

January 6, 2022

## **New Year's Follow-up Briefing #2 – regarding the state of group care provision in Alberta**

I did a bit of a temperature check with agencies yesterday and today and wanted to let you know what I found. Each day brings new complications. Most agencies are hanging in but staffing continues to be a major concern. Many feel they are just one day away from a crisis.

Beyond quarantine or isolation leave, many agencies are seeing high numbers of staff leaving or going on extended leaves, over 50% of those are COVID related in some way – exhaustion, poor wages, extreme stress, and anxiety as examples. Hiring new staff is very difficult, as there are few people applying for group care work. When they do find someone to hire, the Child Welfare Intervention Record Checks are taking a long time to be completed and the individual has often found another job by the time they are completed.

Staff and clients are increasingly testing positive and therefore safely and effectively covering shifts is the biggest priority and of course cost of overtime, etc. is increasing by the hour, let alone the morale of the staff. Many agencies are predicting that more staff and clients in programs will test positive. The five-day isolation period is helpful but contingent on quick recovery and symptom free individuals. On top of this the OHS requirements to report transmission is becoming overwhelming for agencies.

Currently, many agencies are pulling staff from other program areas to cover shifts or are accessing other agencies who offer Fee for Service support – Access or Miriam's footsteps as examples. The challenge here is those other agencies are expensive yet the COVID funding covers these costs. It does not cover the cost of incentivising or overtime hours for staff within the agency (Labour Standards makes overtime thresholds based on schedules and shifts hard to reach). If a variation in the rules (an exception, even temporarily) was allowed the actual cost maybe lower and familiar staff would be working in the homes. To be honest, many agencies are incentivising for this work and will just have a deficit as they have no other options. Some agencies, last weekend (New Years) for example, had to incentivise staff to work with double time pay. Because this is outside of the Labor Standard it is not covered by the COVID funding, but if they had hired outsiders it would be. In practice the use of internal staff is safer for the clients, as the staff are known and trained in the program.

What would be helpful right now is:

- Allow the COVID funding to be used as incentive (not just for overtime) to keep people working;

- The Ministry could help expedite PCR testing. It's taking days to get a test booked and days to get the results. The 5-day isolation period is irrelevant if the testing process is taking 7-8 days.  
In one case, yesterday, where 2 group care staffed called to get tested they were told to wait 24 hours and see if they were feeling better prior to booking a test. Considering the staffing shortages, potential risks to the children, youth and other staff this approach is not helpful;
- Fast track Child Intervention Record checks for group care; and
- Consider an injection of funds now to allow higher wages/ incentives and hopefully get staff to remain on the job and offset some of the increased costs of living we are all facing.

I would refer you again to the briefing note written in December and hope we can strike some collaborative table to look at the issues in the long term but for now the COVID crisis is imminent and people are struggling. For safety reasons, they will have to start closing their beds. This is the next step.

Proper funding has always been an issue and with the rising cost of living, and soon increased CPP/EI costs it will become more significant in the near future for organizations dealing with increased costs of utilities, food, transportation etc. With the current salaries already a concern for many, no cost of living increases in our contracts; the rising cost of living will negatively impact our current staff and our ability to attract new employees. I realize these are larger issues that we've been trying to address for years however they are and will become more significant as the cost of living increases. A longer-term strategy really needs to be considered.

Thank you for your consideration of these requests. It is our intention to keep you and the Ministry staff up to date as we are extremely worried about this part of the Child Intervention system falling apart. People are extremely tired and running out of creative options. Again, I hope we can talk about a longer-term strategy very soon.

We are also preparing a report based on a survey of the group care sector. That should be ready in the next 2 weeks and will provide an updated picture of the sector and its resource concerns, that we can all examine.

Thank you in advance for your consideration of these imminent short-term strategies.

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