UNDERSTANDING FCSS

FCSS came into being in 1966 under the Preventive Social Services (PSS) Act and Conditional Regulation. At the time, a dozen or so municipalities had PSS programs. To this day, no other province or territory has legislation similar to FCSS. Administered as a municipal program in partnership between the province and municipalities or Métis settlements, FCSS is mandated to engage in community development and provide preventive social projects and services.

Initially, FCSS program directors were supported by a provincial FCSS Director and FCSS consultants, employed by the Ministry.

In 1981, Preventive Social Services was changed to Family and Community Support Services, under a new FCSS Act. The new Act still assured the 80/20 funding split, but provided more emphasis on community decision-making and an increase in local responsibility. The FCSS consultants also moved from working in ministry offices out to the field - they lived in the regions where they worked and their time was spent meeting with program directors and local FCSS advisory boards to provide support. There were 6 FCSS regions and 6 consultants.

Between 1966 and 1996, PSS/FCSS was moved to at least 5 different ministries and was subject to at least 2 government reviews.

In 1994, FCSS became part of Alberta Municipal Affairs, and the provincial FCSS Program infrastructure was disbanded. This included abolishing the provincial Director and consultant positions. FCSS funding fell under the “Unconditional Municipal Grant Program”, allowing municipalities and Métis settlements to use their FCSS funding on whatever they deemed a priority, including physical infrastructure.

In 1996, FCSS was returned to Alberta Family and Social Services. The FCSS Act remained the same, but a new “Conditional Agreement Regulation” specified that FCSS funding must be used for FCSS preventive social services and not for general municipal revenue. The FCSS Unit was also re-established in the ministry and a new provincial director position was created.

In 1999, the provincial government announced a new organizational structure and FCSS became part of the newly created Alberta Children’s Services, where it remains today; the ministry was re-organized in 2011 and is now Community and Social Services.

The FCSS funding allocation model was also reviewed in 1999 and a new modified per capita model was implemented. That model, still used, takes into account median incomes of municipalities and Métis settlements as weighting factors, rather than just populations.

In 2003, slight changes were made to the Conditional Agreement Regulation and its title was changed to the FCSS Regulation.

In 2006, a review of the provincial FCSS Program recommended that FCSS should no longer be responsible for funding out-of-school care. In May 2008, the Ministry becoming directly involved in out-of-school care with the announcement of the *Creating Child Care Choices* plan.

With the ministry now funding out-of-school care subsidies, approximately $11 million previously invested in out-of-school care by FCSS programs locally, was freed up to reinvest in other priorities. The full *FCSS Program Review Report* and government's response is posted on the ministry's website at https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx

The sunset clause for the FCSS Regulation was June 2013 and a comprehensive consultation with FCSS program directors, advisory board members and the FCSSAA Board occurred throughout 2012. Amendments, mostly related to administration of the Program, were proposed. The Regulation was subsequently extended to June 2015, to allow for possible further amendments related to the Results-Based Budget (RBB) review process.

The RBB review of all government programs began in 2013. The purpose is to ensure all programs align with the province's Social Policy Framework, and are effective, efficient and relevant to achieving the outcomes of the Framework.

THE FCSS MANDATE

FCSS is an 80/20 funding partnership between municipalities or Métis settlements, and the Province, provided through the FCSS Act and Regulation. The Regulation sets out the service requirements that a municipality or Métis settlement must meet to be eligible for funding. (Slight changes may be made to the service requirements under the amended FCSS Regulation).

The FCSS Regulation states 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." FCSS does not provide crisis intervention or rehabilitative services.

In providing an FCSS program, municipalities and Métis settlements are responsible for:

- engaging citizens in the planning ,delivery, evaluation and governance of programs
- effectively and efficiently using resources, based on identified community needs and priorities
- coordinating and cooperating with government and community organizations

Services and projects provided under a local FCSS program must result in one or more of the following outcomes:

- people are self-reliant, resilient and function in a positive manner
- people have positive social relationships
- people are socially engaged and contribute to their community
- people are supported to remain active participants in their communities, and
- people address social issues and influence change

At the local level, a municipality or Métis settlement council chooses whether to establish an FCSS program and enters into an agreement with the Government of Alberta to jointly fund projects/services. These projects/services depend on community resources, often involving volunteers in management and delivery. They work in partnership with other service providers in the community to try to prevent the need for intervention and rehabilitative services.

One key principle of the FCSS Program is local responsibility for decision-making. The Province provides funding, but it's up to municipalities and Métis settlements to decide how to allocate the funding to best meet the needs and priorities of the community - within the FCSS mandate. Local FCSS programs are part of the larger provincial Program that collectively helps to ensure that Albertans have access to a strong network of prevention supports.

The other key principle or way of doing business for FCSS is community development. The principle is based on a belief that self help contributes to a sense of integrity, self-worth and independence, and a "people helping people" approach to improving quality of life and build the capacity to prevent and or deal with crisis situations should they arise.

A number of FCSS resources and publications to support FCSS programs in Alberta are available on the ministry's website at https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx and the FCSSAA website at http://www.fcssaa.org.

ELIGIBLE SERVICES

FCSS uses a "people helping people to help themselves" approach and offers a wide range of programs and services at the community level. Please refer to the *FCSS Program Advice Inventory Listing* (included in chapter five of the *FCSS Program Handbook*) for additional information.

Examples of the services and projects offered at the local level through FCSS are:

1. Services to assist communities to identify their social needs and develop responses to meet those needs, including:
   - raising public awareness around community issues,
   - developing strategies for community advocacy,
   - developing comprehensive community social plans and initiatives,
   - environmental scans, service reviews, strategic planning, program planning,
   - in-kind support to community-based groups (until they are able to sustain themselves) such as provision of office space, printing, photocopying, help with preparing proposals, etc;

2. Services to promote, encourage and support volunteer work in the community, including:
   - recruitment, training and placement services,
   - resources to support volunteers,
   - volunteer recognition,
   - coordination of volunteer services;

3. Services to inform the public of available services, including:
   - information and referral services,
   - community information directories,
   - newcomer services,
   - interagency coordination;

4. Services that promote the social development of children and their families, including:
   - parent-child development activities,
   - early childhood development services for children aged 0-6 (excluding child care),
   - support services for young children aged 6-12;

5. Services that enrich and strengthen family life by developing skills so people can function more effectively within their own environment, including:
   - mentoring programs,
   - parenting and family life education and development programs,
   - programs for single adults and single parents,
   - courses designed to enhance self-awareness and personal growth,
   - individual, family and group counselling services that are educational and not treatment oriented, or

- youth development and leadership services;

6. Services that enhance the quality of life of the retired and semi-retired, including:
   - home support services,
   - education and information services,
   - coordination of seniors services and programs, or
   - self-help socialization activities.

INELIGIBLE SERVICES

Services provided under an FCSS program must not:

- provide primarily for recreational needs or leisure time pursuits
- offer direct assistance, including money, food, clothing or shelter, to sustain an individual or family
- be primarily rehabilitative in nature, or
- duplicate services that are the responsibility of government or government agency.

Section 4 of the FCSS Regulation states that expenditures of the program shall not include

(a) the purchase of land or buildings,
(b) the construction or renovation of a building,
(c) the purchase of motor vehicles,
(d) any costs required to sustain an organization that do not relate to direct service delivery under the program,
(e) municipal property taxes and levies, or
(f) any payments to a member of a board or committee other than reimbursement for expenses referred to in Section 3(l).

ELIGIBILITY ASSESSMENT TOOL

Here's a four-stage eligibility assessment tool that can be used to assist in determining if a project or funding request fits the FCSS eligibility criteria:

1. Is the project or service preventive? Does it enhance the social well being of families and individuals? Does it have preventive social support outcomes?
   (The answer to all of the above should be "yes".)

2. Does the project or service result in at least one of the following outcomes?
   - self-reliance, resiliency and ability to function in a positive manner
   - development of positive social relationships
   - community engagement and inclusion
   - support to remain an active in the community
   - address social issues and influence change

   (The answer should be "yes" to at least one of these outcomes.)

3. Is the service or project:
   - primarily a recreation, leisure, entertainment or sporting activity or event?
   - offer direct assistance, including money, food, clothing or shelter?
   - primarily rehabilitative, therapeutic or crisis management?
   - a duplication of a service provided by any level of government?
   - a capital expenditure like the purchase of a building or vehicle?

   (The answer should be "no" to all of these questions.)

4. Do the proposed expenditures of the project or service comply with allowable municipal costs? *(The answer should be "yes"*)

FCSS PROGRAMS IN ALBERTA

As of April 1, 2018, 317 municipalities and Métis settlements, organized into 206 local FCSS programs, provide FCSS services throughout Alberta. *(Note: The number of participating municipalities and Métis settlements and the number of Programs may fluctuate because of changes in municipality status and/or local decisions regarding program administration.)*

In 2017, nearly 100% of the total population of Alberta resides in municipalities and Métis settlements participating in FCSS. The total population residing in municipalities not participating in FCSS is less than 3,800.

FCSS REGIONS

There are 8 FCSS regions in Alberta: Northwest, Northeast, Yellowhead, Edmonton-Evergreen, East Central, West Central, Calgary-Bow River, and South.

ADDITIONAL INFORMATION

For more information about the Family and Community Support Services Program, please contact:

Community and Social Services
Joyce Mellott, Senior Manager
FCSS Unit
780-415-6285
joyce.mellott@gov.ab.ca

FCSS Association of Alberta
Mellissa Kraft, Executive Director
780-422-0133
director@fcssaa.org

FCSS PROGRAM STRUCTURE, ADMINISTRATION AND DELIVERY

Following is a description of the various ways FCSS programs are structured, administered and delivered in municipalities and Métis settlements. The information is very basic and brief, and each municipality must determine the best way to provide FCSS to best meet the needs of its residents and within its own municipal operations.

For a more detailed conversation about FCSS Program delivery, please contact:

Community and Social Services
Karen Wronko, Executive Director
Civil Society and Community Initiatives Branch
Phone: 780-616-0135
karen.wronko@gov.ab.ca

FCSS Association of Alberta
Mellissa Kraft, Executive Director
Phone: 780-422-0133
director@fcssaa.org

FCSS PROGRAM STRUCTURE AT THE MUNICIPAL LEVEL

FCSS programs operate as single municipalities, as multi-municipal programs, or in partnerships.

Single Municipality or Métis Settlement

- a municipality or Métis settlement applies to the province to participate in FCSS - it operates its own FCSS program for its residents
- most common structure from larger municipalities to smaller towns, summer villages

Multi-Municipal Program

- a group of municipalities join together as one “regional” or “district” FCSS program
- one municipality is designated the Unit Authority and receives the provincial funding for each municipality in the group; each municipality forwards its 20% contribution to the Unit Authority
- an advisory board of representatives from each municipality (usually at least one council and at least one community member from each municipality) is established
- a multi-municipal agreement must be signed between the municipalities and with the province

Partnering or “Grant Transfer”

- an arrangement where neighbouring municipalities agree to give some or all of their FCSS funds to one of the municipalities to provide services to residents of the partnering municipalities
- the municipalities continue to sign funding agreements individually with the province, but “pool” their FCSS funding to provide services across municipal boundaries
- municipalities may pool all or some of their FCSS funding on an ongoing basis or for projects or events throughout the year

MUNICIPAL FCSS PROGRAM ADMINISTRATION

There are 3 structures used in municipalities to provide FCSS services and projects:

FCSS Department (or FCSS Program)
- has a designated FCSS program director and FCSS staff
- FCSS staff are municipal employees and report to a manager or CAO
- most common structure - municipalities with small to medium sized FCSS budgets
- advisory board or committee is usually set up to oversee the FCSS program
- advisory board members are appointed by council

Community Services Department
- FCSS is part of a larger municipal department that provides other services, like recreation or social planning
- this structure may be in place where FCSS, recreation and/or social planning budgets are smaller and staff resources are split between the functions
- also used in the larger cities, where it makes sense to combine and overlap the "social services" type programs
- FCSS staff report to community services manager

Direct Municipal Management
- CAO and/or FCSS manager administer the FCSS program and report directly to council
- council is "hands-on" involved in approving grants to community groups
- common in smaller municipalities, with smaller FCSS budgets.

NOTE: There are 6 FCSS non-profit societies in the province that provide preventive social services and projects. These non-profit societies receive their FCSS funding from the municipality, and other contracts or funding sources. FCSS staff are employees of the non-profit societies, they are not municipal employees within a municipal FCSS department, and the boards of directors of the non-profit societies are not advisory boards to municipal councils. The boards of the non-profit societies work closely with municipal councils to ensure that community needs and priorities are met, within FCSS legislation.

ROLES OF COUNCILS, BOARDS AND PROGRAM DIRECTOR

Municipal Council
- determines whether to participate in provincial FCSS program
- signs funding agreement with the province and is accountable to the province for local FCSS program operations
- approves annual budget for the FCSS program
- approves all appointees to the FCSS advisory board
- takes guidance and relies on recommendations for programming and budgeting from advisory board, program director and CAO
- if the FCSS operates under direct municipal management, council approves external grants

Advisory Board
- appointed by council to oversee the FCSS program
- Terms of Reference established through enabling municipal bylaw
- is typically comprised of municipal council representatives and community representatives

- with program director, develops annual FCSS program planning, within budget, to recommend for council approval
- may develop procedures for how it operates
- approves grant applications - either in principle to recommend for council approval or may have vested authority from council to make final grant approvals and report back to council
- reports to council, as determined by council
- usually participates in recruitment and performance reviews of FCSS program director
- does not have authority to approve annual budget (council must do this), but is vested by council to ensure the FCSS program operates within the approved budget and is meeting the needs of community

Program Director

- is a municipal employee; position titles may be Executive Director, Program Manager, Program Coordinator, etc.
- responsible for managing the day-to-day operations of the FCSS program
- works with the advisory board to develop annual program plan, within budget, and ensure the program's services and projects are meeting community needs and priorities
- as a municipal employee, reports to designated municipal supervisor
- has good relationship with provincial FCSS office and FCSSAA; is the key contact for relaying information and questions to the advisory board
- maintains strong working relationships with senior management of local and regional organizations; works collaboratively to ensure needs of community are addressed
- is a key spokesperson for the FCSS program, and must represent the program with integrity, honesty and professionalism
- as manager of the FCSS municipal department, is usually responsible for hiring, supervising and firing FCSS staff
- does not have decision-making authority to set policy, approve budget, approve annual program plan or select advisory board members, but works closely with advisory board and council, or designated manager to support decision-making
- knows what's happening in the community, regionally and provincially that might impact FCSS program delivery.

MUNICIPAL FCSS PROGRAM DELIVERY

Preventive social services are provided in FCSS communities by direct service delivery or through external grants, or a combination of both methods.

Direct Service Delivery

- FCSS program director (and staff) deliver services and projects, within the parameters of FCSS legislation
- staff may be direct employees of the municipality or contracted full-time or part-time service providers

External Grants

- FCSS funds are granted to local organizations and groups to deliver preventive social services, within the parameters of FCSS legislation; referred to as "FCSS funded agencies"
- grant applications and year end reporting must be in place for accountability to the municipality and the province

MEASURING OUR OUTCOMES:
HOW DO WE KNOW WE ARE MAKING A DIFFERENCE?

In 2000, an environmental scan identified that FCSS programs did not have the capacity to monitor outcomes of program delivery. They could report on the number of services and projects provided, number of participants, dollars spent, cost per participant - but were unable to answer "So what? What difference do FCSS projects and services make to people and communities?"

In 2001, the FCSSAA piloted a "program logic model" with seven local FCSS programs. Similar to a flowchart, a program logic model provides the basic framework for evaluation based on outcomes, not just outputs (numbers or lists of activities). The Making a Difference (MAD) Outcome Evaluation System was initiated with two basic components: to build the capacity of FCSS programs to develop program logic models, and to support outcome data collection with survey and analysis tools.

Based on feedback from the 2007 FCSS Program Review and feedback from FCSS directors, there were several gaps and needs to successfully implement outcome measures and the practice of continuous quality improvement. In Spring 2009, a Provincial FCSS Outcome Measures Steering Committee was established to oversee the initiative. The work was renamed the FCSS Outcome Measures Initiative. Outcome Measures trainers were assigned to provide support and guidance to FCSS programs and an outcome measures training curriculum was developed.

In March 2012, the "Provincial Outcomes Measures Framework" was released. The document provides the overarching, high level outcomes and indicators for use by all FCSS programs. The intent of the Framework is to provide better qualitative information to supplement the outputs and success stories that historically have represented the fabric of FCSS. Through the use of the FCSS Outcomes Model, FCSS programs are able to contribute more consistent measurement of the collective impact that FCSS funded projects and services have on the well-being of Albertans across the province.

In 2012, all FCSS programs were required to begin collecting outcome data for a minimum of one program/project, and all FCSS programs were required to complete the 2012 Provincial Outcome Report. In early 2013, a letter was sent to all CAOs and FCSS directors clarifying the reporting requirements.

In 2012, the reporting template for FCSS outcomes was added to the FCSS on-line reporting system. Over 50% of FCSS programs submitted their 2011 provincial outcomes reports, which represented an increase of 17% over 2010. For 2012, follow up has been made with all 207 programs to ensure they provide some information, or request an exemption based on their unique circumstances. The information from the 2012 outcomes reposts will be compiled and shared with all FCSS programs in spring of 2014.

Work has been completed on the companion measures document (a resource of sample outcome statements, indicators and measurement tools) to support the use of consistent measurement tools for the common outcomes and indicators identified in the Outcomes Model. The document will be distributed to FCSS programs in January 2014.

To ensure that the best information possible is being collected on the FCSS outcomes that align with the Social Policy Framework, the ministry is selecting specific measures for FCSS reporting purposes. This abbreviated set of measures will be provided to FCSS programs along with instructions, in February 2014. FCSS programs can continue to choose outcomes, indicators and measures that are relevant to their local programs/ projects for their own evaluation purposes. For provincial reporting purposes, FCSS programs will be asked to select measures from the abbreviated version.

The information provided through outcome measures data collection and reporting helps in identifying the collective impact of FCSS programs and services on the well-being of individuals, families and communities in Alberta. This information has been valuable in providing data for the RBB review of the FCSS Program.

FCSS PROVINCIAL OUTCOME MEASURES FRAMEWORK

The FCSS Outcomes Model

Vision

Alberta's diverse people building strong communities through positive, caring interaction and mutual respect.

Mission

FCSS is a partnership between the Government of Alberta, municipalities and Métis Settlements that develops locally-driven preventive social initiatives to enhance the well-being of individuals, families and communities.

Statement of Need

Individuals, families and communities in Alberta may not always have the resources or capacity to enhance their own social well-being. Unless the strengths, skills and abilities of individuals, families and communities are enhanced, life challenges can impact their social well-being.

FCSS enhances the social well-being of individuals, families and community through prevention - and that is the overarching goal of the FCSS Program.

Prevention occurs by building resilience, by identifying and enhancing individual, family and community assets. This is done is by enhancing the strengths, skills and abilities of individuals, families and community to be more resilient and better able to deal with a stress or challenge that may result in future problems. Prevention also involves building individual or environmental safeguards that enhance the ability to deal with stress life events, risks or hazards, and promote the ability to adapt and respond constructively. Prevention includes addressing protective and risk factors, which can exist within individuals and across the various settings in which individuals live, such as the family, peer group, school and community.

Measuring our outcomes is based on the following FCSS principles, beliefs and values:

- A community's most valuable asset is its people. Investments made in developing and supporting people pay dividends in all areas of community life.
- All people are valuable and we value all people and their capabilities.
- Each of us can make valuable contributions to our communities, and our communities need the contributions of all of us.
- Working together allows us, as citizens, to contribute directly to our community, which in turn is linked to positive outcomes for individuals, families and community.

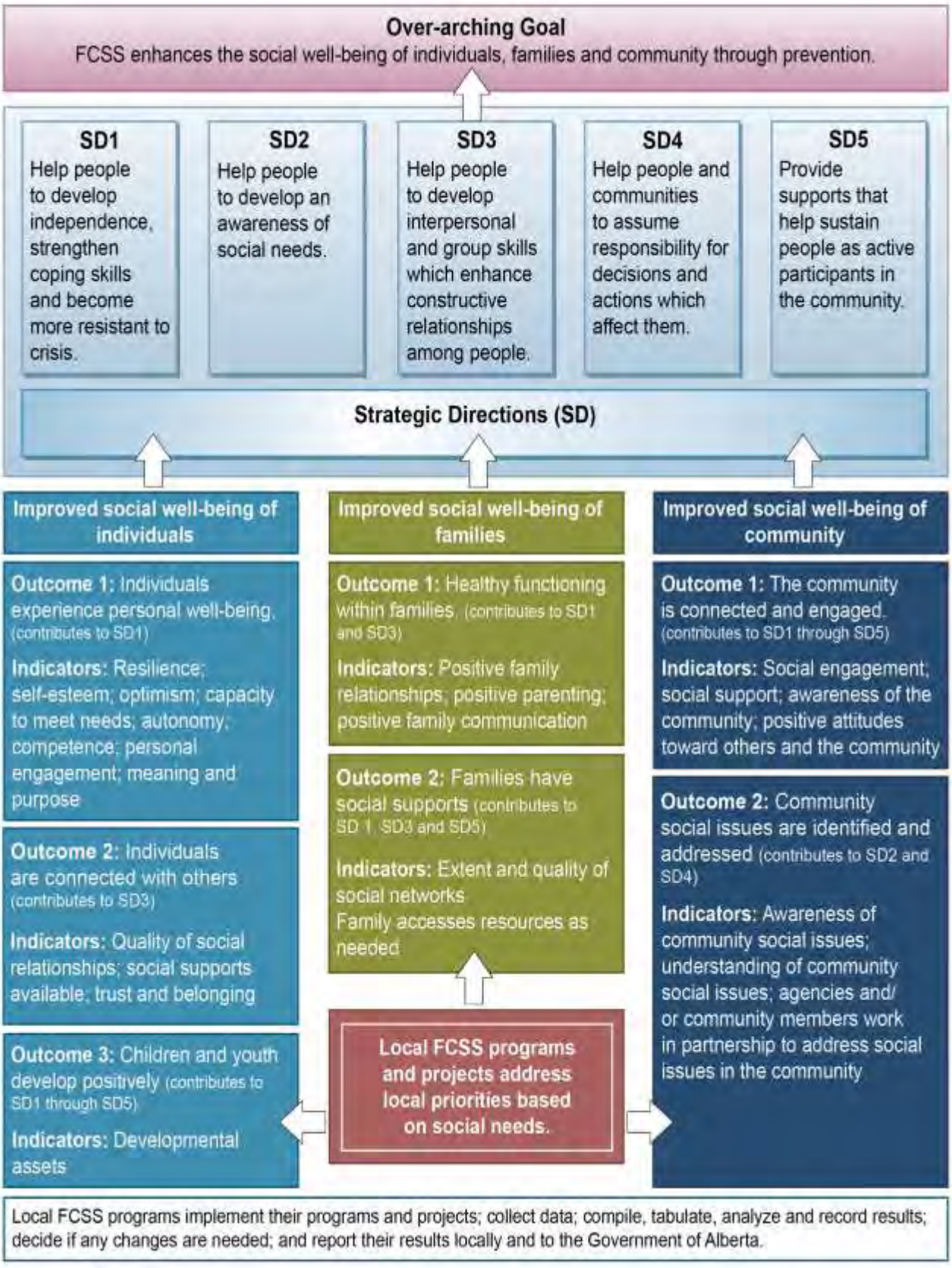
- Each municipality and Métis Settlement has unique programming needs and is best able to determine what its own needs are, and propose solutions to meet them.
- Municipalities and Métis Settlements can support individuals, families and communities by providing well-designed preventive social programs.
- FCSS programs help people to help themselves.
- FCSS programs create and maintain community connections by mobilizing and engaging the community and using partnerships to address local issues.
- FCSS programs learn from experience, each other and research.
- FCSS programs are accountable.

And so, it only makes sense that if local FCSS programs set priorities based on the social needs and issues in their communities, and provide services directly, or fund projects and services accordingly, then it is more likely that individuals, families and community will have access to preventive services that enhance their social well-being.

Strategic Directions
The FCSS Outcomes Model identifies five Strategic Directions (SD), which are the five regulatory statements in the FCSS Regulation - the statements are what direct the work of FCSS. In addition to being preventive in nature, FCSS programs must do one or more of the following:

(SD 1) help people to develop independence, strengthen coping skills, and become more resistant to crisis
(SD 2) help people develop an awareness of social needs
(SD 3) help people to develop interpersonal and group skills which enhance constructive relationships among people
(SD 5) help people and communities to assume responsibility for decisions and actions which affect them

These strategic directions may be viewed as a continuum to achieve the overarching goal of enhanced social well-being of individuals, families and community through prevention. However, each one is also unique and distinct within itself.


Over-arching Goal
FCSS enhances the social well-being of individuals, families and community through prevention.
SD1
Help people to develop independence, strengthen coping skills and become more resistant to crisis.
SD2
Help people to develop an awareness of social needs.
SD3
Help people to develop interpersonal and group skills which enhance constructive relationships among people.
SD4
Help people and communities to assume responsibility for decisions and actions which affect them.
SD5
Provide supports that help sustain people as active participants in the community.
Strategic Directions (SD)
Improved social well-being of individuals
Outcome 1: Individuals experience personal well-being. (contributes to SD1)
Indicators: Resilience; self-esteem; optimism; capacity to meet needs; autonomy; competence; personal engagement; meaning and purpose
Outcome 2: Individuals are connected with others (contributes to SD3)
Indicators: Quality of social relationships; social supports available; trust and belonging
Outcome 3: Children and youth develop positively (contributes to SD1 through SD5)
Indicators: Developmental assets
Improved social well-being of families
Outcome 1: Healthy functioning within families. (contributes to SD1 and SD3)
Indicators: Positive family relationships; positive parenting; positive family communication
Outcome 2: Families have social supports (contributes to SD1, SD3 and SD5)
Indicators: Extent and quality of social networks
Family accesses resources as needed
Local FCSS programs and projects address local priorities based on social needs.
Improved social well-being of community
Outcome 1: The community is connected and engaged. (contributes to SD1 through SD5)
Indicators: Social engagement; social support; awareness of the community; positive attitudes toward others and the community
Outcome 2: Community social issues are identified and addressed (contributes to SD2 and SD4)
Indicators: Awareness of community social issues; understanding of community social issues; agencies and/or community members work in partnership to address social issues in the community
Local FCSS programs implement their programs and projects; collect data; compile, tabulate, analyze and record results; decide if any changes are needed; and report their results locally and to the Government of Alberta.

THE FCSS ASSOCIATION OF ALBERTA

In 1977 when Family and Community Support Services (FCSS) was known as Preventive Social Services (PSS), the PSS Association of Alberta was incorporated. The Association had no staff, no permanent office or mailing address, and board members from local PSS programs volunteered to do the work necessary to govern and manage the Association.

In 1981, when the government changed Preventive Social Services to Family and Community Support Services, the PSS Association of Alberta changed its name to the FCSS Association of Alberta (FCSSAA). The FCSSAA began receiving a provincial grant, office space was provided in ministry offices, and an Executive Director was hired.

Throughout the 1970s and 1980s, the number of municipalities and Métis settlements participating in the provincial FCSS Program steadily increased. The FCSSAA was growing as well - membership increased, annual conferences were held, and regional meetings were held in some areas.

In 1994, FCSS was moved to Municipal Affairs, the FCSS Regulation was changed and the provincial FCSS Program infrastructure was disbanded. This had an important impact on the FCSSAA - there seemed to be no need for a provincial FCSS association and membership fell.

In 1996, during the government's redesign of social services, FCSS was returned to (then) Alberta Family and Social Services. However, the FCSSAA lost its provincial grant and its office space in the ministry, and the Executive Director had to be let go.

At the 1996 AGM, a motion was made to dissolve the FCSSAA. Fortunately, the motion was defeated and the FCSSAA has grown tremendously since then. It has become a strong voice on behalf of FCSS Programs and has built a solid relationship with government, through the Ministry of Community and Social Services, and other government and non-government agencies and organizations.

FCSSAA STRUCTURE

The FCSSAA is an incorporated non-profit society; its members are FCSS advisory boards or councils duly established to oversee local FCSS programs. The FCSSAA receives its income from membership fees and a grant from the ministry.

A 15 member Board of Directors oversees the operations of the FCSSAA:

- President, elected at the Annual General Meeting (AGM) held in November;
- 10 Regional Representatives; 1 from each of the 8 FCSS regions (Calgary-Bow River and Edmonton-Evergreen have 2 regional representatives each), elected at fall regional meetings prior to the November AGM;
- 4 staff representatives from the Directors' Network, appointed annually at the September Directors' Network business meeting.

The FCSSAA Executive Committee is comprised of the President, Vice-President, Secretary and Treasurer. The Vice-President, Treasurer and Secretary are elected at the first meeting of the new Board.

The FCSSAA office is located in Edmonton, and includes a large reference library, known as the FCSS Resource Bank. An Executive Director, Project Coordinator and Executive Assistant support the FCSSAA Board, and local FCSS program staff and advisory board members.

FCSSAA MANDATE

The FCSSAA vision statement is "FCSS is the leader in preventive social support programs in Alberta". Its mission statement is "The FCSSAA unites and strengthens the FCSS community by representation and advocacy on behalf of member boards".

The role of the FCSSAA Board is:

- to listen to its members;
- to identify common concerns and issues related to FCSS;
- to communicate those issues to other members and to the provincial government, along with proposed solutions;
- to support communities by developing tools which will meet local needs and mandates.

The FCSSAA has created a strong network of FCSS programs for sharing information, providing province-wide direction and problem solving, and ensuring that the value of FCSS resources, and the FCSS "way of working" is well understood by all levels of government.

Some of the work the FCSSAA has done on behalf of FCSS programs -

- Represented FCSS programs on the design team that developed the FCSS funding allocation model in 1997, and review of the model in 2000 and 2006. The FCSSAA was instrumental in achieving a $15.5 million increase to the provincial FCSS Program in 2002.
- Maintains the FCSSAA web site at www.fcssaa.org
- Develops and provides professional development training and workshops to FCSS directors, staff free of charge.
- Hosts the annual provincial FCSSAA conference, held every November.
- FCSSAA members are eligible for a reduced rate to attend annual conferences; smaller, remote FCSS programs that are members of the FCSSAA are eligible to apply for a subsidy to assist with covering the costs to attend the conference.
- Initiated discussions and preliminary plans for the development of an FCSS Growth Strategy in 2005.
- Worked with the ministry to implement strategies to address recommendations of the FCSS Program Review in 2006-07.
- Coordinated input into the ministry's annual business planning process through consultation with FCSS programs at spring regional meetings.
- FCSSAA Board members and the Executive Director sit on provincial committees addressing topics related to preventive social services.
- advocates on behalf of all FCSS programs to government on issues that impact FCSS.

Through province-wide promotion and education about FCSS, special projects, and acting in an advisory capacity to the Minister of Community and Social Services, the FCSS Association plays an integral role in helping to make ***all*** FCSS Programs stronger.

FCSSAA RESOURCE BANK

Why was the Resource Bank created?
When the Preventive Social Services Program began in 1966, FCSS consultants from the ministry were the main resource for local FCSS program directors. Six consultants were resources to the directors to support program development, professional development, monitoring of services and reporting to the Province.

In 1994, when the provincial FCSS Program infrastructure was disbanded, the consultant positions were eliminated. This resulted in a gap in information sharing, networking and support for local FCSS staff. By default, FCSSAA board members were taking on the role of FCSS consultants - on top of governing the association - on top of their own jobs - which was understandably difficult to sustain.

In 1998, the FCSSAA Board conducted a comprehensive survey with FCSS program directors and local advisory boards to determine the kind of supports they needed and how the FCSSAA could assist in meeting those needs.

Four areas for improvement were identified:
- the need for consultation and networking assistance;
- the need for mechanisms to support the use of FCSSAA tools and other resource information;
- the need for an accessible FCSSAA "contact place"; and
- the need for an FCSSAA sustainability plan.

In response to the survey, a proposal was submitted to the ministry in 1999 for funding to establish an FCSSAA office and create a “Resource Bank”. The proposal was supported and the Resource Bank opened its doors in June 1999.

What is the Resource Bank?
The Resource Bank is a reference library, and a communication network for information sharing among FCSS program staff and boards.

There are hundreds of resources on the bookshelves! Most of it is “how to” books and manuals relevant to FCSS - program planning, FCSS orientation material, community development, needs assessments, prevention and early intervention, provincial issues, social issues, etc.

The Resource Bank is a vehicle of the FCSSAA through which support is provided to FCSS programs across the province. While its primary communication is with local FCSS program staff and board members, the Resource Bank also communicates with the provincial FCSS Director and staff, FCSS Directors’ Network, and other provincial government representatives. The FCSSAA Executive Director and Project Coordinator are available to support FCSS programs, including FCSS orientations for boards and staff, and consultation around program development and delivery - free of charge for FCSSAA members.

Several FCSS-specific resource materials have been developed by the FCSSAA, through the Resource Bank, such as:
- the FCSS Program Contact List (updated and distributed twice a year)
- the FCSS Orientation Manual (for orienting new FCSS board members and staff)
- the “Understanding FCSS” video presentation; the presentation is available on DVD, free of charge

- a presentation folder and brochure page with the FCSS branding that FCSS programs may use for local promotion (an inventory of the brochures and folders is stocked at the Resource Bank for FCSS programs to purchase at cost)
- the “FCSS 101 Orientation” Power Point presentation and handouts; the material is available on CD, free of charge.
- the “Working in Community” FCSS professional development workshops. The workshops include Introduction to Community Development, Research, Needs and Strengths Assessments, Strategic Planning, and Evaluation Planning. The “Working in Community” workbooks are available from the Resource Bank, free of charge to FCSSAA members.
- the “Advocacy Training” workshop (a how-to guide and resource tool kit for public education and advocacy activity), also available free of charge to FCSSAA members.

Most of the resource materials are now available in electronic version on the FCSSAA website at www.fcssaa.org. Many of the FCSS-specific resources are available only in the Member section of the website, accessible with an assigned password, provided by the FCSSAA office.

For more information about the FCSS Association and the Resource Bank, please contact:

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The Promise of Prevention: Does It Deliver?

A Discussion Paper Prepared for
Edmonton Community Services Advisory Board

February 2005

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During a planning session members of the Edmonton Community Services Advisory Board (CSAB) identified a central question: “What do we mean by the term ‘primary prevention’ and what would be the characteristics of an effective primary prevention program?”

CSAB’s uncertainty about the meaning of prevention and its promises is no real surprise. It reflects the ambivalence that continues to exist within the human service field. At one level there seems to be little reason to question its value. There is broad agreement that ‘an ounce of prevention is worth a pound of cure’. There is the moral argument that what ever can be done to reduce human suffering or make people’s lives better is the right thing to do. The economic argument for prevention, that intervening early will likely be less expensive and save the cost of additional services later, has considerable appeal. There is also the common sense argument for prevention: it is preferable to be ‘proactive’ rather than to wait until a social problem has appeared, after which it is only possible to be ‘reactive’ (Mangham 2003).

At another level nothing has hampered an understanding of prevention more than the confusion that continues to exist about what the term means. As the search for clarity has continued it has been common to re-use the well-worn definitions from the past, with the forlorn hope that if they are repeated frequently enough they will eventually be proven to be true. Some definitions have overtime become so broad that almost any human service program could, with some imagination, be considered preventive. At its most cynical a preventive program might be simply seen as one that has the support of a funder as opposed to a program that does not.

Even if a commonly accepted definition of prevention could be reached, the problem remains understanding the complexity of the circumstances that prevention is expected to address and the myriad of human service systems that need to be involved to be effective. Whether a program is intended to meet the needs of children, youth, parents or families, untangling the various influences frequently makes it very difficult to demonstrate reliably that it was the prevention activities or interventions that made the critical difference. As well, prevention has continually struggled against the traditional commitment in the human services to focusing on symptoms and taking remedial actions. Added to this is the burden of exaggerated expectations that improvements in the condition of those who are benefiting from a preventive program will become evident in a very short period of time.

Prevention, then, has always held considerable promise, but it has had problems with the delivery, as well as convincing many in the field of human services that it has something significant to offer. This discussion paper is intended to refresh and update the definitional debate, to reflect upon emerging conceptual thinking about prevention and to assess the findings of recent evaluations of preventive programs. The underlying purpose is to strengthen CSAB’s understanding of prevention and to offer a possible

template for assessing the preventive nature of the programs it currently supports as part of the Board's obligations to 'due diligence' in conducting its funding reviews.

Origins of Preventive Social Services

Leslie Bella, in her study, *The Origins of Alberta's Preventive Social Services Program*, (1978) indicated that the introduction of the Preventive Social Services legislation in 1966 occurred at the same time as responsibility for social assistance and child welfare was being transferred from the municipalities to the province. There was therefore a desire on the part of the Social Credit government "to cut future costs by removing and preventing social conditions which encourage welfare cases." The Act proposed a 80/20 split in funding between the province and the municipalities, a commitment to municipal leadership and the importance of local planning and decision-making – all of which remain central elements of the FCSS program. At the same time as the proposed approach to prevention was being debated in the legislature, discussions between municipal leaders and department officials identified the new legislation as being important for strengthening family life in order to avoid family breakdown and of promoting general social and physical well-being. It has since been acknowledged that the introduction of the PSS Act in 1966 made it possible for municipalities to provide support to a number of programs, such as family counseling and childcare, that otherwise would never have received support directly from the provincial government.

Prevention and the FCSS context

Despite the occasional challenge to the program, the Alberta government has retained the arrangement with municipalities and Metis settlements to fund preventive social services for almost 40 years. Over this period, various provincial departments have been responsible for the program; but in 1999 the newly created Children's Services assumed responsibility for the current Family and Community Support Services Program, including setting the policies that guide it.

The City of Edmonton was one of the original partners in the program. Being a partner today involves a municipality entering into a joint funding agreement with Children's Services and complying with the requirements set out in the *Family and Community Support Services Act* and its Conditional Agreement Regulation. As a partner, the City of Edmonton makes various commitments under the terms of the agreement. It commits to providing **preventive** social programs. It also commits to promoting "citizen participation in planning, delivery and the governance of the [FCSS] program and of services provided under the program."

Children's Services describes the FCSS approach as a "people helping people to help themselves." The philosophy is that self-help contributes to a sense of integrity, self-worth and independence. Programs funded under FCSS are intended to help individuals and families to adopt healthy lifestyles, thereby improving their quality of life and building their capacity to prevent and deal with crises.

Within the context of FCSS, **prevention** refers to *trying to reduce or eliminate some risk or problem for members of a particular group, while at the same time taking steps to strengthen their ability to cope*. A related term, **primary prevention,** rests on the premise that corrective action is more effective when it occurs before a problem can become firmly established. **Community development** is described as a process or

approach that helps people in a community to organize themselves, identify and respond to local issues, develop relationships, mobilize local leadership and resources, build commitment for shared action, and develop and execute plans – while relying as much as possible on shared or community resources.

The Conditional Agreement Regulation lays out the responsibilities and obligations associated with administering FCSS programs locally and provincially. Services provided 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; and do one or more of the following:

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

Children's Services provides examples of the types of projects and services that may be funded as an FCSS program. These include services that promote the social development of children and their families, such as parent-child development opportunities, as well as those that enrich and strengthen family life by developing skills so people can function more effectively within their own environment. These might include programs for single adults or single parents, youth development opportunities or courses intended to enhance self-awareness and personal growth. A third category makes reference to services that enhance the quality of life for the retired and semi-retired, while a fourth and fifth encourage services that promote or support volunteer work or provide information to the public about the services available.

A question of importance to this discussion paper is: How consistent is the FCSS definition of prevention programs and its related policies to that developed by other jurisdictions or organizations? What follows is a selection of definitions of prevention drawn from a range of documents available on the Internet.

Medical Model and Focus on Problems

The World Health Organization initially provided the seminal definition of prevention in 1948. It had a medical focus on reducing the risk of disease, premature death, illness or disability or any undesirable health event. The definition identified three successive stages of prevention**:**

- **Primary prevention** seeks to prevent the onset of a disease by altering some factor in the environment, bringing about a change in the status of the host, or changing behaviour so that disease is prevented from developing.

- **Secondary prevention** aims to halt the progression of a disease once it is established. The focus here is on early detection or diagnosis, followed by prompt, effective treatment.

- **Tertiary prevention** is concerned with rehabilitating people with an established disease to minimize residual disabilities and complications. Action taken at this stage aims at improving the quality of life, even if the disease itself cannot be cured.

These medically based distinctions have been carried over into the broader field of prevention, despite general dissatisfaction with the terms. They have been described as confusing and distracting and as being so broad that anything from 'lollypops to lobotomies' would qualify as a preventive strategy (Lofquist, 1983). The WHO medical model of prevention has also perpetuated the three interrelated elements of the "agent," the "host" and the "environment." Unfortunately the analogy does not translate much beyond health care and as a result contributes very little to the more general field of prevention.

In 1994 the American Institute of Medicine reserved the use of prevention for those *interventions that occur before the initial onset of a disorder or disease*. Although another medical model, one key component of the IOM definition has allowed it to be applied in a wider context: its reference to three levels of interventions.

Universal prevention is intended to delay or prevent the onset of a problem; targets the entire population, assuming all share the same general risk; and does not assess individual risk.
Example: a life skills training curriculum for all junior high students.

Selective prevention is also intended to delay or prevent the onset of a problem; however, it does so by targeting a subgroup identified as having a number of characteristics that will significantly increase the subgroup's risk of problems. So, selective prevention programs address specific subgroup risk factors.
Example: a mentoring program for youth from low-income families.

Indicated prevention slows or stops the progression of problems and related disorders by targeting high-risk individuals who are identified as having minimal but detectable signs or symptoms, but who do not meet diagnostic levels at the present time.
Example: a skills group for specific individuals at high risk of dropping out of school.

Taking Constructive Action

As useful as this new medical classification might be, it continues to emphasize 'prevention' as being about "stopping something from happening." A number of writers on prevention have complained that this is much too narrow an interpretation (Lofquist, 1983; Pransky, 2001, 2003). While prevention indeed "comes before," it must incorporate the idea of taking positive, constructive action that will mean that the

destructive outcomes or behaviours never materialize. It is this focus on the positive that is central to the definition of prevention provided by William Lofquist (1983):

> an active, assertive process of creating conditions and/or personal attributes that promote the well-being of people

In keeping with this definition, several jurisdictions or prevention initiatives have chosen to highlight the positive approach to well-being in their current definitions of prevention.

> We are defining prevention as an active, assertive process of creating conditions that promote well-being. Our focus will be on "universal prevention", or the practice of taking positive actions that support children and families right from the start – and all along the cycle of a child's life.
>
> *Communities for Children, Maine State*

> Prevention is an active, assertive process of creating conditions and/or personal attributes that promote the well-being of people. It is a positive approach to planned social change toward a vision of health for individuals and social systems at all levels.
>
> *Southwest Regional Center for Drug-Free Schools and Communities, University of Oklahoma*

> Prevention is a proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviours and lifestyles.
>
> *Wicomico Behavioral Health, Drug Prevention, Maryland*

> Prevention represents both an effort to foster competence and to prevent problems. Intervention is a protective process by which one deliberately attempts to steer development in a more favourable direction.
>
> *National Resilience Resource Centre, University of Minnesota, Minneapolis and the Center for the Application of Prevention Technologies*

> Prevention is a proactive approach of providing support and services to families before a problem or crisis occurs. Prevention is an approach that emphasizes health and wellness versus after-the-fact problem driven services. Prevention is about giving parents and other caretakers of our children the skills they need to be successful.
>
> *Arkansas Children's Trust*

> Prevention is a proactive process which focuses on capacity-building for individuals, families, institutions and organizations – including specifically identified high-risk individuals or groups within the population. Prevention is an

active process of creating conditions and personal attributes that promote the well-being of people.

Alcohol and Other Drug Abuse Prevention Program (AOD), University of Santa Cruz

Prevention is a proactive process which empowers individuals and systems to deal constructively with potentially difficult life situations, to keep healthy people healthy and to bolster the strength of those at risk. It requires that a measurable, risk-based series of collaborative, culturally relevant strategies be employed within the areas of information dissemination, education, alternative activities, problem identification and referral, community-based process and environmental prevention.

Commonwealth of Pennsylvania

Prevention: Activities that enhance and maintain protective factors and decrease the presence and effect of risk factors for children, families and communities.

A paper prepared by the Director, Prevention Source, BC for the BC Ministry of Children and Families, 2001

Some Consistent Themes

In reflecting upon these definitions of prevention and that provided by the FCSS documentation there is significant consistency. Being proactive and taking action early before a problem can become established is a common theme. There are similar references to strengthening the abilities of individuals or families to cope with crises or providing opportunities to develop inter-personal or group skills. Acknowledging the contribution of community processes and development to prevention is referenced by FCSS as well as a number of the other definitions. If there is a difference, it is one of emphasis. The basic FCSS definition of prevention begins with a reference to risks and problems, whereas many of the other definitions either do not refer to the negative or, instead, begin with a positive focus on well-being through building capacities in order to overcome the potential risks or problems.

Previous efforts by the City of Edmonton to define prevention have drawn upon the WHO classification of primary, secondary, tertiary, sometimes with the addition of two further categories, “crises” and “rehabilitation.” Traditionally, the city has declared that its FCSS program should focus its attention on primary and secondary prevention. Primary prevention was defined as “measures taken to reduce the incidence of social breakdown and to support the individual, family and community”, while secondary prevention was considered “the intervention with individuals who are displaying initial signs of a social disorder but for whom it is not yet ingrained.” It is long overdue that the terms secondary and tertiary prevention be dropped from the discussion, or at best renamed for what they are: “remediation” and “rehabilitation.” The term “primary prevention” should also be changed to simply “prevention.”

So what is prevention? A useful definition would include the following elements:

- it starts early before a crisis occurs
- it is “pro-active”, intentional and assertive
- it focuses on strengthening the positive conditions that are known to contribute to the well-being of children, families and communities
- it builds upon the personal attributes and skills that are required to ensure healthy lifestyles, especially for those who are at risk
- it is community-based, empowering and engaging for those who are involved

Building on these elements, prevention might be defined as:

> a pro-active, intentional process focused on strengthening the positive conditions that contribute to the well-being of children, families and communities and building upon the personal attributes and skills that are required to ensure healthy lifestyles, especially for those who are at risk.

As suggested earlier, having a definition of prevention in place is insufficient to really gaining an understanding of the processes of prevention and what they can achieve.

Values Underpinning Prevention

First, it is important to acknowledge what values underpin prevention. Linked to his contribution of the positive, action oriented definition of prevention, Lofquist (1983) suggested that all prevention activities rest upon a number of fundamental values – regardless of whether the activities focus on individuals and their personal growth and development; the circumstances within a family, a school classroom, or a peer group; or on broader social conditions in the community. The values include:

- People can become responsible, within reasonable limits, for shaping the conditions under which they live, work, learn, use their leisure and otherwise spend their time.
- People are their own best resources for bringing about the change which is important to them.
- Participation by people in shaping the conditions that affect them promotes ownership and vested interest in the change being sought and increases commitment to seeing that the change is achieved and maintained.

Lofquist acknowledged that, while everyone is restrained by various realities, there is still some latitude for responsible individual action that may influence the conditions that surround them. He also emphasized that individuals working together can eventually shape the conditions that are important to them. As active and effective participants in a process of planned change, those involved must be acknowledged as resource people rather than as problems that need to be fixed or the targets for the change process.

Change as Essence of Prevention

A second requirement to understanding prevention is to appreciate that change is its central essence. There are numerous theories as to how change occurs, but most agree it is unlikely to happen as the result of a single intervention or action, unless the readiness to change is high, as may occur, for example, because of a personal crisis or because the benefits of change are highly compelling. Change is seldom linear and the positive impact of the change may take years to appear.

Colin Mangham (2001, 2003) suggests that change begins with the process of becoming more aware of an issue, or the benefits associated with change for an individual, family or community, through conversations with others. As similar messages are received and interpreted over time, through education activities or awareness campaigns, attitudes begin to shift and the learning of new skills is contemplated. If others in the community, especially those who are viewed as role models, promote the change in behaviour, then often a critical threshold is reached and the new way of thinking and acting catches on. It is therefore a collective process where individual changes are gradually reinforced by changes in the accepted norms of the community.

A Conceptual Framework

In his recent examination of prevention, Jack Pransky (2003) also highlights this important interplay between personal and community change. He suggests as well that there is a vertical dimension to prevention. Pransky postulates that those who work in prevention operate at different "depths," depending on what they consider to be important. The "deeper the prevention depth the more impact it appears to have in changing people's lives towards well-being and away from problems." Pransky does not necessarily propose abandoning any of the levels; rather he suggests that there needs to be a "push" to incorporate other considerations and approaches. Each level may be necessary, but not in itself sufficient. Table1draws on Pransky's thinking and offers a conceptual framework useful to understanding the processes of prevention.

Traditional Approaches to Prevention

The first four levels reflect what have traditionally been considered prevention activities, where there is recognition that a problem exists that should be addressed in some way, but uncertainty about what actions should be taken. Providing some information on the nature of the problem seems like a positive first step and, if the problem is already quite serious, then a treatment or a new service may seem an appropriate response, although it is unlikely to reduce the number of people impacted by the problem. In Level 3, intervening early in a problematic situation is a significant advancement in preventive thinking; but often programs that sound as if they might be effective are quickly introduced, with the best of intentions, in order to be seen as doing something in response. What is frequently missing is any evidence that the new service or program actually prevents the problem it is trying to address.

Influence of Environmental Factors

Levels 5 and 6 reflect the developing appreciation that by changing societal, community or environmental conditions a program can contribute much to effective prevention. Linked to this important shift in thinking is the recognition that preventive actions need to

be based on solid research into risks or causal factors. Only by identifying the risk factors, can prevention efforts be directed towards reducing them. For example, research points to a number of underlying causes – poor housing or social isolation – as associated with risk. These root causes need to be addressed if progress is to be achieved, and a community development approach is often used towards this objective. When the causes are thought to be economic injustice and the gap between rich and poor, advocacy and demands for social change may be the only logical option. However, before undertaking action, individuals and agencies must be mindful of the sheer complexity involved in making fundamental changes, as well as the demands.

Healthy Communities and Healthy Self Perceptions

Level 7 emphasizes the importance of community wide responses in responding to risk factors that impact children and families. Encouraging members of a community to work together in addressing a common concern or root cause can have important implications for building self confidence and responding to challenges in a way that individuals did not ever think was possible. Once one small hurdle is overcome, then other challenges no longer seem so daunting. Working to create health environments within a family, school, or peer group can build healthy self-perceptions that are the beginnings of effective change.

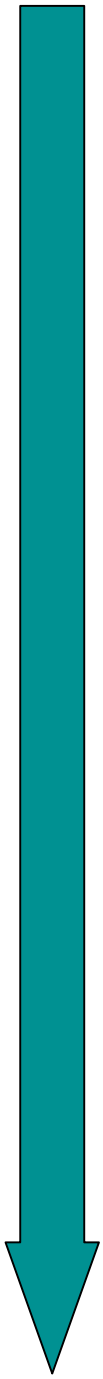
Resiliency and Assets

An important shift in thinking about prevention is illustrated in levels 8 and 9, where the focus moves more emphatically from the negative (risks) to the positive (resiliency, assets or strengths). Resiliency has been defined as the capacity of individuals, families or communities to cope successfully in the face of significant adversity (Mangham, 2001). Asset building likewise adopts a positive approach by starting with what individuals, families or communities already have (their assets) and working to strengthen those protective factors that can make a difference in responding to crises or risks. The protective factors in both resiliency and asset building considered most important are optimism, self confidence, problem-solving skills, mentoring by adults outside of the family, autonomy, and caring and support from siblings and other caregivers.

Factors that contribute to family resiliency are strong family traditions and the transmission of values; relative stability; cohesiveness; shared responsibilities; and clear, reasonable rules and expectations. Within communities, the contributing factors include clear and positive social norms, clear and fair rules, inter-generational communication and involvement, competent adult role models, and strong external support systems for individuals and families.

In his research into resiliency, Mangham (2001) suggests that of all these attributes the most important are opportunity, ties and support, which he describes as “opportunities to experience success, ties that mean belonging and acceptance and emotional and social support from family members of other significant people in the community.” These reinforce Pransky’s work on the basis of prevention as healthy self perception: the capability of appreciating self-worth and competence, feeling that one is an important contributing part of something greater than oneself, and believing that one has some power and control over what happens in one’s life (Pransky, 2001).

Table 1 – Levels of Prevention

Levels	Program Approach	Program activity
	1. Recognizes a problem exists but provides generalized solutions	Provide information pamphlet
	2. Provides services only after the problem has materialized and become quite serious	Group counselling session for drug addicts
	3. Acknowledges the importance of intervening at the earliest possible time to stop the problem from escalating	Workshop on school bullying
	4. Proposes a strategy to reduce the incidence of a problem without any evidence of its effectiveness	Developing a youth centre
	5. Identifies risk factors in the environment and works to reduce their impact	Matching child with mentor
	6. Determines the root causes behind the risks and proposes to change the related social conditions	Employment training for people with barriers
	7. Applies broad community interventions rather than focusing on a group of individuals	Community-run collective kitchen
	8. Focuses on building strengths and assets	Program to strengthen parent-family connected-ness
	9. Appreciates that resiliency and healthy self-perception are fundamental to achieving the changes required	Leadership and decision-making training
	10. Recognizes that positive well-being is achieved through an innate sense of self-efficacy and optimism	School program based on concepts of learned optimism

A related theme, pursued in a recent study concerning prevention and youth, suggests that while preventing problems from occurring is admirable it is limiting, if by doing so, people are defined on the basis of their problems and not their potentials (Pittman and Irby, 2001). According to these researchers, being "problem free" is insufficient without a commitment to effective growth and development for all young people. Being "fully prepared" is also inadequate, if there are limited opportunities for real engagement for young people in their own development, in the operation of organizations, or in the activities and decision-making within their communities.

Prevention from 'Inside-out'

Level 10 is still emerging as a possible contribution to an understanding of prevention. John McKnight's work (1997) promotes an "inside-out", preventive, community development approach that begins by connecting people to their own internal resources and to those available within the community. Pransky (2003) proposes a further "inside-out" approach to prevention, suggesting that if a person's thinking does not change, their feelings and behaviour will remain unchanged. He postulates that there must be an additional mediating influence at work, one that strengthens a person's resiliency and self-perception towards a positive outcome. What is that influence? He identifies it as thought, consciousness and the innate sense of self-efficacy and optimism that is inherent in all people. To Pransky, people are not simply subjected to the ravages of their environment. Instead as thinkers they shape their experiences of it and what they can become in the future.

Available to Grades 3-5 students in Arizona, *Positive Paths to Personal Power*, is an example of a program based on the concept of learned optimism. The program fosters resiliency by teaching students how to be optimistic and hopeful. It encourages social competence and autonomy and directly addresses problem-solving skills. The end results have been a decrease in depression, suicidal behaviour, hopelessness, substance abuse and behavior problems (www: empact-spc.com/training.html).

The prevailing "outside-in" model of prevention suggests that within an environment filled with risks, efforts can be made to reduce their impact by building resiliency with people, so as to encourage healthy self-perceptions and give them the internal health and strengths they need. Pransky (2003) suggests that the "inside-out" approach reverses the direction. Unveiling the innate health and inner strength automatically creates healthy self-perceptions, which in turn provides the resilience required to maintain healthy relationships. He does not, however, suggest forgoing prevention from the outside-in, but that appreciating the source of change will bring an important dimension to understanding the meaning of prevention.

Evidence of Effectiveness

Over the past decade, there has been growing interest in finding clear evidence of the effectiveness of prevention. As well as meeting the increasing demands of funders for accountability and reliable outcome measures, findings based on sound research could reveal ways of strengthening prevention programs. Knowing the characteristics of effective prevention programs may offer funders a template by which to more accurately assess the likelihood of programs achieving the changes proposed.

In the early 1980s, the American Psychological Association established a taskforce to investigate research based prevention programs. Three hundred such programs were examined in detail, but only 14 were identified as offering evidence of effectiveness. Fortunately the amount of prevention research conducted since the taskforce reported has grown considerably. As well, the definition of prevention has expanded from an earlier focus on preventing problems to a broader commitment of strengthening competencies, connections and contributions. A new taskforce recently established by the APA was asked to systematically review prevention research from the past decade. The taskforce examined 35 journal articles, books or book chapters that reviewed the efficacy of prevention programs in four content areas: substance abuse, risky sexual behaviours, school failure, juvenile delinquency and violence. A total of 252 characteristics were initially identified and then coded independently by the researchers. There was agreement that just nine characteristics were generalizable. These were (Nation et al, 2003):

Comprehensive
The program needs to be comprehensive, involving multiple approaches in a number of different settings, such as with peers, within schools, within the family and within the community.

Varied learning approaches
Effective prevention programs involve interactive learning opportunities that provide information as well as hands-on experience and useful skills.

Program intensity
The programs provide sufficient interventions to bring about the desired effects as well as opportunities for ‘booster’ follow-ups.

Theoretical underpinnings
The program has a sound theoretical justification, it is based on accurate information and it is supported by research findings.

Positive relationships
The program provides opportunities for the development of strong, positive relationships with adults, including parents or with peers.

Appropriately timed
The interventions of the program are initiated early enough to maximize their impact and as well they are sensitive to the developmental needs of the participants.

Socioculturally relevant
The program is effectively tailored to the needs and the cultural norms of the participants and where it is possible the participants are included in the design and implementation of the program

Well-trained staff
Staff delivering the program is competent, sensitive, well trained, supported and supervised.

Outcome evaluations
The program has clear goals and objectives and makes a sound effort to systematically document its results.

A further review of programs for younger children and their families conducted by The Birth to Five Project identified rather similar characteristics for effective preventive programs. This list also highlighted the importance of providing services of sufficient intensity and comprehensiveness to be effective. It included the need for flexibility and individualized programming that would best meet the learning styles of children and family members. Another similar characteristic was the importance of enhancing supportive relationships while building on the strengths of families and supporting them as the primary nurturers and educators. The list included culturally responsive, community-based and accessible as three further characteristics of effective preventive programs (www.ounceofprevention.org).

In his book, *Prevention: The Critical Need*, Pransky (2001) cautions that even if it is possible to identify the characteristics of effective programs, it is often difficult to replicate success in a different setting or another community. Nevertheless, he does list a number of characteristics. To be effective, programs must use multiple strategies at many different levels affecting a number of systems, such as families, schools, peers, work and community. The prevention efforts should affect all people at all developmental levels and across the life span. The earlier a sound prevention foundation can be established the better. Prevention programs must be of sufficient quality and quantity to be effective, because there is a clear cumulative effect and one-shot programs are rarely useful. Prevention programs should always be guided by sound research and evaluation. The program content must be culturally sensitive and relevant, address different modes and styles of learning and be developmentally appropriate. Effective prevention programs should, as much as possible, emerge from a community development process that enables those in the community to come together to develop the necessary plans and carry them out. Finally, the most important ingredient for success for all prevention programs is the opportunity to build healthy self-perceptions.

Table 2 – Assessing Effectiveness in Prevention

Characteristic	Examples of Questions about the Program	Evidence	Red Flag
Comprehensive and Intense	• Does it offer multiple interventions (information, workshop, etc.)? • Does it address multiple prevention settings (school, home, community)? • Is it long enough to reflect depth of issue (number/ frequency of contacts, length of session, scheduling)? • Are there follow-up or booster sessions?	Description of program and components Surveys/reports from participants	Program is not linked in any consistent way to other activities or initiatives The program is of short duration
Varied Learning Approaches	• Are active and interactive opportunities provided? • Is there a focus on skill development? • Are different learning styles accommodated? • Are the materials/approaches suited to the needs of the audience in terms of age, ability, maturity or depth of issue?	Description of program and components Description of target audience Rationale for approach Training materials	There is just one learning approach used
Theoretical Underpinning	• Is it based on sound research and accurate information?	Rationale for approach Citation of research/best practice	No awareness of related research findings or best practices
Positive Relationships	• Are there opportunities to develop strong, positive relationships, e.g., with mentors, peers, parents and family members?	Description of program processes	Relationship development is not a feature of program
Appropriately Timed	• Do the interventions take place when they are expected to have maximum impact? • Do they coincide with the developmental stage of participants?	Rationale for approach Training materials	No appreciation of developmental phases
Socially and Culturally Relevant	• Is the language and approach culturally appropriate? • Does the program address individual needs? • Is it accessible to the target audience? • Is the target audience involved in the program design?	References to cultural sensitivity Make-up of board, staff Description of site, location, timing Surveys/reports from participants	No recent survey of participant observations and comments on the program No commitment to cultural sensitivity
Well-trained Staff	• Are staff competent, sensitive and trained to program requirements? • Are support and supervisory mechanisms in place?	References to staff qualifications and training Description of program	Staff development opportunities not available
Evaluation	• Is there a clear link between goals/objectives and activities? • Is there a follow-up with participants? • Does the data collected by the agency demonstrate effectiveness?	Description of goals, objectives Rationale for approach References to evaluation and quality assurance	Program has never been evaluated

Applying Research to Practice

How can CSAB benefit from this research? One way is to incorporate it into the funding allocation process, for example by asking agencies to provide information on prevention programs and activities. Currently, to assess funding eligibility, CSAB requires agencies to submit information relating to the organization's financial stability, history and longevity, management, operations and so on. The application form could be revised to focus on prevention. A new list of questions could be added, to serve as a kind of "prevention lens" through which CSAB could examine the agency's rationale, plans and objectives for a prevention program.

Building on the prevention lens concept, Table 2, Assessing Effectiveness In Prevention, takes eight of the characteristics most frequently mentioned in the research cited earlier and presents them as a template. It shows potential questions to be asked of agencies, evidence that could be gathered to support the answers, and possible "red flags" – all of which would assist CSAB in making funding allocation decisions.

Here is how the process could work. Agencies complete the application form and provide the required information about their programs. Working in pairs or small groups, CSAB members review the forms to determine whether sufficient information has been provided to answer the questions. If not, they draw up a more specific list of questions and request the agency to provide the answers in writing or an interview.

Ideally, an application rating system and independent peer review process would be developed. This would allow CSAB members to work in pairs, assess an application and then compare the assessment with another pair and rationalize any differences. Eventually, it may be possible to computerize the rating process.

Benefits to Agencies

It would be necessary to involve agencies, and possibly other funders, in drawing up the list of questions and designing the new application form. Developing the criteria collaboratively this way would keep it "grounded" and ensure that all needs were met. Tying the questions to prevention would ensure they were meaningful, purposeful and focused. There are additional benefits to this process. With multiple input, there is more likely to be consistency and a fit between the questions, and a lower likelihood of duplication. The application form will be practical and easy to use if it incorporates the needs of both CSAB and agencies. Agencies will see the process as transparent. Finally, working together this way will also help to identify any issues or needs for additional information.

Need for Technical Support

Since the concepts and approaches proposed in this paper are new, agencies cannot be expected to know how to implement them. In addition, they may need to find stronger or more recent evidence to support existing programs. They may find that, given the newness of the approach and the complexity of prevention, traditional ways of defining outcomes or evaluation measures do not apply. Consequently, agencies are expected to need technical support – for example, in the form of guidance to develop programs or expertise to determine the validity of research or design an evaluation framework. Or they may simply need more information.

Research into prevention outcomes and evaluation is ongoing. However, stakeholders need a local forum to explore ideas and discuss emerging best practices. They need somewhere to go for help and information. An effective way to meet these needs is through a centre for research into prevention. The Community University Partnership for the Study of Children and Families receives funding for research and evaluation. It may be interested in adding the domain of prevention, providing funding becomes available. Historically, funders have not contributed to research or innovations in prevention as proposed in this paper. However, they did respond when collaboration became popular. As a result, local agencies have built a considerable knowledge base on collaboration as well as having honed their experience. A similar view will be required of funders if prevention programs are to be effective in strengthening the social well-being of Edmonton's children and families.

Conclusions

The concept of prevention is a complicated one, particularly where it applies to social issues; however, increasingly, the medical model does not appear to meet the needs of social programs, and researchers and policy developers are looking for alternatives. While prevention in the FCSS context can refer to the attempt to stop something from happening or escalating, thereby being aligned with the medical model, what is needed in addition is to incorporate the value of taking positive, constructive action – on an individual, family or community level. Language consistent with the philosophy of community development can contribute to a new understanding of prevention by adding concepts related to asset building, strengthening interpersonal relationships, and increasing optimism, self-confidence and self-worth. Indeed, prevention is more likely to be successful where programs acknowledge the need to meaningfully engage participants in a timely manner and respond to the individual's emerging awareness of optimism and the fact that he or she has the capability to bring about change.

Questions for Discussion

1. What should our definition of prevention be, given the nature of our funding?

2. How will the characteristics provided in Table 2 lend themselves to making good decisions on funding allocations?

3. How could we promote a centre of excellence in prevention and who might be willing to get involved to take the debate province-wide?

4. What is the next level of discussion and who should be invited to the table?

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THE FCSS STORY

One of the highlights of our 2013 annual conference was the presentation of the FCSS Story, a project the FCSSAA Board and others have been working on, under the watchful eyes of Todd Babiak and Shawn Ohler, the Story Engine team.

Todd was the closing keynote at our 2012 conference, where he challenged us to create a compelling and simple story that makes FCSS recognizable and understood by all audiences; several delegates suggested that we hire Todd to develop key messages to "tell the FCSS Story". And so we did!

We're very good at telling what we do in FCSS, but not as good at telling why. What is the FCSS story? Why do we want to invite Albertans to know what FCSS is and does? How can we articulate "why FCSS?" when it's often difficult to prove the importance, value and relevancy of preventive social services?

The FCSS Story was created through interviews with 30 people from across the province (FCSS program directors with a range of experience, local FCSS advisory board members, former and current MLAs, municipal councillors and FCSS champions - all based on geographic and rural-urban representation).

The first Story was then crafted by Shawn and Todd and reviewed at a workshop in September with 25 people, including some interviewees. The FCSS Story is a foundation of key messages that can be used in scripts, letters, videos, presentations, etc., with any audience. Local stories should be inserted, to highlight key messages. For example, it's an excellent support to describe social return on investment we speak of when advocating for an increase to the provincial FCSS grant allocation. And paragraphs from the FCSS Story are found in the 2013 FCSS Storybook to add to the 'what we do' of outcome measures.

In 2014 and 2015, the Board are working with Shawn and Todd to develop a story telling guide, along with suggested tools and methods to use the Story. The resource kit will be shared with all FCSS programs.

THE FCSS STORY

A community is a village, a town, a city, a neighbourhood. A community is also more powerful than geography: it's people who are connected to one another.

In Alberta, we value community. But what is it worth?

It's easy to guess what our emergency rooms are worth, or our drug treatment programs, our prisons: many billions of dollars. And it's easy to care about stories of overcrowded hospitals, crime and modern illness because they're intense and dramatic. Our leaders respond to crises every day.

Nearly 50 years ago, a group of courageous Albertans sought a better way, more economical and more human. If we could build a provincial system that relied on local knowledge and leadership, the quirks and strengths of local cultures, maybe we could do what no other jurisdiction had tried: inspire our neighbours, families and colleagues to prevent crises, community by community.

That system, known today as Family and Community Support Services, is one of Alberta's most important inventions. Our province's mythologies are often about individuals. But our truest and finest stories are about individuals coming together.

We don't hear about preventing disease, preventing drug and alcohol abuse, preventing crime, preventing loneliness and isolation, because when it works - and in Alberta it works like nowhere else - it's the opposite of intense and dramatic. Avoiding a crisis isn't news.

But it is enormously worthy. It is worth even more investment, because our unique partnership between the provincial government, municipalities, service organizations and volunteers creates prosperity by preventing pain and problems.

If we don't see it on the news, we do see it in new mom groups in Jasper, in youth programs in Calgary, in seniors brain fit classes in Edmonton, in ice cream socials in Fort Macleod.

A crucial and powerful thing happens when you tell people in your town, in your city, that they matter.

They believe you.

This is how Alberta builds communities - real communities, not streets of houses to which people retreat after a day's work, as they age, as they struggle silently to raise children and make ends meet. People helping people - community - is one of Alberta's most valuable assets.

Alberta's FCSS builds this province by transforming government money - provincial and municipal - into social profit. Many municipalities pay more money into FCSS than any agreement requires because they see the power in putting decisions about social well-being in the hands of local leaders and organizers, where they belong.

It is often quiet work. We're often unseen. It is not easy. But without social prosperity, economic prosperity is temporary, at best.

The Alberta narrative is often about how we shine when crisis hits. The Edmonton tornado, the Slave Lake fire, the southern Alberta floods. FCSS is about crisis, too. We're just at a different point on the timeline. We avert them. The disasters we encounter are smaller and more personal but no less relevant.

FCSS creates connections through the programs and information we provide. We connect isolated seniors to cheerful volunteers bearing hot meals. We connect post-partum moms to another sort of family. We connect desperate people to agencies with expertise, suicidal teens to counsellors, abused partners to programs that give them confidence to leave a relationship and rebuild.

Even more importantly, we're a spark in every community, encouraging people and partners to come together to figure out their needs. When one person feels safe and healthy, they contribute to a stronger family. When families are strong, they're a bigger part of their community. And when communities are healthy, they're motivated to give - of their time, of their compassion - to support individuals.

Think about a pre-school program. It shouldn't just be about space, nap time and sing alongs. When done right, when done the FCSS way, it's the best early childhood education in the world - the best investment we can possibly make. It makes a difference for low-income families, who have more money to spend on fresh food and kids' sports. It inspires neighbours and agency partners to be thoughtful about local needs as they help shape the program together.

Every child who isn't stimulated as a toddler, who doesn't feel safe in grade school, who discovers drugs and alcohol in high school, who battles suicidal thoughts after dropping out, costs Albertans more - economically, socially, culturally.

It is hard to link outcomes and metrics and specific cost-savings to a single child. But we can measure the impact in other ways.

When Albertans are connected to one another - a new immigrant family to the people next door, teens to mentors, seniors to children, volunteers to volunteers, the hungry to those with the means to share, when kids have places to play, to love and to learn - this is impact. It's different in every village, town, city and neighbourhood in Alberta but we're united by a single goal. This is the business of FCSS.

We like to think of ourselves as builders. We build Albertans.

FCSS FUNDING HISTORY AND MODEL

1996-97

- The FCSS funding model was revisited by a working group (the Design Team), which included ministry, FCSSAA, AUMA and AAMDC representatives.

1998

- The new Funding Allocation Model was introduced; the new formula included a weighting factor for median income of municipalities, rather than just population size; this allowed municipalities with lower median incomes to potentially receive more FCSS funding per capita than municipalities with higher median incomes; it's based on the premise that people with higher incomes can usually access more services than people with low incomes; therefore, people with lower incomes may require more FCSS preventive services and supports.

- Under the old per capita funding formula, if a municipality's population decreased, so did it's FCSS funding; the new formula guaranteed that no municipality would lose funding if it's population decreased (grandfathering).

- It was noted in the 1997 review that, to be fully effective, the new model had to be funded at $100 million by government.

- The new model was to be reviewed after 3 years to assess its effectiveness in fair distribution of FCSS funding.

2000

- The funding model was reviewed; it was still felt to be the fairest, most equitable model, given the various sizes and unique needs of municipalities and Métis settlements, but needed to be funded at $100 million and should build in annual increases for inflation.

2003

- The funding model was reviewed; again, it was still felt to be the fairest, most equitable model, but need to be funded at $100 million and build in annual increases for inflation.

2005-06

- The FCSS Program was reviewed by Minister Forsyth; a recommendation to increase FCSS funding was one of 16 recommendations made.

2007-08

- Funding for Small Rural FCSS Programs: In response to recommendation 11 of the 2005-06 Program Review, a working group of FCSS directors from small rural programs was brought together to address the funding issue. Because of the grandfathering factor in the funding model, FCSS municipalities that don't experience a population increase, don't get a funding increase when the provincial FCSS budget increases, even though the cost of doing business increases.

- Between April 2002 and April 2007, there was a cumulative 16% increase to the provincial FCSS grant allocation. However, many small remote FCSS programs did not receive any increase because their population didn't increase.

- In February 2008, many municipalities and Métis settlements received a one-time supplemental funding to bring them to a 16% increase in funding. It was determined that $1.2 million was required for the supplement and the ministry set aside that amount. The supplemental funding was a one-time injection of funds, added to base funding for these programs.

- In April 2008, an adjustment was made to the way FCSS funding is allocated, when there is a provincial increase. Municipalities and Métis settlements receive either a 2% increase (thereby eliminating the need for grandfathering) or an amount based on the funding allocation formula (i.e. population/median income), whichever is higher.

Municipal 20% Contribution and Over Contributions to FCSS

319 municipalities and Métis settlements participate in the provincial FCSS Program. 37 municipalities have joined together to create multi-municipal 'regional' FCSS programs, bringing the total local FCSS programs to 207.

Over half of the 207 FCSS programs receive more than the required 20% from their respective municipalities. Below is the most current information regarding investment in FCSS.

Year	Provincial Funding (80%)	Municipal Funding (20%)	Municipal Over Contribution	Total Municipal Contribution	Total FCSS Funding	Municipal Funding as % of Total FCSS Funding	Number of Programs Over Contributing
2008	$70.0	$17.4	$11.3	$28.7	$98.7	29.0%	95 of 205
2009	$74.4	$18.5	$11.0	$29.5	$103.9	28.4%	116 of 206
2010	$74.8	$18.6	$14.6	$33.2	$108.0	30.7%	120 of 204
2011	$74.7	$18.6	$14.4	$33.0	$107.7	30.6%	141 of 206
2012	$74.8	$18.7	$19.7	$38.4	$113.2	33.9%	138 of 207
2013	$74.8	$19.1	$18.5	$37.6	$112.4	33.5%	126 of 207

The amount of over contributions by municipalities ranges from .5% (a total of 20.5%) to 45% (a total of 65%) and municipalities of all sizes over contribute.

Provincial FCSS Funding
In 2002, the provincial FCSS grant was increased by $15 million, giving some recognition to the need for $100 million to fully fund the model.

Since the 1997-98 fiscal year the annual provincial FCSS grant has been:

1997-98	31.1 million	
1998-99	36.1 million	
1999-00	36.6 million	
2000-01	37.6 million	
2001-02	42.3 million	
2002-03	57.3 million	
2003-04	58.6 million	
2004-05	61.1 million	
2005-06	62.5 million	
2006-07	64.5 million	
2007-08	67.5 million	(includes $1.2 million for one-time supplemental funding to small rural programs)
2008-09	72.0 million	
2009-10	74.8 million	(transfer of unspent Community Partnership Enhancement Fund, CPEF, funds to FCSS when CPEF ended at March 31, 2009)
2010-11	74.8 million	
2011-12	74.8 million	
2012-13	74.8 million	
2013-14	74.8 million	
2014-15	74.8 million	
2015-17	no increase projected; flat lined at 74.8 million	
2016-17	99.8 million	