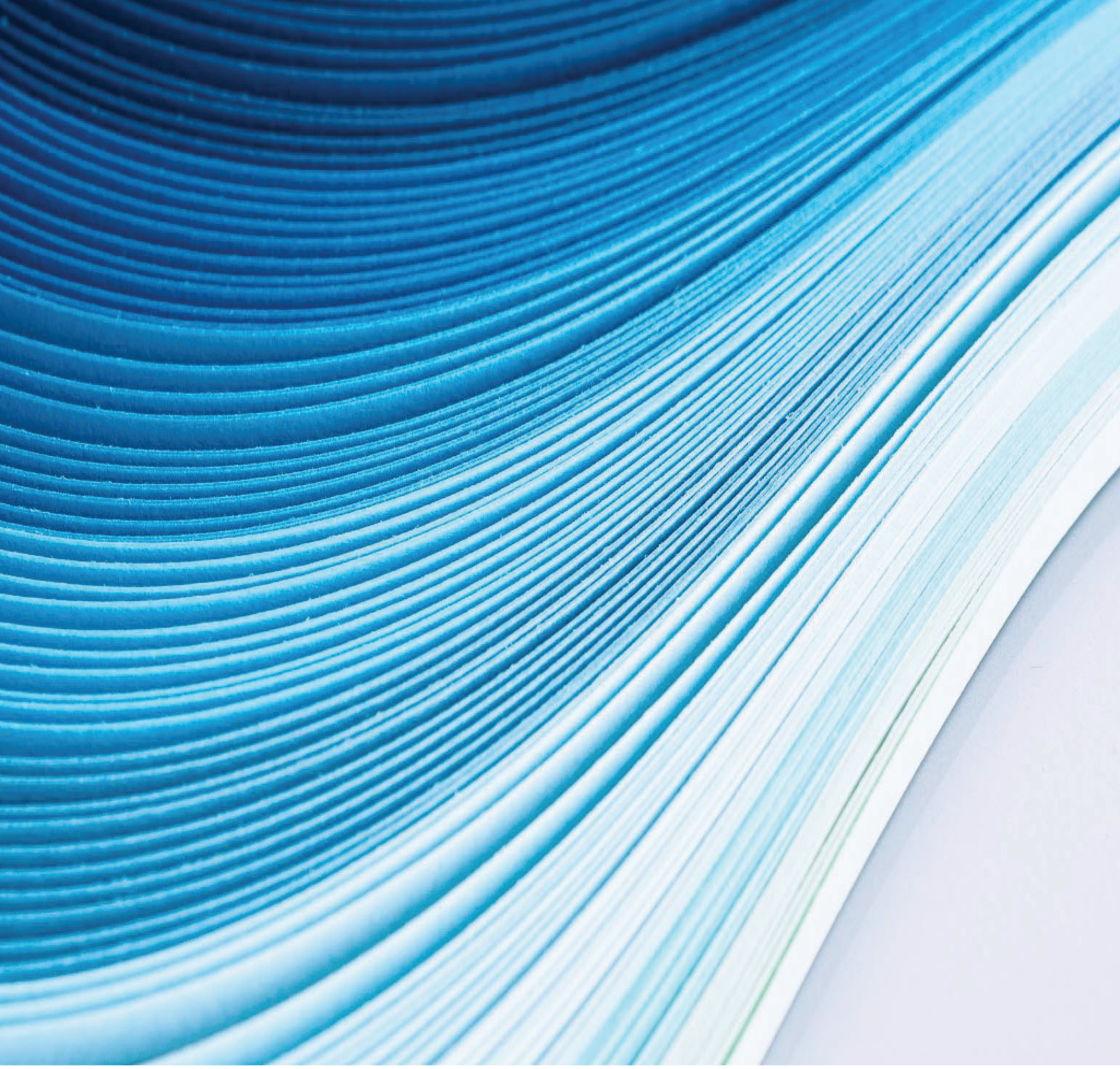

Edmonton FCSS

STRATEGIC ALIGNMENT AND FUNDING MODEL

2020

EXECUTIVE SUMMARY

FCSS
Family & Community
Support Services

Edmonton

Executive Summary

The Edmonton FCSS Strategic Alignment process has been undertaken to achieve two primary objectives:

1. Create a context for Edmonton FCSS to achieve its mandate within the City of Edmonton Social Development Branch strategic priorities, and
2. Develop a funding model that unifies and updates definitions, principles, priorities, and criteria for the allocation of resources that help to achieve the strategic priorities.

Amidst the outbreak of COVID-19, several in-person consultations were achieved before alternate engagement strategies were needed to complete the project. Engagement with the FCSS Team, Extended Leadership Team (ELT), the Community Services Advisory Board (CSAB), the FCSS Committee, community agencies and key informants from allied funding bodies and the Province of Alberta helped to ensure that multiple perspectives were incorporated to provide a rich breadth of insights and interests. This has led to the development of a framework; however, it represents a point in time - a living document that provides an important foundation upon which future revisions and changes can be built. The function of community development and grant administration should never be perceived as a static process.

The information contained in this report is intended to unify the approach taken by Edmonton FCSS toward a common understanding of purpose and achievement. Much of the content reflects past practice, beliefs and values that have existed in the community and consistently positioned Edmonton FCSS to serve citizens with important preventive social services. The process of focused engagement affords the opportunity to step back, assess the current situation, identify trends and opportunities for improvement and recommend models for change to enhance clarity and reinforce intentionality.

The foundation of the Edmonton FCSS Strategic Alignment and Funding Model are the definitions of prevention and early prevention:

> **Prevention** is the active pursuit of individual, family and community protective factors that lead to the well-being of self and others.
>
> **Early prevention** occurs when these protective factors address or modify risk factors before restorative supports are required.

These definitions are critical to the balance of the strategic alignment and funding model as they form the foundation upon which Family and Community Support Services (FCSS) is based. The Province of Alberta FCSS regulation (104/2017) indicates that services provided under an FCSS programs 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*" (Item 2.1(1). p.2). Rationally then, the definition of prevention and early prevention become the cornerstone of the FCSS program.

The strategic alignment and funding model sets out definitions, principles, priorities and criteria to help decision makers determine the highest and best use of resources to achieve the objectives and outcomes for Edmonton FCSS within the context of priorities established by the City of Edmonton

Social Development Branch. This was achieved by examining risk and protective factors common to the different priority areas. Regardless of the priority area, there are shared experiences, situations and circumstances that create vulnerability among individuals and families, and within communities. The diagram below shows these risk factors that create vulnerability (red arrows). The early prevention focus of FCSS pushes back against those risk factors by enhancing resilience via protective factors (blue

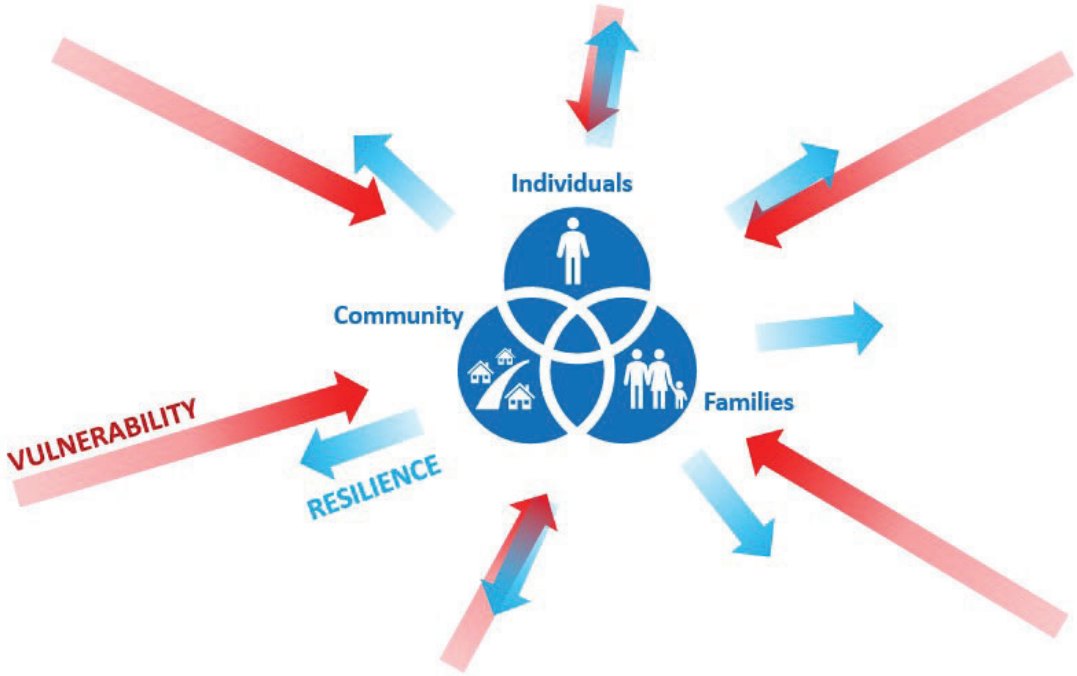

Figure 1 - Vulnerability and Resilience

arrows). FCSS is unique, as its mandate is entirely focused on the blue arrows and the creation of skills, knowledge and capacity for individuals, families, and the community to push back the effects of the risk factors before they become too overwhelming. Our societal tendancy is to invest in organizations, programs and services that are designed to tackle the red arrows and mitigate, repair or restore well-being after the fact.

Investing in early prevention provides the opportunity for individuals, families, and communities to maintain social well-being, sustain themselves, and help to avoid costly and painful recovery and rehabilitation efforts.

The FCSS strategic alignment and funding model lays the foundation to contemplate the significance of FCSS within the context of other City and community priorities, identify mechanisms to connect seemingly distinct efforts, and help to make investment decisions that support coordination and collaboration. For most programs and services currently funded by FCSS, this model will provide clarity of purpose, signal the opportunity to strengthen existing supports, and provide important insights to help ensure an ongoing funding relationship. The challenge is determining the difference between prevention and intervention – helping people acknowledge risk factors early and seek support before

situations require help to change the trajectory of destructive behaviours. This model helps to create the foundation for those investment decisions.

We have gained several insights that are important to remember moving forward:

1. **We understand common risk and protective factors across priorities.** Regardless of the circumstances faced by people at risk, there are shared experiences that can be prevented. For example, lack of social connection, a sense of belonging, and adverse childhood experiences contributes significantly to experiences later in life for those experiencing homelessness, relationship violence, depression, and addictions. Establishing protective factors like strong parenting practices, positive family and community networks, creation of welcoming and inclusive neighbourhoods and institutions, and support to enhance effective communication skills will contribute to the reduced need for costly intervention and treatment strategies in the future.

2. **We know how to measure prevention.** The FCSS movement in Alberta has been focused on learning and perfecting outcome measurement and there is research to support the direct connection between indicators of enhanced knowledge, skills, and awareness to outcomes of increased abilities to resist crisis, improve relationships and assume responsibility. Measurement and monitoring must be a collective effort. When community agencies, funders, planners, and leaders decide to measure outcomes in a unified and collective manner, the information can generate strategic decisions that will shift the focus and need from crisis to wellness. Measurement and evaluation create the basis for investment strategies.

3. **Prevention isn't just an FCSS thing.** Prevention is a philosophy that must permeate all areas of programming, policy, and practice. Considerable resources are dedicated to helping people in need, enforcing rules and regulations, and providing costly treatments to support recovery. As a society we tend to dismiss the value that strong personal relationships, a sense of community, connection to culture and spirituality, and trust among people can play to help prevent the more critical needs we are trying to fix. While FCSS has a prevention mandate, it cannot move the needle alone. A unified approach across the sector to focus on risk and protective factors will help to create a supportive environment within which individuals, families, and communities can thrive.

4. **Prevention is a tough sell.** As the needs of community members grow in complexity and severity, there is a strong desire to dedicate resources to help ease the pain and suffering felt by individuals, families, and the community. There is pressure to push the boundaries of prevention toward intervention and treatment, which leaves a gap and the possibility of avoiding vulnerable circumstances in the first place.

The Edmonton FCSS Strategic Alignment and Funding Model helps to strengthen a framework for prevention. The deliberate use of risk and protective factors bridge the human elements and experiences that place Edmontonians in vulnerable situations leading to poverty, racism,

discrimination, family violence and homelessness. There are common threads within these human experiences that can be addressed through collective action. As a player in prevention, Edmonton FCSS has refined its funding model to be more deliberate. By publishing the funding model, it becomes part of the public domain and invites a collective response.

FCSS
Family & Community Support Services

Edmonton

Enhancing Social Wellbeing through Cumulative Risks and Multiple Protective Factors

A Research Brief

Table of Contents

Introduction

The *Family and Community Support Services Act* that created Family and Community Support Services (FCSS) calls for the delivery of FCSS programing to 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. However, there is no definition of what constitutes prevention and the corollary framework of reference for investment decisions and funding practices. The situation is even more compounded by the fact that municipalities also have targeted priorities that may or may not be preventative in nature. Even if they are, the FCSS regulation prohibits these municipalities from duplicating services that are ordinarily provided by a government or government agency.

As a result, municipalities must be able to balance the legal and regulatory framework of FCSS and their own local priorities. The goal of this *Research Brief* is to operationalize the FCSS prevention mandate and find a fit between it and the City of Edmonton's Strategic Priorities. This requires a consistent and shared definition of prevention, cumulative risks and multiple protective factors with evidence-based strategies that address these priorities at the various levels of social ecology: individual, family, community/neigbourhood and the society.

Defining Prevention and Social Wellbeing

The logic of prevention requires that "we define clearly what is to be prevented, specify the intervention(s), and establish a causal (or at least correlational) connection between intervention and avoidance of the undesirable phenomenon" (Shinn *et al.,* 2001, p. 97). It is also essential to define the level of prevention. For example, whether it is: primary, secondary, and tertiary to determine which strategies will be more effective at what stage (Daniels-Witt *et al.,* 2017).

Public health has provided the most robust conceptualizations of prevention, specifying that the overarching goal of prevention is to minimize harm to individuals or communities through lowering the risk and outcomes of disease, illness, and injury (Gaetz & Dej, 2017). This is summarized by Murray et al., (2015) in their definition of prevention research and practice:

> *Prevention research encompasses both primary and secondary prevention. It includes research designed to promote health; to prevent onset of disease, disorders, conditions, or injuries; and to detect, and prevent the progression of, asymptomatic disease. Prevention research targets biology, individual behavior, factors in the social and physical environments, and health services, and informs and evaluates health-related policies and regulations. Prevention research includes studies for the identification and assessment of risk and protective factors; screening and identification of individuals and groups at risk; development and evaluation of interventions to reduce risk; translation, implementation, and dissemination of effective preventive interventions into practice; and development of methods to support (Murray et al., 2015, p. 1)*

The definition above does not only stress the importance of prevention as working upstream to increase population health and help people avoid illness or injury in the first place, but also build protective factors that promote health and well-being and reduce risk factors that could lead to particular disease or injury

(Wilkins *et al.,* 2018). Prevention scholars agree that prevention practice and programs should focus on targeted predictors of illness or health, called risk factors and protective factors (Rishel, 2007).

Typology of Prevention

The typology of prevention in the public health model also defines strategies to address each disease or illness. The traditional classification system categorized prevention efforts as primary, secondary, or tertiary, the new classification system uses the terms universal, selective, and indicated. *Primary Prevention* seeks to prevent the onset of specific diseases via risk reduction: by altering behaviours or exposures that can lead to disease, or by enhancing resistance to the effects of exposure to a disease agent such as through vaccines. Generally, primary prevention targets specific causes and risk factors for specific diseases (Tanno *et al*., 2017, p1). *Secondary Prevention* includes procedures that detect and treat pre-clinical pathological changes and thereby control disease progression. Screening procedures are often the first step, leading to early interventions that are more cost-effective than intervening once symptoms appear (Tanno *et al*., 2017, p1). *Tertiary Prevention* focuses on aiding people manage complicated long-term health problems, or to avoid the recurrence of illness and injury. It seeks to "soften the impact caused by the disease on the patient's function, longevity, by preventing further physical deterioration and maximizing quality of life (Institute for Work & Health, 2015, p.1).

Universal prevention programs are targeted at the general public or an entire population group (McCave & Rishel, 2011). *Selective prevention* efforts are aimed at those who are at an elevated risk for a particular problem as compared to the general population. Finally, *indicated prevention* efforts are aimed at high-risk individuals, usually those who already demonstrate signs or symptoms of the targeted problem, but in whom it has not yet fully developed (McCave & Rishel, 2011). The applicability of these typologies does not define any particular approach that will be more effective for preventative social services or the outcomes. However, it creates a limitation that preventative social services should be within the context of primary and secondary prevention. On the spectrum of the newer divisions, selective prevention may be applicable with specific populations due to their levels of vulnerability and risk, such as the Indigenous Peoples with long-standing issues of colonization, oppression, and discrimination.

Preventative in Nature (Social Services)

From the broader health perspective, social well-being has been shown to play a crucial role in physical and psychological health. Several studies have also demonstrated that social wellbeing and individual well-being are two related but different dimensions of well-being (Kong et al., 2019). However, the public health-oriented prevention framework that posits that prevention efforts should take a proactive population-based approach to avoid occurrence of social problems (Millett, 2019), does not sufficiently address the preventative nature of FCSS. The existing model has inherent limitations toward the community context and broader structural issues that lead to health disparities that exacerbate the risk factors and undermine the protective factors. We need to treat community contexts as important units of analysis in their own right, which in turn calls for new measurement strategies as well as theoretical frameworks that do not simply treat the neighborhood as a "trait" of the individual (Sampson, 2003).

Furthermore, Baum & Fisher (2014) stated that increasing rates of chronic conditions have resulted in governments targeting health behaviour such as smoking, eating high-fat diets, or physical inactivity

known to increase risk for these conditions. This has led to the development of disease prevention policies focused excessively and narrowly on behavioural health-promotion strategies. Often these policies have failed to incorporate an understanding of the social determinants of health, which recognizes that health behaviour itself is greatly influenced by peoples' environmental, socioeconomic and cultural settings, and that chronic diseases and health behaviour such as smoking are more prevalent among the socially or economically disadvantaged (Baum & Fisher, 2014). Thus, the public health model is largely deemed to be heavily focused on individualized behavioural change or health promotion approaches that do not adequately take into account community context or broader structural and societal factors that shape people's actions (Baum & Fisher, 2014).

Hence, it is important to examine the applicability of this model to the prevention mandate of FCSS and City of Edmonton's Priorities. McCave & Rishel (2011) asserted that, the social service delivery paradigm, point toward the need for a bio-psycho-social approach to prevention practice that focuses on the interaction between person and environment. This means that even if the central underpinning principle is prevention through reducing cumulative risk factors, and strengthening multiple protective factors, it must simultaneously address the issue within a community context as well as at the structural and systemic level to be effective (Sutton, 2016).This can be done through societal ecological model that differentiates cumulative risk and multiple protective factors at each level through an all-encompassing framework: individual, family, community and society levels (Sutton, 2016).

For example, as a child grows and matures, at the individual level, the child's individual characteristics or features which they bring into the world with them, as well as their experiences as they grow, are an important consideration for their social wellbeing (Sutton, 2016). Secondly, the family situation - the parents and their circumstances that may affect the child directly: health, mental health, and relationships. Thirdly, community-based and socioeconomic variables which impinge on families: housing, income, levels of supportive contact with others, and community resources have direct impact on the child's social wellbeing (Sutton, 2016). Therefore it is more important to examine the contribution of different risk and protective factors in children's lives, rather than narrowly focusing on the individual risk as pertains to public health (Sutton, 2016).

Conceptualization of Enhancement of Social Wellbeing

The FCSS Regulation states that FCSS programs must be of a preventive nature that enhances the social wellbeing of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and b) 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 to develop interpersonal and group skills which enhance constructive relationships among people;
- help people and communities to assume responsibility for decisions and actions which affect them;
- provide supports that help sustain people as active participants in the community (Government of Alberta, 1994, p.2).

The applicability and relevancy of the prevention paradigm to Family and Community Support Services program relies on two major phrases within the *FCSS Act* and associated *Regulation* that created the program: *"preventive in nature"* and "*enhances the social wellbeing*" (Government of Alberta, 1994, p.2). Given the concept of prevention has already been explored, the focus here on will be on enhancing social wellbeing.

Social Wellbeing

Social wellbeing, as the linchpin of FCSS has roots in the definition of the broader health definition espoused by the World Health Organization several decades ago. "Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1946). Social wellbeing can be defined as an individual's appraisal of their social relationships, how others react to them, and how they interact with social institutions and community (Keyes, 1998, p.1). On the other hand, more recent work has operationalized social wellbeing in terms of behaviors that reflect the community and organizational participation and membership (Putnam, 2000).

Waite (2018) observed that social well-being includes adequate and well-functioning social relationships, adequate social support, little or no social strain, some social participation, social inclusion in one's society, strong and well-functioning social networks, and, perhaps, sexuality as one desires (Waite, 2018). Kostina et al. (2020) stressed that social well-being is a multifactor construct, which itself is the result of a synthesis of causes and effects, a joining of objective and subjective factors; we are dealing with a systemic phenomenon, the categorization of which is distinguished by various facets and components which determine a person's social well-being. As a result, Joshanloo, Sirgy & Park (2018) noted that constructs of social wellbeing involve five dimensions: social integration, social contribution, social coherence, social actualization, and social acceptance.

1. Social acceptance (i.e., positive attitude toward people in general, understanding and accepting people's humanity and complexity),
2. Social actualization (i.e., positive attitude toward society and societal progress and development, belief that the growth of society is based on cooperation and collective efforts of people),
3. Social contribution (the collective recognizes i.e., belief that one's life contributes to society and such contribution),
4. Social coherence (i.e., belief that society and its various institutions are meaningful and well intentioned to foster well-being for the collective), and
5. Social integration (i.e., a sense of belonging to a community and feelings of support and comfort from group identification) (Joshanloo, Sirgy & Park, 2018).

However, the state of social wellbeing is not static, it is as much about a process as it is a status, about becoming as much as being. Based on a risk and protective factors framework, it is more about understanding of factors that influence the vulnerability and resilience of people and their communities in the face of complex challenges to their social wellbeing. It comes with the assumption of a continuous process of improving the quality and effectiveness of preventative strategies by identifying cumulative risks and protecting factors based on evidence-based approaches as the basis for enhancing social wellbeing.

The context and setting for social wellbeing also shape the definition as well as the dimensions. For example, in a school setting a "students' social wellbeing may be defined as the extent to which they feel a sense of belonging and social inclusion in their academic environment" (Kern et al., 2015, p.1). The dimensions may involve: cooperation, solidarity, cohesion, coexistence, attitudes towards school, attitudes towards diversity and achievement (Kern et al., 2015). It also includes perceptions on safety, loneliness and bullying and sense of belonging in the school setting (Laursen et al., 2019).

Operationalization of Social Wellbeing

Research within social sciences has operationalized social well-being in terms of behaviours that reflect the community and organizational participation, community or group membership, or social capital and social cohesion (Putnam, 2000). For example, well-being can be characterized by objective measures, also referred to as measures related to "standard of living," and by subjective measures, based on cognitive and affective judgements a person makes about their life (Stiglitz et al., 2010). What is critical is the identification of a set of indicators that measure these dimensions of social wellbeing and the collection of data that speak to both indicators - objective well-being, including measures of educational attainment, safety, income, life expectancy as well as subjective well-being measures, notably life satisfaction and happiness (VanderWeele et al., 2020).

For example, on poverty, "*Opportunity for All*" Canada's poverty reduction strategy introduces a dashboard of 12 indicators to track progress on deep income poverty as well as the aspects of poverty other than income, including indicators of material deprivation, lack of opportunity and resilience (Government of Canada, 2018). It is also important to establish a framework and timelines to assess the extent to which the various strategies are meeting these targets so they are not recycled as a new policy with an actual evaluation of these strategies (Smith-Carrier et al., 2019).

Preventative Social Services that Enhance Social Wellbeing Framework

The operationalization of preventative social services and enhancing social wellbeing requires a definition that defines the scope for FCSS investment within a regulatory framework and local priorities. Based on the above definitions of prevention and social wellbeing, any local definition should be within the context of primary and secondary prevention. On the spectrum of the newer divisions, selective prevention may be applicable with specific populations due to their levels of vulnerability and risk, such as the Indigenous Peoples with long-standing issues of colonization, oppression, and discrimination.

Furthermore, there is a need for the scope of investment to be evidence-based on a set of indicators that speak to social well-being. However, it must be within a broader framework the examines the associations between psychosocial factors, environmental influences, social inequity at the individual, family, community and society through a *Social-Ecological Model* based on cumulative risk and protective factors because social wellbeing cannot be enhanced without investing in evidence-based strategies that decrease people's vulnerability and risk while enhancing protective factors and building resilience.

Finally, there is a need to develop a set of indicators measuring social wellbeing. However, each of these benchmarks must have timelines and be concrete enough, and frequent enough, that entities can be held

accountable within its mandate (Smith-Carrier et al., 2019). For example, an effective anti-poverty plan must have clear and realistic goals, as well as realistic timelines to achieve these goals, using widely accepted measures of progress (Government of Canada, 2018).

Vulnerability and Risk, Protective Factors and Resilience: Framework to Enhance Social Wellbeing

Risk Factors and Vulnerability. Vulnerability and risk represent multifaceted, complex processes. **Vulnerability** denotes an individual's susceptibility to a negative outcome, and risk factors are biological, environmental, and psychosocial hazards that increase the likelihood that a maladaptive outcome will occur (Murray, 2003: p. 1). Thus, vulnerability" as an interactive process between the social contexts in which a person lives and a set of underlying factors that, when present, place the person "at-risk" for adverse outcomes (Blum, McNeely & Nonnemaker, 2002). When we are looking at vulnerability, one should look at not only the current condition but also the conditions that create the vulnerability in the first place. For example, issues of differential access to health due to economic inequality and poverty that has an impact upon community structures that support health.

Risk factors are characteristics at the biological, psychological, family, community, or cultural levels that precede and are associated with a higher likelihood of negative outcomes (SAMSA, 2018). Cumulative risk research has established the deleterious effects of co-occurring risk factors as these variables interact in ways that result in negative outcome on health and wellbeing (Appleyard et al., 2005). For example, low income, isolation, poor maternal health, smoking in pregnancy and many other factors have all been implicated separately as hazards for subsequent child wellbeing in different studies. Still, these hazards do not operate alone – they interact and 'potentiate' each other. So recently, the concept of cumulative risk has been retrieved from earlier publications and brought afresh to public attention (Appleyard et al., 2005).

Cohen et al. (2007) argue that risk-based approaches offer a way to identify social factors that are correlated with negative outcomes to get away from blaming individuals for their poor life outcomes. This means a much broader framework, such as the social determinants of health (SDH), refers to the societal factors – and the unequal distribution of these factors – that contribute to both the overall health of Canadians and existing inequalities in health (Raphael, 2011). However, in a risk and protective factor paradigm, it is crucial to identify the relevant factors for different types of problems and to understand how these factors operate and interact for diverse target populations at different times. Addressing vulnerability begins by bringing people together to create a space for shared knowledge while promoting a sense of empowerment (Macdonald and Copper, 2018).

Protective Factors and Resilience. Although exposure to risk can increase the likelihood that a negative outcome will occur, it does not guarantee it (Murray, 2003). Counterbalancing issues of vulnerabilities and risk are protective factors and resilience. **Protective factors** are characteristics within individuals, families, or communities that mitigate negative effect of stressful life events and help people deal more effectively with challenging life events (Centres for Disease Control, 2019). Protective factors attenuate the adverse consequences of risk factors. Although risk and protective factors are conceptually distinct,

many protective factors are the inverse of risk factors (e.g., insecure attachment vs secure attachment) (Walker et al., 2011). Protective factors are resources. These factors can modify the impact of risk exposure and can alter the outcome status (Murray, 2003).

However, protective factors evolve. For example, in children, it changes at different developmental stages (e.g. infancy, childhood, adolescence), can compensate (in part or wholly) for a child's high-risk background (Farrington, 2000). For example, for deprived males up to five years old, salient protective factors include no overcrowding, small families, effective mothering, good maternal health, good home care and employment of the main breadwinner (Case & Haines, 2003). However, protective factors may, in practice, have a non-linear relationship to or exist without a dichotomous risk factor (for example, high income as protective without low income serving as a risk factor), indeed risk factors are commonly identified independently of protective factors (Farrington, 2000), for example, truancy increasing the risk of offending without school attendance (alone) necessarily protecting young people against offending.

Resilience concentrates on how one copes with risk conditions and stressful situations by focusing on personal resources, skills, and potentials (Luthar, Cicchetti & Becker, 2000). Vulnerability can be considered the opposite of resilience and refers to the inability to withstand the effects of a hostile environment (Skala & Bruckner, 2014). Broadly, resilience emphasizes the need for individuals to exercise enough personal strength to make their way to a number of resources they require in order to reach their developmental needs. These resources include psychological resources like feelings of self-esteem and a sense of attachment, access to health care, schooling, and opportunities to display one's talents to others.

Combined, individual, family, community, and cultural resources need to be both available and accessible for children if they are to succeed following exposure to adversity (Ungar, 2008). This means a process mediating the interactions between risk and protective factors on the individual, the micro and macro level and moderating the direct coherence between adverse life circumstances and negative psychosocial consequences (Masten & Reed, 2002).

Legal and Regulatory Framework for FCSS Preventative Mandate

Historical Context and Intent of FCSS Programming

The historical context provides the opportunity to examine the intent of the FCSS legislation and the regulation and its applicability to five main contemporary health and social priorities within the City of Edmonton's Plan. However, it must be acknowledged that the FCSS preventative mandate alone may not be able to resolve every facet of the intractable issues raised by these topical issues. Yet they provide a much-needed complement to meeting social-wellbeing outcomes within that context.

FCSS was borne out of the Alberta's Preventive Social Service (PSS) program. It is unique in philosophy, scope, and structure, and was introduced by Alberta's Social Credit government in 1966 as part of a general reform of welfare services (Bella, 1982). The province pays 80 percent of the cost of 'preventive' programs initiated by local government, while the municipalities pay the remaining 20 percent. The goals of the program included preventive welfare, prevent marriage breakdown, improved general well-being, the

development of social programs, municipal autonomy, municipal social planning, voluntary involvement and stimulating self-help (Bella, 1982). Instrumentally it was designed for the following:

1. **Social Program:** expand the range and quantity of social services available to Albertans. These were to include day care, home care, counselling, head start, family life education and various community programs.

2. **Municipally Determined Priorities:** Alberta's Social Credit government emphasized the need to strengthen the municipalities, and therefore supported the local autonomy inherent in PSS.

3. **Municipal Social Planning**: if local governments were to establish their priorities, they would need to develop the capacity for social planning. Therefore, each municipality opting into PSS was required to hire a PSS director to do a needs assessment and to coordinate local social services. In the larger centres the social planning capacity expanded to a department of six or eight professional staff.

4. **Involvement of the Voluntary Social Service Sector**: private social agencies feared government interference through PSS, and some attempt was made to involve the private sector through policymaking or advisory community boards in each PSS district.

5. **Local Initiative for Self Help:** many of those involved in the promotion of PSS assumed that a community development perspective was implicit in the program. During this period community development was still in vogue but was already the subject of controversy (Bella, 1982, p. 144).

FCSS Act and Regulation

Local FCSS programs rely on the legislative framework, policy and regulations as its primary tools. Furthermore, local FCSS programs and projects are required to conform to these legal and regulatory requirements.

The FCSS Regulation states that "FCSS must be of a preventive nature that enhances the social wellbeing of individuals and families through promotion or intervention strategies provided at the earliest opportunity" (Government of Alberta, 1994). For FCSS, prevention occurs by strengthening resiliency through identifying and enhancing individual, family, and community assets.

- Prevention may involve enhancing the strengths, skills, and abilities of individuals, families, and the community. Hence, they are more resilient and better able to deal with stress or challenge that may result in future problems.
- Prevention may involve building individual or environmental safeguards that enhance the ability to deal with stressful life events, risks, or hazards and promote the ability to adapt and respond constructively.
- Prevention may involve addressing protective and risk factors. Protective and risk factors can exist both within individuals and across the various settings in which they live, such as the family, peer group, school, and community.

According to the FCSS Regulation 2.1 (2) (a to d), services provided under a local FCSS program must not:

a) provide primarily for the recreational needs or leisure time pursuits of individuals;
b) offer direct assistance, including money, food, clothing or shelter, to sustain an individual or family;
c) be primarily rehabilitative in nature; or
d) duplicate services that are ordinarily provided by a government or government agency.

Locally, municipal or Métis Settlement councils choose whether to establish a program and enter into an agreement with the Government of Alberta to jointly fund the program. Local FCSS programs then decide how FCSS funds are used to meet their needs, provided funding decisions are consistent with provincial legislation.

Responsibilities of municipality

In providing for the establishment, administration and operation of a program, a municipality must do all of the following:

(a) promote and facilitate the development of stronger communities;
(b) promote public participation in planning, delivering and governing the program and services provided under the program;
(c) promote and facilitate the involvement of volunteers;
(d) promote efficient and effective use of resources;
(e) promote and facilitate co-operation and co-ordination with allied service agencies operating within the municipality

City of Edmonton's Priorities and Enhancing of Social Well-Being within FCSS Preventative Mandate:

Finding a fit between FCSS preventative mandate, the prohibition of the duplication of another government or government agency mandate and the City of Edmonton's local priorities requires a careful balance. A municipality's desire to meet the needs of its residents in the face of complex and changing dynamics surrounding issues such as housing insecurity and homelessness and due to historical cutbacks to affordable housing from other levels of government (Kading, 2018). At the same time, the prevalence of homelessness in their community means they cannot wait any longer.

The regulatory requirements of FCSS, however, means such investments cannot be directed at such issues because they are deemed to be intervention and tertiary on the prevention spectrum. What municipalities can do is to invest FCSS funds into the prevention of these intractable local priorities by assessing the elements of each priority and focus on implementing evidence-based strategies and interventions that are multi-sector and have the potential to simultaneously address risk and protective factors that are shared across multiple priorities.

Homelessness

In the area of homelessness, which is one of the key priorities of the City of Edmonton, prevention must be made up of policies and strategies that impact homelessness at a structural level, as well as early intervention practices that address individual and situational factors (Crane & Brannock, 1996). It requires a shift in thinking about homelessness from the problem of predicting to one of recognizing that certain conditions are necessary to prevent homelessness. This would lead to a focus on and ensure that structural factors are in place as part of primary prevention and identifying those at risk for secondary prevention due to structural and systemic conditions. For example, households paying more than 30% of their income on rent due to job loss, trauma, family conflict, violence and so on are all at risk of homelessness (Gaetz & Dej, 2017). So, the question becomes what can be done through FCSS to help eliminate this risk before people fall into homelessness? Prevention strategies are meant to eliminate or minimize the harm of being at risk of or experiencing homelessness (Gaetz & Dej, 2017). This is consistent within the cumulative risk and multiple protective factors paradigm.

Affordable Housing

Access to adequate, affordable housing ensures poverty prevention, labour inclusion and avoidance of social exclusion (Del Pero, 2016). The factors leading to an unaffordable housing market are complex. They include a combination of low vacancy rates, inadequate supply, high commodity, and investment interests, but also modest employment and labour markets. Many buyers and renters do not make enough money to truly afford housing available on the market (The Association of Municipalities of Ontario, 2019). Housing is within the Federal and Provincial jurisdiction. However, for many municipalities fostering complete communities with a diverse range and mix of housing options, densities, and tenures to meet needs has become a priority.

Within the FCSS preventative context, investment in affordable housing will be outside the preventative mandate. However, the municipality could make an FCSS investment for the development of an affordable housing strategy and establish indicators of social wellbeing along three dimensions: housing market, housing conditions and affordability, and advocate for public policies towards affordable housing. Given that affordable housing it is also a local priority, the City of Edmonton can use its own regulatory and local policies to reduce the risks and access to affordable housing including the use of zoning and permitting, density bonuses and local tax incentives and promotion of public and private partnership to increase affordable housing.

Poverty and Social Inequity

Poverty and Social Inequity is a local priority that has direct relevance to the FCSS prevention mandate. Poverty is defined as a condition of a person who is deprived of the resources, means, choices and power necessary to acquire and maintain a basic level of living standards and to facilitate integration and participation in society (Government of Canada, 2019, p. 1). Poverty is multi-faceted and influenced by many factors and policies (Harding, 2018). Even the way it is defined and measured is driven by ideological consideration. Canada now uses the Market Basket Measure (MBM), that defines low income based on a specific set of goods and services that represent a basic standard of living (Government of Canada, 2015). Social inequities, on the other hand, are disparities in power and wealth, often accompanied by discrimination, social exclusion, poverty and low wages, lack of affordable housing, exposure to hazards and community social decay (Beyers & Brown, 2008, p. 25). They become mutually

reinforcing as social inequities are often exacerbated by lack of quality housing, poverty, unemployment, lack of social support and education (Pauly, 2008).

There are some people in the City who are more at risk of living in poverty than others. Vulnerable groups include, children, students, lone parent female-headed households, those on a fixed income, some visible minorities, Indigenous Peoples, and people living with disabilities (Roberson, 2019). Based on Low-income measure after-tax, this represents 99,735 (10.9%) of Edmonton's total households. More importantly, preventative strategies would also have to examine the various risks and risk factors, including issues of affordable housing, minimum wage, childcare, food security and social assistance and income security for vulnerable groups such as seniors. That said, it should also be at the earliest stage (not age) possible.

For example, with regards to children's wellbeing, Emond (2019) noted that reducing inequalities requires early integrated interventions that target the many risks to which children in a particular setting are exposed. The most effective and cost-efficient time to prevent disparities is early in life before trajectories have been firmly established (Emond, 2019). A poverty focus can be associated with developing programs specifically directed to ameliorating the effects of poverty as well as identifying, and acting upon, the structural causes of poverty (Raphael, 2000).

Advancing Reconciliation

The work of the Truth and Reconciliation Commission (TRC) (2015), the Supreme Court decisions about Indigenous rights, and the commitment by the federal government to nation-to-nation negotiations may herald possibilities for significant change in the power relations in Canada (Béland, Marchildon & Prince, 2019). FCSS has the potential to play a substantial role allowing Edmontonians to develop a greater understanding of historical and contemporary contexts for reconciliation, including the residential school, land claims, treaties, healing, child welfare and self-governance issues (Widdowson & Howard, 2008). "When a forgotten story in history is acknowledged, the people surrounding that story become more visible" (Shabalin, 2017: p 1). Its primary importance is to create awareness and bring to light the historical act of visibility where Canada's dark colonial history is recognized as being one with many chapters and secrets but also a journey to act (Shabalin, 2017). Every Canadian needs to be part of decolonization, which is a process of learning, acknowledging, and acting (Baskin & Sinclair, 2015).

It also provides context and historical understanding of the various issues facing Indigenous Peoples, bringing visibility to Canada's inter-generational actions of cultural assimilation of its Indigenous Peoples through the Sixties Scoop (McCauley & Matheson, 2018). The impacts of residential schools and the child welfare system are at the root of serious social problems facing many Indigenous Peoples and communities today, such as poverty, high suicide rates in some communities, mental health challenges, substance misuse, and cycles of abuse and violence (Baskin, 2018). Long-standing issues, discrimination, oppression, and racism have not been tackled at a municipal level, often deemed as provincial and federal jurisdictional issues, often living out Native self-government.

Also, self-determination for the Indigenous Peoples is equally absent by virtue of the *Indian Act*. Self-determination is important in empowering communities to chart their own path through the anti-oppressive framework (Truth and Reconciliation Commission of Canada, 2015). How can we advance the five action steps of reconciliation if Indigenous Peoples are not involved in the decision making in terms of policy

that affect that? Peoples must be at the forefront of social services agencies and programming that is developed based on their worldviews and approaches to helping (Baines, 2017).

The Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need, when they need them. Funding can help with a wide range of health, social and educational needs (Government of Canada, 2020). The FCSS regulation acknowledges Metis Settlements, however, Indigenous Service Delivery to Indigenous People remains one of the paths to advising reconciliation. Also, a more targeted prevention approaches to Indigenous urban population provides a means to reduce the vulnerability and multiple risks. The promotion of an anti-oppressive framework to change the structure and procedures of service delivery through macro-systemic changes at the legal and political level could move help advance the course of reconciliation (Strier & Binyamin, 2014).

Safe and Healthy Community

Safe Community is an approach to injury prevention and safety promotion that embraces interventions at the community level. The initiative advocates for multisectoral cooperation to devise local solutions to community safety concerns. Communities that satisfy established benchmark criteria receive the safe community designation. Evaluation frameworks emphasize the achievement of milestones in the planning process, such as the establishment of coordination structures, community assessment, plan development and mobilization of funding (Williams-Roberts, 2016).

The term “healthy communities,” originally coined in Canada in the 1980s, refers to communities that employed health promotion and community development strategies to address multiple determinants of health (Hancock, 2009). Healthy community approaches encompass a diverse group of population-based strategies and interventions that create supportive environments, foster community behaviour change and improve health (Williams-Roberts, 2016). The health of a community is not just about the health of the people, but about the healthfulness of their environmental, social and economic conditions and of the community, social and political processes that lead to the shaping of those conditions (Canadian Institute of Planners, 2010). A Healthy Community is, therefore, a complex adaptive system, continually changing, flexing, and evolving (Canadian Institute of Planners, 2010).

The discussion above has demonstrated close correlations and intersectionality between poverty, homelessness, and deprivation of opportunities for education and employment for Indigenous Peoples. The community context can have a significant impact on social wellbeing outcomes. Together these issues increase people’s vulnerability and cumulating risks while undermining their resilience. Protective factors provide a way to address some of these issues. However, it cannot be done at the individual level alone. A societal ecological model is required. Furthermore, there is a need for strong advocacy that addresses these issues at structural and systemic levels to make a positive difference in people’s lives. Moving forward, to enhance social wellbeing as a basis of FCSS investment, five questions emerge:

1. Is there evidence of vulnerability and cumulative risks and to what extent does the proposed strategies build adaptive capacity through resilience and multiple protective factors? What indicators have been established that speaks to the various dimensions of preventative social wellbeing?

2. To what extent does the proposed strategy address the context and setting of the issue being addressed?

3. At what level within the social-ecological model is this issue being addressed? Is there a need to create partnerships or collaboration across multiple networks to be more effective?

4. What should be the model of delivery (direct or indirect service) to achieve the anticipated outcomes for the intended target population?

5. How can the program measure and monitor outcomes of program delivery to determine the extent to which they are or not meeting these outcomes relative to the FCSS strategic directions?

FCSS Strategic Directions and City of Edmonton Priorities: Critical Considerations for Programs and Services

The overarching model for FCSS service delivery is based on multiple risk and protective factors. However, for this approach to be successful, there are six critical considerations for program delivery. These elements directly relate to identifying needs and prioritization for investment decisions, prevention program development and measurement. They include:

a) Socioecological Model
b) Evidence-Based Prevention
c) Goodness Fit (conceptual and contextual),
d) Indigenous Appropriate Programming and Self Determination
e) Sustainability and Social Innovation
f) Performance Measurement.

This guide is not intended to capture all the complex pathways that characterize prioritization and investment decisions, program development and measurement. Instead, it serves as a general guide for thinking about the complex process of identifying influencing factors for a successful preventative mandate that will be sustainable in strengthening the community and increasing social inclusion.

Social-Ecological Model

Rooted in general systems theory, the social-ecological perspective is a conceptual framework that focuses on the interrelationships between people and their environments (Weiner et al., 2012). It emphasizes the importance of considering multiple levels of influence on individuals as a result of their physical and social environments. The potential benefit of adopting multilevel approach prevention is that combining measures in addressing multiple risk factors at different levels could produce synergies that are greater in building protective factors and resilience (McCormack, 2017). This is relevant for the Edmonton FCSS program because addressing the strategic directions for FCSS and City of Edmonton's priorities requires a comprehensive framework beyond the FCSS scope.

From macro to micro levels, the four strata are: societal, community/neigbourhood, relational, and individual levels. As one moves from the individual to the larger-scale issues such as broader structural

policies, the influence of FCSS becomes more limited as they typically still target only one or two levels of influence (relational and individual). Even at the individual and family level, there is the added danger of scope creep into another ministry mandate. However, this approach provides the opportunity for integration and coordination across multiple levels. For example, while affordable housing and homelessness may be directly outside FCSS scope, addressing family breakdown could lead to reduction of homelessness. An improved family network could also enhance a family's ability to access affordable housing and reduce the risk of homelessness. FCSS can also facilitate the development of strategic plans and bring together stakeholder groups toward affordable housing development.

The socioecological model also provides a mechanism for assessing the interaction of various prevention strategies at different levels through the incorporation of the risk and protective factors with the strongest empirical support relative to a specific-sub population. For example, with the priority of advancing reconciliation with respect to Indigenous peoples, there is an opportunity for more Indigenous programs. Senese and Wilson (2013) noted that jurisdictional wrangling between federal and provincial governments over responsibility for Indigenous peoples in urban areas, and the framing of these responsibilities as voluntary services, rather than the result of Indigenous rights had created considerable confusion and gaps in services for Indigenous peoples which has resulted negative social and health outcomes for them. Decades of systemic discrimination exist in the form of the *Residential School System* and the *Indian Act* (Senese and Wilson, 2013). Some of these measures have ultimately led to limited employment opportunities for Indigenous peoples with the resultant reduced socioeconomic status (Kim, 2019).

Using this model, the City of Edmonton can examine broader theoretical underpinning for empowerment and system reform, including using Anti-Oppressive Practice (AOP) approaches (Baines, 2017) dealing with issues of oppression, power imbalances and discrimination and the extent to which the municipality can play a role in advancing reconciliation beyond FCSS programs and services. *The Report on the Truth and Reconciliation Commission of Canada* (2015) highlighted this approach as a fundamental precursor for advancing reconciliation. The burden of systemic change needed to promote healthy public policy cannot be carried by any single group of advocates; it is a shared responsibility that will require the collaboration and integration of various actors and knowledge (Richmond & Cook, 2016).

Evidence-Based Prevention Approach

There is an enormous cost (social and financial) of pursuing and supporting programs that are not rationally based, especially in the face of shrinking provincial and municipal budgets that form the basis of FCSS funding. Combined provincial-territorial and local governments spent $69 billion or $1,879 per person in 2017 on social protection (Statistics Canada, 2018). Social protection, which includes programs to help children, the elderly, those in low income, the unemployed and the disabled. Therefore, programs and services must be data driven. An evidence-based approach refers to programs and practices that are proven to be effective through strong research and evaluation methodology and have produced consistently positive patterns of results (Savignac & Dunbar, 2015).

For example, adolescent social disorders could arise from dysfunctional parenting that leads to family breakdown. At the same time, family-based prevention programs focus primarily on education and skills training to enhance positive outcomes in youth by reducing salient risk factors and improving protective factors and resilience (Kumpfer, 2014). The scientific evidence on what programs work in addressing risk factors in at-risk populations should be used to inform the development of projects as well as in funding

decisions. Investments in proven, tested, research-based programs not only lead to improved outcomes but are also associated with significant cost savings in taxpayer dollars (Savignac & Dunbar, 2015).

Using an evidence-based approach is critical in three areas of prevention programming:

a. assessment of needs and prioritization,
b. determination of the effectiveness of a particular program or service,
c. improve the quality and impact of existing programs through evidence-informed improvement.

Through assessment, an evidence based approach provides a portrait of the local situation that outlines the issues in the community, emerging and current risk behaviours or problem situations for specific populations, risk factors and the context in which they occur for prioritization and investment (Blandford & Osher, 2012).

Evidence-based approach also yields information for evaluation to determine the effectiveness of prevention programs: It simply asking the question whether it works? And if so, in what kind of social contexts have they been evaluated and shown to have worked. Programs coded as working must have a least 3 to 5 evaluations showing statistically significant and desirable results and the preponderance of all available evidence showing effectiveness (Small et al, 2009).

Finally, evidence-based program information provides a feedback loop for quality assurance and improvement for client outcomes. An evidence-based approach requires that the results of rigorous evaluations be rationally integrated into decisions made by policymakers and practitioners on interventions to recommend (Welsh, 2007). Systematic and meta-analytic reviews, registries of evidence-based programs, and research standards are some of the tools used to promote evidence-based programs (Gottfredson et al., 2015). This means FCSS Edmonton must establish a set of indicators that speak to the various dimensions of preventative social-wellbeing that will reflect these three dimensions of evidence-based programming.

Goodness of Fit

Organizations and systems focusing on addressing social-wellbeing are increasingly under pressure to demonstrate that the services they provide are not only "evidence-based" and are achieving desired outcomes but their adaptations may impact rates of adoption and sustainment (Powell et al., 2015). The goodness of fit framework emphasizes the conceptual and contextual specificity that matches the needs of a particular population to achieve outcomes (Newland, 2014). The *conceptual fit* is the degree to which a program or practice is a good match for the job that needs to be done (Blandford & Osher, 2012). *Contextual fit* is a match between the strategies, procedures, or elements of an intervention and the values, needs, skills, and resources available in a setting (Horner, Blitz & Ross, 2014). Thus, the degree to which a program or practice is a good match for the people involved and the community overall.

I. Conceptual Fit (relevant)

- Addresses a community's salient risk and protective factors related to and contributing to the conditions
- Targets opportunities for prevention strategies and multiple levels and domains.

- Reliable evidence of such a measure or program drives positive outcomes by addressing multiple risk and protective factors (Blandford & Osher, 2012).

II. **Practical Fit (appropriate):** core components of fit to consider include need, precision, evidence, feasibility, skills/competencies, cultural relevance, resources, and administrative and organizational support:

- Feasible given a community's resources, capacities, and readiness to act
- It is supported by key prevention stakeholders and the broader community which increases community ownership and buy in for the prevention intervention.
- Complements existing prevention efforts in the community. Additional/reinforcement of other strategies in the community–synergistic vs. duplicative or stand-alone efforts (Blandford & Osher, 2012).

Indigenous Appropriate Program and Self Determination

Culture plays a key role in determining the basis of potentiality for autonomy, as it sets boundaries for the appropriate level of autonomy for individuals within a society (Park & Chirkov, 2020). Prevention programs should be culturally sensitive, along with concerns about whether a given prevention intervention is generic enough to be efficacious and effective with diverse cultures (O'Connell, 2009). What is significant in this context for Edmonton FCSS is the priority for advancing reconciliation by redressing past wrongs and advancing self-determination and working closely with Indigenous Peoples to better respond to their priorities, and to better support their plans for self-government. This means a critical consideration for program delivery is the extent to which the program delivery process is self-managed by Indigenous peoples with defined indigenous outcomes and delivery process.

Research indicates that children and youth raised in foster care attain poorer outcomes in adulthood compared to their peers in the general population across all indicators, including in health, education, employment, income, housing, criminal justice involvement (Gypen et al. 2017). In 2015, the Truth and Reconciliation Commission (TRC) of Canada called on the federal, provincial, territorial, and Indigenous government to reduce the number of Indigenous children in the child welfare system and to develop culturally safe parenting programs for Indigenous families (Truth and Reconciliation Commission of Canada, 2015, Call to Action #1 and #5). At the same time, research evidence suggests that culturally safe, strengths-based interventions have the potential to support parenting, health, and wellness outcomes through strengthening 1) *self-determination of parents*, *families*, *and communities*; (2) *connection to culture and traditional values*; (3) *healing from intergenerational, historical, and lifetime trauma*; (4) *building trust through cultural safety* could be critical in reducing the overrepresentation of Indigenous children in the child welfare system (Ritland et al., 2020).

Sustainability and Social Innovation

Sustainability is a vital aspect of new social programs for both moral and financial reasons. The cessation of a program when the need still exists constitutes a violation of its commitment to the target population for which it was introduced (Savaya & Spiro, 2012. Financially, the premature cessation of a needed program constitutes a waste of the often-large sums of public monies invested in it. Savaya *et al*. (2008)

noted that the literature contains a wide variety of terms defining program sustainability, among them: *survival, continuation, maintenance, institutionalization, incorporation, integration, and routinization.* These terms reflect the prevailing perception that sustainability exists when the program becomes an integral part of the organization.

However, the sustainability of social programs is a complex phenomenon affected by a potentially wide range of predictors. Savaya & Spiro (2012) suggested three components of sustainability for social programs: continuation, institutionalization, and duration. This is consistent with sustainability of community health programs: (1) continued benefits to those who received health services when the program started and to new participants when the supporting funds are discontinued; (2) continued implementation of program activities in an organization following the discontinuation of the program financial support, which is called "institutionalization" or "routinization"; and (3) community empowerment to improve their health by continuing the activities of a finished program (Sarrafzadegan et al., 2014). Given the limited FCSS funds' sustainability of prevention programs is key to making a significant difference in the community.

Much of society's intractable problems remain today due to ineffective preventative solutions to address them. This means that FCSS must also consider programs new ideas that crucially construct a new system or programs that enable us to address these social challenges through social innovation. "Social innovation seeks new answers to social problems by identifying and delivering new services that improve the quality of life of individuals and communities (Harayama & Nitta, 2011). This means FCSS cannot continue to fund only programs that have been previously funded in the name of sustainability but also allow for emerging and promising practices that yield greater impact at reducing risk and building protective factors.

Performance Measurement: Outcome Evaluation

FCSS strategic directions and the goals of the City of Edmonton's priorities reveal the stated measurement of whether the outcomes are being achieved. Serrat (2010) observed that performance measurement is the process of gauging achievements against stated goals. Performance is an amalgam of dimensions– relevance, efficiency, effectiveness, sustainability & impact (some of which may conflict) and therefore, measuring it requires an appropriate basket of benchmarks (Serrat, 2010). However, the scope of performance measurement extents to integrated strategic information management, financial management and sustainability, quality assurance and continuous quality improvement as key components to effectively and efficiently manage the program. This makes it more of a management system, intended to provide decision-makers and management with concrete data and information on which to make sound decisions and continuously improve program performance (Government of Canada, 2015).

The utility of performance measurements is for reasons of planning, budgeting, service improvement, accountability, and transparency (Rivenbark, Fasiello & Adamo, 2016). Performance measures are also relevant to multiple stakeholders. Funders and researchers must compare programs to determine what activities they are undertaking, and which are performing well. Program managers are interested in the minimum data set that is relevant to operations and to assess their performance relative to their peers (Bhattacharyya *et al*., 2015). Thus, performance measurement specifically seeks to:

- measure and monitor progress towards previously established standards and strategic targets,
- provide effective and relevant departmental reporting for the program leading to informed decisions and taking of an appropriate, timely action regarding the program,
- the document "best practices" and "lessons learned" that can be used internally to improve the programs' management practices and program activities,
- ensure that credible and reliable performance data are being collected to effectively support evaluation in terms of relevance, efficiency and effectiveness.

Program evaluation is one of the instruments for performance measurement. Michael Patton refers to program evaluation as "the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming" (Patton, 1997, p. 23). The government of Canada defines program evaluation as the systematic collection and analysis of the evidence on the outcomes of programs to make judgments about their relevance and performance, and to examine alternative ways to deliver them or to achieve the same results (Government of Canada, 2015).

For the purposes of the Edmonton FCSS program and City of Edmonton's priorities, an outcome evaluation will be more useful. Outcome evaluation examines the progress of the program and the status of accomplishing desired results, and answers the questions such as unintended outcomes, return on investment, and changes in knowledge, attitudes, and behaviours (Hamza, Ross & Oandasan, 2020). It basically, assesses the effectiveness of a program in producing change. Outcome evaluations focus on the questions that ask what happened to program participants and how much of a difference the program made for them. This will ensure:

- Accountability, through public reporting on results,
- Financial Management,
- Results Management through program and participant level outcomes,
- Continuous quality assurance and improvement.

A systematic outcome evaluation is necessary to determine whether a program or strategy worked.

Priority Setting and Resource Allocation for Municipal Investment in FCSS Strategic Directions and City of Edmonton Priorities

Priority setting and resource allocation are vital parts of the internal effectiveness of Edmonton FCSS as a social agency with a preventative mandate. The main objective of priority setting is to ensure that resources are not too spread out, which would have the consequence of many objectives being pursued but of low or no impact. While the Agency may be tempted to fulfil a broad mandate given FCSS strategic directions and City of Edmonton priorities to maximize specific objectives of the organization, they are constrained with respect to practical and budgetary issues. This means the priority setting and resource allocation process must be a deliberative process that emphasizes transparency, stakeholder participation, and clear, relevant reasoning for decision making (Daniels, 2016). This requires alignment on three levels:

1. Alignment with the broader framework of risk and protective factors (what risk do you want to reduce and at what level and how?);
2. Alignment with FCSS regulation and strategic direction and City of Edmonton's priorities; and
3. Program suitability and alignment to the needs of the particular target group.

Allocating financial resources is an essential public sector function that is performed by program administrators such as FCSS Edmonton. Scarcity dictates that decisions be made as to which services are funded and not funded. For example, should additional FCSS funding be put into implementing an electronic database system or hiring community facilitators to leverage partnerships that address structural issues (homelessness) that FCSS does fund currently but is priority for the City of Edmonton.

Resource allocation depends on priority setting, availability of adequate financial resources, ability to leverage partnerships and collaborations and the internal capacity of the agency to manage indirect service contracts and exercise oversight, knowledge management to support program delivery, as well as cost-effectiveness and equity are all parts of multi-criteria that forms key aspects of resource allocation. For example, in terms of program and service coverage, does it reflect risk and protective factors of various sub-population (seniors, youth, children and families), regional balance and specific issues such as advancing reconciliation? Therefore the funding principles are clearly important considerations for priority setting and resource allocation.

Delivery Model and Selecting Effective Programs for Investment

The delivery model for FCSS and City of Edmonton's priorities depends on the specific strategies that have been designed to address the risk and protective factors directly or indirectly to fulfil FCSS strategic directions or outcomes of the City's priority initiatives. Selecting programs for investment should be guided by three key areas:

I. Program suitability and alignment;
II. Organizational resources and capacities; and
III. Level of program adaptation.

I. Program suitability and alignment

Key Questions:

1. Is the intervention effective? What evidence and research are available to support the program?
2. How will the selected program impact the selected risk or protective factors?
3. How is this program feasible within the context of this community?
4. How does the program plan to reach the intended participants?

II. Organizational resources and capacities

Various organizational factors facilitate the implementation of a high-quality program, such as:

- **Governance**
- **Operational capacity** – e.g., qualified personnel, good staff retention, training and supervision, a monitoring system in place;
- **Financial capacity** – e.g., appropriate financial controls, qualified personnel to monitor and report financial information.
- **Previous experience** in the implementation of similar programs and with the same clientele; and
- **Sound and effective partnerships and networks** in the community.
- **Monitoring and Evaluation**

III. Level of program adaptation.

The degree of program adaptation is a significant factor to consider when selecting a program. Some programs are designed to be more flexible and can be adapted without affecting key components or compromising the expected results. Depending on the context in which the program will be implemented, the opportunities to tailor the program to suit the characteristics or special circumstances must be considered during the selection process. This could include Indigenous adaptations for self-autonomy and advancing reconciliation.

Conclusion

The Edmonton FCSS program is grounded in a provincial Act and *Regulation* that defines a municipal/provincial relationship to address prevention and social wellbeing. A detailed analysis reveals that risk factors and vulnerability, along with protective factors and resilience provides a strong foundation upon which a strategic priority alignment and funding model be built.

This review has explored these concepts within the priority areas identified by the City of Edmonton Social Development Branch:

1. Reducing poverty and social inequality
2. Increasing the supply of affordable housing
3. Ending homelessness
4. Advancing reconciliation
5. Creating safe and healthy communities
6. Investing in preventive social services

To move from a theoretical connection between risk and protective factors in the context of the municipal priorities, this literature review provides a foundation for considerations important to the process of identifying programs and services to achieve the objectives and allocate resources.

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