

# Bashaw Regional Wellness Hub



## **Background**

In the fall of 2017, a team of Bashaw community leaders recognized that waiting for services, programs and solutions to appear for the challenges our rural community faced, just wasn't going to happen. Strengthening, empowering and advocating for the community had to come from within. They determined to focus on the region served by the Bashaw RCMP detachment. Rural in nature, the town, villages and rural population were bordered by four different counties. As a result, those who lived within the area were challenged to determine where to find the services they need if they were able to overcome the issue of transportation and timely access. The area included the Town of Bashaw, Villages of Ferintosh, Edberg, Meeting Creek, Donalda, Mirror, Alix, Mecca Glen and all rural areas in between.

The area was unique as it included four counties, three school divisions, four mental health and addictions offices, and three primary care networks. The four larger centres Camrose, Lacombe, Ponoka and Stettler had many more resources and services but delivery to the rural population was often fragmented and unsuccessful.

The cost of living in rural communities is considerably lower for families which allows them to stretch their dollars further. This promotes/attracts low income families to rural communities, which often creates a greater need for supports and services in the rural population than the urban population. In this area, the demographics showed that each of the larger centres actually have a significant rural population

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in the counties they serve. For example, the combined City of Camrose and County of Camrose population is 69% urban and 31% rural, Lacombe and County is 56% urban and 44% rural, Ponoka and County is 42% urban and 58% rural, and finally Stettler and county is 53% urban and 47% rural. This defied the perspective that more services and resources are necessary for urban centres due to a higher population. It is more accurate to say that it is easier to access and deliver services in urban centres than in rural communities where the population is less concentrated in a convenient location.

## **Regional Hub Development**

### **Assessing Needs**

Bashaw is a natural hub in the geographic area as all four larger centres are about 50 km from the Town. The Village of Alix is the second largest community, drawing from the southwest of the geographic area. It is likely that Alix would also draw from communities beyond the boundaries determined, however, we have only compiled the demographics from the area indicated.

An analysis of the area demographics we serve, indicates a population of 9458 with a population of 2290 children and youth between the ages of 0 – 18 years. The average household median after tax income is well below the provincial average (\$80,300) at \$64,059. Even this statistic is somewhat skewed as farming incomes are included. The five rural municipalities (Bashaw, Alix, Donalda, Ferintosh and Edberg) demonstrate an average of \$53,021 which is almost \$30,000 below the provincial average. Additionally, 23% of the children and youth in the Town of Bashaw are identified as low income – which is significantly higher than the provincial average of 11%.

A K-12 school, Bashaw School's enrolment for the 2019-2020 school year at September 30<sup>th</sup> was 252. This number has increased by 23 students in the past three years. 20% of the Bashaw student population are currently coded for severe/moderate behaviour and learning needs. This does not include the number of students who are on waitlist for Psych-Ed assessments. Bashaw School is only allocated a testing max of 2% of our students each year – therefore, a number of students remain undiagnosed. 18% of our students are on regular caseload with our FSLW worker. Another 5% are on occasional caseload. The referrals have increased this year with another 3% referred this year and waiting for approval. The Family School Liaison Worker works two days a week in the building. Six students declared FNMI

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status for the 2019-2020 school year, 2% of our school population. Of those, 67% are receiving additional school and community supports.

Alix School's enrollment for the 2019-2020 school year is 265. They started the year with 257 students so have increased by 8 students in the first 5 months. 10% of the Alix school population are currently coded for severe/moderate behavior and learning needs. There are about 4 students currently waiting to be assessed. The Family School Liaison Worker works three days a week in the building. Her caseload would be about 5% of the population on a regular basis and another 10% occasionally. 7 students identified as FNMI for the 2019-2020 school year, making up 2% of the population. Only 1 of the 7 is receiving outside support.

It is fair to say that the area demonstrates high needs and significant challenges. Fortunately, we have spent the past three years developing structures and services that are already making a difference.

### **Community Assets**

Since 2017, the community of Bashaw has prioritized the building of community and family resiliency. The goal has been to strengthen community capacity, create a sense of belonging and empower the community to address their own concerns. Multiple agencies, groups and partners with shared goals and a commitment to a collaborative effort, have worked for the last three years to meet the needs of the community and area in relation to this priority. The needs of many of our rural families are complex, leaving us to continually adapt and create resources in an attempt to serve them. A collaborative community response model was developed to address and impact the risk factors in their lives. This integrated approach has involved the participation of several key partners in our community – family and community support services, education, justice and adult learning. The intent was to break family isolation by combining a wide range of services and support networks to access. This approach takes into consideration the fact that risk factors come from several areas (neighbourhood, school, friends, and family). The focus was to build on the protective factors that integrate children, youth and family into community life by providing wraparound collaborative services directly.

While there are several social organizations serving the area, it is noted that it is the services offered that people seek - not the name or composition of the organization. As a result, the four local agencies/institutions, Bashaw District Support Services, Bashaw Adult Learning Council, Bashaw School

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and the Bashaw RCMP detachment collaboratively developed a local hub. The four worked together and promoted the services and programs offered in the community rather than the individual organizations that deliver them. This allowed for seamless delivery to every individual or family who needed support. A common referral process is used for the four organizations and any door is open! Data and statistics recorded since 2017 demonstrate an average of 4000 information and referral visits each year.

Three Town Hall meetings were held in the communities of Bashaw, Alix and Mirror to ensure the general public had the opportunity to respond and have input into the development of both the hub and the strategies. It was our intention to pilot and establish the hub and then branch out to the other communities in the area. This groundwork was initiated prior to plans and programs being developed, as we believed it was critical if we were to serve our target audiences. The network of communities and services continue to meet regularly and use common referral processes. This has had a huge impact on our targeted area as we are reaching community and families much earlier than we may have without the network in place. Services are anchored in the relationships between organizations and individual community awareness of programming.

During the hub development, it was noted that some people who contact community services for information and referral support are able to receive the information they need via a short telephone call or drop-in visit. Many, however, are not entirely sure what they need and therefore require additional assistance before appropriate referrals can be made. These community members need someone to talk to who will help them explore their situation and begin supported planning how they can best deal with their situation as well as other issues and challenges that come forward through the interview process. A navigator position was developed that uses active listening, assessment and exploration to respond and support community members through the process of accessing the supports necessary to meet their needs. The navigators encourage them to return if the referral is not successful. Interestingly, most feel very comfortable to return if they feel they have not been served or recognize they need more support than originally determined.

The community of Alix has also actively pursued the development of an outreach office in their community. As the second largest community in the network area, it makes sense to establish an outreach office in that community. Community leaders have acquired space and are working on developing supports and partnerships. The Bashaw Community Wellness team is mentoring and supporting the

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community to work with their existing supports and services and develop a culture of collaboration and responsiveness for their community.

### **Support, Needs and Risk Factors**

One need only review the demographics of the region to identify substantial family risk factors. The average household income after tax is a full 21% below the provincial average. It is noted that other factors, including but not limited to, single parent families, low income children and youth, and education, are also all higher than the provincial average. Over the past two years, the collaborative partners have identified the significant role mental health is playing in the struggles children, youth and caregivers are experiencing. Given the importance of supportive and responsive relationships for children's healthy development, we assert there must be a focus on developing the capacity and knowledge of parents and caregivers. Household dysfunction due to mental illness, substance dependence and conflict are prevalent in our at-risk population.

Social isolation, parenting stress and poor parent-child relationships or negative interactions, are also factors consistently identified at the schools and in the communities within the proposed network region. Many of our individuals, children and families need targeted support such as counseling, mental health support and assessment. Transportation and timely access are also difficult challenges for everyone in the community, regardless of how many services might be available in the larger centres.

Families with at-risk youth ages 12 – 17, in particular, are experiencing a gap in services and programs. For example, traditional mentoring programs are often ill-equipped to deal with the special needs of at-risk youth. Despite well-intentioned efforts, mentoring programs that are not equipped to work with these youth, risk perpetuating the damaging cycle of chronic loss and failure that is common for this population. We know, however, that it is imperative that a foundational connection to the community be developed to create their sense of belonging. Additionally, parents and caregivers are often left with a sense of frustration and despair, further heightened by their lack of understanding of youth needs and development. As a result, it is not uncommon to witness parents and caregivers thoughts and emotions moving towards a tendency to support or justify maltreatment behaviours.

We acknowledge that there are traditional indigenous approaches that are often ignored or misrepresented in our western culture. We are committed to developing supports beginning with an understanding of the

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cultural differences for our indigenous families. We have connected with the Red Deer Native Friendship Centre to learn more about the work they do and how we might learn and connect with them. While they do not deliver services out of Red Deer, our indigenous families would be welcome to visit their centre. We will continue to build this connection and develop supports that ensure we build on the strengths and address the needs of our indigenous individuals and families. We have hosted a blanket exercise both in our school and in the community. Learning the history of our indigenous peoples in Canada provides us with a starting point.

### **Collaborative Partnerships**

Moving a community to a place where people are healthy, safe, and cared for takes a concerted effort. Community leaders know they can't do it alone. They understand that the ability to work collaboratively with other individuals, agencies and organizations, both inside and outside the community, is critical for building a healthy community. Key to the work, is the understanding that there is a difference between a partnership and a collaboration. Collaborating has become a tool of choice as agencies and organizations began to understand that the strength of our community is with our collective influence and impact. We have learned that moving in one direction for a single purpose is powerful and that step by step, every partner/organization will eventually have an opportunity to benefit from collaboration once the current effort is complete.

The collaboration of four social organizations/agencies, Bashaw District Support Services, Bashaw Adult Learning Council, Bashaw School and the Bashaw RCMP Detachment was the turning point for the community of Bashaw. Each organization made a commitment to work towards serving the community without concern for who "gets the credit". Individuals, families and children only have to go through one door to be served. This team meets monthly to ensure community needs for individuals, children and families are being met, as well as to brainstorm new solutions for ongoing challenges.

Other collaborations and partnerships have been established through this process. Stakeholders meet quarterly to update and discuss the successes, challenges and potential concerns. These stakeholders include, Alix Mirror Wellness Supports, Alberta Mental Health and Addictions, Primary Care Network, Bashaw & District Regional Health and Wellness, Bashaw and District Food Bank, Town of Bashaw,

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Bashaw & District Victim Services, and the Bashaw Municipal Library, Alix School, Donalda School, Alix FCSS and community members at large from all of the proposed network region communities.

### **Moving Forward**

Community stakeholders understood early on in the hub development that the most important asset of any community is their children. The three core service delivery domains implemented to address that are, family development and well-being, capacity building support, and social connections and support as a collaborative effort. A Collaborative Response Model has been developed to create a continuum of prevention and early intervention programs. Our early experiences suggest that we cannot make a difference for children without first addressing the challenges and struggles for families. Ongoing development of supports and programs continue but the most significant impact we have is the information, referral and coordination of services for parents and caregivers. We know even we experience struggle working through the systems to access information and connect to the right program or service, therefore, it is a given that others without experience may find it overwhelming. Our vulnerable population would be the most impacted by trying to navigate the systems.

Our experience demonstrates that the model works and we are excited to continue to develop and build the capacity of the rural communities in the regional area. We believe we will fulfill our vision, and all of the communities in the area will enjoy local, responsive and accessible programs and services.

“People working together in a strong community with a shared goal and a common purpose can make the impossible possible.”

- Tom Vilsack