clearly communicated information

AASCF Priorities: A final, open-ended, question to the 2014 survey asked participants what they saw as the “top priority for AASCF 5 years from now”. 39 agency representatives responded, providing close to 50 comments. The themes, number of agencies identifying them and detailed comments are presented in Table 18 below.

1. **Advocacy** was identified most often, including “government relations” and “liaison” pertaining to advocacy. Responses reflect an importance placed on having a collective voice for the sector and communicating on behalf of agencies. 22 agencies identified this theme as the top priority and provided 17 related comments.
2. **Collaboration and Integration** was the second most identified theme and included “integrating the child intervention and early intervention components of the sector”, “ensuring a place for smaller agencies”, “navigating the priorities and expectations of Human Services on behalf of agencies and supporting them in this regard”, “helping agencies find better ways of working together and sharing resources”. 10 agencies identified this theme as the top priority and presented 14 related comments.
3. **Wages and Funding** was the third theme, primarily focused on ensuring AASCF continues to promote this item as the main topic of advocacy. Responses indicate the importance attached to this topic for ensuring a qualified and stable workforce. 9 agencies identified this theme and provided 7 comments.
4. **Service Quality and Training** were grouped together under a final theme. Responses include improved outcomes for children and families, evaluation of OBSD, education, professional training and leadership training. 6 agencies identified this theme and provided 6 comments.

While the most prevalent theme was advocacy, the theme with the most commentary was integration and collaboration. This may reflect a greater need for discussion and development on this theme relative to the others.

Table 18. “Five years from now, what do you see as the highest priority for the AASCF?”

Theme	Details and Comments
Advocacy (22 agencies)	
Advocacy	The Political realm
Advocacy	With the GOA
Advocacy	Connected to the ministry
Advocacy	A positive, collaborative, trusting relationship
Advocacy	Communicating to and from agencies
Advocacy	With government departments (especially for agencies)
Advocacy	Collective voice for needs of the sector

Table 18. "Five years from now, what do you see as the highest priority for the AASCF?"

Theme	Details and Comments
Advocacy	Common voice for needs of sector
Advocacy	On behalf of member organizations
Advocacy	Public relations
Advocacy	Continue- you are needed
Advocacy	For children
Advocacy	Ongoing government relations work
Advocacy	Positive Government Relations
Advocacy	Influence with key government officials
Advocacy	Continued liaison/communication between Human Services and agencies
Advocacy	Influence and promotion
Gov't Relations	
Liaison	
Gov't Relations	
Gov't Relations	
Collaboration & Integration (10 agencies)	
Navigation	Government updates/policies and practices.
Networking	Navigating Human services priorities and expectations
Collaboration	As Children's Services re-directs more and more families away from child welfare and back into the community.
Collaboration	Convener for networking, education, knowledge, knowledge source for funders and to help set government directions for children
Integration	Promoting the needs of agencies, bringing agencies together to share learnings and build relationships
Integration	Of sector agencies / Support to Agencies
Integration	Creating new ways for non-profits to better collaborate and share resources amongst them.
Support	Collaboration facilitation and support between agencies
Support	Help more deeply integrate early intervention and child intervention organizations' different priorities and interests.
Support	Early Intervention and Child Intervention
	Early Intervention and Child Intervention
	keeping smaller agencies involved
	Having organizations integrate information from informed practice
	On informed practice
Wages & Funding (9 agencies)	
Funding	Operational costs
Wages	additional funding for all aspects of agency operations

Table 18. "Five years from now, what do you see as the highest priority for the AASCF?"

Theme	Details and Comments
Wages	Wages continue to be a significant issue for contracted agencies and strong advocacy is needed.
Wages	In order to recruit and retain good people in this sector wages need to be better.
Wages	that our staff would be paid equal to staff with the City of Calgary, AHS and CFS - for equal qualifications and experience!
Wages	Continued participation in the workforce alliance
Wages	To help create a stable and sustainable workforce
Wages	
Workforce	
Service Quality and Training (6 agencies)	
Quality Service	Improved Outcomes
Evaluation	for families and children
Outcomes	OBSD Evaluation
Training	Education and training
Training	Professional training
Development	Leadership development
Not Sure	Child Intervention could look very different in five years.

Appendix I: Recent Impact of Wage Increase: 2014 Response Themes			
“How has the wage increase over this last year impacted your agency?”			
#	Type	Theme	Detailed Response
1	Positive	Retention /Morale	Has been used to leverage retention. staff were satisfied that something was being done
2	Positive	Retention	This has prevented high turnover
3	Positive	Retention	Staff retention and recruitment, decreased turn over
4	Positive	Retention / Qualifications	Retention, Improvements in supervision, improvements in qualifications of front line staff
5	Positive	Retention / FSCD	Retention particularly in the FSCD sector
6	Positive	Retention / FSCD	We were able to increase staff salaries, assist with staff retention, in particular with FSCD.
7	Positive	Retention	The staffing increases help with staff retention.
8	Positive	Retention	Our staff retention is at 76%, has been rising steadily over the past 2 years.
9	Positive	Retention / Consistency	helps us maintain the current staffing teams
10	Positive	Retention / Wide application.	We were able to provide a wage increase to all staff. This assists with staff morale, relationships and staff retention.
11	Positive	Retention	Staff retention
12	Positive	Retention	Assisted with employee retention
13	Positive	Retention	allows us the ability to impact staff retention and recruitment
14	Positive	Retention	It has assisted in retaining staff.
15	Positive	Retention	Staff retention
16	Positive	Retention / Competitive	Encouraging trend to hopefully retain staff, prevent them from looking for higher paid positions - larger agencies/Gov't
17	Positive	Retention / Competitive	It has assisted in staff retention by providing competitive compensation
18	Positive	Significant	Significant salary increases for the whole organization.
19	Positive	Closing the Gap	Provided financial support to employees, who are paid less than their government counterparts.
20	Positive	Closing the Gap	Allows us to be more comparable to government wages
21	Positive	Closing the Gap	Is making efforts to reach parity with our govt partners
22	Positive	Closing the Gap	Enables us to move staff along their salary grid
23	Positive	Consistency	Keep staff consistent
24	Positive	Consistency	It made our Children's Services staff wages comparable to our PDD funded staff wages
25	Positive	Inflation/COL	Addresses inflation for staff
26	Positive	Inflation/COL	Cost of living increase
27	Positive	Inflation/COL	Gave staff a COLA
28	Positive	Inflation/COL	cost of living and inflation increases for annual budget
29	Positive	Staff Satisfaction	increase in staff salary satisfaction
30	Positive	Staff Satisfaction	People are grateful. Increase received in October, 2014 so outcomes are not realized yet.

Appendix I: Recent Impact of Wage Increase: 2014 Response Themes			
“How has the wage increase over this last year impacted your agency?”			
#	Type	Theme	Detailed Response
31	Positive	Staff Satisfaction	Higher staff satisfaction.
32	Somewhat	Little impact	Helped somewhat reduce turnover, in particular group care.
33	Somewhat	Well Received	The Wage/Salary increase was well received by staff, but we still lost 3 staff, went to higher paying jobs.
34	Somewhat	Program	Every increase goes to improving the program bottom line, addresses a deficit as costs are higher than revenue.
35	Somewhat	Recipient	We are largely funded by CI and EI so gave us the ability to spread increase over a large part of the organization.
36	Somewhat	Little impact	Minimally, but it does help with salary in a modest way
37	Somewhat	Closing Gap / Not for all	Continued to close the gap for staff. We maintained some staffing due to increase but for other staff it did not seem to influence their decision to remain or move.
38	Somewhat	Little impact /Still Gap	Staff happy to receive the small increase. However, it brought forward discussion about the generally low wages.
39	Somewhat	Little impact /Still Gap	It provided a token of appreciation for colleagues who are generally under-paid working in these programs.
40	Somewhat	Non-recipient	Very little impact as only 3 staff were eligible to get it
41	Somewhat	Little impact / Cumulative	"Slight" increase in employee morale. Our sense is not the 5% in itself, but cumulative impact of 3 successive increases.
42	Somewhat	Little impact / Non-recipient	Minimally - have many contracts/grants all with differing rates of increase or no increase.
43	Not Sure	Too early to tell	Staff increases had already been determined for the 2014 year. However, this funding will be used to support staff
44	Not Sure	Too early to tell	We just received it; staff grateful and expected it.
45	No Impact	No Impact	No
46	No Impact	No Impact	Our agency has not been affected.
47	No Impact	No Impact	Non-Human Services contracted programs
48	No Impact	On operations	The staff received the raises, but did not affect the overall 49operations of the organization.
49	Negative	Non-recipients	Assisted in providing a small increase to staff within the recipient programs contracted through Human Services, however we had to find additional funds on an annual basis to increase salaries of non-recipient program staff. This has resulted in a decision to scale back service delivery and not rehire into vacant positions to accommodate the increase in salaries. While appreciated, wages continue to fall behind other agencies that can offer annual income adjustments.
50	Negative	Non-recipients	Hard on the overall agency budget, as had to draw from other funding sources to maintain parity with staff delivering Alberta Human Services contract programs.
51	Not Sure	Not Applicable	

Appendix II: Advocacy Roles in 2014: The AASCF and Agency

#	AASCF Advocacy Role (36 Agency responses)	Agency Advocacy Participation (30 Agency responses)
1	For our agency and Residential Care	Residential Care
2	For our agency and sector	Yes – executive involvement
3	For our agency and Intervention Services	
4	For our agency	Active membership / Attending meetings
5	For our agency and sector	Attending meetings of Minister/MLA contact
6	For our agency and sector	Attending meetings / Minister/MLA contact
7	For our agency and Compensation	Attending meetings / Government relations committee
8	For our agency and Calgary region	As a board member, participate in meetings and conferences / Met with local MLA November, plan to meet with city alderman
9	For our agency and Group Care, FSCD	Attending meetings, training / put forth a proposal
10	Foster Care sector -- provincially	
11	Regarding Group Care and Compensation	Group care research and political advocacy
12	Parented Group Home; Group Care	
13	The focus on Group Care is a positive one.	
14		Mayor's Task Force to Eliminate Poverty in Edmonton / Participated in agenda forums
15		Participating in a committee working to smooth funding transition-FSCD/PDD
16	Advocacy regarding Manpower, Professional Development; increases to Manpower and advocating to close the gap between not for profit and government sectors.	
17		Advocated re wages; advocated for information regarding Early Intervention as part of OBSD
18	For higher Wages, and for recognition of the contribution the sector makes to providing services in Alberta	Meetings with MLAs / Communication with Ministers and their staff (Health, Seniors, Human Services etc.) / Attending political forums and presentations
19	Wage increase	MLA meetings
20	Wage increases, etc.	
21	Wage increases	Research Forum / Community meetings
22	Wages	Board government relations / MLA liaison
23	Yes! We have received additional funding accordingly. We appreciate	Written letters to our MLA re eco-mapping closure re CIPP funding / Attending upcoming

#	AASCF Advocacy Role (36 Agency responses)	Agency Advocacy Participation (30 Agency responses)
	the link to gov't and other agencies.	forum in Edmonton
24	Valuable training opportunities	
25	Wage/Salary increases	Attending meetings of the Calgary chapter of AASCF; AASCF/CFS sponsored workshop to gather input from funded agencies
26	Wage equity, OBSD impacts to Early Intervention contracts	meetings with MLA's / Participation in political forums and contributing to frameworks
27	As part of the sector with respect to Wages/Salaries	Submission to the Provincial Gov't Alberta Health Services for more funding / Advocacy with City Council for more funding.
28	Workforce Alliance, OBSD Information and support, training opportunities	Meeting with local MLA's / Participation in Chapter meeting, surveys, direct feedback.
29	Workforce stability (through workforce alliance); improved practice	Active member of the AASCF board; Co-chair of the Workforce Alliance
30	Workforce Alliance, special issues with Group Care	Attend AASCF meetings
31	Workforce Alliance, Wage increases	Met with MLA in larger meeting / letter to representatives
32	Workforce Alliance	MLA updates, meetings, invite to cabinet, ministers, publish articles in newspaper
33	Yes	Through collaborative engagements
34	Yes	Attending meetings, survey participation
35	Yes	
36	Yes	Attending meetings
37	Yes	On committees, participate in surveys and political advocacy
38	Yes	
39	Yes	Yes

APPENDIX III

AASCF 2014 SURVEY QUESTIONS	
Introduction	
1	Does your agency or organization provide services directly to children, youth and/or families? AASCF members who check "No" will be directed to the final sections of the survey and those questions that pertain to the membership overall.
Section 1: Statistical Overview of Agency	
2	What is the total number of children and/or families served by the agency/organization? On a monthly basis? On an annual basis?
3	What is the number of board members? And the number of volunteers?
4	What is the total number of employees? How many are full time and part time? Total/Full time/Part time
5	Of the total employees, how many are service delivery (i.e., not administration or management)? Service Delivery: Total/Full time/Part time
6	What is the total number of Full Time Equivalents (FTEs)?
Section 2: Contract-funded and/or Grant-funded Service Agreements This section pertains to service agreements with government programs of Alberta Human Services that address the needs of vulnerable children and families.	
7	What is the total annual dollar amount of your contract-funded and/or grant-funded agreements with Alberta Human Services to provide services to vulnerable children and families? (Contract-funded \$ / Grant-funded \$)
8	In which program areas do you have a CONTRACT-funded agreement (check all that apply)? <ul style="list-style-type: none"> • Child Intervention Services (CI) • Early Intervention (EI) • Family Support for Children with Disabilities (FSCD) • Fetal Alcohol Spectrum Disorder (FASD) • Early Childhood Development and Parenting Support (ECD) • Prevention of Family Violence and Bullying (PFVB) • Other
9	For each CONTRACT-funded agreement identified above, please indicate if any of the following changes were made to it in the past 12 months (ending October 31st 2014): Please check all that apply. <i>Note the annual wage/salary increase from Alberta Human Services is considered outside the contracts.</i> Cost of Living Increase? Cost of Operations Increase? Cost of Operations Increase? Contract went to Tender?
10	For what Alberta Human Services programs do you have a GRANT-funded service agreement? Program #1 / Program #2 / Program #3
11	For each GRANT-funded agreement identified above, please identify any increases or other relevant changes in the past 12 months (ending Oct. 31st 2014). Program #1 / Program #2 / Program #3
12	Did your organization receive the most recent wage/salary increase from Alberta Human Services (April 2014)? (Yes/No/NA)

13	How has the most recent wage/salary increase affected your organization?
Section 3: Staff Vacancy and Turnover	
	For your total workforce (service delivery and non-service delivery combined) please enter the following vacancy and turnover information:
14	Total number of current vacancies
15	Total number of hires in the previous 12 months (ending October 31st 2014)
	How many of the vacancies and hires entered above are SERVICE DELIVERY (i.e., not administration or management)?
15	Number of service delivery current vacancies
16	Number of service delivery hires in the past 12 months (ending October 31st 2014)
17	If your organization monitors its overall vacancy rate, please enter the current rate as a percentage.
18	If your organization monitors its overall turnover rate, please enter the current rate here as a percentage.
19	Has your turnover rate changed in the past year? Would you say it is: Lower / Somewhat lower / Higher / Somewhat higher / Has not changed.
Section 4: Attraction and Retention	
20	What is the average length of turnover (how many WEEKS does it take to replace staff)?
21	Regarding average length of employment for SERVICE DELIVERY staff: How many MONTHS do the service delivery staff remain with the organization?
22	In terms of your staff overall (service delivery and non-service delivery) what are the main reasons for staff turnover? Main Reason #1 / Main Reason #2 / Main Reason #3
23	Over the past six months what emerging trends, if any, have you noticed with your staff in terms of health and safety (sick days, WCB claims), qualifications, experience, etc.? Emerging Trend #1 / Emerging Trend #2 / Emerging Trend #3
Section 5: Program and Service Closures and Openings	
24	Are you currently considering closing a program? Yes / No
25	During the past six months, has your agency/organization closed services to children and families? Yes / No Please indicate the Type of program, Reason for considering closing, and Mitigation strategies to prevent the closure.
26	Please describe the reason for the service closure, the program for which services were closed, how long services were closed, number of children or families impacted and how it was resolved. Reason services were closed? Type of program (i.e., Group Care, Residential Treatment, Foster Care, FSCD, etc.)? How long services were closed? How many children/families were affected? How the closure was resolved?
Program and Service Openings	
27	Are you currently considering opening a program? (Yes / No)
28	Please describe the reason for considering a program opening and the type of program you will be opening: Reason for? Type of Program?

29	During the past six months has your agency/organization opened services to children and families? (Yes / No)
30	What type of program was opened? How long has the program been open? How many children and families will benefit from the opening? Describe the reason for opening: What type of program was opened? How long has the program been open? How many children and families will benefit from the opening? Describe the reason for opening:
Section 6. Outcome Based Service Delivery; Workforce Alliance	
31	Do you feel you have enough information on Outcome Based Service Delivery (OBSD)? (Yes / No)
32	If you answered no, please indicate what additional information or additional training you need? Additional Information? Additional Training?
33	What role do you think your agency will play in Outcome Based Service Delivery? (Please check all that apply) <ul style="list-style-type: none"> • Lead Agency • Niche Agency (subcontractor to lead) • Both • Not Sure • Don't deliver Child Intervention Services at this time
34	With respect to WORKFORCE ALLIANCE, please indicate any additional information you may require about the initiative or the role played by AASCF:
Section 7. AASCF Advocacy	
35	Has the AASCF advocated for your needs in the previous year, either your organization specifically or as part of the sector (please describe): My organization / As part of the sector
36	In the past year have you participated in the advocacy process? Please indicate if and how you have participated: (Participation might include writing letters to your MLA, attending meetings, participating in agenda forums, etc.) Advocacy participation 1 / Advocacy participation 2
Section 8. AASCF Information, Training, Priorities and Areas to Improve	
37	Do you receive adequate information in terms of updates, events, current actions, etc. from the AASCF? Please comment. Yes/No / Comments:
38	Have you or some of your staff participated in any training or conferences offered by AASCF over the last year? (Yes / No)
39	Please identify any additional training opportunities you would be interested in AASCF offering. Additional Training 1 / Additional Training 2
40	What are the most useful parts of the AASCF website? (Check all that apply) <ul style="list-style-type: none"> • Updates • Training • General Information • Job Postings • Other / Other specify:
41	Are there any activities or information that the AASCF could be offering that would assist your agency or chapter area? (Please describe)
42	Five years from now, what do you see as the highest priority for the AASCF?
43	And finally, please identify any improvements that could be made to this survey: