the Prentice Institute
for Global Population and Economy

FCSS
Family & Community Support Services

Barons-Eureka-Warner
Family and Community Support Services
Community Needs Assessment (2024-2026)

PART 1

Project Context, Approach, and Methods

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Disclaimer: No particular observation nor comment should be attributed to any specific individual, unless otherwise specified. Any errors in description or interpretation are those of the authors.

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1.0. Purpose of this Community Needs Assessment

As a response to the April 2024 Request for Proposals issued by the Town of Stirling, the Prentice Institute for Global Population and Economy is pleased to provide the final report for a 23-month project (June 2024 – March 2026) that draws upon extensive community-based, rural, public health, labour and social policy expertise and experience of the Institute and its research staff. Specifically, this project included:

1. A needs-based assessment of the social policy landscape within the BEW FCSS catchment focused upon the prevention priorities.
2. An asset-based assessment of the resources and capacity available within that same catchment and in relation to those same priorities.
3. Scoping reviews of relevant peer and grey literatures regarding municipal and service responses in the prevention priority sectors.
4. Institute-based project management, oversight, reporting and accountability.
5. University-based business services (Ethics compliance, Finance, HR, Insurance, IT, Legal services, etc.).
6. Community-based engagement and dialogue as both inputs into the needs assessment/asset inventory, and as a validation process once data have been collected, analyzed and can be reported.

In turn, this project drew on multiple approaches to needs assessments, including triangulation between sources (e.g., the general public, elected officials, experts) and extant evidence (including data, peer-reviewed literature and grey literatures, as applicable).

1.1. Project Goals

This project was operationally focused upon the following goals:

1. Implementing a scientifically robust and methodologically rigorous program of applied research that will identify gaps, assets, opportunities, and threats (GOAT) as part of a broader needs assessment for the five prevention priorities (Homelessness and housing insecurity, mental health and addictions, employment, family and sexual violence across the lifespan, and aging well in community).

2. Situating that program of research within a well-established framework derived from population health and health promotion that will facilitate not only the assessment of both needs and assets at multiple scales (from the broader social context down to the individual) that also emphasizes translating assessment into planning and implementation (see Green & Kreuter, 1999).

3. Conducting the program of applied research in a manner that was grounded in a mixed-methods approach. This approach drew from both comparative methodologies (most-different and most-similar systems design) (Przeworski & Teune, 1966) in order to facilitate the application of the results to both local communities and populations, but also within and across appropriate sub-categories of the BEW FCSS membership. These methods included:

    - Qualitative data generated through a series of semi-structured interviews, focus groups and surveys.
    - Quantitative data generated through locally-collected surveys (hybrid delivery – online and in-person).
    - Quantitative data generated via extant capacity and datasets housed at the Prentice Institute, and, as applicable, geospatial (GIS) data at various scales (e.g., census sub-division) in order to both visualize and contextualize locally-generated results.

4. Communicating the goals, objectives, processes and knowledge mobilization activities related to the projects in an open, accessible and transparent manner, both back to the contracting party (BEW FCSS/Town of Stirling) and to the participants/citizens engaged with, and potentially impacted by, this project.

5. Ensuring policy and regulatory compliance and alignment, including (as applicable):

    - Financial management practices
    - Data integrity and security
    - Research ethics board and data management compliance (TCPS 2022) (Government of Canada, 2022)
    - Best practices for hiring, training and management of project staff (HR) and Alberta Labour Codes (including collective agreements as applicable).

6. Acknowledging and working openly to account for, and engage with, variable social, economic and political power asymmetries within, across and between communities and their component sub-populations. While contained in scope to within the prevention priorities, such asymmetries may include age, gender, race, economic status, employment status, and are commonly identified in reference to Privilege, Property, and Prestige.

7. Utilizing four well-established and documented concepts/frameworks to inform both needs and asset assessment analyses and interpretation:

    - The Social Determinants of Health (WHO, 2008)
    - The Community Capitals Framework (Emery & Flora, 2020)
    - Community capacity (Kulig et al., 2013; Beckley et al., 2008)
    - Policy Design (Bobrow and Dryzek 1987).

8. Generating project outputs that have immediate capacity to inform municipal and FCSS planning, budgeting, implementation, program evaluation and long-term, adaptive, and anticipatory planning across multiple sectors relevant to the five prevention priorities.

This project collected data about and from the following municipalities:

- County of Warner (including the hamlets)
- Village of Coutts
- Town of Raymond
- Village of Stirling
- Town of Milk River
- Village of Warner
- Lethbridge County (including the hamlets)
- Village of Barons
- Town of Coaldale
- Town of Coalhurst
- Town of Nobleford
- Town of Picture Butte.
- M.D. of Taber (including the hamlets)
- Village of Barnwell
- Town of Taber
- Town of Vauxhall.

The outcomes of this needs assessment are intended to help improve regional municipal service delivery by understanding the current and emerging needs within the region and providing information and data that can be used for planning collaborative municipal and regional asset and services management by the 16 municipalities and BEW FCSS.

1.2. About the Prentice Institute for Global Population and Economy

The Prentice Institute for Global Population and Economy was founded in 2009 with a multi-million-dollar donation to the University of Lethbridge to establish a global leader in the research of changing human populations, economic conditions, and environmental variation.

The mandate of the Institute is to examine "big picture" issues related to global population and related changes, while also connecting to local and regional challenges within those same global changes. It is specifically charged with providing information and evidence to support the development of policy options for Canadians and their governments and supporting the capacity of both citizens and governments to identify, assess, and respond to the increasingly complex and inter-related policy challenges that they face.

The Prentice Institute is overseen by the Strategic Governing council, consisting of the Associate Vice-President of Research/Dean of School of Graduate Studies, the Dean of Arts and Science at the University of Lethbridge, and the Director of the Prentice Institute. Three committees aid the Institute in achieving its mandate: the Steering Committee, the Research Advisory Committee and the Academic Advisory Committee.

With a diversity of origins, worldviews, and research backgrounds, our team includes academic staff, research associates, research analysts, research assistants, post-doctoral fellows, summer interns, and administrative support.

The University of Lethbridge is one of four Comprehensive Academic and Research Universities in Alberta. Originally founded as a primarily undergraduate institution in the late 1960s, since the early 2000s it has grown to an enrollment of almost 8000 undergraduate students, over 600 masters-level students, and over 125 doctoral students (2023). Located in West Lethbridge, the University is home to several hundred faculty and staff from around the world and has an annual operating budget of approximately $200 Million CAD. The University is home to a number of research centres and institutes (including the Prentice Institute) and receives research funding from a wide range of sources, including the Canadian Tri-Agencies (CIHR, NSERC and SSHRC). The University is also one of the larger employers in the City of Lethbridge and has an annual local economic impact of approximately $784 million per year.

1.3. Why did BEW FCSS Conduct a Community Needs Assessment?

As part of introducing a new Accountability Framework, FCSS has outlined the following provincial objectives:

1. FCSS programming increases the protective factors of individuals, families and communities related to provincial prevention priorities.
2. FCSS programming strategically connects Albertans to services and supports that meet their needs.
3. FCSS programming reflects community demographics and needs.
4. FCSS programming is accessible, appropriate, and designed to serve Albertans across their lifespan.
5. FCSS programming fosters connectivity in participating communities.

For the third objective of providing FCSS programming that reflects community demographics and needs, the Government of Alberta set a key performance measure as the "number and percentage of local FCSS programs that have completed a community needs assessment to inform their services" (Government of Alberta, 2022, p.14). In 2024, several southern Alberta FCSS organizations published community needs assessment reports (e.g., High River, Claresholm, Okotoks). Common themes across the needs assessments were a shared desire for (but experience of challenges to) an affordable cost of living for all residents, local services that are accessible and inclusive, and a community that is connected and engaged (Town of Claresholm, 2024; Town of High River, 2024; Town of Okotoks, 2024).

1.3.1. Preventive Social Service Needs in Rural Alberta

According to the report: *Understanding and Responding to the Challenges Faced by FCSS Programs in Rural Alberta* (2023), "in the wake of the COVID-19 pandemic and the recent period of inflation, FCSS programs across rural Alberta are encountering far more community members with more complex social needs than ever before. The number of people who are walking through the doors of rural FCSS offices in crisis has increased dramatically in the past few years, placing additional burdens on these offices to provide intervention-type services." (p.13).

The pressure to serve increasingly complex needs, and in greater numbers, is outpacing the capacity of existing FCSS programs. **This project is a priority because the 16 municipalities of the BEW FCSS region are experiencing numerous social challenges with direct impacts on community wellbeing.** According to the Government of Alberta, 9.2% of respondents in the 2021 Alberta Community Health Survey from the South Zone were classified as either a 4 or 5 (most deprived) on the Canadian Deprivation Index (based on residential instability, situational vulnerability, economic dependency, and ethno-cultural composition). This rate of 9.2% in the

South Zone is well above the provincial average of 6.5%, and is nearly twice as high as Calgary (4.9%).

Municipal governments in the BEW FCSS region are being asked to address increased citizen concerns about housing insecurity, food insecurity, family and relationship violence, addictions, single-parent homes with limited supports, insufficient supports for newcomers, loss of community volunteers, barriers to transportation, increased isolation, insufficient supports for seniors, and more. All 16 of the municipalities in the BEW FCSS region have a limited tax base from which to fund core municipal services, much less address the growing social needs challenging resident health and quality of life. This project is needed to help determine where asset and service strengths and gaps exist, and which needs are priority and emerging, so that the 16 municipalities and BEW FCSS can effectively and efficiently plan, collaborate, and allocate resources to meet the wellbeing needs of the BEW FCSS region.

In an increasingly complex landscape where municipal policies, social services and supports, local populations, and global factors intersect, demands for increased data, evidence, and justifications for the decisions that are made, and services provided, are both increased, but also coming from a range of political, economic, and social positions. Even as Canadian communities and institutions become more diverse, public and political responses to social challenges face both resistance and supports from different sources – what Bakan and Audrey (2007) refer to as backlash.

In turn, conventional governments at any level must contend with the dual, and sometimes paradoxical need for increased expertise and technical capacity, coupled with the similar need for increased diversity of, yet also connections between, the various community groups (Haas, 1992), policy networks (Dowding, 1995), and knowledge forms that exist, and may speak to, those same policy issues (Kemmis, McTaggart, & Nixon, 2015). As authors such as Brown, Groves, & Gedeon (2003) and Head (2023) have noted, **a network-based approach that also recognizes the inherently social, and therefore politically connected nature of the "big problems" that face smaller and larger communities alike requires citizen voice and engagement**, but embedded within valid and rigorous evidence (Fischer, 1993; Stone 1997). In other words, in order to support the political, fiscal and economic decisions that underlie many social policies and programs, it is essential to not only be able to know and measure the nature, state and immediate causes of the challenges social programs seek to address, but also to position that knowledge within both the local place (community) as well as the larger geographic/economic/social/service landscape (regional collaboration or network).

The extensive literatures on community sustainability (Emery 2013; Hallstrom et al. 2015; van Assche et al., 2020), community assets and asset mapping (Falls Brook Centre, n.d.), scenario planning for sustainability (Hallstrom & Finseth, n.d.), social and cumulative impact assessment (Buse et al., 2022), and both the social and environmental determinants of health (Raphael, 2016; Hancock, 1985) all point in the same direction. **Community organizations and decision makers often benefit from a paired approach to policy evidence that requires not only a**

methodologically rigorous and triangulation approach to the collection of data and the identification of community needs and priorities, but the situation of those needs within and across places, times, and people(s). It is often necessary to think and connect across social challenges upstream and downstream in terms of cause and effect, the intended and unintended consequences of action (and inaction), and the places, organizations, and methods that are utilized to respond.

1.4. What is Prevention and Why is it Important?

The main purpose of Family and Community Support Services (FCSS) is to establish programming across Alberta that is preventive in nature. In short, **preventive social services seek to reduce or eliminate the root causes of preventable health and social issues amongst a population** (Pronk et al., 2013; Kennedy, 2020). **FCSS describes prevention as a "proactive process that strengthens the protective factors of individuals, families, and communities to promote well-being, reduce vulnerabilities, enhance quality of life, and empowers them to meet the challenges of life" (Government of Alberta, 2022, p.7**). This prevention process, rather than focusing on how to improve health service and emergency service systems, instead focuses on how to keep people healthy in the first place (Raphael et al., 2020).

To understand the root causes of health and social challenges, the social determinants of health (and how they affect long-term health outcomes) can be examined. The social determinants of health describe social and environmental influences that contribute to the development and prolonged experiences of poor health outcomes (Braveman & Gottlieb, 2014; Institute of Medicine, 2012). The social determinants of health (SDOH) are (Raphael et al., 2020):

- disability
- early child development
- education
- employment and working conditions
- food insecurity
- gender
- geography
- globalization
- health services
- housing
- immigration
- income and income distribution
- Indigenous ancestry
- race
- social exclusion
- social safety net

- unemployment and job security.

The history of the social determinants of health is a non-linear, 150-year evolution from recognizing social conditions to targeting structural inequities. Since the 19th century, scholars have been interested in better understanding how social inequities impact health and well-being. With the production of the Lalonde Report in 1974 by the Canadian Minister of National Health and Welfare, a new concept of a "health field" emerged, where emphasis on biomedical healthcare was reduced and balanced with attention to environmental, lifestyle, and system organization (Lalonde, 1974, p.8). In 1986, the Ottawa Charter for Health Promotion was developed at an international conference as a formal agreement to move beyond medical care as the sole focus of government health policy (WHO, 1986). Building from this, researchers later produced what is known as the "rainbow model," which maps the layers of influence on health and well-being from individual factors to broader social, economic, and environmental conditions in concentric circles (Dahlgren & Whitehead, 1991; 2021). Throughout the 1990s and 2000s, several key events solidified acceptance of the SDOH in public health spheres (e.g., inclusion of the SDOH in federal research institution mandates, international SDOH conferences) (Lucyk, 2018).

Despite a growing evidence base to support consideration of the SDOH in public health care, and calls from researchers and industry experts outlining the consequent need to reform our health and social service systems, the language of health promotion and preventive social services has often been absent from public health initiatives, advocacy efforts have been limited in scope, and there has been minimal integration of health and social service workforces (Ross & Zerden, 2020).

1.4.1. How can Preventive Social Services Address the Social Determinants?

The development of the SDOH has been driven by the need to understand how social factors "get into the body" to cause disease, a challenge that has been met with growing evidence of biological embedding and epigenetics (Nist, 2018). The SDOH often intersect and amplify one another, creating greater barriers to achieving positive health outcomes (Persaud et al., 2023). Seeing as the social determinants of health have a significant impact on the health and well-being of individuals and communities, it is important to have health promotion and prevention programs in place that are comprehensive, accessible, and that effectively target the root causes and early stages of health and social challenges.

There are two main types of prevention program approaches to addressing the SDOH: environment-based or structure-based initiatives (Gore & Kothari, 2013). Environment-based initiatives aim to "improve healthy living by influencing the immediate environment in which people spend their time, such as schools, workplaces and community spaces" (p.52). Structure-based initiatives "directly acknowledge the impact of various structures (e.g., social, political, economic) that create inequities and attempt to address them directly" (p.52). There are also multiple levels of prevention, depending on if a prevention initiative reduces the risk of challenges occurring, or if it seeks to manage existing challenges and prevent them from getting worse (Keyes, Hussein, and Das, 2025). The different levels of prevention are: primary, secondary, and tertiary. Each level targets a different part of the population and has different program entry points:

1. **Primary prevention** "focuses on the general population or on subsets of the population who may be at higher risk, with the intent of promoting protective factors in the physical or social environment" (FCSSAA, 2025, p.9). An example of primary prevention is a lifestyle education program or a public awareness campaign.
2. **Secondary prevention** "specific groups or at-risk populations to address issues at an early stage" (FCSSAA, 2025, p.10). An example of secondary prevention is a crisis hotline or outreach workers conducting home visits.
3. **Tertiary prevention** "focuses on addressing immediate needs with the intent to prevent long-term impacts" (FCSSAA, 2025, p.10). An example of tertiary prevention is a peer support group or transitional housing.

1.4.2. What Makes Prevention Successful?

Prevention strategies are valuable to individual and community well-being as they seek to sustain long-term health, social, and economic benefits. Effective prevention programs may develop strategies at different scales of prevention (e.g., primary, secondary, and tertiary) to intervene in potential or developing health and/or social challenges (Keyes, Hussein, and Das, 2025). Robust prevention strategies incorporate multiple points of entry and scales for prevention, aiming to target the root cause of an issue—such as the social determinants of health—as well as intervening in already existing challenges to reduce the risk of them becoming worse (Nation et al., 2003; Pronk et al., 2013). Additionally, effective prevention programs and strategies include the involvement of the affected community, measurement and evaluation criteria, be communicated, and focus on building resilience and increased capacity within the community (Nation et al., 2003; Pronk et al., 2013; Kennedy, 2020).

Family and Community Support Services in Alberta takes on a collective approach to the prevention of social challenges. A collective approach involves making coordinated efforts that (Nation et al., 2003; Pronk et al., 2013; Kennedy, 2020):

1. Are led and informed by community members, including those who have experienced a need for prevention services, as well as issue prevalence data.
2. Focus on building resilience against social challenges.
3. Aim to design multiple programs to address the root cause of an issue.
4. Are measured and evaluated for effectiveness in addressing a target problem.
5. Are accessible and communicated widely to community members.

With a bottom-up approach to prevention of health and social issues in communities, “improving health and preventing disease does not occur solely in the patient’s examination room; it also takes place in the community of patients and their families, friends and neighbors, employers, teachers, and storekeepers” (Institute of Medicine, 2012, p.17).

Prevention success is dependent on: (1) Timing, where supports are available to community members *before* or in the *early stages* of experiencing a challenge to their wellbeing; and (2) Accessibility, where priority is placed on having widely accessible preventative support to benefit *all* residents (Institute of Medicine, 2012; Kennedy, 2020; Pronk et al., 2013). With the right timing and adequate accessibility, a community’s system of prevention supports should effectively set residents up for success in being proactive about their health and well-being.

1.4.3. What are the Benefits of Effective Prevention?

Prevention programs can support long-term social, health, and economic benefits for both individuals and communities (Persaud et al., 2023; Institute of Medicine, 2012). Social- and well-being-focused programming can reduce the burden of cost on public infrastructure by reducing risk of illness. Illness creates a significant economic burden on public systems, and by extension, Canadian taxpayers. Prevention-focused programs and strategies are found to be generally cost-effective, especially when considering the long-term effects and outcomes of prevention on public health and well-being (Government of Canada, 2009).

The high returns on investment in prevention are both well-known and well-researched (e.g., reduced ER visits, lowered policing costs, increased workforce participation), with some prevention studies showing returns of up to $12 per dollar invested in certain interventions (Le et al., 2021). There is, however, increasing recognition that more ways to measure prevention success are needed beyond economic impact, returns, benefits, and value. For both public and private sectors, it is important to be able to measure value added and use shared language to do so (Kania & Kramer, 2011; Nicholls et al., 2012; Public Health Agency of Canada, 2016). Social value measurements might focus on indicators related to child well-being, community safety, housing stability, and economic participation.

In 2026, FCSS is expected to release a revised, more streamlined program outcome reporting structure (Personal correspondence with BEW FCSS Director Zakk Morrison). This new reporting structure reflects the value of measuring social outcomes, such as increased resource awareness, sense of belonging and inclusion, and self-esteem among participants in the prevention program.

1.5. How are Preventive Social Services Structured in Alberta and Canada?

In this section, we provide a brief overview of:

- Prevention-focused policy structures at the federal (Canada) and provincial (Alberta) levels.
- The history of social policy and preventive social service development in Alberta.
- The objectives of Family and Community Support Services (FCSS).
- How municipal governments can participate in and advocate for preventive social service development to proactively address their communities' social needs.

1.5.1. Canada's Approach to Prevention

Preventive social supports and services in Canada are (in part) developed, funded, and managed through three federal-level departments: (1) Employment and Social Development Canada, (2) Public Health Agency of Canada, and (3) Public Safety Canada.

1. Employment and Social Development Canada

In Canada, Employment and Social Development Canada (ESDC) is the federal department responsible for developing, managing, and delivering social programs and services (e.g., employment insurance, disability inclusion, youth employment, early learning and childcare, poverty support, seniors' issues, occupational health and safety). The ESDC department is headed by the Minister of Jobs and Families, as well as three Secretaries of State (Children and Youth, Seniors, and Labour). ESDC core mandates and missions include:

- **Labour Market Participation:** Promoting a highly skilled, mobile, and inclusive workforce.
- **Social Development:** Supporting children, families, seniors, people with disabilities, and vulnerable populations through targeted programs.
- **Income Security:** Providing financial stability through programs like Old Age Security and Employment Insurance.
- **Workplace Excellence:** Enforcing federal labor standards, ensuring safe/fair working conditions, ad promoting employment equity.
- **Service Delivery:** Delivering programs, including passport services and Service Canada support, to citizens.

The ESDC's key priorities in 2024-2025 included: (1) Expanding access to **$10-a-day childcare** and reducing fees; (2) Ensuring Indigenous children have access to a culturally appropriate **Indigenous Early Learning and Child Care system**; (3) **Fighting anti-Black racism**; (4) Supporting the development of **green jobs**; (5) Assisting Canadian employers facing labour

shortages through the **Temporary Foreign Worker Program**; (6) Working to advance the **Disability Inclusion Action Plan** to reduce poverty and support the financial security of working-age persons with disabilities; and (7) Improving digital access to ESDC services (ESDC, 2025).

2. Public Health Agency of Canada

In 2025, the Public Health Agency of Canada put forth a Declaration on Prevention and Promotion to emphasize the importance of health promotion and disease and injury prevention within Canada's healthy living strategy. Created in 2005, Canada's healthy living strategy focuses largely on improvements to healthcare systems, where diagnosis, treatment, and care services are prioritized. The Declaration on Prevention and Promotion signals a departure from this original focus in stating that: "To create healthier populations, and to sustain our publicly funded health system, a better balance between prevention and treatment must be achieved" (Government of Canada, 2025, Prevention is a priority section). To achieve this balance, the Declaration outlines the following goals:

- **Changing risk factors and conditions that lie outside the health sector.**
- **Providing population health promotion initiatives** and public health services working with, and in support of, the communities and families they are meant to serve.
- Ensuring Canadians can access and use **appropriate effective prevention services.**
- Helping people learn and practice **healthy ways of living.**
- Doing and using research to build evidence on **what creates good health, the broad causes of disease and injury, and how to influence them.**

The Declaration also states that "health promotion is everyone's business," meaning that because many determinants of health lie outside the reach of the health sector (e.g., education, housing, employment, recreation, community capacity), a wide range of people from all levels of government, communities, research institutions, the private and the non-profit sector each play a role in creating the conditions for good health.

3. Public Safety Canada

Public Safety Canada (PSC) aligns with social policy prevention goals by implementing evidence-based, community-focused initiatives that address the root causes of crime, radicalization, and social disorder. Through funding and partnerships, PSC targets risk factors—such as social exclusion, lack of opportunities, and marginalization—to strengthen community safety.

- **Crime Prevention Funding Programs:** Through the National Crime Prevention Strategy (NCPS), PSC funds community-based projects aiming to reduce crime by addressing underlying risk factors, particularly in at-risk youth and communities.

- **Preventing Gun and Gang Violence:** The Building Safer Communities Fund (BSCF) supports municipal and Indigenous-led programs that offer social supports to youth, directly tackling the social conditions that lead to gang involvement.
- **Countering Radicalization and Hate:** The Canada Centre for Community Engagement and Prevention of Violence leads efforts to combat hate-motivated violence and radicalization, focusing on strengthening societal resilience and social cohesion, as explained in this Public Safety Canada document.
- **Human Trafficking and Gender-Based Violence:** The National Strategy to Combat Human Trafficking, which is linked to initiatives for addressing gender-based violence (GBV), provides resources for victims and focuses on protecting vulnerable populations, as described in this strategy document.
- **Gender-Responsive Policies:** PSC incorporates Women, Peace and Security (WPS) principles into its policies and operations, including correctional services, to ensure security approaches are inclusive and address specific needs of vulnerable groups, as described in this implementation plan.

By focusing on, for instance, early intervention, public safety is maintained not only through law enforcement but also by bolstering social stability and community health

1.5.2. Alberta's Approach to Prevention

In Alberta, prevention is supported through the funding of public health and social service organizations. Policies and programs from the Government of Alberta provide guidelines to support prevention, such as those offered by Primary Care Alberta (n.d.), which provide resources to promote healthy living and prevent illnesses. In addition to public health, the Government of Alberta's Social Policy Framework (2013) includes goals to address social inequalities, especially those that contribute to the social determinants of health. Taken together, these frameworks in Alberta's policy aim to address different levels of prevention, from individual health outcomes to larger systemic preventative measures, such as addressing the social determinants of health in Alberta.

The Ministry of Assisted Living and Social Services is the lead Ministry that oversees the provincial FCSS grant program, sets social policy priorities related to preventive supports, coordinates policy development, and accountability measures. This Ministry's mandate explicitly includes ensuring Albertans have access to supports and services that promote independence and well-being—critical to the preventive focus of FCSS. Other Ministries with mandates aligned with preventive social services include the Ministry of Municipal Affairs, the Ministry of Health, the Ministry of Mental Health and Addiction, the Ministry of Primary and Preventive Health Services (established in 2025), the Ministry of Education and Childcare, and the Ministry of Children and Family Services.

In addition to government and policy programming and funding for the prevention of health and social issues, many non-government and social service organizations provide services and programs that focus on improving the prevention of health and social challenges in people's lives. Organizations implementing the interventions and prevention for the provincial priorities provide a range of programs, from subsidizing services and development (such as those provided by the Government of Alberta), to development strategies that empower communities to implement change, to personalized services for individuals and families to build strategies and resilience for their health and social well-being.

Many prevention programs in Alberta share commonalities in design and approach to prevention. Both public and private organizations promote prevention through policy/strategy development and the funding and implementation of interventions that target a certain issue. Public organizations are more likely to provide funding/subsidies to community prevention programs and initiatives that increase access to services and supports. Policies and strategies for prevention often integrate multi-pronged approaches and wrap-around services for the targeted health/social issue, for example, growing transportation services for people to access services (Government of Alberta's Addictions and Mental Health Strategy, 2011) Additionally, policies and strategies that focus on prevention include bottom-up and community-driven approaches, allocating grant-funding and positioning program development to the needs of the community—often including

needs assessments to understand the prevalence of and issue. A common aspect of prevention programs in Alberta is the need for collaboration and/or partnership to make prevention effective.

For the five provincial prevention priorities, there are social services in Alberta that lend themselves to intervention on, and prevention of, health and social concerns (see Table 1 for examples). For more detailed information about the social supports and services landscape in the province, see this project's environmental scan reports focused on each of the FCSS prevention priorities.

Table 1. Examples of Prevention Programs in Alberta for the Provincial Prevention Priorities

Provincial Prevention Priority	Alberta Prevention Program Example
Homelessness and Housing Insecurity	Alberta's Action Plan on Homelessness and Interagency Council on Homelessness (Government of Alberta, 2022)
Mental Health and Addictions	Mental Health Capacity Building in Schools (Government of Alberta, n.d.)
Family and Sexual Violence Across the Lifespan	Our Next Chapter: The RCMP 2024–2027 Strategic Plan (RCMP, 2024)
Employment	WorkFirst Alberta (Government of Alberta, 2025)
Aging Well in Community	Alberta's Seniors Assistance Benefit (Government of Alberta, 2025)

1.5.3. Family and Community Support Services History

In 1966, Family and Community Support Services was established under the Preventive Social Services (PSS) Act. This original PSS Act outlined the support that could be provided to Alberta municipalities by the Minister of Social Development, with a funding ratio of 80% from the provincial government and 20% from municipal government for social service programs (Bella, 1982). Included in a municipality's abilities under the Act, they could (RSA 1970, c 282):

- Provide for the establishment, administration, and operation of preventive social service programs.
- Enter into agreements with other municipalities to provide for the establishment, administration, and operation of shared preventive social service programs.
- Provide money to the establishment, administration, and operation of preventive social service programs.

The 1966 Act provided a framework for bottom-up and place-based programs to develop organically. However, in the Act itself, there was no definition for what preventive social services were, nor a framework or guidelines for what programs could look like or what they might aim to prevent. An evaluation of PSS (see Bella, 1982) provides more detail about the programming and structure of early PSS programs and their relationship with the provincial and federal government. In the evaluation, PSS's goals included (1) preventing dependence on welfare and assistance programs, (2) preventing separation and divorce for married couples, (3) reducing the intake of children into the welfare system, and (4) promoting general social and physical well-being (Bella, 1982).

The first iteration of the Preventive Social Services (PSS) program in Alberta was established in 1966 by the Social Credit government, led by Premier Ernest Manning (Bella, 1982). PSS was introduced in a wave of reform to welfare policies and social services, and unlike many other social programs, it survived the austerity cuts through the 1970s in Canada (Bella, 1982). In 1977, it was formally incorporated as a provincial organization, though it was run by a volunteer team (FCSSAA, n.d.).

A review led by the University of Alberta, funded by Health and Welfare Canada, evaluated the effectiveness of PSS programming according to its ten goals (both major and minor). The major goals, which were the political focus of PSS, included (Bella, 1982):

1. **Preventive Welfare** (e.g., to reduce dependency on the Alberta welfare system through the distribution of targeted prevention services).
2. **Prevent Marriage Breakdown** (e.g., to prevent divorce and separation, which was perceived by policymakers to contribute to negative strains on the child welfare programs and general government dependence).

3. **Reduce Child Welfare Intake** (e.g., to reduce the number of children entering the child welfare system).
4. **Promote General Social and Physical Well-being** (e.g., while not clearly defined, this was a general aspirational goal to promote social development in Alberta communities).

The minor goals, which Bella (1982) found to be the primary focus of the practitioners and welfare administrators, included:

- The development of social programs.
- Municipally-determined priorities (e.g., local leadership).
- Municipal social planning.
- Involvement of the voluntary social services sector, the development of local initiatives for self-help.
- Federal cost-sharing of PSS programming.

The first fifteen years of PSS programming (1966-1981) were found to have mixed rates of success. While the major goals were, by and large, not realized, there were some modest improvements to the Alberta preventive social service landscape. There was a reduction of child welfare intake, although as Bella (1982) argues, this was likely due to a combination of PSS programming and other child welfare structural reforms made during this period. For example, the Child Welfare Act (1970, and Amendment 1972) formally consolidated child protection and juvenile justice, granted child welfare workers broad powers, including those of a peace officer, and introduced funding for programs designed specifically for children on probation.

Many of the PSS minor goals were also achieved in different communities throughout Alberta, though often at the expense of other goals; it was difficult for these (at times, conflicting) priorities to co-exist in the municipal policy landscape. For example, in Barons-Eureka, “the development of social programs was a top priority, but political responsiveness, volunteerism and community development were sacrificed” in the early years of PSS (Bella, 1982, p. 153).

Overall, the review by the University of Alberta revealed a potential disconnect between PSS and local governments' capacity to make timely, evidence-informed decisions to support social services. The overview provided by Bella (1982) is worth including at length:

> The University study concluded that the problems with the PSS program in Alberta were those facing local government rather than PSS *per se*. The program was as weak as local government itself. Lack of decision making capacity breeds irresponsibility, and as a result municipalities were not respected political institutions. [...] Decisions were either ad hoc responses to noisy interest groups, or acquiesced with the proposals of senior administrators. PSS, embedded in the local government process, experienced all these weaknesses. [...] But…PSS also had the strengths of local government. Responsiveness to special interests could also be seen as sensitivity to community needs and aspirations; administrative input could guide municipal officials to wise social policies. The value one placed on Alberta's Preventive Social Service program was a reflection of the value one placed on local government (p. 153).

The strength of the local governments' commitment to preventative social services greatly influenced the relative success of PSS (local) programming. This structure led to a highly decentralized form of service delivery and program planning, and over time, the value of municipal autonomy was further reinforced by the Alberta Family and Community Support Services Act (Bella, 1982).

Following the independent review by the Government of Alberta and the University of Alberta (see Bella, 1982), PSS evolved into the Family and Community Support Services. The name change came into effect in 1981, after which the provincial association—the Family and Community Support Services Association of Alberta (FCSSAA)—began receiving provincial grants (FCSSAA, n.d.). The mandate of the new FCSS Act and Regulation were reminiscent of the 1966 PSS Act, stating that: "Services under a program must be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity" (FCSSAA, 2021, p.2).

History of Barons-Eureka-Warner Family and Community Support Services (BEW FCSS)

In early annual PSS reports from the Barons-Eureka region (now the Barons-Eureka-Warner (BEW) region) from 1972-1974, the original Act's influence is clear, both its benefits and drawbacks. The PSS reports from the region highlighted the use of flexibility outlined in the Act, insisting on programs that meet residents' needs—providing a relatively ground-up approach to program development. However, there was an evident lack of definition of prevention, as well as measurement and evaluation tools. As such, programs in the early 1970s did not appear to be preventative in nature. Instead, BEW PSS primarily provided services that focused on addressing immediate, instead of long-term needs—save counselling services.

Barons-Eureka PSS reports began to change in 1975, reflecting the growth in the reporting, measurement, and evaluation of Barons-Eureka PSS programs. A key change at the time may have been a result of the Government of Alberta's new budget, which transferred services once in PSS's purview (e.g., help with seniors, and child welfare) to the fiscal and programmatic responsibility of the provincial government (Legislative Assembly of Alberta, 1975, Feb. 7). Additionally, in 1975 the Government of Alberta offered municipalities throughout the province to be relieved of all financial and administrative responsibility for local public assistance, where the Government would shoulder the costs of social services (Barons-Eureka PSS, 1975). Consequently, PSS underwent restructuring and increased centralization of programs and reporting—which the region noted would decrease the autonomy of municipalities to address local needs, in addition to decreased funding (Barons-Eureka PSS, 1974; 1975; 1976).

Within the annual reports from the Barons-Eureka PSS from 1972-1980, many reflect the provincial prevention priorities found in the current FCSS Accountability Framework (2022) (e.g., homelessness and housing insecurity, mental health and addictions, family and sexual violence, employment, and aging well in community). However, the PSS reports from the region had a greater emphasis on child and youth development and Indigenous services. Family and sexual violence is not mentioned in any of the reports from 1972 to 1980.

Prevention was barely mentioned throughout the Barons-Eureka reports from the '70s. There were few measurements and evaluations of prevention on the regional scale. Rather, the reports primarily share anecdotes of PSS staff observing changes in their individual clients. With a lack of scaffolding for prevention and social services, local programs were primarily *ad hoc*. The 1982 evaluation of PSS from the 1960s and 1970s found that PSS programs throughout the province failed to achieve macro-scale prevention, especially pertaining to their goals (Bella, 1982). Causal connections could not be made to PSS in the effect it had on reducing dependence on the welfare system (in many cases, social services were increasingly accessed and depended on), marriage breakdown, and the intake of children into the welfare system (Bella, 1982). Although PSS was unable to achieve the goal of macro-scale prevention of its defined social challenges, it did somewhat improve general social and physical well-being in communities, modestly achieving the fourth goal of PSS.

1.5.4. Family and Community Social Services Today

Throughout Alberta, the overarching goal of FCSS is that "FCSS enhances the social well-being of individuals, families and community through prevention" (FCSSAA, 2021, p.4). Layered into this goal are five strategic directions that are concerned with helping people and communities to develop and grow: (1) independence and coping skills; (2) awareness of social needs; (3) interpersonal and relationship skills; (4) the responsibility for decision-making and actions in their lives; and (5) the ability and desire to actively participate in one's community (FCSSAA, 2021).

The FCSS Act (2025) implements the same funding model from the PSS Act (1966), remaining as a "80/20 funding split [between the Government of Alberta and municipalities, respectively, for local FCSS programs] …but provide[s] more emphasis on community decision-making and an increase in local responsibility" (FCSSAA, 2021, p.1). A shift with the new FCSS Act oriented the planning, decision-making, and evaluation of programs to be community-driven, engaging residents to express their needs and decide how to use the funding provided to FCSS to better community well-being, capacity, and resilience (FCSSAA, 2021). Additionally, the Act establishes the need for high-level collaboration between FCSS and the government, as well as other social service organizations, to coordinate strategies and service delivery (FCSSAA, 2021).

The desired outcomes from FCSS are to ensure that (FCSSAA, 2021, p.2):

1. People are self-reliant, resilient and function in a positive manner.
2. People have positive social relationships.
3. People are socially engaged and contribute to their community.
4. People are supported to remain active participants in their communities.
5. People address social issues and influence change.

The current scope of FCSS establishes that crisis intervention and rehabilitation services are not included in the organization's mandate (FCSSAA, 2021). Instead, FCSS is tasked with primary and secondary prevention, such as those that target the social determinants of health and root causes of social issues, as well as building healthy habits, capacity, and resilience for individuals, families, and communities (Government of Alberta, 2022).

In 2022, the Government of Alberta released the Family and Community Support Services Accountability Framework, which establishes accountability for FCSS programs, services, and objectives. The Framework outlines the responsibilities of FCSS, municipalities, and the Alberta government in the efforts toward the prevention of health and social issues, while promoting collaboration and partnership between them. Included in the Framework is the development of the five Provincial Prevention Priorities to be addressed by FCSS as they are key social issues in Alberta: (1) homelessness and housing insecurity, (2) mental health and addiction, (3) employment, (4) mental health and addictions, and (5) aging well in community (Government of Alberta, 2022).

The FCSS mandate encourages communities to determine the needs of their local populations and make decisions for FCSS programming. Thus, FCSS programs differ from region to region. Eligible services include those that (FCSSAA, 2021, pp.3-4):

- Assist communities in identifying their social needs and developing responses to meet those needs.
- Promote, encourage and support volunteer work in the community.
- Inform the public of available service.
- Promote the social development of children and their families.
- Enrich and strengthen family life by developing skills so people can function more effectively within their own environment.
- Enhance the quality of life of the retired and semi-retired.

Within establishing documents, frameworks, and policies for FCSS, assessment and evaluation tools help ensure that objectives are being met at the level of the individual, family, and community. Program assessment and outcome measurement serve multiple purposes, such as ensuring that programs are functioning as intended and are addressing identified gaps. FCSS's Provincial Outcome Measures Framework (Government of Alberta, 2014) identifies that, in addition to increased accountability and transparency, outcome measurement is primarily important for improving programs and ensuring that they increase well-being within communities. Outcome measurement also serves the purpose of (Government of Alberta, 2014, p.1):

- Providing FCSS programs with evidence that programs are making a difference for individuals, families, and the community.
- Showing stakeholders the results of their contributions of time and resources.
- Helping local FCSS programs and their stakeholders understand what programs and activities are the most successful and where changes are needed to make them work better.

Embedded in the Outcome Measures Framework, and repeated in FCSS's Accountability Framework, as well as FCSSAA's "Understanding FCSS" are tools to measure objectives and logic models to guide and assess programs. The logic models provide the actions and the intended outcomes of FCSS programs, serving as a guide for programs and services, as well as a measurement tool, for evaluation.

Program evaluation allows for continuous improvement to services that reach program goals and meet people's needs. The Outcome Measures Framework accounts for continuous improvement, developing assessment tools and strategies for ongoing opportunities to change programs to make them more efficient and effective. Key performance measures are established in FCSS's Accountability Framework, which outlines the data needed to indicate the effectiveness of programs over a period of time. For example, by measuring how many people access an FCSS program and what percentage of attendees report positive changes post-program. The established measurements and data in the Framework are further assessed through local FCSS reporting, on-

site reviews by the Government of Alberta, and other reviews by the Ministry of Seniors, Community and Social Services as necessary (Government of Alberta, 2022).

The FCSSAA provides reporting on FCSS program performance across Alberta, recording data on the five provincial prevention priorities and overall effectiveness and value of FCSS programs to individuals, families, and communities. FCSSAA's reporting demonstrates that throughout Alberta, FCSS's prevention efforts have created positive changes in people's lives who accessed programs and services across the five priorities (FCSSAA, n.d.). However, there are still significant health and social challenges in Alberta. Through the measurement of prevention strategies and outcomes, FCSS increases their capacity to improve services and continuously supports the well-being of individuals, families, and communities.

1.5.5. The Role of Municipal Government in Social Policy Development

In the Province of Alberta, the rules and responsibilities that govern municipalities are outlined in the Municipal Government Act (MGA). The MGA is both flexible and instructive; it "recognizes that Alberta's municipalities have varying interests and capacity levels that require flexible approaches to support local, intermunicipal and regional needs," while also empowering municipalities "to provide responsible and accountable local governance …to create and sustain safe and viable communities" (Preamble, MGA). These values of community safety, viability, and sustainability can be interpreted according to the local needs of the community. Within the context of this needs assessment project, this section assesses the degree to which municipalities have the capacity to engage in prevention-based support services that reflect these (and other) community values.

Under the MGA, municipalities are required to have a Municipal Development Plan (MDP). These plans help municipalities plan for present and future economic, infrastructure, and social development in their community, and they outline each municipality's commitment to service delivery. The MGA outlines a set of mandatory and optional components to the MDPs; prevention-based social support services, the focus of our inquiry, are *optional.* According to the MGA (Section 621: 3b), municipalities *may* include the following in their development plans:

- Proposals for the financing and programming of municipal infrastructure.
- The co-ordination of municipal programs relating to the physical, social and economic development of the municipality.
- Environmental matters within the municipality.
- The financial resources of the municipality.
- The economic development of the municipality.
- Any other matter relating to the physical, social or economic development of the municipality.

Each of these sub-sections can support prevention-based social service delivery in municipalities, even if local municipalities themselves are not directly responsible for key services like healthcare or public education. This means that elected officials, municipal employees, and community members at-large have considerable flexibility to advocate for or implement programs and initiatives that support preventative social services, especially if this commitment is clearly outlined in their community's MDP.

While these sub-sections **can** support prevention-based social service delivery, there is little guidance/policy frameworks/examples of **how** this should be done at the local level. This, in part, leads to vastly different kinds of programming and service delivery across local contexts (that while locally specific, are also all addressing similar challenges) that have different impacts and cannot necessarily be compared. This has resulted in a very diverse landscape of services and program implementation that is difficult to map, account for, or understand.

As outlined in the 1966 Act, social service development and implementation were the responsibility of the municipality (Bella, 1982). Today, local governments are still expected to work with the provincial government and their local FCSS organization(s) to advocate for preventative social services (FCSSAA, n.d.). This partnership is reflected in provincial legislation; for example, within the Government of Alberta Social Policy Framework (SPF), the following responsibilities for local governments were identified through extensive community consultations (SPF, 2013, p.16):

- Promote the social, cultural, and economic well-being of local communities.
- Facilitate collaboration in their communities to respond to social issues or challenges that affect citizens.
- Champion the vision, principles, and outcomes of the social policy framework.

It is also noted in the FCSS Accountability Framework, put forward by the Government of Alberta in 2022 (p.4):

> Participating municipalities and Metis Settlements are responsible for identifying local social priorities and needs that align with FCSS legislation, the Framework, and associated policies. They are also responsible for designing, delivering or funding services in their community.

While broad in nature, these responsibilities outline a clear mandate for local governments to be attentive to, invest in, and promote collaboration within the social services sector and for social policy delivery. The history of PSS and FCSS, which builds on the information provided in Section 1.4, reveals the longstanding challenges to interorganizational collaboration in this sector. Nevertheless, throughout this needs assessment, we seek to analyze the areas for improved collaboration between municipalities, FCSS, and the Government of Alberta to provide adequate preventive social services to Albertans who need them.

2.0. Community Needs Assessment Approach and Methods

This study gathered data from a variety of sources:

1. Existing data were gathered from:
    - Academic and grey research literature focused on the five prevention priorities.
    - Local, regional, provincial, and federal websites, reports, and policy documents.
    - Data repositories including Statistics Canada.

2. New data were gathered from residents of the BEW region through:
    - Qualitative, formal interviews and focus groups with elected officials, municipal employees, and service providers (both FCSS and non-FCSS).
    - Informal interviews with members of the public at community events.
    - Paper and online surveys of the general public (short and long versions).
    - Public focus groups.

Triangulation in needs assessments is a methodological approach to ensure rigour, corroboration of results, and "improve confidence in research findings" (Li et al., 2009, p. 3). There are different types of research triangulation, some of which were used throughout the BEW needs assessment.

As per Li et al. (2009), we embedded **data source triangulation** (e.g., the use of multiple data sources, drawing on different perspectives), **researcher triangulation** (e.g., working with a diverse team with ongoing collaboration and review of results), and **methodological triangulation** (e.g., the use of different and complementary methods) into the research design. This helped ensure that findings were based on, and reinforced by, many different sources and perspectives, and were not interpreted by only one researcher. For more information, please refer to Figure 1 and Table 2, which are modelled after Li et al. (2009).

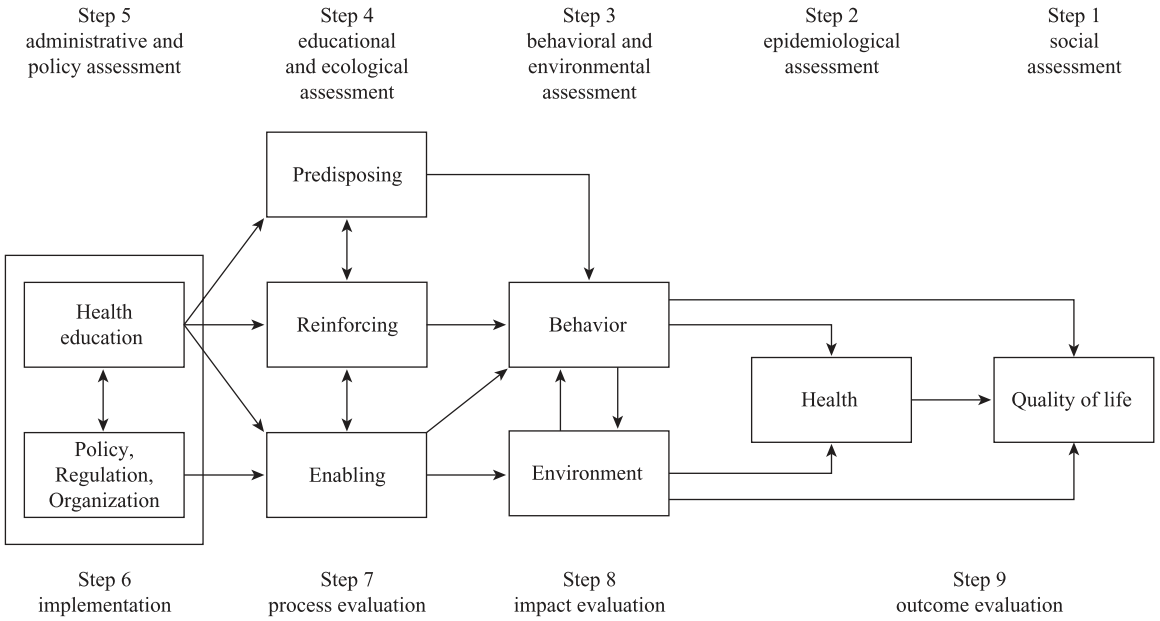
Table 2. Triangulation Methods Used in the BEW Needs Assessment

Type of triangulation		**Example**
Data source triangulation	• Scoping reviews (5) drawing on academic and grey (public) literature/ reporting • Environmental scans (5) drawing on local data sources • Investigative data with diverse populations using qualitative and quantitative methods	In addition to collecting existing data on rural social development from local sources and academic literature, we worked with a range of community members/ different populations from the BEW region and sought representation from each category of participants from among the 16 rural municipalities. This included: elected officials, municipal employees, service providers, community leaders, and community members at-large.
Researcher triangulation	• Ongoing collaboration between staff (including Research Associates, Research Assistants, and Project Managers)	Our research team at the Prentice Institute for Global Population and Economy has diverse academic and personal backgrounds, including public health, political science, economics, and urban planning.
Methods triangulation	• Scoping reviews • Focus group discussions • Interviews • Long and short-form surveys • Engagement at in-person, public events	A range of qualitative and quantitative methods were used to cross-examine the intricacies of rural social development in the BEW region.

2.1. The PRECEDE-PROCEED Model for Prevention Planning

The PRECEDE-PROCEED model is a structure used to assess the design, implementation, and evaluation of health programs. The phases of the PRECEDE-PROCEED model include: (1) social assessment; (2) epidemiological assessment; (3) educational and ecological assessment; (4) administrative and policy assessment and intervention alignment; (5) implementation; (6) process evaluation; (7) impact evaluation; and (8) outcome evaluation. The PRECEDE process (phases 1-4) serves as the framework for diagnosing the root causes of health and social issues, as it determines the phases for Predisposing, Reinforcing, and Enabling Constructs in Educational Diagnosis and Evaluation (Porter, 2015). Figure 1 displays the PRECEDE-PROCEED process for health program planning and promotion.

Figure 1. The PRECEDE-PROCEED model (Crosby & Noar, 2011)



The PRECEDE-PROCEED model was first developed by Dr. Lawrence Green in the 1970s as a cost-benefit analysis and evaluation tool, stemming from public health and social change research. Traditionally used in clinical settings, some work involving policy sciences helped test the model in the early 1980s (Green, 2023). Community health planners have used the model to identify goals, understand the barriers, causes, and limitations of present actions and policy, and anticipate the social response. Put simply, the model helps determine the problems, solutions, and courses of action (Ungvarsky, 2025).

While PRECEDE-PROCEED has evolved through several revisions and publications by a range of co-authors and practitioners (including, most recently, in 2022 through John Hopkins University Press), the core commitment has remained the same: “if we want more evidence-based practice, we need more practice-based evidence” (Green & Ottoson, 2004, as cited by Green, 2023).

The model works backwards from first identifying shared goals amongst a population, the challenges to achieving those goals, existing strengths and assets that can support success, and finally, how all of these dynamics can inform program design, implementation, and evaluation. There is a total of 8 steps in the PRECEDE-PROCEED model; Steps 1 to 4 focus on assessment of existing dynamics within a certain population, and Steps 5 to 8 focus on implementing change This community needs assessment report is structured to reflect the first 4 steps (Table 3).

Table 3. Community Needs Assessment Report Structure (PRECEDE Model Steps 1 to 4)

Step	Question Answered
1	What are our **shared goals**?
2	What **challenges** do we face in achieving our shared goals?
3	**What supports us** in fulfilling our shared goals?
4	**How** can we fulfill our shared goals?

Step 1 of the PRECEDE-PROCEED model is social assessment, which involves a situation analysis to identify and assess potential areas of the system to change (Porter, 2015). The overall goal of the first step is to "identify the population's priorities in improving their lives" (Porter, 2015, p.757). Step 2 relies on using empirical data to identify issues related to the physical, social, political, and economic factors of communities in order to understand the determinants of the issues. Step 3 examines the "broader causal factors behind the social and health issues [prioritized] in the earlier stages" (Porter, 2015, p.757).

This step is divided into three causal categories: predisposing, reinforcing, and enabling factors. Predisposing factors describe interpersonal dynamics, as adapted from theories in psychology, and the effect of social influence on an individual (Porter, 2015). Enabling factors are the assets required to make positive change, and reinforcing factors are practices and policies that can support continued change (e.g., methods for measuring beneficial outcomes). All three categories of factors should be prioritized and addressed within interventions for community-identified issues. Step 4 involves developing interventions informed by the factors identified in the previous steps. This step is key to decision-making, as an important consideration in Step 4 is ensuring that policies and programs directly target the root causes of problems (Nation et al., 2003; Pronk et al., 2013).

Steps 5 to 8 make up the PROCEED part of the framework. The fifth step, implementation, is the application of the prevention programs. Steps six through eight are concerned with measuring and evaluating the process of program development, the impact of the program, and the outcome of the program, respectively. Although measurement and evaluation are primarily discussed in the final three steps of PROCEED, it is recommended that measurement and evaluation be considered in every step of the PRECEDE-PROCEED framework (Porter, 2015).

2.2. Community Needs Assessment Methods

The following sections provide details about each of the methods used in this project to collect, analyze, and synthesize information and data. The different methods used were as follows:

1. Scoping reviews of research literature.
2. Environmental scans of the support and service landscape.
3. Formal interviews and focus groups.
4. Informal interviews at community events.
5. Paper and online surveys.
6. Recruitment through Facebook and local newspapers.

Figure 2 illustrates how each of these methods aligns with a respective step in the PRECEDE section of the PRECEDE-PROCEED model, and Table 4 provides a complete timeline of project activities.

Figure 2. The PRECEDE Model and the Needs Assessment Methods (Li et al., 2009)

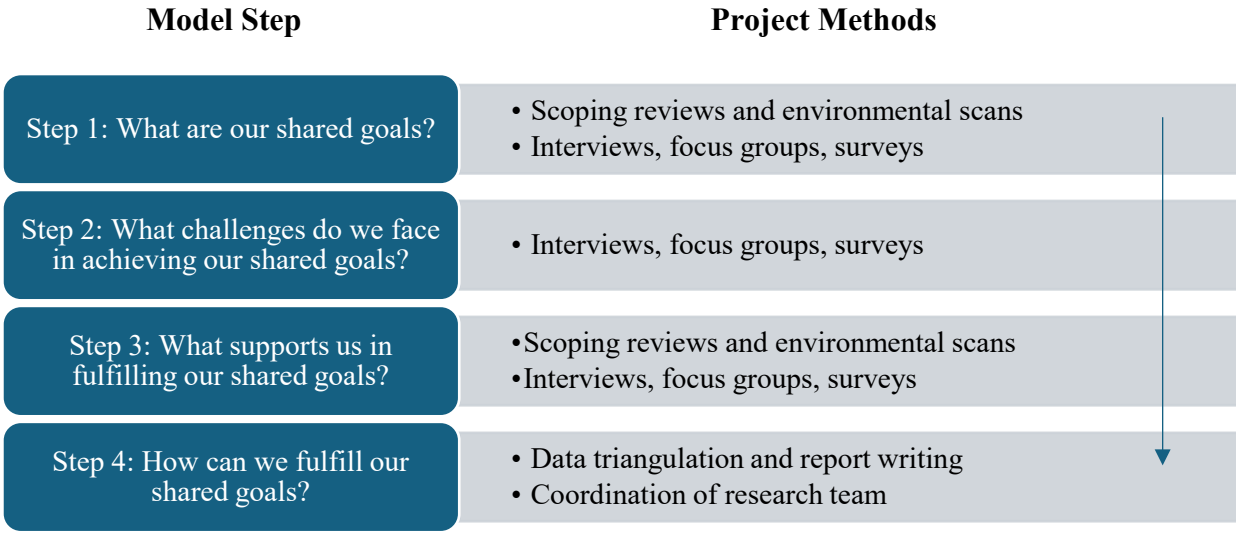


Table 4. Community Needs Assessment Timeline (April 2024 to March 2026)

2024									2025												2026		
A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
Ethics review																							
		Research scoping reviews																					
									Policy and service (environmental) scans														
													Scoping review and environmental scan revisions										
							Interviews and focus groups with elected officials and municipal employees																	
												Interviews and focus groups with service providers											
														Community events (informal interviews, paper surveys)									
															Online community survey distribution								
																Validation focus groups							
																Qualitative data analysis							
																					Survey analysis		
																		Results reporting					

2.2.1. Scoping Reviews

Scoping reviews are a form of knowledge synthesis, where a wide range of information about an issue is collected and summarized with the aim of creating an evidence base for practice, program, and policy decisions. Scoping reviews were chosen as the method for literature review as they: (1) examine the extent, range, and nature of research activity (e.g., analyzing where studies took place and their methods); (2) determine the value of undertaking a full systematic review, assessing if there is existing literature on the research topic and if it is relevant; (3) summarize and disseminate results for the research topic; and (4) identify research gaps in the existing literature (Arksey & O'Malley, 2005). The five scoping reviews conducted for this project involved analysis of the existing research on rurally focused strategies to address each of the FCSS provincial prevention priority areas.

For each scoping review, we utilized a common framework to assess the existing research literature focused on evaluating interventions to address rural homelessness and housing insecurity, mental health and addictions, employment and economic development, family and sexual violence across the lifespan, and aging well in community The following steps comprise the main structure of the scoping literature review method (Arksey & O'Malley, 2005):

1. Identifying the research questions.
2. Identifying relevant studies.
3. Study selection.
4. Charting the data.
5. Collating, summarizing, and reporting the results.

Identifying Research Questions

The five scoping reviews' research questions were chosen with the aim of capturing the field of research that has been dedicated to evaluating social interventions at the local level in rural settings. Developing specific research questions for the scoping reviews helped define the scope of the review and, in the broader project, helped the research team apply concepts from literature to the context of the Barons-Eureka-Warner (BEW) region. For each scoping review, the chosen research questions asked:

1. What do we know about the state of this prevention priority in rural Canada?
2. How have supports and services that address this prevention priority been evaluated in rural Canada?
3. What are the barriers and facilitators to intervention success for this prevention priority?

Identifying Relevant Studies

To be able to answer each research question above, we developed literature search strings that were used in multiple databases to find relevant studies. Key terms and concepts were taken from the research questions, with a focus on the prevention of challenges related to each of the five

prevention priorities. Developing the search strings took several iterations to find strings that returned a high proportion of relevant article results. Search strings used Boolean operators to find the most relevant literature, as well as word truncation and quotation marks for inclusive and precise search criteria. A summary of keywords used in each of the scoping review searches can be found in Table 5 below. Along with these priority-specific search terms, each scoping review search also included context-related terms (rural, Alberta/n, Canad/a/ian) as well as certain limiters (English, published between 2014 and 2024).

Table 5. Summary of search terms used for each scoping review

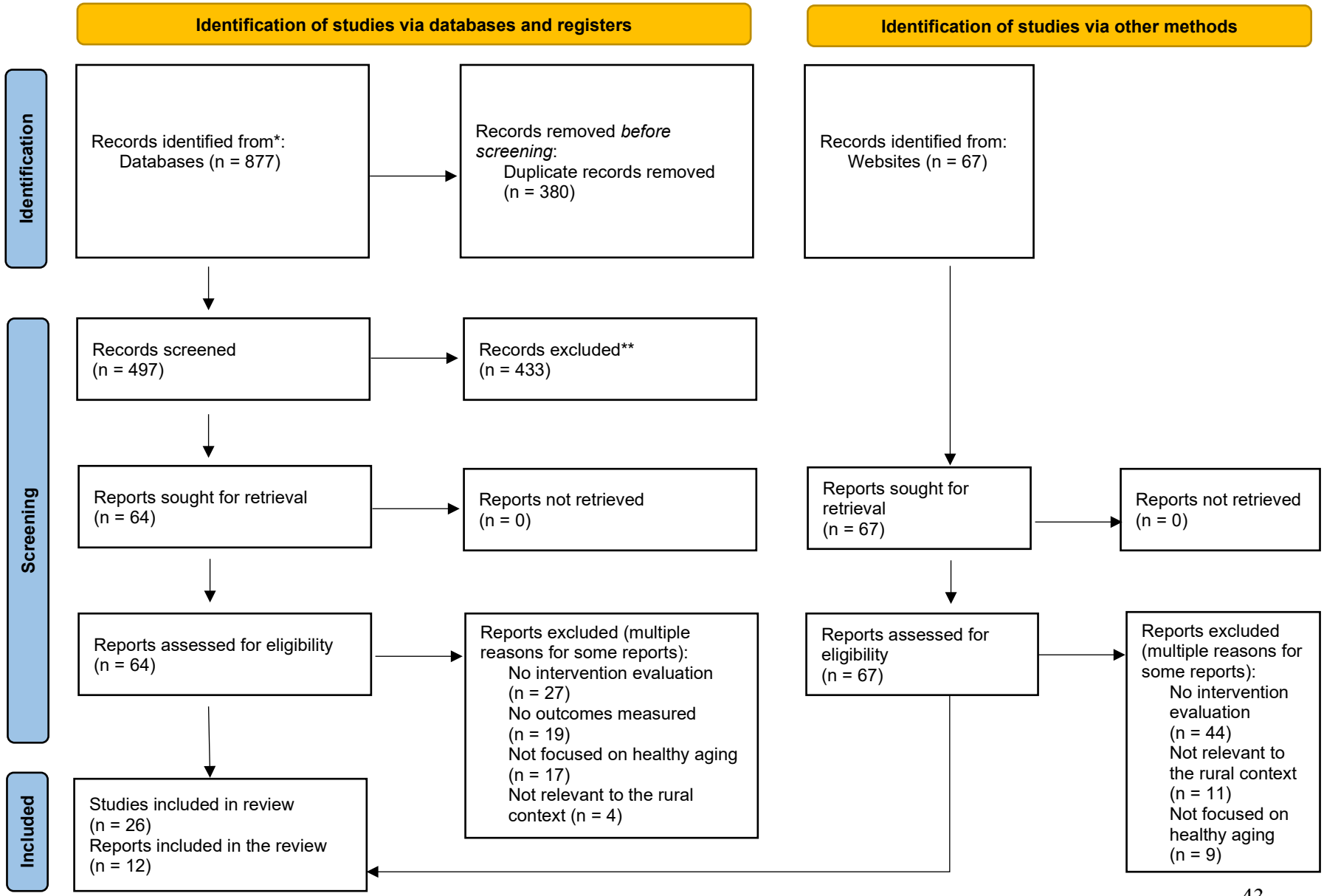
Scoping Review Focus	Search Terms
Homelessness and Housing Insecurity	Homeless/ness (chronic), housing instability, housing insecurity, vulnerable housing, unhoused, unsheltered
Mental Health and Addictions	Mental health/illness/disorder/distress, depression, anxiety, addict/ion, drug/substance use/abuse, suicide prevention, counsel/ling
Employment	Employment, unemployment, human capital
Family and Sexual Violence Across the Lifespan	Gender/intimate partner/domestic/sexual/family violence, domestic/elder abuse
Aging Well in Community	Age/ing in place, age-friendly

Study Selection

The process of determining which academic literature would be included involved two rounds of title and abstract viewing by separate researchers. After the first round of title and abstract screening, some articles were usually removed due to ineligibility and the remaining articles would undergo a second, more intensive round of screening (full-text review). Articles would then be excluded, after discussion amongst the research team, for reasons such as not being relevant to the research question, not examining interventions beyond naming them, not reporting useful outcome or evaluative information, or for not being relevant to a rural context.

To track and report on the study selection process, the research team utilized the PRISMA 2020 statement: an updated guideline for reporting systematic reviews (Page et al., 2021), which provides a framework to map through the study selection. An example of the template from the Aging Well in Community scoping review can be seen in Figure 3.

Figure 3. An Example of the Article Selection Process from the Aging Well in Community Scoping Review



Charting the Data

Data extraction from the articles helped the research team make informed decisions about which articles to include and exclude. Metadata from each study was collected, including the:

- study purpose and description
- study location
- research methodologies
- interventions and prevention strategies tested/found in the studies
- barriers and facilitators to interventions
- measured outcomes.

For excluded articles, we also recorded the reason for exclusion, providing opportunities to inductively establish inclusion/exclusion criteria. Charting the data for this scoping review was also a facilitator for intercoder reliability, as the researchers could review and discuss articles' inclusion or exclusion criteria with clear data points and highlights from the literature.

Collating, Summarizing, and Reporting the Results

To collate and summarize the data, thematic coding was utilized to sort the literature into discrete categories based on the findings from the data extraction phase. The research team ordered similar interventions and prevention strategies into categories based on shared approaches. Metadata of the studies were not considered in the categorization of the themes.

2.2.2. Environmental Scans of the Support and Service Landscape

Environmental scans were conducted to assess the landscape of existing supports, services, programs and policies (local, regional, provincial, and federal levels) in place for residents of the BEW region that address each of the FCSS prevention priorities. The information gathered through these scans helped to contextualize the results of the scoping literature reviews, supporting the development of recommendations attuned to the realities of the BEW region.

The environmental scans (Part 2 of this project report) begin with an overview of the state of each prevention priority in Canada, Alberta, and the BEW region based on available data from Statistics Canada (e.g., Census of Population), the Government of Alberta, and various public and private organizations, as appropriate (e.g., Alberta Health Services, the RCMP, the Business Council of Alberta, the Canadian Mental Health Association, etc.). Each overview is followed by a summary of the supports and services available to BEW residents at first the local and regional level, followed by any relevant provincial and federal programs, policies, or strategies.

2.2.3. Ethics Considerations for Methods Involving Human Participants

All project activities involving human participants adhered to the Tri-Council Policy Statement (TCPS2): Ethical Conduct for Research Involving Humans (2022), as required by any research involving human participants, and were approved by the University of Alberta Ethics Review Board (REB) (Ethics ID: Pro00141131). The TCPS2 outlines the required ethics framework for research with humans, including the consent process, inclusion and exclusion of participants, conflict of interest, privacy and confidentiality, and data management and storage (TCPS2, 2022).

Consent for research involving people must be "free, informed and ongoing" (TCPS2, 2022, p.31), meaning that consent: (1) cannot be obtained through coercion or bribery; (2) must be given with the participant knowing all the potential risks and benefits of the research, and parameters of how their information will be used and stored; and (3) must be continuously obtained for if there are multiple engagements in the research project (e.g., if someone participates in both an interview and focus group, they must give consent for both engagements). Consent must be given prior to conducting the research and can be withdrawn anytime during engagement, and often after, within the parameters of the research project (TCPS2, 2022).

Privacy and confidentiality measures in the TCPS2 outline that participants' personal information (e.g., name, age, job/organizational affiliation, etc.) will be de-identified and that only the research team (e.g., those with ethics approval from an REB) may know the participants' personal information. It also requires that the research team safeguard entrusted information and that confidential information cannot be shared freely. Personal identifiers may be included if desired for the project, if approved by the REB and if the participant consents to their personal information being included in the results of the study. Privacy and confidentiality are also included in data management and storage. For example, it is required that all raw data and personal information are stored with multiple security measures, such as passcodes, locked file cabinets, and locked doors (TCPS2, 2022).

This community needs assessment has adhered to the applicable guidelines of the TCPS2 and the University of Alberta REB-approved project design. Examples of consent forms, interview guides, and survey materials are included in the appendices of the report.

2.2.4. Interviews and Focus Groups with Community Leaders

In-depth, formal interviews and focus groups were conducted with **elected municipal officials, municipal employees, and different types of support and service providers** (e.g., formal and informal, local and regional, FCSS- and community-based) from across the BEW region. Within the results, we have at times grouped these different stakeholders and referred to this group as Community Leaders.

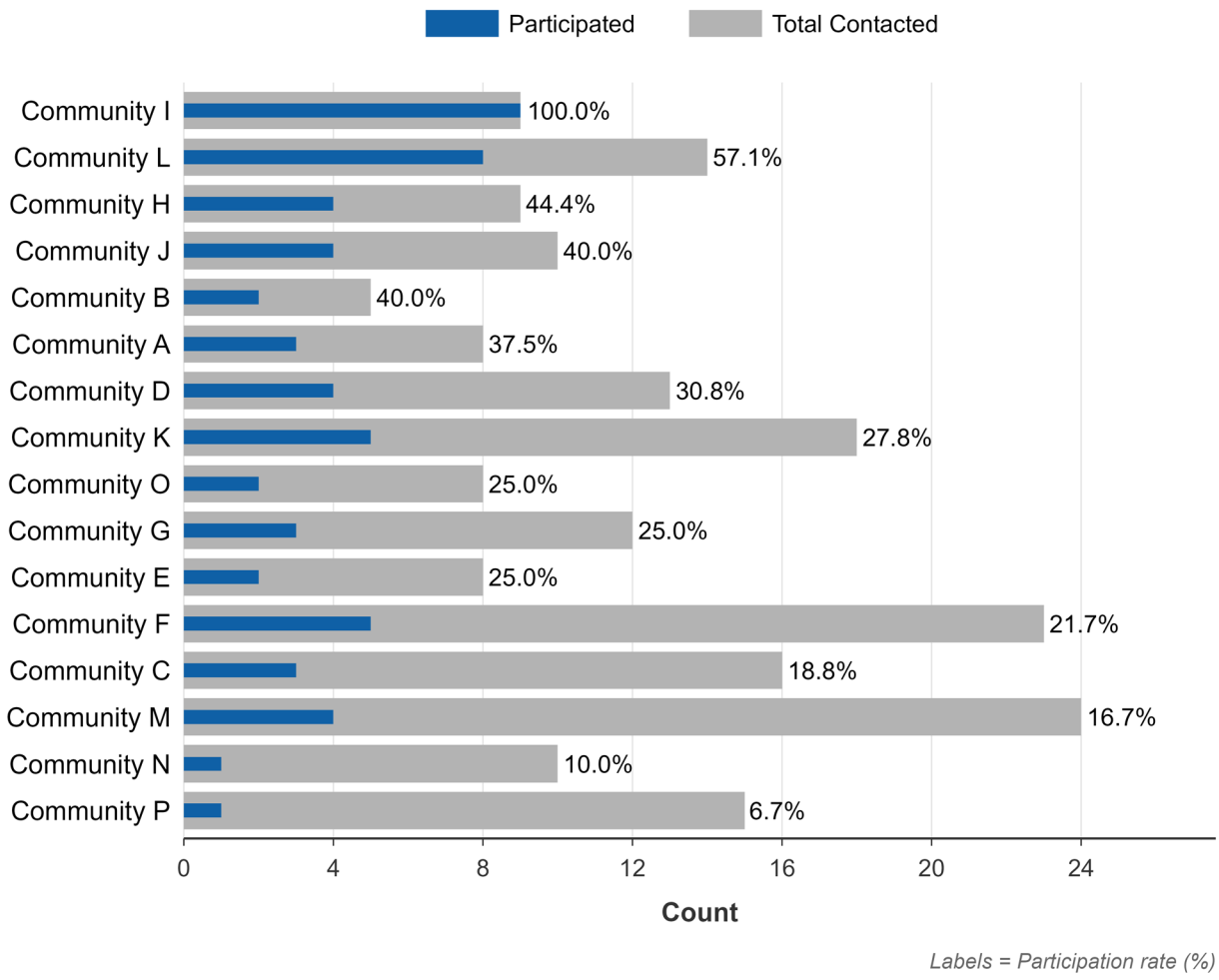
Community Leader Recruitment and Target Sample Size

Community leader participants were recruited from each of the 16 census subdivisions of the BEW region. Participants were included if they: (1) were 18 years and older, (2) were willing to sign the informed consent form to participate in a focus group or in-depth interview, (3) were elected officials, municipal employees, service providers, and community leaders, including leaders of civil society groups, faith-based organizations, and business executives, and (5) had no conflict of interest. **Maximum variation sampling technique was used to ensure diverse representation from various demographic groups and municipalities.** We sought to recruit up to 8 community leaders from each census subdivision, for a maximum target total of 128 community leader participants across the region. A total of 98 community leaders participated in a interview or focus group.

Potential participants were first contacted by phone or email (depending on their publicly available contact information) and sent a letter of invitation to participate as well as the informed consent form. The invitation letter contained a link to a Microsoft Bookings page where participants could choose an available timeslot for a one-on-one interview. Potential participants could also contact the research team directly if they wished to arrange an in-person focus group.

The total number of elected officials and municipal employees contacted for an interview or focus group and the participation rates across the 16 census subdivisions are summarized in Figure 4 (place names have been de-identified to protect participants' privacy). A limitation to this needs assessment was that there was variability in participation rates across communities, meaning the qualitative results presented in Part 3: Community Leader Perspectives may more accurately reflect the typical perspectives of community leaders from some communities more than others. The results should, then, be understood as a deep exploration of certain contexts and dynamics within the BEW region rather than a uniform, representative sample of all communities.

Figure 4. Number of elected officials and municipal employees contacted for an interview or focus group and number of participants per community



Interview and Focus Group Process

Interviews and focus groups were conducted either in-person in a public space, by phone call, or by video call on Microsoft Teams. If participants provided consent, discussions were either audio-recorded with a SONY ICD-UX71 audio recorder or recorded by Microsoft Teams to provide a word-for-word transcript for analysis.

We asked community leaders for their perspectives on each of the FCSS prevention priorities (strengths, assets, needs, challenges), as well as other general community development priorities if they arose in discussion (e.g., transportation, food security, land development, etc.). The full interview and focus group question guides can be found in Appendix A and Appendix B. One-on-one interviews ranged in length from 20 to 90 minutes and focus groups 60 to 120 minutes.

Validation Focus Groups with Community Leaders

In August of 2025, three 2-hour validation focus groups were held (located in Coaldale, Nobleford, and Stirling) with all previously contacted elected officials, municipal employees, and services providers invited. Participants were presented with preliminary project results and key messages and asked for further insights and feedback. A total of 33 participants took part in a validation focus group.

2.2.5. FCSS Program and Community Event Attendance

Our research team was invited by FCSS to attend various summer community events in 2025 for purposes of relationship building, to spread awareness about the project, and to gather community members' insights. From June to September 2025, we attended FCSS program events (n=18) and recreational community events (n=5) with guidance and coordination support provided to our team's research assistants by BEW FCSS staff members. Additionally, from October to November 2025, four focus group events were hosted across all three counties which were open to all adult community members (see Public Focus Groups section).

At the FCSS program and recreational community events, researchers informed any interested adult community members about the project and invited them to share their perspectives through informal interviews and surveys (known as the face-to-face convenience sampling technique). Depending on a community member's preference and capacity, they could choose to participate in the project either by completing a short (2 minute) paper survey (available in English or Spanish), a short (5 minute) online survey, a longer (10 minute) online survey, or provide verbal comments in an informal interview during which anonymous field notes were taken. Appendix C and Appendix D contain the documents that were available to community members during these events including a one-page project overview document as well as the paper survey.

Table 6. Number of Events Attended or Hosted per Community

Community	Number of Events Attended or Hosted
Barnwell	1
Barons	3
Coaldale	3
Coalhurst	2
Coutts	0
M.D. of Taber	1
Milk River	1
Nobleford	1
Picture Butte	4
Raymond	1
Stirling	3
Taber	5
Vauxhall	1
Warner	1
Total	**27**

2.2.6. Online Surveys

We distributed two online surveys (5-minute and 10-minute) for adult community members (ages 18 and older) to share their perspectives. After an initial round of data collection (July 15 to September 9, 2025) using the 10-minute online survey, feedback was received from both FCSS staff and other community-based service provider participants comprised of ideas to improve some questions' wording as well as the survey recruitment process. This feedback was integrated into the development of a second, shorter (5-minute) online survey that could be more easily distributed at FCSS program events.

Online Survey Recruitment Methods

The sampling method for the online community survey was convenience and self-selected, through face-to-face printed ad distribution at community events and advertisement through locally-shared posters on bulletin boards, newsletters, flyers, municipal websites, and organization-managed social media pages (Facebook and Instagram accounts of the municipalities and Family and Community Support Services). Recruitment for the long online survey and public focus groups took place through community Facebook Groups that approved recruitment posts, as well as through local newspapers (print and online, where applicable).

Recruitment for the online community member surveys took place face-to-face in public spaces of the existing study municipalities, through print (posters, newsletter and flyer segments) and online (municipal websites, organization social media). The face-to-face recruitment was undertaken by members of the research team who attended summer community events in the study region. A recruitment ad was created, printed, and handed out to potential participants which contained a shortened survey link and QR code.

Other recruitment through print and online media occurred through our FCSS key informants as well as the Chief Administrative Officers (CAOs, municipal employees) in the region. We emailed each FCSS key informant and CAO in the region with a request to assist with distribution of the recruitment ad. In the earlier phases of this project, we learned that each of the 16 municipalities in the region has a different combination of preferred methods for communicating information to the public, and so different methods for distributing the survey links were presented to municipalities and organizations. FCSS key informants and CAOs were asked that the ad be shared through official channels only and not using personal accounts. They were also asked to disable any commenting function on social media posts to better protect potential participants' privacy.

Beginning in September 2025, a Qualtrics research panel was utilized to increase uptake of the 10-minute online survey by sharing the survey advertisement through additional channels. The Qualtrics research panel service was contracted to fulfill a quota of 481 survey responses. The process involved sharing the survey structure with a Qualtrics fieldwork manager who then took responsibility for data collection. The research panel used a variety of additional channels to

distribute the survey advertisement including social media, targeted email lists, and customer web portals. A total of 281 eligible responses was collected using the research panel.

Online Survey Process

The survey was made available through Qualtrics, the University of Lethbridge's chosen survey platform. The survey asked participants to identify community assets, about their experiences and satisfaction with accessing supports and services related to each of the prevention priorities, any gaps in need of attention, as well as for some of their demographic information including age, gender, minority status, religion, political leaning, employment status, education level, municipality and first 3 digits of postal code, for purposes of sub-group analysis. As a privacy protection measure, survey respondents' IP addresses were not recorded.

What measures were taken to ensure the survey data are valid and reliable?

There are typical standards for ensuring high-quality public opinion data through sampling technique, accurate calculation of uncertainty, and ensuring data validity and reliability. **Data validity refers to the accuracy and truthfulness of data – are the data measuring what they were meant to measure?** Data validity can be ensured through good survey question design, where questions are posed in a neutral way and they cover all relevant parts of the topic at hand. **Data reliability refers to the stability and repeatability of the data – would a repeated measurement produce the same results?** Data reliability can be assessed by determining if a survey sample is representative of the larger study population.

What is a representative sample and how was it achieved?

Obtaining a survey sample that is representative of a larger population is dependent on sampling technique, weighting, and sample size. A random sampling technique means that every member of a study population was given an equal chance to participate, which this project sought to do by recruiting community members through many different methods (face-to-face, through service providers and municipal staff, print media, and online). Random sampling ensures that the people selected into a sample are a good mix of various demographics, such as age, gender, and education, just like in the general population. To ensure that a sample accurately represents a population, weighting techniques can be used to adjust for differences between respondents' demographics in the sample and what we know them to be at population level, based on information obtained through institutions like Statistics Canada's Census of Population. In Part 4 of this project (Public Perspectives), the demographics of survey respondents are compared to the known population characteristics of the BEW region. The survey sample obtained in this project was deemed to be largely representative of the general BEW region population, with some groups slightly overrepresented (e.g., women) and underrepresented (e.g., persons with a disability).

The number of survey participants from each census subdivision was estimated based on the proportionate stratified sampling formula $ni = Ni \times p$, where ni is the number of participants to be drawn from municipality i, Ni is the total population of municipality i, and p is the proportion of

the population to be sampled (in this case, 0.10 or 10%). We planned to adjust the sample by rounding to base 10: ni = round (Ni × 0.10, − 1), giving a potential sample size of 5,450. This project set an operational goal of at least 1087 survey participants from across the BEW region, as this would meet the threshold for viable sample size with a confidence level of 99%, and a 3.5% margin of error (results should be accurate 99% of the time within a range of plus/minus 3.5%).

Our total sample size of 1,002 survey respondents fell slightly short of this goal, and so the margin of error is instead 4.0%, with a confidence interval of 99%. What this means is that if you were to repeat data collection 100 times, 99 of those times you would find the same results, with a range of +/- 4.0% for specific measures. This margin of error suggests a high degree of data reliability (stability and repeatability).

2.2.7. Public Focus Groups

In addition to community-based event attendance and survey distribution, the research team also engaged the public by hosting focus group discussions open to all adult community members. From October to November 2025, a total of 3 in-person focus groups were held with community members in each BEW county: Taber (n=1), Barons (n=5), as well as with a Low-German Mennonite group (n=5), for a total of 11 participants. Community members were eligible to be focus group discussion participants if they: (1) were 18 years and older, and (2) provided signed informed consent.

Public Focus Group Recruitment Methods

Public focus group recruitment methods included convenience and snowball sampling through recruitment ads that were shared as printed posters and online (e.g., email, Facebook) by the research team as well as by existing project partners (e.g., municipal offices, FCSS staff, community organizations).

Public Focus Group Process

Public focus group sessions were open for a total time of 120 minutes each. See Appendix F for the public focus group question guide. Participants' responses were recorded through fieldnotes. Participants were also given the option to write down or draw their input, but all participants provided verbal data.

Low-German Mennonite Focus Group

Low-German Mennonite (LGM) community members were contacted about participation in a focus group by one of our partner organizations that regularly communicates with the LGM community about FCSS programming using WhatsApp. An LGM-specific recruitment script was created to advertise both the focus groups, and the community member surveys (both the 10-minute online survey for LGM community member fluent in English and the 5-minute online survey for those who might require translation help either from a family member or an FCSS staff member). During the LGM community member focus group, members from a partner organization assisted with translations and facilitated questions in Plattdeutsch (Low German) or High German.

2.2.8. Facebook Recruitment Methods

We also distributed survey and focus group recruitment ads through local community Facebook Groups (e.g., events pages, buy and sell pages) (n=31), as approved by Group administrative members and using a specially created Facebook Page for the study named, "Prentice Institute and FCSS Community Needs Assessment Study 2024-2026." At the time of survey closure, the study's Facebook Page content had been viewed 2,144 times and recruitment posts across all local Facebook Groups had been viewed 9,050 times, for a total of 11,194 views.

2.2.9. Newspaper Engagement and Recruitment Methods

In September 2025, we sought to distribute the community member online survey link through local newspapers. A total of 4 newspaper articles were published (print and online) that included a description of the study and the survey link (Table 7).

Table 7. Newspaper Article Mentions of the Study

Newspaper	Date of Article Publication
Taber Times	September 11, 2025
Vauxhall Advance	October 30, 2025
Penticton Herald	November 5, 2025
Prairie Post	November 13, 2025

2.2.10. Informed Consent Process for All Study Participants

All participants in the project were required to provide informed consent before their input would be included in the results. During survey and informal interview data collection, no directly identifying information such as name or contact information was included with participants' contributed data.

Risk Assessment

When people discuss sensitive topics such as homelessness, mental health issues, and violence, they may experience stress, anxiety, and emotional discomfort. Sharing these stories can potentially make people feel exposed, embarrassed, and worried about being judged by others. Despite confidentiality measures, there is always a risk of information disclosure in a focus group setting, which can affect participants' relationships and community standing. To mitigate these risks, we ensured that: (1) discussions were centered on community affairs without putting individuals on the spot; (2) participants were fully informed of the potential risks and discomforts before consenting to participate; (3) a confidentiality agreement was a part of the signed consent forms; (4) researchers made every effort to ensure discussions were being conducted in a respectful and non-judgmental manner; (5) emotional support referrals to Alberta and the University of Lethbridge's counselling services were available for participants who experienced distress; (6) the facilitator was trained and had the experience to manage group dynamics and sensitive topics carefully; and (7) participants had the option to withdraw from the study at any point without any repercussions.

2.2.11. Data Management

Study data materials (transcripts, signed consent forms, completed paper surveys, field notes, recordings on password-protected external hard drives) are stored in a locked cabinet in a locked office at the Prentice Institute on the University of Lethbridge campus. De-identified and anonymous data (cleaned transcripts, survey results) are also stored on secure servers at the Prentice Institute, per the University of Lethbridge data storage policy, as well as Qualtrics software servers. The university's Qualtrics license protects data confidentiality by preventing unauthorized access to data both within and outside of the university. All data is encrypted in transit using Hypertext Transfer Protocol Secure (HTTPS) and enforces HTTP Strict Transport Security (HSTS). The Qualtrics Security Operations Centre conducts 24/7 surveillance, nightly encrypted backups, use of firewall systems, layered encryption, and independent third-party security audits. Access to all study data is limited to authorized personnel.

2.2.12. Qualitative Data Analysis

Both qualitative and quantitative data were collected and analyzed as a part of this community needs assessment. Interview, focus group, and open-ended survey question qualitative data were analyzed thematically, meaning that recurring topics and patterns were identified within the data and assigned "codes" (labels). Coding qualitative data facilitates its organization into a nested structure of themes. The qualitative data analysis software program NVivo was used to conduct this coding process, where transcripts were analyzed both deductively and inductively. Deductive coding means that participant input was organized into pre-defined categories based on the study's question guides (e.g., each of the five FCSS prevention priorities were a major structural deductive code). Inductive coding means that participant input was also labelled by researchers with original, emergent codes based on the unique topics and themes raised by participants themselves.

As the qualitative data was progressively analyzed, weekly rounds of discussion and consensus-seeking took place amongst members of the research team across a four-month period. New and developing codes were at times merged if highly similar, as well as split up into more specific sub-codes if the team decided more nuance was required to adequately represent a certain theme.

2.2.13. Quantitative Data Analysis

Paper survey data were manually entered into an Excel document by two members of the research team, to support inter-coder reliability. Online survey data were downloaded from the Qualtrics host server and analyzed using R to produce simple descriptives and demographic sub-group comparisons.

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Appendix A: Interview Question Guide

Interview Questions

1. Please tell me a little bit about yourself and your municipality.
    a. **Prompt:** What is your background in working with your community and some of the different roles you've taken on?
2. How much concern do you have about the current situation of homelessness or housing shortages in your community, if any?
    a. What factors contribute most to homelessness and housing vulnerability in your community?
    b. How do community assets like shelters, healthcare, and food services support individuals facing housing challenges in your community?
        i. **Prompt:** Why might there be a lack of resources in your community?
    c. What are the primary needs of your community to support individuals facing housing challenges?
        i. **Prompt:** Why are these the priorities? What are not priorities?
3. How much concern do you have about mental health and addiction within your community, if any?
    a. How accessible are mental health and addiction services in in your community?
    b. Are there enough resources for everyone in need in your community? What is missing?
    c. What are the best ways to improve these services, including their quantity, quality, and accessibility?
        i. **Prompt:** Why are these the priorities? What are not priorities?
4. How much concern do you have about domestic and/or sexual violence in the community, if any?
        i. **Prompt for officials**: Does [the municipality] have any current practices for defining and measuring family and sexual violence in the community?
    b. Are there currently any targeted initiatives to address family and sexual violence in your community?
    c. Is there sufficient awareness and support to address these issues?

   d. How can prevention of violence be better supported within the community?

5. How much concern do you have about seniors and aging within your community, if any?
   a. What community features or resources support quality of life among seniors in your community?
      i. **Prompt:** Are there adequate health and social services for the seniors in your community? What are they?
      ii. What improvements are needed? What can best support aging/older citizens in your community?
6. How much concern do you have about employment opportunities in your community, if any?
   a. What barriers do people face in finding employment in your community?
   b. What kinds of jobs are available in your community and/or the surrounding region?
   c. Is there a sense of what employment could/should look like?
   d. How resilient is your economy to employment/economic shifts?
7. How would you describe the asset base of your community? (Assets can be anything you view as beneficial and/or utilized by the community, whether formal (like a hospital) or informal (like a coffee shop).
   a. How would you assess the degree of inter-organizational collaboration for social supports in your community (e.g. between police, EMT, support services)?
   b. Considering our discussion, what should be a top priority for FCSS? How can the five prevention priorities (as discussed today) best be supported within your community, AND within the BEW region?
8. Is there anything else about your community that concerns you and we haven't asked about yet?

Appendix B: Community Leader Focus Group Question Guide

Focus Group Questions

1. What are your primary concerns about homelessness or housing shortages in your community, if any?
    a. How do you feel your community is responding to such challenges?
2. How accessible are mental health and addiction services in in your community?
    a. What are the success stories? What are the challenges?
3. What barriers do people face in finding employment in your community?
    a. What are the effects of unemployment on the community?
4. How are domestic and sexual assault viewed/addressed within your community?
    a. Where should a prevention-based approach be targeted?
5. As our smaller/rural communities age, they place different pressures on services. How is your community responding?
    a. What about at the regional level?
6. What do you think are the key assets for FCSS in your community and in the region?
    a. What is missing?
7. Is there anything else about your community that concerns you and we haven't asked about yet?

Appendix C: Project Overview Handout

FCSS Family & Community Support Services www.fcss.ca | University of Lethbridge | the Prentice Institute for Global Population and Economy

2024-2026

BARONS-EUREKA-WARNER FCSS COMMUNITY NEEDS ASSESSMENT

WHAT IS THE PROJECT?

The purpose of this project is to empower the 16 municipalities in the Barons-Eureka-Warner FCSS region to make informed decisions about how they invest in their community assets and services as a prevention strategy against social challenges.

WHY IS THIS PROJECT HAPPENING?

The intent is to produce an evidence base that will have the immediate capacity to inform municipal and FCSS planning, budgeting, implementation, program evaluation and long-term/adaptive/anticipatory planning across multiple sectors relevant to the 5 prevention priorities:

- homelessness and housing insecurity;
- mental health and addictions;
- employment;
- family and sexual violence;
- and aging well in the community.

WHO IS DOING THE WORK?

This project is being implemented by the staff of the Prentice Institute for Global Population and Economy at the University of Lethbridge. As one of the largest research institutes at the University of Lethbridge, and one of the larger social and policy-oriented institutes in Canada, the Institute brings a significant body of research, knowledge mobilization, community engagement and technical expertise to bear.

In addition to the leadership of Director Hallstrom and Associate Director Darku (Project Management), the project team includes several staff members with experience living in, and working with, rural communities.

WHAT ARE THE PROJECT GOALS?

This project aims to improve regional municipal service delivery by:

- Assessing the strengths and gaps of current community assets in the BEW Region,
- Understanding the current and emerging well-being needs within the region (including the provincial prevention priorities of homelessness and housing insecurity; mental health and addictions; employment; family and sexual violence; and aging well in the community), and
- Providing information that can be used for planning collaborative municipal and regional asset and services management by the 16 communities and BEW FCSS.

WHO IS THIS FOR?

This is a project for the people of Barnwell, Barons, Coaldale, Coalhurst, County of Warner, Coutts, Lethbridge County, Milk River, M.D. of Taber, Nobleford, Picture Butte, Raymond, Stirling, Taber, Vauxhall, and Warner. The health and well-being of your family, friends, neighbours, and community are important; so is the thoughtful use of your municipal resources. That's why its crucial to conduct a needs assessment.

WHAT IS HAPPENING?

Until March 2026, the team from the Prentice Institute will be conducting interviews and focus groups in your communities. You are encouraged to participate in surveys and focus groups to ensure your voice is heard. We will analyze the data and then bring our results back to you to ensure its accuracy. Once it is confirmed, we will compile a final report and present it to you, your councillors, and your FCSS.

CONTACT INFORMATION

If you have any questions, please don't hesitate to get in touch with Lars Hallström (Director, Prentice Institute) at prentice@uleth.ca or (403) 380-1814 and Zakk Morrison (Executive Director, FCSS) at zakk.morrison@fcss.ca or (403) 715-2260. This project has received ethics approval from the University of Lethbridge/University of Alberta research ethics board. All data collection, data storage, and analyses are conducted in accordance with that approval and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Appendix D: Paper Community Survey

Community Survey

Prevention Priorities and Municipal Action in Southern Alberta

1. What town/village do you live in, or closest to?

   _____

2. What are the strengths of living in your municipality? Please check all that apply.

   ☐ Affordability

   ☐ Civic involvement/volunteering

   ☐ Close to a city

   ☐ Cultural and recreational opportunities

   ☐ Welcoming community

   ☐ Community and neighborhood connectedness

   ☐ Diversity

   ☐ Economic stability

   ☐ Employment opportunities

   ☐ Safety

   ☐ Good access to health care

   ☐ Good access to social supports and services

   ☐ Green spaces and walkability

   ☐ Small town atmosphere

3. Is there anything else in your municipality that supports your quality of life (people, places, things)

4. How satisfied are you with the supports and services available **in your municipality** to help people with each of the following issues:

	Extremely satisfied	Very satisfied	Neutral	A little satisfied	Not satisfied at all	I'm unsure
Aging (supports for seniors)	☐	☐	☐	☐	☐	☐
Employment and finances	☐	☐	☐	☐	☐	☐
Mental health and addictions	☐	☐	☐	☐	☐	☐
Family and sexual violence	☐	☐	☐	☐	☐	☐
Housing insecurity and homelessness	☐	☐	☐	☐	☐	☐

5. Please tell us if you think there is a certain support or service urgently needed, or needs improvements, in your municipality:

_____

This is the last point you can withdraw your responses before submitting the survey.

Check the box below if you would like us to include your responses in our study results:

☐ **I agree to have my survey response data used in this study**

Appendix E: Long-form Online Community Survey

A1. Are you 18 years of age or older? **[REQUIRED]**
1. Yes
2. No, I am under the age of 18 **TERMINATE**

A2. Which municipality do you live in?

A3. What are the first 3 digits/characters of your postal code?
[TEXT BOX – Allow only 3 alphanumeric digits]

A4. Do you consider the place you live to be:
1. Rural (outside of hamlet/village/town limits)
2. Urban (inside hamlet/village/town limits and near local services)
3. Suburban (inside hamlet/village/town limits but on the outskirts)
4. I don't know

A5. How many years have you lived in your current municipality?
[TEXT BOX – Allow only numeric digits and decimals]

B1. What are the strengths of living in your municipality? Please check all that apply:
[RANDOMIZE]
1. Affordability
2. Civic involvement/volunteering
3. Close to a city (if applicable)
4. Cultural and recreational opportunities
5. Welcoming community
6. Community/neighborhood connectedness
7. Diversity
8. Economic stability
9. Employment opportunities
10. Safety
11. Good access to health care
12. Good access to social supports and services
13. Green spaces/walkability
14. Small town atmosphere

B2. Is there anything else in your municipality that supports your quality of life (people, places, things)?
[TEXT BOX – NOT MANDATORY]

The following questions ask about social issues and services in your municipality. Social issues can be related to aging well, employment, housing, mental health, addiction, and violence.

C1. To what extent is each of these a challenge in your municipality?
Choose one answer for each row.

[ROWS – RANDOMIZE]

a) Aging population needs (services for seniors)
b) Unemployment
c) Finances (e.g., income, wages)
d) Mental health challenges
e) Substance use and addiction
f) Family and sexual violence (e.g., domestic abuse, sexual assault)
g) Housing insecurity (e.g., affordability, supply)
h) Homelessness

[COLUMNS]

1. Not a problem at all
2. A slight problem
3. A moderate problem
4. A serious problem
5. A very serious problem
6. I'm unsure

C2. How important is it to have **local** access to supports and services for each of these challenges?
Choose one answer for each row.

[ROWS – RANDOMIZE]

a) Aging population needs (services for seniors)
b) Unemployment
c) Finances (e.g., income, wages)
d) Mental health challenges
e) Substance use and addiction
f) Family and sexual violence (e.g., domestic abuse, sexual assault)
g) Housing insecurity (e.g., affordability, supply)
h) Homelessness

[COLUMNS]

1. Not important at all

2. Not very important
3. Somewhat important
4. Very important
5. Extremely important
6. I'm unsure

D1. How satisfied are you with the supports and services available in your municipality to help with each of these challenges?
Choose one answer for each row.

[ROWS – RANDOMIZE]

a) Aging population needs (services for seniors)
b) Unemployment
c) Finances (e.g., income, wages)
d) Mental health challenges
e) Substance use and addiction
f) Family and sexual violence (e.g., domestic abuse, sexual assault)
g) Housing insecurity (e.g., affordability, supply)
h) Homelessness

[COLUMNS]

1. Very satisfied
2. Slightly satisfied
3. Neutral
4. Slightly dissatisfied
5. Very dissatisfied
6. I'm unsure or am not familiar with these services

D2. Please tell us if you think there is a certain support or service urgently needed, or is needing improvements, in your community.
[TEXT BOX – NOT MANDATORY]

D3. Do people in your community face any of the following barriers when they try to access services for each of these social challenges? Check all that apply.

[ROWS – RANDOMIZE a) to k)]

a) Affordability of services
b) Not enough services available
c) Lack of awareness of services
d) Long wait times
e) Privacy
f) Stigma/shame
g) Discrimination
h) Lack of transportation
i) Services are hard to navigate
j) Language barriers
k) Lack of culturally appropriate services
l) Other, please specify: **[TEXT BOX]**
m) I'm unsure

[COLUMNS]

1. Aging
2. Employment or finances
3. Housing
4. Mental health or addictions
5. Family or sexual violence

E1. In the last 5 years, have you (or someone in your family) ever needed help and/or services to deal with challenges related to:

[ROWS – DO NOT RANDOMIZE]

a) Aging
b) Employment or finances
c) Housing
d) Mental health or addictions
e) Family or sexual violence

[COLUMNS]

1. Yes
2. No
3. I'm unsure

E2. **[ASK IF E1=Yes and/or I'm unsure in any row]** Where did you seek help for each of these challenges? Check all that apply:

[ROWS – DO NOT RANDOMIZE]

a) **[ASK IF E1a=Yes or I'm unsure]** Aging
b) **[ASK IF E1b=Yes or I'm unsure]** Employment or finances
c) **[ASK IF E1c=Yes or I'm unsure]** Housing
d) **[ASK IF E1d=Yes or I'm unsure]** Mental health or addictions
e) **[ASK IF E1e=Yes or I'm unsure]** Family or sexual violence

[COLUMNS]

1. No one/handled on my own
2. Family or friends
3. Religious organization (e.g., church)
4. School or other educational institution
5. Family and Community Support Services (FCSS)
6. A local health clinic or emergency room
7. Specialized care (e.g., psychologist, psychiatrist)
8. Indigenous organization
9. Other
10. Prefer not to say

E3. **[ASK IF E1=Yes and/or I'm unsure in any row]** If you accessed services for a challenge, please tell us where (check all that apply):

[ROWS – DO NOT RANDOMIZE]

a) **[ASK IF E1a=Yes or I'm unsure]** Aging
b) **[ASK IF E1b=Yes or I'm unsure]** Employment or finances
c) **[ASK IF E1c=Yes or I'm unsure]** Housing
d) **[ASK IF E1d=Yes or I'm unsure]** Mental health or addictions
e) **[ASK IF E1e=Yes or I'm unsure]** Family or sexual violence

[COLUMNS]

1. I accessed services locally
2. I accessed services in another city/town less than 100 km away
3. I accessed services in another city/town more than 100 km away
4. I accessed services online or by phone
5. I did not access services for this challenge

F1. Do **seniors** in your municipality need more of any of the supports and services listed here? Check all that apply: **[RANDOMIZE a) to g)]**

a) Healthcare and homecare services
b) Social engagement and recreational activities
c) Affordable housing
d) Designated seniors supportive living
e) Transportation services
f) Nutrition/meal support
g) Skills development programs (e.g., mobile technology use)
h) Other (please specify): **[TEXT BOX]**
i) None of the above
j) I'm unsure

F2. Do people in your municipality need more of any of the supports and services for **housing** listed here? Check all that apply: **[RANDOMIZE a) to d)**

a) Affordable housing options
b) Subsidies for shelter costs (e.g., rent assistance)
c) Emergency shelter
d) Transitional or supportive housing to prevent homelessness
e) Other (please specify): **[TEXT BOX]**
f) None of the above
g) I'm unsure

F3. Do people in your municipality need more of any of the supports and services for **mental health and addictions** listed here? Check all that apply: **[RANDOMIZE a) to l)]**

a) Counseling or therapy services
b) Peer support groups
c) Crisis hotlines
d) Online mental health services
e) Healthcare services (e.g., family doctors, nurse practitioners)
f) Specialized care (e.g., psychologists, psychiatrists)
g) Supervised consumption and injection services
h) Voluntary addiction treatment programs
i) Involuntary addiction treatment programs
j) Other (please specify): **[TEXT BOX]**
k) None of the above
l) I'm unsure

F4. Do people in your municipality need more of any of the supports and services for **family and sexual violence** listed here? Check all that apply: **[RANDOMIZE a) to f)]**

a) Crisis support and emergency shelter
b) Timely and adequate policing and law enforcement
c) Emergency healthcare services
d) Peer support groups
e) Counselling or therapy services
f) Pet or livestock safekeeping support
g) Other (please specify): **[TEXT BOX]**
h) None of the above
i) I'm unsure

F5. What are the biggest challenges to finding **employment in your area**? Check all that apply: **[RANDOMIZE a) to g)]**

a) Lack of job opportunities
b) Not having the required skills
c) Lack of transportation
d) Childcare needs
e) Inadequate education or training
f) Language barriers
g) Lack of employment supports (e.g., job search, resume writing)
h) Other (please specify): **[TEXT BOX]**
i) None of the above
j) I'm unsure

F5a. What is your level of agreement with the following statements?
[ROWS – DO NOT RANDOMIZE]

a) The local economy is stable
b) There are good opportunities to find employment locally
c) There are good opportunities for youth to find employment locally
d) Younger people want to move to and stay in my community
e) I want to stay in my community

[COLUMNS]

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
6. I'm unsure

G1. How would you describe your usual access to internet?

a) High-speed internet that works reliably
b) Internet access, but it is slow or unreliable
c) Internet is only available through mobile data
d) Internet is only available outside of my home (e.g., library, town hall)
e) No internet access

G2. What is your level of agreement with the following statements:

[ROWS – DO NOT RANDOMIZE]

a) I have access to affordable high-speed Internet
b) I have access to a smartphone, tablet, or computer
c) I feel confident in my ability to use the Internet and digital technology

[COLUMNS]

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
6. I'm unsure

The following questions will help us understand the demographic make-up of your community. This information will not be used to identify participants. All questions are optional.

H1. In what year were you born?
[DROPDOWN WITH 1900 – 2022]

H2. What is your gender?

1. Man
2. Woman
3. Non-binary
4. Prefer to self-describe: **[TEXT BOX]**
5. Prefer not to say

H3. Do you identify as a(n)… (Check all that apply):

1. Indigenous person in Canada (First Nations, Métis, or Inuit)
2. Visible minority or person of colour
3. Sexual minority (e.g., lesbian, gay, bisexual, queer)
4. Two-Spirit person
5. Transgender or gender-diverse person
6. Person with a disability (physical, cognitive or other, including invisible and episodic disabilities)
7. None of the above
8. Prefer not to say

H4. Do you have any dependents (people who rely on you for care or support)? Check all that apply:

1. No, I do not have any dependents
2. Yes, children under 18
3. Yes, adults 18 or older with a disability
4. Yes, seniors (65 or older)
5. Yes, other (please specify): **[TEXT BOX]**
6. Prefer not to say

H5. What is your religion?

1. No religion and secular perspectives
2. Christian
3. Catholic
4. Mennonite
5. Mormon
6. Muslim
7. Hindu
8. Buddhist
9. Atheist
10. Other religions and spiritual traditions (please specify): **[TEXT BOX]**
11. Prefer not to say

H6. What is the highest level of education you have completed?

1. Some high school
2. High school diploma or equivalency certificate
3. Apprenticeship or trades certificate
4. College or other non-university certificate or diploma
5. Bachelor's degree
6. Degree above bachelor's level (e.g., master's degree, earned doctorate)
7. Prefer not to say

H12. Where do you place yourself on the political spectrum?

1. Extremely conservative
2. Moderately conservative
3. Slightly conservative
4. Moderate
5. Slightly liberal
6. Moderately liberal
7. Extremely liberal
8. I'm unsure
9. Prefer not to say

H13. When you would like to access a local support or service, what are your top 3 preferred ways to get more information? Please check your top 3 ways for finding and receiving information.

1. Printed posters in community spaces
2. Newsletters or flyers
3. Local government website
4. Outreach activities (e.g., door-knocking, home visits)
5. Information booths at community events
6. Visit a physical building
7. Phone
8. Email
9. Facebook
10. Instagram
11. Other (please specify): **[TEXT BOX]**

Appendix F: Public Focus Group Question Guide

Questions

1. What does your community/the region do well for service delivery?
2. What is your primary concern for your community/the region regarding social supports and service delivery, if any?
3. Do you have concerns about homelessness, housing insecurity, or housing shortages in your community?
    a. How do you feel your community is responding to those challenges?
4. Do you have concerns about mental health and addiction services in your community?
    a. How do you feel your community is responding to those challenges?
5. What barriers do people face in finding employment in your community?
    a. How do you feel your community is responding to those challenges?
6. Do you have concerns about domestic and sexual violence in your community?
    a. How are domestic and sexual assault viewed/addressed within your community?
    b. Where should a prevention-based approach be targeted?
7. What are your primary concerns about aging well in your community?
    a. How is your community responding to those challenges?
8. What would you like to see change/stay the same in your community regarding social service delivery and support?
9. Is there anything else you would like us to know about your community/the region?